Not Trans Enough:

How Perceptions of Others, Normativity, and

Horizontal Transphobia Create False Transgender Authenticity

by

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ABSTRACT

The requirements for a gender dysphoria diagnosis, and therefore access to medical interventions such as surgeries or hormones, reinforce a male/female binary and do not allow room for variability in how a transgender person identifies. Transgender individuals who wish to access medical interventions must reflect these regulatory requirements in order to receive a diagnosis of gender dysphoria. So what is the experience of transgender individuals who do not reflect this narrative? How do they develop identity, form community, and make decisions regarding their transition? Using feminist methodology and grounded theory methods, I conducted a research study with ten transgender-identified individuals from Phoenix, Arizona in order to address these questions. In interviews with these participants, I found that perceptions of others, normativity, and horizontal transphobia all affected how participants identity and decision-making. Further, I also found that these themes contributed to creating transgender authenticity, or the false sense that there is only one way to be *truly* transgender.

For Millie, Quinn, Deidra, and Karen

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Five months after I moved to Phoenix, Arizona, I attend my first support group for transgender and gender non-conforming individuals. The organization, which I will call Trans-Phoenix, attracted me because of its three different support groups: transmasculine, transfeminine, and third space. When I first walked into the LGBT resource center, where the meetings were located, the group facilitators overviewed the rules for the meetings: no one should "out" anyone who attends the meetings; everything said during the meetings is confidential; and everyone is accepted, no matter their identity, appearance, or presentation. The last rule intrigued me. As a non-binary transgender individual, I felt welcomed in this organization and fortunate that I had such an accepting organization so close to where I lived. This new, inclusive support group was exactly what I needed after I spent the previous year navigating state policies that required I follow a particular, linear narrative in order to have access to hormones and surgeries that I desired. I felt I finally found a space where I could find affirmation and acceptance of the multiplicity of gender.

The community I found within Trans Phoenix, coupled with my personal experiences as a transgender individual, led me to begin researching the relationship between structural forces and the lived experiences of transgender individuals who must navigate these structures in order to transition. Transgender individuals in the United States must navigate legal barriers and state policies in order to access hormones, surgeries, and legal identity changes, such as name or gender marker. Often, these

policies require that the individual qualify as transgender by receiving a diagnosis of gender dysphoria from a medical professional before they are allowed to access any of these services. In order to meet the qualifications of this diagnosis, transgender individuals must follow a certain narrative that reinforces a male/female binary. However, as a transgender individual, I know that not everyone's identity reflects the narrative required for the diagnosis. I also know that not everyone who is transgender desires surgeries or hormones. Because of this, I set out to explore the on-the-ground experiences of transgender individuals in Phoenix, Arizona to see if their identities aligned with the qualifications for a gender dysphoria diagnosis. Further, I wanted to understand transgender individuals' motivations for obtaining or not obtaining hormones and surgeries and I wanted to explore how transgender individuals understand their identity.

Beginning in May 2016, I constructed a research study based on the following research questions: what are the immediate needs of the transgender community and are major medical professionals (including therapists and doctors) meeting these needs? do the lived experiences of transgender individuals reflect the dominant, medical transgender narrative? What are the motivations behind obtaining or *not* obtaining medical interventions for transgender individuals? How do transgender individuals who do not follow transnormative narratives find legibility and community? In order to address these research questions, I conducted a year-long, qualitative research study in which I interviewed ten transgender individuals in the Phoenix, Arizona area on their experiences with their transition and their motivations behind either obtaining or not obtaining hormone replacement therapy. Using grounded theory, I analyzed the

interviews to find common themes, and put these themes in larger conversation with feminist theory, transgender theory, and public policies regarding transgender individuals.

The following thesis is divided into four parts: literature review, methodology, results, and discussion. In the first section, the literature review, will provide an overview of the leading medical texts that govern transgender individuals, current transgender literature on identity development, and the feminist theories I utilize in my research study.

Literature Review

In the United States, current medical language and understanding of gender transition marks transgender bodies as pathological, and laws that grant individuals' access to hormone replacement therapy and gender-related surgeries only grant access to bodies that receive a diagnosis of gender dysphoria. The requirements for this diagnosis reinforce a male/female binary and do not allow room for much variability in how a transgender person identifies. Further, this diagnosis recognizes only specific desires of the transgender person that continue to enforce this binary. Because of this, only individuals who follow a specific narrative that reinforces a male/female binary are granted access to hormones and surgeries. What impact does this have on how transgender individuals view themselves and how they make decisions regarding their body? In the following literature review, I survey the current laws, policies, and guidelines that govern transgender bodies, and then present existing literature about identity formation and queer community formation. I argue that a gap in the literature exists between the ways these laws function and the ways that these laws impact the

transgender community. The implications of this gap have the potential to ignore many transgender experiences and thereby ignore many of the needs within this diverse community.

Laws, Policies, and Guidelines

Current medical guidelines. There are two leading authorities for how medical professionals treat transgender patients: the *Standards of Care* (*SOC*), a text published by World Professional Association for Transgender Health (WPATH), and the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-V*; American Psychiatric Association [APA], 2013), a medical text used by psychologists and psychiatrists to diagnose mental disorders.

Standards of care. WPATH is "an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health" (Coleman et al., 2012, p. 1). WPATH is an association of medical professionals who create the guidelines and standards for how to care for transgender patients. WPATH published these guidelines in the *SOC*, a book to educate and guide both transgender individuals and medical professionals on best practices for handling gender transition. This text was the first published standard on how to treat transgender patients and is in constant revision so as to stay up to date with current terminology (Coleman et al., 2012). Today, the *SOC* is in its seventh edition and is widely accepted by both the medical and transgender community as the standard for treating transgender individuals.

The *SOC* notes that not everyone who wishes to undergo surgeries to relieve their gender dysphoria desire genital or chest surgeries. Some transgender individuals receive

more relief from their dysphoria with surgeries that otherwise would be considered solely cosmetic, such as facial feminization surgeries, voice alterations, or hair implants, than they receive with genital or chest surgeries (Coleman et al., 2012). Although the *SOC* notes this discrepancy, they do not require a referral letter for transgender individuals who desire these surgeries, and these surgeries are not required for changing legal identification.

DSM-V. Following World War II, the United States Army and the Veterans Administration developed a mental health assessment to help gauge the mental health of post-war veterans (APA, 2017). This assessment influenced the World Health Organization (WHO), who devoted a section of their *International Classification of Diseases*, sixth edition (*ICD-6*) to mental health classification (APA, 2017). The APA Committee on Nomenclature and Statistics revised this section of the *ICD* and published it as the first edition of the *DSM* in 1952 (APA, 2017). Throughout the last sixty years, the *DSM* has gone through five editions.

Today, psychologists, psychiatrists, and therapists use the *DSM-V* to diagnose individuals with a wide range of mental disorders, which includes gender dysphoria. This texts works in tandem with the *SOC* because the *SOC* require at least one medical diagnosis before a transgender individual is granted access to hormones or therapy (Coleman et al., 2012). Because the *SOC* requires this diagnosis, for many transgender individuals who wish to undergo hormone replacement therapy or surgeries must follow the narrative expressed in the *DSM-V*.

Gender dysphoria. Transsexualism was first added to the *DSM-III* as a mental disorder in 1980 along with three separate gender disorder diagnoses: Gender Identity

Disorder of Childhood (GIDC); Gender Identity Disorder of Adolescence or Adulthood, Nontransexual Type (GIDAANT); and Gender Disorder Not Otherwise Specified (GDNOS). GIDC referred to or transsexual[1] individuals; GIDAANT included cross dressers, drag queens, or cis men who dressed up in women's clothing for sexual purposes (transvestites[2]); and GDNOS accounted for anyone who did not fit under the first two categories (Cohen-Kettenis & Pfäfflin, 2010). In 2000, the *DSM-IV* condensed GIDC and GDNOS into Gender Identity Disorder (GID) (APA, 2000).

Transgender activists challenged the inclusion of GID in the *DSM*. They believed that by diagnosing gender variant individuals with a *disorder*, medical professionals were stigmatizing and pathologizing otherwise healthy people (Vance et al., 2009; Meyer-Bahlburg, 2010). Some activists compared the inclusion of GID to the inclusion of homosexuality in the *DSM*, which was considered a mental disorder until it was removed in the third edition (Drescher, 2010). In both cases, activists argue that by putting these terms into the *DSM,* variance (gender or sexual) is labeled as pathology and something that needs to be treated or cured with medical intervention.

Not all transgender activists agreed on how to solve this issue of pathologization. Some argued that it should be removed entirely from the *DSM* while others feared that a complete removal would bar access to hormones and surgeries for transgender individuals (Drescher, 2010). In response to this, the APA employed members of the Work Group on Sexual and Gender Identity Disorders (WGSGID) to help revise the fifth edition of the *DSM* (Drescher, 2010). In an attempt to de-stigmatize the diagnosis, the APA removed GID from the *DSM-V* and replaced it with Gender Dysphoria (GD), although the diagnosis criteria remained almost entirely untouched (APA, 2013).

Although the APA removed the phrase *disorder* from the official diagnosis, gender dysphoria is still a medical condition for which hormones and surgeries are viewed as the treatment. This continues the pathologization of transgender bodies, which many activists do not condone. However, this diagnosis grants access to necessary, life changing medical interventions, without which transgender individuals would be forced to live a physical existence incongruent with their understanding of themselves.

Diagnosis criteria. A diagnosis of gender dysphoria requires that an individual experiences at least two of the following symptoms for at least a six-month period: 1) experience a gender identity that does not match physical sex characteristics, 2) desire to remove sex characteristics, 3) desire to have sex characteristics of the opposite gender, 4) desire to be the opposite gender, 5) desire to live as the opposite gender, and 6) experience feelings associated with the opposite gender (APA, 2013). These criteria outline a *certain* narrative of the transgender experience. While this narrative certainly reflects the experiences of many transgender individuals, it does not reflect the entirety of the transgender experience.

Financial access. The *SOC* and *DSM-V* view gender dysphoria as a medical condition, with hormones and surgeries as the treatment. However, these texts fail to account for how to adequately address the issue of financial access to these medical interventions. When therapy, hormones, and surgeries are viewed by the medical industry as the only treatment for the mental distress of gender dysphoria, transgender individuals who do not have the financial means to afford these interventions have no options. Many insurance policies do not cover transgender-related treatment, such as therapy or medical interventions, and on their own these treatments can cost thousands of dollars, depending

on the procedure (Coleman et al., 2012). Further, low-income transgender individuals, often people of color, can be forced into sex work in order to afford these procedures or forced to seek out illegal and unregulated medical interventions, such as silicone pumping or hormones from an unlicensed source (Clarke, Ellis, Peel, and Riggs, 2010).

These two texts, the *SOC* and the *DSM-V*, are vital to understanding the ways in which transgender individuals navigate their transition because they guide both the decisions made by medical professionals and the policies that determine who is granted access to hormones and surgeries. According to the *SOC*, one to two referrals from "qualified mental health professional[s]" are required before undergoing chest or genital surgeries and hormone replacement therapy (Coleman et al., 2012 p. 58). This means that the individual who wishes to access surgeries or hormones must first meet the requirements for and receive a diagnosis of gender dysphoria from a qualified mental health professional. The qualified mental health professionals who are responsible for diagnosing and treating transgender patients are often upper class, white, and cisgender individuals who are presumed experts without actually living the experience of their patients. Can these professionals adequately assess the lives of marginalized trans bodies?

Even with these criteria outlined above, the *SOC* states that not all individuals who identify as transgender experience dysphoria in the same way, if at all (Coleman et al., 2012). This variability is not expressed in the diagnosis criteria of the *DSM-V.* The criteria outline a specific narrative in which the individual wants to physically be the "opposite" gender by desiring to remove own sex characteristics and/or adopt sex characteristics of the "opposite" gender. While there is no doubt that there are transgender individuals who follow this narrative, not all do. With so much variability in

the transgender community, what are the implications of a diagnosis that requires such a specific narrative of desire and feelings?

Regulation through laws and pathologization. The narrative required for a diagnosis of gender dysphoria does not represent the entire transgender community. The ways in which transgender individuals experience gender dysphoria varies greatly, yet only those who present a certain narrative may receive the diagnosis of gender dysphoria. This is further problematized when one considers how these guidelines interact with the law.

Laws. The limiting criteria for gender dysphoria grant a diagnosis only to those that fit the binary-enforcing transition narrative. According to Spade (2003), a transgender individual who does not follow the narrative laid out by the criteria in the *DSM-V* runs the risk of not getting access to desired surgeries or hormones. A direct implication of this is limited access to state recognition of their gender. If a transgender individual wishes to change their gender legally, they must navigate state policies to do so. Most states in the U.S. require that an individual provide evidence of a sex change by medical intervention in order to legally change one's gender marker (National Center for Transgender Equality, 2017). Because the state only grants diagnosis, access, and recognition to individuals whose narratives reflect the narrative within the *DSM*, individuals whose narratives do not reflect the criteria in the *DSM-V* remain excluded from state recognition. Further, individuals who fiscally cannot afford medical interventions are forever barred from state recognition, whether or not their narratives reflect the *DSM-V* criteria.

Not every transgender individual decides to undergo medical procedures. Some

feel comfortable in their own body with little to no alterations, while others view these surgeries as medical necessities (Coleman et al., 2012). In Hines' (2007) study on transgender identity formation, many of the participants expressed desires to undergo surgeries and hormones; however, there were a number of participants who did not. There were differing reasons as to why these transgender individuals did not desire or pursue surgeries. Some viewed SRS as "a risky and unsatisfactory procedure," while others "questioned the relationship" between their physical body and their gender identity (Hines, 2007 p. 71). One participant felt they had more gender fluidity by not pursuing SRS, because they can keep a part of their "male side" in addition to their female gender presentation (Hines, 2007 p. 73).

The point is that desire to undergo surgery is not universal for all transgender individuals. In fact, according to the *SOC,* the ways in which transgender individuals want and choose to handle their transition vary greatly (Coleman et al., 2012). There are people who experience discomfort or distress but do not desire surgeries, and there are also those who desire surgery without necessarily experiencing the narrative required of the diagnosis. Variability among transgender individuals, then, complicates any attempt to categorize or simplify trans experiences and embodiment. Despite this variability, the state continues to deny access to these individuals because they do not fit the narrative required of a gender dysphoria diagnosis. With such variability within the trans community, why grant access to only those who meet specific requirements? Why restrict certain individuals who do not meet the designated narrative?

Pathologization and disability theory. As previously mentioned, not all transgender activists believe that diagnosing transgender individuals with a mental

disorder is an accurate way to understand being transgender. Whatever the argument may be, transgender individuals in the United States today still require a diagnosis of gender dysphoria from a medical professional in order to be allowed access to surgeries and hormones. By diagnosing transgender individuals with a mental disorder and by requiring this diagnosis by through laws and policies, the *DSM-V* and the *SOC* both mark transgender individuals as having a disability. But what does it mean to have a disability? Garland-Thompson (2002) uses a feminist disability theory to challenge dominant, Western understandings disability as inferiority. Garland-Thompson (2002) argues that disability is not an inherent, natural state but instead a "culturally fabricated narrative of the body" (p. 5). The strength of this culturally fabricated narrative can be seen in Hines' (2007) interviews with transgender individuals. Throughout the interviews, transgender individuals discuss their motivations for surgeries and hormones almost entirely in relation to how their body is perceived by others. A transgender man talks about the discomfort and pain he experiences putting on a binder, but without this binder, he is read as a woman (Hines, 2007). Another participant expressed distress over others' inability to see him as anything other than a woman (Hines, 2007). Hines (2007) referred to this phenomenon as "embodied dissonance," which caused so much emotional stress in the participant, that getting on hormones and having surgery became an "overwhelming need" for him (p. 69). Medical professionals label this embodied dissonance as gender dysphoria or, in other words, as a disability. If one views this embodied dissonance through Garland-Thompson's (2002) definition of disability, one can argue that this mental distress is the result of the culturally fabricated narratives that construct race and gender, and that labeling gender dysphoria as a mental disorder wrongfully places the

root of the problem with the individual, not with society's culturally fabricated narratives of able bodiedness. This is further driven home by the fact that transgender individuals report experiencing less mental stress when, following surgeries and hormones, others perceive them as the sex with which they identify (Dozier 2005; Hines, 2007; Levitt & Ippolito, 2014)

As mentioned earlier, in order to change one's gender marker in the United States, one must provide evidence that they have undergone sex change surgery. Many of the states that require evidence of a sex change surgery require that this surgery be on the genitals, affectively making the transgender individual sterile. This reflects ableist policies of the nineteenth and twentieth centuries that required individuals with disabilities to undergo forced sterilization (Garland-Thompson, 2002). These state laws regulate transgender bodies by affectively forcing them to become sterilized.

In the following section, I overview the literature on identity and community formation.

Identity & Community Formation

Community. Forming community is a natural part of growth and development. Individuals find comfort in finding similarities between themselves and others. Queer individuals, in particular, form community out of necessity, as a reaction to their lived experiences.[3] Queer individuals are subject to violence and regulation at a rate that far surpasses heterosexual or cisgender individuals, and this results in a hostile environment, known as minority stress (Brooks, 1981). Communities, for marginalized populations, constitute safe spaces where they can escape these minority stressors. According to Bailey (2013), "queer kin are often established out of necessity and on their own terms"

(p. 93). Queer kinship formations create a community in which queer individuals are both safe from violence and free to express themselves. Often queer people face violence in their own families, and these queer communities and kinships provide them with an alternative family (Hines, 2007).

Much like gay, lesbian, bisexual, and queer individuals, transgender individuals form communities out of safety and necessity. These communities are often where transgender individuals first experience a chance to explore their gender expression in ways that are not allowed outside of the community (Levitt & Ippolito, 2014). While social attitudes towards transgender individuals appear to be changing in a positive way many transgender people continue to experience discrimination and violence from their families (Hines, 2007). By forming alternative families, transgender individuals create communities of support.

The alternative families that transgender individuals create serve more functions than just support or affirmation. These communities help transgender individuals form a sense of self and can assist in transition. For transgender individuals, having a community of other transgender individuals helps create their own identity (Devor, 2004; Hines, 2007; Levitt & Ippolito, 2014).

Identity. Forming a sense of self does not happen in isolation from others, and in fact, may happen in direct relation to community formation. It is within these communities that queer and transgender individuals also cultivate and shape their identities.

Devor (2004) was the first to establish a multi-stage identity formation specific to transsexual individuals. According to Devor (2004), transsexual identity formation occurs

in fourteen stages, divided into five sections. The first section involved transgender individuals interrogating their assigned gender with others who were assigned the same gender at birth. It is during these stages that they discover a discrepancy between their experience and others' with whom they are supposed to identify (Devor, 2004). In the next section, they discover what it means to be transsexual, and begin to compare their experience with other transsexual individuals. The third section is comprised of three stages in which the individual tolerates other transsexual people and experiments with adopting the identity themselves (Devor, 2004). Section four consists of a short delay in which the individual decides what they are and are not comfortable with before finally, in stage five, the individual experiences a short delay and then full acceptance of their transgender identity (Devor, 2004). The overall theme of these stages is one of witnessing and mirroring others who belong in the same identity category. Witnessing is the validation received when others perceive us as we perceive ourselves (Poland, 2000). For transgender individuals, this witnessing holds particular significance when coming from another member of the transgender community. According to Gagne, Tewksbury, and McGaughey (1997), gender identity is achieved "in social interaction with others" and is enforced through institutions; therefore, these communities do more than provide support, they help shape one's own identity (p. 479).

Identity formation within communities can also contradict outside identities placed onto the community. In Valentine's (2007) work with transgender-identified women in New York City, he noted that these women often self-identified in ways that contradicted how health care professionals, scholars, and activists identified these individuals. Although to some these individuals fit into the category of transgender, they

rejected the label and created their own identities and sense of selves within their communities.

Levitt and Ippolito (2014) conducted a study with transgender individuals about their experiences arriving at their gender identity. In their interviews, they found that their participants were able to find a sense of community and recognition by identifying as transgender. Some participants were apprehensive to use the transgender identifier for themselves prior to meeting individuals who they felt resembled their own experience; however, once they met people who identified as transgender and had similar experiences to them, their self identity shifted (Levitt & Ippolito, 2014). This is further evidence that the transgender experience far surpasses that which is laid out in both medical guidelines and media representations.

Media representation. Outside of community influences, popular representations in media have the ability to affect transgender identity formation. Current media representations of transgender individuals mirror the diagnosis within the *DSM-V* and therefore reinforce these limiting, binary narratives without recognizing any sort of variation. What little representation that does exist of transgender individuals proves overwhelmingly negative, depicting the transgender body as a site of pathology or, in more recent years, a site of pity[4] (Rigney, 2003). While current media representations in television and film paint the transgender body in a much more positive light than previous portrayals, they continue to be limited representations. The most recent representations, with a few exceptions, are overwhelmingly white, upper class, and hyper-feminine transgender women[5]. They follow the same exact narrative laid out in the *DSM-V*, and they have all used hormones and surgeries as a way to cope with and treat

their gender dysphoria.

The most notable transgender media representation is that of Christine Jorgenson from the 1950s. Jorgenson made headlines when she underwent SRS in Denmark and returned to the United States living and presenting as a woman (Skidmore, 2011). What is remarkable about Jorgenson's story is the wealth of positive (albeit spectatorial) reception she received. Jorgenson graced the pages of *Time* and *Newsweek*, and her biography was made into a film in 1970 (Skidmore, 2011). At the same time, Delisa Newton, a transgender woman of color, also gained notoriety for her public transition, yet she only graced the pages of Black magazines and tabloids (Skidmore, 2011). While both women were portrayed in the media as the epitome of femininity, mainstream society read only Jorgenson as legible because her womanhood came with whiteness (Skidmore, 2011). The current media portrayals mentioned previously are reflections of the "embodiment of white womanhood" that Jorgenson first embodied as a white transsexual woman (Skidmore, 2011 p. 271).

The fact that there are *no other* images or representations of transgender variability means there is no space for transgender individuals that do not fit this particular narrative. Often, media is a transgender person's first exposure to nontraditional gender expression (Levitt & Ippolito, 2014). If only one narrative is shown on television, transgender individuals have no reference for any other narrative. Beyond individual identity, media representations play a role in how the public sees transgender subjectivity. Limited representations help to inform policy that is based on the exclusion of transgender individuals who are not White, wealthy, and exhibiting expected gendered performances.

Transnormativity. The criteria for a diagnosis of gender dysphoria, coupled with limited media representations, create a concept known as transnormativity, which is defined as "the specific framework to which transgender people's presentations and experiences of gender are held accountable" (Johnson, 2016 p. 465). By making gender dysphoria into a diagnosis with specific criteria, the *DSM-V* creates an exclusionary border around what it means to be *truly* transgender. This is further perpetuated by limited media representations that show transgender individuals as White, hyper feminine, and wealthy. Transnormativity creates expectations for transition, and this can drastically affect how individuals make decisions regarding their body. In the following section, I overview how community expectations influence decision-making regarding the body.

Decision-making. Bodies cannot exist outside of a cultural context (Foucault, 2008). While the physical body is often understood as fixed and objective, individuals interpret the body through a cultural lens, inscribing their own biases and expectations on to it. For instance, much of the history of biology has understood the male body as the neutral body, failing to address issues specific to the female body (Grosz, 1994). Intersex bodies undergo nonconsensual surgeries at the hands of medical professionals in order to "correct" their ambiguous genitalia (Fausto-Sterling, 2000). While these are two seemingly unrelated examples, they both show how cultural expectations shape how we interpret what are and are not Truths about bodies. With such heavy cultural meaning inscribed onto bodies, and the evident impact that community has on identity formation, it is not too far of a stretch to assume that these cultural meanings have the potential to shape transgender individuals decision-making regarding their bodies. In Levitt and

Ippolito's (2014) study, they noted that participants were "motivated to undergo physical transition partly because looking like another sex led others to treat them in a manner that was more consistent with their gender" (p. 1743). The participants in Hines (2007) study had similar experiences, as mentioned previously. The embodied dissonance that Hines (2007) reports was a major reason why the participants in the study decided to undergo surgeries or obtain hormones. While the participants in these studies may not have made the final decision to undergo surgery or take hormones based on how others treated them, this still motivated them in one direction. While staying in their original physical state, they experienced more pushback and misgendering from society, which led to embodied dissonance.

Gap in Literature

While the *SOC* notes the multitude of ways that transgender individuals can feel, express, and embody their identity, the guidelines it poses continue to reinforce one particular transgender narrative. These regulatory policies are reinforced by limited representations in media. As evidenced in Levitt and Ippolito's (2014) study, transgender individuals who do not fit this narrative find community by finding other people with similar experiences to theirs. There is no attention, in previous literature, to the ways in which transgender individuals make decisions regarding their body, and there is nothing that discusses how these policies and representations affect identity formation, community formation, and decision-making regarding their bodies. If the transgender world is so diverse, as even the *SOC* recognizes, how do transgender individuals who do not mirror the required narrative for a gender dysphoria diagnosis find community? How do transgender individuals make decisions regarding their body and their transition? How

do individuals who cannot financially access hormones and surgeries navigate their transition? Do the criteria for gender dysphoria in the *DSM-V* reflect the lived experiences of transgender people of color or working class transgender individuals? Where do transgender individuals find legibility if they are not following a binary transition narrative? What are the on-the-ground effects of regulatory policies and representations? In my pilot study, I addressed this gap by conducting interviews with transgender individuals in the Phoenix, Arizona area.

The following section outlines my research methodology and methods.

Methodology and Methods

A feminist epistemology provides the necessary framework for theorizing about these questions, as this framework accounts for the multiplicity of knowledges that exist within the transgender community. In tandem with a feminist epistemology, I used grounded theory to conduct my study and construct my analysis in order to adequately collect and analyze the data in a way that would address my research questions and account for a multiplicity of knowledges.

Methodology

Feminist epistemology. The scientific method has traditionally been used in data collection as a way to ensure objectivity and reliability of the results of a research study. Feminist epistemology challenges this tradition by stating that there is no such thing as *true objectivity*. Because there is no true objectivity, feminist methodology must account for the varied ways in which both social context and the researcher affect knowledge production. In my study, I utilize feminist epistemology by employing standpoint theory and intersectionality to frame my work and self-reflexivity as a research practice and

ensuring that my research has a positive impact on the community in which the research is conducted.

Standpoint theory and intersectionality. Feminist epistemology states that there is no such thing as a singular Truth and that knowledge depends on experiences (Naples & Gurr, 2014). This directly contradicts the long history of empirical, positivist research, which hinges on knowledge gathered through the five senses, specifically through the scientific method (Naples & Gurr, 2014). By devaluing and outright ignoring the social contexts in which knowledge is created and produced, empirical research does not account for the knowledge produced by many marginalized groups (Allen, 1998; Code, 1993). Feminist scholars have challenged this form of data collection as it reflects and reinforces dominant knowledges and excludes and invalidates those that contradict these knowledges.

One way in which feminist scholars have sought to challenge dominant knowledge production is to focus on the standpoint of those excluded by dominant knowledge production. Karl Marx argued that the only way to fully understand capitalism is to view it from the standpoint of the proletariat (Hartsock, 1983). It is only from this perspective, Marx argued, that one can see how capitalism works to oppress the workers and benefit those in power. Hartsock (1983) took Marx's understanding of standpoint and applied it to women and states, "women's lives make available a particular and privilege vantage point on male supremacy, a vantage point which can ground a powerful critique of the phallocratic institutions and ideology which constitute the capitalist form of patriarchy" (p. 284). According to both Marx and Hartsock, to fully understand how systems of power (capitalism and patriarchy) work to oppress individuals, one must

critique these systems from the standpoint of the oppressed.

Haraway (1988) does not use the phrase standpoint theory and instead deviates from positivist objectivity to feminist objectivity. By her definition, a feminist objectivity "accommodates paradoxical and critical feminist science projects" (Haraway, 1988 p. 581). This type of objectivity takes into account the embodied experiences of the subjects or what Haraway (1988) calls "situated knowledges" (p. 581). While she does not use the word standpoint theory, there is definite overlap between her definition of situated knowledges and the concept of standpoint theory. Both stem from a feminist epistemology that recognizes and values the knowledges created outside of dominant groups.

Feminist scholars argue that by positioning marginalized groups at the center of knowledge production, oppressive power structures become more present (Hesse-Biber, 2014a). Further, Allen (1998) states, "when we privilege the knowledge of the oppressed group or outsiders, we reveal aspects of the social order that have not been exposed...and we begin to enact more just social practices" (p. 577). When we acknowledge and value non-dominant knowledge production we not only see oppressive power structures, we can begin to dismantle them.

However, Nom (1993) warns against epistemic privileging of the marginalized, as it can become a type of oppression Olympics. Since there are multitudes of marginalized people, epistemic privileging of the marginalized "then becomes a function of the distance from the center" and a competition to see who is the farthest from the center, and therefore, has the most valuable point of view (Nom, 1993 p. 91). While the epistemology of the marginalized is important in understanding power structures, these

perspectives may not be fully accurate or intersectional. Uncritically privileging the standpoint of the marginalized further perpetuates a dichotomy between center and margin, which affectively erases the possibility of someone holding a position of power and oppression. Because of intersecting relationships to power, individuals do not hold singular positions of either privilege *or* power, but instead, can simultaneously hold both positions or (Smith, 2006). Collins' (2000) concept of transversal politics "requires *both/and* thinking" that accounts for the multitude of ways in which "individuals and groups may be alternately oppressors in some settings, oppressed in others, or simultaneously oppressing and oppressed in still others" (p. 246). Marginalized points of view, therefore, still need to be subject to critique, as intersectional axes of oppression mean that individuals can simultaneously hold positions of marginality *and* oppression.

The standpoint of marginalized groups has the power to contradict dominant power structures; however, feminist research must account for the multiplicity of lived experiences and refrain from essentializing whole identity categories. Collins (2000) discusses the ways in which women of color can be outsiders within the category of women and within academia and argues that feminists must account for the ways in which race, ethnicity, and class factor into an individual's experience and knowledge production. Positionality is important, but it is equally important to not essentialize experiences. Intersectionality is a way of framing and conceptualizing the multiple facets of experience (Collins & Bilge, 2016). When used incorrectly, intersectionality is viewed as identity politics, where identity categories work in isolation to affect experience. Identity politics ignores intergroup differences and essentializes members of a category, which is problematic and "contributes to tensions within groups" (Crenshaw, 1995 p.

357). When used correctly, intersectionality refuses essentialism and understands how people's lives are shaped by a multitude of interacting facets of privilege and oppression. Intersectionality benefits feminist research because it can provide the researcher with tools to better understand multiple axes of oppression, privilege, and identity.

The contexts in which knowledge is produced are at the center of feminist epistemology. In Western society, standard knowledge derives from the experiences of white, upper class men (Code, 2014). Because of this, "their interests pervade the themes, paradigms, and epistemologies of traditional scholarship" (Collins, 2000 p. 251). Therefore, marginalized groups create their own knowledge through self-definitions and self-validation. Their own experiences create knowledge separate from dominant logics. A feminist methodology must take social contexts into account when developing a research study.

The participants in my research study all occupy social locations that both reflect and contradict the narratives constructed by the *DSM-V* and *SOC.* Further, although transgender individuals are an historically marginalized population, the participants in this study were capable of occupying oppressor positions. In order to account for the multiplicity of experiences, I constructed open ended, in-depth interviews tailored specifically to each individual. In-depth interviews are a form of data collection that focuses on the "subjective understanding an individual brings to a given situation or set of circumstances" (Hesse-Biber, 2014b p. 189). The initial interview schedule consisted of general questions, which were asked to each participant, and questions specific to the participant, which were developed up during the interview. This allowed me to paint an individual picture of each participant's experience. By providing the participants in my

study a space to speak openly about their experiences, I hoped to shed light on the ways in which texts such as the *DSM-V* and *SOC* exclude certain experiences and the impact this has on the transgender community.

Impact on community. By valuing the knowledge produced within marginalized groups, researchers can better understand how to help the community with which they conduct research. Feminist research "promotes social justice and social change" (Hesse-Biber, 2014b p. 189). As a feminist researcher, social justice and the impact my research has on the community must be at the core of my methodology and methods development.

In traditionally positivist research, the subjects have little to do with the research process beyond participation (Lykes & Crosby, 2014). Feminist community research directly challenges this by actively including their participants in the research process. By doing this, feminist community research invites the research participant to "collaborate with outsider researchers in addressing a social issue or problem" the community faces (Lykes & Crosby, 2014 p. 159). When traditional research seeks to address community issues without collaborating with the community members, this research potentially misses crucial information or may miss whole issues entirely.

Before beginning this research study, I was aware of some issues that transgender individuals faced. Transgender individuals are a vulnerable group who experience suicide and psychological distress at a rate as much as nine times the national average (James et al., 2016). Because of this, I provided information on crisis organizations that could help transgender people deal and cope with the emotional labor that is involved with transition. However, as a feminist researcher, I understood that even with my insider status, there were issues facing the participants that I could not know about until speaking

with them. Because of this, I incorporated questions into my interviews that dealt specifically with the needs of the community. Further, I worked to ensure that I was aware of my own position as a researcher and this could potentially affect data collection and participant involvement.

Self-reflexivity. One of the most groundbreaking contributions that feminist epistemology made to the field of research is the consideration of the researcher and their impact on data collection, data interpretation, and knowledge production. Positivist research situates the researcher as the objective knowledge producer and the subject as a passive recipient of the researcher's inquiry (Bell, 2014). Positioning the researcher as object and the participant as subject creates a power dynamic that is not accounted for in positivist research (Bell, 2014). This dynamic can affect data collection and data interpretation by ignoring the ways the researcher impacts both the participants and the findings. Feminist research "centralizes the relationship between the researcher and researched to balance differing levels of power and authority" (Hesse-Biber, 2014a p. 3). One way this is accomplished is through self-reflexivity. Building off of Haraway's (1988) concept of situated knowledges, self-reflexivity is a research method that helps the researcher account for their own positionality and how it might affect their research. This directly contradicts positivist research that situates the researcher as objective and free of influence.

As a member of the transgender community, I am granted a certain level of insider status that allows me to attend meetings and gain credibility. However, using an intersectional approach, I also understand that certain other social categories I occupy potentially affect my interaction with participants. As a white, transmasculine individual,

I was both an insider and outsider within the transgender community. Although my insider status granted me access to spaces and language that otherwise cisgender researchers may not have, there are other facets of my identity that I had to take into consideration. My identity as a white, transmasculine individual affected what participants approached me, the physical spaces I was allowed to access, and the nature of the interviews themselves. These limitations are discussed in the results section.

Grounded theory. As mentioned earlier, feminist epistemology emphasizes the importance of knowledge built from marginalized communities. Grounded theory, in conjunction with feminist theory, can help to accomplish this. Developed first by Barney Glaser and Anselm Strauss, grounded theory is a research design that aims to "generate new theory from data, as opposed to testing existing theory" (Birks & Mills, p. 2). Glaser and Strauss (1967) developed grounded theory in response to social science practices of their day, which sought to test the theories developed by the forefathers of the social science field, not to create original work. Glaser and Strauss (1967) believed that this original model taught new social scientists how to "test their teachers work *not* to imitate it," and they sought to develop a new set of methods to help generate new theory (p. 11). Developing original theory, according to Glaser and Strauss (1967), happens by constant comparative analysis of the data, which occurs in four steps: first, code the data, compare codes to one another, and group similar codes to one another; second, group codes into categories, compare new codes to existing categories, and alter categories based on new codes; three, as a theory develops, use new codes and categories to alter the theory; and four, develop theory based on codes, categories, and memos. A core principle of grounded theory is a constant, cyclical analysis of codes, categories, and memos.

While Glaser and Strauss did not develop grounded theory as a feminist practice, its methods are utilized by feminist researchers who want to build theory from within their research community instead of testing existing theories on the participants. Keddy, Sims, and Stern (1996) find feminist utility with grounded theory, stating that the basic principle of ground theory is to "discover basic problems in a given scene from the point of view of the actors and how they process it" (p. 451). This focus on the actors is what gives grounded theory its feminist potential. Grounded theory can provide the tools for building theory through experiences by placing knowledge production in both the hands of the researcher *and* participants.

Coding and memoing are two grounded theory research methods I utilized to ensure my work was framed within a feminist epistemology. Coding, as a research method, allows me as the researcher to organize the interview data into common categories. By finding the common categories that appear in the interviews, grounded theory allows me to recognize and value the lived experiences that the research participants shared with me during their interviews. Coding takes place in two parts: initial and intermediate coding. Initial coding involves noting important words or groups of words in the data, and intermediate coding is when these initial codes are grouped together to form common categories or themes (Birks & Mills, 2011). Initial coding and intermediate coding do not occur in isolation; coding is a back and forth process in which initial codes are created and intermediate codes are developed, enriched, and altered based on new and reoccurring initial codes (Birks & Mills, 2011). In order for coding and categorization to qualify as grounded theory, the researcher must constantly compare the codes and categories with each other and the memos. This type of data collection and

analysis is antithetical to linear data analysis and helps to share the knowledge production between the researcher and participant by developing theories based on the participants' interviews. The job of the researcher is to organize the data in order to find common themes and to develop theory/theories to account for these themes.

Memoing throughout the research process ensures self-reflexivity. According to Birks and Mills (2011), memos are "written records of a researcher's thinking during the process of undertaking a grounded theory study" (p. 10). In other words, memos are notes the researcher takes throughout the study. Memos are used to account for the researcher's biases, influences, and thoughts throughout the study, something that is not accounted for in traditional, positivist research. Memoing is a way for feminist researchers to "recognize, examine, and understand how their social background, location, and assumptions can influence the research" by practicing self-reflexivity (Hesse-Biber, 2014a p. 3).

In my study, I utilized grounded theory and feminist methodology to influence and develop my research methods.

Method

Participants and recruitment. I met all of the participants from a monthly support group for transgender and gender non-conforming individuals in downtown Phoenix. The support group is run by a local Phoenix organization, whose goal is to provide social outlets and support for transgender and gender non-conforming adults. Personal donations, as well as company sponsorships help fund the rental space for the meetings and the organization's meets events.

The organization organizes bi-monthly meetings, with the attendees split into four

groups: transmasculine, transfeminine, allies, and non-binary. The meetings last for two hours and consist of discussions on topics that pertain to transition. Before the meetings begin, there is a 30-minute announcement portion where the board members from the organization address everyone in attendance. During this time, a board member makes a point to say that every one is welcome, no matter the stage of their transition. Further, the board member lists the rules of the meeting groups. The rules are that no one is to judge anyone else for how they choose to transition, no one is to share anything said during the meetings, and no one is to "out"[6] any of the attendees to anyone outside of the group. I announced my research study both at the beginning of the large meetings and during our individual group meetings. I stated I was looking for anyone who self-identified as transgender, no matter their stage in transition. Participants came to me if they felt inclined, and I handed them a recruitment flyer with my contact information and the general purpose of the study. In total, I had ten participants, all from the Phoenix, Arizona area.

Data collection. Data was collected in four parts: (1) an in-person, semi-structured interview, see Appendix A; (2) a demographics questionnaire, see Appendix B; (3) a journal and journal prompt, see Appendix A; and (4) a follow-up interview, see Appendix C. First, I conducted the initial interviews to gain a general overview of the participants' experience with their transition. I spoke as infrequently as possible, just enough to ask my initial questions and then follow-up questions that pertained to the specific participant. Second, the participants filled out a demographics questionnaire following the interview, so that the questionnaire did not impact the interview. Third, I sent the participants home with a journal in an attempt to collect data that I could not

obtain during the interview. I wanted to account for the power dynamics within the interview, along with the personal nature of the interview itself, which may have prevented the participant from sharing certain information during the face-to-face interview.

Last, after transcribing, coding, and categorizing all of the interviews, I conducted follow-up interviews with the participants in an attempt to get a well-rounded picture of their experience and to get their feedback on the results of the study. I added the follow-up interview as a way to further involve the participants in the knowledge production process. Before the follow-up interviews, I reviewed the participants' initial interviews and marked any parts that I wanted to come back to during the follow-up. Then, I presented my findings to the participants during the follow-up interview and asked how they felt these findings represented the transgender community as a whole and their own experience as a transgender person.

In order to make the interviews as accessible as possible, I scheduled them at the local library, since it was close to the monthly meetings and near public transportation. Following the interview, I handed them the demographics questionnaire and we chatted while they filled it out. I sent them home with the journal, a prepaid envelope, and instructions for how to maintain the journal and send it back to me. Although data collection did not occur past this point until the follow-up interview, I had a number of participants call me with questions regarding the journals and other information they believed I could use for my study.

Coding. As mentioned previously, the goal of grounded theory is for the theory to develop from the participants themselves. Following in line with grounded theory, a

major goal of my data collection was to develop the themes from the interviews and what the research participants wanted to talk about. In order to do this, I used grounded theory data analysis techniques to find common themes from the initial interviews, journals, and follow-up interviews.

Coding takes place in two parts. After each interview, I transcribed the recording and read through each transcript. On my second read through, I began the first states of initial coding by highlighting portions of the data that I felt were important. After the second interview, I began comparing the highlighted portions together from each interview and grouped together similar portions, creating intermediate codes. As the interviews continued and I gathered more data, I began to develop common codes that emerged across the interviews. Some codes were more significant than others, and when grouped with each other developed into categories or themes.

Memos. Memos are another facet of grounded theory that work in tandem with self-reflexivity. In every interaction I had with the participants, I took memos of all my experiences. This allowed me to account for events that my microphone could not record and the ways in which my own position affected data collection. Memos also allowed me to practice reflexivity throughout the research process by constantly writing about my interactions with participants.

I wrote memos in four general parts: before the interview, during the interview, immediately after the interview, and while I coded the data. Since I recruited participants from a support group, which I attended frequently, I knew most of the participants prior to the initial interview. In order to account for my biases, before the interview began, I wrote down every thought, opinion, and feeling I had towards these individuals. During

the interview, I noted times when the participant hesitated to answer questions, seemed uncomfortable, or visibly reacted in any way. Immediately following the interview, I wrote down a summary of the experience, so as not to forget any minute details. While coding the interviews, I wrote in my memos about why I found certain codes interesting, why I grouped certain codes together, and my feelings regarding my own experience, to account for any personal bias I might be reflecting onto the participants.

Demographics

Gender and race. Ten individuals who identify as transgender participated in my study. Of those ten participants, thirty percent identified as male-to-female (MTF), forty percent identified as female-to-male (FTM), twenty percent identified as gender fluid, twenty percent identified as non-binary, and ten percent identified as intersex, see Figure 1. Often, identities overlapped, and participants identified with more than one category (e.g. gender fluid MTF). Forty percent of participants went by she/her, thirty percent went by he/him, twenty percent went by he or they pronouns, and ten percent went by ze/hir pronouns. The pronouns that the participants chose for the study reflected their

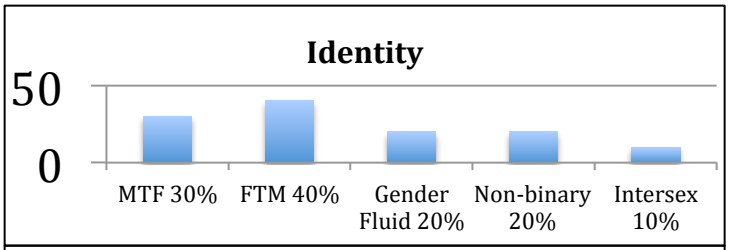

Figure 1. Identity. This figure shows the how the participants identified.

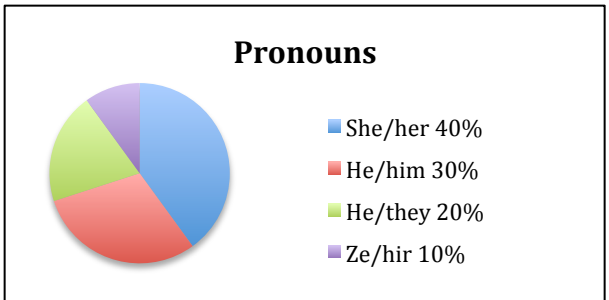

Figure 2. Pronouns. This figure shows the participants' preferred pronouns.

preference, but not necessarily the pronouns they use in their daily life. I discuss this later. Sixty percent of the participants were White, twenty percent were mixed race, ten percent were Pacific Islander, and ten percent were Latino/Hispanic, see Figure 3.

Income and education. Thirty percent of participants made less than ten thousand dollars a year, ten percent of participants made between ten thousand and nineteen thousand dollars a year, thirty percent of participants made between twenty thousand and twenty-nine thousand dollars a year, ten percent of participants made between thirty thousand and thirty-nine thousand dollars a year, ten percent of participants made between fifty thousand and fifty-nine thousand dollars a year, and ten percent made above sixty thousand dollars a year, see Figure 4. Ten percent of participants did not complete high school, ten percent completed only high school, forty percent completed some college, ten percent had a bachelor's degree, ten percent had a master's degree, and twenty percent had some other postgraduate degree, see Figure 5.

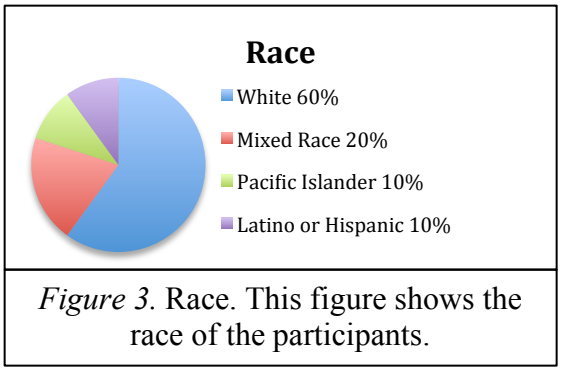

Figure 3. Race. This figure shows the race of the participants.

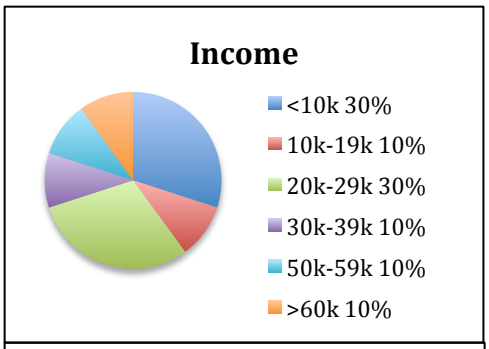

Figure 4. Income. This figure shows the participants' income.

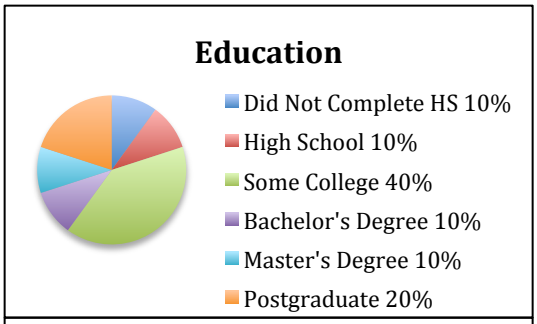

Figure 5. Education. This figure shows the participants' education level

Surgery and hormones. At the time of the study, sixty percent of the participants were not on hormones, and forty percent were on hormones, see Figure 6. Out of all of the participants, two participants had no desire to obtain surgery of any kind. Of the eighty percent of participants who obtained or desired surgery, four desired surgeries but had not obtained them, and three had undergone the surgeries they desired, and one had undergone one procedure but due to medical concerns was unable to undergo any more, see Figure 7. Of the participants who had completed surgeries, two had bottom surgery (urethroplasty, hysterectomy), two had top surgery (mastectomy, breast pumping), and one had facial feminization surgery. Of the participants who desired—but had not obtained—surgery, three desired top surgery (mastectomy) and one desired bottom surgery (either phalloplasty or metoidioplasty), Figure 8. When asked why they had not yet obtained these surgeries, three cited their financial state and one cited medical conditions.

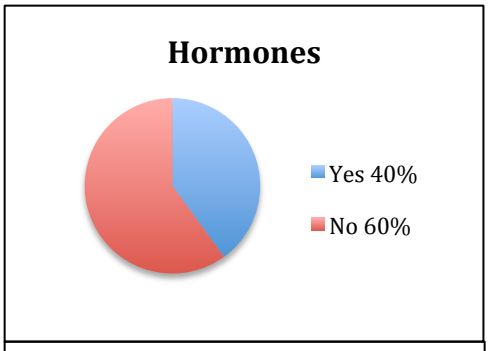

Figure 6. Hormones. This figure shows the percentage of participants who were on hormones at the time of the study.

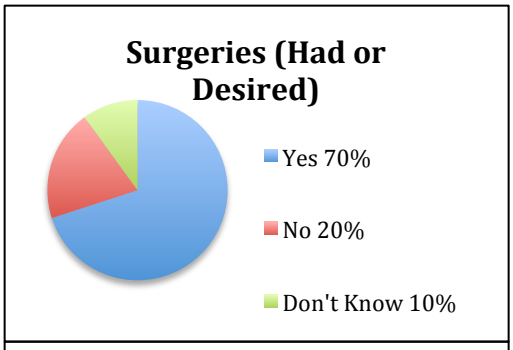

Figure 7. Surgeries. This figure shows how many of the participants either desired or had surgeries.

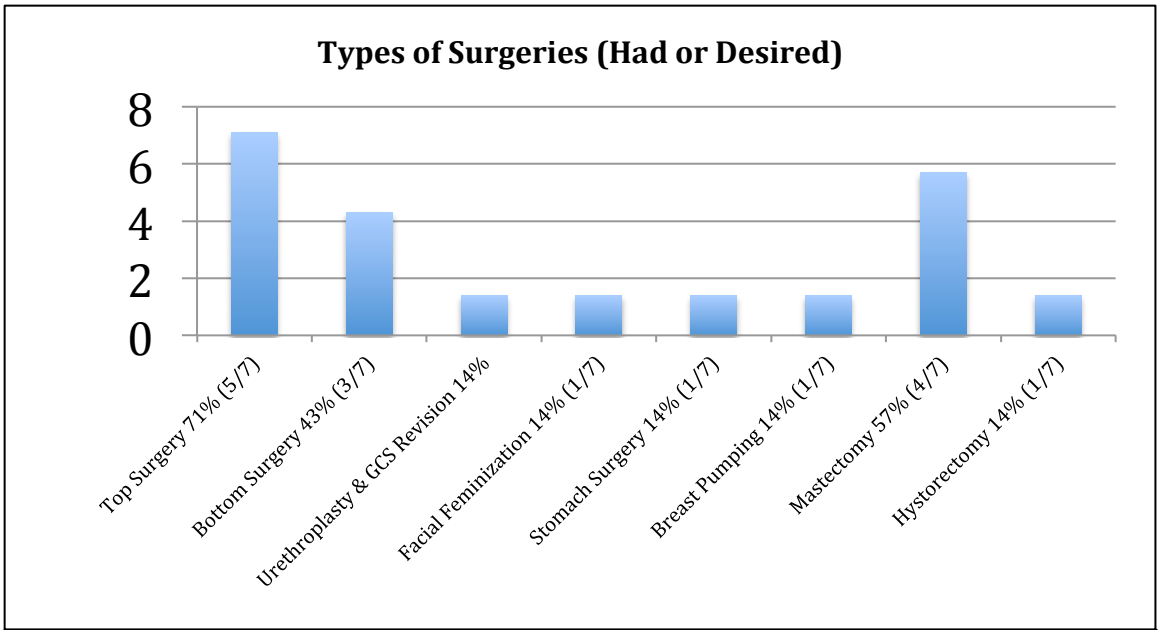

Figure 8. Types of Surgeries. This figure shows the different types of surgeries the participants either underwent or desired.

In the next section—the results—I briefly overview the three themes I found when I coded the interviews.

Results

Categories/Themes

I marked a number of codes in my interviews and then grouped these codes into larger categories or themes. Three major themes developed, and I refer to these themes with the following shorthands: perceptions of others, contradicting normativity, and horizontal transphobia.

The first theme that emerged was that both the identity and the decision making of the participants were affected by how they believe others perceived them. Across all interviews, participants discussed the importance of how other's viewed, gendered, and recognized them. Participants discussed their identity almost exclusively in relation to how other people saw them.

Depending on how the participants presented themselves, they incurred varying levels of pushback from others. Johnson (2014) defines the paths of least resistance as the paths individuals choose that result in the least amount of pushback from others. For the participants in the study, examples of this pushback would include being misgendered or others requiring that they justify/defend their identity. This pushback appeared to result from the participants' contradicting normative expectations of their gender. The participants' experienced less pushback the more they conform to expectations of gendered performances, i.e. undergo surgeries, acting feminine or masculine, etc. Participants varied in the ways in which they coped with this pushback. Some participants were willing to resist this pushback by correcting misgendering, while others did not see a purpose in constantly correcting misgendering and continued to use names and pronouns that did not align with their gender identity.

The final theme that emerged was the concept of *horizontal transphobia* within the community. Transgender people often regulate each other based on their ideas of how men and women should and should not act, dress, or perform their gender. Further, participants who had not undergone hormones or surgeries (either for medical or personal reasons) reported experiencing harassment from other transgender individuals. The final section of this thesis, the discussion section, delves into these three themes in much more detail with examples from the interviews.

Follow-up Interview

After data collection and data analysis, I scheduled final follow-up interviews with each of the participants to share the themes I found, receive feedback from the participants, and ask questions related specific to their individual interviews. During

every follow-up meeting, I presented the three common themes I found and asked participants to rate on a scale from one to seven, with one being "Not at All" and seven being "Very Well," how well these themes related to (1) the experience of the transgender community as a whole and (2) their personal experience.

For how well the participants believed these themes reflected the experiences of the transgender community as a whole, the participants reported an average rating of 6.5. For how well the participants believed these themes reflected their own personal experience, the participants reported an average rating of 5. When discussing the common themes I found in the interview data, participants agreed, for the most part, that these themes reflected the community. However, they were not as certain that these themes reflected their own experience. A common response from participants was that they believed they were not as susceptible to the influence of others. Further, three of the five participants who participated in the follow-up interview questioned whether or not they were included within the transgender community, because two of them had not undergone hormones or surgeries and one identified as intersex. This could have potentially influenced the responses.

Limitations

One major limitation to my data collection is that my research participants were mostly White. While all other statistics varied (income level, educational level, gender identity, etc.), sixty percent of the participants were White. I believe this occurred for a number of reasons. First, the organization from which I recruited the participants is almost exclusively White. The attendees of this organization have some racial diversity, but the leaders and members of the board are exclusively White individuals. This reflects

the tendency for LGBT spaces to be "invisibly racialized" as White (Logie & Rwigema, 2014, p. 175). Second, my positionality as a White, transmasculine person may have prevented certain individuals from coming to talk to me. Although I am an insider into the transgender community, I pass as a cisgender male in most contexts. One of the participants did not know I was transgender and questioned my intentions with the study until I revealed I too was transgender.

Another limitation to my study was the fact that the participants did not utilize the take-home journals. Out of the ten total participants, only two sent me their journals, and the journals were hardly filled out. There could be a number of reasons that the journals were unsuccessful. First, the physical act of taking out a journal and writing in it may not have been conducive for extracting content from the participants. Second, having physical journal that the participants had to mail back to me might have posed too many obstacles for the participants. All of the participants had access to the Internet, so perhaps if I had an online journal, I could have accessed their journals without them having to mail in the physical journal. Third, since the journals potentially collected personal information, the participants may have been unwilling to share this sensitive data with me. I heard from a number of the participants that they enjoyed the journals, yet I never received their journals. The participants may have found them useful but too personal to send to me.

The last limitation to my study was the number of participants that were available for a follow-up interview. Only half of the ten participants were available, even though I remained in contact with most of my participants following the initial interview. Five of the ten participants were able to speak with me (either by phone or in person), four

participants never responded to countless emails, texts, and phone calls, and one participant (the only one whose contact remained sporadic following the initial interview) claimed to not know who I was after I reached out to her. Although I remained in contact with most of the participants, I did not remain in contact with all. Perhaps if I were more diligent in maintaining communication, the participants would have been more willing to meet with me.

Discussion

As mentioned in the results section, three major themes appeared in each of my interviews about how transgender individuals formed their identity, formed community with others, and made decisions regarding their transition. I refer to these themes as: perceptions of others, contradicting normativity, and horizontal transphobia. These themes work together, not in isolation, to impact transgender individuals' experiences, identity formation, and decision-making. For the participants in the study, *other people's perceptions* of them greatly affected how the participants developed and negotiated their identity. Other people's perceptions of the participants reflected normative, binary gender expectations, which the participants either affirmed or contradicted based on their gender presentation. When the participants *contradicted normative expectations*, they faced backlash from others, such as misgendering, judgment, or invalidation of their identity. Transgender spaces are often referred to as sites of inclusion and acceptance for many different gender identities and presentations; however, the participants in the study noted times when they experienced *horizontal transphobia* when their presentation contradicted transnormative assumptions of gender. In other words, the participants noted experiencing regulation—in the form of ridicule, pushback, or exclusion—from other

transgender individuals when their gender presentation did not align with normative expectations of gender. All three of these themes influenced the ways in which the participants formed identity, negotiated identity, and made decisions regarding their transition.

These themes, combined with the experiences of the participants, indicate a disturbing trend that current literature and medical guidelines ignore regarding transgender individuals' experiences, a trend I call a *transgender authenticity*, which isolates those who are do not meet its qualifications. Transgender authenticity is the idea that there is a way to be *truly* transgender, and that if an individual does not meet the particular requirements, they do not qualify as transgender. The thesis further discusses transgender authenticity's definition and examples in the last section. In order to better visualize the three themes and how they help to develop transgender authenticity, please see Appendix D. In the following sections, I discuss these three themes in more detail and provide examples from the interviews. I end with an overview of transgender authenticity and suggestions for future policy and research.

Perceptions of Others

> *"That's a pretty big part of being alive and society is just—you just interact with other people and depending on how they perceive you is how they treat you." – Alex, 24, she/her*

> *"You don't get perceived when you come with the physique that I have as anything other than a mom and a female." – Kim, 40, ze/hir*

According to Spade (2003), a transgender individual who does not fit the binary narrative outlined by the *DSM-V* runs the risk of not receiving an official diagnosis and therefore being denied access to desired medical procedures. Because of this, Spade

(2003) argues that transgender people are not afforded the same gender fluidity as cisgender individuals because they must constantly defend their gender identity. In other words, cisgender individuals' gender identity is not called into question when they exhibit gender-variant behavior, yet transgender individuals who do not exhibit their expected gendered behavior stand the chance of having their gender identity questioned.

Interviewees consistently noted how they negotiated and arrived at their identity in relation to how they believed others viewed them. In other words, there was a direct connection between how others viewed the participants and how the participants conceptualized their own identities. In the following section, I use specific examples to argue that the perceptions of others had profound impacts on the participants' experiences.

Forming Identity. During the interviews, many participants noted the ways in which perceptions of others helped them to realize they may have a gender identity other than cisgender. Theo, a 20-year-old FTM individual, noticed a discrepancy as a small child between the way he identified and the way other people saw him. He described a specific instance where he was standing in front of the bathrooms at his elementary school,

> It was first or second [grade], and I remember standing in front of the bathroom...and I literally stood there until a teacher came up and...ushers me into the girls' bathroom and I was like, 'okay, this is where I'm supposed to go'...I feel like that pretty much embodies all of my experiences like up until this day is...standing between the two binaries and then just waiting for somebody to like direct me towards one or the other.

Theo went on to say that he did not know he fell underneath the transgender spectrum until much later, as he was raised in a Mormon house that kept him sheltered from the

LGBT community. Theo stated that as a child, that neither his community nor his parents ever taught him or his siblings about what it meant to be transgender. Theo came to realize his transgender identity in *contrast* to the identity that others placed on him, by leading him to the bathroom in this example. Theo's religion played a significant role in arriving at his gender identity. He stated that in his conservative, Mormon household, there were strict gendered roles for both men and women, and that being LGBT was a sin. Theo did note, however, an interesting juxtaposition that existed within the Mormon community. He stated that within his Mormon community, while they believed being gay or transgender was a sin, they followed the rule of, "hate the sin, love the sinner." Theo despised this way of thinking and called it hypocritical.

The only other participant to mention their gender identity in relation to religion was Kim, age 40, who lives in a conservative town and holds a job at hir local church. When I asked hir to elaborate on why ze uses feminine pronouns in most contexts, ze stated that while working for the local church,

> It would not be advantageous in any way for me to be honest about who I am with just about any context considering the superior to my position would not—yeah, I might not be able to work in that area again. So, yeah, so that's not even an option.

For both Kim and Theo, the church served as a restricting force that prevented them from fully embracing their identities. Of course, because Kim is employed by hir local church, ze has a different relationship to the church than Theo, who was a member as a child, but at the time of the interview, had left the church.

Similar to Theo, Bucky, a 30-year-old FTM individual, also began to identify as transgender because of the relation between how others viewed him and how he viewed

himself. Before he began testosterone, he tried dressing in men's clothing but stated, "I just looked like a dyke and I hated that so much because that's not what I wanted to look like." When he watched YouTube videos of transgender individuals who took testosterone, he began to find himself. He was amazed that the transgender guys he saw on YouTube looked so much like what he expected guys to look like.

Lux, 21, compared herself to a picture when describing how other people's perceptions of her affected how she felt about herself,

> If you have say a canvas and you're—you're that canvas, right? And as you're through life you have different layers right? It's just paint after paint layer and you're just creating an image, your etching an image and all of a sudden one day you think, 'hey that picture is perfect, I love it, I'm going to hang it up' you have some friends over, right? Some outsiders and they see that picture and everybody's like, 'oh wow that looks really good' and you just hear a little bit of hesitation, all of a sudden you're like, 'hey what's going on here?' and then you start to look at it without them saying anything, and you're just like, 'well now that I think about it, that lighting is a little bit off' or 'those edges are a little bit blurred' and it's not until there's somebody else seeing it that you start to think about all of the things that they're seeing wrong with it

Lux's quote shows the importance of other people's perceptions on self-identity, reflecting previous literature on identity formation.

These interviews reflected Devor's (2004) fourteen-stage model of transgender identity development—noted in the introduction—specifically the portions that discuss how transgender individuals discover their identities by noting the discrepancies between themselves and others of their assigned gender and the similarities between themselves and other transgender individuals.

Negotiating identity. For some of the participants in the study, other people's perceptions affected how they negotiated their identity in public. Theo, 20, identified as a

FTM transgender individual but had a difficult time identifying exclusively as male because of the men in his life. While discussing his abusive father during a therapy session, his therapist casually stated that his father's abusive behavior was typical behavior of men. Theo was unsettled by this response from his therapist,

> Here I am, struggling with my gender identity, being like, I think I'm a man and hearing, 'oh honey that's just men' and I think that's another reason that I...use the term...non-binary...because it's safer that way. It's because I look at all of the men in my life and I'm like, I don't want to be that...my grandfather the pedophile, my father the emotional abusive narcissist...the professor in college who sexually groomed me...I don't have good examples...so it made it extremely difficult to come to terms with my gender identity.

Because of this, Theo preferred *both* he and they pronouns. He said he felt there were too many expectations that came with he/him pronouns, and he did not like identifying with the same men who abused him throughout his life. Because of this, Theo went back and forth throughout the interview between identifying as non-binary and as male. How he believed others perceived him affected how he presented himself and identified. Initially, Theo wrote on his demographics form that he identified as non-binary, yet a couple of days after the interview, he called me and changed his answer to FTM.

Both Kim and Joe identify as gay men; yet because of how others perceived them, neither one lives as a gay man. Kim, a 40-year-old transgender individual, mentioned how ze loves hir men-only game nights with friends and how the men in the group accept hir as one of the guys. At the time of the interview, neither Joe nor Kim were taking testosterone, nor had they undergone any gender-related surgeries, other than the one stomach surgery Joe underwent in which he almost lost his life. While this did not alter their core sense of identity, it has affected how they identified in public. For example,

both continue to go by she/her pronouns and most people in their life know them as women. As Kim stated, “you don't get perceived when you come with the physique that I have as anything other than a mom and a female.”

Similarly, Joe, a 47-year-old transgender individual, stated multiple times throughout our interview that he identifies as a gay man. He also stated that every time someone refers to him with he or him pronouns, he ecstatically texts his best friend to share in his joy. How Joe views himself is tied heavily to how others perceive him. When beginning his transition, Joe spoke about the community he found with trans men who, like himself, birthed children. According to Joe, for this group of trans men, getting rid of their extra stomach skin was the most desired gender-related surgery, because it reminded them of the most female part of their lives: giving birth. So, when Joe began his physical transition, his first surgery was on his stomach. Unfortunately, Joe almost died during his surgery and the doctors told him that if he underwent any more surgeries, the risk of severe complications—and even death—was very high. However, because he cannot be on testosterone and cannot undergo surgeries for medical reasons, Joe is almost never read as a man. Joe stated that because of how he identifies and how others perceive him, he feels trapped between male and female,

> I'm kind of stuck there in the middle where I'm not comfortable being with a female...I mean I get along with them and everything but it's a very different personality and I hang out more with guys but to them I'm still a girl.

Although they both stated throughout the interview that they identify as gay men, because of how others perceive them (as women), Joe and Kim both answered “non-binary” when asked how they identify on the questionnaire. However, they both had differing reasons

behind identifying this way. For Joe, he felt forced into a non-binary identity because he cannot physically transition, whereas Kim felt less sure than Joe that ze wanted to undergo medical interventions, and therefore, appeared more comfortable with identifying as non-binary than Joe. Although, Kim did express concern that there was no space in modern society for a gender identity outside of the binary. The ways that others viewed Joe and Kim had profound impacts on their identity; even though they identified as gay men, because of how others perceive them, they are forced into a middle space between male and female. This reflects the both/and thinking required of Collins' (2000) transversal politics. Joe and Kim's identities do not clearly fit into male or female. In order to fully understand their identity, one must fully reject the notion of isolated male and female categories. Further, their narratives do not follow the transnormative assumption that one is assigned one gender at birth, identifies with the opposite gender, and through medical intervention, eventually embodies the opposite gender. The both/and thinking required to understand Joe and Kim directly contradicts binary assumptions of gender.

Alex, a 24-year-old MTF individual, first came out while serving a term in prison. While incarcerated, she began to slowly come out to other inmates, and the perceptions of others helped her to understand her own identity. She stated:

> For a long time the reason I told people about how I felt and my gender identity was to hear...their opinions—what they thought about it—so I could reflect on it and try and discover more about who I am and who I was becoming. People would say...[a] whole range of opinions and...that was really just so I could learn about myself and how others perceived me cause that's a pretty big part of being alive and society is just—you just interact with other people and depending on how they perceive you is how they treat you.

For Alex, she was able to discover more about herself by figuring out the ways in which others perceived her. Although there were a few instances of negative feedback, the experience was largely positive for her.

Through personal interactions, personal experience, and scholarly research, Spade (2003) concluded that a "favored indication" that an individual is successfully performing their desired gender is "the intelligibility of one's new gender in the eyes of non-trans people" (p. 26). As evidenced by these interviews, how others saw the participants and interpreted their gender heavily influenced their identities. Specifically, in the cases of Joe and Kim, others never read them as men because of their physical appearance. Because of this, they were never intelligible as men, and they were forced to occupy either a female space or a middle space, between male and female.

In the following section, I overview the explicit mentions of race that appeared in the interviews and how race, ethnicity, and location affected the participants' identities.

Race and identity. As mentioned in the results section, the racial homogeneity of the participants was one major limitation to this study. Sixty percent of the participants in the study identified as White and, for the most part, never mentioned race throughout their interviews. One tenant of White privilege is the invisibility of Whiteness as a racial category (McIntosh, 2015). For the White participants, their race was not a mentionable factor when discussing their gender.

However, Seth, a 39-year-old Polynesian MTF individual, noted how her ethnicity and upbringing helped shape her identity. Specifically, she stated that as a child growing up she was allowed to take on feminine roles before she moved to the United States:

> In the Polynesian culture, if a family has too many boys and not enough girls—because gender is defined by division of labor...then they would raise a boy as a girl to contribute to doing the women's work and growing up I was in a family that had a lot of boys and so they didn't mind that I was very feminine...then coming [to the United States] I had three sisters...I was kind of forced back into that male role and I didn't know what to do so I just did the best that I could, which was trying to fit in.

In Seth's Polynesian home, where she lived with her uncle, she was allowed a space to be feminine and express herself in a way that was not allowed when she left to live with her parents in the United States. Seth's father was a religious minister, and she was forced back into masculine roles. During the Y2K transition, Seth decided it was time for more than just a millennium change—she needed to also change her life. Seth moved out of her parent's home to downtown Phoenix and began to find community with drag queens. In this newfound community, Seth could explore her gender expression through drag. Following a show, Seth's drag mother noted how comfortable Seth appeared when she was in drag, and she began to explore the possibility that she was transgender.

Although Seth marked MTF on the demographics form, she identified more as what she called a third gender, an identity category that is not widely acknowledged in the United States. When I asked Seth why she felt more comfortable using she/her pronouns, she stated, "Because society says that people that look like me—that have titties—should have those pronouns."

Seth's experience and identity show the malleability of gender categorization, and the impact that location and culture has on identity. In Polynesian culture, Seth was able to occupy a feminine space without defying expectations. In the United States, however, this third space did not exist for her, and her identity as a woman fell underneath the label of transgender, the only space afforded to her in a U.S. context.

Perceptions of others extended beyond visible gender. Lux, a 21-year-old MTF individual, was early in her transition when we spoke and had only just begun to explore her female identity and feminine presentation. While filling out her demographics questionnaire, she paused over the portion which asked about her race/ethnicity, and stated, "I guess at this point I should just call myself white even though I am Mexican, but I look white...for some reason when I go completely fem I end up looking very very white like a stereotypical white girl." When I received the demographics questionnaire, Lux had selected White.

In our follow-up interview, when I asked Lux to elaborate on why she chose white instead of Hispanic, she stated, "because Mexicans think I'm lying when I say I'm Mexican because I'm white as fuck and don't speak Spanish. So I just say I'm white even though I'm Mexican and French by blood." Now, Lux could identify as Mexican and White; however, to Lux, her perceived identity as a White individual overrides her Mexican identity. The importance of perceived identities overriding actual identities is not a new concept. There is a long history of individuals deciding someone's race or ethnicity based on visible factors (Alcoff, 2006). When someone's race or gender is unknown, this can cause discomfort in the observer. Lux's emphasis on the *visual* over the *actual* reflects the importance of others' perception on identity. This directly ties back to Joe and Kim's conflict between identifying as gay men and yet not living out that identity because of how others perceive them.

When bodies become racialized in society, they further fall beyond normative expectations of gender because they do not embody White femininity. For Lux, becoming more feminine meant she became more of a "stereotypical White girl." To be a

transgender person of color presents different notions of normativity than, say, a White transgender individual whose gender is in flux but whose race is read as a normative racialized experience or, in other words, whose race is invisibilized. Because of Lux's complexion, she had the privilege of invisibilizing her race when she became more feminine because what it means to be feminine ties heavily with race. In other words, embodying femininity also meant embodying Whiteness.

Age and identity. Age had a profound impact on the ways in which the participants conceptualized and talked about their identities. For example, Nick, age 60, was raised in rural Arizona in the 1960s and 1970s when she first proclaimed to her parents that she identified as a girl. When she became a teenager, her father moved the family to Greece for two years in an attempt to fix Nick's gender identity. Of course, this did not work, and within a few years of returning from Greece, Nick was living full time as a woman. The language that Nick used to describe herself and other transgender individuals differed greatly from the younger participants. Almost twenty times, Nick used the word "transsexual" to describe herself and other transgender people. While this is not technically incorrect, the term transsexual is a word that was more prevalent in the 1970s, when Nick began transitioning, than it is today.

The younger participants had much lengthier, complex terms to describe themselves, even if on the demographics form they selected a more generic, simple term—such as MTF or FTM. Alex, age 24, identified as a gender fluid female, because her gender expression changed from day to day. Riley, age 21, identified as transmasculine because he knows "gender is fluid," and he does not always want to go by he/him pronouns or fully identify as male. Further, the younger participants, such as

Riley and Theo, were more comfortable occupying a non-binary space than the older participants. Kim, age 40, discussed how badly ze wanted to go by gender-neutral pronouns, but that it was not possible. As mentioned previously, both Joe and Kim felt forced into a non-binary gender identity, yet Kim, because of how unsure ze was about pursuing hormones, was *more* comfortable in this space than Joe. However, this non-binary identity was a *personal* identity for Kim, and one that ze never proclaimed publically, like Riley and Theo. Both Riley and Theo prefer both gender neutral and masculine pronouns, and neither mentioned during the interview that this was unrealistic or impossible. How Riley and Theo defend their gender is discussed in a later section.

The above examples show a cultural shift in thinking about gender. Younger individuals, such as Riley and Theo, use different language and frameworks to articulate and understand their gender. They are comfortable shifting between identities and expressions, while older participants, such as Nick, Joe, and Kim have a difficult time conceptualizing gender as non-binary, especially in a social context.

As evidenced in the interviews, perceptions of others impact the ways in which transgender individuals form their identity and make decisions regarding their body. Further, ideas of normativity create expectations of gender that not all the participants met. When the participants contradicted normativity—e.g. identified as male but still had breasts—they were met with backlash from both transgender and cisgender individuals. The following section overviews how this contradiction impacted the participants' experiences and identity.

Contradicting Normativity

> *"If I would have been able to deepen my voice...that probably would have been enough where I would think, okay now you should be calling me*

he...but I think the way I present, it would just be confusing." – Joe, 47, he/him

According to Allan G. Johnson (2014), every choice individuals make incurs varying levels of resistance from those around them. For example, a young woman might face more questions or ridicule from others if she decides not to get married or have children, because she is a woman; a transgender person likewise may experience more misgendering and ridicule if they do not physically present in a way that aligns seamlessly with their gender identity, because they are transgender. Johnson (2014) states that there are certain paths we choose in life, whether consciously or subconsciously, in which we receive less pushback—what he calls "paths of least resistance" (p. 30). In other words, Johnson defines resistance as the pushback individuals receive because of the decisions they make, and this resistance causes individuals to make certain decisions over others.

While Johnson does not claim that these paths of least resistance dictate large facets of our lives, such as gender identity or sexual orientation, he does claim that these paths of least resistance encourage us to favor certain choices over others. According to Johnson, this type of resistance results from individuals contradicting normative assumptions. In other words, individuals who embody, perform, or otherwise exist in ways that contradict what is expected of them endure more "resistance" from society than those who conform to these expectations. Similarly, Alcoff (2006) discusses how gender expectations exist in a social context, specifically visible gender. "Visibility is also vital to how race and gender operate in the social world to allocate roles and to structure interactions" (Alcoff, 2006 p. 103). In other words, people decide how to appropriately

interact with an individual based on their visible identifier, e.g. race or sex. These visible identities come with normative expectations.

Contradicting these normative expectations can be sites of political resistance. Collins (2000) discusses the importance of self-identity for marginalized people, specifically women of color. For individuals who are consistently subjected to controlling images and stereotypes, creating one's own identity can be a form of resistance against the oppressor. The participants in the study all had identities that contradicted the expectations placed on them. However, their own self-definitions were often unacknowledged or contradicted in every day interactions with others. In the following sections, I provide examples of how the participants contradicted normative assumptions about their gender and then go own to discuss the emotional toll it took for the participants to continuously stand up against these assumptions.

Contradicting expectations. Gender is more than a performance—it is an embodiment of cultural expectations, a script meant for individuals to follow, and the set of expectations of one's gender vary greatly depending on location, class, and race (Butler, 1993). For the participants in the study who identified as male or masculine, embodying hegemonic masculinity was a path of least resistance. Scholars contest the definition of hegemonic masculinity; however, hegemonic masculinity can be partially defined by what it is *not*: queer, female, black etc. (Donaldson, 1993; Halberstam, 1998; Connell & Messerschmidt, 2005). Riley, 21, and Theo, 20, both identified as queer men, yet attempted to embody hegemonic masculinity in order to be seen by others as men. For Theo, cutting off his hair provided a way to physically embody masculinity and make it easier for others to see him as male:

> I've been having this huge battle about cutting my hair because I like the length that it is but I feel like with coming out at work I know it would make things easier if I cut my hair because they're seeing what they expect to see and like I said, people don't like to put a lot of thought into things more than they have to... if I fit a certain stereotype or a certain picture in their head of what a trans person is supposed to look like, then I know that I'll get...treated better...I do think the closer that I would be to passing in their minds, the easier it would be. However, I don't want to do things just because of that and so I'm kind of finding out right now.

Theo understood that by embodying masculinity it would be easier for him to transition socially to male, but he wanted to cut his hair because of his own choice, not because of others. Theo tried to explain why this is the case. He stated that individuals make assumptions about others without thinking. In other words, people assume Theo is female because he has long hair, and because of this assumption, they refer to him as a woman. However, Theo does not identify as a woman and experiences misgendering because he is not read as male. Theo is aware that if he cuts his hair off, others will read him as male.

Similarly, when I asked Riley, 21, his motivations for starting testosterone, he stated:

> I know one of my major stressors when it come to like mental health is being read very strictly as a female...I know [passing] is not going to happen over night like it might not even happen a year from now or anything like that but I—like I'll know in myself like I'm doing what I need to do to like make myself feel better and I know like being misgendered is never going to get any easier because it's going to suck like no matter what but it'll suck a little less to be like, "well the next time you see me, like maybe in six months...you're not going to be able to misgender me" like—and like just thinking about that like even just walking down the side of the street and I'm going to be so stoked like to not have people—well for one for people not to run into me, like that would be great and for two, like to not have people like question my gender at all.

Both Theo and Riley believe that by changing physical characteristics to match what

others expect from them as men, it will be easier for them to pass as men. They understand that if they do not change their physical appearance, they will continue to contradict normative expectations of what it means to be a man and will continue to not pass.

Contradicting normative expectations was not isolated to transmasculine participants. Nick, a 60-year-old intersex woman, talked about the unique contradictions she experienced early in her transition. Nick was raised as a man, although she always identified as a woman, and she began to take feminizing hormones before she socially transitioned to a woman in the 1980s. Because she was taking feminizing hormones but still presenting as a man, the people she interacted with did not know how to categorize her. During the late 1970s, one of Nick's employers approached her and accused her of being a woman posing as a man. Because Nick's appearance was feminine even though she still lived as a man, her non-conforming appearance contradicted her employer's expectation for how she should present. For two years Nick's employer tried to fire her for being transgender, and Nick fought with her employer until finally Nick was fired. In our follow-up interview, while discussing these three themes, Nick noted that since she changed her pronouns to she/her, she has not experienced any pushback from others.

The *SOC* notes that not everyone who wishes to undergo surgeries to relieve their gender dysphoria desire genital or chest surgeries (Coleman et al., 2012). Some transgender individuals receive more relief from their dysphoria with surgeries that otherwise would be considered solely cosmetic—such as facial feminization surgeries, voice alterations, or hair implants—than they receive with genital or chest surgeries (Coleman et al., 2012). This is evident in a quote from Seth, a 39-year-old MTF

individual, who states, “the body you can hide...if you have hairy arms you can wear long sleeves or you can shave...but your face, you can't hide your face.” This quote emphasizes how important visible alterations are to a transgender individual who wants to be read as their desired gender. Seth in particular exemplifies how important these procedures are. When Seth first began transitioning, she could not afford breast implants or facial feminization surgeries, both of which can cost thousands of dollars. So instead, Seth decided to undergo illegal breast and lip pumping with free-floating silicone. During the interview, Seth stated that she wished she had waited until she could afford breast implants legally; however, she also stated that, at the time, it was what she needed. The recognition Seth knew she would receive when she had breasts and full lips, in combination with financial limitations that prohibited her from obtaining legal surgeries, drove Seth to pursue illegal free-floating silicone pumping.

Again, Seth’s comments reflect the importance of visible gender identifiers in forming identity. Individuals whose gender or race is not easily read can cause confusion, discomfort, or even fear in others (Alcoff, 2006). Conforming to expectations of gender performance alleviates this distress and makes the participants existence less contested. These comments also reflect Devor’s (1997) findings that, for individuals who find comfort living on one side of the binary (e.g. trans men, such as Theo or Riley) social validation is important and meaningful.

As evidenced in the previous interviews, responses from others can influence the decisions that participants make. In the next section, I discuss the consequences that the participants faced because of their non-normative presentations.

Consequences of non-normativity. The participants in the study all embodied

varying types of gender presentation. Some participants passed in their everyday life as their preferred gender, while others passed rarely, if at all. Participants who did not pass experienced emotional distress when others misgendered them. Riley, 21, mentioned how important it is for people to not assume a person's gender because of the emotional toll he experienced when others misgender him:

> I know how invalidating and how like shitty it feels to have people immediately assume you're a gender that you're not and also I know the struggle of like not—not feeling safe enough to educate people every single time they misuse your pronouns and also what it feels to like not have anybody next to you to like correct them because you don't feel safe or like you're fucking sick and tired of being that one person who has to educate the entire world on what it means to be trans.

For Riley, being misgendered resulted in severe mental distress, which he states could be eliminated if people stopped assuming an individual's gender. Gender is a visible identifier that allows people to know how to interact with and treat an individual (Alcoff, 2006). Because of this, in order for a transgender person to live life as the gender with which they identify, they must embody the societal expectations of their desired gender. Otherwise, they run the risk of others never seeing them as the gender with which they identify and therefore experiencing emotional distress.

In between the initial interview and follow-up interview, Riley began taking testosterone. When I spoke with him four months after beginning testosterone he spoke about how the emotional distress he experienced was alleviated by starting testosterone. In our first interview, prior to starting testosterone, Riley spoke definitively about wanting top surgery. However, after being on testosterone, Riley stated he now feels much more comfortable in his body, and now he is not so certain he wants top surgery. Starting hormones lessened the emotional distress Riley experienced, and he now feels

less of a need to undergo other physical changes.

Kim also experienced emotional distress because of hir body and how other perceived hir body. Ze identifies as male and feels a major inconsistency between hir identity and hir body:

> Who I perceive myself to be is a born male...surgery is not going to get me to that end...It doesn't hold that same result...I'm not fully okay with that, but I'm pretty much okay with that...Yeah, I'd love to have a beard. Probably will never happen, okay. Yeah, love to have a penis, probably never happen...it's not like my world is over because it's not going to happen. I have a world that is far bigger than me and so there's delights outside of inconsistency and frustration. Not that it's serious frustration, but like the frustration of being inconsistent.

Kim experienced frustration because of the inconsistencies between hir identity and hir body. Because of hir body, Kim is never read as a man in any social context.

Self-identities that contradict normative assumptions can be forms of resistance against the oppressor (Collins, 2000). For example, the narratives of the participants in the study that contradict the narratives required to be legally diagnosed with gender dysphoria are a form of a resistance against an oppressive system that seeks to regulate individuals into a binary. However, when these identities are illegible, they do blatantly resist normative assumptions regarding gender. In the following section, I discuss the ways in which the participants dealt with the contradictions between how they identified and how others saw them.

Coping with contradictions. Almost all of the participants noted experiencing inconsistencies with their identity and how other people viewed them, yet not everyone dealt with these contradictions in the same way. Similarly to how age affected the ways in which participants negotiated their identity, the age of the participants affected how

they coped with these contradictions. The younger participants (Theo, 20; Riley, 21; Lux, 21; Bucky, 30) were more willing to push back against the misgendering they experienced than the older participants (Kim, 40; Joe, 47). Even though none of these participants were on hormones, and all had experienced misgendering because of not being on hormones, they dealt with this in different ways. For example, Joe, 47, was not willing to constantly correct others when they misgender him:

> I think that if I asked people to call me he, because I still present so female—even though my clothing, my hair and no make up whatever—but I still think I'm seen as a female and...I just don't have that fight in me, you know what I mean?...I know when I was younger I probably would have you know but now I'm not because I realize I clearly present more as female simply because I guess I am one so it just cuts out any sort of explanations or reminders all the time. Now if I would have gone further—if I would have been able to deepen my voice...that probably would have been enough where I would think, okay now you should be calling me he...but I think the way I present, it would just be confusing...it's not an issue to me, but I love it when I get called sir or man or whatever, you know? I absolutely love that.

Although Joe has a clear preference for being called ‘he,’ he knows that he is almost never viewed as a man, and he does not want to consistently correct people, so he continues to fill a social position (woman) that does not align with his identity (man). For him, it is not worth the fight.

Kim expressed similar sentiments when ze stated,

> It's not worth the effort to put in right now and you know, at this point it's more important for me to know who I am and people who are you know around me to know who I am...I don't care - not in a callous way, but...I don't feel like I need to put a stake in the ground and say, 'this is who I am and you need to refer to me this way and this is how I will be perceived'

These quotes represent how emotionally and mentally exhausting it can be for individuals to constantly correct others. For Kim and Joe, having others recognize them as the gender

with which they identify is not worth the labor of constantly correcting people. The younger participants were more willing to stand firm in their identity. Theo, who had not yet begun testosterone, is often misgendered yet remains steadfast in his identity, "Just because they use a pronoun—even if they're misgendering—doesn't make it the reality and I've just had to develop a really firm sense of belief in myself." For Theo, he is willing to correct people and fight back against misgendering all while maintaining his core identity. Riley similarly was misgendered and in response, he corrected people's pronouns. This stands in contrast to older participants who do not find it important to constantly correct pronouns and defend their identity when it contradicts others' expectations. The older participants were more willing to sit with the contradictions than try to fight back.

Throughout the interviews, almost all participants noted instances where their identity clashed with how others perceived them. Specifically, the participants noted how their presentation often contradicted how others expected them to present based on their identity. In order to better understand the regulatory function of these normative assumptions, I first dive into disability theory.

Culturally fabricated narratives – transgender (dis)ability. Identities are created, in part, through interactions with others, and bodies are gendered and racialized through social contexts. Race and sex are "social kinds of entities in the sense that their meaning is constructed through culturally available concepts, values, and experiences" (Alcoff, 2006 p. 102). For example, when Theo, 21, mentioned the significance of cutting off his hair, he understood the social constructions that make up and create gender. While race and sex have biological components (e.g. skin color, sex characteristics), society's

interpretations of these physical characteristics create socially constructed understandings of race and sex (Fausto-Sterling, 2000; Alcoff, 2006). How society reads the physical body creates societal understandings of what it means to be man or woman.

Similarly, physical (dis)ability, is constructed through social meaning. In the United States, disability is viewed as an innate failing or inherent lack (Kafer, 2013). Bodies that cannot navigate society in ways that are expected are viewed as inferior, and this inferiority is linked to the individuals themselves, not society at large. Garland-Thompson (2002; 2005) uses a feminist disability theory to challenge dominant, Western understandings of disability as inferiority. Feminist disability theory aims to find "disability's significance in the interactions between bodies and their social and material environments" (Garland-Thompson, 2005 p. 1557).

Garland-Thompson (2002) argues that disability is not an inherent, natural state but instead a "culturally fabricated narrative of the body" (p. 5). These culturally fabricated narratives of the body create expectations for how bodies should appear, behave, and identify. For example, cultural narratives of bodies marked as male give these bodies certain expectations, such as hegemonic masculine appearance, hegemonic masculine behavior, and identity as men.[7] Any deviance from these expectations, such as feminine appearance or identity as woman, is marked as pathological. Specifically, the *DSM-V* categorizes transgender individuals as disabled because their narratives do not match the hegemonic, culturally fabricated narratives.

These culturally fabricated narratives of the body are what cause these contradictions in the first place. In other words, people gender individuals based on the normative assumptions regarding sex and gender—e.g. someone with facial hair is a man,

someone with breasts is a woman. When individuals use these culturally fabricated narratives to incorrectly assume the gender of a transgender individual, it can cause extreme emotional distress for the transgender individual. Hines (2007) refers to this misgendering as "embodied dissonance," which caused so much emotional stress in the participants in her study that getting on hormones and having surgery became an "overwhelming need" for some of them (p. 69). Medical professionals label this embodied dissonance as gender dysphoria or, in other words, a disability. By viewing embodied dissonance through Garland-Thompson's definition of disability, I argue that the mental distress caused by social resistance results from the culturally fabricated narratives that construct race and gender, as mentioned earlier.

Furthermore, labeling gender dysphoria as a mental disorder wrongfully places the root of the problem with the individual rather than with society's culturally fabricated narratives of able bodiedness. The fact that transgender individuals report experiencing less mental stress when—following surgeries and hormones—others perceive them as the gender with which they identify strengthens this argument (Dozier, 2005; Hines, 2007; Levitt & Ippolito, 2014). By diagnosing transgender individuals with a mental disorder and by requiring this diagnosis through laws and policies, the *DSM-V* and the *SOC* both mark transgender individuals as disabled. However, this diagnosis reflects Western understandings of disability as an inherent lack, instead of the result of culturally fabricated narratives and expectations for the body.

Some of the participants in the study responded to the idea of transgender as a disability by attempting to distance themselves from disability. Nick, 60, recalled an instance in which a doctor, who was prescribing her hormones, tried to put her on "all

kinds of mental drugs" following a car accident. She responded to the doctor, "I'm not crazy." Because she would not take the drugs, he told her to find another doctor.

Riley, 21 and Theo, 20 challenged the assumption that a transgender identity stems from other mental illnesses. When I asked Riley what resources he believed should be provided to the transgender community, he stated that there should be more intersectionality when discussing transgender issues. Riley wanted to "[erase] the entire thing that being trans is a mental illness" and stems from trauma. He stated that it is "not my past experiences making up the fact that I am trans."

This distancing of transgender identity and mental illness mirrors the work of certain transgender activist groups who petitioned the *DSM-V* to remove Gender Identity Disorder (GID) from its list of mental conditions. These activists believed that by including this diagnosis, the *DSM* continues to pathologize otherwise healthy people (Meyer-Bahlburg, 2010). While this type of activism makes the case that transgender individuals are no more disabled than cisgender individuals, this activism also reinforces the idea that to have a disability is to be inferior. Further, the source of the disability continues to lie within the individual, and not within the social contexts that create the individual's environment (Spade, 2003). By enacting resistance on to transgender individuals, it is *social contexts* that cause them mental, emotional, and physical turmoil for not conforming to culturally fabricated narratives of the body.

Horizontal Transphobia

> *"It's like shameful if you like transitioned or anything like that but you're not fully done, or like far enough, or like you just want to wear makeup, or you want to do like a flower crown or something like that. It's like you have to prove your masculinity in every single way until like physically you look like you don't have to anymore." – Riley, 21, he/they*

As mentioned earlier, one's community greatly impacts one's own identity formation. Individual identities receive validation when others recognize them as a fellow member of their community. However, the opposite can also prove true—identities are invalidated when others recognize them as nonmembers of their community.

The pressure for transgender individuals to undergo surgeries and hormones penetrates deep into the transgender community. Joe, 47, experienced this in another support group in Phoenix in which he facilitated multiple groups. Joe told me a story about one instance in particular that struck a chord with him. Following one of these support meetings, two MTF attendees approached Joe and wanted him to kick out one of the other attendees because she was what they described as "a man in a dress." Joe was appalled that these individuals could be so insensitive since they presumably knew what it was like to be in the early stages of transition. Joe told them outright that if they were going to behave this way toward other people, they were the ones who were not welcome. At the time of our follow-up interview these two individuals had not come back to his support group. Riley, a 21-year-old FTM individual, named this type of regulatory practice "horizontal transphobia." He stated that he knew other transmasculine guys who, once they went stealth, seemed to forget what it was like to exist prior to surgeries or hormones.[8] The MTF individuals in Joe's anecdote seem to demonstrate horizontal transphobia.

Joe also mentioned a sense of competitiveness that he noticed in transgender settings. Joe facilitates both transmasculine and transfeminine meeting groups, and he saw this type of regulation first-hand. In the transmasculine groups, Joe states,

> I know like when some of the female to male [sic] have chosen not to maybe have the inner parts—the hysterectomy and stuff—others have

> judged them for that, “oh well you should remove it because if you're really going to be a man” you know, and it's like—well I don't think it's any of their business, first of all. Second of all, it's another major surgery, I mean that's a major surgery. [It] surprises me.

Joe claimed he noticed this kind of regulation more within the transfeminine groups:

> I did see [the regulation] with the look...when you transition and you're in that awkward stage at the beginning and so some of the male to female [sic] might not look quite as pretty as they will eventually once they've gotten the hang of what to do...[they are] mean to each other like high schoolers...the ones that don't [want to wear makeup] are doing it because they feel pressure. I don't think that's fair...everyone under the LGBT community should have empathy for not being accepted because everyone at some point by somebody has not been accepted or at minimum had fear of not being accepted, you know? If they were lucky enough to be accepted anywhere, great, but I think most of us have had that experience...it's just weird to me...transition is an active verb, it's dynamic so it's happening, therefore we shouldn't be pressuring each other.

Theo, 20, desired hormones and surgeries, but because of his financial state and dependence on his conservative, Mormon parents at the time of the interview, both hormones and surgeries proved impossible. However, this did not seem to bother Theo, who stated, “I'm not in a rush. I feel like totally chill about it and I feel more pressured by like other people.” Theo felt pressured from other people to undergo hormones and surgeries but was personally content with not pursing hormones and surgeries for the time being.

Riley noticed this kind of regulation in online spaces and in personal interactions with other transgender individuals. Riley has a MTF transgender friend who posted videos on YouTube. According to Riley, she received the most hate and backlash from other transgender people on days in which she wears less make up or was more butch. Riley likes to be feminine, but because of his identity as a man, this often results in pushback from other transgender individuals:

> It's like shameful if you like transitioned or anything like that but you're not fully done, or like far enough, or like you just want to wear makeup, or you want to do like a flower crown or something like that. It's like you have to prove your masculinity in every single way until like physically you look like you don't have to anymore.

Riley's concerns in this quote mirror the earlier mentioned statements by Dean Spade (2003) who claims that transgender individuals are allowed less gender variability because they have to prove they are *truly* transgender. Riley was the only participant who offered somewhat of an explanation for this kind of regulatory behavior. He stated, "a good handful of trans individuals still are battling with like internalized transphobia and I think a lot of times...it gets pushed out onto the community solely because—so I hate this about myself, you are this." Riley believes that these transgender individuals internalized transphobic ideas of transition and then lashed out at others.

These examples all illuminate a disturbing assumption regarding transition: in order to fully transition, one must embody dominant gender expectations. While some individuals who transition *do* embody hegemonic masculinity or femininity, not all do or can. Physically transitioning is costly—emotionally, physically, and financially. This horizontal transphobia that Riley named and Joe noted stems from assumptions regarding hegemonic masculinity and femininity, respectively. From the examples mentioned in the interviews, it appears that even within a community that prides itself on inclusion, acceptance, and diversity, individuals who do not follow this linear transition or who do not undergo hormones or surgeries have difficulties finding space for themselves within the transgender community. This results in a trend that a few of the participants mentioned and which I discuss in the following section.

Transgender Authenticity – The Dark Side of Transition

> *"I thought I had finally found a group that I kind of belong in, where, you know, it doesn't matter what we are, you know, or how far in surgeries we've gone...all my life I had to be a female, I always felt like I was a gay man, and that's never going to happen because I can't transition...it was a weird feeling like, oh I finally found my group, and I was like, no you didn't." – Joe, 47, he/him*

Johnson (2016) defines transnormativity as "the specific framework to which transgender people's presentations and experiences of gender are held accountable" (p. 465). This framework privileges binary enforcing transgender narratives, while simultaneously devaluing and erasing non-normative transgender narratives (Johnson, 2016). The *DSM-V* heavily reflects and supports transnormativity. The criteria for a diagnosis of gender dysphoria, as laid out in the *DSM-V*, create a specific narrative that qualifies certain identities and desires as *truly* transgender, thereby reflecting and reinforcing transnormativity. This qualification, combined with the regulation that transgender receive from others, creates what I call a *false sense of transgender authenticity*, which was evident in the interviews I conducted. The false sense of transgender authenticity was a disturbing trend in which the participants felt that they were not *truly* transgender because they did not follow a particular narrative, specifically one that involved hormones and surgeries. Four of the participants indicated feeling as if they did not qualify as transgender.

Not trans enough. The first participant, Alex, a gender-fluid MTF individual, labeled this trend, "the dark side of transition." Following our interview, I turned off the microphone because I thought the conversation was over; however, once the microphone was off, Alex disclosed a personal crisis she was experiencing regarding her transition.

She stated that she was scared that she was not *truly* transgender. She feared that she was actually lying to everyone about being transgender and that she would regret the hormones and surgeries. Alex called this "the dark side of transition" because she was unsure whether or not other transgender individuals experienced the doubts, fears, and anxieties she felt, and if they did, whether or not they talked about them.

The second participant, Theo, expressed similar sentiments in terms of his own trans authenticity. When Theo first arrived at the support group, he asked a volunteer with the organization to help lead him to the right group. At the time, Theo was not on hormones and had had no surgeries; as a result, the volunteer read him as a woman. Because of his feminine appearance, the volunteer had trouble locating the correct group for him until finally Theo found his way into the transmasculine group. When discussing what it felt like to walk into the transmasculine group, Theo stated:

> [I was] trying to figure out if that's—that's where I belonged. Not that I didn't think I belonged in a transmasculine group, but that I wasn't sure that I belonged there talking to those people...I have a really hard time identifying with groups...like, I know that I belong there, but it's like somebody's going to know...and they're going to be like, 'you're not—you're not specifically, you know, trans man, like hyper masculine.'

Theo had a fear that he was not authentically transmasculine enough to be in the group. Theo went on to describe an individual in the group who embodied everything he wanted to be: tall, muscular, and masculine. He stated that seeing this individual in the group made him sad and when I asked him to elaborate, he said:

> It was just kind of sad because you're looking at this beautiful unattainable thing and you can't have it. But I have worked really hard to like my body...it's hard to see something like that—that you can't have and when you just have this consolation prize. I don't know so it did change the dynamic of the first meeting for me.

For Theo, his own body was a "consolation prize," while this other individual's body was an "unattainable thing" that Theo would never have for himself. These two sections of Theo's interview shed light on the expectations that transgender individuals have for masculinity. In Nash's (2011) study with transgender men, her participants were also hyper aware of the masculine scripts they must exhibit in order to be legible in certain spaces. One participant in particular noted how his expression and embodiment of masculinity changed when he went to the gym because he knew he had to perform a particular type of masculinity in order to be legible as a man.

The third participant, Joe, who wants to have surgeries, has faced exclusion because he has not obtained hormones or surgeries. When Joe first attended the support group, he helped facilitate the transmasculine group. Joe stated briefly at the beginning of the meeting that, while he identified as male, he had not undergone any hormones or surgeries. After the meeting, Joe received a phone call from one of the board members, who stated that he was not welcomed back as a facilitator because there were some in the group that felt he was not trans enough to run the transmasculine group. He described the experience as unexpected and unsettling,

> It kind of left me feeling weird I have to admit, it was—I thought I had finally found a group that I kind of belong in, where, you know, it doesn't matter what we are, you know, or how far in surgeries we've gone...all my life I had to be a female, I always felt like I was a gay man, and that's never going to happen because I can't transition...it was a weird feeling like, oh I finally found my group, and I was like, no you didn't.

Because Joe cannot medically transition, his social transition cannot occur. Joe expected this from non-transgender spaces but was appalled at how others treated him in a supposedly transgender-friendly space. I should note that although Joe experienced this

firsthand, along with the individuals from the other support group, he does not think poorly about the transgender community as a whole or the specific support group in which he experienced horizontal transphobia. Joe has found much support within both the transgender and queer communities.

Finally, in hir interview, Kim made two comments that referenced this authenticity. During the first interview, when Kim discussed hir own transition, ze stated, "it's not as clear and distinct as other people's processes." This shows a clear assumption that Kim had regarding other individuals' transitions. Ze felt that transgender individuals have clear and distinct transitions that involve diagnosis and treatment with hormones and surgeries. Because ze did not have this particular narrative, ze could not find a place for hirself within the transgender community. While many personal accounts of transgender individuals show that their transitions are anything but clear and distinct, the criteria for the *DSM-V* diagnosis give the false assumption that transitions are always clear and distinct. Kim only attended the support group one time and has not returned, perhaps because ze feels ze does not live up to the false notion of transgender authenticity.

The second time Kim referenced authenticity was shortly after our follow-up interview. I received an email from Kim a couple of hours after we got off the phone. Kim stated that another reason ze has not pursued hormones or surgery is because ze is worried ze is not *truly* transgender and that ze is only doing this for attention. If this is the case, Kim states, "the changes [hormones and surgeries] would not be authentic." To Kim, these clear and distinct processes also include clear and distinct labeling and categorization. In other words, in order to be satisfied with hormones and surgeries, Kim

believes ze must be *truly* transgender, and in order to be *truly* transgender, ze must desire the hormones and surgeries in the first place.

These mentioned examples show the ramifications of conceptualizing gender and transition in the same way as the *DSM-V*. This particular conceptualization creates a false transgender authenticity and excludes those who do not meet its requirements. In the following sections, I discuss this authenticity and its ramifications.

Authenticity. The above interviews all have one thing in common: they reflect the idea that in order to be transgender, one must exhibit a *particular* narrative of transition. This reoccurring theme reflects the transnormative narrative in the *DSM-V* required for a diagnosis of gender dysphoria and the state policies that require evidence of surgeries before granting access to a legal name change or gender marker change. It is this that creates the idea that there is an authentic transgender narrative, and those individuals whose narratives that deviate from this *authentic* narrative, are not *truly* transgender.

Although Kim claims that hir transition is not linear or clear, hir narrative, in addition to the nine other narratives from this research study, directly contradict the idea that transition is *supposed to be* linear and clear. Gender is a messy, convoluted identity, and the way the *DSM* and *SOC* frame this identity is restricting and does not show the entire scope of the transgender experience.

Hegemonic masculinity defines itself in contrast to subordinate masculinity and in contrast to women (Halberstam, 1998; Connell & Messerschmidt, 2005). When offering an explanation for the horizontal transphobia he witnessed and experienced, Riley, 21, noted that these individuals saw something they hated about themselves in someone else.

Using Riley's explanation, one can see why the individuals in Joe's story were so against the "man in a dress" who attended their meeting.

Further, these examples of authenticity showcase how the participants in the study have internalized the state and medical language surrounding transition. The state and medical institutions grant recognition only to transgender individuals who follow a linear, binary narrative, and participants in the study repeated this same narrative, especially when discussing their own transgender identity. The internalized language of a linear, clear transition affected how the participants viewed themselves. In other words, they questioned their own transgender identity because it did not match the dominant state and medical language of what it means to be transgender. However, there were instances of resistance from the participants, as mentioned in the previous section on coping with contradicting normativity.

As mentioned previously, many transgender rights advocates, in an attempt to destigmatize transgender individuals, advocate for the removal of GID and gender dysphoria in the *DSM* and for the reframing of transgender individuals as experiencing gender variance, not pathology (Vance et al., 2009; Meyer-Bahlburg, 2010). While this may be intended to destigmatize gender transition, the potential consequence—whether intended or not—is that this only destigmatizes transgender individuals who follow a linear, clear transition. Those whose transition does not follow a linear male-to-female or female-to-male are viewed as not *truly* transgender.

So what does it mean to be *truly* transgender? The *DSM-V* and *SOC* distinguish between transgender individuals and gender non-conforming individuals by stating that *true* transgender people experience consistent and prolonged gender dysphoria (Spade,

2003; APA, 2013). However, both the *DSM-V* and *SOC* claim that gender non-conforming individuals who do not identify as transgender can also experience gender dysphoria. According to Spade (2003) this inability to fully distinguish between gender non-conforming individuals and *true* transgender individuals creates a "normative childhood gender" and "a regulatory mechanism" by which individuals can now regulate each other, given that there is a "category of deviance" (p. 24-25). So then it is left to the individual to define for themselves their identity. However, because the goal of transition—according to the *DSM-V*—is full legibility as the desired gender, non-normative genders that are not as clearly legible are non-authentic.

In the following section, I overview the ramifications that this pilot study has for the current policies that govern transgender individuals.

Ramifications for policy. So what do these narratives say about the ways in which we recognize transgender individuals through public policy?

As mentioned in the introduction, the policies in place that grant transgender individuals access to hormones and surgeries do not account for gender variability. Further, these policies and guidelines pathologize transgender individuals by marking them with a mental disability, for which surgery and hormones provide treatment, with the expectation being that presenting and passing as the "opposite" sex is the ultimate goal. As the participants expressed in the study, this expectation can lead to horizontal transphobia, specifically against those who are not passing as the "opposite" sex. In other words, members of the transgender community are regulating each other based on their own assumptions of what a transition *should* look like. These assumptions reflect the narratives in the *DSM-V,* in which a linear transitional narrative is required to obtain a

diagnosis and therefore access to hormones or surgeries.

Following in the footsteps of Dean Spade (2003), I propose demedicalization, deregulation, and depathologization of transgender individuals; total removal of gender identification on documentation; and removal of barriers for access to hormones and surgeries. While Spade (2003) noted how the transgender community is often a site of refuge for gender variance, as these interviews show, this is not always the case. Further, the combination of both regulation within the community and policy regulation creates a false authentic transgender narrative, and as the interviews show, this has implications for the self-identity of transgender individuals whose narratives do not fit seamlessly with the authentic transgender narrative.

Conclusion

For transgender individuals, as with most people, community and belonging play a huge role in identity formation and decision-making. Each participant who participated in this study noted the importance that other people and community played in their experience, particularly in their identity as a transgender person. These communities are a place of gender exploration and support for the participants to discover themselves and their identities. However, these communities can also be sites of exclusion.

Current laws, policies, and medical guidelines that govern transgender individuals reinforce a binary of male/female. While the organization from which I recruited participants advocated support for individuals who contradicted this male/female binary, at least four of the participants showed that participants of the group did not always enact this support on an individual level. These participants experienced discrimination and/or regulation on a personal level that caused them to feel that they were not *truly*

transgender. It is this false sense of transgender authenticity with which I take issue. These narratives both reflect and contradict the transgender narratives expressed in the *DSM-V* and *SOC*. This contradiction has the potential to disrupt a system in the United States that regulates transgender individuals into a male/female binary.

Future Research

Time, money, location, and resources all limited the scope of this study. However, this study holds potential for future research. With more participants, resources, and time, future research could delve into identity formation of individuals who do not identify within the male/female binary. Specifically, future research can take the feminist methodologies used in this study and employ these methodologies with individuals who identify as non-binary, genderqueer, demi-gender, or any other community-defined identity. By placing knowledge production into the hands of individuals who identify outside of the male/female binary, larger institutions that provide access to medical interventions can adequately understand and address the needs within these communities.

Methods that were unsuccessful in this study—such as the journal—could potentially be altered in future research in order to gain data that interviews cannot collect. If four of the participants in the study noted feelings of not being authentically transgender, and at least expressed explicit apprehension in sharing that information with me, there could potentially be many other transgender individuals who feel similarly but cannot find the language, community, or support to share these feelings. Using a type of data collection similar to the journal, such as an online blog, could potentially provide a less threatening space for participants to share their feelings than, say, an one-on-one interview. The final section overviews how interventions can assist in providing space

and recognition for individuals who do not feel they are authentically transgender.

Future Intervention

Possibly the most crucial take-away from this research study is the need for an intersectional approach to transgender interventions. As the interviews show, many facets of the participants' identities affected how they identified, how they formed community, what resources they could access, and how others perceived them. Further, even though the Trans Phoenix support groups attempted to recognize the multiplicity of gender, the members did not act out this acceptance. Taking into consideration the ways in which the regulation at the highest level can affect people at the individual level should be a key component in developing support systems and resources for transgender individuals.

Again, this is not to say that there are not facets of resistance within the transgender community. As noted in the interviews, many of the participants' narratives directly contradicted the dominant narratives within the *DSM-V*, and they pushed back against these dominant narratives on a daily basis. However, these interviews also showed how difficult it was for these participants to find community and support. It is important to note that the four participants who mentioned not feeling *truly* transgender, stopped attending the Trans Phoenix meetings. Even a space that tried to account for their experiences could not fully address their needs and could not provide adequate support. My hope is that future support groups will accept the multiplicity of gender and provide reassurance to individuals who feel ostracized by the state, medical industry, and the transgender community, instead of reinforcing the male/female or masculine/feminine binary.

As these interviews showed, there is a need for recognition of gender outside of a

male female binary, even within the transgender community. Transgender individuals often embody resistance by directly contradicting the normative scripts placed onto them by society. However, as evidenced in these interviews, transgender individuals themselves can often reinforce the exact binaries they attempt to resist. Future research and future interventions, such as support groups or counseling, need to account for this gendered variance instead of contributing to further regulation within the transgender community.

Footnotes

[1] Transsexualism was the first term coined to refer to individuals whose gender identity did not align with their assigned gender. Today, transgender is a more common term, and there is no definitive difference between the two terms. Depending on the article I reference, I use both terms, since the literature uses both terms to refer to the same group of individuals.

[2] Transvestite (or transvestic fetishism) is a term that was common during the 20th century and refers to cis men who received sexual gratification from wearing traditionally female clothing, often during sex, and is different entirely from the term transgender. Transvestic fetishism is still in the *DSM* although the term transvestite is often used today as a slur (APA, 2013).

[3] I use queer as an umbrella term for individuals who identify as LGBT. Although every queer individual has different experiences, there are commonalities with how they form community as a safe space away from violence.

[4] The 1983 cult classic *Sleepaway Camp* and the 1991 film *Silence of the Lambs* both featured transgender (or transgender-like) villains, whose gender variance contributed to their disturbed mental state (pathology). Later, films such as *Boys Don't Cry* (1999) and *Transamerica* (2005) portrayed sympathetic transgender characters that faced adversity because of their trans identity and gender expression (pity).

[5] See *Transparent, I am Cait,* and *Becoming Us.*

[6] To "out" someone, in this context, refers to someone making public that an individual is transgender. For safety and other personal reasons, many transgender individuals choose not to be out.

[7] I use the phrase "bodies marked as male" to include any bodies that are identified as male at birth, whether or not they have XY chromosomes, a phallus, or any other physical characteristics associated with "male bodies." This is an attempt to move away from using the phrase "male body" or "female body," as many transgender individuals do not use this language themselves or do not associate their body with male or female. Further, I want to include intersex individuals, since one of my participants is intersex and was marked as male at birth, although she now identifies as female.

[8] Stealth refers to a transgender individual whose transgender identity is kept a secret.

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APPENDIX A

DEMOGRAPHICS QUESTIONNAIRE

Study on Transgender Experiences with Hormone Replacement Therapy and Gender Affirming Surgeries

Participant Demographic Information

Please answer each question to the best of your knowledge.
Thank you very much for your assistance with this project!

Date: ___ /___ /___

Participant: _____

1. What is your age?

   ☐

2. Which of the following best describes you?
   (Please select **one**)
   - ☐ White/Caucasian
   - ☐ Black/African American
   - ☐ Latino or Hispanic
   - ☐ Mixed Race/Heritage
   - ☐ Other: _____

3. How would you describe your gender identity?
   (Please select **one**)
   - ☐ Transgender (Female to Male)
   - ☐ Transgender (Male to Female)
   - ☐ Non-binary
   - ☐ Other: _____

4. What best describes your total personal income during the last year?
   (Please select **one**)
   - ☐ Less than $10,000
   - ☐ 20k – 29k
   - ☐ 30k – 39k
   - ☐ 40k – 49k
   - ☐ 50k – 59k
   - ☐ 60k or more

5. What best describes your educational background?
   (Please select **one**)
   - ☐ Did not complete High School
   - ☐ High School graduate or GED
   - ☐ Some college or Associate's Degree
   - ☐ Bachelor's Degree
   - ☐ Master's Degree
   - ☐ Some postgraduate or postgraduate degree (PhD/MD/JD etc.)

6. Have you ever been on hormone replacement therapy?
   - ☐ Yes
   - ☐ No

7. If so, for how long were you on hormone replacement therapy?

   ☐

8. Have you undergone ***or*** do you ***plan*** to undergo any surgeries?
   - ☐ Yes
   - ☐ No

9. If so, what surgeries have you undergone ***or do you plan to undergo***?

   ☐

APPENDIX B

INTERVIEW SCHEDULE AND JOURNAL PROMPT

Interview Questions:

1. Please tell me about your experience with your gender identity; what do you feel is most important to share about your experience?
2. How do you identify?
3. What pronouns do you use? Why do you feel comfortable using these pronouns?
4. Have you talked to anyone regarding your gender identity?
5. Have you undergone or are you preparing for any surgeries or hormone replacement therapy?
    a. If yes...
        i. What specific surgeries have you either undergone or are planning to undergo?
        ii. What are your motivations behind pursuing these specific surgeries or hormone replacement therapy?
    b. If no...
        i. What are your motivations behind not pursuing surgeries and/or hormone replacement therapy?
        ii. Do you plan on undergoing any surgeries or hormone replacement therapy in the future? – If no...what are your motivations behind not pursing surgeries or HRT?
6. In a perfect world, what resources would be provided to the transgender community? If you could change anything, what would it be?
7. Is there anything that you feel was not addressed in the interview that you think is important? Or is there anything you would like to discuss further?

Journal Prompt:

Please keep this journal for between 2-6 weeks and write down any thoughts or feelings that you have regarding your transition and/or gender identity or anything that you felt was left out of the interview. When you are done, please mail it back to me.

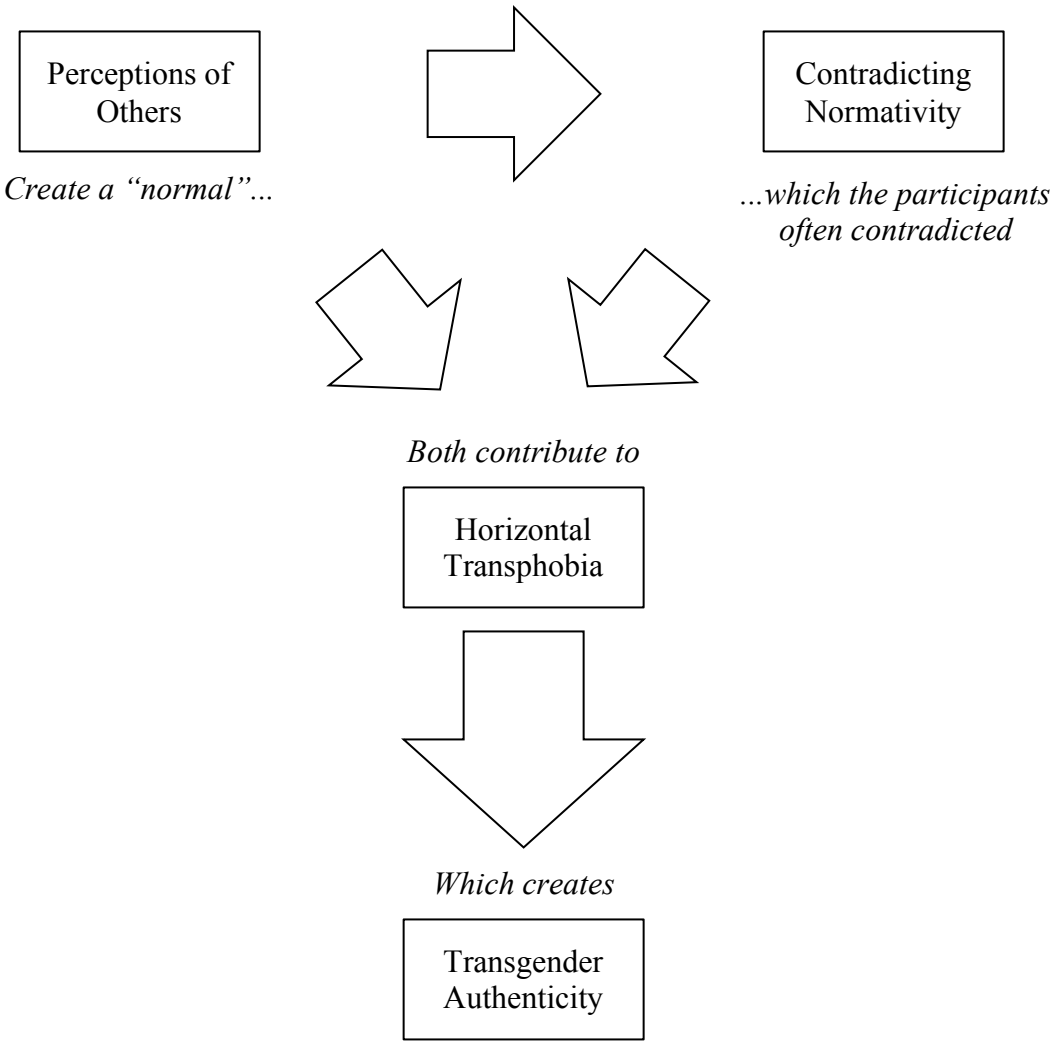
APPENDIX C

FOLLOW-UP INTERVIEW QUESTIONS

1) Likert-type:
    a. On a scale of 1-7, with 1 being “not at all” and 7 being “very well,” how accurately do you believe this represents the transgender community as a whole?
        i. Do you care to elaborate?
    b. On a scale of 1-7, with 1 being “not at all” and 7 being “very well,” how accurately do you believe this represents your experiences as a transgender person?
        i. Do you care to elaborate?
2) General Questions:
    a. Are there any communities you are a part of that have impacted your gender identity?
    b. Do you think your sexuality has had an impact on your gender identity?
        i. If so, how?
    c. When did you begin to identify as transgender?
3) Final Questions
    a. Do you have any comments or concerns about this research study?
    b. Is there anything you felt like was not addressed in either of the interviews that you would like to discuss now?

APPENDIX D

THEMES GRAPH


Perceptions of Others
Create a "normal"...
Contradicting Normativity
...which the participants often contradicted
Both contribute to
Horizontal Transphobia
Which creates
Transgender Authenticity

APPENDIX E

ASU HUMAN SUBJECTS APPROVAL: EXPEDITED REVIEW

APPROVAL: EXPEDITED REVIEW

Karen Leong
Social Transformation, School of (SST)
480/965-6936
Karen.Leong@asu.edu

Dear Karen Leong:

On 5/20/2016 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Transgender Experiences with Hormone Replacement Therapy and Gender Affirming Surgeries
Investigator:	Karen Leong
IRB ID:	STUDY00004326
Category of review:	(6) Voice, video, digital, or image recordings, (7)(b) Social science methods, (7)(a) Behavioral research
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Hudson Consent Form Thesis 2017.pdf, Category: Consent Form; • Hudson IRB Protocal 2017.docx, Category: IRB Protocol; • Interview Schedule .pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Demographic Form.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Recruitment Flyer.pdf, Category: Recruitment Materials;

The IRB approved the protocol from 5/20/2016 to 5/19/2017 inclusive. Three weeks before 5/19/2017 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 5/19/2017 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the "Documents" tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Wallace Hudson
Sujey Vega
Wallace Hudson