Gaining Perspective: The Male-to-Female Transgender Experience

Chynna D. Lee

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

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2016
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Abstract

The purpose of this qualitative phenomenological study is to contribute to the literature regarding the experiences of individuals who identify as transgender; specifically, the purpose is to contribute to the understanding of the specific difficulties of those who identify as Male-to-Female transgender individuals, MTF, or transwomen. Furthermore, this study views the various acceptance levels as they pertain to the social exclusion, social rejection, stigmas, discrimination, and violence, which are often inflicted upon this population by their respective families, social circles, cultures, societies, communities, and governments. Four ethnically diverse individuals who identify themselves as MTF transgender individuals or transwomen volunteered to participate in this study. The researcher found 14 main themes that were commonly found across all four interviews with each participant.
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Chapter 1: Introduction

**Background**

Gender roles have been established in every society around the world. Traditionally, most cultures abide by the gender binary; that is, there are only two genders, which include males and females, each with their own specific roles and stereotypes that have been determined and agreed upon by each respective society and community (Ettner, 1999, p. 1). Generally, most societies abide by strict rules when it comes to conforming to one’s gender (Ettner, 1999, p. 1). The transgender movement and advocacy is presently gaining popularity and interest; some societies have recently become more accepting of deviations from traditional gender roles. However, oftentimes those who do not adhere to their assigned gender role face various stigmas, discrimination, unequal rights, social exclusion, loss of job opportunities, lack of adequate healthcare opportunities, violence, and persecution from people within their cultures, societies, and communities of which they are members (Aldous & Sereemongkonpol, 2008, p. 13). This leads to negative experiences that the transgender individual may face during the course of their lives as a result of their transgender status (Beemyn & Rankin, 2011, pp. 90-91).

Historically, there existed a number of deviations from one’s gender throughout various cultures, yet these deviations are not generally discussed, let alone celebrated (Teich, 2012, p. 72). Over time, some societies have gradually become slightly more accepting of those who deviate from the traditional sense of gender roles (Ettner, 1999, p. 1). However, much progress remains to be achieved in order to make those who deviate from their gender feel safe and accepted.

The research questions for this study also address the acceptance and tolerance of Male-to-Female (MTF) transgender individuals as this pertains to social rejection, discrimination, loss
of opportunities, violence, and stigmas. This study is important because it will contribute to the understanding of the experiences that MTF transgender individuals encounter, while also looking through the specific lens of their respective cultures.

**Problem Statement**

Many transgender people face social rejection, stigmas, discrimination, abuse, ostracism, and even death due to their gender status (Aldous & Sereemongkonpol, 2008, p. 12). Furthermore, transgender individuals experience a great deal of persecution and ridicule based on their deviation from the traditional views on adhering to one’s gender and gender roles, specifically, when these individuals do not adhere to the traditional gender binary (i.e., male or female only). Most societies are, on the whole, uneducated about transgender individuals; thus, many cisgender (i.e., non-transgender individuals) become unaccepting of transgender persons (Teich, 2012, p. 2). It is important to learn the impact these acts from societies have on those who identify anywhere on the gender spectrum within each respective cultural society.

**Purpose of Study**

Generally, the purpose of this study is to contribute to the research in the field of psychology regarding Male-to-Female (MTF) transgender individuals. Specifically, the purpose is to contribute essential information to the understanding of the specific difficulties and struggles that pertain to transwomen, as well as an understanding of the personal experiences of those who identify as Male-to-Female (MTF) transgender individuals.

More specifically, the researcher intends to contribute to the body of literature and basic understanding of transwomen to enhance the field of clinical psychology as it pertains to the adding pieces of the transfemale’s experience, which may include: overall experiences, cultural influences and beliefs regarding persons on the gender spectrum, acceptance levels of personal
culture and society, social exclusion, social rejection, stigmas faced, persecution (i.e., by friends, family members, society, and country), violence and abuse (e.g., physical, verbal, emotional, sexual), ostracism (e.g., from family, friends, groups, towns, society, etc.), safety, gender norms/stereotypes, workplace discrimination, transition period, transformation/transition/surgeries/sex changes, gender vs. sexual orientation, healthcare and mental health care, human rights, unequal rights, and other potential themes that affect MTF individuals. It is important to keep in mind that each individual has a unique experience and the participants in this study represent only a few cases for this population.

Research Questions

Primarily, the research questions for this study aim to explore more about the overall experience of MTF transgender individuals and the difficulties they experience individually. Specific focus will be on those who have transitioned from Male-to-Female (MTF) and are currently transwomen. The research questions also attempt to explore the acceptance levels of the diverse cultural societies of those who undergo the transformation process and live as a transwoman, through the subjective experiences of the four individuals who participated in this study.

Furthermore, this study aims to view the acceptance levels in terms of how they pertain to the various forms of discrimination inflicted upon this population by their respective social systems, cultures, communities, societies, and governments. Some specific questions are listed in this section. What are the personal experiences of individuals who identify as MTF transgender? What are common themes that they face? What are the acceptance levels of different cultural societies of those who undergo the transformation process and live as an MTF transgender person? What sorts of stigmas, discrimination, abuse, lack of personal rights, and
other difficulties do transgender persons face? What cultural differences and similarities arise for MTF transgender persons? These questions, and more, form the basis for the open-ended questions that comprised the semi-structured interview that was utilized for this study. A list of the questions that were asked in the individual interviews is listed in Appendix D.

**Hypotheses**

Due to the design of this study (i.e., qualitative phenomenological design), the researcher does not have any hypotheses. By following the design of a qualitative phenomenological study, the researcher aimed to keep an open mind regarding hypotheses and outcomes. The general themes that were extracted from the interviews form the hypotheses, which followed the completion of the study.

**Important Definitions**

*Sex, gender, sexuality, gender identity, and gender expression:* Due to lack of education on and exposure to this topic, many confuse the terms sex, gender, sexuality, gender identity, and gender expression. Sex refers to an individual’s classification as a male or female and is based on biology (Davis, 2009). Most commonly, the terms, gender and sexuality, are used interchangeably by those who are uninformed about the correct definitions. The difference between these two very different constructs is a common theme over which many people are confused, are uninformed, or are uneducated. Gender “refers specifically to the behavioral, cultural, psychological, or social traits typically associated with one sex, rather than biological characteristics” (Davis, 2009). Sexuality refers to an individual’s “enduring physical, romantic, emotional, and/or spiritual attraction to another person” (GLAAD, 2014). Gender identity refers to “a person’s innate, deeply felt psychological sense of gender, which may or may not correspond to the person’s body or designated sex at birth” (Davis 2009). Gender identity differs
from an individual’s gender as gender identity is how people define themselves internally, irrespective of what external sources and cultural norms may dictate. Finally, gender expression refers to “all of a person’s external characteristics and behaviors such as dress, grooming mannerisms, speech patterns, and social interactions” (Davis, 2009).

MTF individuals were assigned the male sex at birth, yet they identify as being female. They typically experience incongruence between their assigned sex at birth, the imposed cultural expectations to behave in a manner that is consistent with their assigned sex, and their own internal sense of their gender. Many MTF individuals feel they were born in the wrong body, or they identify more with the sociocultural constructs of traits that are typically placed along the feminine side of the gender binary (Teich, 2012, p. 5). Someone who identifies as MTF may dress according to either side of the gender binary (e.g., masculine or feminine), or they may not dress according to the gender norms for either gender due to the fluidity of gender expression (Teich, 2012, p. 6). Thus, an individual’s sex, gender, and sexuality are three completely different and unrelated components. These distinctions are essential to understanding MTF transgender individuals.

Transgender: One term with which some people identify is transgender. The term, transgender, is an umbrella term that generally encompasses any individual who identifies anywhere along the gender spectrum or who deviates from gender norms and stereotypes (Teich, 2012, p. 6). For the purposes of this study, the term, transgender, shall refer to individuals’ self-description of their identity, specifically their gender identity for those who identify as MTF or transwomen (Bender-Baird, 2011, p. 9). Dean Spade further defined transgender as “people who live their lives identifying as and expressing a different gender than the one assigned to them at birth” (Bender-Baird, 2011, p. 9; Valentine, 2007, p. 39). The term, transgender, arose out of the
transgender human rights movement that took place in the 1990s (Lips, 2008, p. 210). This present study focuses on those who have transitioned from male to female (i.e., transwomen). The term Male-to-Female indicates someone who was assigned the sex of male at birth, yet they identify as female. Further, the acronym MTF is often utilized in place of Male-to-Female, both within and outside of the community. MTF is the shorter way of referring to the specific transition an individual experienced.

Transition: Male-to-Female (MTF): The transition from Male-to-Female (MTF) is a process in which individuals, who were assigned the sex of male at birth, makes the decision to become congruent with themselves and make the transition to being a female (Tiech, 2012, p.3). Transitioning does not always involve sexual reassignment surgery or taking hormones (Ettner, 1999, p. 28). An individual may simply identify as the opposite gender with which they were assigned at birth, they may dress as the opposite gender, or they may choose to undergo hormone treatment, they may choose to undergo sexual reassignment surgery, or they may choose to undergo both hormone treatments and sexual reassignment surgery. This study will focus on MTF transgender individuals who have elected to have no surgical procedures, some procedures, and full gender confirmation surgery.

**Learning About the Transitioning Experience**

Many components make up the transitioning experiences of MTF transgender individuals. A gender transition refers to “the process through which a person modifies his or her physical characteristics and/or gender expression to be consistent with his or her gender identity” (Davis, 2009). Each person has a different experience, yet there are some common themes which arise that appear to follow a rite of passage for the MTF transgender person. Some of these themes include emotional, psychological, and physical changes, or any combination of
these (Girshick, 2008, p. 73). Not every person will undergo the same process of change; individuals change according to their desires and economic resources. Some individuals feel content simply dressing as the gender in which they feel congruent (Girshick, 2008, p. 73). Some individuals elect to have hormone replacement therapy. Others feel content to have minor cosmetic surgeries to alter their physical appearances. Others, yet, still feel most congruent by electing to have sexual reassignment surgery on parts or all of their bodies, which is also known as gender confirmation surgery. The way in which people prefer to express their congruent gender is completely personal and is up to the level of comfort of the individual, as well as the resources in which they may have in order to finance their transition (Girshick, 2008, p. 73).

**Hormone Replacement Therapy**

Once a person makes the decision to transition from being a male to becoming the female with whom they have always identified, they begin a long and difficult process towards achieving this goal. Some males choose to take hormones to help them physically begin to transform into a female; this process is referred to as hormone replacement therapy, or HRT (Teich, 2012, p. 48). Three types of hormones are generally taken in MTF hormone replacement therapy; these include estrogen, progestogens (i.e., including progesterone and progestins), and antiandrogens (Ettner, 1999, p. 129). With time, the hormone levels are increased within their bodies, they begin to see an increase in breast tissue, the skin becomes thinner and softer, there is a slight decrease in body and facial hair, and redistribution of body fat (Asscheman & Gooren, 1992).

**Gender Reassignment Surgery and Other Cosmetic Surgeries**

Surgery is a form of physical alteration to help the individual achieve their desired appearance. Gender transition is referred to as “the process through which a person modifies his
or her physical characteristics and/or gender expression to be consistent with his or her gender identity” (Davis, 2009). Gender reassignment surgery (GRS) is a form of gender transition. Alternate names for GRS include sexual reconstruction surgery (SRS), sexual reassignment surgery (SRS), sex affirmation surgery, sex realignment surgery, and gender confirmation surgery (Teich, 2012, p. 52). Gender reassignment surgery is a lengthy process in which the individual generally must first be screened by a mental health professional, take hormones, and complete interviews with a primary care physician, followed by interviews with the prospective plastic surgeons (Teich, 2012, pp. 56-57). For males seeking gender reassignment surgery to become transwomen, the options include breast augmentation and genital reassignment surgery.

Other surgeries that individuals may elect include the cosmetic surgery of chondrolaryngoplasty, or thyroid chondroplasty (i.e., the shaving of the Adam’s apple), so that it appears less pronounced and thus, more traditionally feminine (Wolfort, Dejerine, Ramos, & Parry, 1990). This surgery is considered to be effective and to have few, if any, complications (Wolfort et al., 1990). This type of surgery is not typically covered by insurance, so the individual would need to cover this expense on their own. Additionally, individuals may elect any number of surgeries to attain the ideal body image they strive for, including facial feminization surgery, liposuction, various implants, and shaping techniques.

“Passing” and Fitting In

Many transgender individuals experience a need to “pass” or “fit in” so that they blend with the rest of the general population of cisgender individuals. This is not a concern for every individual, but it is a prominent concern for most individuals. This is important to consider for each individual because of the emotional, psychological, and social implications that can affect the individual.
The Coming-Out Process

The coming-out process for transgender individuals is similar to the coming out process of lesbians, gays, bisexuals, and other non-heterosexual individuals. However, some of the major differences include that the transgender community is small, is not as visible when compared with communities with differing sexualities, and there are not a large number of role models to help those who choose to take the brave step of coming-out within the transgender community (Teich, 2012, p. 29). This is a process that varies in length of time and duration for each individual. Some may come out at a young age, some may wait until they are retired, others may never officially come out; this is a very personal choice (Teich, 2012, p. 29). There are various fears associated with coming out, which can prevent or prolong a person from coming out. Some of these fears include fear of change and the unknown, social rejection, social exclusion, ridicule, violence, stigmas and stereotypes, loss of loved ones, loss of partners, loss of jobs, discrimination, and sometimes even death (Herman, 2009, p. 20).

Multicultural Aspects

Each individual is unique and belongs to various subgroups within their own cultures, societies, social circles, friends, and families. Further, each individual has their own unique experiences within their subgroups, which may or may not align with the experiences of others. According to Hayes’ A.D.R.E.S.S.I.N.G. Model (2001) for addressing diversity concerns, there are various domains on which to focus in order to better understand each individual. Some important aspects to focus on include, but are not limited to: ethnicity, age group/cohort/generation, religion and spirituality, socioeconomic status, sexuality, indigenous heritage, nationality, and gender.
Prejudice & Discrimination Faced by Transgender Individuals

Transgender individuals experience various types of prejudice throughout their self-identification process, their transition from one gender to another, and throughout the rest of their lifetimes. Some prominent and common prejudices and discrimination include the following: rejection by others, abuse, ostracism, and a lack of safety and protection (Beemyn & Rankin, 2011, p. 90). Some common places in which transgender individuals experience these prejudices and discrimination include the workplace, educational institutions, healthcare system, and mental healthcare system (Beemyn & Rankin, 2011, p. 97).

Social Rejection

There is a high rate of social rejection, transphobia, prejudices, stigmas, and stereotypes which MTF transgender individuals experience. These occur in various settings, cultures, religions, and groups (Beemyn & Rankin, 2011, p. 97). Many times, the effects of the social rejection, transphobia, prejudices, stigmas, and stereotypes are highly detrimental to the transgender individual. Oftentimes, family members, partners, friends, and acquaintances are lost because the individual changes appearance, which bothers these support groups. Social rejection and transphobia is also found in public settings and among strangers (Beemyn & Rankin, 2011, p. 97).

Abuse, Violence, and Trauma

Due to the transphobia that others around the transgender individual harbor, MTF transgender individuals experience verbal abuse, physical abuse, financial abuse, violence, and trauma of varying degrees (Beemyn & Rankin, 2011, p. 90-91). Sometimes individuals are beaten to death, mutilated, violently killed and raped due to their transgender status (Beemyn & Rankin, 2011, 90-91).
Safety and Protection

Safety and protection are prominent concerns for MTF transgender individuals. They can experience microaggressions (e.g., bullying, purposely using the incorrect pronoun to describe the individual, name-calling, purposely using the individual’s past name, asking inappropriate questions about the individual’s surgeries, and making rude comments about the individual; Beemyn & Rankin, 2011, p. 96).

Employment and the Workplace

A general theme arises when consulting the literature regarding transgender individuals’ experience in the workplace. This general theme which many transgender individuals experience involves being discriminated against by colleagues and bosses (Bender-Baird, 2011, pp. 1-2). Specifically, job opportunities are revoked or are not offered, some trans individuals are fired upon informing colleagues or bosses that they are transgender, they are not able to indicate their gender on employment forms, they have been denied promotions or employment, harassment, microaggressions are committed against transpeople, physical abuse may be inflicted upon a transperson, and transpeople might even be thrown into jail (Bender-Baird, 2011, pp. 2-3). In 2008, the Schroer Decision was passed by Congress in the U.S. District Court of the District of Columbia. The Schroer Decision is a result of a Title VII sex discrimination lawsuit in which U.S. Army Colonel Diane Schroer (who was, at the time of application for a new job within the U.S. Army, in transition from male to female) was discriminated against by The Library of Congress who rescinded its job offer to her upon learning that she was transitioning from male to female (Bender-Baird, 2011, p. 1).

The Schroer Decision is a law that attempts to protect all transpeople within the workplace. However, there exist various cases within the United States in which this law is
negated, overlooked, or simply unknown. There is no separate legal entity that protects transgender people (Bender-Baird, 2011, pp. 3-4). Additionally, employers who allow their employees to transition, generally insist that the employee transitions “on the job” rather than previous practices in which transgender individuals were required to leave a job completely and restart their lives somewhere else (Bender-Baird, 2011, pp. 2-3). Furthermore, Bender-Baird stated that it not always clear as to what constitutes as illegal acts that are committed against transgender persons (e.g., discriminations; 2011, p. 4). In 2007, it was estimated that roughly 20%-57% of transgender individuals experienced discrimination in the workplace at some point in their lifetime (Bender-Baird, 2011, p. 5).

Specific forms of employment discrimination that pertain to transgender people include, but is not limited to: bathroom access, “inappropriate questions regarding an employee’s transition” incorrect usages of pronouns used to describe the person, and usage of the person’s previous name (Bender-Baird, 2011, p. 5).

**Health Care**

Health care professionals are divided in terms of servicing transgender individuals. Some health care professionals provide resources, services, and procedures. Others refuse services and reject transgender applicants. Most insurances will not pay for the cosmetic or gender reassignment surgeries, which some MTF transgender individuals wish to receive. Additionally, these procedures are costly and many MTF transgender people do not have access to either the healthcare or to finances in order to pay for the procedures.

**Mental Health Care**

Mental health care is a relatively new field, and the literature on transgender individuals is even newer. In the past, those who were deemed to have a gender issue were placed into
conversion therapy, aversion therapy, shock treatments, mental hospitals, or were thought of as sub-humans. Recently, transgender individuals were considered to have Gender Identity Disorder (i.e., GID) and it was coded as a mental illness (APA, 2000). Judith Butler, a prominent gender theorist and advocate, argues that “the existence of Gender Identity Disorder (GID) in medical textbooks pathologizes transpeople” (Rochman, 2007). Further, most professionals either have not experienced many transgender clients, are not themselves transgender, and/or they have not been educated about the struggles of transgender individuals. Some mental health professionals hold their own prejudices and stigmas of transgender individuals. Mental health care professionals may have their own negative countertransference with the gender status of a transgender individual.

For many transgender individuals, there is a lack of access to adequate resources and support. They are distrustful of, and hold personal stigmas of, mental health due to the previous actions of psychologists and the field of psychology during the early years of the transgender movement. Some individuals may have an aversion to therapy due to not wishing to be “labeled” or studied like a science project. For many, there is a lack of knowledge of mental healthcare professionals and how they can help the transgender individual.

Within the field, there appears to be a lack of understanding of the differences between gender and sexuality. For transgender individuals who decide to find a therapist, they experience great difficulties with finding a therapist who specializes in gender variations. This is partially due to the fact that there are not many psychologists who specialize in gender variance issues, let alone in transgender issues. Another problem which arises includes lack of access to the mental health professionals (e.g., by city, state, country, etc.). Currently, there is a low likelihood of transgendered persons to attend therapy or seek help. There is a crucial point in the timeline of
transitioning when transgender individuals would be most likely to seek help; mental health professionals need to create a safe-zone and help transgender individuals to feel welcomed to attend therapy to get through difficult times. Judith Butler, a prominent gender theorist and advocate, argues that the existence of Gender Identity Disorder (GID) in medical textbooks pathologizes transpeople (Rochman, 2007).

**Associated Mental Health Illnesses**

Many transgender individuals experience mental health illnesses due to different factors throughout their process of realizing their incongruence, transitioning, and living as a transgender person. Some associated mental health illnesses include somatic issues, eating disorders, body dysmorphic disorder, depression, anxiety disorders, other mood disorders, substance use/abuse, Acute Stress Disorder, Post-Traumatic Stress Disorder (PTSD), and suicidality. Additionally, some of these mental health illnesses can be catalyzed, or even brought about, by the loss of social support, loss of fellow transgender friends, life stressors, loss of job, discrimination, social rejection, transphobia, microaggressions in multiple settings, feeling incongruent within the self, feeling a lack of safety, economic stress, sexual dissatisfaction, and difficulties with trusting others.

**Positive Experiences and Resiliency**

Despite the difficulties MTF transgender individuals experience, along with losses and potential traumas, these individuals are brave, strong, and resilient. They possess these qualities because it takes a great deal of courage to face one’s fears, transition, and live life against social constructs and norms in order to feel congruent and bring happiness to themselves. Dean Spade stated that, “…Theories of gender freedom, self-determination, and fluidity allow transgender people to express their gender non-conforming identities freely and fully” (Broadus, 2006).
Many have experienced positive events, experiences, and have had positive transitions. It is important to not only view the negative aspects that transwomen experience, but also to consider the positive aspects and resiliency of the individual. Further, there is a growing population of transgender allies and advocates who support transgender individuals.

**Prospective Changes for the Field of Psychology**

There exists limited research in the field of psychology that focuses solely on transgender individuals, let alone focusing on transwomen. Some prospective changes for the field include doing more research to better understand the transgender life experience, as well as to better inform and educate the mental health professionals within the field. Sensitivity trainings would be useful in providing pertinent knowledge and education to mental health professionals. Further, clear distinctions need to be made between the rest of the lesbian, gay, bisexual, queer, and questioning populations so that transgender individuals are not simply lumped into the same category. The umbrella term, LGBTQ, is useful; however, it does not allow transgender individuals to have their own specific attention, resources, categories, etc., which are specific to only their population. In fact, even within the transgender population, there are numerous types of identities and titles that individuals may identify.

Some other prospective changes for the field of psychology should include advocating on behalf of transgender individuals, encouraging the trans-community members to seek mental health services, holding support groups, and becoming educated through seminars and experience with the population itself.
Chapter 2: Literature Review

General Overview of Sources

Although the literature and research on this topic is limited, the researcher obtained information from various sources. Scientific literature, dissertations, personal accounts and biographies, newspapers, and books were utilized to further the research for this study. The aim of the final collection of sources was to deal with the various types of perspectives on lives of MTF transgender individuals, social rejection they face, the inter- and intrapersonal discord, self-esteem and happiness levels of transwomen, and the inner strength, resilience, and determination they possess. Personal accounts of living as a transgender individual were examined. These stories showcased many types of struggles faced (e.g., fear, social rejection, ostracism, ridicule, stigma, abuse, loss, physical and psychological changes, etc.).

Linda Hawkins focused on adolescence as a time when young people are first learning to differentiate themselves and explore differences with respect to their gender and gender expression (Hawkins, 2010). This was a qualitative phenomenological study which examined the effects of transitioning and what things affect their gender identity development. The researcher transcribed and analyzed the interviews that were conducted with the participants. The researcher found 28 overarching themes among all of the participants. Furthermore, the researcher utilized a biopsychosocial model for interpreting the data, as well as Bronfenbrenner’s ecological model. The conclusions of this study included recommending that transitioning adolescents seek medical and mental healthcare.

Shannon Coyle (2011) investigated the stigmas associated with transpersons obtaining healthcare in Ontario, Canada. This study was a mixed-methods design which included a questionnaire and interviews of participants regarding their overall experiences with obtaining
healthcare. The population consisted of 18-26 participants. Coyle found that “qualitative results showed that access to Ontario health care is complicated by race, class and language for participants in this study” (Coyle, 2011). The researcher found that some participants avoided seeking healthcare due to discrimination inflicted by medical health professionals.

Mar (2010) conducted a study and found that, “Through open ended interviews, twelve API FTM spectrum individuals describe their experiences with coming out, API gender roles, family support, experiences within transgender and API communities, the impact of stereotypes, privilege, and the availability of relevant resources (p. 121).” This was a qualitative study that focused on obtaining the unique perspectives of the participants via the open-ended interviewing. This study covered the various difficulties those who identify as Asian Pacific Islander (API) transgender persons face on a daily basis. Mar’s study is relatable to the current study as it discusses prominent themes which MTF individuals may also experience.

Counseling and Psychology

A study found that despite the requirement for transgender individuals to see a mental health professional prior to obtaining any transitional surgeries, mental health professionals are not prepared or educated on how to effectively treat transgender individuals (Diffin, 2011). Mental health professionals have not paid attention to the transgender community as a cultural minority group until only recently (Nisley, 2010). She also found that “Men, those with less personal familiarity with transgender people, less training and experience in counseling and assessment with transgender clients, and less perceived multicultural counseling competence expressed greater anti-trans attitudes” (Nisley, 2010, p. 210). Further, her study concluded that overall there seems to be a slightly negative view of transgender individuals by mental health professionals (Nisley, 2010).
Transgender individuals are at a greater risk for mental health issues due to the discrimination, social rejection, transphobia, violence, and trauma that they experience (Gonzalez, 2008). This study focused on the negative aspects that transgender individuals typically experience, which leads transgender individuals to experience depression. Further, the researcher hypothesized that by utilizing the resiliency of the individual, they could overcome their depression. Gonzalez also found that “intervening with resiliency to directly affect levels of depression may prove more effective than attempting to modify a transgender MTF individual's gender role stereotypes” (Gonzalez, 2008). This is a refreshing perspective because it is a new approach to treating the transgender population, rather than simply focusing on the negative aspects of their lives. It is important to focus on their resiliency and strengths, which have allowed them to survive thus far in life.

O'Neil, McWhirter, and Cerezo (2008) created a list of recommendations for practice, social advocacy, and research for mental health practitioners to follow when working with transgender individuals. They found that there is a lack of clearly defined ways in which the mental health practitioner should approach and treat transgender clients. Some reasons for this that the researchers offered included a lack of general knowledge about the population, infrequency of the population attending therapy, a lack of training and experience on the parts of the practitioners, and a lack of funding for the research that would go into working to learn about this specific population. The writers brought up the important discrepancies between studying sexuality and not branching out and devoting the same amount of resources towards studying gender variance within the workplace, daily life, and within the therapy room.

O'Neil, McWhirter, and Cerezo (2008) discussed the barrier of continuing to label transgender individuals with Gender Identity Disorder (GID). They mentioned that GID is
included in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision; American Psychiatric Association, 2000) and cover the predominant diagnostic criteria for this disorder as:

- a strong and persistent cross-gender identification, persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex, the disturbance is not concurrent with a physical intersex condition, and the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. (p. 581)

Further, O'Neil, McWhirter, and Cerezo (2008) asserted that labeling transgender individuals with GID is controversial and has not been determined to be especially helpful or especially hurtful for this population. The writers discuss the importance of ensuring that the mental health practitioner is sufficiently trained to deal with the delicate and specific issues for which the transgender client may seek therapy. This is generally not the case, as the researchers found that most practitioners have a lack of exposure to transgender issues, lack of knowledge, and lack of experience in working with a transgender client. Finally, the writers for this study encourage an increase in sensitivity to transgender issues, advocacy for this special population, and working to create a trans-positive environment so that clients may feel more comfortable.

Smith, Shin, and Officer (2012) conducted a study in which they took the perspective that the counseling field predominantly holds a heterosexist perspective which contributes to the microaggressions that are directed against sexual and gender variant minorities. Smith et al. (2012) dedicated special attention to educating the reader as to the importance of choosing the correct language to use while working as a mental health practitioner with a gender variant client. They placed great emphasis on the mental health professional educating themselves so
that they are better equipped to help gender variant clients. The authors further asserted that despite the idea that many counselors believe they mean well, they end up invalidating and inserting their own levels of discomfort, as well as their respective gender binary beliefs into the therapy sessions. These are things that mental health professionals must become aware of so that they are careful to not invalidate the experience of the transgender client.

Case, Stewart, and Tittsworth (2009) conducted a study in which they found that there is a plethora of information regarding lesbian, gay, and bisexual studies, but there is a shockingly small amount of information regarding the transgender population. The authors stated, “This invisibility of transgender people within psychology courses allows for perpetuation of myths, stereotypes, and oppression of this particular population” (Case et al., 2009, p. 118). This is a crucial observation because it provides evidence that the transgender population is not being served due to the neglect, lack of knowledge, and personal beliefs by professionals.

Parlee (1996) conducted a study in which she discussed the differences between those who identify themselves on the gender binary, as opposed to those who do not identify on the gender binary, and how that affects psychologists’ perspectives on deviations from gender. Further, she placed great emphasis on the need for reevaluation by psychologists since she found that most of those whom she studied held moral beliefs that prevented them from being open-minded towards gender variance.

**Cyberspace**

Wight (2014) conducted a study in which he focused on digital space as a place of safety and refuge for transgender people. Additionally, Wight looked at the opposing side of cyberspace in which transgender individuals are bullied, harassed, ridiculed, and injured. Wight focused mostly on transgender youth and their usage of the internet as a place for seeking safety;
sometimes they would receive safety, and other times they would receive insult and injury. The author emphasizes the importance placed upon the great risk of receiving negative feedback while searching for safety and communities which would welcome the transgender individual.

There is an especially large surge in current youth accessing the internet seeking social support, acceptance, information, sexual encounters, and resources to help themselves. Part of the reason young people are utilizing the internet so frequently is because the physical world is unsafe for them to present themselves as their congruent self. Further, once a transgender youth is bullied, there is a higher prevalence rate of suicide associated with the negative feedback received from others in cyberspace. This shows that not only do they face transphobia and social rejection in the physical world, but also within the world of cyberspace. Wight (2014) also discussed the issue of “silence” which occurs when the transgender individual surfs the internet for a glimpse of acceptance and validation, only to find further injuries; Wight found that the individual tends to keep these injuries silent. The silent, or hidden, injuries build up, and can often lead to self-destructive behaviors and even suicide.

**Educational Systems**

Kaiser, Seitz, and Walters (2014) produced literature which took a unique look at the transgender experience within the educational system. For this review, the authors posed discussions, asked questions, provided discussions and activities to demonstrate the ethical and moral stances, policies, critical theory, queer theory, and legal frameworks which are involved in considering the experience of the transgender student in the school system. Kaiser, Seitz, and Walters (2014) further expanded upon the importance of integrating literature, advocacy and experience in order to effectively work with transgender clients. Additionally, they emphasized the importance of creating a safe environment within the school systems, which would include
providing useful services specifically geared towards the transgender student, providing gender neutral restrooms, and educating teachers, staff, and fellow students about diversity in gender.

Case et al. (2009) also discussed the implications for transgender students in the educational system. The authors focused on advocating for transgender students and emphasized that transgender inclusion should occur, which would therefore require teachers and staff to attempt to eliminate bias within the classroom (e.g., derogatory comments and jokes). In addition, the faculty and staff should work towards educating themselves regarding appropriate terminology that pertains to the transgender population. The authors believed that by integrating trans-friendly content into the curriculum, the educational atmosphere would be more conducive to normalizing transgender issues (Case et al., 2009).

**Employment and Workplace**

A general theme arises when consulting the literature regarding transgender individuals’ experience in the workplace. This general theme, which many transgender individuals experience, involves being discriminated against by colleagues and bosses (Bender-Baird, 2011, pp. 1-2). Specifically, job opportunities are revoked or are not offered, some are fired upon informing colleagues or bosses that they are transgender, they are not able to indicate their gender on employment forms, being denied promotions or employment, harassment, microaggressions (to be further discussed in later sections) are committed against transpeople, physical abuse may be inflicted upon a transperson, and transpeople might even be thrown into jail (Bender-Baird, 2011, pp. 2-3). In 2008, the Schroer Decision, a federal law, was passed by Congress in the U.S. District Court of the District of Columbia. The Schroer Decision is a result of a Title VII sex discrimination lawsuit in which U.S. Army Colonel Diane Schroer (who was, at the time of application for a new job within the U.S. Army, in transition from male to female)
was discriminated against by The Library of Congress who rescinded its job offer to her upon learning that she was transitioning from male to female (Bender-Baird, 2011, p. 1).

The Schroer Decision is a law that attempts to protect all transpeople within the workplace. However, there exist various cases within the United States in which this law is negated, overlooked, or simply unknown. There is no separate legal entity which protects transgender people (Bender-Baird, 2011, pp. 3-4). Additionally, employers who allow their employees to transition, generally insist that the employee transitions on the job, rather than previous practices in which transgender individuals were required to leave a job completely and restart their lives somewhere else (Bender-Baird, 2011, pp. 2-3). Furthermore, Bender-Baird stated that it is not always clear as to what constitutes as illegal acts that are committed against transgender persons (e.g., discriminations; 2011, p. 4). In 2007, it was estimated that roughly 20%-57% of transgender individuals experienced discrimination in the workplace at some point in their lifetime (Bender-Baird, 2011, p. 5).

Specific forms of employment discrimination which pertain to transgender people includes, but is not limited to: bathroom access, “inappropriate questions regarding an employee’s transition” incorrect usages of pronouns used to describe the person, and usage of the person’s previous name (Bender-Baird, 2011, p. 5).

Families and Culture

Pfeffer (2012) discussed the implications of male-to-female (MTF) transgender individuals who are members of families. The author began by discussing the uniqueness of the transgender family members and how they do not “fit” within our current society. Pfeffer also mentioned the lack of information and resources regarding transgender studies that exists currently and calls for more studies so that society may be better informed and educated
regarding trans-families. She illuminated the unique relationships that each of the 61 participants in the study have with their cisgender female wives. Pfeffer discussed the upheaval and learning curve which accompanies the transition process for partners and families. She further discussed the various difficulties that families and partners face, as well as the difficulties, struggles, and incongruent feelings, which the MTF transgender partners experience throughout the entire process.

**Government and Laws**

Sellers (2014) conducted a study in which the focus was on the discrimination that is faced by transgender individuals and the lack of governmental and law protection for them in society. The author found that there exists a great amount of knowledge about the “extent, features, and aptitude of policies to prevent discrimination against transgender employees” (Sellers, 2014, p. 78). Further, Sellers found that there are still many places in which transgender individuals are unprotected by nondiscrimination laws. The author discussed important parts of everyday life that cisgender people take for granted, which pose great problems for transgender individuals. For example, Sellers discussed some of the difficulties that transgender individuals have with obtaining an accurate identification card, driver’s license, birth certificate, and social security card. He also illuminated the discrepancy in protection for transgender individuals as compared to sexual minorities. Finally, Sellers mentioned that while the number of cities, counties, and other legal systems are increasing their protection for transgender individuals, more effort still needs to be made in order to ensure that all transgender individuals are protected in all settings.

**Human Rights**

The term transgender arose out of the transgender human rights movement which took
place in the 1990s (Lips, 2008, 210). Thus, the term has only recently surfaced in cultures and societies. It is likely that the term and its meaning will take time to become understood by cisgender individuals. Stone (2009) conducted a study which looked at the human rights of transgender individuals as viewed by lesbian and gay activists. She found that lesbian and gay participants in the study had differing views about the inclusion of transgender individuals into their community. However, Stone found that lesbian and gay activists become transgender allies through making parallels to their own oppression or visible transgender discrimination (2009).

Medical Aspects: Treatments, Hormones, Gender Reassignment Surgery, and Cosmetic Surgeries

Beagan, Chiasson, Forseth, Hosein, Myers, and Stang (2013) conducted a study which focused on learning from physicians and nurses to improve occupational therapy practices. They conducted this study because they knew that there are virtually no practices that specifically pertain to transgender patients. Beagan et al. discussed the lack of training that is given to medical professionals, as well as the fact that transgender individuals are given the diagnosis of Gender Identity Disorder before they can receive any medical services in order to alter their bodies (e.g., hormone therapy, sexual reassignment surgeries, and cosmetic surgeries). The authors discussed the rigorous process in which transgender individuals must undergo in order to simply receive medical treatments to alter their bodies. Further, the researchers mention that there is a strong bias against transgender individuals as viewed by medical professionals.

Beagan et al (2013) found that of the surveyed medical professionals, they felt uncertain about providing care for transgender patients and that they desired to learn more about how to care for them. The researchers found, through the semi-structured interviews, that the participants thought it would be useful to collaborate with patients, learn about their specific
struggles and needs, and that it is important to help transgender patients to navigate the healthcare system. Participants also wanted to provide holistic care for transgender patients as well as providing advocacy for them. The researchers then suggested that improvements within the medical and mental healthcare systems in order to educate practitioners so that they are best able to provide care for transgender individuals.

**Trauma and Violence**

Dittman (2003) conducted a study of hate crimes which are committed against transgender individuals. She discussed the abuse, trauma, violence, and discrimination which transgender people regularly face. Dittman is a transwoman who had first-hand experience with these types of hate crimes; thus, she provides great insight into the types of experiences in which transgender individuals can experience simply due to their gender identity and gender expression.

Cisgender people are not the only perpetrators of discrimination, abuse, and violence. Ford, Slavin, Hilton, and Holt (2013) conducted a study which focused on intimate partner violence from partners of lesbian, gay, bisexual, and transgender (LGBT) individuals. Ford et al. discussed how the assessments and needs of transgender individuals are poorly understood, as compared to cisgender and heterosexual individuals. The researchers found that of the participants surveyed, 50% of them had worked with LGBT individuals, yet they did not have staff that was specifically trained to work with these individuals. Further, the writers concluded that participants believed their agencies were ill equipped to provide the necessary services to help LGBT members, regarding intimate partner violence. This study was focused on the umbrella group of LGBT, rather than specifically on transgender individuals.
Chapter 3: Methodology

Participants for this study included four ethnically diverse adult individuals who identified as MTF transgender individuals. Their ages were between 20 and 60 years. These four participants were comprised of male-to-female (MTF) transgender individuals who had differing degrees of gender expression, hormone replacement treatment (HRT), feminization surgeries, and gender conformation surgeries.

The design of this study consists of a phenomenological qualitative design in which the researcher obtained personal interviews from four participants. As such, the researcher intended to learn the essence of the individual experiences by those who identify as MTF transgender individuals.

**Procedures**

All participants for this study were recruited from Brownstein & Crane Surgical Services via the Recruitment Flyer that was printed and placed in the front office of Brownstein & Crane Surgical Services. Further, any individual client from Brownstein & Crane Surgical Services who was willing to participate in the study was able to contact the researcher; if they consented to work with the researcher, and met all of the screening criteria, they were eligible to participate. Individuals who contacted the researcher, indicated their interest in participating, and answered “yes” to the screening questions posed by the researcher (see Appendix A) were verbally providing their consent to engage in the initial contact with the researcher. Following this initial conversation (i.e., when the interested participant contacted the researcher via phone or email and answered the structured screening questions posed by the principal investigator, as indicated in Appendix B: Initial Contact Script), scheduling a day and time to meet in person at Brownstein & Crane Surgical Services (as structured in Appendix B), and upon meeting the
individual at the time of the interview, the principal investigator provided informed consent (see Appendix C: Informed Consent) and asked the individual to provide their written consent by signing the Informed Consent Form.

Individuals who volunteered to participate in this study were first given a consent form, which was covered in detail by the principal investigator. Secondly, participants were notified of what their participation entailed. The participants’ consent was concerning their voluntary participation in this study, as well as granting their permission for their stories to be audio recorded and later published in the dissertation.

**Protecting Confidentiality**

To preserve anonymity, the researcher "de-identified" all information. The process of de-identification for this study means that the researcher created a separate pseudonym for each volunteer participant. The researcher also coded the answers of each participant according to common themes and questions that were asked of the participant during the semi-structured interview. Finally, the researcher asked each individual, prior to recording, to not reveal sensitive, personal information (e.g., name, address, phone number, email address) during the recording. By creating a pseudonym, coding answers according to themes, and asking participants to not reveal sensitive, personal information (e.g., name, address, phone number, email address), the researcher intends to preserve the participant’s confidentiality.

The researcher will keep the names, email addresses, and phone numbers in an excel sheet that will be password-protected and accessible only by the principal investigator. The researcher will be the only person with knowledge of the password of this file. The file will be stored on a locked USB device that will remain only in the possession of the researcher. The information in this file will not be included anywhere in the dissertation.
The interview consisted of a semistructured set of 30 open-ended questions, which followed themes based upon the literature review. All interview questions were standardly asked of each participant. Each interview was audio recorded and later transcribed by the writer. The interviews were allowed to last up to 2 hours in length. The principal investigator will keep the audio recordings password-protected on the recorder (which will be utilized during each interview), as well as located in a password-protected file on the computer. Once the audio file was saved onto the secure computer, the principal investigator erased each audio file on the recorder. Once the interview was transcribed, the principal investigator kept the coded information located in a password-protected file which the principal investigator will only have access.

Prior to the interview process, the researcher obtained written consent from each participant, after clearly indicating the expectations of the participants. Only the principal investigator conducted the consent process. Within the written consent form, the investigator included her contact information for participants. The participants’ consent was concerning their voluntary participation in this study, as well as granting their permission for their stories to be audio recorded and later published as part of the researcher’s dissertation. Participants were informed that none of their identifying information would be included anywhere in the dissertation; their identifying information would be deleted following the completion of data collection. Participants were informed that a debriefing will occur upon completion of the interview, as the content that may arise in the interviews could be triggering for many individuals. The principal investigator also gave references for subsequent therapy, should participants require additional help following participation in this study.
Potential Risks

Potential risks to participants in this study included: being triggered by past difficult memories and traumatic events that may have occurred in the individual's life. The measures taken to minimize such risks included: alerting the participant at the start of the interview of the potential for becoming triggered due to the nature of the questions of this study, standardization of questions that will be asked of all participants, debriefing after the conclusion of the interview, and a list of references for the participant to utilize if they feel they would like psychological services following the interview. Additionally, should participants need it, the researcher provided contact information in the consent form given at the beginning of the study.

Potential Benefits

There were no direct benefits to participants. The potential indirect benefits of this project to the subject included feeling a sense of empowerment by providing valuable information about themselves as a representative of the transgender population, which will contribute to the field of clinical psychology; therefore, their involvement will aid clinicians in better understanding and treating transgender individuals.

Debriefing Process

There was a debriefing section at the end of the interviews for each participant (see Appendix E). Participants were also given a paper with the contact information of a psychologist (i.e., Judy Van Maasdam, M.A.) who would be available to help participants, should the material from the interview become distressful for the participant during or after the interviews.

Interview Details

The interview was conducted individually and separately with each participant. Additionally, each interview was conducted in-person with the principal researcher and consisted
of a semi-structured set of open-ended questions (see Appendix D), which followed certain themes based upon the review of literature. The themes were created by the researcher according to current literature in the field. All interview questions were standardly asked of each participant. Each interview was audio recorded strictly for the purposes of subsequently transcribing the interview and categorizing the data into themes to later use in the dissertation. Further, as part of keeping the confidentiality of the participants, the individuals were also coded (e.g., Jane Doe was Participant #1, Susie Q was participant #2, etc.) upon meeting participants on the day of the interview in order to protect their identities. The researcher will destroy the audio recordings after five years, due to the standard of practice that is upheld by the field of clinical psychology. The audio recordings were only heard and kept by the researcher and will not be distributed to any third parties. The audio recordings are password-protected and are kept in a locked file. Only the principal investigator has the passwords and keys to access the recordings.

The researcher subsequently listened to each interview and located common themes which arose from each participant and matched these themes to a previously created set of categories or themes. Further, the researcher manually transcribed each interview and coded for themes from all of the participants. These themes were also created by the researcher and followed the general themes on which the participants reported. The themes followed some of the themes the researcher initially created, due to the standard questions which were asked of each participant. Additionally, more themes arose following the completion of all interviews. All themes were taken into account and subsequently comprised an important component of the data.
Instruments

The instruments to be utilized during this study include an audio recorder, and the Microsoft Excel program. The following online academic research databases were utilized to locate pertinent literature, supporting research, assessments, and dissertations which pertain to the topic of interest for this study: ProQuest, Lexis Nexis, Sage, EBSCOhost, PsycINFO, PsycARTICLES, and Google Scholar. The researcher also utilized Microsoft Excel for compiling and coding the data obtained from the interviews for this study.
Chapter 4: Results

The researcher gathered data from each participant regarding the social constraints, support systems, cultural implications, stigmas and struggles associated with transitioning and living as a transwoman. Furthermore, this study illustrates the various sociocultural acceptance levels as they pertain to the social exclusion, social rejection, stigmas, stereotypes, discrimination, and violence which are often inflicted upon this population by their respective families, social circles, cultures, societies, communities, and governments. Shown below are four figures, which illustrate the main topics that were covered in each interview. Additionally, the figures illustrate the composition of each interview, highlighting the most important topics for each participant. Further, the researcher found a total of 14 common themes that each participant addressed and discussed during her interview.

A brief summary of the demographics of each participant is summarized here. Participant 1 was a Caucasian transwoman in her late 20s who had some gender reassignment surgery completed and was on hormone replacement therapy (HRT). Participant 2 was a Hispanic transwoman in her early 40s who had full gender reassignment surgery completed and was on hormone replacement therapy (HRT). Participant 3 was an Asian-American transwoman in her mid-50s who did not have any gender reassignment surgery completed and was not on hormone replacement therapy (HRT). Participant 4 was an African-American transwoman in her early 20s who did not have any gender reassignment surgery completed, but was on hormone replacement therapy (HRT). These demographics illustrate the diversity of these four women and how they each contributed meaningful data to this study.

**Participant 1 Data Set**

Figure 1 illustrates the composition of the themes covered by Participant 1 who was a
Caucasian transwoman in her late 20s who had some gender reassignment surgery completed and was on hormone replacement therapy (HRT). The most frequently discussed, or most prominent topics, as illustrated by Table 1 and Figure 1 include the following categories: Close Social Network, Safety & Trust, Mental Health, and Support. The least discussed, or least prominent topics, as seen in Table 1 and Figure 1, include: Government & National Level, Workplace & Educational Setting, Religion & Spirituality, Media/Internet, and Health/Medical. Participant 1 did not discuss the topic of Government & National Level. Participant 1 answered all questions and did not pass on any questions or answers.

Table 1

*Participant 1 Data Set*

<table>
<thead>
<tr>
<th>Cultural Components</th>
<th>83</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close Social Network</td>
<td>132</td>
</tr>
<tr>
<td>Stigmas &amp; Stereotypes</td>
<td>100</td>
</tr>
<tr>
<td>Workplace &amp; Educational Setting</td>
<td>17</td>
</tr>
<tr>
<td>Religion &amp; Spirituality</td>
<td>13</td>
</tr>
<tr>
<td>Bullying/Abuse/Trauma</td>
<td>93</td>
</tr>
<tr>
<td>Safety &amp; Trust</td>
<td>122</td>
</tr>
<tr>
<td>Government &amp; National Level</td>
<td>0</td>
</tr>
<tr>
<td>Media/Internet</td>
<td>17</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>16</td>
</tr>
<tr>
<td>Mental Health</td>
<td>124</td>
</tr>
<tr>
<td>Age &amp; Timeline</td>
<td>20</td>
</tr>
<tr>
<td>Physical Body</td>
<td>44</td>
</tr>
<tr>
<td>Support</td>
<td>99</td>
</tr>
</tbody>
</table>
Participant 2 Data Set

Figure 2 illustrates the composition of the themes covered by Participant 2, who was a Hispanic transwoman in her early 40s who had full gender reassignment surgery completed and was on hormone replacement therapy (HRT). The most frequently discussed, or most prominent topics, as illustrated by Table 2 and Figure 2 include the following categories: Close Social Network, Safety & Trust, Mental Health, and Support. The least discussed, or least prominent, topics, as seen in Table 2 and Figure 2, include: Workplace & Educational Setting, Religion & Spirituality, Government & National Level, and Media/Internet. Participant 2 answered all questions and did not pass on any questions or answers.
Table 2

**Participant 2 Data Set**

<table>
<thead>
<tr>
<th>Common Themes</th>
<th>Number of Times Mentioned</th>
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<tbody>
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<td>Cultural Components</td>
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<tr>
<td>Close Social Network</td>
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</tr>
<tr>
<td>Stigmas &amp; Stereotypes</td>
<td>100</td>
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<td>Workplace &amp; Educational Setting</td>
<td>39</td>
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<tr>
<td>Religion &amp; Spirituality</td>
<td>67</td>
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<tr>
<td>Bullying/Abuse/Trauma</td>
<td>96</td>
</tr>
<tr>
<td>Safety &amp; Trust</td>
<td>246</td>
</tr>
<tr>
<td>Government &amp; National Level</td>
<td>28</td>
</tr>
<tr>
<td>Media/Internet</td>
<td>21</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>106</td>
</tr>
<tr>
<td>Mental Health</td>
<td>333</td>
</tr>
<tr>
<td>Age &amp; Timeline</td>
<td>140</td>
</tr>
<tr>
<td>Physical Body</td>
<td>153</td>
</tr>
<tr>
<td>Support</td>
<td>275</td>
</tr>
</tbody>
</table>

*Figure 2. Participant 2 data set.*
**Participant 3 Data Set**

Figure 3 illustrates the composition of the themes covered by Participant 3, who was an Asian-American transwoman in her mid-50s who did not have any gender reassignment surgery completed and was not on hormone replacement therapy (HRT). The most frequently discussed, or most prominent topics, as illustrated by Table 3 and Figure 3 include the following categories: Cultural Components, Stigmas & Stereotypes, Safety & Trust, Government & National Level, Age & Timeline, Physical Body, and Support. The least discussed, or least prominent, topics, as seen in Table 3 and Figure 3, include: Workplace & Educational Setting, Religion & Spirituality, Bullying/Abuse/Trauma, Media/Internet, and Health/Medical. Participant 3 answered all questions and did not pass on any questions or answers.

**Table 3**

<table>
<thead>
<tr>
<th>Category</th>
<th>Participant 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Components</td>
<td>277</td>
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<tr>
<td>Close Social Network</td>
<td>147</td>
</tr>
<tr>
<td>Stigmas &amp; Stereotypes</td>
<td>503</td>
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<tr>
<td>Workplace &amp; Educational Setting</td>
<td>97</td>
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<tr>
<td>Religion &amp; Spirituality</td>
<td>84</td>
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<tr>
<td>Bullying/Abuse/Trauma</td>
<td>86</td>
</tr>
<tr>
<td>Safety &amp; Trust</td>
<td>403</td>
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<tr>
<td>Government &amp; National Level</td>
<td>299</td>
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<tr>
<td>Media/Internet</td>
<td>37</td>
</tr>
<tr>
<td>Health/Medical</td>
<td>32</td>
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<tr>
<td>Mental Health</td>
<td>144</td>
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<tr>
<td>Age &amp; Timeline</td>
<td>402</td>
</tr>
<tr>
<td>Physical Body</td>
<td>307</td>
</tr>
<tr>
<td>Support</td>
<td>354</td>
</tr>
</tbody>
</table>
Participant 4 Data Set

Figure 4 illustrates the composition of the themes covered by Participant 4, who was an African-American transwoman in her early 20s who did not have any gender reassignment surgery completed, but was on hormone replacement therapy (HRT). The most frequently discussed, or most prominent topics, as illustrated by Table 4 and Figure 4 include the following categories: Cultural Components, Stigmas & Stereotypes, Religion & Spirituality, Safety & Trust, Mental Health, Physical Body, and Support. The least discussed, or least prominent, topics, as seen in Table 4 and Figure 4, include: Media/Internet, Government & National Level, and Health/Medical. Participant 4 answered all questions and did not pass on any questions or answers.
Table 4

**Participant 4 Data Set**

| Cultural Components | 318 |
| Close Social Network | 278 |
| Stigmas & Stereotypes | 429 |
| Workplace & Educational Setting | 145 |
| Religion & Spirituality | 395 |
| Bullying/Abuse/Trauma | 266 |
| Safety & Trust | 466 |
| Government & National Level | 98 |
| Media/Internet | 64 |
| Health/Medical | 73 |
| Mental Health | 425 |
| Age & Timeline | 151 |
| Physical Body | 471 |
| Support | 498 |

*Figure 4. Participant 1 data set.*
Overall, the most prominent topics across all four participants included Close Social Network, Safety and Trust, Mental Health, and Support. These topics were considered to be the most important, most valued in terms of need and desire, were discussed the longest, and were discussed most frequently. The least prominent topics across all four participants included Media and Internet, Physical Health and Medical Care.
Chapter 5: Discussion

Introduction

In this final chapter, the researcher will discuss the findings, draw conclusions and implications of these findings, and compare the findings to the existing body of literature. Further, the researcher will cover future recommendations and practitioner recommendations.

The purpose of this study is to contribute essential information to the understanding of the difficulties transwomen face, as well as an understanding of the personal experiences of those who identify as Male-to-Female (MTF) transgender individuals. More specifically, the aim is to contribute to the understanding within the field of clinical psychology as it pertains to the individual’s overall experience which may include the following general themes: overall experiences, cultural influences and beliefs regarding persons on the gender spectrum, acceptance levels of personal culture and society, social exclusion, social rejection, stigmas faced, violence, abuse (e.g., physical, verbal, emotional, sexual), rejection and ostracism (e.g., from family, friends, groups, towns, society, etc.), safety, gender norms/stereotypes, workplace discrimination, transformation/transition/ surgeries/ sex changes, healthcare and mental health care difficulties, human rights, unequal rights, and other themes that affect MTF individuals.

Some general questions that were utilized in this study are listed in this section. However, as this is a qualitative study, there are no specific hypotheses or questions. Some of the general questions for this study are as follows: What are the personal experiences of individuals who identify as MTF transwomen? What are common themes that transwomen face? What are the acceptance levels of different cultural societies of those who undergo the transformation process and live as a transwoman? What sorts of stigmas, discrimination, abuse, lack of personal rights, and other difficulties do transwomen face? What cultural differences and similarities
arise for MTF transgender individuals? These questions, and more, formed the basis for the open-ended questions that comprised the semi-structured interview that was utilized for this study. Further, the researcher utilized these questions to create a comparison between the literature and the answers provided by the participants in order to finalize the themes which are discussed in this chapter.

Finally, it is worth noting that each individual participant for this study was ethnically diverse from each other participant. Further, the participants roughly fell into the following age range categories: 20s, 30s, 40s, and 50s, although one participant did not fall into exactly those age groupings, yet she was close to two age ranges (i.e., Participant 1 fell between the 20s and 30s age ranges). The age ranges that each participant fell into is useful in interpreting the data and drawing specific conclusions that are pertinent to each age group.

**Brief Summary of Findings**

Important information which helps inform the data provided by each participant is included here for ease of comparison. Participant 1 was a Caucasian transwoman in her late 20s who had some gender reassignment surgery completed and was on hormone replacement therapy (HRT). Participant 2 was a Hispanic transwoman in her early 40s who had full gender reassignment surgery completed and was on hormone replacement therapy (HRT). Participant 3 was an Asian-American transwoman in her mid-50s who did not have any gender reassignment surgery completed and was not on hormone replacement therapy (HRT). Participant 4 was an African-American transwoman in her early 20s who did not have any gender reassignment surgery completed, but was on hormone replacement therapy (HRT). These differences illustrate the diversity of these four women and how they each contributed meaningful data to this study.

Following manual transcription of each interview, the researcher identified prominent
themes within each of the individual interviews. Specifically, the researcher identified the following 14 themes, which were present among all four participants’ interviews: Cultural Components, Close Social Network, Stigmas & Stereotypes, Workplace & Educational Setting, Religion & Spirituality, Bullying/Abuse/Trauma, Safety & Trust, Government & National Level, Media/Internet, Physical Health/Medical, Mental Health, Age & Timeline, Physical Body, and Support. These themes are congruent with the themes found in the literature thus far. More detail regarding each theme and each participant is discussed next.

**Cultural Components**

The Cultural Components theme was discussed by all four participants. Overall, this was a prominent topic to which most participants ascribed meaning and importance. Further, for most of the participants the degree of importance and frequency with which each participant discussed this theme was generally proportional to the characteristics of their respective cultures.

Participant 1 mentioned this theme a total of 83 times during her interview. For Participant 1, this was not a prominent theme, nor did Participant 1 seem particularly interested in integrating this topic into her answers during the interview. Participant 1 did not appear to be averse to discussing the topic of cultural components, but Participant 1 seemed to value other topics over this topic. The importance to which Participant 1 ascribed to Cultural Components is congruent with Caucasian culture, as culture is not generally a primary focus for this cultural group. Participant 1 indicated that her family and friends were generally supportive of her transition, which could be indicative of the lower frequency with which Participant 1 discussed this topic since she did not experience friction in this area of her life. Further, Participant 1 lived in a predominantly Caucasian neighborhood and city, thus, Participant 1 indicated that she did not experience much cultural friction, if any from those around her. Participant 1 also expressed
feeling content with her culture.

Participant 2 mentioned the Cultural Components theme a total of 135 times during her interview. For Participant 2, this was a mildly prominent topic and she spent a longer amount of time discussing her points within this topic. However, the frequency was considered to be less than some of her other more prominent topics. The importance to which Participant 2 ascribed to Cultural Components is mildly incongruent with Hispanic culture, as Hispanic culture generally ascribes great importance and meaning to cultural components. This minor discrepancy could be due to Participant 2’s interest in culture, general attachment style, relational style, personality composition, preferences, past history, and/or trust or mistrust of others. Additionally, Participant 2 indicated that she was proud of her Latina culture, but she was also proud of her North American culture and she was more focused on cultivating her life in North America at the moment. She expressed that she missed her home country, but she was happy she lived in North America now. This shift in Participant 2’s focus could be an indicator of Participant 2’s culturally incongruent expression of her culture during this interview. Further, Participant 2 is in her early 40s, and is in a phase of her life where she is concerned with continuing to build the foundation of her career, finding a partner, and cultivating her future. Participant 2 indicated that she would like to focus on her culture and her family after she secures her career, partner and future.

Participant 3 mentioned the Cultural Components theme a total of 277 times during her interview. For Participant 3, this was a prominent and important topic which she spent a great deal of time discussing. The theme of Cultural Components was important to Participant 3, which is congruent to the level of importance placed upon culture within the Asian-American population, as culture is viewed as highly respected and valued within this culture. Participant 3
indicated that she was proud of her Asian-American culture. She also indicated that she was involved in an Asian-specific support group in which she began to advocate publicly for Asian-Americans who are diverse in their gender and sexuality.

Participant 4 mentioned the Cultural Components theme a total of 318 times during her interview. For Participant 4, this was a prominent and important topic which she spent a great deal of time discussing. The theme of Cultural Components was important to Participant 3, which is congruent to the level of importance placed upon culture within the African-American population, as culture is viewed as highly valued within this culture. Participant 4 is passionate about her ethnic culture and is an advocate for transwomen who are ethnically diverse. Further, Participant 4 expressed that she embraces all aspects of her culture and is proud of who she is as an individual.

Finally, the literature supports the idea that Cultural Components are generally viewed as important aspects for transwomen (Mar, 2010). The literature is further supported by the data that was gathered by all four participants in this study. Thus, the data from this section is supported by the literature, as well as the data from this study supports the literature that currently exists.

Close Social Network

The Close Social Network theme was discussed by all four participants. Overall, this was a prominent topic to which most participants ascribed meaning and importance. Further, for most of the participants the degree of importance and frequency with which each participant discussed this theme was generally proportional to the characteristics of their respective cultures.

Participant 1 mentioned this theme a total of 132 times during her interview. For Participant 1, this was a prominent and important topic which she frequently referenced and also
spent a great deal of time discussing. The theme of Close Social Network was important to Participant 1, which is mildly incongruent to the level of importance placed upon culture within the Caucasian culture, as a close social network is valued within this culture, but is not generally a main focus due to the individualistic structure of the traditional Caucasian culture.

Participant 2 mentioned this theme a total of 238 times during her interview. For Participant 2, this was a prominent and important topic which she frequently referenced and also spent a great deal of time discussing. The theme of Close Social Network was important to Participant 2, which is congruent with her Hispanic culture, as Hispanic culture generally ascribes great importance and meaning to collectivistic components like close social network. Participant 2 expressed that she moved from her home country in South America when she was a young teen and has lived in North America ever since that time. Further, she discussed how she operated predominantly as a “single woman who takes care of herself.” This is also somewhat divergent from Hispanic culture, as this culture generally functions as a more collectivistic society, rather than individualistic. This mentality was informed by Participant 2’s experience of a difficult break-up with a partner, which led to homelessness and a long period of time for Participant 2 to survive alone.

Participant 3 mentioned this theme a total of 147 times during her interview. For Participant 3, this was a mildly important topic and she spent a longer amount of time discussing her points within this topic, however, the frequency was considered to be less than some of her other more prominent topics. The theme of Close Social Network was mildly important to Participant 3 (i.e., in relation to her other prominent topics), which is mildly incongruent to the level of importance placed upon close social network within the Asian-American population, as close social network is generally viewed as valued within this culture. This minor discrepancy
could be due to Participant 3’s general attachment style, relational style, personality composition, preferences, past history, and/or trust or mistrust of others. Finally, Participant 3 viewed herself as “very much an introvert.”

Participant 4 mentioned this theme a total of 278 times during her interview. For Participant 4, this was a mildly important topic and she spent a short amount of time discussing her points with this topic. The frequency of this topic was less than that of her other more prominent topics. The theme of Close Social Network was mildly important to Participant 4, which is mildly incongruent with the African-American culture, as close social network is general valued within the culture. This minor discrepancy could be due to Participant 4’s general attachment style, relational style, personality composition, preferences, past history, and/or trust or mistrust of others. This mentality was likely further informed by Participant 4’s experience of homelessness and a long period of time for Participant 4 to survive alone until she “got myself back on my feet again.”

Finally, the literature supports the idea that Close Social Network is generally viewed as a highly important and essential aspect for transwomen (Herman, 2009, p. 20). The literature is further supported by the data that was gathered by all four participants in this study. Thus, the data from this section is supported by the literature, as well as the data from this study supports the literature that currently exists.

**Stigmas and Stereotypes**

The Stigmas and Stereotypes theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participants 1 and 2 viewed this topic as mildly important, whereas Participants 3 and 4 viewed this topic to be highly important. Further, for most of the participants the degree of
importance and frequency with which each participant discussed this theme was generally proportional to the characteristics of their respective cultures.

Participant 1 mentioned this theme a total of 100 times during her interview. For Participant 1, this was a mildly important topic which she relatively infrequently referenced and did not spend a great deal of time discussing. The theme of Stigmas and Stereotypes was mildly important to Participant 1, which is congruent to the level of importance placed upon culture within the Caucasian culture, as Stigmas and Stereotypes are not highly valued within this culture, and is not generally a main focus due to the general lack of stigmas and discrimination which Caucasian culture experiences. Participant 1 indicated that she was aware of stigmas and stereotypes within the transwomen community, but said she had never experienced that on her own. Further, Participant 1 added that she was surprised that more transwomen were not “banding together more” instead of being critical of each other. Participant expressed hope for the future that transwomen could, instead, support each other.

Participant 2 mentioned this theme a total of 100 times during her interview. For Participant 2, this was a mildly important topic which she infrequently referenced and did not spend a great deal of time discussing. The theme of Stigmas and Stereotypes was mildly important to Participant 2, which is mildly incongruent with her Hispanic culture, as Hispanic culture generally ascribes great importance and meaning to Stigmas and Stereotypes due to regular struggles with stigmas and stereotypes from other ethnic and cultural groups. Further, Participant 2 discussed the occasional stereotype and stigma that were imposed by transwomen onto other transwomen. She further discussed the negative effects this has on transwomen who do not have money to pay for the gender confirmation surgeries, hormones, make-up, and clothing to aid a transwoman in her transition. Finally, Participant 2 shed light on the difficulties
transwomen face within the trans-community regarding fitting in and passing, and likened these struggles to a competition, rather than a supportive and collaborative environment among transwomen of all stages.

Participant 3 mentioned this theme a total of 503 times during her interview. For Participant 3, this was a highly important topic and she spent a great deal of time discussing this topic. Further, this topic was discussed the most (i.e., frequency and duration of time) out of all of the topics Participant 3 discussed. This could be due to the amount of time Participant 3 had spent hiding her “true identity” as she was the oldest transwoman, yet she is still hiding for fear of her own safety. Further, Participant 3 could have also lingered on this topic due to feelings of being an ethnic minority in addition to being a transwoman. Participant 3 often mentioned the stereotypes associated with her gender in conjunction with the stereotypes associated with her being an ethnic minority. The theme of Stigmas and Stereotypes was the most important topic to Participant 3 (i.e., in relation to her other prominent topics), which appears to be congruent with the level of importance placed upon stigmas and stereotypes of gender and gender roles as viewed by the Asian-American population, as stigmas and stereotypes regarding gender are generally viewed as highly important but within this culture. This high correlation could also be due to Participant 3’s family history, upbringing within her Asian-American culture, and the values she continues to uphold as an Asian-American transwoman. Further, it appeared that Participant 3 struggled with her personal ideas, stigmas, and stereotypes regarding gender (e.g., definitions, norms, roles, her own interpretation, and her recent transition), as they related with her past history, her personal culture, and her new-found life as a transwoman who was beginning to come out more publicly.

Participant 4 mentioned this theme a total of 429 times during her interview. For
Participant 4, this was a highly important topic and she spent a large amount of time discussing her thoughts and feelings associated with this topic. The frequency of this topic was one of her highest and most prominent topics to discuss. As the theme of Stigmas and Stereotypes was highly important to Participant 4, this is highly congruent with the African-American culture, as stigmas and stereotypes are usually experienced often by members of this culture. This could also be due to Participant 4’s strong inclination and activity as an advocate and spokesperson for herself and for transfolks alike; Participant 4 indicated that she is a strong advocate for the trans-community, especially for transwomen who are also ethnic minorities. Further, Participant 4 expressed that she experienced many instances of imposed stigmas and stereotypes from other transwomen against other transwomen and herself. She emphasized that cisgender individuals are not the only people who impose and uphold stigmas and stereotypes, but that there is still a hierarchy among transwomen regarding stigmas and stereotypes.

Finally, the literature supports the idea that Stigmas and Stereotypes is generally viewed as a highly important and essential aspect for transwomen (Beemyn & Rankin, 2011, p. 96). The literature is further supported by the data that was gathered by all four participants in this study and the general importance they placed on the link between their respective cultures and their status as transwomen. Thus, the data from this section is supported by the literature, as well as the data from this study supports the literature that currently exists.

**Workplace and Educational Setting**

The Workplace and Educational Setting theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Relative to each of their respective topics, Participants 1 and 2 viewed this topic being of low importance, whereas Participant 3 viewed this topic as mildly important,
and Participant 4 viewed this topic to be important. Further, for most of the participants the degree of importance and frequency with which each participant discussed this theme was generally proportional to the level of safety they experienced within their respective workplaces and educational settings.

Participant 1 mentioned this theme a total of 17 times during her interview. For Participant 1, this was a topic of low importance which she infrequently referenced and did not spend a great deal of time discussing. For Participant 1, the theme of Workplace and Educational Setting was thought to be of lower importance than her other topics, since Participant 1 indicated that when she was in school she did not experience many difficulties in the educational setting. Also, Participant 1 indicated that she transitioned while at her present job and the people at her job were generally very supportive of her transition. Participant 1 discussed a couple instances of confused customers at her workplace who utilized improper pronouns to address her, either purposely or not purposely.

Participant 2 mentioned this theme a total of 39 times during her interview. For Participant 2, this was a topic of low importance which she infrequently referenced and did not spend a great deal of time discussing. When Participant 2 discussed her profession, she placed great importance on her work and her strong work ethic. This mentality of a strong work ethic appears to be congruent with Hispanic culture, as Hispanic culture generally ascribes great importance and meaning to working. Participant 2 also expressed that she appreciated the great supportive environment at her workplace from the early stages of her gender confirmation surgeries until present day, following the completion of her full gender confirmation surgeries.

Participant 3 mentioned this theme a total of 97 times during her interview. For Participant 3, this was a mildly important topic for which she spent a minimal amount of time
discussing. Participant 3 discussed that she had not yet “come out to people at work yet” and mentioned that she was unsure of how her colleagues and boss would receive her news if she were to disclose that information to them. Additionally, Participant 3 indicated that she feared she would lose her job if she came out at work. As a result, she maintained a very masculine physical identity while at work, so as not to “give myself away while I’m at work.” Participant 3 is concerned that she could potentially suffer from not only job loss, but also ridicule, hate crimes, violence, loss of credibility, and loss of friends if she were to come out at work at this time.

Participant 4 mentioned this theme a total of 145 times during her interview. For Participant 4, this was an important topic and she spent a moderate amount of time discussing her thoughts and feelings associated with this topic. Participant 4 elaborated on this topic, indicating that she was careful to present herself in a professional manner while at work so that “no one can touch me or say anything about my work because I do excellent work.” She expressed not caring about what people thought, yet she described an instance in which a former boss discriminated against her and insisted that Participant 4 had to go home to change her shoes (i.e., which were ballet flats) into “something more appropriate for work” stating that Participant 4 was not allowed to dress feminine at the office. Since that event, Participant 4 expressed that she was very cautious in the business world because she wanted people to recognize her for her talents and abilities to succeed in the workplace, rather than focus on her personal style and gender expression.

Finally, the literature supports the idea that Workplace and Educational Setting is generally viewed as an important aspect for transwomen (Bender-Baird, 2011, pp. 1-2). The literature is further supported by the data that was gathered by all four participants and the
varying degrees of importance they placed on their respective experiences in the workplaces and educational settings. The literature suggested that transwomen experienced large amounts of discrimination, microaggressions, and inequality at work.

**Religion and Spirituality**

The Religion and Spirituality theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participants 1 and 2 viewed this topic as being of low importance, whereas Participant 3 viewed this topic as mildly important, and Participant 4 viewed this topic to be highly important. Further, for most of the participants the degree of importance and frequency with which each participant discussed this theme was generally proportional to the characteristics of their respective cultures and the level of importance each culture placed on the role of religion and spirituality.

Participant 1 mentioned this theme a total of 13 times during her interview. For Participant 1, this was a topic of relatively lower importance, as compared with her other topics. Further, Participant 1 relatively infrequently referenced this topic, but when she did, she spent a few minutes discussing the impact of her newly discovered spirituality. The degree of importance of this topic is congruent to the level of importance placed upon religion and spirituality within the Caucasian culture, as Religion and Spirituality are generally valued within this culture. Participant 1 discussed her spirituality as serving as a coping mechanism for herself, as well as a source of safety and rejuvenation.

Participant 2 mentioned this theme a total of 67 times during her interview. For Participant 2, this was a topic of lesser importance, relative to her other more prominent topics. While discussing her relationship with religion and spirituality, Participant 2 spent a short
amount of time describing how she went from being raised Catholic, having a long period of
time of hating God, transitioning to having faith in a specific Saint which aided her on her
recovery from drug addiction and homelessness, to combining her faith in the Saint with beliefs
in a higher power that helps provide for her. Religion and Spirituality is viewed as highly
important in Hispanic culture, which appeared to be somewhat incongruent with Participant 2’s
level of importance placed on religion and spirituality. This is likely due to Participant 2’s
personal relationship with religion and spirituality throughout her life and transitional stages.

Participant 3 mentioned this theme a total of 84 times during her interview. For
Participant 3, this was a mildly important topic and she did not spend much time discussing this
topic. The theme of Religion and Spirituality was among the least important topics for
Participant 3 (i.e., in relation to her other prominent topics), which appears to be incongruent
with the level of importance placed upon religion and spirituality as viewed by the Asian-
American population, religion and spirituality are generally viewed as highly important but
within this culture. This discrepancy between Participant 3’s views on religion and spirituality
could also be due to Participant 3’s family history, upbringing within her Asian-American
culture, and the values she continues to uphold as an Asian-American transwoman who views
herself as mildly spiritual. Participant 3 commented that she utilized her spirituality as a
comforting coping mechanism that helps her feel safer and to “get through the difficult times.”

Participant 4 mentioned this theme a total of 395 times during her interview. For
Participant 4, this was a highly important topic and she spent a large amount of time discussing
her thoughts and feelings associated with this topic. The frequency of this topic was one of her
highest and most prominent topics to discuss. As the theme of Religion and Spirituality was
highly important to Participant 4, this is also highly congruent with the African-American
culture; Religion and Spirituality are usually utilized often by members of this culture. This could also be due to Participant 4’s strong inclination towards “being a spiritual being.” Participant 4 indicated that she relied heavily on her spirituality to provide safety, comfort, relaxation, and positivity for herself, especially in difficult moments in her life.

Finally, the literature supports the idea that Religion and Spirituality is generally viewed as an important aspect for transwomen to utilize during their journey of transitioning (Hawkins, 2010). The literature is further supported by the data that was gathered by all four participants in this study and the general importance they placed on the link between their relationship with religion and spirituality and their status as transwomen.

Bullying, Abuse, and Trauma

The Bullying/Abuse/Trauma theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participants 1, 2, and 3 viewed this topic as mildly important, whereas Participant 4 viewed this topic to be highly important. All of the participants expressed that they had not experienced severe cases of bullying or trauma due to their status as transwomen, yet they all had some instances of this category, including some bullying, some physical abuse, verbal abuse, and microaggressions.

Participant 1 mentioned this theme a total of 93 times during her interview. For Participant 1, this was a mildly important topic which she relatively infrequently referenced and did not spend a great deal of time discussing. Participant 1 indicated that she was aware of cases of bullying, abuse, violence, and trauma that had been carried out by cisgender individuals, as well as cases that occurred from within the transwomen community. Participant 1 indicated that she had experienced a few times of verbal abuse, microaggressions, and bullying, but said she
had never experienced “anything serious or horrible like trauma or violence.” Further, Participant 1 added that she was appalled about what some cisgender individuals and groups have done against other trans individuals. Participant expressed hope for the future that transwomen could one day live in peace with cisgender people and not have to fear for their safety or lives.

Participant 2 mentioned this theme a total of 96 times during her interview. For Participant 2, this was a mildly important topic which she did not spend a great deal of time discussing when she did discuss the topic. Participant 2 discussed her experiences of receiving bullying, verbal abuse, and physical abuse from both cisgender individuals and fellow LGBTQ members.

Participant 3 mentioned this theme a total of 86 times during her interview. For Participant 3, this was a mildly important topic which she spent a small amount of time discussing. Participant 3 indicated that she had experienced occasional instances of verbal abuse, microaggressions, and bullying, but said she had never experienced physical violence or trauma. She expressed fearing that she might still experience some violence or trauma once she physically made the transition to looking more like a woman.

Participant 4 mentioned this theme a total of 266 times during her interview. For Participant 4, this was an important topic and she spent a moderate amount of time discussing her thoughts and feelings associated with this topic. Further, Participant 4 expressed that she experienced many instances of microaggressions, bullying, and verbal abuse from cisgender individuals and other transwomen. She related a story in which her grandmother sent her to a conversion camp in the summer in order to “remove the gay from within me, which was back when I identified as a gay male.” This illustrates some of the extents to which transwoman face bullying, abuse, and trauma from within their own families.
Finally, the literature supports the idea that Bullying, Abuse, and Trauma is generally viewed as a highly influential aspect with which transwomen struggle (Ditman, 2003). The literature is further supported by the data that was gathered by all four participants in this study and the general importance they placed on the link between their experiences with bullying, abuse, and trauma and their status as transwomen.

**Safety and Trust**

The Safety and Trust theme was discussed by all four participants. Overall, this was a prominent topic to which most participants ascribed meaning and importance. Further, for most of the participants, the degree of importance and frequency with which each participant discussed this theme was generally one of their most prominent and important topics. Each participant indicated that safety and trust were highly valued and desired, especially since most of the participants felt that they desired more safety and trust from others around them. This topic was generally referenced by participants when they were discussing their desires and needs for greater feelings of safety and trust of both cisgender individuals and from fellow trans individuals.

Participant 1 mentioned this theme a total of 122 times during her interview. For Participant 1, this was among her most prominent and important topics which she spent a great deal of time discussing. Participant 1 indicated that she had “a relatively smooth and easy transition so far, with people in my core groups supporting me for the most part.” Further, Participant 1 discussed that she wished there was still more safety for transwomen because she still experienced feeling unsafe from cisgender individuals while she was out in public places, at work, or using bathrooms in public. She also expressed noticing a decrease in how safe she felt walking alone, especially at nighttime or in darkness, because she felt more vulnerable.
Participant 1 related a story in which she was walking alone on a street and she felt threatened by two men that were walking towards her. Participant 1 also indicated that she wish she had more individuals she could trust and go to when she was experiencing difficult times.

Participant 2 mentioned this theme a total of 246 times during her interview. For Participant 2, this was among the most prominent and important topics which she discussed. Participant 2 indicated that she had many experiences in which she felt threatened, unsafe, and could not trust those around her. She expressed desiring more safety while in public places, and she wished more people were trustworthy and understanding of the transwoman experience. Further, Participant 2 indicated that many transwomen experience fear of being unsafe while walking alone in public, being stared at, being followed and threatened, and feeling like they do not have anyone to trust.

Participant 3 mentioned this theme a total of 403 times during her interview. For Participant 3, this was a highly important topic which she discussed. Specifically, Participant 3 discussed wanting more safety within the public realm, more education about trans individuals directed at cisgender individuals, and laws to be created to provide safety for transfolks. Participant 3 expressed great concern over the lack of safety in the workplace and educational settings, grocery stores, and other public places where transwomen often experience a lack of safety. Further, she discussed her strong feelings that the general population should be educated about the effects of discrimination, microaggressions, lack of laws for protection, and a seemingly underwhelming set of consequences for those who create unsafe conditions for trans individuals.

Participant 4 mentioned this theme a total of 466 times during her interview. For Participant 4, this was a highly important topic which she discussed frequently and in
conjunction with various other topics. Participant 4 approached the topics of safety and trust from a standpoint that it was her against the world and she wished that the world was more educated and accepting of individuals who are brave enough to express their true gender in a world that is generally unaccepting and uneducated about transgender individuals.

Finally, the literature supports the idea that Safety and Trust is generally viewed as a highly important and essential aspect for transwomen (Hawkins, 2010; Pfeffer, 2012; Wight, 2014). Safety and trust is recognized as a large hurdle that still needs to be addressed. The literature is further supported by the data that was gathered by all four participants in this study.

**Government and National Level**

The Government and National Level theme was discussed by three of the four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participant 1 did not discuss this topic and thus placed no importance on this topic. Participant 2 viewed this topic as having a lower importance, Participant 3 viewed this topic as highly important, and Participant 4 viewed this topic to be mildly important.

Participant 1 did not mention this theme at all during her interview. This could have been due to Participant 1’s level of interest, personal beliefs, and attitudes towards government and national level issues, politics, or general dealings in this level of the system in which Participant 1 lives. Additionally, this could have been due to a lack of Participant 1’s personal experiences of politics, or due to a lack of knowledge of this level of the biopsychosocial system in which Participant lives.

Participant 2 mentioned the theme of Government and National Level a total of 28 times during her interview. For Participant 2, this was viewed as having a lower importance as
compared with the level of importance which Participant 2 ascribed to other topics. She also did not spend a great deal of time discussing this topic. When Participant 2 discussed this topic, she generally illustrated the differences and similarities of beliefs of gender roles, safety of becoming transgender, and the progression of her transition from South America to North America. Further, Participant 2 discussed the use of black market hormone pills, which are utilized by transwomen in South America, as well as the unknown dosages transwomen take of these pills.

Participant 3 mentioned the theme of Government and National Level a total of 299 times during her interview. For Participant 3, this was a highly important topic which she spent a large amount of time discussing. Participant 3 discussed the need for new policies on local and national levels which would protect transfolks in public, in the workplace and educational settings, and to allow for safe expression of gender fluidity. Further, Participant 3 emphasized the need for education regarding the transgender experience that the general public should be provided so as to create a state of greater awareness and hopefully understanding of transgender topics.

Participant 4 mentioned the theme of Government and National Level a total of 98 times during her interview. With respect to her other topics, this was a mildly important topic for Participant 4 and she spent a moderate amount of time discussing her thoughts and feelings associated with this topic. The prominent aspects of this topic which were most important to Participant 4 included encouraging the implementation of more policies and education that would inform the general population about transgender individuals. Further, Participant 4 indicated she felt much progress must still be made with respect to cisgender individuals learning about transgender life, the associated struggles, and the importance of transgender individuals.
This illustrates the strong need for advocacy and education about transgender life that should be dispelled throughout laws and policies by local and national governing bodies.

Finally, the literature supports the idea that the theme of Government and National Level is generally viewed as a particularly difficult and relatively untouched aspect with which transwomen struggle and experience (Stone, 2009; Sellers, 2014). The literature is further supported by the data that was gathered by all four participants in this study and the varying degrees of importance they placed on the link between their experiences with government and national level issues and being transwomen.

**Media and Internet**

The Media and Internet theme was discussed by all four participants. Overall, this was a topic which was considered to have relatively low importance. Further, for all of the participants, the degree of importance and frequency with which each participant discussed this theme was generally one of their least prominent and important topics and was not frequently discussed.

Participant 1 mentioned this theme of Media and Internet a total of 17 times during her interview. For Participant 1, this was among her least prominent and important topics which she spent a small amount of time discussing. Participant 1 discussed the distorted body images which are produced and dispelled to society from the media and internet. Further, Participant 1 discussed her feelings of disappointment with being unable to attain a body like the bodies which are promoted by media and internet. This illustrates the struggles transwomen face with their body images.

Participant 2 mentioned this theme a total of 21 times during her interview. For Participant 2, this was among the least prominent and important topics which she discussed. Participant 2 discussed her appreciation and admiration for the recent celebrity transwomen who
have come out to the public and have begun to advocate for the trans-community. This illustrates the importance of transwomen in the media and the impact they may have on transwomen, as well as the positive aspect of promoting education to the public about transgender life and issues. Participant 2 seemed to feel strongly about advocating for the rights of transwomen and viewed media as a resource in educating the public and advocating for transwomen.

Participant 3 mentioned this theme a total of 37 times during her interview. For Participant 3, this was a topic of lower importance, as compared to the other topics she discussed. Participant 3 discussed how she viewed the media as being a generally positive platform from which famous transwomen are promoting transgender lifestyles and are educating the general population. This illustrates that media can have positive effects and negative effects for transwomen.

Participant 4 mentioned this theme a total of 64 times during her interview. For Participant 4, this was a topic of lower importance, as compared with her other topics. Participant 4 discussed how internet and media can be both an outlet for transwomen, and also a place that can be detrimental to a transwoman. Participant 4 also discussed her divided feelings on famous transwomen in the media because these women were advocating. Participant 4 also indicated that “while it is useful it is still an unrealistic representation for transwomen since most transwomen do not have Caitlyn Jenner money to cover the costs of the whole transition.” This illustrates the importance of transwomen in current media and the multiple images media and internet display for transwomen.

Finally, the literature supports the idea that Media and Internet is generally viewed as a relatively important aspect for transwomen, yet more clear direction is needed to refine the effects of this topic (Wight, 2014). Media and Internet is recognized as a platform for positive
influence, as well as a potentially harmful and detrimental platform for others to bully, verbally abuse, and hurt transgender individuals.

**Physical Health and Medical Care**

The Physical Health and Medical theme was discussed by all four participants. Overall, this was a topic which was considered to have relatively low to mild importance. Further, for all of the participants, the degree of importance and frequency with which each participant discussed this theme was generally one of their least prominent and important topics.

Participant 1 mentioned this theme of Physical Health and Medical a total of 16 times during her interview. For Participant 1, this was among her least prominent topics which she spent a relatively small amount of time discussing. Participant 1 discussed her personal physical transition while taking hormones. Further, Participant 1 discussed being inspired to begin taking hormones after reading about a male bodybuilder who became a transwoman because she remarked “if that person could make the switch and look good, I can too! And so I did.” This illustrates the level of importance that body image has on Participant 1 and her personal journey of transitioning.

Participant 2 mentioned this theme a total of 106 times during her interview. For Participant 2, this topic was considered moderately important. Additionally, Participant 2 discussed her entire physical transition, full gender confirmation surgery, hormones, and other elected surgeries to complete her physical image. Further Participant discussed the importance that her HIV status has previously had and how she currently is making it a priority to take care of her health. This illustrates the high level of importance that body image has on Participant 2 and her personal journey of transitioning.
Participant 3 mentioned this theme a total of 32 times during her interview. For Participant 3, this was a topic of lower importance, as compared to the other topics she discussed. Participant 3 discussed her feelings of desiring to begin hormone treatment, but she was concerned about the impact this might have on her job security. This could be due to Participant 3’s high level of importance placed on physical image and the concept of fearing the change from her masculine image into her congruent feminine image she desires. Additionally, Participant 3 experienced great hesitation for beginning her physical transition in public due to her fears of losing her job, friends, family, and being bullied by society. Finally, Participant 3’s culture is strict on gender roles, norms, and definitions so Participant 3 is likely currently struggling with cultural congruence and her personal needs.

Participant 4 mentioned this theme a total of 73 times during her interview. For Participant 4, this was a topic of lower importance, as compared with her other topics. Participant 4 discussed her process of recently starting hormone replacement therapy and her high excitement for beginning this stage in her transition. Participant 4 also highlighted the difficulties in affording medical care and treatment as a transwoman.

Finally, the literature supports the idea that Physical Health and Medical care for transwomen is generally viewed as a highly important aspect for transwomen (Beagan et al, 2013). Transwomen face many hurdles when beginning to receive assistance and request surgeries from their healthcare professionals. Clearer direction is needed to refine the effects of this topic and to better educate healthcare professionals on how to work with and treat transwomen.
**Mental Health**

The Mental Health theme was discussed by all four participants. Overall, this was a topic which was considered to have relatively high importance. Further, for all of the participants, the degree of importance and frequency with which each participant discussed this theme was generally one of their most prominent and important topics. All four participants indicated that mental health is essential in their personal journeys.

Participant 1 mentioned this theme of Mental Health a total of 124 times during her interview. For Participant 1, this was among her most prominent and important topics which she spent a large amount of time discussing. Participant 1 discussed feeling grateful to have found a therapist who is accepting, open to gender fluidity, and willing to learn about transgender life and issues. This high positive regard for mental health could be due to Participant’s personal beliefs regarding holistic care of oneself, as well as her generationally congruent view on being open to therapy.

Participant 2 mentioned this theme a total of 333 times during her interview. For Participant 2, this was among the most prominent and important topics which she discussed. Additionally, Participant 2 indicated that therapy has been a highly useful coping strategy and safe place for her.

Participant 3 mentioned this theme a total of 144 times during her interview. For Participant 3, this was a topic of high importance, as compared to the other topics she discussed. Participant 3 indicated that she viewed mental health to be a positive resource which all transwomen should utilize.

Participant 4 mentioned this theme a total of 425 times during her interview. For Participant 4, this was a topic of high importance, as compared with her other topics. Participant
4 discussed how Mental Health has a prominent place in her life and that she is thankful to have a therapist who is supportive.

Finally, the literature supports the idea that Mental Health is generally viewed as a relatively important aspect for transwomen, yet many transwomen tend to not seek mental healthcare because they believe most mental health professionals will not be knowledgeable about transgender life and issues, will judge them, or will not understand their journey (Gonzalez, 2008; Case et al, 2009; Smith et al, 2010).

**Age and Timeline**

The Age and Timeline theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participant 1 viewed this topic as being of lower importance than other topics. Participants 2 and 4 viewed this topic as being important, and Participant 3 viewed this topic as highly important.

Participant 1 mentioned this theme of Age and Timeline a total of 20 times during her interview. For Participant 1, this was among her least prominent and important topics which she spent a small amount of time discussing. Participant 1 illustrated that her age and specific timeline markers were not a focal point for her and her story.

Participant 2 mentioned this theme a total of 140 times during her interview. For Participant 2, this was an important topic which she discussed. Additionally, Participant 2 frequently indicated years, months, days, and dates in her timeline as she told her story. This could be due to the general relational style of Hispanic culture, where they place higher importance on verbal storytelling.
Participant 3 mentioned this theme a total of 402 times during her interview. For Participant 3, this was a topic of high importance, as compared to the other topics she discussed. Participant 3 constantly marked her story with numbers, years, quantifiers, dates, and timelines. This style of speaking is congruent with Asian-American culture as this culture generally tends to place importance on passing on accurate and numerical accounts of their stories.

Participant 4 mentioned this theme a total of 151 times during her interview. For Participant 4, this was a topic of importance, as compared with her other topics. Participant 4 marked her answers and stories with years, dates, days, and timelines so as to keep the researcher informed of Participant 4’s journey as possible. This is also culturally congruent with African-American culture as this culture places importance on storytelling and timelines to keep the listener informed.

Finally, the literature did not cover the topic of Age and Timeline as being important or unimportant for transwomen. Future literature may discuss the importance or lack of importance of this theme in later studies with other participants.

**Physical Body**

The Physical Body theme was discussed by all four participants. Overall, this topic was divided regarding level of importance to which participants ascribed meaning and importance. Participant 1 viewed this topic as being of lower importance than other topics. Participant 2 viewed this topic as being important, and Participants 3 and 4 viewed this topic as highly important.

Participant 1 mentioned this theme of Physical Body a total of 44 times during her interview. For Participant 1, this was among her least prominent and important topics which she spent a small amount of time discussing. This is important to note because literature had
previously suggested that most transwomen were very concerned with their physical bodies. The data from Participant 1 on this topic could be due to her personal view on the physical changes she had experienced and the physical changes she hoped to experience, being few in number.

Participant 2 mentioned this theme a total of 153 times during her interview. For Participant 2, this was an important topic which she discussed at length. Additionally, Participant 2 seemed to be heavily focused and goal-oriented on her physical body and appearance, as she had a very clear image in her mind of the physical body she wanted.

Participant 3 mentioned this theme a total of 307 times during her interview. For Participant 3, this was a topic of high importance, as compared to the other topics she discussed. Participant 3 described herself as “transitioning late in life,” and indicated that she was still formulating what she envisioned her final feminine physical appearance. This could have been due to Participant 3’s concerns and fears associated with beginning her physical transition, the impacts the transition would have, acceptance levels of her relationships, and what meanings she would ascribe to the changes.

Participant 4 mentioned this theme a total of 471 times during her interview. For Participant 4, this was a topic of high importance, as compared with her other topics. Participant 4 had relatively recently begun her physical transition and expressed great happiness and excitement with her journey of transitioning.

Finally, the literature supports the idea that Physical Body is generally viewed as a highly important aspect for transwomen, given that most transwomen prefer to alter their physical appearance in some way so as to match and reflect their true gender and what that looks like to each individual transfemale (Beagan et al., 2013).
Support

The Support theme was discussed by all four participants. Overall, this was a topic which was considered to have relatively high importance. Further, for all of the participants, the degree of importance and frequency with which each participant discussed this theme was generally one of their most prominent and important topics and was frequently discussed.

Participant 1 mentioned this theme of Support a total of 99 times during her interview. For Participant 1, this was an important topic which she spent a large amount of time discussing. The results from Participant 1 indicate that she likely values a strong social support network. Further, the data gathered from Participant 1 indicates that she would feel most comfortable before, during, and after her transition with a strong set of support systems, safe and trustworthy people and places for her to connect with throughout her journey and in times of need, and a safe mental health professional for her to utilize throughout her transition.

Participant 2 mentioned this theme a total of 275 times during her interview. For Participant 2, this was among the most prominent and important topics which she discussed. Additionally, Participant 2 discussed her experience of not having a strong support system throughout her transition and disclosed that it would have been useful if she had more support in all aspects of her life, especially familial support. The need for support, in general, is congruent with Hispanic culture because this culture is collectivistically oriented and thrives off of social support.

Participant 3 mentioned this theme a total of 354 times during her interview. For Participant 3, this was a topic of high importance, as compared to the other topics she discussed. Participant 3 discussed the great degree to which support is important for herself and
transwomen. This need and desire for social support is congruent with Asian-American culture since this culture is collectivistic and thrives off of social support.

Participant 4 mentioned this theme a total of 498 times during her interview. For Participant 4, this was a topic of high importance, as compared with her other topics. Participant 4 discussed how social support would be nice, especially from the public and cisgender folks so that transwomen would not have to worry about fitting in, being bullied, and not being stared at by others. Participant 4 also indicated that she was happy to support herself and indicated that she could “make it alone in this world because that’s how I’ve had to survive, so it’s no sweat off my back whether or not the world supports me—it would just be a bonus.” This mentality is likely due to Participant 4’s strong survival mentality, her personal experiences, and her mistrust of others who are not educated about transgender life and issues.

Finally, the literature supports the idea that social support is generally viewed as an important aspect that is useful for transwomen (Hawkins, 2010; Pfeffer, 2012; Wight, 2014)...

Support is essential for transwomen and helps them feel safer, and allows transwomen to experience a more smooth transition and life as a transwoman.

Summary of Themes

Overall, all four participants agreed on important themes which were part of their experiences as transwomen. The most prominent topics across all four participants included Close Social Network, Safety and Trust, Mental Health, and Support. These topics were considered to be the most important, most valued in terms of need and desire, and were discussed the longest. The least prominent topics across all four participants included Media and Internet, Physical Health and Medical Care.
Clinical Implications and Recommendations

Clinicians can serve as advocates for transwomen, as well as provide seminars and useful education so as to advocate through education for transwomen. Once the clinician has been trained and is informed of the transgender MTF population, it would be useful for clinicians to teach budding clinicians (e.g., students of college and graduate levels) about this specialized population.

Clinicians can also serve as resources for the families, partners, schools, and businesses of their transgender clients. Clinicians could explain the transgender experience to friends, family members, partners, bosses, co-workers, etc. so as to educate and advocate for their transgender clients. Further, by engaging in facilitating understanding and discussion, clinicians would then be able to help these other groups to understand the transwoman experience.

Clinicians can serve as a resource for their transwomen clients because they could recommend specific support groups and resources (e.g., PFLAG) that would provide extra support for their transwomen clients.

Some recommendations are included in this section. Clinicians can, and should, attend seminars and continuing educational seminars which teach clinicians the basics for understanding transgender life and issues, appropriate treatment techniques that are useful for transwomen, and other pertinent knowledge so as to best inform the clinician of the general experiences of transwomen. Clinicians would also benefit from continuing to read the growing body of literature regarding LGBTQ individuals, specifically the literature pertaining to transgender individuals.
Limitations of the Study

There are several important limitations to this study that should be taken into consideration. Due to the design of this study (i.e., qualitative phenomenological), there were no set hypotheses, which could have aided the clinician in forming different impressions and deriving specific themes from the interview content. Only four participants were recruited for this study, which is not a large enough number of participants to accurately represent the transfemale community. Although each participant was standardly asked the set of semi-structured questions and the researcher was the only person who asked the questions, the researcher ultimately gained practice with each interview which could have improved the communication between the researcher and each subsequent participant, thus better informing and shaping each subsequent interview.

Another limitation of this study is that each individual interview was conducted in a different place due to the level of comfort of each participant, which may have impacted the answers which were given. Each participant was a volunteer for this study and no participants who participated in this study were forced or coerced to participate. Further, each participant gained a Target gift card for $20 as a minor compensation for participation. Another limitation is that all four participants were involved in their own personal psychotherapy, which could imply that all four participants were more likely to reach out and participate in this study.

Recommendations for Future Research

There exists limited research in the field of psychology which focuses solely on transgender individuals, let alone focusing on transwomen. Some prospective changes for the field include doing more research to better understand the transgender life experience, as well as to better inform and educate the mental health professionals within the field. Sensitivity
trainings would be useful in providing pertinent knowledge and education to mental health professionals. Further, clear distinctions need to be made between the rest of the lesbian, gay, bisexual, transgender, queer, and questioning populations so that transgender individuals are not simply lumped into the same category. The umbrella term, LGBTQ, is useful; however, it does not allow transgender individuals to have their own specific attention, resources, categories, etc. which are specific to only their population. In fact, even within the transgender population there are numerous types of identities and titles which individuals may identify. Some other prospective changes for the field of psychology should include advocating on behalf of transgender individuals, encouraging the transcommunity members to seek mental health services, holding support groups, and becoming educated through seminars and experience with the population itself.

There also exist a variety of topics to focus on regarding MTF transgender individuals and their personal experiences. It would be useful to gather data from a larger number of participants so as to be able to better inform similarities and differences, as well as to better inform trends, which can be observed within this specialized population. Selecting participants on different sets of criteria might prove useful (e.g., diverse socioeconomic backgrounds, level of transition, differing views on mental health) and add new information to this topic. Shifting the study into a longitudinal design so as to follow participants throughout their transitions and beyond would add useful data which would likely add richness to the MTF transgender experience. Gathering data from participants that are from different regions and countries around the world would inform the research in a culturally specific manner, inform policies and governmental practices which pertain to transwomen, and illustrate the similarities and differences which exist among transwomen around the world.
As evidenced by each participant’s stories in this study, more advancements need to be made regarding creating safe work and educational environments in which transwomen will be recognized for their talents and efforts, rather than their personal style or gender expression. This could be in the form of policies, laws and regulations to protect transwomen and their rights, advocacy for transwomen, separate restrooms for transwomen, and other resources specific to transwomen (e.g., support groups for discrimination faced in the workplace or educational settings).

Some future research questions that could ultimately add additional, useful information about transwomen are included in this section. What are the experiences of transwomen when they speak with a mental health professional (i.e., therapist) who is knowledgeable about transgender studies? What specific types of support can mental health therapists offer for transwomen? What support groups would be useful and also of interest for transwomen? What new policies can be made to aid transwomen at local, state, and national levels? What is the most effective and informative manner of education regarding transgender individuals that can be utilized to inform the general population? What thoughts and feelings might a transwoman experience following a traumatic event that was aimed to harm her due to her gender identity expression? What types of treatment would be most useful and effective for treating a transwoman? These are some of the important questions that can be asked following the completion of this study and the data that was gained from the study.

**Final Summary**

In closing, this study viewed the similarities and differences among four ethnically diverse transwomen who generally fell into the 20s, 30s, 40s, and 50s age ranges. This study focused on viewing the MTF transwoman experience from the unique perspective of each of
these four participants. The researcher set out to learn about the difficulties which transwomen might face, as well as to learn about the general experiences that comprise the transwoman experience.

The data provided by the participants in this study will contribute necessary and pertinent information concerning the experiences of transwomen in North America. Further, clinicians will benefit from reviewing this study as it informs the readers of basic definitions and clarifications, general experiences and themes of these experiences, ways in which to consider transwomen and their experiences so as to best tailor treatment for this population, and future recommendations.
References


Counseling Psychologist, (40)3, 385-408.


Appendix A: Recruitment Flyer

Hello. My name is Chynna Lee and I am a Clinical Psychology doctoral student from The Chicago School of Professional Psychology, Los Angeles. I am conducting research for my dissertation: *Gaining Perspective: The Male-to-Female Transgender Experience*.

I am looking for adult individuals who identify as transgender Male-to-Female/MTF/MtF to volunteer to spend between 1½ to 2 hours in a semi-structured interview with me in person at Brownstein & Crane Surgical Services (i.e., location of interviews will be held in a private room at 575 Sir Francis Drake Blvd., Suite #1, Greenbrae, CA 94904). For participating in this study, you will be compensated for your time with a Target gift card worth $20.

Brownstein & Crane Surgical Services, its staff, or any other member of Brownstein & Crane Surgical Services are not affiliated with this dissertation research.

If you are interested, please contact me via sending an email to the following address: cdm3004@ego.thechicagoschool.edu, or call me at: (424) 248-5462 and indicate your interest.

Please pass this message and my info on to anyone you might know who is a patient or prospective patient at Brownstein & Crane Surgical Services, who would fit the criteria, and who would be interested in participating.

Thank you,

Chynna Lee, M.A.
Doctoral Candidate
Clinical Psychology
The Chicago School of Professional Psychology—Los Angeles, CA
cdm3004@ego.thechicagoschool.edu
(424) 248-5462
Appendix B: Initial Contact Script

Hello,

Thank you for your interest in volunteering to participate in my dissertation research. My name is Chynna Lee and I am a Clinical Psychology doctoral student from The Chicago School of Professional Psychology, Los Angeles. I am conducting research for my dissertation: *Gaining Perspective: The Male-to-Female Transgender Experience.*

I am looking for adult individuals who identify as: 1) transgender Male-to-Female/MTF/MtF individuals, 2) clients or prospective clients of Brownstein & Crane Surgical Services, and 3) individuals who are currently under the care of a mental health professional, and 4) at least 5 weeks have passed since your most recent surgery (i.e., If you have undergone any surgeries, you must be at least five (5) weeks post-surgery; your surgery must have occurred at least five weeks, or more, prior to our interview date) in order to participate). Volunteers for this study will spend between 1½ hours to 2 hours in a semi-structured interview with me in person at Brownstein & Crane Surgical Services. The interview will take place in a private room.

To begin, I will ask you six questions to see if you are eligible to participate in this study:

1. Do you identify as transgender Male-to-Female/MTF/MtF transgender individual?
2. Are you an adult, aged 18 or older?
3. Are you currently, have you been, or might you consider to become, a client of Brownstein & Crane Surgical Services?
4. Are you currently receiving psychotherapy by a licensed mental health professional such as a psychologist, psychiatrist, marriage and family therapist, or other mental health professional?
5. Have you, or are you considering undergoing gender reassignment surgery or have you undergone gender reassignment surgery? If you have undergone at least one surgical process, when was the date of your most recent surgery?
6. Are you willing to participate in this research study?

Thank you.
If individual is ineligible to participate in the study, proceed with the following script:
According to your responses to the six questions I just asked you, and according to the answers you provided, you are ineligible to participate in this study. Thank you for your time and interest in participating in this research study.

If individual is eligible to participate in the study, proceed with the following script:
According to your responses to the six questions I just asked you, and according to the answers you provided, you are eligible to participate in this research study. Let’s set up a meeting date and time for this interview. The interview will be held in a private room on-site at Brownstein & Crane Surgical Services. Please choose a weekday and indicate a time of day that is most convenient for you.

Just to give you an outline of what to expect: once we meet on XX [date] at XX am/pm [time], I will provide you with a consent form before we begin. Following the reading, explaining, understanding, and signing this consent form, if you still wish to participate, we will proceed with the semi-structured interview. The interview will be audio recorded. At the conclusion of the interview, I will debrief you and ask if you have any questions. Finally, you will be compensated for your time with a Target gift card worth $20.

Just as a reminder, Brownstein & Crane Surgical Services, its staff, and any other member of Brownstein & Crane Surgical Services are not affiliated with this dissertation research.
Do you have any questions for me regarding participating in this study?

Thank you for your time!

My contact information:
Chynna Lee, M.A.
Doctoral Candidate
Clinical Psychology
The Chicago School of Professional Psychology—Los Angeles, CA
cdm3004@ego.thechicagoschool.edu
(424) 248-5462
Appendix C: Informed Consent

Title: Gaining Perspective: The Male-to-Female Transgender Experience
Investigators: Chynna D. Lee, M.A.

We are asking you to participate in a research study. Please take your time to read the information below and feel free to ask any questions before signing this document.

Purpose: The purpose of this study is to contribute to the literature regarding the experiences of individuals who identify as transgender; specifically, the purpose is to contribute to the understanding of the specific difficulties of those who identify as Male-to-Female transgender individuals, MTF, or transwomen. Further, the aim of this study is to begin to provide an understanding of the personal experiences, including both the positive and negative life experiences, of the MTF transgender individual. The design of this study is qualitative phenomenological; thus, there are no specific hypotheses. However, the researcher plans to gain valuable data from each participant regarding the stigmas and struggles, as well as the positive aspects associated with transitioning and living as a transwoman. The researcher is conducting this study in partial fulfillment of a requirement to earn a doctorate in clinical psychology.

Procedures: Should you choose to volunteer to participate in this study, you will first be given a consent form which will be covered in detail by the principal investigator. Secondly, you will be notified of what you participation entails. Your informed consent will be concerning your voluntary participation in this study, as well as granting your permission for your stories to be audio recorded and, later, portions of your stories to be published in the dissertation. The writer will mask all personal information in order to protect the privacy of all participants involved in this study. The interview will consist of a semi-structured set of 30 open-ended questions which follow themes based upon the literature review. All interview questions will be standardly asked of you. Your interview will be audio recorded and later transcribed by the writer. The interviews could last up to two hours in length. There will also be a debriefing section at the end of the interview for you. Compensation that will be utilized in the form of incentives for this study will include one $20 Target gift card/gift certificate per participant.

Risks to Participation: Potential risks to participants in this study include: becoming triggered by past difficult memories and/or traumatic events that may have occurred in your life. The measures taken to minimize such risks include: alerting you (the participant) at the start of the interview of the potential for becoming triggered due to the nature of the questions of this study, standardization of questions that will be asked of all participants, debriefing after the conclusion
of the interview, and a list of resources for you to utilize if you feel you would like psychological services immediately following the interview. Should you experience serious emotional distress during the interview, the researcher will stop the interview, check in with you, and the researcher will provide supportive listening so as to better understand where you may be emotionally and what you are experiencing in the moment. Further, if appropriate and necessary in the moment, the researcher will implement a relaxation technique so as to calm you to the point that the researcher can escort you to the office of Judy Van Maasdam, M.A., who is the resident psychologist who will be on-staff at Brownstein & Crane Surgical Services. Judy Van Maasdam, M.A. works closely with the clients from Brownstein & Crane Surgical Services and will be available to aid participants as needed. Finally, should you require additional mental health assistance, the researcher will provide contact information in addition to the consent form given at the beginning of the study.

**Benefits to Participants:** It is important to note that there are no direct benefits to you. The potential indirect benefits of this project to you include feeling a sense of empowerment by providing valuable information about yourself as a representative of the transgender population, which will contribute to the field of clinical psychology; therefore, your involvement will aid clinicians in better understanding and treating other transgender individuals.

**Alternatives to Participation:** Participation in this study is voluntary. You may withdraw from study participation at any time, without any penalty.

**Confidentiality:** Your identifying information (e.g., name, phone number, e-mail address) will not be revealed to anyone aside from the principal investigator. No identifying information will be included in the dissertation. Any identifying information (e.g., name, phone number, e-mail) will only be used by the principal investigator in order to return contact to participants who have attempted to contact the principal investigator without success (i.e., if you had attempted to contact the principal investigator and the contact was missed by the principal investigator) regarding establishing a meeting time the interview. The information, or data, which you provide throughout this research study, except for identifying information, may be reviewed by an ethics committee which oversees research and whose responsibility is to protect the rights of human participants. This committee includes the Office of Human Research Protections (OHRP), as well as representatives from The Chicago School of Professional Psychology’s Institutional Review Board. Ultimately, the information will be destroyed following data collection. Your identifying information for this study will be kept in an excel spread sheet by the principal investigator that will be located on a confidential and password-protected USB device that belongs to the principal investigator. The excel file will also be password-protected. You will also be given a pseudonym and will be coded upon meeting the researcher on the day of the interview in order to protect your identity and preserve confidentiality. The personal identifying information about you that will be kept and/or accessed during your participation includes the recorded interview responses you provide during the interview. The principal investigator will keep the audio recordings password-protected on the recorder, as well as located in a password-protected file on the computer. Once the audio file is saved onto the secure computer, the principal investigator will erase the audio file on the recorder. Once the interview
is transcribed, the principal investigator will keep the coded information located in a password-protected file which the principal investigator will only have access. Research materials will be kept for a minimum of five years, per the American Psychological Association (APA) guidelines.

Questions/Concerns: You may contact the researcher regarding study related questions at cdm3004@ego.thechicagoschool.edu, or call the researcher, Chynna Lee, at (424) 248-5462, or her Dissertation Supervisor/Chair Dr. Gregory Canillas at 213.615.7291. If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday-Friday by calling 312.467.2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

Consent

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

Signature of Subject: __________________________

Date: ___________

Signature of the Person Obtaining Consent (Researcher): Chynna D. Lee, M.A.

Date: ________________
Appendix D: Measures

Questions to be asked during the individual interviews with participants:

1. How do you identify? (e.g., gender variant, genderqueer, gender nonconforming, somewhere within the continuum of transitioning from one gender to another, or other)
2. Please describe when you first knew you were assigned to the incorrect gender/felt different.
3. Could you recall and describe times when you needed to hide your true self?
4. If you hid, how did you hide?
5. At what point did you feel the strongest urge to express your true self?
6. What did you do when you felt the strongest urge to express your true self?
7. Please describe the first time you felt like you were finally congruent with your correct gender.
8. Please describe your transformation process (start to finish, in as much detail as you are comfortable relating).
9. What, or who, was the most motivating person/quote/idea/etc. that helped you through your journey?
10. Please describe your coming out process (e.g., to friends, family, loved ones, others).
11. How have you experienced stigma, with respect to identifying as a MTF transgender individual since your transition?
12. What role did/does religion or spirituality play in your life?
13. Describe any times in your relationship with religion/spirituality in which you became distant between you and your religion/spirituality.
14. Describe any stereotypes and prejudices within the transgender community against each
other.

15. Describe your associations with your social circles, friends, family members, partners, etc. at the beginning of your transition up until present day.

16. Has anything changed between you and these groups?

17. What has your experience been like in the workplace?

18. What has your experience been in educational settings?

19. Please describe any prejudices which you might have encountered along your journey.

20. Please describe any stereotypes in which you experienced throughout your journey.

21. Please discuss some incidents where you might have been the victim of bullying/violence/abuse/social rejection/etc.

22. Did you have a safe person or place to go to after the events (i.e., bullying/violence/abuse/social rejection/etc.) occurred?

23. What did you do subsequent to the events of bullying/violence/abuse/social rejection/etc.?

24. Could you describe any difficulties you experience throughout your present daily life as a result of being a MTF transgender individual?

25. Have you experienced any mental health difficulties that are associated with transitioning (e.g., depression, anxiety, etc.)?

26. What types of support would you ideally want?

27. What types of support would you have considered using during your transition?

28. If there was a message you would like to tell to mental health professionals, what would that message be?
29. If there was a message you would like to tell budding MTF transgender individuals, what would it be?

30. What is your favorite aspect of yourself?
Appendix E: Debriefing Script

The purpose of this study was to contribute to the literature regarding the experiences of individuals who identify as transgender; specifically, the purpose was to contribute to the understanding of the specific difficulties of those who identify as Male-to-Female transgender individuals, MTF, or transwomen. Further, the aim of this study was to begin to provide an understanding of the personal experiences, including both the positive and negative life experiences, of the MTF transgender individual. The research questions for this study also addressed the acceptance and tolerance of Male-to-Female (MTF) transgender individuals as this pertains to social rejection, discrimination, loss of opportunities, violence, and stigmas. This study is important because it will contribute to the understanding of the experiences which MTF transgender individuals encounter, while also looking through the specific lens of their respective cultures.

What if I experienced emotional distress as a result of participating?
You are encouraged to express your concerns with the researcher so that the researcher can help. You are also encouraged to seek counselling from:

Judy Van Maasdam, M. A.
1515 El Camino Real, Ste.E
Palo Alto, CA 94306
jvanmaasdam@gmail.com
(650) 326-4645

What if I want to know more?
If you would like to receive a report of this research when it is completed (or a summary of the findings), please contact (Chynna Lee, M.A.) at (424-248-5462 and cdm3004@ego.thechicagoschool.edu).

If you have concerns about your rights as a participant in this experiment, please contact the researcher regarding study related questions at cdm3004@ego.thechicagoschool.edu, or call the researcher, Chynna Lee, at 424.248.5462, or her Dissertation Supervisor/Chair Dr. Gregory Canillas at 213.615.7291. If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday-Friday by calling 312.467.2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, IL, 60654.

Thank you again for your participation.