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Lost and Found: Transgender Elders' Journey Toward Authenticity

A Constructionist Grounded Theory Study

A Dissertation Presented

by

**Donna Barbara Riley**

to

The Graduate School

in Partial Fulfillment of the

Requirements

for the Degree of

**Doctor of Philosophy**

in

**Social Welfare**

Stony Brook University

December 2015

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**Stony Brook University**  
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Abstract of the Dissertation

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While theoretical models of transgender identity development exist, theoretical models of post-transition social identity development are limited, and theoretical models of transgender individuals transitioning in later life are absent. As such, the purpose of this study is to explore the experience of transgender individuals coming out later in life, often after decades of hiding. Their experiences give voice to the trans community to define self-fulfillment as a transgender person post-transition. Additionally, this study explores the obstacles transgender elders navigate in middle and later life.

Using a semi-structured interview guide with 42 transgender elders 55 years and older, respondents constructed chronological narratives of their lived experiences. The data was analyzed using Charmaz' (2004) Constructionist Grounded Theory method. The findings from this study support Breakwell's (1986) Identity Process Theory (IPT) and explain how the study participants coped with threatened identities (Breakwell, 1983).

Additionally, the findings explain how Breakwell's theory of identity integration and Amiot et al.'s (2007) theory of discrete stages of change lead to integrated social identities. The model that emerged in the findings expands the scope of social identity integration. The model I propose, *Reflexive Authenticity*, expands by adding an additional stage. Therefore, increasing to five stages of social identity development and implement action/interaction strategies with conditions and consequences at each stage.

Qualitative analysis of interview narratives revealed two distinct participant categories: Compartmentalized Social Identity and Integrated Social Identity. The essential difference between the two groups was participation in transgender advocacy or activism to support and mobilize the transgender community. This study sheds new light on the post-transition phase and the role that reflexive authenticity plays in transgender individuals' integrated social identity. The theoretical implications suggest that political activity and commitment to building social and political acceptance of the transgender community are important facilitators of developing an integrated social identity.

The transgender elders in this study described early coping mechanisms they used to protect threatened core identities, the obstacles and barriers they faced along the way, and their journeys toward living authentically. These findings have important implications for the development of future research, policies, and interventions that support transgender individuals.

## Dedication Page

I would like to dedicate this dissertation to the 42 amazing trans people who shared their stories with me, reflected on their lives, and spoke honestly about their experiences. I would also like to dedicate this dissertation to my mother, Barbara Anne Riley. Although she is gone, her unconditional love and acceptance remains with me.

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I would like to thank Dr. Tarynn Witten. When I approached her at a transgender conference in NYC, I was well aware of her scholarly achievements and contributions to knowledge in the field of transgender research. I had read numerous articles she wrote on the subject. In a conversation with Tarynn, she described the need for a theoretical framework that could be in qualitative methodology that could be analogous to her quantitative biological complexity model. Her valuable time and guidance have been a tremendous source of insight and encouragement.

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I want to thank my father, Malcolm W. Riley, who gave me editorial feedback and support. In an unexpected way, we have grown closer through this process.

Last, but certainly not least, I like to thank my loving wife of 38 years, Susan Riley. Not only did she endure the doctoral process with me, but also she has stood by me and has demonstrated unconditional love through my own transition. I am excited to continue to grow together. I look forward to our future and to taking each next step with her. I thank her for everything.

## Chapter 1: Introduction

### **Purpose of This Study**

The purpose of this study is to explore the experience of growing older as a transgender individual from the transgender person's perspective. By doing so, this research gives voice to the members of the transgender community about their self-perception, coping mechanisms pre-transition, and growth post-transition. Additionally, the transgender elders interviewed in this study illuminate the obstacles they face in their lives. The findings from this study can inform policy makers, health care professionals, and social workers on new ways to ensure that transgender individuals have adequate resources for self-fulfillment and well-being.

Using constructionist grounded theory as a methodology (Charmaz, 2006), I interviewed 42 self-identified transgender individuals age 55 and over. I employed an inductive research strategy by beginning an inquiry without a priori definitions or hypotheses about the results of the study. Through this strategy, ideas, concepts, and themes emerged from the data (Yegidis, Weinbach, & Morrison-Rodriguez, 1999).

Through this process, transgender individuals determine their own subjective definition of transgender social identity development (Charmaz, 2006). Cosco and associates illustrate the necessity for qualitative research methodology when exploring social issues in specific populations:

Exploratory qualitative studies, conducted with the target population, i.e. older individuals, provide a different perspective with a richness and depth of information that cannot be achieved through researcher-driven quantitative methods (Cosco, Matthew Prina, Perales, Stephan, & Brayne, 2014, p. 125).



## **Plan of This Report**

In Chapter 1, I present a summary of the research problem, the purpose and the significance of the study. In order to provide the reader with an historical context, Chapter 2 relates a brief historical review of the evolution of “transgender” as a category. Chapter 3 presents a review of the relevant literature. Additionally, I discuss implications for the current study. Chapter 4 details the research methodology, rationale for use in the present study, information about data collection methods, data management, and data analysis. Chapter 5 describes the study’s results. In Chapter 6, I present an interpretation of the findings and significant theoretical findings. Lastly, Chapter 7 contains a discussion of the results, limitations of the study, implications for social policy, recommendations for future research, and a conclusion.

## **Statement of Research Issue**

The transgender population is a marginalized social group often targeted for mistreatment and discrimination (Mizock & Mueser, 2014). Such experiences contribute to numerous social and psychosocial challenges for transgender persons over the course of their lifetime (Mizock & Mueser, 2014). Despite pervasive oppression of the trans community (National Association of Social Workers, 2012) and social work’s commitment to serving oppressed populations (NASW, 1999/2008), social work literature has only begun to explore transgender identity and transgender community (Burdge, 2007; Markman, 2011). The majority of research about transgender individuals has been clinical in nature and has presumed gender nonconformity to be pathological (Hill, 2007). Further, much of this research has focused on gender-nonconforming children or on transsexuals seeking gender confirmation surgery (GCS) (Riley, Wong, & Sitharthan, 2011), and has often had the aim of pointing toward a “cure” (Lewis, 2008).

Thankfully, a few recent scholars have veered from this type of research and have focused on transgender persons' aging. Influenced by Eastern philosophies such as Buddhism, several authors have proposed models that include significant notions of balanced life and resilient aging (Singh, 2010; Wild, Wiles, & Allen, 2013; Witten, 2014; Witten & Eyler, 2007; Witten, 2013). Typically, however, this literature is primarily theoretical or based on case studies. While these studies have broadened our understanding to a degree, there remains a significant gap. Specifically lacking, is understanding of the subjective experiences of transgender persons.

### **Prevalence of Transgender Elders**

As a greater proportion of the population is reaching old age, it has become important to understand the process of social identity development of this understudied population of transgender elders. Between 2000 and 2050, the numbers of seniors in the United States will more than double, from 34.7 million to 88 million. At that point, one in five Americans will be 65 or older. The National Institute on Aging (NIA) projects that 88 million American will be 65 - 99 years of age by 2050 (Colby & Ortman, 2015).

With regard to current population estimates of transsexual individuals, Tsoi (1988) has noted that a "...problem confounding an epidemiological survey is that transsexuals tend to congregate in cities and in certain parts of cities, and most of them do not want to be identified" (p. 503). By taking the international estimate for post-operative transsexual individuals as a baseline 1% - 3% (Godlewski, 1988; Hoenig & Kenna, 1974; Langevin, 1983; Sigusch, 2004; Tsoi, 1988; van Kesteren, Gooren, & Megens, 1996; Walinder, 1971; Weitze & Osburg, 1996), and using the estimated population of 300 million for the United States, one might estimate that there are potentially 3-9 million post-operative transsexuals in the United States.

Using the 1% to 3% baseline estimate, hypothetical percentages would equate to 649,000 – 2,660,000 transgender people aged 65 and over in the United States by 2050 (see Table 1).

**Table 1: 2050 United States Census Projected Populations by Age  
And Hypothetical Projection of Transsexuals - National Institute on Aging (Colby & Ortman, 2015)**

<u>Age Range (In years)</u>	<u>Population Size (2050 projections)</u>	<u>Hypothetical Trans Population Size (1% - 3%)</u>
65 - 84 (United States)	69.5 million	459,000 – 2,090,000
<u>85 - 99 (United States)</u>	<u>19 million</u>	<u>190,000 – 570,000</u>
Total	88.5 million	649,000 – 2,660,000

### **Gap in the Literature**

Much of the existing information regarding transgender elders has been extrapolated from studies of people who are lesbians, gay and bisexuals (LGB). They do not necessarily reflect the comprehensive needs or concerns of the transgender population (Williams & Freeman, 2005). While many of the issues may overlap, there is a gap in the literature regarding issues specific to the lives of transgender persons. Issues such as pre- and post- transition needs of transgender health, aging, and care giving are vastly understudied fields of inquiry.

The American Psychological Association (APA) argues that in the 1970s,

It was not until gay men and lesbians became actively involved in research about themselves, and until there was a critical mass of gay and lesbian psychologists and scholars in other disciplines, that mainstream research on sexual orientation could be described as positive and affirming. That is, that the focus of the research began to reflect the experiences of gay and lesbian people and asked the questions that were most relevant to their lives, rather than continuing to pursue causal factors, co-morbidity, psychopathology, and personality differences (APA, 2008, p. 34).

They further note that to some extent, the emergence of researchers and scholars who are themselves gender-variant influenced this expanded body of research. Additionally, this new

direction in research has taken a more holistic approach to studying the lives of transgender people and has moved away from a focus on pathology (Chow, et al., 2014).

Recently, scholarship on trans aging has been grounded in a resiliency framework for understanding both risk factors and protective factors for well-being in older Transgender adults (Fredriksen-Goldsen, et al., 2013; 2012). Furthermore, recent research, has noted that many male-to-female identified persons are contemplating gender transitions in their later years (Witten & Eyler, 2012a).

Within the realm of current transgender aging research and scholarship, significant social welfare concerns such as health, legal, financial, spiritual, trauma/ abuse experiences, and end-of-life issues have gained increasing attention (Cook-Daniels, 2006; Cook-Daniels & Munson, 2010; Fredriksen-Goldsen, et al., 2013; Witten & Eyler, 2012b). The social realities of older trans adult's experiences offers an opportunity to explore conceptualizations of trans aging and living authentically in later life.

### **The Problem**

While theoretical models of transgender identity development exist, theoretical models of post-transition social identity development are limited. In Lev's (2004) *Transgender Emergence* she proposes a six stage model of trans identity development, the final stage of which is entitled *Integration—Acceptance and Post-transition Issues*. Here, the person synthesizes the Transgender identity and integrates their core gender identity into their everyday life.

Little is known about the process of post-transition social identity integration for transgender elders who have lived with gender conflict for many decades. As such, the purpose of this study is to explore the subjective experiences of transgender elders, the complexities of

managing their lives that do not fit into the dominant two-sex/two-gender paradigm, and the journey to live authentically in late life.

While many journal articles identify lesbian, gay, bisexual and transgender (LGBT) aging issues, few recognize the unique needs of the transgender community and are instead extrapolated from LGB experiences. Dr. Witten<sup>1</sup> and Dr. Eyler<sup>2</sup> have contributed substantial knowledge regarding transgender aging and specific factors, that demonstrate simply extrapolating from LGBT studies neglect specific areas of concern of conflict, of contention for transgender people. Current research omits studies of transgender individuals who transitioned later in life and social identity development post-transition.

### **Terminology Developed for Trans Communications**

I begin the definition section with the foundational terms in Lev's (2004) book *Transgender Emergence*' that propose four components of identity: (1) biology: sex, (2) gender identity, (3) gender expression, and (4) sexual orientation (Lev, 2004, pp. 79-86).

After setting the foundational terminology of Lev's four components of identity, I will present definitions of additional terminology that will be used in this manuscript.

*Sex:* Sex is assigned at birth as male or female, usually based on the appearance of the external genitalia. When the external genitalia are ambiguous, other components of sex (internal genitalia, chromosomal and hormonal sex) are considered in order to assign sex (MacLaughlin &

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<sup>1</sup> Tarynn M. Witten, PhD, MSW is a longtime researcher in the field of transgender and intersex aging and is a faculty member at Virginia Commonwealth University. With over 150 publications to her credit, she is often called upon as an expert in the field of transgender studies.

<sup>2</sup> A. Evan Eyler, MD, MPH is a family physician and psychiatrist who has worked extensively with transgender patients. He practices in Concord, NH

Donahoe, 2004; Van Wyk & Grumbach, 1968). For most people, gender identity and expression are consistent with their natal sex assigned at birth; for transsexual, transgender, and gender-nonconforming individuals, gender identity or expression differ from their sex assigned at birth.

*Gender identity:* A person's intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender (e.g., transgender, genderqueer, eunuch) (Bockting, 1999; Stoller, 1964).

*Gender expression:* Characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine (that is, more typical of the male or female social role) (Ruble, Martin, & Berenbaum, 2006). While most individuals present socially in clearly masculine or feminine gender roles, some people present in an alternative gender role such as genderqueer or specifically transgender. All people tend to incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees (Bockting, 2009).

*Sexual orientation* is an enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender. These attractions are generally subsumed under heterosexuality, homosexuality, and bisexuality, while asexuality (the lack of sexual attraction to others) is sometimes identified as the fourth category (American Psychological Association, 2015).

After defining the foundational terms of identity, additional terminology needs to be defined that will be used in this manuscript.

*Cisgender:* A term for individuals whose gender identity matches that assigned for their natal sex. In other words, a person who does not identify as transgender. Derived from the Latin

root “cis”, meaning “on the same side” (John Hopkins UniversityJohn Hopkins University LGBTQ Life, n.d.).

*Core Gender Identity:* How one perceives oneself: as a woman, as a man, or otherwise (John Hopkins University LGBTQ Life, n.d.).

*Dual-Gendered:* Individuals “who, despite having “normal” male or female bodies, experience themselves as having both masculine and feminine genders” (Lev, 2004, p. 16).

*Female-to-Male (FTM):* Adjective to describe individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role (World Professional Association for Transgender Health (WPATH), 2011).

*Homonormativity* is the assimilation of heteronormative ideals and constructs into homosexual culture and individual identity. It refers to politics that do not contest dominant heteronormative assumptions and institutions such as monogamy, procreation and binary gender roles (Croitoru, 2015). Duggan defines homonormativity as, “a politics that does not contest dominant heteronormative assumptions and institutions but upholds and sustains them ... while promising the possibility of a demobilized gay constituency and a privatized, depoliticized gay culture anchored in domesticity and consumption” (p. 179).

*Male-to-Female (MTF):* Adjective to describe individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role (World Professional Association for Transgender Health (WPATH), 2011).

*Transgender:* An adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people

differs to varying degrees from the sex they were assigned at birth (Bockting, 1999; World Professional Association for Transgender Health (WPATH), 2011).

*Transgenderist:* In 1987, Virginia Prince, a pioneer in the cross dresser movement in the United States, coined the term transgenderist to refer to a person who lives in the gender ‘opposite’ to the one assigned to them at birth but who is not a transsexual (Stryker, 2008b, p. 123). Stryker (2008b) distinguishes Leslie Feinberg as one of the first to use transgender as a political umbrella term. Today, the term flags the political stance of resisting medical pathologizing of trans people.

*Transgender (Trans) Community* – A loose category of people who transcend socially constructed gender norms in a variety of ways. The central ethic of this community is unconditional acceptance of individual exercise of freedoms including gender identity, sexual identity, and orientation (John Hopkins University LGBTQ Life, n.d.).

*Transition:* Period of time when individuals change from the gender role associated with their sex assigned at birth to align with their innate sense of gender identity. For many people, this involves learning how to live socially in another gender role; for others this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition are variable and individualized (World Professional Association for Transgender Health (WPATH), 2011).

*Transman:* An identity label sometimes adopted by female-to-male transgender individuals to signify that they are men while still affirming their history as females. Also referred to as ‘Trans guy(s)’ (Green & Peterson, 2004).



*Transphobia:* *Transphobia* (or much less commonly transprejudice) is a range of antagonistic attitudes and feelings against transsexuality and transsexual or transgender people, based on the expression of their internal gender identity. Researchers describe transphobia as emotional disgust, fear, anger, or discomfort felt or expressed towards people who do not conform to society's gender expectations (Chakraborti & Garland, 2009).

*Transsexual:* Adjective (often applied by the medical profession) to describe individuals who seek to change or who have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role (World Professional Association for Transgender Health (WPATH), 2011).

*Transwoman:* An identity label sometimes adopted by male-to-female Transsexuals to signify that they are women while still affirming their history as males (Green & Peterson, 2004).

In this manuscript, “Trans” will be used as a general term (often in place of Transgender) to allow for possibly productive political tensions. Since many forms of transphobia involve categorizing individuals contrary to their own sense of self, caution is required in applying terms to individuals who may not self-identify with them. Consequently, the use of “trans” should not be understood to impute an identity. Rather, it is a functional term, not intended to invoke a shared category among diverse individuals. In light of this qualification, the term must be used with care. The expressions “transwomen” and “transmen” will be used to refer to MTFs and FTMs, who self-identify with such categories respectively.

As this study explores transgender elders’ subjective experience, it is essential to educate the reader of the historical context of social representation of transgender persons. Without such

knowledge it would be difficult for the reader to understand the discrimination and stigma that affected the self-perception of the study respondents. Therefore, in chapter 2, I will present a historical context of the trans community.

## Chapter 2: History of the Trans Category

This section sets the contextual foundation for understanding the participants' life experiences and perceptions. In order to understand the experience and self-perceptions of trans elders, it is necessary to understand the evolution of the social and medical environment in which trans elders grew up. Their social environment was deeply influenced by the evolution and the internal tensions within the Lesbian, Gay, Bisexual, and Transgender (LGBT) civil rights movement. These tensions, between the lesbian and gay segment of the movement and the trans segment, have had significant impact on the trans community and thus on the experience of trans elders.

Since the medical community has served as the arbiter of “normality,” with regard to gender and sexuality, I will begin by presenting the medical and psychiatric institutions' history in relation to their treatment of the transsexual phenomena and trans persons.

### **Medical and Psychological Roots**

#### **The Transsexual Phenomenon – Medical Model**

Before the original Standards of Care (SOC)<sup>3</sup> in 1979, the medical profession had historically applied a model of ‘heteronormativity’ to the transgender population and classified true transsexuals as heterosexual orientation after sexual conversion surgery (Koenig, 2011).

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<sup>3</sup> SOC is a document that has evolved over time, but originally introduced in 1979, by the Harry Benjamin International Gender Dysphoria Association (now known as the World Professional Association for Transgender Health (WPATH)). SOC are non-binding protocols outlining the usual treatment for individuals who wish to undergo hormonal or surgical transition to the other sex. Clinicians' decisions regarding patients' treatment are often influenced by this Standard of Care (World Professional Association for Transgender Health (WPATH), 2011).

Gender Dysphoria remained a diagnostic category in both the American Psychiatric Association's DSM-V-TR (Diagnostic and Statistical Manual of Mental Disorders) (American Psychiatric Association, 2000) and the World Health Organization's ICD-10 (International Classification of Diseases and Related Health Problems) (WHO, 1992). While homosexuality was removed from the DSM as a diagnostic category in 1973, transsexuality was added in the 1980 DSM-III. However, the view of transsexuality and other trans-related phenomena as psychiatric and/or medical conditions has a much longer history. In 2013, trans activists' lobbying of the DSM V committee, the diagnosis was altered to Gender Dysphoria, despite lobbying.

### **Early Conversion Treatment**

Early in the twentieth century, European scientists began to experiment with 'sex-change' (Meyerowitz, 2002, pp. 16-21). One of the earliest documented attempts to change sex was in 1910s when Eugene Steinach, a physiologist at the University of Vienna. Dr. Steinach received international acclaim for his "transplantation" experiments on rats and guinea pigs (Meyerowitz, 1998).

### **Hirschfield Institute of Science**

In the 1920s and into the 1930s much of the sex change experimentation occurred in Berlin at Magnus Hirschfield's Institute for Sexual Science. The first completed genital transformation arranged through Hirschfield's institute was that of Dorchen Richter, in 1922 (Meyerowitz, 1998). Early sexologists incorporated cross gender identification under a broader rubric of "inversion" and associated it with homosexuality.

A few scattered records of surgery for human inverts suggested some early efforts at altering sex. At the request of the patients, these early surgeries simply involved removal of body parts (Meyerowitz, 2002).

Before the early 1950s, scientific controversy existed about whether transsexuality was a psychological or physical condition (Meyerowitz, 2002). While the former position held that trans phenomena were purely psychological in nature and ought to be treated psychotherapeutically to “cure the mental illness,” the latter (European model) held a ‘bisexuality theory’. According to the ‘bisexuality theory’ there is a physical blend of male and female in all human beings and that special cases yield a “mixed-sex” condition which in some cases justified surgical intervention (Meyerowitz, 2002, pp. 98-129). In the mid 1950s, John Money, Joan Hampson, and John Hampson published a series of articles on intersexuality (the state of having some aspects of both female and male biological characteristics) which led to the introduction of the technical term *gender* (Money, 1955).

### **John Hopkins University Gender Clinic**

In 1965 Dr. Money and his colleagues at John Hopkins University, working closely with the Harry Benjamin Foundation to identify appropriate referral patients for sexual reassignment surgery (Meyerowitz, 2002). In July 1966, the doctors at John Hopkins formed the program known as, the Gender Identity Project. By November 1966, they reported they had performed 10-gender confirmation surgeries (GCS), formerly known as sex reassignment surgery. This would be known as the first United States hospital to perform such surgeries (Meyerowitz, 2002).

## **The Authentic Model: Healthy Variability**

The authentic model also discusses gender nonconformity as a natural human variability and not a mental disorder (Denny, 2004a). In 1973, Virginia Prince published an essay questioning the inevitability of SRS for those who lived as members of the non-natal sex. She wrote:

We have sexual identity clinics in which people are examined, selected, screened, and finally have surgery performed on them . . . It seems a very sad thing to me that a great many individuals have to go to the expense, pain, danger, and everything else when they could achieve a gender change without any of it (Prince, 1979, p. 21).

In 1991, Boswell provided a theoretical framework for Prince's lived experience:

[I]n the vast majority of instances, we are not so much "gender conflicted" as we are at odds—even at war—with our culture. It is our culture that imposes the polarization of gender according to biology. It is our culture that has brainwashed us, and our families and friends, who might otherwise be able to love us and embrace our diversity as desirable and natural—something to be celebrated (Boswell, 1991, p. 30).

Boswell developed the Authentic Model (also known as the transgender model) that suggests that gender exists on non-binary continuum of male and female dimensions. In this model, successful identity development is open to individualized trajectories. Identity consolidation (and thus healthy emergence from adolescence) does not require gender confirmation surgery (GCS)—previously known as sexual reassignment surgery (SRS)—as in the medical model. Rather, identity is achieved via authentic self-actualization; that is, a sense of self-coherence regardless of identity labels, physical appearance or gender role (Denny, 2004a).

Today, researchers and advocates support an eco-developmental approach for exploring transgender identity development. Eco-developmental theory (Szapocznik & Coatsworth, 1999) is composed of three integrated elements: (1) social–ecological theory; (2) developmental theory;

and (3) an emphasis on social interactions. The first element of eco-developmental theory, social–ecological theory, is based on Bronfenbrenner’s (1977) social–ecological model. Bronfenbrenner’s theory conceptualizes the social ecology of the individual as a set of four interacting systems; usually represented as a series of concentric circles, with the adolescent at the center. The microsystem, mezzosystem, exosystem, and macrosystem constitute the entirety of the individual. This framework is not limited by what is socially expected; instead, researchers may consider multiple interacting systems of biology and environment (at home, at work, and in society). By researchers considering the self as interacting systems, they are better able to explore the meanings and representations of changing identity labels over time (Grossman & D’Augelli, 2006; Pardo, 2008).

### **Socio-Ecological Environment**

Before 1979, the dominant paradigm for medical and mental health treatment for Transgender individuals was the medical model. In 1979, the Harry Benjamin International Gender Dysphoria Association (HBIIGDA), now known as the World Professional Association for Transgender Health (WPATH), published the first version of the Standards of Care (SOC). WPATH’s mission is to promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health. The original medical model had not addressed this issue. Hines (2006) and Witten (2009) found the historical time line the participants lived in was a significant aspect of their decision of when to come out and disclose to others their need to transition to their core gender and live authentically. Additionally, Witten concludes the historical timeframe affects the “potentially different needs, potentially different ways of self-expression, and potentially different social support systems of trans persons” (Witten, 2009, pp. 37-38).

## **The LGB(T) Movement: Homonormativity**

Homonormativity, like heteronormativity, is defined in terms of traditional and essentialized gender roles, property and wealth, monogamy and the nuclear family structure, able-bodiedness, and United States citizenship. Both heteronormativity and homonormativity are interlocked with white supremacy and rely on constructions of normative whiteness. Whiteness is seen in the normalization and naturalization of constructions of normative gender, sexuality, and family structures that are defined through whiteness, while racial difference operates as a sign of non-normativity and exclusion (Ferguson, 2005). Homonormativity can be seen in the belief systems and actions of the mainstream gay rights movement. Vitulli (2010) states:

The mainstream gay movement that emerged in the 1950s, 1960s, and 1970s and consolidated into a professionalized, politically reformist and assimilationist, homonormative establishment in the 1990s has long sought to separate itself from trans populations—along with other gender and sexual non-normative, racialized, immigrant, and low-income populations (p. 156).

Transgender issues tended to be seen within the homophile movement as parallel rather than intersecting, at least partially due to the central role that gender normativity played in the homophile movement.

## **Homophile Movement Excludes Gender Variant**

The Homophile Movement, as developed by the Mattachine Society, founded in 1950, sought to advance the equality of homosexuals while placating authorities as early as 1953. The leadership of the Mattachine Society thought it more prudent and productive to convince heterosexual society at large that gays were not different from themselves, rather than agitate for change. The Daughters of Bilitis followed this model by encouraging lesbians to assimilate as much as possible into the prevailing heterosexual culture (Katz, 1992).



Increased visibility in entertainment and the media, the decriminalization of sodomy with the 2003 *Lawrence v. Texas* decision, and the growing acceptance and legalization of gay marriage have both contributed to and are a reflection of shifting boundaries of normative sexuality and familial structures. Scholars have described this as the emergence of homonormativity or the extension of heteronormative privilege to certain normative gays and lesbians (Duggan, 2003; Ferguson, 2005; Stryker, 2008b). However, while homonormativity has facilitated slightly larger boundaries of what constitutes normative sexuality in the United States, it ultimately reinforces systems of normative sexuality and gender construction.

In the United States, normative systems of gender and sexuality rely on constructions of normative bodies and stable, essentialized binary gender and sex, where “men” (who always have penises) are the opposite of “women” (who always have breasts and vaginas), which trans people challenge and threaten. Homonormativity similarly relies on and attempts to naturalize these normative constructions. Homonormative gay and lesbian identity assumes a stable, essentialized sexual object choice that is attached to normative “male” and “female” genitals corresponding to specific normative gender expressions (Vitulli, 2010).

The mainstream LG(BT) movement relies on and has helped to construct and consolidate homonormativity. This movement has developed in the last two decades or so into an institutionalized, professional nonprofit model that utilizes assimilationist, homonormative strategies. The model of “equality” that it espouses is one based on narrow, formal access to a few conservative institutions and hinges on a homonormative, domesticated, depoliticized right to privacy (Duggan, 2003).

The exclusion of trans people frequently is justified through their construction as freaks and deviant and homonormative people’s desire to separate themselves from this in order to

construct themselves as normative (Vitulli, 2010). One important example of this is discussions about *the shower issue* or the repeatedly expressed concern about pre- or non-operative trans-feminine people showering in women's locker rooms with non-trans women<sup>4</sup>. In fact, Representative Barney Frank has repeatedly cited this as one of his greatest problems with gender identity protections. This concern relies on understandings of trans-feminine people as always inherently men and as freaks, sexual deviants, and sexual threats. As Frank states this concern, he draws a distinct line between the freakish, threatening trans women who seek to invade cisgendered women's space and normative (white) gay men, of which category he self identifies.

In the late 1960s, San Francisco stood at the forefront of the emerging movement. Tenderloin the impoverished neighborhood in the city center, had served as a home for social outcast. In the mid 1960s more gay youth, drag queens, transsexuals arrived in the tenderloin, pushed in part by the urban renewal forced them out of the neighborhoods. Pulled in the district for its reputation as a home for runaway teens. As a tenderloin change, police reengage in crackdown (Meyerowitz, 2002).

### **Comptons Cafeteria Riot**

It was after the bars had closed and well into the pre-dawn hours of an August morning in 1966 when San Francisco police officers were in Gene Compton's Cafeteria again. They were arresting drag queens, trans women and gay hustlers who had been sitting for hours, eating and

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<sup>4</sup> There have been numerous accounts of Frank's transphobia around "the shower issue." For example, in a 1999 Advocate article, he claimed, "Transgendered people want a law that mandates a person with a penis be allowed to shower with women. They can't get that in ENDA" (Currah 2008, p. 333).

gossiping and coming down from their highs with the help of 60-cent cups of coffee. The 24-hour eatery was a local favorite. It was centrally located — adjacent to the hair salon, the corner bar, and the bathhouse — and provided a well-lit and comfortable haven for trans women performing in clubs or walking the streets in San Francisco's Tenderloin neighborhood.

Compton's management did not want the cafeteria to be a popular late-night hangout for drag queens, transwomen, and hustlers. Workers would often call the police at night to clear the place out. The Tenderloin, where sex work, gambling, and drug use were commonplace, was one of only a few neighborhoods where transwomen and drag queens could live openly. Yet, they were still regularly subject to police harassment and arrested for the crime of "female impersonation." When a police officer in Compton's grabbed a drag queen, she threw a cup of coffee in his face. The cafeteria "erupted," according to Susan Stryker, a historian who directed *Screaming Queens* (Silverman, Stryker, & Walsh, 2005). People flipped tables and threw cutlery. Sugar shakers crashed through the restaurant's windows and doors. Drag queens swung their heavy purses at officers. Outside on the street, dozens of people fought back as police forced them into paddy wagons. The crowd trashed a cop car and set a newsstand on fire.

If the famous Stonewall riots in New York City were the origin of this nation's gay rights movement, the Tenderloin upheaval three years before was the transgender community's debut on the stage of American political history, according to Stryker. It was the first known instance of collective militant queer resistance to police harassment in United States history. Stonewall is often thought of as an uprising of gay men.

### **Stonewall Riot**

Very few establishments welcomed openly gay people in the 1950s and 1960s. Those that did were often bars, although bar owners and managers were rarely gay. The Stonewall Inn

was a gay bar in New York's Greenwich Village (Carter, 2010). At a little after one a.m. on the morning of June 28, 1969, the police carried out a routine raid on the bar. This was not unusual: police raids of homosexual bars were common in New York and other American cities in the 1960s. However, it turned out not to be routine at all. Instead of cowering –the usual reaction to a police raid –the patrons inside Stonewall and the crowd that gathered outside the bar fought back against the police. The five days of rioting that followed changed forever the face of lesbian and gay life (Duberman, 2013). In reality, it was drag queens, Black drag queens, who fought the police at the famous Stonewall Inn rebellion in 1969 (Armstrong & Cragg, 2006).

The end of the 60s brought the beginning of a more confrontational gay rights movement, which included notable transgender activist Sylvia Rivera, in the infamous Stonewall Riot. Sylvia Rivera, a self-identified street queen who had been in the Stonewall during the raid, remembered, “You've been treating us like shit all these years? Uh-uh. Now it's our turn! ... It was one of the greatest moments in my life” (Deitcher, 1995, p. 67). A transgender woman, Miss Major Griffin-Gracy, was a leader in the riots, was struck on her head by a police officer, and was taken into custody. While in prison, she reported that a corrections officer broke her jaw (Ritchie, 2011).

On November 2, 1969, Craig Rodwell, his partner Fred Sargeant, Ellen Broidy, and Linda Rhodes proposed the first gay pride parade in New York City by way of a resolution at the Eastern Regional Conference of Homophile Organizations (ERCHO) (Seargent, June 22, 2010). Christopher Street Liberation Day on June 28, 1970 marked the first anniversary of the Stonewall riots with an assembly on Christopher Street. This was the first Gay Pride march in U.S. history, covering fifty-one blocks to Central Park. While more confrontational than previous homophile movement activities, the Christopher Street celebration maintained the

standard homophile approach of excluding transgender people. Within two years of the Stonewall Riot, gay rights groups sprung up in every major American city, as well as Canada, Australia, and Western Europe (Duberman, 1991). While trans exclusion was a notable setback for the civil rights of trans individuals, the visible gay rights movement began to change the fabric of society and the social representation of queer identities into the 1970s.

### **Feminist Lesbian Separatists and Transgender Identity**

We find the epistemologies of white male medical practice, the rage of radical feminist theories and the chaos of lived gendered experience meeting on the battlefield of the transsexual body (Sandy Stone, 2006, p. 230).

Many of the earliest non-trans feminist perspectives on transsexuals were marked by hostility and feeling that transsexuals rape women's bodies by reducing the real female form to an artifact, appropriating this body for themselves (Daly, 1978). In 1977, a controversy erupted in second wave lesbian-separatist circles over Sandy Stone, an openly transsexual woman and engineer who had been working at Olivia Records (an all-woman recording company). In *The Transsexual Empire: the Making of the She-Male*, a book noted to have formalized and reinforced anti transsexual attitudes in the women's and lesbian movement, Raymond (1979) accused Stone by name of plotting to destroy the Olivia Records collective and womanhood in general with "male energy" (1979).

A radical lesbian separatist, Raymond (1979) positions her reject of the transsexual identity is underwritten by a contextual view about sex according to which sex exists as a given prior to the influence of culture; social sex roles are then assigned on the basis of sex. (Raymond does not usually use the term *gender*, preferring, instead, the expression *sex role*). Raymond distinguishes membership in the category of *woman* as being determined by chromosomes and the individual's history of experience being assigned to a sex role (1979, pp. 3, 18, 118).

Raymond maintains that MTF transsexuals are really men and FTM transsexuals are really women. The last condition history of experience notes that MTF transsexuals have avoided the history of damage done to women who have suffered a lifetime under sex-role oppression (Raymond, 1979).

A second underlying assumption of Raymond's position is that oppression experienced by transsexuals (and trans people more generally) is nothing but an aspect of the sexist oppression enforced through sex role (Raymond, 1979, pp. xviii, 16). Gender Dysphoria (GD) experienced by transsexuals is to be understood as unhappiness with the existing sex-role system. Raymond does not recognize a distinct modality of oppression that specifically targets trans people in a way that is non-reducible to the sexist oppression inherent in sex roles. What is lacking in such an account is the possibility that transsexuals might be oppressed *as* transsexuals.

### **The “Empire” Strikes Back: A Post-transsexual Manifesto**

Stone responded to the feminist attack in 1983 with an initial article entitled *The Empire Strikes Back: A Post-transsexual Manifesto*. She subsequently edited it and republished the article (1991). She takes up a third position in opposition to both the medicalized view of transsexuality characterized by Benjamin's *The Transsexual Phenomenon* and the feminist critique offered in Raymond's *The Transsexual Empire*. While Stone does not position transsexuals as being classified as a third gender, she does suggest that transsexuals “currently occupy a position which is nowhere, which is outside the binary oppositions of gendered discourse” (1991, p. 295). (Contrast, for example, traditional medical discourse on transsexuality with Raymond's feminist discourse on transsexuality). What is lacking, according to Stone, is space for the discourse of transsexuals *as* transsexuals. The solution, Stone argues, is for transsexuals to begin telling their own stories. This requires minimally that post-operative

transsexuals come out as transsexual and forego passing as (non-transsexual) men and women (Stone, 1991, pp. 298-299). Because the injunction to forego passing as the (non-transsexual) sex one has transitioned into runs entirely against the prevalent discourse of transsexuality *as such*, Stone represents the political move as *post-transsexual* (p. 299).

### **Feminist Solidarity after Queer Theory**

Heyes (2003) finds ground for solidarity between (non-trans) feminists and trans folk. Heyes argues that Raymond is caught in the grip of a picture that precludes any examination of her own gender privilege while foreclosing the possibility of perceiving trans resistance. This foreclosure is accomplished through assimilating all transsexual subjectivity into a heteropatriarchal medical discourse about transsexuality (Heyes, 2003, p. 1095). Using Feinberg's book *Trans Liberation* as an example, Heyes also raises worries about a transgender politics that fosters the view that individual gender expression ought not to be subject to criticism, restriction, or oppression.

Heyes points to Raymond's use of a sex/race analogy to dismiss transsexuals as “capricious or appropriative” (Heyes, 2006, p. 269). By contrast, argues Heyes, since gender is not viewed as hereditary, the possibility of sex change has been more viable. Indeed, contemporary understanding of sex must be understood as partially constituted by the history of technological developments in sex modification that has precisely allowed for such sex change within the discourse of pathology and internal gender identity (Heyes, 2006)p. 277).

Many transwomen, because they are *women*, are well acquainted with mechanisms of sexism and sexual violence. For example, some transwomen may sometimes find that they are stereotypically represented as prostitutes simply because they are seen as *transgender women*. With such considerations in mind, a trans feminist stance might involve taking the oppression of

transwomen as its starting point. Several writers have outlined distinctive ‘trans feminist’ positions (Bornstein, 1994; Feinberg, 1999; Stone, 1991; Stryker, 1994b; Wilchins, 1997). This move to trans feminist position necessitates an evolution to trans identity theory.

### **Trans-Identity Theory**

Transgenderism presents special challenges to both feminist and queer theories. A feminist theoretical approach to transgenderism that retains an essentialist view of gender would clearly be problematic. The concept of essentialism states that there are innate, essential differences between men and women. That is, we are born with certain traits. This view, would enforce the strict binary of gender; thus precluding the continuum of gender that validates many under the trans umbrella. Feminist Theory addresses the cultural–historical context and biological premises of gender as well as the issues of sexism and the intersectionality of multiple forms of oppression (Nagoshi, 2010).

Much of the philosophical and political understandings of non-heteronormative gender identity and sexuality are derived from queer theory. Queer theory developed from feminist and deconstructivist theories that posited that ‘normative’ and ‘deviant’ sexual behaviors and cognitions are social constructs. Thus, trans identity must move from the social construct position to one of authenticity. Stryker (1994a) illustrates authenticity:

Bodies are rendered meaningful only through some culturally and historically specific mode of grasping their physicality that transforms the flesh into a useful artifact. Gendering is the initial step in this transformation, inseparable from the process of forming an identity by means of which we’re fitted to a system of exchange in a heterosexual economy.... Gender attribution is compulsory; it codes and deploys our bodies in ways that materially affect us, yet we choose neither our marks nor the meanings they carry (pp. 249-250).



Stryker speaks to the need for a theory of gender identity that incorporated both a fluid self-embodiment and a self-construction of identity that dynamically interacts with this embodiment in the context of social expectations and lived experiences.

Trans Identity Theory as a critique of queer theory developed from Roen's (2001) ideas that transgenderism included more than just an "either/or" conceptualization that accepted the fluidity of gender identity but still retained the gender binary. Roen contended that transgenderism also includes a "both/neither" conceptualization of gender identity outside the male/female binary, whereby transgenderism is seen as transgressing the gender binary. Monro (2000), in turn, argued for the need to understand the lived experiences of transgenders and the limitations on the fluidity of gender imposed by the body and biology. She pointed out that even the postmodernist model fails to account for the sense of self or the impact of social structures on the fluidity and plurality of gender expression.

There was thus a need for a theory of gender identity that would incorporate both a fluid self-embodiment and a self-construction of identity. Transgender theory's emphasis on embodiment and lived experiences suggests that empowerment can come from reading others' and creating one's own transcendent narratives outside these boxes; thus, empowerment is derived from the mind and body dynamically working together to transcend social constructs of gender or any other social category.

Denny (2004b) asserts, trans-identity theory provides a comprehensive and integrated framework for understanding and empowering individuals with multiple, intersectional oppressed identities. There are numerous possible future applications of transgender identity theory in studying the nature of oppressed social identities and developing appropriate interventions for personal and political empowerment.

Transgender Identity theory encourages social workers and policy makers to think and practice outside a number of boxes. An awareness of how language and the pathologizing of socially constructed differences reify arbitrary categories removes the onus on those who do not fit these social category boxes. For victims of such prejudice, aging well is an extremely challenging proposition to say the least.

In this chapter, I have reviewed the development of transgender community treatment within the medical and psychological field. Additionally, I have given the reader a brief understanding of the trans community with the LG (BT) community.

In the next chapter, I will present a review the literature.

## Chapter 3: Review of the Literature

Chapter 2 provided a contextual understanding of the historical/social representation of the transgender population that framed the evolving self-perceptions of the respondents of this study. I now turn to reviewing the body of research literature most directly relevant to the current endeavor—that which explores the subjective experiences of transgender people. A literature review of transgender identity development sets a foundation for understanding the process by which trans people come to integrate their identity their lived experiences.

Within the relevant literature are conflicting models of transgender identity development, clinical research that views gender nonconformity as a disorder, research on the experiences of transgender people who have had gender confirmation surgery (GCS), and a few inquiries into the strengths of transgender people. I begin with a review of transgender identity formation theory.

### **Transgender Identity Formation**

The gender identity developmental process is thought to occur in early childhood. At age two, most children know whether they are boys or girls. By age three they begin to apply gender labels (Grossman & D'Augelli, 2006). Grossman and D'Augelli (2006) propose that transgender individuals report feeling different from others at modal peaks of three or four years old and ten to eleven years old. This finding supports the idea that transgender gender identity development, for most, starts at a young age.

A different theoretical approach used to examine transgender identity is through the lens of marginalized group identity development (Grossman, D'Augelli, & Salter, 2006). This theory has been traditionally used to study ethnicity or race related identity development. Members of

marginalized groups experience oppression in various forms, such as discrimination, avoidance, and physical attacks. Marginalized individuals tend to internalize the negative view of the dominant group (Hiestand & Levitt, 2005; Salazar & Abrams, 2005). Salazar and Abrams (2005) argue that the process of healthy identity development leads to an accurate self-identity despite the negative effects of marginalization. When developing a marginalized identity, one is more likely to identify with others who have already developed that identity (Hiestand & Levitt, 2005; Salazar & Abrams, 2005). For those developing a transgender identity, this outside support may not be present; role models to help individuals build their identity may not be apparent.

The racial/cultural identity development model is designed to be a general model that emphasizes many aspects of identity, such as race, ethnicity, gender, sexual orientation, disability, and social class (Salazar & Abrams, 2005). Salazar and Abrams propose that conformity (regarding the majority culture as superior and internalizing a negative view of the marginalized group) is the first stage of marginalized identity development. The second stage is dissonance, which may be rapid or gradual. This stage is marked by negative beliefs about oneself that were internalized in stage one. The third stage, resistance and immersion, is characterized by strong emotional reactions to injustices perpetuated toward the individual and other members of the marginalized group (Salazar & Abrams, 2005). This stage is usually shorter than the others because of the large amount of energy required to sustain the heightened emotions of this stage. The fourth stage involves an inward focus on selfhood in terms of what it means to be part of a marginalized group; this stage is called introspection. The last stage, integrative awareness, is marked by a sense of inner peace and security about the given identity

(Salazar & Abrams). This model postulates that individuals may fluctuate between stages and may be at different stages depending on their respective marginalized identity.

Grossman and D'Augelli (2006) identify themes that emerge from anecdotal reports of transgender individuals; these themes impact transgender gender identity development. The first theme is a long history of tension between the individual's biological sex and his or her true core gender. The second theme is an awareness and experience of being different as a child, associated with bullying and teasing. The third theme is an internal struggle to resolve the internal conflict of psychosexual identity and biological sex. The last theme is a need for continued coping with the negative social responses to the disclosure of these feelings. Troubles such as health problems, substance abuse, and psychological disorders were less common themes from the anecdotal reports of the study (Grossman, et al., 2006).

McKenzie (2006) describes a Jungian model of transgender identity development, which is based on the emergent mind theory. The emergent mind theory states that aspects of the mind, including gender, develop at an early age from a "self-organizing process involving an individual's body biology, the brain, and cultural environment" (McKenzie, 2006, p. 401). This model moves away from Jung's idea that gender is fixed based on archetypes that are predetermined by biological sex. McKenzie's model suggests that all individuals have an innate potential for masculinity and femininity, and that gender identity development comes out of conscious integration of these parts. McKenzie believes that gender identity development is not linked to biological sex. Transgender individuals are those who integrate the parts of their gender identity and conclude their gender identity does not match their biological sex. For varying reasons including influences of body biology, mind, and cultural experiences, these individuals conclude that they want their body to reflect their gender identity (McKenzie, 2006). This theory

is broad in nature, allowing for a wide array of interpretations from the analytic community, which was the target audience. The theory of transgender identity development aligns with the broader spectrum of the transgender experience because of the elimination of the binary poles of gender and the creation of a possible spectrum for gender identities.

### **Devor's (2004) Witnessing and Mirroring**

Devor (2004) posits that the individual experience of being witnessed by non-Transgender people and mirrored by other trans-identified individuals are key elements to developing an internalized sense of self during gender transition. He proposes a 14-stage model (Table 2) for persons considering or undergoing the process of gender transition. The data for this model come from 20 years of personal communications and sociological fieldwork. This model starts with a stage of abiding anxiety, where a person may experience gender and sex discomfort and thus seek out the companionship and activities of opposite gendered people. Devor's stages present a progression of: (1) heightened anxiety and confusion about one's assigned gender, (2) comparison to others of the assigned gender, (3) discovery of gender transition, (4) anxiety and confusion about a transgender identity, (5) comparison of oneself to those identified as transgender, consideration of identifying oneself as transgender, (6) a period of waiting before identifying as transgender, (7) disidentification with assigned gender at birth, (8) delay before acceptance of transsexual or transgender Identity, (9) acceptance of transsexual or transgender identity, (10) delay before transition, (11) transition, and (12) acceptance of post-transition gender and sex identity.

The model presented by Devor (2004) provides a more full-spectrum view of the process of identity formation in gender transition than the models developed by McKenzie, and Grossman and D'Augulli. This model takes into account all stages of life, not just those

surrounding sex reassignment surgery. Persons transitioning from male to female as well as female to male inform Devor’s model. The model is not restricted to persons seeking therapy. It is careful not to confuse gender identity with sexual orientation. Lastly, the model has been cited in multiple peer-reviewed scholarly works.

**Table 2:** Devor’s (2004) Stages of Transgender Identity Formation

Stage	Some characteristics	Some actions
1) Abiding Anxiety	Unfocused gender and sex discomfort.	Preference for other gender activities and companionship.
2) Identity Confusion About Originally Assigned Gender and Sex	First doubts about suitability of originally assigned gender and sex.	Reactive gender and sex conforming activities.
3) Identity Comparisons About Originally Assigned Gender and Sex	Seeking and weighing alternative gender identities.	Experimenting with alternative gender consistent identities.
4) Discovery of Transsexualism or Transgenderism	Learning that Transsexualism or Transgenderism exists.	Accidental contact with information about Transsexualism or Transgenderism.
5) Identity Confusion About Transsexualism or Transgenderism	First doubts about the authenticity of own Transsexualism or Transgenderism.	Seeking more information about Transsexualism or Transgenderism.
6) Identity Comparisons About Transsexualism or Transgenderism	Testing Transsexual or Transgender identity using Transsexual or Transgender reference group.	Start to disidentify with originally assigned sex and gender. Start to identify as Transsexed or Transgender.
7) Tolerance of Transsexual or Transgender Identity	Identify as probably Transsexual or Transgender.	Increasingly disidentify as originally assigned gender and sex.
8) Delay Before Acceptance of Transsexual or Transgender Identity	Waiting for changed circumstances. Looking for confirmation of Transsexual or Transgender identity.	Seeking information about Transsexualism or Transgenderism. Reality testing in intimate relationships and against further information about Transsexualism or Transgenderism.
9) Acceptance of Transsexual or Transgender Identity	Transsexual or Transgender identity established.	Tell others about Transsexual or Transgender identity.
10) Delay Before Transition	Final disidentity as original gender and sex.	Anticipatory socialization. Learning how to do Transition. Saving money. Organizing support systems.
11) Transition	Changing genders and sexes.	Gender and sex reassignments.
12) Acceptance of Post- Transition Gender and Sex Identities	Post-Transition identity established.	Successful post- Transition living.
13) Integration	Transsexuality mostly invisible.	Stigma management. Identity integration.
14) Pride	Openly Transsexed.	Openly Transsexed.

### **Lev's (2004) Transgender Emergence Model**

Lev (2004) postulates there are six “States of Emergence.” In the first stage, *Awareness*, the person begins to come to a conscious realization that he or she is differently gendered than their natal sex. In the second stage, *Seeking Information/Reaching Out*, the person begins to seek out information about gender identity and transition and to connect to people in similar circumstances. In the third stage, *Disclosure to Significant Others*, the person begins telling their family of origin, (e.g., spouses/partners, children) about their transition. This disclosure creates space for the fourth stage, *Exploration—Identity and Self-Labeling*. At this point, the person begins to process the personal meaning of being gender variant. The individual searches for a label or identity that best explains who they are. During this stage, people begin to understand who they are in this new context. The fifth stage, *Exploration transition Issues, Possible Body Modification*, the person begins looking for options for transition, which can include changes to emotional identity and physical presentation. In the final stage, *Integration—Acceptance and Post-transition Issues*, the person synthesizes the transgender identity and integrates their core gender identity into their everyday life.

### **Critique of Transgender Identity Theory**

While theoretical models of transgender identity development exist, theoretical models of post Transition social identity development are limited. In *Witnessing and Mirroring: A Fourteen Stage Model of Transsexual Identity Formation*, Devor (2004) posits that being witnessed by cisgendered people and mirrored by other trans-identified individuals are key elements to developing an internalized sense of self during gender transition. This model is based on Devor's fifteen years of sociological field research and social and professional



interactions with a wide range of transgender persons, the majority of whom identify as female-to-male trans-sexed or transgender.

The difficulty with Devor's model is that while it does take into account different types of transition (male to female and female to male), it lacks exploration of the power differential existing between males and females in modern society. For instance, Devor does not discuss the internal and external perception of a male who wishes to transition to female. There are complicated realities resulting from the existing societal gender inequality that have significant implications when one moves from a position of higher power (male) to one of lower power (female).

While the Lev (2004) model is specific to gender transition, it focuses on the portion of gender variant people who are in psychotherapy. This subject is introduced by Lev in a book section entitled *Treatment Issues*. Using a skewed sample, this aspect of the model raises the issue of whether the model would fit individuals not being seen by a therapist, or persons who identify as Transgender, but do not have a conscious desire to undergo reassignment surgery.

In Lev's (2004) six stage model of trans identity development, *Transgender Emergence*, the final stage, *Integration—Acceptance and Post-Transition Issues*, the person synthesizes the transgender identity and integrates their core gender identity into their everyday life. Little is known about post-transition social identity integration in elders who transitioned late in life and have lived with internal gender conflict for decades.

### **Models of Stigmatization**

For many years, social-psychological research has tried to explain the social dynamics of intergroup relations, stigmatizing beliefs, and discriminatory behavior. Just as the definition of “stigma” has been increasingly attributed to social processes, models of the negative effects of

stigma have emphasized its social aspects. A number of models have been proposed based on the analysis of stigma towards minority groups across a wide variety of settings: e.g., the mentally ill, (Corrigan, 2005; Corrigan, Green, Lundin, Kubiak, & Penn, 2001), Transgender people (King, 2003; Weiss, 2001; Witten & Eyler, 1999) and people who identify as homosexual (Burn, 2000; Herek, 2004; Herek & Capitano, 1999). It is beyond the scope of this analysis to review the effect of stigma on all marginalized people. It is important, however, to highlight that a number of studies reveal the significant impact of stigma on mental health and quality of life (Hinshaw, 2005; Major, 2003; Schmitt, 2002).

One of the primary models of stigma focuses on the ‘justification of the status quo,’ which concentrates on psychological processes that contribute to the preservation of existing personal and social arrangements that result in stigma (Jost & Banaji, 1994). As asserted by Watson, Ottati, and Corrigan (2003), “psychological justification offers a motivational model of the processes that comprise stigma; namely, that stereotypes, prejudice and discrimination serve individual, group, or social goals” (p. 143). Focusing on psychological justification of stigma, three models have emerged from the literature: ego-justification, group-justification, and system-justification (Jost & Banaji, 1994).

Given the large number of stigmatized groups that exist in any given society, a number of attempts have been made to provide classifications or taxonomies of stigmatization. Goffman (1963) classified the stigmatized into three major groups, including “abominations of the body” (e.g., the physically disabled), “tribal identities” (e.g., race, gender, religion, or nationality), and “blemishes of individual character” (e.g., alcoholism, mental illness, unemployment, homosexuality). Taking Goffman’s work a step further, Jones et al. (1984) proposed six interdependent dimensions that individuals use to describe stigmas. As outlined by Dovidio,

Major, and Crocker (2000), these dimensions include the first dimension “conceivability,” or the extent to which the stigmatizing characteristic is necessarily visible (e.g., facial disfigurement vs. transsexuality). The second dimension “course of the mark,” relating to whether the mark may be become more salient or progressively debilitating over time (e.g., HIV/AIDS vs. blindness). The third dimension “disruptiveness,” or the degree to which the stigmatizing characteristic (e.g., stuttering) interferes with the flow of interpersonal interactions. The fourth dimension “aesthetics,” or subjective reactions to the unattractiveness of the stigma. The fifth dimension “origin” of the stigmatizing mark (such as congenital, accidental, or intentional), which can also involve the person’s responsibility for creating the mark. The final dimension they identify is “peril,” which involves the perceived danger of the stigmatizing conditions by others (e.g., having a highly contagious, lethal disease vs. being overweight). These dimensions have potential consequences for how we react to and differentiate among stigma (Weiner, Perry, & Magnusson, 1988).

Crocker, Major, and Steele (1998) focused on “visibility” and “controllability” as the most important dimensions of stigma, because they are apparent and readily obvious to the observer, and to the individuals themselves: “the stigma can provide the primary schema through which everything about them is understood by others” (p. 507). With regard to the experience of transgender persons, “visibility” may be conceptualized as the ability of the MTF transgender person to “pass” as female versus members of heteronormative society ability to *clock*<sup>5</sup> MTF transgender people as inauthentic females. Visibility may determine the extent to which

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<sup>5</sup> Clock, to be recognized as transgender, defined by the respondents.

transgender people are denigrated, discredited, and, constructed as invalid relative to heteronormativity.

The concept of “controllability” related to stigma involves the person’s responsibility for being stigmatized in the first place (Dovidio, Major, & Crocker, 2000). This component of stigma is important in this discussion because it centers around the causation debate; people whose stigmas are perceived to be controllable (i.e., to be a choice) face higher levels of delegitimizing and prejudice than those whose stigmas are perceived to be uncontrollable (Weiner, et al., 1988). For example, lay theories about the etiology of transsexualism may significantly affect an individual’s stigmatizing attitude towards transgender people. Those who hold psychological theories that transgender identity is a pathology or a mental illness may treat Transgender people with higher levels of stigmatization and delegitimization. Conversely, those who hold biological theories, where sexual differentiation is seen as biologically based, might not perceive transgender people as mentally ill or as aberrations of basic human nature.

### **Perceived Stigma**

The negative effects of stigma and labeling have been discussed in psychological and sociological literature (Goffman, 1963; Jones, 1984). For example, stigmatization is related to adverse effects in self-esteem, employment, and social acceptance (Crocker & Major, 1989a). Goffman (1963, p. 7) discusses the anxiety with which the stigmatized individual approaches interactions in society. Such an individual “may perceive, usually quite correctly, that whatever others profess, they do not really ‘accept’ him and are not ready to make contact with him on equal grounds” (p. 7). Goffman (1963) cites Sullivan in Perry, Galway, and Gibbons (1956) to explain that “the fear that others can be a disrespected person because of something he shows

means that he is always insecure in his contact with other people; and the insecurity arises... From something which he knows he cannot fix” (p. 13).

Similarly, Allport (1954) describes “vigilance” as one of the traits used by targets of prejudice to develop defensive coping strategies to manage their with minority status. This concept helps to explain the stressful effects of stigma. A high-level of socially accepted stigma, by the dominant culture, would lead minority group members to maintain a high degree of vigilance (expectations of rejection, discrimination, and violence) with regard to the minority component of their identity in interactions with dominant group members. By definition, such vigilance is chronic in that it is repeatedly and continually evoked in the everyday life of the minority person. This vigilance is stressful in that it requires the exertion of considerable energy and resources in adapting to this treatment (Allport, 1954). Hetrick and Martin (1984) describe “wanting to hide” as the most common coping strategy for lesbian adolescents and note that individuals in such a position must consistently monitor their behaviors in all circumstances; how they dress, speak, walk, and talk becomes a constant source of possible discovery.

### **Minority Stress Theory**

Like members of other stigmatized minority groups, transgender individuals must contend with negative societal attitudes and stigma. This stigma parallels minority stress as psychosocial stress derived from minority status (Brooks, 1981; Meyer, 2003; Mirowsky II & Ross, 1980). Consistent with social stress discourse (Mirowsky II & Ross, 1980), and the evidence of social causality of distress (Dohrenwend, et al., 1992), it is proposed that such stress leads to adverse mental health outcomes.

The concept of minority stress is not based on one theory, but is inferred from several social and psychological theoretical orientations. In general, minority stress can be described as

related to the juxtaposition of minority and dominant values and the resulting conflict of the social environment experienced by minority group members (Mirowsky II & Ross, 1980). Lazarus and Folkman (1984) describe such a conflict between individuals and their experience of society as the essence of all social stress. Several theories describe alienation and incongruence between individual needs and social structures (Durkheim, 1952; Merton, 1968). Certainly, when an individual is a minority person in a stigmatizing and discriminating society, the conflict between that person and the dominant culture can be onerous and the stress significant.

Symbolic interaction and social comparison theory give a different perspective on the origin of stress. These theories view the social environment as providing people with meaning to their world and organization to their experiences (Stryker & Statham, 1985). Negative regard from others, therefore, leads to negative self-regard (Morris, 1979) and adverse mental health outcomes (Crocker & Major, 1989b).

Societal reaction theory directly addresses effects of stigma and negative social attitudes on stigmatized individuals. According to societal reactions, deviance may lead to labeling and negative societal reaction. As a consequence, stigmatized individuals develop adaptive responses that may include mental health symptoms.

### **Transphobia / Transprejudice**

It is important for our discussion to present the conceptual model of transgender discrimination, described by King et al., (2009) as “transprejudice.” I propose that transprejudice is the most appropriate approach for conceptualizing the culturally influenced belief structures surrounding gender nonconformity in the United States for the respondents in my study. The respondents in this study consisted of individuals from the baby boomer generation. The respondents’ life narratives exhibited vast personal social change towards the trans

community during their lifetime. This study proposes that trans prejudice is the most appropriate approach for understanding the fear and shame the participants lived with for decades, before transitioning. Therefore, I include a definition of trans prejudice that not only describes the evolving social climate for the participants' lives, but also the effect of this prejudice on the participants' self-perception or internalized transphobia.

A great deal of research has described the destructiveness of homophobia, heterosexism, genderism, and sexism (Guindon, Green, & Hanna, 2003; Hanna, Talley, & Guindon, 2000; Herek, 2000; Herek, 2004; Liang, 2005; Masser & Phillips, 2003; Overby & Barth, 2002). Sexual stigma, sexual prejudice, heterosexism, and their attitudinal and behavioral corollaries (stigma, prejudice, intolerance, and discrimination) are perennial experiences of some subgroups of society. The previous section has provided a conceptual framework for analyzing anti-transgender attitudes and beliefs.

### **Intolerance**

The overarching theme of the components of this trans prejudice conceptual framework is *intolerance*. The pathologization, stigmatization, and delegitimization of transgender people may be due to intolerance that underlies and contributes to these attitudes and their manifestations. trans prejudice provides another level of support to the theoretical foundations of intolerance. Intolerance is generally defined as the state of being unwilling or unable to endure or accept the beliefs, perspectives, or practices of others (Guindon, et al., 2003). Intolerance may also involve a lack of recognition and respect for the fundamental rights and choices of others, which results in the oppression of the 'other.'

Taking a psychosocial perspective, "oppression" has been viewed as the unjust, harsh, or cruel treatment of other human beings that leads to their psychological distress or emotional pain

and suffering. Using the educational system and other institutions, ‘oppressors’ from the dominant group define and control minority groups by controlling their identities, their roles in society, and their self-expression. In essence, the oppressed are silenced into submission and are expected to conform to the stereotypical identities of the dominant group if they wish to be included in society. As expressed by Guindon et al., “[O]ppression is the denial of the rights of others to pursue meaning and fulfillment in their lives as they see fit” (Guindon, et al., 2003, p. 169).

### **Summarizing Transgender Prejudice**

In American society, transgender people encounter medical pathologization, social stigmatization, and legal delegitimization of their identities, behaviors, and indeed, their lives. As a consequence of their cross-gender identification or behavior, they suffer prejudice and discrimination on both personal and institutional levels in American society. Transgender people are excluded in the United States from specific legal and civil protections that are readily available to non-transgender persons. Currah and Minter (2005) make the observation that “[f]or the most part, transgender people have not been excluded from civil rights protections because of conceptual or philosophical failures in legal reasoning, but rather because they have not been viewed as worthy of protection or, in some cases, even as human” (p. 36).

### **Identity Process Theory (IPT)**

Breakwell’s (1986; 1992, 1993) model of identity has its roots in the writings of James (1890) and Mead (1934). Breakwell (1986) proposes that identity can be conceptualized in terms of a biological organism moving through time that develops through the accommodation, assimilation, and evaluation of the social world. The selection of information to be



accommodated, assimilated, and evaluated is governed by three principles: distinctiveness, continuity, and self-esteem:

Three prime principles are evident: the two processes work to produce uniqueness or distinctiveness for a person, continuity across time and situation and a feeling of personal worth or social value. (Breakwell, 1986, p.24).

In 1992, a fourth principle was added to Breakwell's model of identity: self-efficacy (Breakwell, 1992). Self-efficacy is a person's perception of his/her ability to be effective in achieving his/her goals. For the purposes of this study, it is important to recognize that social theory suggests that self-esteem is a strong motivation for identity-oriented action (Abrams, 1992), whereas Breakwell (1986) gives equal and non-exclusive status to continuity, distinctiveness, and self-efficacy (Breakwell, 1993).

For the purposes of the present study, clear definitions of the key concepts of identity are critical, especially considering the complex and often inconsistent meanings given to such terms as self, identity, and self-identity in previous studies. Two distinct aspects of the definition of identity are essential to the understanding of the term "identity." First, identity is defined inclusively, encompassing individual, relational, and group levels of self-representation (Sedikides & Brewer, 2001). Therefore, studies into self-concept, self-evaluation, personal identity, and social identity can each inform us about the workings of identity (Breakwell, 1987). Second, identity is located on the level of subjective psychological experience. Hence, like all subjective meanings, identity is constructed through a complex interplay of cognitive, affective, and social interaction processes, occurring within particular cultural and local contexts (Greenwald, 1980; Markova, 1987; Reicher, 2000). An important assumption of the current studies is that these processes are guided by particular motives or goals of the individual

(Breakwell, 1988). That goal is to live authentically and to no longer monitor one's behaviors so as to project an image of what others expect to see.

Breakwell's Identity Process Theory (IPT); (Breakwell, 1986; Breakwell, 2001; Jaspal & Cinnirella, 2010) illuminates the socio-psychological processes underlying identity construction and change (Breakwell, 1986). IPT specifies (1) the necessary requirements of a positive identity, (2) the ways individuals cope with threats to identity, and (3) what motivates individuals and groups to defend their sense of self. IPT proposes that the structure of identity should be conceptualized in terms of content and evaluation dimensions. The content dimension of identity consists of a unique collection of identities derived from social experience. These identities can include group memberships (e.g., American), individual traits (e.g., smart), and physical aspects (e.g., tall). The evaluation dimension of an identity refers to a person's sense of how good or bad this identity is. This evaluation is highly affected by the social perception of social groups with which an individual identifies (Breakwell, 1986).

### **Social Representation Theory**

In a recent publication, Bardi, Jaspal, Polek, and Schwartz (2014), frame how social change can alter the identity of individuals. They illustrated Social Representation Theory (SRT) by using examples of minorities with multiple stigmatized identities. This study speaks to the world of trans participants and how they perceive and inform decisions about their own lives. Bardi and colleagues illuminate the importance SRT has on identity:

Social change can radically change the meaning of identities as it can reshape the social representation of a stimulus or social position. For example, social change to the status of a group could convert an identity once experienced as threatening to one's self-esteem into one that enhances it. It thereby impacts the motivations for the self-efficacy, self-esteem, continuity and other identity motives associated with particular identities. In this way,

social change affects the degree of centrality of individuals' different identities (Bardi, et al., 2014, p. 181).

For IPT to be a useful model to explore the evolution of identity, it needs a theory that explains the way social knowledge and values are generated and transformed. Moscovici's (1988) SRT offers this theoretical construct. SRT is about the social construct of meaning and how society explains phenomena in the sociocultural environment. SRT theorizes the way in which society creates models, narratives, rhetoric, and arguments that interpret or make sense of new information. The information can come from broad contexts, ranging from scientific to reports of macro-socio-economic or cultural movements. Breakwell (2014) posits that social representations are ever evolving. The Identity Process Theory (IPT) approach to identity formation emphasizes the vital role of SRT in the process of shaping personal identity. The ITP model suggests that identity processes may be significant in determining the evolution of social representations (Breakwell & Canter, 1993; Dryjanska, 2014). The relationship between social identity and social representation would seem unlinked; however, their influences upon each other are reciprocal.

### **IPT and Social Representation**

SRT addresses both social products and processes. As a product, social representation is defined as a widely shared set of beliefs—a systematic framework for evaluating events. As a process, social representation is the entirety of the activity (including communications, exchange, and argumentation) in which individuals and groups engage to make sense of their changing physical selves and their environment.

The individual's perceptions of themselves and society would play heavily into the identities of marginalized minorities. For invisible minorities, (as the transgender community has been often described (Boszormenyi-Nagy, 2014)), the digital age has given rise to multiple

new options and opportunities to recognize, explore, and validate themselves. Through increased exposure to diverse people, ideologies, and experiences, advancements in technology have facilitated social change at an exponential rate.

### **Identity Integration Theory**

In order to examine how social identities develop and become integrated, it is important to explain how they are organized cognitively within the self. Researchers view the self as a multifaceted cognitive structure (Markus, 1977; Markus & Wurf, 1987), that can be defined as “a collection of at least semi-related and highly domain-specific knowledge structures” (Fiske & Taylor, 1991, p. 182). The concept of self corresponds with the answer to the question “Who am I?” Although social identities deal specifically with group memberships, they can also be conceived as one specific type of self-component composing the global self (Deaux, 1991). Social identity can be defined as “that part of the individual’s self-concept which derives from his or her knowledge of membership to a social group (or groups) together with the value and the emotional significance attached to it” (Tajfel, 1978, p. 255).

Amiot, de la Sablonnière, Terry, and Smith (2007), developed a four-stage model of social identity development and integration in the self. The first stage represents an anticipatory phase that initiates the process of identity integration. This stage takes place before a change in one’s life is actually encountered and before any actual contact with a new social group. The second stage of their model is categorization. In this stage, group members are confronted with an actual change in their lives and with the existence of a new social group. The third stage, compartmentalization, accounts for the development of social identities. At this stage, the multiplicity of an individual’s old and new social identities becomes recognized more explicitly as he or she identifies with different social groups and realizes that he or she belongs to these

various groups. This stage occurs as group members have increased contact with members of other groups and as different social identities are activated simultaneously. The fourth stage is integration. At this stage, individuals come to recognize that multiple and distinct social identities are simultaneously important to their self.

### **Activism and Its Role in Psychological Well-being**

Which way of life is the more desirable—to join with other citizens and share in the state’s activity, or to live in it like an alien, absolved from the ties of political society? Aristotle (350 BC/1948, p. 283)

Aristotle famously described humans as political animals by nature. One implication of this idea is that when people engage in political activity, they are expressing a basic motive fundamental to being human. If this is true, then Aristotle’s logic would further suggest that the extent to which people engage in political activism might be positively associated with their well-being (Duvall & Dotson, 1998). Such a conclusion rests on Aristotle’s conception of well-being, known as *eudaimonia*, which focuses on the extent that people make meaning out of their lives and express who they are (Ryan & Deci, 2001). A variety of psychological thinkers have similarly suggested that being politically active expresses a basic human motive necessary for well-being. Alfred Adler (1938/1964) held that *social interest*, or a concern with fostering the welfare of others, was a fundamental human striving and that expression of social interest was a prerequisite for psychological health. Similarly, Erik Erikson’s (1950) concept of *generativity* has much in common with political activism and social interest, for it concerns the desire to care about something bigger than the self and to foster the welfare of future generations. More recent research on the concepts of *volunteering* and *community feeling aspirations* similarly suggest that political activism might be motivating, and thus benefit well-being,

because intrinsically motivating activities satisfy important psychological prerequisites for healthy functioning (Ryan & Deci, 2001; Ryan, Sheldon, Kasser, & Deci, 1996).

Corning and Myers (2002) define activism as the behavior of advocating some political cause. The definition of political activism is broad enough to encompass many different contents of activism and means of being an activist while at the same time focusing on the basic goal of improving society through political behavior.

Having explored existing literature on Transgender identity formation, Identity Process Theory, trans prejudice, and activism, I will next describe the methodology I utilized to conduct my study.

## Chapter 4: Methodology

### **Introduction**

Charmaz's (2006) constructionist grounded theory methodology was employed to give voice to transgender elders who self-defined aging from their lay perspectives. As many researchers have argued, the investigation of lay perspectives is necessary to ensure that proposed models of aging have social significance (Knight & Ricciardelli, 2003; Ryff, 1989; Torres, 1999), are based on people's values (Bowling, 1993; Phelan & Larson, 2002), and minimize the risk that they merely reflect mainstream cultural expectations and norms for the behavior of older people. Through the use of semi-structured interviews with 42 transgender elders 55 years and older, participants related chronological narratives of their lived experiences thereby giving voice to transgender elders who defined the meaning of identity formation in late-life transition. This chapter describes how the current study incorporated constructionist grounded theory methodology to document transgender elders' experiences of aging, identity development, and integration. It includes a review of the research design, its methodology and philosophical underpinnings, and the attendant research questions. It also addresses the sampling techniques used for participant selection, the potential impact of the researcher's role, the data collection instruments, data analysis, how evidence of quality was obtained, and how ethical requirements, including informed consent, were met.

### **Description of Methodology**

While aging broadly has been well-investigated, not so the more specific area of identity development and integration of aging transgender people. As a corrective, the present study explores the experience of growing older as a transgender person from the perspective of transgender elders.

## **Rationale for Constructionist Grounded Theory Approach**

Several authors have asserted that qualitative inquiry is appropriate for investigating topics for which there is little or no previous research (Creswell, 1998; Morrow, 2007). Qualitative inquiry is also suitable for answering questions about what is experienced and how it is experienced, in addition to describing experience “as it is lived and constituted in awareness” (Polkinghorne, 2005, p. 138). Morrow (2007) proposed that the qualitative method of constructionist grounded theory, in particular, is well suited to giving voice to the experiences of previously silenced peoples. Introduced by Glaser and Strauss (1967), it is a method for addressing research questions for which little extant theory exists. Its focus on qualitative methods seeks to discover the essence of a phenomenon from rich empirical data (Schwandt, 1994): that is, any resultant theory emerges from and is rooted in the data. Given the dearth of research and knowledge of the experiences of transgender elders, these methods seem fitting for the present study, holding the promise for heuristic value.

The decision to employ Charmaz’s (2005) constructionist grounded theory for uncovering and interpreting the subjectivities of transgender elders was inspired by Charmaz’s claim that, “A major strength of grounded theory methods is that they provide tools for analyzing processes, and those tools hold much potential for studying social justice issues” (pp. 507-508). Charmaz (2000) further distinguished her variation of grounded theory by noting that “Constructivism assumes the relativism of multiple social realities, recognizes the mutual creation of knowledge by the viewer and the viewed, and aims toward interpretive understanding of subjects’ meanings” (p. 510).



## **Philosophical Underpinnings**

The interpretivist/constructivist paradigm of constructionist grounded theory grew out of the phenomenological philosophy of Edmund Husserl and other German philosophers' study of interpretive understanding they called hermeneutics (Charmaz, 2006). As others have claimed, this paradigm champions the intention of understanding "the world of human experience" (Eichelberger, 1989; Mertens, 1995), suggesting that "reality is socially constructed" (Mertens, 2005, p.12). As such, researchers rely upon the "participants' views of the situation being studied" (Cohen, 1994, p. 36) and recognize the impact of their own backgrounds and experiences on the research. Constructivists do not generally begin with a theory (as do positivists); rather, they "generate or inductively develop a theory or pattern of meanings throughout the research process" (Creswell, 2003, p.9).

## **Research Questions**

To address the following research questions, the present study explores the individual experiences and meanings of aging well of forty-two self-identified transgender persons age 55 and older who had transitioned to their core gender identity. The central initial research questions of this study were:

1. How do transgender individuals define *successful aging*, or *aging well*?
2. What do transgender individuals identify as barriers to *aging well*?

As this was a grounded theory study, the data led in a different direction. The semi-structured interview guide, led participants to develop life-course narratives. As the data was analyzed, a five-step model of social identity development emerged over the life course of transgender elders. Furthermore, the data driven focus helped determine that the second original question remained relevant: What do transgender elders identify as barriers to aging well?

Participants identified multiple barriers to successfully living out their elder years as Transgender people.

### **Researcher Reflexivity**

In discussing quality control within qualitative research, McCracken (1988) stresses the importance of “self-examination” in which the researcher identifies any personal bias and experience with the phenomena under study. These efforts contribute to minimizing potential effects of researcher bias during the interview process.

As the process of a qualitative research project evolves, “the methods take the researcher into and close to the real world so that the results and findings are grounded in the empirical world” (Patton, 1990, p. 67). This grounding determines the credibility of the constructs extracted by the primary research instrument, the researcher. To reach a high standard of credibility, the researcher must achieve the ability to "see the world" as it is seen by the participants in his or her study.

To maximize the credibility of the present study’s findings, I first identified areas where my personal biases might influence the research process or outcome. I am a 60-year-old self-identified transgender woman and a licensed clinical social worker. I have faced, and continue to face, challenges and obstacles to aging I expected would be similar to those of the study participants. Before transitioning at age forty-two, I experienced depression, shame, guilt, and fear while hiding my transgender identity for multiple decades. Post-transition, coping with transphobia and discrimination have left me with additional indelible emotions and memories.

My transgender elder status has been the basis for my strong commitment to addressing the knowledge gap in the literature on transgender aging and identity development in the transgender population. During each phase of the research process, elements of the participants’

experiences resonated with my own past. To guard against bias, I included comments addressing my personal thoughts, ideas, and feelings during and following each interview in a field journal. I then reviewed these comments throughout the process of theory development to uncover any evidence of bias.

### **Interview Settings**

The research protocol was approved by Stony Brook University's CORIHS on August 15, 2011 (see Appendix A). Respondent could complete the interviews in one of the three pre-determined locations: (1) Suffolk County (The Freedman Center - 2233 Nesconset Trans., Suite 104, Lake Grove, NY 11755); (2) Nassau County (Pride for Youth - 2050 Bellmore Ave., Bellmore, NY 11710) or (3) New York City (SAGE Services & Advocacy for GLBT Elders - 305 7th Avenue, 15th Floor, New York, NY 10001). Letters of permission to conduct this research were obtained from authorities at all three sites and approved by Stony Brook University's CORIHS (see Appendix B).

Approximately twelve months into data collection, participant recruitment became an issue. An amendment to the research protocol allowing Skype interviews with future participants was requested from and approved by the Stony Brook University institutional review board, the Committee on Research Involving Human Subjects (CORIHS). This change increased the potential subject pool by expanding the geographic catchment area beyond the New York Metropolitan area.

### **Sampling Strategy and Participant Selection**

Individuals who self-identified as transgender or who had transgender histories were recruited through snowball sampling. Calls for participants via the Internet to transgender support groups, transgender social groups, and the list-serves of the World Professional

Association of Transgender Health (WPATH) as well as other transgender advocacy groups. Prospective participants then telephoned or submitted emails to the researcher affirming their interest at which time their satisfaction of the inclusion criteria was confirmed and the time and place for each interview was set.

The inclusion criteria included self-identification as gender variant, aged 55 years, or older, and English speaking. As noted earlier, the initial geographic limitation to residents of the greater New York metropolitan area was later eliminated. This process yielded a final sample of 42 transgender elders.

### **Data-Collection**

The research protocol that was approved by Stony Brook University's CORIHS on August 15, 2011 included two separate informed consent procedures. The first applied to the individuals who were interviewed and the second applied to the members of the member check focus group (see Appendix D). In both cases, CORIHS waived any requirement for written consent because the research presented no more than minimal risk of harm to subjects and involved no procedures for which written consent is normally required outside of the research context (see Appendix E). Consequently, the researcher was able to merely read the consent form aloud, supply participants with copies, and rely on their verbal consent to participate, which were recorded at the beginning of each interview.

### **Data Sources**

The raw data included individual interviews with 42 transgender elders, my field note, journal entries, and feedback from the member check focus group.

## **Semi - Structured Interview Guide**

Each interview began with an explanation of the purpose of the study, the nature of the interview protocol, and a review of the informed consent document (see Appendix E). Each participant also was informed that the interview would be audio-recorded and would require one to two hours for completion. An Olympus D-40 digital audio recorder was used to record all interviews.

In an effort to facilitate participants' comfort with sharing their thoughts, feelings and experiences honestly, I: (1) initially disclosed my own transgender identity; (2) demonstrated a warm, caring demeanor; (3) dressed in a neat and casual manner; (4) made appropriate humorous comments; (5) established eye contact and smiled; and (6) suggested to them that the interview was an opportunity for their voices to be heard.

The 34-item semi-structured interview typically took 1.5 to 2 hours to complete, with the longest interview requiring 3 hours. Developed for the present study, the items were developed to be politically sensitive and respectful of trans-community. Therefore, none of the items questioned participants' experiences with gender confirmation surgery (GCS). However, all participants spontaneously offered this personal information during the course of their interviews. After the initial item, which asked "Tell me about your life experience as a transgender adult," the subsequent items directed participants through a chronological timeframe of their lives from early thoughts and feelings about gender identity, to transition and future expectations. A life course trajectory was developed for each participant starting with early pre-transition memories, prepping for transition, actual transition, post-transition, and projected future.

The theoretical sensitivities that guided the interview focused on family and relationships, economic security, intimacy, social connectedness, resilience, life satisfaction, trans community involvement, and economic security. Beyond these issues, I, following the recommendation of Trochim and Donnelly (2008), was prepared to “depart from the planned interview structure to explore potentially productive digressions that reflected the interviewee's interest and knowledge” (p. 152).

The final item asked, “Is there anything about aging or being a transgender elder that you want to tell me, that I haven’t asked about yet?” This question gave participants an opportunity to address issues that they thought were important but which I had neglected to ask. As noted by Kvale and Brinkmann (2009), such an all-encompassing item can lead to the discovery of new, unanticipated information.

Next, I administered a five-item Likert scale Life Satisfaction Questionnaire (LSQ) developed by DiCicco, Bloom & Crabtree (2006). Although the LSQ was designed to be a quantitative instrument, the researcher used the items qualitatively to provide an opportunity for participants to bring up any regrets they may have had regarding their life decisions; this way, the researcher did not have to ask directly if participants had any regrets. In fact, this instrument prompted three of the participants to reveal actions they might have done differently if they were currently transitioning. Finally, the remaining demographic data, beyond that relevant to the inclusion criteria, was gathered upon completion of each interview. The timing of this question was done intentionally so that knowledge of education level and income did not influence the researcher during the interview process.

At the conclusion of each interview, I thanked participants for their cooperation and compensated them \$25 for their time. For the in-person interviews, participants received

compensation in cash and returned a receipt with only the date and their initials. For Skype interviews, \$25 money orders were mailed directly to the participants and their mailing addresses were shredded. Two of the participants declined the compensation and two others informed the researcher they would donate the money to local Transgender services in their area.

### **Researcher Field Journal**

Field notes documenting participant verbal and nonverbal behavior were recorded in a field journal, enabling the researcher to save key participant statements such as “a leap of faith,” “suicidal attempts,” and “comfortable in my own skin.” As previous studies (Lincoln & Guba, 1985; Patton, 2002) suggest, the researcher used the journal to formulate lists of the main points made by the participants and relied on it as a backup for the audio recordings in case of audio malfunction or deletion. The field notes also provided a means for me to record personal thoughts and questions she could return to later in subsequent interviews.

Some field notes described non-verbal communications that were witnessed during the interviews. For example, “This participant early in the interview seemed guarded in her discussion, as she sat with her arms crossed. As the interview proceeded, she seemed to relax; however, as she answered the open-ended questions she seemed to be looking for my approval. This supports my decision to minimize personal disclosure other than I am Transgender and fit the inclusion criteria. Other field notes indicated when some of the participant narratives evoked negative feelings in the researcher. For example, “This participant identifies as dual-gendered, I feel slight anger as she had not jeopardized her financial security, by transitioning on the job. I do not believe it caused any change in her answers, but I need to be mindful of my own bias in future interviews.”

Finally, some field notes reflected the researcher's thoughts during the coding and analysis of interview content as well as during development of the theoretical model. Some examples include, "When coding the category 'Trans Advocacy' I intentionally included several areas of advocacy beyond political advocacy, including one-on-one conversations participants had to educate others. Additionally, facilitating support groups will be included." I heard repeatedly 'living authentically' and 'true self.' Even those participants who did not use these phrases explicitly in their definition of successful aging and identity development spoke of the importance of this goal.

### **Member Check Focus Group**

A second sample of Transgender participants was solicited from a Trans-Affirmations support group to form a member check focus group that is presented with the findings of the study. Participants were asked if the findings reflected their own experiences and perspectives on their life journey. The focus session was held at a regularly scheduled meeting of the Transgender support group at The Freedman Center for Clinical Social Work. Before starting, the purpose of the study was explained and informed consent was obtained verbally from each participant. Focus group reactions were audio-recorded with an Olympus D-40 digital recorder, subsequently transcribed verbatim and analyzed using Dedoose<sup>®</sup>, a qualitative data analysis program.

### **Data Management**

Each participant was assigned numerical codes and pseudonyms to protect their identities. The codebook linking their actual names and identifying information to their research data was stored separately in the researcher's locked file at Stony Brook University and on a password protected computer. The initialed cash receipts and money order receipts for the \$25



compensation were kept in the locked file as well. After the interviews were transcribed, the digital audio files and interview transcripts were stored on the password-protected laptop of the investigator, accessible only to the researcher and her dissertation mentor.

### **Data Transcription**

The researcher personally transcribed the audio files of the first six interviews to develop intimacy with the data. Three separate transcriptionists, all of whom signed confidentiality forms (see Appendix F), transcribed the remaining interview audio files. The digital recordings were stored on password-protected flash drives and were transcribed using Express Scribe, a professional audio playback software designed by NCH Software Inc. to enable the transcription of audio recordings using keyboard (hot-keys) or foot pedals. The transcriptions then were saved verbatim as MS word files on the password protected flash drives. Upon completion, the transcriptionists returned all the flash drives and hard copy transcriptions to the researcher. As the transcriptions were completed, the researcher organized and extracted their embedded data using Dedoose<sup>®</sup>, a qualitative data analysis program (Lieber & Weisner, 2011). Dedoose<sup>®</sup> is a powerful, feature-rich, collaborative web-application that maintains a high level of encryption security. Its data center is SAS 70 type 2 certified, the most stringent professional security audit available, which ensures compliance with NIST, HIPAA, SOX, and GLBA. While Dedoose<sup>®</sup> was designed to analyze qualitative data, in this case it was used only to organize and extract information to enter into excel spreadsheets.

### **Data Analysis**

In qualitative data analysis, the researcher searches the raw data for relationships, meanings, and patterns. Several authors (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Padgett, 2004) have defined it as an inductive process that seeks to discover specific elements of

the lived experiences of research participants and the connections between them. In the present study, it has been used to construct models that represent both the process of aging as experienced by transgender individuals and their description of aging. The emergent models were based on the subjective perceptions and lived experiences of participants in concert with the researcher's interpretations and meaning-derivation process.

As recommended by Hatch (2002), data analysis occurred concurrently with data collection. The researcher employed a recursive constant comparative method, analyzing data, as they were collected. Constant comparison allows for a back-and-forth interplay between raw data and interpretations of their meaning. In this way, data collection and analysis are reciprocal processes; each informing the other (Glaser & Strauss, 1967; Hatch, 2002; Lincoln & Guba, 1985).

### **Data Coding**

Saldana (2012) explained coding as an interpretive technique of qualitative analysis that helps organize the data collected and guides the researcher to possible interpretations of the data. Coding requires the analyst to read the data and delimit meaningful segments within it. In the present study, the researcher first read each transcript to ensure accuracy and increase familiarity with the material prior to any formal coding. Thoughts, emotions, and concerns that the interviews evoked in the researcher were noted in the field journal. Initial impressions and tentative codes were included in the transcript margins. As Charmaz (2006) argued, the researcher expected that a line-by-line coding strategy would give primacy to the raw data and lead to theoretical categories grounded in the data. Each tentative category code was established by constantly comparing subsequent segments of data with previous ones to build up the logical features and characteristics of each category. The coding process involved assigning single word

or short phrase labels to data segments that objectively characterized the meaning or intention of each segment. Examples of such labels include “early awareness,” “isolating,” “transition,” “loss,” and “family.” Charmaz (2006) stressed the importance of noting the *in vivo* codes used as theoretical categories during the initial coding and identifying three types of *in vivo* codes: (1) general terms everyone “knows” that flag condensed, but significant meaning, (2) participants’ unique terms that capture their personal meanings or experiences, and (3) insider shorthand terms specific to a particular group that reflect the group’s shared perspective. For example, the term “core gender identity” within the Transgender community communicates their internal, innate sense of gender, despite the incongruence with their natal sex.

After the initial line-by-line recording of descriptive and *in vivo* codes established a firm analytic direction, data exploration progressed to the second stage of patterned coding. In this stage, the focus shifted to identifying which code categories were significant or frequent in the data segments. As themes emerged, the researcher revisited the data to determine if some segments might have been ignored or mistakenly added to the wrong theme. This patterned coding yielded evidence of similar experiences among the participants ranging from their early awareness of gender incongruent feelings to their future expectations. The thematic coding began to organize the participants’ life trajectories and uncovered similarities and differences in their experiences of aging. An integrated cohesive structure emerged from the 42 interviews, which led to the development of more substantive codes.

Glazer (1978) introduced the concept of theoretical codes as hypotheses about the possible relationships between categories identified in the patterned coding phase that can be integrated into a theory. He further argued that theoretical codes preclude the need for axial coding, as they “weave the fractured story back together” (p. 72). Similarly, Bong (2007)

reviewed the steps of coding, claiming that coding is paradigmatic of the ‘constant comparative method’ of grounded theory method and qualitative data analysis. Its four-step analytic process consists of: (1) comparing units of meaning across categories for inductive category coding, (2) refining categories, (3) delimiting the theory by exploring relationships and patterns across categories, and (4) integrating data to write theory” (p. 266). Following the lead of Glaser and Bong, the present study used analysis of substantive themes such as “coping mechanisms,” “making the decision to transition,” and “transgender advocacy participation” to identify theoretical codes in the present study that became the building blocks of new theoretical models of integrated social identity and successful transgender aging. These models will be discussed in Chapter 6.

### **Methodological Rigor**

Quantitative studies rely on validity and reliability procedures to assess the strength and accuracy of the instruments used to measure the phenomena under study. Validity determines whether the instrument measures what it was designed to measure and reliability establishes whether the instrument will consistently yield similar results under like circumstances (Creswell, 2003).

In qualitative research, validity and reliability are more a matter of consistency in pattern development than of statistical validation of an instrument (Creswell, 2012). As have many others, Lincoln and Guba (1985) proposed four trustworthiness criteria for qualitative research: credibility, transferability, dependability, and confirmability.

### **Credibility**

Credibility refers to the adequate representation of the constructions of the social world under study and can be assessed both in terms of the process used in eliciting those

representations and in terms of the credibility of those representations for the community under study. Lincoln and Guba's (1985) list of activities that support credibility included a prolonged stay in the field, persistent observation, triangulation, a search for negative cases, and establishment of referential adequacy by setting aside some portion of the data for testing of conclusions, discussions or debriefing with peers, and by checking the perceived veracity of the results with members of the community under study. A prolonged stay in the field was not possible within the constraints of this doctoral dissertation study. However, Guba and Lincoln considered 'member check' the single most important provision that could bolster credibility and suggested it could be done in several ways. First, the researcher could send interview transcripts back to the study participants who would verify their accuracy. Alternatively, the researcher also could present the findings to the study participants or to other members of the population under study to determine if they perceive the findings as consistent with their experiences. The present study utilized the latter approach, presenting the findings to a member check focus group comprised of a second convenience sample of transgender elders.

Detailed description, referred to as thick description of the phenomenon under scrutiny, can be an important provision for promoting credibility as it helps to convey the actual situations that have been investigated, and to an extent, the contexts that surround them (Creswell, 2012).

Finally, as Patton (2002) recommended, the researcher continuously reviewed the raw data, coding categories and emergent themes searching for the native/discrepant case to ensure the findings represented the experiences of all participants.

### **Transferability**

According to Campbell, Scott-Lincourt & Brennan (2008), it is not the aim of qualitative research to present information that can be transferred beyond the context of the study; in other

words, qualitative research does not strive to be generalizable. Rather, its goal is to provide enough depth for understanding the essence of a phenomenon through the exploration of all possible perceptions and experiences available from participants.

As solutions, Lincoln and Guba (1985) and Creswell (2007) suggest the use of thick description in communicating the results of a study, offering the idea that rich and detailed information in itself imply a level of trustworthiness.

### **Dependability**

Although dependability can be enhanced through triangulation, a step-wise replication requiring at least two researchers was not possible due to the time constraints. However, an inquiry audit is another accepted path for demonstrating dependability (Lincoln and Guba, 1985). In the present study, for the inquiry audit, the verbatim interview transcripts and the researcher's field journal notations of participants' nonverbal behaviors were reviewed by and discussed with the dissertation sponsor during regular meetings to ensure both the process and outcomes of the study were supported by the data.

### **Confirmability**

The inquiry audit and an audit trail are strategies for establishing confirmability in qualitative research. The latter involves the researcher maintaining careful records of all steps in the research protocol including all sources of information and data-gathering methods (Creswell, 2007; Lincoln & Guba, 1985). More specifically, Lincoln and Guba argue that the Halpern audit trail must contain records of the raw data, the analytic procedures for data reduction, the synthesis steps in data reconstruction, process notes, materials related to expectations of the researcher, and notes on the development of instruments used in the study. If a researcher's process is retraceable, as it was in the present study, it is more likely that the data can be relied

upon as having come from the stated sources and as representing the stated interpretations. The field journal, which documented the researcher's thoughts and feelings, while immersed in the data, provided the audit trail for the audit inquiry that supported the trustworthiness of the research findings.

I read through each transcript and formed meaning units that relate to similar experience shared by the participants. Each meaning unit remains in the participant's own language and, as such, the division of data does not involve changing or summarizing data, just breaking the data down into different parts. I created the meaning units were a from my understanding and activity, not existing independently within the interview data (Guest, MacQueen, & Namey, 2012). The meaning units were formed as I studied the interview data with mindfulness of both similarities and differences within the area of gender development. I used input from Dr. Linden, another qualitative researcher, to verify the appropriateness of the meaning units.

Once the meaning units were broken down into themes and categories, it was possible for me to consider the meaning of the collected data. This involved comparing the collected data with the different theories of identity development dev. To help eliminate coder bias within this process, I consulted with Dr. Peabody, my doctoral advisor, as the meaning units were developed within different categories and themes surrounding life trajectory narratives and aging as a trans person.

In the next chapter, I will report the findings, with no interpretation other than arranging them in chronological order. Then in chapter 6, I will report my interpretation of the datum.

## Chapter 5: The Findings

### Introduction

The purpose of this study was to explore the experience of growing older as a transgender individual from the transgender community's perspective. Originally, the following research questions were posed to explore the individual experience of successful aging for 42 self-identified transgender persons aged 55+ who had transitioned to their core gender identity.

1. How do transgender individuals define *successful aging*, or *aging well*?
2. What do transgender individuals identify as barriers to *aging well*?

As this was a grounded theory study, the data led me in a different direction and to reevaluate the relevance of the first question. The semi-structured interview guide aided the respondents to develop life-course narratives of their experiences. Five major themes emerged during the analysis of the data: Internal compartmentalized gender identity, Anticipatory social identity, Categorized social identity, Compartmentalized natal sex social identity, and finally Integrated social identity.

The second original question remained relevant. The respondents identified multiple barriers to living as transgender persons. The most prevalent barriers identified were: the lack of anti-discrimination policies and laws, the lack of competent transgender medical care and health insurance coverage inclusive of transition-related service, the lack of medical research on elders, poverty, and the lack of trans-specific elder services or programming.

The findings from this study will be presented immediately following the demographics section beginning with a brief account of the stages at which the respondents reported initially experiencing their sense of gender misappropriation, followed by discussions of the findings within the emergent categories specified above.



## Demographics

The recruitment process yielded 42 respondents who were diverse in age as well as in the time span since transitioning. Respondent ages ranged from 55 to 80 years and the median age at the time of the interview was 63. The respondents' ages at the time of transition ranged from 24 to 70, with a median age of 52 years old. The majority of respondents were Caucasian and identified as MTF.

Table 3: Participant Demographics (*n*=42)

<u>Self-Entitled Identity</u>	
MTF	37
FTM	3
Dual-Gendered	2
<u>Race / Ethnicity</u>	
Caucasian	39
Latino	2
African American	1
<u>Age at time of the interview</u>	
55-64	27
≥ 65	15
<u>Geographic Location</u>	
Suffolk, NY	18
Nassau, NY	3
Bronx, NY	2
Queens, NY	2
Manhattan, NY	3
Michigan	2
Oklahoma	1
Pennsylvania	1
West Virginia	1
San Francisco, CA	3
San Diego, CA	5
Los Angeles, CA	1
<u>Average Years Post-Transition</u>	
	<u>11 years</u>
<u>Average Year of Transition</u>	
	<u>2002</u>
<u>Highest Level of Education</u>	
HS	6
Some College	3
Associates	4
Bachelors	13
Masters	7
Ph.D./JD/MD	9
<u>Annual Income</u>	
Less than \$19,999	5

\$20,000 to \$29,999	3
\$30,000 to \$39,999	3
\$40,000 to \$49,999	3
\$50,000 to \$59,999	1
\$60,000 to \$69,999	2
\$70,000 to \$79,999	2
\$80,000 to \$89,999	4
\$90,000 to \$99,999	0
\$100,000 and up	18
Declined to answer	1

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The semi-structured interview guide led the respondents through their lives, recalling early childhood memories to various events that shaped their lives. The vast majority of respondents spoke of recognizing in early childhood that their internal gender identity did not match their assigned gender at birth.

### **Stages of initial awareness**

#### **Early awareness**

The stories of the respondents' lives up to the point of transition were very similar. Nearly all the respondents recognized their gender incongruity at an early age: usually around four to five years of age. Nancy<sup>6</sup>, a 66-year-old transwoman who transitioned at age 50, spoke of her early awareness of gender differences and her own feelings of incongruity shortly after.

When do you first decide? When do you first learn that there are boys and girls? I suppose maybe when you are 4 [years old]? Maybe younger than that ... I don't know exactly but, I suppose when you start school. ... When I saw my sister in the bathtub, she's seven years younger, and certainly between her legs looked different than between my leg[s]. [Nancy, MTF, age 66, 16 years post-transition]

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<sup>6</sup> Naturally, all names are pseudonyms.

The majority of respondents spoke of their first awareness as something that was different. They reported that at the time they lacked the verbal capacity to express what they were feeling. Jillian, a 62-year-old transwoman who transitioned at 46 years old, spoke of the early awareness and the moment she found the words to express herself.

I had something in the back of my head that I knew something wasn't right. I couldn't put my finger on it and with all the coverage about trans people it was like - that's the answer. [Jillian, MTF, age 62, 16 years post-transition]

Nearly all of the respondents reported feeling different or not fitting in. They described their experience as an overwhelming desire that they could not articulate. Many of respondents recognized these conflicting memories in the early 1950s, where little information was available.

There was nothing back then. Umm, I just thought that I was a little bit different than everyone else. A little more unique. Umm but other than that I had no real ideas you know, that there was an actual term for it. [Adrianna, MTF, age 63, 4 years post-transition]

Karla's early memories reflected the kind of moment where they recognized the meaning of distress.

I had this thing inside me I called the unscratchable itch. Well I knew something was wrong about 6. Um...I didn't quite identify it until, actually, you've heard of Christine Jorgenson of course. [Karla, MTF, age 73, 14 years post-transition]

Once the respondents had recognized their gender identity, the next step was to determine what to do with this new information.

### **Early gender expression**

About half of the transwomen volunteered to their parents at an early age that they believed that they were girls, not boys. Some displayed behaviors typical of the opposite sex, such as dressing in clothing usually worn by girls, forming close friendships and playing games with girls, and showing a preference to engage in activities generally associated with girls, such

as cooking, fashion design, and doing hair and makeup. Only one participant, Felicia, said that she was not aware of her transgender identity until she was sixty years old. She transitioned at age 62 in 2011.

The other half of transwomen respondents said that they knew that they could not express themselves to their parents and secretly cross-dressed and fantasized that they were girls. These respondents spoke of the guilt and shame of cross-dressing, often in their mother's or sister's cloths.

Age five when I started cross-dressing. Of course, I didn't know what that was and as time went on the cross-dressing increased, sneakily, ya know. I had all of the guilt and embarrassment and all that stuff throughout my life to the point where different articles would come to the surface in publications or whatever, and I started to understand the concept and I knew that's where I was. [Lydia, MTF, age 65, 3 years post-transition]

The transmen's stories were quite different. All of the transmen spoke of identifying as men from about the age of 4-5 years old. They reported that it was acceptable to dress and act as boys because they were seen as tomboys. Their impending puberty and the realization that they would develop adult female bodies led them to feelings of anxiety, hopelessness, and fear.

I remember watching some things [television programs] on National Geographic where they showed native females that were topless and my sister she'd be like, "See you're going to get those" and I'd be like "No I'm not ... No, I'm not ... oh, oh, oh!" You know, at that point they [his family] thought I was just a really weird little kid. [Tyler, FTM, age 55, 10 years post-transition]

Tyler said he spent many afternoons with his dad in the garage working on cars. He recognized that his acceptance of being a tomboy in his parents' eyes allowed him the good fortune of not having to pass as his natal sex—at least for the time being.

Upon expressing their feelings of their true gender, through either discussion or behavioral actions, the overwhelming majority of respondents received negative feedback from

their parents or authority figures. These negative reactions led the respondents to hide their true feelings of gender, thus compartmentalizing their core gender identity. Early awareness of gender identity and expression leads to compartmentalization of the core identity to protect the threatened identity.

### **Theme 1: Compartmentalization of core gender identity**

Within this stage of compartmentalized social identity, the respondents described the initial or perceived reaction that brought to their conscious mind the need for compartmentalizing their core identity. They discussed fear and the various coping mechanisms they used to protect their threatened core identity.

#### **Sub-Theme 1: Parental reaction**

Parental or authority figures reinforced the trans respondents' awareness of the negative aspects of their inner sense of gender identity.

Some of the respondents were subject to punitive responses by a parent or an authority figure after sharing their thoughts and feelings about their gender identity. Examples included being told by a parent that they were not the opposite gender, being told to put the idea out of their heads, being sent to a psychiatrist under the assumption that something was psychologically wrong with them, and being sent away to military school.

Bianca, a 62-year-old transwoman relayed how she attempted to talk to her parents when she was a child about her feelings, only to be dismissed as experiencing a passing phase. She said, "I mentioned it a couple times, but I don't think they wanted to be aware. Like most parents, it was, oh this is just a phase."

Mikayla, a 78-year-old transwoman conveyed the frightening experience of receiving physical abuse by a schoolteacher when she tried to fit in with the girls in school.

My earliest memories of gender identity were in the first grade when I walked in and sat down with the girls in the front and a very big tall nun with a black coat and white guard grabbed me and threw me in the back of the room. [Mikayla, MTF, age 78, 17 years post-transition]

The transmens' story started to change as they went through puberty and the tomboy image became troublesome for the families. One of the transmen was told by family members to date men, get married, and have a baby in order to feel more like a woman.

Well, they all identified that I was not a traditional female. The general concept was that I was a tomboy, and I would get to grow out of it when I got to be a teenager. [Christopher, FTM, age 68, 28 years post-transition]

While family reactions to the respondents' transgender identity varied, their identities were not a passing phase, nor could they be extinguished via punitive responses. Therefore, respondents used varying coping mechanisms to avoid negative parental reactions.

### **Sub-Theme 2: Coping mechanisms**

Respondents reacted to the negative feedback that they received from their parents and significant others in three ways: (1) isolation and secrecy, (2) passing, and (3) humor. The majority of respondents used isolation and passing as their natal sex as coping mechanisms to protect their threatened core transgender identity.

**Isolation and secrecy.** About half of the respondents who did not disclose their feelings in their childhood said that they believed that their parents would react negatively to their transgender identity. They described that they cross-dressed when they were alone. Further, their feelings of fear and resulting secrecy lead to isolation. Many respondents echoed Juliana's experience:

Before, I was very quiet and stayed to myself. I had no interest...I was very isolated; I isolated myself purposely. I didn't want to be with anybody. However, then again I was always dead inside,

there wasn't anything there because the real me was pushed down and hidden. [Juliana, MTF, age 59, one year post-transition]

Respondents used phrases like, “outside looking in at the world,” “a loner,” and “numb” when describing their feelings about themselves during the pre-transition period. A few of the respondents said that they never were involved in an intimate relationship, citing fear of being rejected. They preferred to spend their free time alone and to isolate themselves. A few respondents said that they chose to spend time in recreational activities that had large groups of people but little interpersonal expectations. All of the transwomen said that they avoided getting close to people because they were afraid that others would recognize their hidden feminine gender and not accept the false presentation of “male” that they had constructed. This created a vulnerability that led to both physical and emotional hiding.

The majority of the transmen spent their early lives hiding their true male identity by participating in the lesbian community where presenting a male persona was more acceptable. One transman said that, at the prodding of his family, he spent his post-puberty life presenting himself in concert with his natal female sex. His compliance led to the emotional reaction of feeling hopeless about his future.

**Passing as one’s natal sex.** The majority of the transwomen interviewed reported that in order to learn how to present as men, they carefully observed men’s behaviors, gestures, grooming, dressing, and speech patterns, so they could mimic those behaviors and thus not be discovered as being transgender. They described this as “*passing*,” which is a form of acting similar to dramatic role taking. Most respondents created these false personas in order to avoid detection of their being what others would deem as “misfits”. According to both transmen and transwomen, respondents’ reports, this was done out of obligation to their families. They described dating, marrying, having families, giving birth, parenting, and acting in their

prescribed roles. The majority of the transwomen said that they had been married at least once, sometimes multiple times, in order to be seen as men by their families, friends, and community. Most of these marriages ended in divorce. Amanda describes the concept of passing as one's natal sex:

I always knew I was transgendered, or that I was a female trapped in a male body since I was four years old. I spent the early part of my life, the first fifty plus years of my life, trying to hold it in and living to society's expectations of what a male-bodied person is and how they're supposed to behave. [Amanda, MTF, age 56, two years post-transition]

Transmen respondents reported that the passing phase came at the onset of puberty. All three said that their parents saw them as “tomboys” and expected their daughters to become more feminine when they reached puberty. Since they were sexually attracted to women, some sought refuge in the lesbian community, passing as butch lesbians, despite knowing that they were men, not women.

Tyler, a 55-year-old transman spoke of his attempt to find solace as a lesbian:

But, I didn't fit in there either. For twenty-five years, I tried really hard, and as I tell people I've got references, I was a good lesbian... But they made me give my card back after I transitioned. [Tyler, FTM, age 55, 10 years post-transition]

He elaborated on the importance of his sense of humor, “One of the things that did get me through this life, is my warped sense of humor [laughs].”

**Humor.** Transwomen respondents frequently used humor to buffer themselves from some of the risks they undertook.

Natalie described the first time she was sexually intimate with a woman.

Both of us were kind of like well, we had sex, and it was kind of like well is that all there is? [Natalie, MTF, age 56, one year post-transition]

She smiled, recalling them laughing together during this moment.



On reflecting on her past experience with her physicians, Mackenzie joked:

I've had a breast exam; mostly I thought that was rather silly. I mean I may be over 60 but my breasts certainly aren't. But they have no sense of humor when it comes to that. [Mackenzie, MTF, age 59, 23 yrs. post-transition]

Lucy described using humor to cope with her stress when she returned to work after her sexual reassignment surgery:

...And I came in in a very beautiful dress I'd bought on sale in Bloomingdales, and everybody looked. And the personnel manager said, "what?" And I said, well, I told you and you didn't believe me. You're not going to get a search, but this is it. [Lucy, MTF, age 81, 41 yrs. post-transition]

Bianca a 62-year-old transwoman who transitioned at 57 years old in 2007, talked about her sense of humor and an incident with her co-workers the day before coming out as Transgender:

There's kind of a funny story. Um, the day before I was gonna come out to them. ... We were all kinda sitting in my office and a supplier kept calling me and I didn't really wanna talk to them, um, and I said look this time I'll call him back. The guys that were working for me were in their early twenties, and you know they were all about making sexual jokes and stuff like that. They didn't know about me but uh one guy says tell him you, "he's gonna have a sex change operation" ... And I started cracking up, I thought it was hilarious and then I'm thinking wow wasn't that funny. [Bianca, MTF, age 62, five years post-transition]

Bianca responded to that very uncomfortable moment when she then came out to her co-workers after that co-worker had unknowingly made a joke about gender transition:

And so on the next day I called everyone into the office to tell ... Justin got this look on his face and goes, "Oh my god, I'm so sorry." And I says no ... I thought it was hilarious. [Bianca, MTF, age 62, 5 years post-transition]

Although she felt initially hurt by the joke, Bianca used her sense of humor to ease other peoples' reactions to her coming out.

When talking about the gender marker change on her driver's license identification, Molly—transwomen and a retired professor—used humor regarding affirmation of her core gender that was now marked “F” for female. She stated, “Yeah so, um as I said one time it's the best “F” I ever got!”

Faced for so long with passing as their inauthentic natal-sexed selves, the respondents spoke of the events that led to begin the journey to transition. All of the respondents relayed that they had known their true gender identity for decades. However, fear of rejection and loss had prevented them from pursuing their true gender identity.

After the respondents had lived through decades of living incongruent, several sub-themes emerged about making the decision to transition leads to anticipatory identity.

## **Theme 2: Anticipatory identity**

### **Sub-Theme 1: Making the decision to transition**

We must be willing to let go of the life we planned so as to have the life that is waiting for us. — Joseph Campbell<sup>7</sup>

All the respondents discussed events or emotions that led them to begin living authentically in their core gender. They spoke of four key sub-themes: (1) dissatisfaction at only fulfilling their obligation to others, (2) “leakage” which is an expression in the trans community to be described later, (3) the pain to remain outweighs the pain to change, and (4) becoming aware of their mortality and fading life reserve.

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<sup>7</sup> Joseph Campbell (1904-1987) was an American mythologist, writer, and lecturer, best known for his work in comparative mythology and comparative religion.

### **Ready to transition after fulfilling obligations to others**

The overwhelming majority of respondents spoke of spending decades fulfilling roles that others expected of them. Mikayla described how after getting married and raising children she felt that her obligation was completed; it was time to stop living a lie. She said:

I knew for quite some time what I had to do. After I raised the children, and everything was financially set. I felt I had a right to do what I did, and I don't have any regret. [Mikayla, MTF, age 78, 17 years post-transition]

Additionally, she added that by “doing the right thing” she hoped her family would accept and support her authentic self after transitioning. Unfortunately, she said her wife divorced her and she has a strained relationship with her children. Regarding her family of origin, she said, “My mother was ready to disown me, and my siblings, for the most part, said, “you know, go hide somewhere.” However, having fulfilled what she felt was her duty to her family, she felt she had a right to finally allow her true gender identity to emerge.

Amanda, a 55-year-old transwoman, described a vivid example of the theme of obligation to others. Her story was particularly interesting, as she never hid her gender identity from her family and friends. She disclosed her transgender identity in all three of her marriages.

I was under tremendous pressure to perform and make money. Now that I've transitioned, I'm no longer under that pressure anymore. So I can get by with less. I've only me to be responsible for. Now that responsibility and obligation is over. [Amanda, MTF, age 55, three years post-transition]

Amanda explained, “I thought of myself as a girl, but having to do things for other people, like dressing like a boy.” She detailed a conversation about a bargain she had made with her wife:

While the children were with us, I dressed exclusively feminine [only] at home... Then when my kids finished their education, I turned to Trish and said remember the deal? And now it's time for me. [Amanda, MTF, age 55, three years post-transition]

Amanda, like the majority of respondents, spoke about putting others before herself. She said that it was only after fulfilling family and career obligation did she feel free to transition to her core gender and live authentically as herself.

Others said that they became aware of their mortality when they lost their parents, which led them to the recognition that they no longer needed to live in obligation to others. Renee, a 69-year-old transwoman who transitioned at age 64, said she knew she wanted to transition earlier in life. Yet, she acknowledged that she could not transition until after her parents passed away. She expressed a sense of duty to them to be their son; the thought of disappointing them was too painful.

In addition to the burden of putting others before themselves, respondents spoke of the increasing difficulty they faced in suppressing their internal transgender identity while trying to pass, which often created leakage.

**Leakage.** *Leakage* is described by the respondents as a term used in the transgender community to illustrate the ways used to test other people's reactions to their core gender before coming out. Leakage can occur unintentionally. In some cases, the leakage was intentional. Lynn spoke of her leakage:

They may question why my nails were a little long or why my eyebrows seem to be awfully thin...<Laughing> or why I have multiple holes in my ears, but... It doesn't seem to be stopping my progress with the work that I do. [Lynn, Dual-Gendered, age 58, 11 years post-transition]

Wendy, a 60-year-old transwoman recalled testing her wife's acceptance before fully disclosing her Transgender identity:

I kept giving her various kinds of hints. I would tell her things like, you've never met anyone quite like me, and I have a very strong female side and things like that. But no, she was not aware. [Wendy, MTF, age 60, 15 years post-transition]

Other times, respondents were not aware that they were inadvertently allowing leakage of their core identity. Amy recalled how she thought she had her transgender identity deeply hidden and was that she passing as her natal male sex, when her second marriage ended. In a poignant quote describing such leakage, Amy, a 23-year post-transition MTF said:

I had to move out of the house because, when my second spouse would come to bed, there it was, and she said, I feel like I'm sleeping with my sister. Because, "me" was leaking out. [Amy, MTF, age 64, 23 years post transition]

Leakage reflects the increasingly intolerable emotional pain of not transitioning. The majority of respondents described this pain as unbearable, leading to decades of depression and suicidal ideation.

### **The Pain to Remain Outweighs the Pain to Change**

"This pain to remain the same outweighs the pain to change ... When you get tired enough is when you begin to want to sacrifice everything inside of you—the fear just leaves." — Erykah Badu

A few respondents spoke of having experienced extreme depression and suicidal ideation because they felt that life, as their natal sex was not worth living. Bianca tearfully spoke of a culminating moment of desperation:

I got to the point in my life where ... either I had to do something or I was going to kill myself so... I started in earnest... and within a couple months, in addition to going out, I started seeing a therapist. [Bianca, age 62, MTF, 5 years post-transition]

Vanessa, a 61-year-old transwoman reflected back to an early promise she had made to herself:

When I was 14 or when I was 15, I promised myself I'd do it [transition] when I was 18. But, I didn't have the courage to do it when I was 18. And you put it on hold ... life happens, and you keep putting it on hold. Life's not wonderful, but it's not terrible either. So, it's not painful enough, I guess, that'll force you to do it. [Vanessa, MTF, age 61, 10 years post-transition]

**Awareness of life's finitude.** The vast majority of respondents said that they recalled the moment they first became aware of their mortality and fading life reserve. This recognition precipitated a conscious decision to live their lives authentically. Bianca, describes the crushing depression that led her to realize she needed to transition to her core gender.

I was doing everything that I could do not to transition. I had a dear friend of mine, a male friend pass away very unexpectedly, and his passing was sort of like a trigger for me. Because, life is short, I needed to do something. I kept getting more and more depressed and attempted suicide myself. And after that I knew I had to get help. [Bianca, MTF, age 62, five years post-transition]

Some of the respondents reported that when they became widowed, they were suddenly aware of the precious time left in their lives. They developed a sense of urgency to transition to their core gender and to live authentically. A few of the respondents spoke of receiving a serious medical diagnosis as being the moment of awareness of “if not now, when?”

Natalie, a 63-year-old transwoman, spoke of a medical issue that precipitated her awareness of her own mortality.

When I was diagnosed with the squamous cell, I immediately canceled a professional conference in San Antonio. I had the mole surgery on my hand. ... That, to me, hit me with the 10,000-pound weight, it was the mortality issue. And the mortality issue to me was so crystal clear, you are going to run out of time you have to do this. [Natalie, MTF, age 63, one year post-transition]

Vanessa, a 62-year-old transwoman spoke painfully of losing the opportunity to build a mother-daughter relationship:

The typical: as you get older you are running out of time, you don't have all the time left in the world. I lost the chance to you know reconcile with my parents. And I didn't want to have that happen to anyone else in my life you know so I'd rather live it more honestly or try to live it more honestly. [Vanessa, MTF, age 62, 10 years post-transition]

The Making the decision to transition after years of hiding and awareness of life's finitude leads to anticipatory identity.

### **Sub-Theme 2: Seeking Information – Anticipatory Social Identity**

The respondents' spoke about the information they had gathered over many years as media and social representation of the Transgender experience evolved. Once the respondents had made the decision to transition, they recognized that they needed additional information and resources.

**Social Representation.** Breakwell (1986) proposes that identity should be conceptualized in terms of a biological organism moving through time that develops through the accommodation, assimilation, and evaluation of the social world. The respondents' evaluation of the social environment and media representations of being transgender illuminates the reciprocal nature of social representation theory (SRT) and identity process theory (IPT). All of the respondents spoke of seeking out transgender information early in their lives to confirm that they were not alone in their feelings of gender incongruity. Many respondents spoke of the historical timeline of the technological evolution, including the Internet. Respondents spoke of the importance of the increased visibility of the transgender community in society and the gradual positive change of media portrayal of transgender individuals.

**Printed Media.** Without exception, all of the respondents vividly remember the time they first heard about Christine Jorgenson and read articles about her. Christine Jorgensen (May 30, 1926 – May 3, 1989) came to the attention of the transgender community when, in 1952, *New York Daily News* carried a front-page story—under the headline "Ex-GI Becomes Blonde Beauty"—announcing that Jorgensen had become the recipient of the first "sex change." This occurrence caused quite a sensation. Beginning in 1951, Jorgensen travelled to Copenhagen,

Denmark, to obtain special permission to undergo a series of operations to change her presenting gender to her core gender (Lincoln & Guba, 1985). She returned to the United States, at which time the *Daily News* printed the aforementioned article about her transition. She became an instant celebrity, using the platform to advocate for transgender people. She became known for her directness and polished wit. Ericka, a 61-year-old transwoman, echoed the feelings of the other respondents when she stated, “I remember Christine Jorgenson, ‘Oh my God, people could do that? Oh Wow!’” All of the respondents conveyed the importance of Christine Jorgenson’s visible transition as being a crucial moment when their inner dreams became a possible reality.

The majority of respondents who sought information before the commercial Internet stated that a typical starting point of reference was the public library. Searching for trans information in public spaces was not without challenges. Lindsey, a 61-year-old transwoman, recalled the fear that if she was discovered researching Transgender information, she would be seen as a deviant and experience rejection:

I did whatever I could at the library, hovering over those card catalogs, trying to not let anyone look over my shoulder ... to see what the subject matter that I was trying to look up. [Lindsey, MTF, age 61, eight years post-transition]

All of the respondents spoke of how, throughout their lives, they noticed an increasing frequency of mainstream magazines carrying articles about transgender people’s lives. Cassandra spoke about how these articles started including transgender women she could relate to—not just the iconic transwomen. She recalled:

I’m 19, and I’m in Philadelphia and it’s 1968. In suburban Philly and, and the story was, local girl makes good or something like



that. And there was the story of Rachel<sup>8</sup> transitioning becoming very, very, well known. [Cassandra, MTF, age 58, three years post-transition]

Cassandra also spoke about the magazine *Transgender Tapestry*<sup>9</sup>, which was published by and for transgender individuals. She added that this publication provided informative articles and resources for transgender people on how and what to expect when transitioning. She also related, however, that the only places this magazine was available were in gay bookstores or pornography shops. She recalled how shopping in those venues only reinforced her feelings of guilt and shame about her transgender identity. However, access to printed material provided her with a window to a world where her hidden identity could possibly be realized.

**Television and movies.** Without exception, all of the respondents spoke of the impact of television on their initial recognition that they were not alone—that other transgender people did exist. Like books and printed media, electronic media made transgender and gender variant images and information widely available. All of the respondents spoke of an instant connection with the transgender guests on early television talk shows. Christopher recalled the moment he realized that the process of transition was not only for the male to female Transgender individuals, but also for female to male trans individuals.

I was home early in the afternoon watching television, and there was a TV show on, it was a talk show, and they had some FTMs on, two of them. [Christopher, FTM, age 68, 28 years post-transition]

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<sup>8</sup> Rachel Harlow(1948 - ). In 1967, Rachel was a very passable female impersonator, described as a 'natural wonder,' who always won the drag contests she entered. She became briefly famous in the 1968 film, *The Queen*.

<sup>9</sup> *Transgender Tapestry* was a quarterly publication by the International Foundation for Gender Education (IFGE)

Until that moment, Christopher had only heard of Christine Jorgenson's transition and felt hopeless until that afternoon. He remembers at the end of the show that they displayed a phone number to call for further information. He spent the next couple of weeks waiting to be home alone to make a phone call. He describes how he was interrupted several times by his children. Finally, he was able to get the contact information for the gender specialist psychologist. Christopher began seeing the doctor and working to transition and live authentically. He recalled a humorous point where the doctor suggested that he should start dressing more femininely. After thinking about the doctor's statement, Christopher realized the doctor had forgotten that he was transitioning to his core male identity. He reported that they both had a good laugh when he explained his circumstance to the doctor.

Kendal, a 62-year-old transwoman who transitioned at age 59, spoke about how after two marriages ended in divorce; she would spend evenings alone in her bedroom. For many years, she acknowledged that transitioning to living, as a woman was possible. However, she believed that it was only for the wealthy. She spoke of watching a television program in the solitude of her bedroom called "Sex Change Hospital" with Dr. Marci Bowers. She added that the show profiled a transgender surgeon who performed gender confirmation surgeries. Kendal also noted that Dr. Bower's patients were not all wealthy. Watching Dr. Bowers was the moment where Kendal moved from hopelessness to seeing a potential resolve to her dilemma.

Vanessa, a 61-year-old transwoman who transitioned at age 51, recalled the importance of gathering information and support using the predecessor of the public Internet: dial-up bulletin boards.

When the bulletin boards came out, I started jumping on because it was related to gender issues. I did modem into those guys...And get that 300 broad text files. Yes, that was the bulletin board

system before the Internet. [Vanessa, MTF, age 61, 10 years post-transition]

Respondents related about how they observed the evolution of positive transgender characters in the movies. Respondents spoke of early media portrayals of transgender people, such as a film in “Dressed to Kill” (De Palma, 1980) that featured a psychotic Transsexual psychiatrist who murders her patients. They also spoke of a more current film, *Transamerica* (Visser, 2006) that was a contemporary portrayal of the life of a transwoman, which was about the personal journey of a trans woman’s discovery of her authentic self. Additionally, one of the respondents spoke of the emotional impact of the film *The Crying Game* (Jordan, 1997); she connected to the transsexual character’s emotional turmoil. While all of the respondents welcomed the progressive change in the media, they expressed that there is still more work that needs to be done to change the societal perception of the trans community.

**Club Scene.** Respondents spoke of the vivacious club scene, which served as their primary social network. From the 1950s through the 1990s, gay nightclubs and transgender organizations were the only venues transgender people had to meet other transgender people and share similar feelings.

Respondents spoke of the gay and S&M club scene as safe places to meet. In these venues, trans people could blend in with people involved in alternate lifestyles. Additionally, the club scene became a venue to meet other transgender people, to gain a sense of belonging, and to imagine the possibilities of what life could be like as they presented their authentic selves.

I had heard about this place called the Club 82, and it’s famous. So, I went to the Club 82, and I was like, “Whoa”, it’s like ... I couldn’t imagine ... they were so good, all the female mimics and everything. [Molly, MTF, age 70, 21 yrs. post-transition]

Lucy transitioned in the early 1970s and recalled the club scene as a networking tool to gather the necessary resources to transition:

When I decided that I was going to do it, there were not many others in the same thing. Most of the people I knew through some of the clubs that I'd gone to or by contacting each other because we were all looking for doctors and advice and help and what have you. [Lucy, MTF, age 81, 41 years post-transition]

The club scene provided Lucy access to information about others' experiences with transitioning that she otherwise had no other way of accessing.

**Internet.** All of the respondents spoke of the importance of the Internet as a means for connection with other transgender people, a way to access information about how to transition, what to expect, networking to gain additional resources, and research about the transgender experience. Although many had heard of and read articles about individuals transitioning, the advent of the Internet gave respondents anonymous access to personal narratives of transgender people, people with whom they could relate. The Internet served to normalize what had seemed aberrant in isolation.

To see these women's personal websites and pictures and what they were going through ... That was such an emotional relief for me. It made it easier to understand what I'm going through, that I'm not sick. I'm not weird. [Maria, MTF, age 65, 10 years post-transition]

While respondents acknowledged the value of initially connecting to other transgender people online, they also pointed out that it could not substitute for the importance of meeting other transgender people in person. Bridget spoke of the anonymity of Internet connections being a playful arena for people to explore their gender identity. However, she recognized that in that context, it was difficult to differentiate fantasy from reality. She related the importance moving beyond the Internet by saying:

I think it's very important to meet other people face to face, not just through a computer, because, the computer is a virtual fantasy. I think the computer is fine to get started, but I think it's important to go and physically meet with people and to really meet other people. [Bridget, MTF, age 55, two years post-transition]

The respondents also spoke of the benefit of using the Internet to search for transgender support groups.

**Support Groups.** Maria, a 61-year-old transwoman who transitioned at age 51, spoke about the importance of transgender support groups. She detailed how meeting other transgender people and sharing information and resources were crucial early in her transition process. She further explained how the shared experience of being transgender transcended age barriers and diversity backgrounds.

I found the transgender peer group setting is extremely beneficial to someone in the early stages of transition. The disparity in age that started to come about was not a problem. [Maria, MTF age 61, 10 years post-transition]

The majority of the respondents reported that support group settings allowed them to explore gender expression in a non-judgmental environment. Group members were often reported to be a valuable source of trans-friendly services and professionals, such as doctors, therapists, electrologists, and clothing stores where the transwomen were welcomed by sales clerks and clubs.

All of the respondents spoke of their fear of coming out as a transgender person, which they perceived as risking possible loss of family, loss of economic security, potential discrimination, and possible violent acts.

### **Theme 3: Categorization of Identity**

Once the respondents accepted their need to transition and to stop living a lie, they felt that they had committed to the transgender identity.

#### **Sub-Theme 1: Transition / Emergence**

Transition is a common topic of discussion within the transgender community. Transitioning refers to the process of beginning to present one's core identity socially and live

authentically on a daily basis. While “transition” is understood within the trans community to mean substituting your gender expression from your natal sex to your core gender identity, Lev (2004) describes the process as “emergence” (p. 396). Lev’s “Emergence” terminology seems a better fit as respondents described their life-long internal self-identity or core gender identity as emerging from within. The notion of emergence helps to explain the process described as “passing as their natal sex.” This stage serves as a coping mechanism for protecting the threatened internal identity and precedes subsequent stages where one’s true self becomes increasingly evident.

Erica echoed a metaphor that a few of the transwomen respondents used when describing the fears of beginning the process of transitioning to live authentically as women. She used the metaphor ‘leap of faith’ by saying:

I thought of it being, a leap of faith. As stepping off, there’s an Indiana Jones movie where there’s an invisible pathway. You have to have that leap of faith. It was jumping into the void, and I remember thinking this way in terms of each step, “Well what’s going to happen when I start getting hormones? Being afraid of it. But, the minute I started taking hormones, I started to feel better.  
[Erica, MTF, age 70, six years post-transition]

All of the respondents related feeling a tremendous emotional relief from disclosing their true selves and beginning to live as their authentic gender, regardless of the reaction they received. Additionally, they acknowledged that their self-acceptance was the first necessary step to transitioning full-time.

Coming out was the most amazing experience because after living for almost 57 years and lying to everybody, pretending to be someone I’m not. ... I could finally be me, and that’s not an easy thing, but it’s an amazing feeling inside and very empowering.  
[Bianca, MTF, age 62, five years post-transition]

When describing the transition process, a majority of the Transgender elders described the freeing experience of no longer living a lie and being their true selves.

Transitioning allowed me the freedom to let my emotions take over. I don't have to watch what I say; I don't have to watch what I do. I don't have to think; oh they're going to discover anything about me. It's a freedom, its release; it's a rebirth, the Renaissance, the whole bit. Not to worry about it at all. [Amanda, MTF, age 55, three years post-transition]

**Family's reaction.** As they reflected on finally revealing their true selves, respondents spoke about the power of the reactions of people in their lives to whom they had disclosed their gender identities. The average age of transition for the respondents was 52 years old, making disclosure of their transgender identity a multiple-level process. The majority of respondents at this stage in their lives had married and had families, developed life-long careers, and had varying relationships with their families of origin.

Respondents relayed that their marital status determined the order of people they would disclose their transgender identity. Initially, those that were married disclosed their authentic gender to their nuclear families, which elicited reactions from acceptance to rejection to conditional acceptance. Twenty-five of the respondents reported divorce as a direct consequence of disclosing their transgender identity to their spouses. Some of the transwomen respondents reported becoming friends with their ex-wives later on. One half of respondents who had children received acceptance from their children.

Respondents described how the next step was disclosing their transgender identity to their families of origin. Some of the respondents experienced acceptance from their parents. A few respondents experienced rejections from their parents. Some of the respondents transitioned after their parents passed away. A few were estranged from their families of origin before transitioning.

The majority of respondents received acceptance of their transgender identity from siblings. In one case, for example, Lydia experienced acceptance from her siblings. However,

her siblings forbade her from disclosing to her elderly mother, as her siblings thought it would negatively affect her mother's frail health.

**Spouses.** Those who remained with their spouses through the transition, spoke of how the relationship changed to a close emotional friendship; someone to share their lives with and with whom they could grow old. Bianca spoke about the emotional connection and close bond with her wife.

So, [Wife's name] and I live together. We still love each other tremendously. She's an amazing woman.... she found this poem that she read to me that means so much, it's entitled "Our love doesn't have to be anything it just has to be." [Bianca, MTF, age 62, five years post- transition]

Bianca and Danielle have worked to redesign their marriage and definition of love. For Bianca, the emotional intimacy and someone to share her life with was more important than the sexual intimacy.

Tyler, a 55-year-old transman who transitioned in 2003, was in a thirteen-year relationship with his wife. Initially, he tried to be comfortable in the lesbian community, when he met and began dating the woman of his dreams in 1990. He said that for almost 13 years they lived as a lesbian couple. He recalled the moment he realized the possibility of living authentically as a man:

And we were teaching an LGBT studies class, [Wife's name] and I, and we showed the film *You Don't Know Dick*." The first time I saw that movie, and being in very positive or sometimes very negative parts of my life, I have a very detailed memory of it. I remember lots of details about that scene in that movie. And it was like here are people who have the same dreams that I have, were able to do it, they don't have two heads; they don't have a million dollars. [Tyler, FTM, age 55, 10 years post- transition]

Tyler recalled that before seeing the film, he pushed those feeling down. After the film, the feelings and the need to live authentically returned. He said, "It wouldn't go back, so that's



really where we started. Like in early 2000, the rumblings. ... And then the back and forth.” He began to have deep conversations about his male gender identity with his wife, who had accepted him as a butch lesbian. Tyler remembered a point in the ongoing discussion where he feared their relationship might not survive. He reported that his wife said, “I know this is what's going on, but to do the full Monty will probably break up our relationship.” He clarified the ‘full monty,’ as gender confirmation surgery, which, for him meant to have top surgery to remove his breasts and a surgical procedure called phalloplasty<sup>10</sup> to create male genitals. He recognized he was not ready to lose the only long-term healthy relationship he had in his life. Out of fear of loss of his wife, he continued to present as a lesbian. Tyler said:

But, I didn't fit in there either [Lesbian Community]. For twenty-five years, I tried really hard, and as I tell people, I've got references. I was a good lesbian... But, they made me give my card back after I transitioned. [Tyler, FTM, age 55, 10 years post-transition]

However, he kept remembering those explicit scenes from the movie where the men spoke of the same exact dreams he had recalled. Tyler added how he was unintentionally pulling away from his wife emotionally. Moreover, he believed that there could have been some resentment towards her for holding him back from transitioning, as the conversation continued over the next few months, and they had spoken to several therapists. He described the search for a therapist, “I call the Goldilocks: finding a therapist to work with me.” The initial search was for marriage counseling. Through couples counseling, Tyler remembered recognizing it was actually his gender identity that was hurting the relationship.

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<sup>10</sup> Phalloplasty: The respondent described phalloplasty as the surgical procedure to construct male genitals.

He recalled:

One particularly rough day, she just said to me, “You know the person I fell in love with is gone and if transitioning is what it takes to get that person back, whatever the gender, then that's what we need to do.” And then the next day I called [Gender Doctor], which is you know this place up in Pittsburgh, which had at that time the only Gender review team. [Tyler, FTM, age 55, 10 years post-transition]

In retrospect, he recalled a statement his wife made post-transition, “You know, as my wonderful partner says now, no offense, but you weren't a very good female.” He spoke of how the transitional journey only worked to strengthen their relationship.

**Children.** Andrea a 60-year-old MTF detailed how after gaining support and acceptance from her wife, they told the children together. She proudly spoke of her son's acceptance and response to discrimination that she had received. She said:

My children, they're totally cool. He [her son] was a Boy Scout, and at the time I got kicked out of boy scouts, he quit them because they wouldn't have me; they wouldn't have him. All of my kids have IQs above 145, which are pretty high, but my son's is up in the 156 range, and he didn't have any problems or issues at all. [Andrea, MTF, age 60, 15 years post- transition]

Bianca recalled traveling to her daughter's home with her wife to disclose her transgender identity. She first telephoned and told her she needed to tell her something in person.

So we go down there [her daughter's home]. We met her, and I told her and she just started laughing and she said, "Oh I thought it was something serious." You know pretty progressive thinking and um it was not an issue. [Bianca, MTF, age 62, five years post-transition]

Wendy relayed the evolution of her children's' acceptance:

Three of my kids did great. It was like no big deal, my oldest daughter though had a terrible time with it. She pretty much shut me out of her life for about a year. After about a year, it got to the point where my oldest son was getting married and, she realized

we were going to be seeing each other at the wedding. I sent her a picture of me, as mom, and it rather seemed to break the ice. She realized that I wasn't the weirdo or the monster, we started trading emails and phone calls, and now we're great, we're closer than we've ever been now. I mean, we go shopping together, she calls me mama, mommy; it's great. [Wendy, MTF, age 63, 13 years post-transition]

Acceptance from their children clearly uplifted many of the respondents' self-esteem.

**Parents.** Respondents detailed how after passing as their natal sex for decades, it was important to gain parental acceptance post-transitions as their authentic self. Amy recalled the close mother-daughter relationship that she was able to form post transition. She said:

Back in 1999, I got a call that she's in a hospice. She had lymphoma. And she's given the doctors a hard time about eating. I went to South Carolina. ... And from August 1 to August 8, I took care of her. [I] changed her bedclothes and wiped her, as the nurses' aides couldn't attend to her dirty bedclothes and bedpans during feeding time. So I asked them to teach me how to change her bedclothes with her in the bed. ... I bring her bedpans, but she'd already gone by the time I got it. So, then I washed her and cleansed her. I put lotion on her feet and proceed. We talked, and she'd apologize. And I'd say, "Mom, when I was a baby, I used up piss and shit all over you. It's my turn to pay back." She told me I was the most beautiful creation. We got to say everything to each other that anyone would ever want to say to someone that was going to pass. It was a gift. Probably to both of us ... she was my mother and friend. She knew she was going to die. She knew it, and then she showed me how to die with strength and dignity. She was my mother right to the end, always being a role model, always showing me how a strong woman can be. [Amy, MTF, age 64, 23 years post-transition]

Marie remembered disclosing to her mother.

I told my mother, but at the time I told my mother she had serious Alzheimer's. I told her, and she would tell me, "Are you happy?" and I said, "Yes." She goes, "That's all I could wish for you." [Marie, MTF, age 65, 10 years post-transition]

Bianca related how she held off disclosing to her father out of fear of rejection. She described her father as 89 years old and very conservative. Additionally, she said that he was an

old school homophobic. She lived close to her father and would visit him in a nursing home two to three times a week. She describes how during those visits, after a great internal struggle she would have to “boy down every time” to see him.

She recalled she had lost a great deal of weight and began keeping her hair longer. She felt she just could not go on lying.

Finally, one day, and I was resentful, we would argue about the silliest things. I got really angry, and I told him, “You know there's something important I need to tell you and I can't talk to you about anything.” So he said, “What is it are you sick? Are you gonna die? Are you in trouble? Or what's the deal? So, I told him and he just kind of looked at me and said what kind of a parent would I be if I couldn't accept my own child.” [Bianca, MTF, age 62, 5 years post-transition]

Reflecting back, she recognized how her rapid weight loss and longer hair had her father thinking she was terminally ill. She went on to discuss the close bonds they have built since that moment of disclosure. Bianca further detailed how she no longer needed to guard her secret and monitor her behaviors in his presence.

Respondents who transitioned after their parents passed away described the pain of not having been able to disclose their authentic identity. They regretted not having the opportunity to experience the acceptance of their parents.

Tyler’s parents had divorced years earlier, and his father had remarried. He reported that he had been estranged from his father for years and that his mom had passed away before his transition. Tyler reported that disclosing his transman identity was not only a relief to himself and his wife, but his nuclear family now felt his identity finally fit. He stated:

In looking back after I came out to my sisters and my father, my mother passed before I began my transition... Um, they sort of like hindsight 20/20 like oh! And they had the same response when I had come out to them 25 years earlier as a lesbian. Oh, now this makes sense. But, even they had to admit it didn't make as much sense as they thought it would until I came out as, as a transman.

Then they were like okay now it really fits. Well, it's interesting because um, at that point, okay we're talking about you know early '60s... And although there was a revolution of some sort going on apparently with my oldest sister, it certainly didn't include who I was (laughs). [Tyler, FTM, age 55, 10 years post-transition]

Not all the respondents' experienced a positive reaction to disclosure, in fact about one quarter of the respondents experienced rejection in their families, social friends, and careers.

**Rejection and loss.** Some of the respondents who were rejected by their families of origin developed new families of choice. Rene spoke tearfully of three marriages, none of which lasted more than a couple of years, all ending in divorce and the consequent estrangement of her children. She stated sadly,

I had two young girls with the first wife that were my biological children, which I lost in the divorce. It's difficult to talk about them and still be respectful. I still love my ex-wife, certainly I love our first-born son and his wife and two grandkids that I don't see anymore. The cost of transitioning, the biggest cost for me has been the loss of family. [Renee, MTF, age 69, five years post-transition]

Mikayla spoke poignantly of her belief that family members' rejection is often motivated by how those family members are perceived by their friends and employers.

My oldest son is very embarrassed over the situation, and I don't really go to his house at all for fear that somebody would recognize me. He works for a religious group that would be very anti and possibly fire him from his job. [Mikayla, MTF, age 78, 17 years post-transition]

**Conditional Acceptance.** A few of the respondents spoke of 'conditional acceptance.' This meant they would have to make agreed concessions or they would receive rejection and loss of family members. Lydia described the loss of her marital relationship. She said, "Yeah, I lost her as a married couple, we're separated, legally separated, not divorced. So she's still with me, and we turned out to be the best of friends, we see each other often." However, she elaborated

on the conditional acceptance of her children, to see her children she must cross back and pass as her natal sex, male. She stated:

They [her children] didn't understand it and in order for me to be in their company at any time I have to cross-dress back to the image that they want me to be [presenting as their father in person]. Which is very difficult but I need to have them [in my life]. [Lydia, MTF, age 65, three years post-transition]

She said that although it is extremely painful to make this concession, she is aware it would be more painful to lose her children altogether.

Juliana detailed that she felt conditional acceptance when she came out as a transwoman to her parents. She reported that her father had Alzheimer's disease at the time of her disclosure. Therefore, while he did not reject her, he never called her his daughter. She reported that her mother's acceptance is conditional. Juliana said:

She [her mother] accepts it for me, but for herself she can't ... its really difficult ... She's trying; she's trying very hard... Yes, she said she can't imagine me as a woman... It's too hard for her. [Juliana, MTF, age 59, one year post-transition]

Her mother refers to her by her chosen name, Juliana, and will speak to her on the phone daily, but does not want to see her in person.

Arielle reported that while she was planning her gender confirmation surgery, her sister (a registered nurse) claimed to accept her transgender identity, but would not travel to the hospital and help with the post-operative care. As Arielle had no other family, she relayed how a transman she knew from the community accompanied her. She reported that she felt her sister still does not fully identify her as a female. Arielle paraphrased a conversation with her sister and how her sister continues to conflate sexual orientation and gender identity.

Then why did Arielle transition because she could have been with a woman before? But, that doesn't work because I identify as a woman before. So, then that makes me a lesbian, so if I'm pursuing a relation ... before transition when I was pursuing a

relationship with a woman they expected a man so it would have been a straight woman expected me to be a man, and act like a man and all the rest of it. [Arielle, MTF, age 55, three years post-transition]

#### **Theme 4: Compartmentalized Social Identity**

##### **Post-Transition Phase**

All of the transwomen respondents reported that after transitioning, they needed to pass as their true gender identity. This meant hiding their previous social identity, for fear they would not be seen as something less than their true gender.

Vanessa's description of post-transition life was echoed by all of the respondents, "Well, I felt a relief that I can finally be myself and just be able to move forward." Erica spoke of the initial expectations of transitioning and the need to pass as female, rather than a transwoman. She said:

[All] I want to do is just be me. And I think I've seen that's very prevalent in the trans community. I mean many of us, if we are successful, we just want to be accepted as the woman we are and just live our lives. [Erica, MTF, age 70, six years post-transition]

Additionally, Erica and many of the transwomen respondents spoke of feeling lucky that they had small physical frames, making it easier to pass as their core gender. However, passing as their authentic gender did not always spare them discrimination.

##### **Sub-Theme 1: Discrimination**

Many of the transwomen spoke of experiencing discrimination, not only for their transgender identity, but often in the form of sexism and ageism as well.

**Personal.** Mikayla returned to care for her 101-year-old mother in 2004. Her mother passed about one year later. At the funeral, Mikayla recalled unexpected pain she received from a childhood friend. She said:

Now we're talking about somebody whom I went through the entire grade school with. Very good friends played baseball together, went over and ate at his family table every night practically best of friends. I walked over to him and asked, "How are you doing Ron?" He looked at me and said, "I didn't come here to see you; I came to see your mother and walked away." [Mikayla, MTF, age 78, 17 years post-transition]

**Career.** Many of the respondents said they experienced discrimination on the job, or in seeking a job. A few reported abandoning their employment, due to fear of rejection.

Karla, a 73-year-old transwoman detailed how fear of rejection motivated her to close her business and move away. Years later, Karla discovered she may have made her decision in haste and may have underestimated potential acceptance by friends and colleagues.

A few people actually knew about it. I never talked to them about it; I never had any long deep discussions with [them] about it. I left Florida, and that was the end of it. Since then two or three people have found me and have written to me, as a matter of fact one of my friends told me that he was disappointed that I didn't say anything to him and that it bothered him. Maybe selfishly didn't realize that I was throwing our friendship away. Partially because I felt that, it just wouldn't be accepted. One of them I remained fairly close to, we would talk and go out for dinner once and a while. I came out to him about a month or so before I left Florida. No more was made of it and then maybe a year and a half ago, I heard from his ex-wife who found me and told me he had passed away. [His wife told her about me] he always felt fine that I had changed my gender. I was surprised yeah by both of these, and then I, actually I hear from, um, from an ex-college roommate a few months ago. I have no idea how he found me, but he did. He was actually coming to the Bay Area to attend a wedding of some friend I think. I met him and his wife, and I met him again. We had breakfast and had a lovely little morning together. It was very nice. [Karla, MTF, age 73, 12 years post-transition]

Andrea who once had a six-figure income and is an educated professional, spoke of her income dropping to two thousand dollars a year. Having lost her lucrative career, Andrea spoke of the difficulty and discrimination she faces in seeking employment, "I keep looking for a job,



but I am triple whammy, female, over the age of 60, and trans. It's very difficult to find meaningful employment.”

Mikayla relayed how she waited painfully for three decades to be authentic out of fear of rejection when she said, “You know, when you know for thirty years what you're supposed to do, and you don't do it simply because you know you would get fired as a public high school teacher.” Additionally, after retiring, she was able to transition and pursued what she described as a higher calling. She spoke of the importance of her faith and spirituality. However, even there she experienced discrimination. She said:

When I transitioned, after surgery, I went to the seminary and unfortunately, I went to a Christian seminary rather than a Unitarian one because, there are only three Unitarians and I wasn't near one. ... I was able to afford to go to the seminary. They said, “Well we'll let you graduate with your master's in theology but, you're not going to be ordained here. [Mikayla, MTF, age 78, 17 years post-transition]

At the time of our interview, Mikayla was eking out a living by selling items on eBay and doing odd jobs, even though she holds a masters degree, was a successful school teacher, and was a business owner prior to transitioning.

### **Sub-Theme 2: Economic Cost**

The overwhelming majority of respondents spoke of the economic toll that transitioning had on their economic stability and retirement savings. When asked about her retirement plans Julianna said:

I had no plans ... I still have no plans for retirement. Cause, I have no money, you know, the last time when both of us were married both of us were at work at the same time. Then we used all the savings we had... It went all to keeping everything going. So, it [the money] is all gone. [Julianna, MTF, age 59, two years post-second transition]

Additionally she spoke of her plans for gender confirmation surgery in Thailand, which was based on her economic circumstances. She reported that cost was about one half the cost of surgery in the US.

Hope is a 64-year-old transwoman who at the time of the interview was still actively employed and earns in excess of \$100,000 a year. Through her divorce, she lost half of her pension. The other half of her pension was spent on medical transition costs that were excluded in her health insurance plan. Additionally, she reported that out of feelings of guilt and hope of family acceptance, she gave her ex-wife the family home that she had inherited from her parents. She now lives in a small studio apartment. She said that she would work for as long as her employers will have her, or as long as she is physically able to do the job. She recognizes she will need to supplement her social security income when she stops working.

About half of the respondents are either unable to retire or had to drastically modify their retirement plans due to the economic impact of job loss, divorce costs, and high medical expenses for their medical transition.

### **Sub-Theme 3: Fears of Institutions for Aging**

The overwhelming majority of the transwomen respondents feared the point where they might require care in nursing homes or assisted living facilities. The fear they report is from their perception that workers in these facilities would be transphobic and not treat them well or even mistreat them. A few of these respondents spoke of self-inflicted death with dignity as an alternative.

My whole theory is when you quit being able to function its time for a bottle of pills, a good bottle of wine, the hot tub, and some good music. [Renee, MTF, age 69, six years post-transition]

Vanessa described the difference of aging as a transgender person, compared to a cisgendered person when she stated:

Well, I think it affects us differently because we're again faced with the prospect of going into institutions that are transphobic. I mean we are faced with social security and dealing with spouses who are, whose social security gender may not be the right match for them or social security still searches the gender marker and they won't give you benefits if you are the same sex. So, we still have to hide that. I didn't change my gender marker for that reason with social security. [Vanessa, MTF, age 61, 10 years post-transition]

Vanessa lives in New York where, at the time of the interview, same-sex marriage was not yet legal.

#### **Sub-Theme 4: Participation in Transgender Advocacy**

Respondents spoke of the importance of visibility of transgender people in society: how changing the social representation of transgender individuals will, hopefully, begin to counter the negative stereotypes that persist about transgender people. While many of the respondents did meet other transgender community members through their transgender activism, the commitment to the cause was the primary motivation for involvement.

Molly, a 70-year-old transwoman who transitioned in 1992 detailed her work with numerous iconic trans advocates, including Susan Stryker and Sylvia Rivera. Additionally, with her partner, Denise<sup>11</sup> opened a home for homeless transgender people in the mid 1990s. She recalled the Metropolitan Gender Network, which hosted many politically active Transgender people from across the country, to speak at their meetings.

This was in 2001, Denise and I, were involved in various groups. Metropolitan Gender Network, STA<sup>12</sup> ... was like a group that had a lot of people ... Riki Wilchins<sup>13</sup> founded that. And we probably

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<sup>11</sup> A pseudonym for Molly's partner

<sup>12</sup> STA – Respondent defined the acronym Survivors of transsexuality Anonymous

<sup>13</sup> Riki Wilchins is transgender leader. She founded the first national transgender advocacy group (Gender PAC)

had speakers from the entire national range of Transgenders ...  
Phyllis Frye<sup>14</sup> from Texas ... [Molly, MTF, age 70, 21 years  
post-transition]

Amy detailed how many of these advocacy groups emerged from transgender support groups, which not only empowered the individual group members but also helped to form the backbone for social and political advocacy for the transgender community.

Angela described her extensive political activism:

I'm a member of the Long Island LGBT Democrats of Suffolk. I go to their meetings. I participate... I'm involved with New York State Pride Gender [Advocacy Campaign]. I am involved with them. I go to Albany for our annual pilgrimage up there. [Angela, Dual-gendered, age 64, 11 years post- transition]

Not all of the respondents were working in political transgender advocacy. Bianca talked about her personal approach to activism by educating the community and greater society, which she accomplishes by running a transgender support group and speaking one-on-one about her transgender experience. Additionally, she presents transgender workshops at various events to educate people outside of the transgender community about the experience of being transgender and the need for anti-discrimination policies that are inclusive of gender identity and gender expression. Sometimes the venues included academic settings or large corporate LGBT diversity events.

I'm on the board of directors at Affirmations.<sup>15</sup> I'm speaking to various groups at events and things like that, so, I am quite active in the [LGBT] community. [Bianca, MTF, age 62, five years post-transition]

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<sup>14</sup> Phyllis Randolph Frye is an Associate Judge for the City of Houston Municipal Courts. Frye is the first transgender judge appointed in Texas.

<sup>15</sup> Affirmations, is an LGBT Community Center in Detroit, Michigan.

Some respondents described how early in their transition, they were actively working in the transgender advocacy movement to create social change. Later in their journey, they describe pulling away from the advocacy roles and settling comfortably into other communities.

I moved from Columbus, Ohio to San Diego about five and a half years ago. Back in Ohio, I was pretty active as an activist. After I got out to California... So, my social circle is, work and my lesbian group and my church. [Karen, MTF, age 58, 12 years post-transition]

Whether or not respondents were active in transgender advocacy at the time of the interview was irrelevant. The fact that they were at some point involved was most noteworthy. Through advocacy and through being “out,” most respondents spoke of feeling comfortable in their skin, feeling authentic, or of becoming their ‘true self.’

Cassandra echoed what other respondents said about advocacy, when she stated:

I do public speaking. ... Do you know Jenny Boylan? Jenny says if you want to be an advocate, tell your story. Harvey Milk said come out. So, that's what I'm doing. [Cassandra, MTF, age 58, three years, post-transition]

In public advocacy work, one respondent explained how presenting transgender workshops with her wife has helped her to develop positive self-esteem enabling her to integrate her identity more fully. Acceptance of both pre-transition and post-transition identity and participation in Transgender advocacy leads to an integrated social identity/living authentically.

### **Theme 5: Integrated Social Identity**

By coming out, respondents have narrated their life experiences and have recognized the similarities of their old social identity and their authentic core social identity, allowing for the development of an integrated social identity.

The majority of respondents reported that they are living “out” and not hiding their transgender identity in their current lives. These respondents reported recognizing the similarities in their lives before transition and their lives post-transition. Andrea said:

I'm fine with having very ... what do you call it ... Expressing [some] masculine traits at times. As long as I have the freedom to be as feminine as I want to as well. ... I can be very male at times, and I can be very feminine as well. [Andrea, MTF, age 62, 15 years post-transition]

Andrea spoke of her perception of her authentic self by stating, “So, I'm very comfortable with who I am. If other people aren't, that's their problem.” About half of the respondents who said they were out one hundred percent used nearly this exact statement when describing their authentic selves.

### **Member Check Focus Group**

#### **Purpose**

The aim of the focus group was to strengthen the validity of the interview study by soliciting feedback on the results of interviews with a second cohort of trans elders.

### **Methods**

#### **Participants**

A second sample of transgender participants was solicited from a trans-affirmations support group to form a member check focus group that is presented with the findings of the study.

#### **Focus Group**

The focus session was held at a regularly scheduled meeting of the transgender support group at The Freedman Center for Clinical Social Work, located in Lake Grove, NY. Five transgender elders agreed to participate in the focus group. Before starting, the purpose of the

study was explained and the informed consent was read aloud. Consent was obtained verbally from each participant. Participants were given copies of the member check consent form for their records. Focus group responses were audio-recorded with an Olympus D-40 digital recorder and subsequently transcribed verbatim.

Participants agreed to keep comments made by other participants confidential. I adopted a non-judgmental, friendly demeanor in an effort to create a safe place where participants felt at ease. Throughout the focus group, I requested feedback from each member. The purpose of the focus group was to present the five theoretical themes underlying the conceptual framework in easy to understand terminology.

## **Results**

All of the participants engaged in the discussion and offered feedback. The following section details Transgender elders' responses to each theoretical stage.

*Early awareness of gender identity and expression leads to compartmentalization of the core identity to protect the threatened identity.* The participants agreed that they had similar experiences as transgender people. One of the participants said, "I knew it would not be accepted, so I never mentioned anything to my parents. My father was abusive and mom was no bargain either." Typical statement from the participants included:

- "I remember coming out to a cocktail party my parents were having wearing mom's high heels."
- "I never had the nerve to cross dress. But I did have my two best friends that were girls.... was I jealous."
- "When I was very small I used to dress in my mother's clothes like everybody else. And I had a couple of girlfriends and we used to swap clothes then too."

- “It was so scary to think people could see your feminine gender, that I remember overcompensating.... I was a high school football quarterback... when I really wanted to be a cheerleader.”
- “I never let anyone get too close... ya know, this way they never could read me.”
- “I was a very isolated kid. Very, very isolated. I mean I was a, I was an only child, I had bright orange hair, I was chubby, I wore thick glasses.”

*Making the decision to transition leads to anticipatory identity.* The majority of participants relayed that awareness of their own mortality was the precipitator of making the decision to transition. One participant said that at age 60, she suffered a massive stroke after which she remembered thinking, “If not now, I will die and never be.” Another remarked, “I remember when my father died I was 50, he was only 68 when he passed and suddenly I felt like... there was not much time left.”

One of the member check participants spoke of *feeling ready to transition after an obligation to others was completed*. She reported, “My son is an adult in a healthy relationship, now I can be me.” The other members remarked that they knew of several trans community members who related to this theme.

All the participants spoke of gathering information in preparation of transitioning. The participants recalled the evolution of trans related material from print media, to television, the importance of the Internet and joining support groups. One participant stated, “I was doing some research and I remembered the diagnosis back in 1979 and I texted in and that was all this information and I soaked it up at an alarming rate. And then I came to the conclusion that it would be good to explore it. I didn't know how my wife would take it but I knew my own mental health required it.”



Almost all of the participants remembered thinking similar thoughts. For example, one said: “As the depression and suicidal thoughts were increasing to the point of ... well ... if I transition and my world falls apart, then I will commit suicide.”

*Categorization of identity/acceptance of transgender identity leads to transition.*

The participants recalled the moment in their lives when they began the process of self-acceptance and identifying as trans.

*Initially, post-transition leads to compartmentalization of previous identity to protect the threatened new identity from spoilage of the knowledge of their natal sex.* The overwhelming majority of group members spoke about the importance of passing post transition and of being fearful that they would be detected as trans.

One participant stated, “You have just told my life story... and now I feel better, as I thought I was the oldest Tranny out there. It’s gratifying to hear that most of the people in your study transitioned later in life. When I go to the support group I get the feeling that I’m a dinosaur.”

*Acceptance of both pre-transition and post-transition identity and participation in transgender advocacy leads to an integrated social identity/living authentically.* The majority of participants in the focus group were currently active in transgender advocacy. The majority of participants spoke of the psychological impact of being involved in creating social change for the transgender community. One participant stated, “I don’t walk around with a T on my shirt, but I don’t hide it either. When I get a chance to educate, I don’t let them slip by... When I started I thought I was doing it for all the young trans kids behind us, but suddenly, I felt pride in myself as a whole human being.”

Another transgender respondent stated, “It just sort of happened...So it became a situation where I felt I had to do more in my life and then that started out, obviously socializing, and from socializing became more... more... political, to the point where I'm meeting the governor, being part of Empire State Pride Agenda.<sup>16</sup>” One of the group members remarked, “I remember that feeling after discussing my trans identity to colleagues ... of self validation.” She continued, “My whole self became relevant.”

What do transgender elders identify as barriers to aging well? Respondents identified multiple barriers to successfully living their elder years as transgender people. The most prevalent barriers identified were: the lack of anti-discrimination policies and laws, the lack of competent transgender medical care and health insurance coverage inclusive of transition-related service, the lack of medical research on elders; poverty, and trans-specific elder services or programming.

### **Theme 1: Anti-Discrimination Policies and Laws**

Mackenzie spoke of her personal experience of employment discrimination when she said, “Two weeks after I started hormones they fired me.” Many of the respondents recognized the vital need to pass federal employment discrimination laws inclusive of gender expression and gender identity. Wendy underlined the importance of such policies by stating, “We have got to work for [transgender] employment non-discrimination. We have got to get that passed some way. I think that's probably the number one issue.” She then added, “Maybe the second issue is mandated health insurance coverage for transition-related expenses.”

### **Theme 2: Lack of Transition-Inclusive Health Insurance**

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<sup>16</sup> Empire State Pride Agenda is a New York State advocacy and lobbying organization.

Karen, a 57 year old transwoman who had earned a Ph.D., spoke of research and papers she published: “I've got a paper out there on the costs of Transgender health benefits which I used to help advocate for [trans inclusive health] coverage.” She went on to explain that through using these published studies; she has worked to educate corporations to include transgender related health care coverage.

Additionally, respondents stated that by including these mandates, Transgender people would not exhaust financial resources that were intended for later-life retirement. When asked about retirement plans, Bridget, a 55-year-old transwoman responded:

Zero. Basically, you know I had saved some money but transitioning is very expensive. So, all of my savings I'm spending on my transition, my facial surgery. You know, fix my teeth, all that stuff. So basically all that stuff is \$60,000 or \$70,000. [Bridget, MTF, age 55, two years post-transition]

Bridget's statement reflects the economic impact that exclusionary health coverage has on transgender individuals in their golden years.

### **Theme 3: Fear of Health Care**

Many of the respondents highlighted the transgender community's avoidance of medical care out of fear of judgment or ridicule.

I think one of the things that has to be addressed in this study goes back to the medical community. I think there's an enormous problem of avoiding medical care. ... Most [Transgender] people are going to be somewhat hesitant ... in terms of going to a physician. [Natalie, MTF, one year post-transition]

Vanessa, a 61-year-old transwoman, echoed respondents' fears regarding a difference in aging as a trans individual compared to cisgendered individuals.

Well, I think it affects us [trans] differently because we're again faced with the prospect of going into institutions that are transphobic. [Vanessa, MTF age 61, ten years post-transition]

Karen, a 58-year-old transwoman, who had elected to not have gender confirmation surgery, recognizes the possible ramifications.

I'm a little worried about that. My assumption is it's going to be fine but, I'm a little paranoid about getting stuck in a nursing home somewhere and somebody starts treating me as a man. And I'm sitting there drooling on myself and not knowing any different and not being able to do anything about it.

Mikayla relayed her fear of transphobic institutional long-term care facilities. This fear led to her personal decision to die with dignity. She stated:

Now who's going to take care of me on long term? It's between my son and I; he has a very nice camp out in Indianapolis in the woods, a real nice camp. I go out there three or four times a year and spend two to three weeks. If I become somewhat terminally ill, they're taking me to the camp and coming back a month later. [Mikayla, MTF, 17 years post- transition]

Her desire to die with dignity in a private setting sends a clear message of her perception of how hospice or nursing homes may treat her.

#### **Theme 4: Poverty**

Christopher, who transitioned twenty-eight years ago and now counsels Transgender patients, spoke poignantly of the many transgender people he has worked with and their financial struggles due to transitional costs and discrimination.

The only thing that I see routinely is that ... people who transition from male to female have lost lucrative jobs. Poverty is a big problem for older trans people. Especially those that gave up a really good job and now they're trying to make a living on a lot less money, doing a traditional female job. One of my clients owned her own corporation. She completed her transition, had her surgery. She's very happy with that but what is she doing for a living now? She lost her business and now works at a dress store for 9 dollars an hour. [Christopher, FTM, age 68, 28 years post-transition]

Cassandra, a 58-year-old transwoman with a master's degree, spoke of her post-transition experience regarding the intersection of job discrimination, the economic cost, and poverty.

I lost my job for being a trans: for being trans. I've been out of work for 28 months. I just had a job interview this morning, at Wal-Mart of all places (laughs). They want me back for a second interview. So that's that looks promising. At least I'll have a steady income. Actually, I've run through insurance. My IRA is gone and right now, I don't have insurance. So it's like two years without insurance, and I need it for normal things let alone Trans things. [Cassandra, MTF, 3 years post-transition]

### **Theme 5: Lack of Research Regarding Transgender Elder Individuals**

Respondents discussed the dearth of research regarding medical aspects of transition and health ramifications in later years. Many of the respondents who were in the upper range of age spoke of the lack of research on the health implications of long-term medical transitions. Mikayla, a 78-year-old transwoman, echoed the opinions of others when she stated, “The only thing is that they don't have enough research in where we are going as far as what can happen to our bodies due to the switch.” She said:

It would be nice if the powers to be, that you know transsexuals are just so, so, small in number that nobody's going to do any major research on them. I hate to tell you; in ten years from now won't be any further ahead than we are right now. I think as far as what to take [to medically transition], what's good and what's bad. [Mikayla, MTF, 17 years post-transition]

Natalie, a 63-year-old transwoman described a conversation she had with her cousin after her cousin had read the book *She's Not There*, by Jennifer Boylan. She said, “That got me into my rant about the lack and denial of medical research on [transgender] elders.”

### **Theme 6: Elder Trans-Specific Services and Programming**

Mackenzie repeated what many of the respondents reported when she said, “I've applied to be on one of the boards at SAGE; they need a trans presence.” [Mackenzie, MTF, 23 years post-transition].

In recognizing the positive programming that Services and Advocacy for GLBT Elders (SAGE) has created for the gay and lesbian community, she hopes to create a similar resolve within the organization regarding the tremendous need for services for transgender elders.

Nancy, a 66-year-old transwoman, asked, “Does an organization like AARP, does the Department of Aging, do any of those people have programs for senior trans folks?” Nancy continues to remain active facilitating a Transgender support group. However, she recognizes the group is predominantly Transgender youth and lack trans elders’ participation.

### **Summary**

This chapter presented the five themes and the sub-themes found in this study. I organized the findings chronologically as the respondents’ constructed life-course narratives in chronological order of their experiences. Data from individual interviews and a member check focus group revealed the research respondents’ perceptions regarding their experiences of growing older as a transgender person. As is typical of qualitative research, I included extensive samples of quotations from the respondents in the report. By using the respondents’ own words, the objective is to build the confidence of readers by accurately representing the subjective experience of the life course of transgender elders.

In the next chapter I will interpret the findings and present the conceptual model on Integrated Social Identity (ISI), present the discussion, and detail significant theoretical implications.

## Chapter 6: Interpretation and Discussion

### **Introduction and Purpose of the Study**

In this chapter, I will discuss the implications of the results presented in Chapter 5. Initially, I will discuss the nature of my findings and offer possible explanations for them. The purpose of this study is to explore the subjective experience of growing older as a transgender individual. Using constructionist grounded theory methodology, this research gives voice to the members of the transgender community about their perception of aging, trans identity development, their needs as transgender elders, and the obstacles they face in the aging process. The findings from this study can inform policy makers, health care professionals, social work educators, and social workers of new ways to ensure that transgender individuals have the resources to age well and lead meaningful lives.

The respondents in this study detailed a complex balance of gains and losses of becoming a transgender elder. They described a journey as one of meaning and self-fulfillment that often had personal consequential losses. Respondents also illustrated barriers to aging as transgender individuals.

According to Patton (2002), as the process of qualitative research evolves, “the methods take the researcher into and close to the real world so that the results and findings are grounded in the empirical world” (Patton, 2002, p. 125). In qualitative research, it is critical that the data be allowed to speak for itself. The present study required this approach in order to give voice to people whose voices are rarely heard, let alone studied.

During the interview process the respondents related narratives of their life course experiences from early awareness to their future expectations—revealing significant themes. Their stories detailed their journey from coping with a threatened core identity to living

authentically as their core gender. In their journey, respondents linked well-being to living authentically and not hiding their true selves. The findings suggest that the journey is a life long process of identity development that includes five stages of identity development, I propose *Reflexive Authenticity*. Through the stages, the journey toward authenticity involves finding meaning in one's life. People who are content experience meaning and purpose in their lives. Having a meaning in life is associated with optimism and with the ability to overcome hardships. In *Man's Search of Meaning*, Frankl quotes philosopher Friedrich Nietzsche, "He who has a why to live can bear almost any how" (Frankl, 1984, p. 97). A strong meaning in life contributes to transgender elders' well-being. Post-transition, respondents spoke of their self-perception in terms of having better morale, less loneliness, and a more positive attitude towards life. The results of this study suggest that the respondents who had a sense of life purpose were more likely to be satisfied with their health and to be less depressed if their health were to deteriorate. This finding is consistent with those of Dezutter, et al. (2014), who found that having meaning in life helps prevent stress-related illnesses.

The interpretation of the data presented below reflects the theoretical construct of the respondents' journey to authenticity and aging well.

### **Interpretation of Findings**

#### **Transgender Elder Participant Categories**

This study used Charmaz' (2006) constructivist grounded theory methodology to explore the subjective experience of aging for Transgender individuals over the age of 55. Qualitative analysis of interview narratives revealed two distinct participant categories at the time of the interview consistent with those described by Amiot, et al. (2007): compartmentalized social identity and integrated social identity. Amiot, et al. describe the compartmentalized social



identity stage as, “The multiplicity of one’s old and new social identities becomes recognized more explicitly as one comes to identify with different social groups and realize that he or she belongs to these various groups” (Amiot, et al., 2007, p. 374).

The findings from this study suggest two different compartmentalized identities, which were dependent on the timeframe of the respondents’ lives. For the respondents, these stages characterize firm boundaries drawn between the different social identities so as not to spoil the presenting identity. As an example, a post-transitional transwoman compartmentalizes her prior social identity of natal sex from the gender-authentic self she presents socially.

Integrated social identity is the stage when “individuals come to recognize that multiple and distinct social identities are simultaneously important to their self” (Amiot, et al., 2007, p. 375). Integration occurs as group members increase contact with members of other groups and as different social identities are activated simultaneously. Individuals are able to recognize similarities and personal value in both social identities.

In the present study, the distinction between those with integrated social identity and compartmentalized social identity reflected the individual’s participation in transgender advocacy or activism to support and mobilize the transgender community. Those respondents who fit into the category of integrated social identity had been or were currently politically active and committed to building social and political acceptance of the transgender community. Aside from political activism or volunteerism, another distinction between the groups was whether the individual had an intimate partner or were hopeful of finding an intimate partner.

For clarification, case studies of individuals representing compartmentalized social identity and integrated social identity are presented below. To review, within the life course narratives, five themes emerged, (1) compartmentalization of core gender identity, (2)

anticipation of new identity, (3) categorization of social identity, (4) compartmentalized social identity of natal sex, and (6) integrated social identity.

### **Compartmentalized Social Identity of Natal Sex**

Amiot et al.'s (2007) term "compartmentalized social identity" (CSI) is developed from Breakwell's (1986) original work on coping with threatened identities. In the present study, Transgender elders were placed in the CSI category if at the time of the interview they feared that knowledge of their natal sex would spoil their post-transition identity. This fear led them to continued isolation. While they longed for an intimate partner, they had lost hope that they would find someone, as they reported feeling unlovable.

None of the eight respondents in this category were in intimate relationships at the time of the interview. Two of the Transgender elders reported that they had never experienced an intimate relationship. After they had transitioned to their core gender, six respondents were divorced and remained estranged from their wives. Five respondents lost emotional connection with their children while one remains close to one of her three sons. One participant was widowed and never had any children.

In this category, the gender transition had a negative impact on Transgender elders due to rejection by their families of origin. Seven of the nine reported experiencing rejection by their siblings upon disclosure of their transgender identity. One participant reported receiving conditional support by her sister and niece. All but two of the CSI respondents transitioned after their parents had passed away. Three reported only conditional acceptance after disclosing their intent to transition to their parents. Conditional acceptance was coded when others imposed limitations on the respondents after disclosure of their transgender identity, which often required

presenting as their natal sex in the physical presence of others. Conditional acceptance was experienced as rejecting of the authentic selves of the respondents.

One quarter of the nine respondents spoke of the financial hardship of the economic cost of their transition. Another quarter of the respondents had to continue working to subsidize their social security income, as they had exhausted their retirement savings on transitional costs that were excluded by health insurance policies. Some of the respondents spoke of adjusting their retirement expectations due to the economic cost of transition. One participant described that the cost of transitioning was losing her nuclear family, losing her home in foreclosure, and that she was now seeking emergency shelter from the Veterans Administration.

Breakwell (1986) describes compartmentalism as "... drawing a strict boundary around the dissatisfying addition to the identity structure. It is not permitted to contaminate the rest of the identity" (Charmaz, 2006). Respondents who were placed in the CSI group put a high emphasis on the importance of passing. At the time of the interview, they expressed that they believed the only way for them to achieve acceptance as their authentic gender was for them to live with stealth<sup>17</sup>. These transwomen further explained that to achieve the goal of living with stealth meant that they would have to be seen as cisgendered women only and not as transgender women. Once again, they found themselves having to live with a secret about their identity and history. Additionally, in most cases, respondents in this category disconnected early from local transgender support groups they had attended. While they recognized the value of participating initially to gather information and valuable peer support, they perceived that participation was holding them back post-transition.

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<sup>17</sup> The term stealth was defined by the respondents as a person who passes in public as their core gender at all times.

All eight transwomen respondents in the category CSI continued to work to present their idealized self. By doing so, they compared their appearance to the unrealistic media portrayal of beauty and femininity, which in fact a very small percentage of cisgendered women attain. This view does not recognize the reality of diversity of cisgendered women's appearance. Because they were comparing themselves with unrealistically high standards presented in the media. Engaging in this constant comparison left them feeling "less than," which reinforced the importance they placed on passing.

### **Compartmentalized Social Identity Case Study**

Arielle is a fifty-five-year-old Caucasian transwoman who transitioned in 2010 at age fifty-two. Like others, Arielle said that when she was very young she knew that she was different.

I would say at age 4, 5, or 6. Through my whole life, I just tried to deal with it, and I just did... I didn't think I could be a girl back then in those [days]. But, I didn't feel that I was the same as the boys.

Arielle felt her father "gave up on her becoming a man." Nevertheless, she felt it was important to look and act like a male in her family life, school, professional career, and social events, but she never let go of her true feelings of being a woman.

Prior to transitioning, I knew that I was a woman on the inside, but I was playing the role of a man. ... I felt that my outer life was an act, so I knew my inner life was my real life...

She felt as if no one else had these feelings and carried her secret until she came across newspaper and magazine articles. She also spoke of television shows like "The Phil Donahue Show" (1970 - 1996) and "Dinah's Place" (1970 -1974). These programs brought transgender lives to the greater public audience (Strahan, Wilson, Cressman, & Buote, 2006). These early

media experiences helped to put a name to her feelings and allowed her to recognize that she was not alone.

I guess it was ...hearing about transsexual women and their stories and ...hearing interviews on television or reading them in magazines. It, you know, resonated with me.

In hindsight, Arielle now feels that she overcompensated by actively engaging in stereotypically masculine activities, such as competitive bicycling, as a strategy to appear unquestionably male. As the majority of the respondents had stated, Arielle recalled monitoring gestures and actions, checking to make sure she was displaying typically masculine mannerisms.

When ... I say, that didn't feel right; I mean it didn't feel right before. But, I was in the act of cover. That was my cover in trying to be like most of the guys.

She feared rejection if someone got too close to her. She stated, "I never had a whole lot of close friends or even...a group of friends that I socialize with on a regular basis."

She detailed how the internal feelings of the feminine gender grew stronger through her life, causing her depression and increasing sense of hopelessness. Like the majority of the respondents, Arielle became aware of her own mortality, which exacerbated the need to transition to her core gender and live authentically as the woman she always felt inside.

I had two traumatic events in my life happen in a short period of time. Then I started. It's almost like I hit the reset button for myself. I said [to myself], "I've got to fix the core issues."

After Arielle had recognized the need to live her life genuinely, she says that she joined a local social group of transgender individuals who regularly met. She soon realized that although she could be her genuine self with them, she did not fit in because the majority of the group identified, as cross-dressers and she did not.

When Arielle decided to tell her family that she identified as a woman and was going to transition, she experienced conditional acceptance. At the time of the interview, she still feels they do not fully accept her as a female.

Initially, she [her sister] was somewhat in denial, and she was questioning if it was valid. I think now, she realizes that it was something I was [and] ha[ve] been dealing with all of my life. I notice when I say things about ... I'm a woman; she seems still to have some reluctance to see me that way.

For many years, Arielle's goal was to pass as female, saying, "I want to be 100% female... honestly, the most important thing for me was being able to pass." At the time of the interview, Arielle's goal is to be stealth. To live stealth meant it was important not to be involved in any transgender advocacy work where she might have to disclose her Transgender history. She expressed her feelings.

Well, I consider myself stealth because I'm not outing myself. I really don't see any point to do that because I wanted to be a woman. I don't want people to see me as something other than that.

Although Arielle realizes how important social connections are in building and validating her female identity, she continues to be somewhat isolated, and she is struggling to make female friends.

It's the feedback I get from other people. So, the more that I'm around women, the more I feel validated. That's not happening all the time, so, I'm still am kind of lost in my own world.

She is working to expand her social network of friends. Arielle has recently joined an Internet dating site in an attempt to meet new people. She was in contact with a lesbian who was seeking an intimate relationship and found herself rejected because she was not physically born a woman.

I was contacted by a [Lesbian] woman, and the first thing she says to me is, "If you truly are a woman and were born that way, I

would be very interested in you.” I wrote back saying, “I always was a woman which, is what I’m telling my sister. I said; I needed an operation to correct something. I said now I do have a vulva, I have breasts, and I said, I’m a woman; I [just] needed to do something to correct an error in my physicality. I said, “If you can’t see me truly as a woman, then I’m not interested in you” or something like that. She wrote back ... she was trying to be mean, she said, “Nice try [Aaron]!” because my name is Arielle.

Arielle believes that her life is unsuccessful. She elaborated that the basis of self-description was a life-long feeling of isolation and the fact that she has not had an emotional connection with anyone in a very long time. She further reported that she has never been in an intimate relationship.

I haven’t had anyone in my life for a very, very long time so to me that’s ... I really don’t think my life is that successful. I feel like I’m always by myself.

Arielle has an intense desire to have a fresh start with people who only know her as a woman. She feels that people focus on her transgender status rather than just knowing her as a woman.

I really wish I could erase my history, and have all new connections and that sort of thing. So, people only know me as a woman because, I really feel that people that know my past they, it’s not intentional or whatever or but, I don’t know, they seem to put the past on me.

Arielle titled her life story “A work in progress,” recognizing the continuing effort to develop her authentic self. Currently, she holds tightly to the goal of being seen as 100% female. Arielle was assigned to the CSI category she has no close relationships, she wants to be 100% woman and not identify as Transgender, and her family of origin does not accept her.

## **Integrated Social Identity**

The term “integrated social identity” (ISI) derives from Amiot and Jaspal’s, (2014) work on linking stages of social identity integration with identity process theory. The Transgender elders in this study were designated as ISI if they described themselves as living authentically and being out<sup>18</sup> about their transgender history. Respondents had defined living authentically as when a person is truly comfortable with whom he or she is; s/he accepting that not everybody will like her/him. Furthermore, the transgender individual now knows that others’ judgments were not their problem.

Amiot and Jaspal describe integrated identity as when “the individual ...fully realize[s] that conflicts between identities exist and that if these conflicts are to be resolved, resources must be put forward. ... Such contradictions and conflicts could be reconciled by finding similarities and by drawing broader links between one’s social identities” (2014, p. 165).

Respondents who were identified as ISI expressed a positive attitude, good sense of humor and more social connections than CSI participants. They remained hopeful for their future and the future of the transgender community. After living with fear of violence, discrimination, and rejection for years, they discussed how fighting for transgender rights and educating others gave their lives meaning. They no longer hid their transgender identity. While they did not walk around waving a transgender flag, they took every opportunity to educate others.

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<sup>18</sup> Out (of the Closet) was described by the respondents as, refers to varying degrees of being open about one’s transgender identity.



I think, as we get older we get to the point where we don't really care a whole lot what other people say or think. I really reach out at every opportunity. I'm always looking for opportunities to reach out. I made contact with uh some people at Ernest and Young about a year ago and had some discussions. I was invited to their equality event; it was just a couple of weeks ago actually and there were some pretty high-powered people there. [Bianca, MTF, 5 years post-transition]

While many of the respondents spoke of the economic cost and poverty that is pervasive in the transgender community, there did not seem to be an association between aging well and financial resources. However, there was a correlation between aging well and the respondents' work towards improving social agency<sup>19</sup> for the transgender community.

The 19 respondents that were placed in the ISI category included those who had partners and 14 of those who did not. Seven of the 19 respondents who had partners remained with their partners after transitioning. Ten of the Transgender elders divorced after disclosing their transgender identity and had subsequently formed new intimate relationships. One of the respondents transitioned after becoming widowed and had remarried. Five of the 10 respondents who divorced had established friendships with their ex-spouses.

Of the ISI respondents without partners, two respondents reported that they had never been in an intimate relationship. However, they remained hopeful that they would find someone. Eight of the 14 respondents were divorced after disclosure of their transgender identity. Four of the 14 respondents became widowed before they transitioned. All 14 respondents expressed that they felt hopeful that they would find someone with whom to share the rest of their lives.

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<sup>19</sup> Social Agency: self-determination, volition, or free will. It is the power of individuals to act independently of the determining constraints of social structure.

Sixteen out of the 33 ISI respondents experienced acceptance by their children. Eight of the respondents did not have any children. Eight respondents experienced rejection from their children. While they considered this a painful loss, these eight respondents received acceptance from their families of origin. Additionally, they continued to hold out for hope of future acceptance by their children. The one exception was Christopher, a 68-year-old transman, who reported that his daughter had passed away. Twelve of the 33 respondents expressed that their parents were deceased before they decided to transition. Fourteen respondents experienced parental acceptance and seven of them experienced parental rejection. Two of the respondents who experienced parental rejection developed new families of choice from within their spiritual communities. Twenty of the 33 ISI respondents experienced acceptance from siblings. Only six experienced rejection by siblings. Six respondents were the only child.

Finally, at the time of the interview, 31 of the 33 had been or were currently politically active and committed to building social and political acceptance of the Transgender community.

Without exception, the transgender elders' stories of both categories were similar up to and through transition in both categories. The difference in their trajectories is noted in their disclosure to transition, their participation in transgender advocacy, and their expectations for their future, and their adaption to their post-transition identity.

### **Integrated Social Identity Case Study:**

Bridget is a fifty-six-year-old transwoman. Her life story is unique in that she transitioned twice: the first time in 1990, only to transition back to her natal sex male when she felt it did not work, and then back to her authentic gender again in 2012. She spent the first thirty years of her life in Spain before immigrating to Manhattan, New York, where she currently resides. Her story of early awareness of her core gender mirrored other respondents' histories.

She underscored how growing up under the Franco dictatorship made it impossible to transition in her homeland.

I grew up in Spain, during Franco, very Catholic, conservative, reactionary at the time. For the first thirty years of my life, it was extremely difficult to find any information; everything was illegal.

Bridget, like all of the respondents, spoke of passing as her natal sex for years out of obligation to others. When her father passed away, she had to step into his shoes and run the family business in Spain. Her story demonstrates the importance of the social–ecological context at the time of transition and how this changed her expectations of transition. She spoke bravely of the first time she transitioned in 1990, and why she felt that it failed.

I was 40, I took the step; I was living as a woman for five or six months and then my whole life fell apart. My wife withdrew her support, she threatened to take my daughter to another country, and I freaked out, I panicked, I didn't have any support system in place.

Bridget detailed the difficulty in locating Transgender support systems where she felt comfortable. Further, she related how the culture of the Transgender community in the 1990s differed from 2012, when she transitioned for the second time. She said:

I vaguely, I remember a support group at the [NYC LGBT] Center. It was like a twelve step. It was a little strange. ... I'm not trying to stop becoming a transsexual. So, it was pretty strange. [Bridget, MTF, age 55, two years post-second transition]

When asked to describe the difference between her expectations in 1990 versus 2012, she further explained how the socio-cultural changes within the transgender community affected her expectations. She elaborated:

In the first transition, I wanted to be a woman. I didn't want to be a trans person, because to me... I felt threatened. To me, I just couldn't handle that. I wanted to be a woman and [when] I realized, I couldn't, that pushed me back because, I realized that I would never be a woman. But, this second time, I had learned to understand this in a different way, so to me it was much more

acceptable to me, to be a trans person. [Bridget, MTF, age 55, two years post-transition]

Bridget reported experiencing strong support from her family of origin upon disclosing her Transgender identity. She states, “I have two sisters, both are very supportive of me.” Her father had passed before she transitioned. Bridget receives unconditional support and love from her mother. Further, she has become friends with her ex-wife and shares in the parenting of their daughter.

Eventually, we came together again as friends. We live ... two blocks away from each other. I moved near where she moved to when we separated because my daughter is very important to me.

Bridget remains active in the transgender community by attending several support groups and educating people one-on-one about her transgender experience. She acknowledges the socio-cultural shift in the transgender community has been positive. She is aware of the importance of transgender visibility, giving back to the Transgender community, and staying connected with her transgender peers.

I know that before and years ago, the transwomen used to transition and then disappear from the community. I think it has changed, and I think now ... I would like to stay connected to the trans friends because, I would like to be a source of information, resources or opinions.

Bridget spoke of the vital support she receives from her close friends, within the transgender community.

When speaking of her future expectations, Bridget expressed her interest in traveling and spending time with her daughter. She articulated how she felt more emotionally connected to her daughter and family of origin after living authentically. Bridget also commented on how transitioning at an older age has certain benefits, which other transwomen respondents echoed as

well. She spoke with a positive attitude about the importance of maturity and how life experience helps to ground her in reality.

I want to know what's ahead, but I feel like my life is going to continue to be in a good place, a positive place. I don't know what to expect from it. But, I have good positive expectations.

She also spoke of looking forward to aging as a woman.

I'm sure; I'm going to grow into my white hair and all that stuff. You know its funny, I found this book, one of the most beautiful books; it's a photography book. I forgot the name but, it was about Annie Leibovitz, her mother, and her sister, it is all these old women who have white hair, and they are all beautiful. For me, that's how I picture myself, growing to be a beautiful old woman.

At the time of the interview, she was actively dating and remains hopeful of finding someone to share her life. She entitled her life story "Lost and found."

As part of the study protocol, respondents were asked to entitle their life stories. The ISI & CSI respondents' life story titles supported their classifications. Of the nine respondents who were CSI at the time of the interview, two respondents did not supply a title and another only gave a subtitle. The remaining six respondents titles offered negative connotations of their lives. For example, "She Tried" and "Me, Myself and I."

ISI respondents all provided titles that portrayed a positive outlook on their lives. For example, "My Journey to Becoming Me," "The Never Ending Story," "A Life Honestly Led," and "Lost and Found."

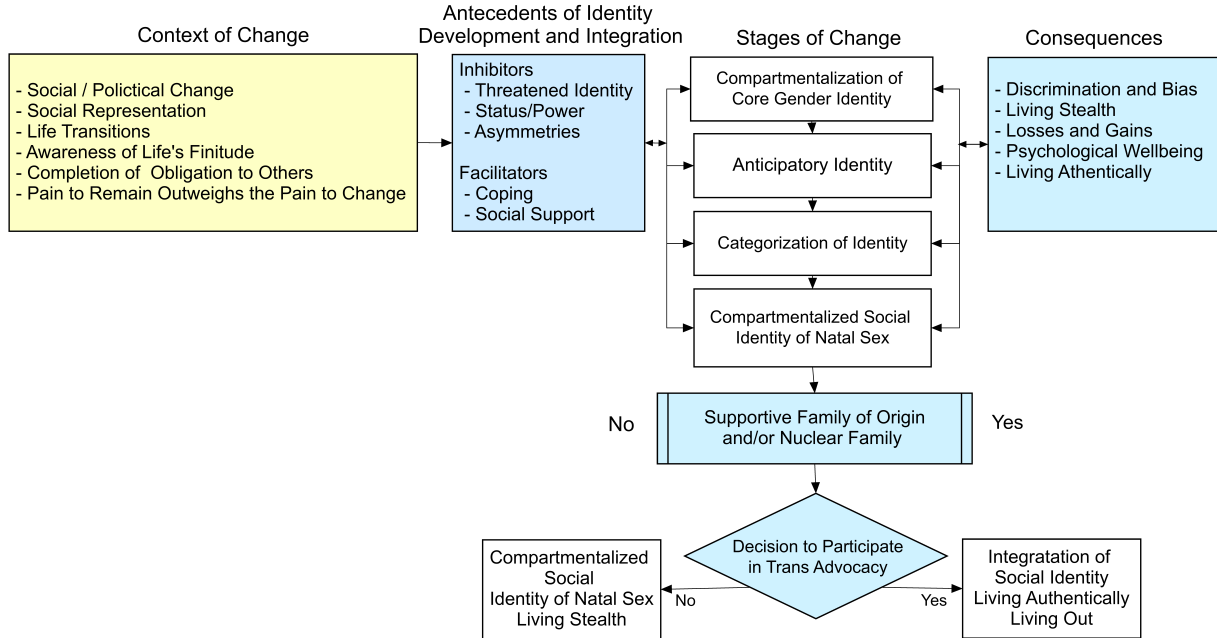
The following table is of the study respondents' self-titled life stories broken into CSI and ISI categories (See Table 4, Appendix G).

**Table 4: Respondents Life Story Titles**

<u>Pseudonym</u>	<u>Year of Transition</u>	<u>Relationship Status</u>	<u>Self Titled Life Stories</u>
<b>Compartmentalized Identity</b>			
Mackenzie	1988	Never in Relationship	-No main title "Subtitle a Transsexual Journey"
Mikayla	1996	Divorced – Alone	- None Given
Nancy	1997	Divorced – Alone	"She Tried"
Arielle	2001	Divorced – Alone	"A Work in Progress"
Lindsey	2003	Divorced – Alone	"Uneventful, Yet in Some Respects Surprising, in a Few Respects"
Kendall	2009	Divorced – Alone	"You Don't Know Your Mountains of Options Until You've Been in the Valley"
Karla	2010	Never in Relationship - Alone	"Me, Myself, and I"
Sabrina	2007	Wife Passes - Alone	- None Given
Juliana	2011	Divorced	"Life From the Inside Out"
<b>Integrated Identity Without A Partner</b>			
Lucy	1970	Never in Relationship – Alone	"I Did It My Way"
Carolyn	1974	Husband Passes - Looking	"My Life as a Transgender"
Christopher	1985	Divorced – Alone	"Trans-For-Man"
Jillian	1995	Divorced – Dating	"Tales of the Meat Market"
Wendy	2000	Divorced – Dating	"My Journey to Becoming Me"
Alexia	2001	Divorced – Alone	"How to Live a Happy Life"
Adrianna	2007	Wife Passes - Alone	"One Crazy Life"
Lydia	2008	Divorced – Alone	"Aspiring"
Mallory	2009	Divorced – Alone	"The Never Ending Story"
Bella	2009	Gay Partner Dies - Alone	"How Little Red Riding Hood Got Out of the Closet" - But Previously - "How Little Red Riding Hood Got Locked in the Closet"
Michael	2010	Wife Passes – dating	"How I Went About My Transition Later in Life"
Bridget	2010	Divorced, hopeful to find someone	"Lost and Found"
Felicia	2011	Never in Relationship – Alone	"The 70% Woman"
<b>Integrated Identity With A Partner</b>			
Amy	1988	Divorced - trans/Lesbian	"Walk This Way, Talk This Way"
Molly	1992	Divorced - trans/Transwoman	"I've Had a Pretty Easy Life"
Angela	1994	Remains trans/Wife	"Tangled Web"
Andrea	1998	Remains trans/Wife	"Stepping Off the Edge of Privilege"
Bethany	1998	Remains Married in an open relationship	"The Idiots Guide to Becoming a Real Person"
Lynn	2000	Divorced trans/Woman	"Just a Girl On The Road"
Karen	2001	Remains trans/Wife	"Trailblazer"
Vanessa	2002	Remains trans/Wife	"New Beginning"
Maria	2002	Divorced - trans/Male	"I Thought it Could Never Be Done"
Brianna	2002	Wife Passes – trans/Transwoman	"Been There, Done That"
Hope	2002	Divorced – trans/Lesbian	"It's Been a Hell of a Ride"
Tyler	2003	Remains trans/Wife (FTM)	"What You See, is Not Always What You Get, Looking Beyond the Visible"
Erica	2005	Remains trans/Wife	Home: Becoming the Person I Always Was"
Gina	2006	Divorced – trans/Transwoman	"What the Hell Was All the Fuss About" or "What the Hell Was All the Fear About"
Bianca	2007	Remains trans/Wife	"An Amazing Love Story"
Renee	2008	Divorced – trans/Transwoman	"Fun"
Miranda	2010	Divorced – trans/Woman	"The Girl Next Door Who Was a Boy and is Now Becoming a Girl"
Cassandra	2010	Remains trans/Wife	"A Transwoman and Her Faith Journey"
Natalie	2012	Remains trans/Wife	"A Life Honestly Lead"

## Conceptual Framework

**Figure 1: Conceptual Framework - Reflexive Authenticity**



The findings from this study support Breakwell’s (1986) identity process theory (IPT) and helps to explain how the study respondents coped with threatened identities. When their identities were threatened, they used “passing” and “isolation” strategies such as “*passing as one’s natal sex*” before transition and “*passing as one’s authentic gender identity*” after transition.

In addition, this study helps to explain how the identity integration phase described by Breakwell (1986) and expanded into discrete stages defined by Amiot et al. (2007) leads to integrated identities.

In a recent study, Bardi, Jaspal, Polek and Schwartz (2014) conclude that social change can alter the identity of individuals. Bardi et al. demonstrate their theory by using examples of minorities with multiple stigmatized identities. As illustrated in the Bardi study, the respondents

in this study detailed how historical changes in the social representation of the transgender community helped to change their self-perception. They discussed the increasing visibility and evolving positive representation in media of transgender people and how these affected them during their lives. Initially, through the evolving media of popular culture<sup>20</sup>, they discovered they were not alone in their internal feelings. They relayed the importance of reading articles about other transgender individuals, the increasing availability of trans specific information, and the connection with other transgender people to create a sense of community. All of the respondents spoke of the importance of the Internet in their journey to become their authentic selves. They detailed how the Internet allowed for the exploration of their gender identity in a non-visual, non-threatening, and anonymous safe space.

They discussed how at a young age they learned the strict confines of gender role expectations in society, and what it meant to step outside of those norms. In their descriptions, the respondents relayed the social pressures to conform to gender norms in order to fulfill their desires for relationship maintenance and self-preservation. In the next section, I will discuss the significant conceptual categories and their relation to relevant theories. The interviews revealed five stages of social identity integration development and antecedents of each stage.

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<sup>20</sup> Popular culture is the entirety of ideas, perspectives, attitudes, memes, images, and other phenomena that are within the mainstream of a given culture. Heavily influenced by mass media, this collection of ideas permeates the everyday lives of society (Kidd, 2014).



## **Stages of initial awareness**

### **Early Awareness**

Respondents described the dominant theme of early awareness as ‘feeling different’ or that ‘something was wrong’; but at these early ages, they lacked the verbal capacity to articulate their feelings of discomfort. For the respondents, this generally emerged between the ages of four and seven years. For the vast majority, reading the story about Christine Jorgenson put words and concepts to their abstract feelings. Suddenly, they could describe their internal conflict. Gagne et al., (1987) identify this conflict as *emergence*. This awareness gave rise to exploration of internal gender identity, through events such as cross-dressing or revealing to others their gender identity. These behaviors often led to extreme negative feedback by family members or authority figures.

### **Negative Feedback**

The majority of respondents described experiencing negative feedback from parents or authority figures in reaction to their attempts at authentic gender expression, which they perceived as a threat to their core gender identity. Early awareness of gender identity and expression leads to compartmentalization of the core identity to protect the threatened identity.

### **Theme 1: Compartmentalization of Core Gender Identity**

Threats cannot be adequately characterized merely in terms of their form or type. The definition must be derived from their implication to one’s identity. Breakwell defines threat to identity as follows: “A threat to identity occurs when the process of identity, assimilation-accommodation and evaluation are, for some reason, unable to comply with the principles of continuity, distinctiveness, and self-esteem, which habitually guide their operation” (Breakwell, 1986, pp. 46-47).

## Coping with Threatened Identity

Breakwell (1986) states that on an interpersonal level, there are a number of identifiable interpersonal action strategies used when faced with threats to identity. Breakwell (1986) describes the four interpersonal coping mechanisms as: (1) isolation: “The individual occupying the threatening position seeks to minimize its impact by isolating himself or herself from other people” (p. 109); (2) negativism: “...entails the opposite tactic [to isolation]: it involves the outright conflict with anyone who would challenge the identity structure” (p. 113); (3) passing: “... totally convert and normally occurs where the characteristics which identify the threatening position are easily hidden or erased” (p. 117); and (4) compliance: “... accepting the behavioral prescriptions associated with the threatening position; living up to expectations [of the threatened identity]” (p. 121).

**Passing as one’s natal sex.** All of the respondents used *passing as one’s natal sex*, as a coping mechanism to protect their threatened internal transgender identity. Moreover, the vast majority also employed *isolation* during different periods in their lives to cope with their threatened transgender identity. Contrary to Breakwell’s model, however, none of the respondents spoke of using compliance or negativism as a coping strategy.

Interpersonal strategies are those that rely on “changing relationships with others in order to cope with the threat” such as self-isolation and passing. Passing as one’s natal sex necessitated building personas and lives that others expected of them, including marital relationships. (Breakwell, 1986, p. 109). In addition, with the exception of three respondents, all of the respondents also spoke of purposely self-isolating before transitioning. They reported intentionally having had few friends out of fear that others could see through their constructed and false natal sex persona.

**Humor.** The respondents spoke of humor as a coping mechanism, which was evidenced in the respondents' life narratives. Sparks-Bethea (2001) found that nearly 95% of subjects strategically employed humorous communication as a means of coping with life stress and of easing tension. Numerous studies have supported the anecdotal view that humor and laughter are therapeutic for relieving tension and anxiety (Kuiper, Martin, & Olinger, 1993; Lefcourt, et al., 1995; Moran, 1996; Moran & Massam, 1999). Whereas stress is linked to psychological distress (Gillis, 1992; Spielberger, 1979), humor appears to buffer an individual against the negative effects of stress (Abel, 1998; Labott, Ahleman, Wolever, & Martin, 1990; Lefcourt, 2001; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003). A number of studies have now demonstrated that higher levels of either affiliative or self-enhancing humor are related to greater psychological well-being, characterized by lower levels of depression and higher levels of self-esteem (Martin, et al., 2003). According Martin, et al. (2003) affiliative humor reflects a humor style that is used to enhance one's relationships with others in a relatively benign way. It is the tendency to tell jokes and funny stories, in order to amuse and laugh with others. Self-enhancing humor refers to humor to enhance the self in a tolerant way and is the tendency to maintain a humorous outlook on life to cheer oneself up (Kuiper & Leite, 2010).

In contrast, higher levels of self-defeating humor are associated with the opposite pattern of well-being: namely, increased depression and reduced self-esteem. Further, studies have shown that aggressive humor is typically unrelated to either of these indexes of psychological well-being (Crawford & Caltabiano, 2011).

The respondents in this study aligned with Kuiper and McHale's (2009) study that demonstrated that positive self-evaluative standards led to the use of more affiliative humor, which led to a positive outlook and positive future expectations. Additionally, a greater

endorsement of negative self-evaluative standards led to the use of more self-defeating humor, which resulted in lower levels of social self-esteem and negative expectations of the future. Further, the respondents in this study more often used affiliative humor to mediate the relation between negative self-evaluative standards and well-being (Kuiper & McHale, 2009).

After living several decades, coping with their threatened core identity, they came to a decision to transition to their core identity.

### **Making the Decision to Transition**

Three themes that emerged from the data from the respondents: (1) feeling ready to transition after fulfilling obligation to others, (2) the pain to remain outweighed the pain to change, and (3) awareness of life's finitude. Feeling ready to transition after completion of obligation to others.

### **Feeling Ready to Transition After Fulfilling Obligation to Others**

The majority of the respondents spoke of waiting to transition out of obligation to others such as nuclear families, families of origin. In this way, they kept their careers intact for financial security. The results of this study were similar to the findings of a study undertaken by Budge, et al. (2012) that discussed the coping processes for emotional experiences at different stages of the gender transitioning process. Their code, "responsibility to others" was significant in their respondents' decision to transition. Similarly, the respondents in the present study specifically used "obligation to others," as a common phrase.

Respondents explained that having fulfilled their obligations to others, they now felt able to care for themselves. When the respondents relayed events such as retiring from a long-time career, being widowed, or launching their adult children, their experience was coded as "obligation to others fulfilled."

A majority of the respondents reported that their increasing emotion pain, depression and hopelessness drove them to realize life without transitioning, was not worth the pain.

**Pain to Remain Outweighs the Pain to Change.** Beyond the sense of fulfillment of obligations, many of the respondents also spoke of the psychological pain of passing as their natal sex. This pain led to increasing depression and in four cases, suicide attempts. Breakwell discusses the double-edged sword of passing; while it may help individuals gain the social status of the persona presented, "... the consequence of the enactment of fraud cannot be underestimated. The person who passes must live a lie. This has psychological implications. Further, the passer lives with the continual fear of discovery and exposure" (Budge, et al. (2012). Respondents spoke of the increasing sense of urgency to transition as they aged. They reported it was too painful to continue living a lie.

#### **Awareness of Life's Finitude.**

Human activities are essentially oriented toward the future; when we select a particular goal or course of action, we assume that our future self will experience the expected or anticipated outcomes. When our future becomes uncertain, it makes naturally less sense to defer gratifications and forgo an immediate advantage for some future benefit. (Witten, 2009, p. 43)

Personal goals are generally conceived as future-oriented representations of what individuals strive for in possible life goals (Brandtstädter, Rothermund, Kranz, & Kühn, 2010). When respondents became aware of their own fading life reserve, they felt an urgency to work towards the lifetime goal of living as their authentic selves and subsequently transitioned. The average age of transition for the study cohort was 53. The late age of transition underscores the importance of emotional pain that the respondents' endured: hiding and delaying their transition for, on average, four decades. They explained that continuing to live their remaining years presenting as their natal sex was unimaginable; thinking about it would only exacerbate their

depression. Many of the respondents relayed that prior to deciding to transition, they did not care for their physical body. Yet, after transitioning, their mind and body matched. They then felt renewed care for themselves. Natalie, a 62-year-old transwoman used the phrase, “rebirth at 62.” She went on to detail how this complete self-acceptance gave her hope and the energy to live authentically into her elder years. She was among nineteen Transgender elders who defined successful aging as “living authentically”. Many of the respondents spoke about making up for lost time and living life to the fullest. For example, some spoke of a “bucket list” and others spoke of finding meaning in their lives.

As this awareness set in, respondents moved into the anticipation stage, by seeking information about what it might actually be like to transition. Further, information-seeking now included professional resources to begin their physical and emotional transition. Making the decision to transition leads to anticipatory identity.

## **Theme 2: Anticipation Stage**

The internal awareness of gender identity and a new motive to create change led respondents to seek information. They wanted answers to a variety of questions: most specifically about how to go about transitioning from their natal sex to their core gender identity.

Amiot et al., (2007) identify the anticipation stage of identity integration as a preparation stage. Indeed, all of the respondents spoke of seeking out transgender information early in their lives to confirm that they were not alone in their feelings of gender incongruity. Respondents sought venues where they could explore their authentic gender identity and gather the resources to transition, socially and medically. In discussing their developing awareness of possibilities, many respondents spoke of the historical timeline of the technological evolution.

### **Seeking Information**

Respondents' experience of personal "sense-making" changed over time. According to Dervin (2007), personal sense-making is defined as, "behavior, both internal (i.e. cognitive) and external (i.e. procedural), which allows the individual to construct and design his/her movements through time-space" (2007, p. 3). Respondents discussed how they sought to meet their own informational needs. They described that the locations of where they found information changed during the course of their lifetimes. All of the respondents were old enough that the Internet was not an available resource when they initially sought information about their internal gender feelings. Respondents spoke of the impact of a progressively-changing social representation of the transgender community that rode on the coattails of the gay civil rights movement.

Respondents had long recognized that their internal gender identity did not match their natal sex. Through print media, television, and the Internet, respondents spoke of finding information and resources to aid in the process of self-acceptance. Further, changing media perspectives provided them with insights and mechanisms for reaching out to others—for testing the waters as they expressed (at first, tentatively and then, more boldly) their Transgender identity and their authentic selves.

### **Transgender Support Groups**

Forsman, Herberts, Nyqvist, Wahlbeck, and Schierenbeck (2013) conducted a study to gain a deeper understanding of social capital. Their findings indicate that informal social contacts, such as family members and life-long relationships between friends, affect the mental well-being among older adults. Well-being is enhanced due to shared life events, social support, mutual appreciation, trust, and a sense of belonging through common social activities.

All of the respondents in the present study spoke of the importance of transgender support groups and how participation evoked a sense of belonging to the transgender community. All of the respondents in the ISI category spoke of the sense of belonging they had in their participation in transgender support groups/community activities. Participation in these groups gave rise to their eventual participation in trans advocacy. Respondents reported that transgender advocacy gave them a great sense of life meaning. As the respondents gained knowledge, support and friendships through transgender support groups, they began to feel a ‘duty’ to give back and ‘carry the torch.’ When participants felt they gained enough information from the support groups, they spoke of continuing to participate so they could help others find their way. Others recognized that their trans voice could help change policies and laws for trans people who remained closeted and fearful of coming out.

Lambert et al. (2013) conducted four studies to explore the connection between belonging and meaning. Their study elucidates the importance of relationships. They found that, “Social relationships promote the perception that life is meaningful and that relationships that promote a sense of belonging are especially likely to promote a belief that one’s life is meaningful” (2013, p. 21). Humans seem to have a biological need for social relationships (Baumeister & Leary, 1995). Baumeister (2005) contends that the human thirst for belonging and the capacity to understand large systems of meaning are inextricably linked in the human psyche. One might expect, then, that a sense of meaning in life depend, at least in part, on a feeling of belonging.

While respondents spoke about “personal meaning,” they recognized that meaning itself is not solely personal but rather culturally inclusive. It is like a large map or web, gradually



filled in by the cooperative work of countless generations. An individual's sense of meaning may be a personally relevant section of this giant, culturally-created map.

One crucial advantage of meaning is that it is not limited to the immediately present environment. Meaningful thought allows people to think about past, future, and spatially distant realities (and even possibilities). Meaning can integrate events across time. "Purpose", one important component of meaningfulness, entails that present events draw meaning from future ones. ISI respondents spoke of their fight for transgender rights and the possibilities for future trans equality. They were all, currently or formerly, politically active and committed to building social and political acceptance of the transgender community.

Numerous studies have indicated that individuals who report to have found meaning in life also report more desirable perspectives and more positive perceptions of the world (Lewis, 2014; Sharpe & Viney, 1973; Simon, Arndt, Greenberg, Pyszczynski, & Solomon, 1998).

### **Social Representation: An Identity-Shaping Social Context**

Previous studies have supported the concept that societal change can have an important impact on different aspects of one's social identity (Lambert, et al., 2013, p. 1425). Furthermore, a growing number of studies have provided evidence for the variations based on societal change that occur in group members' social identities over time (Breakwell, 1986).

The respondents' detailed historical events that drove a cultural shift during their lives and how this shift impacted their self-perceptions. For the purpose of discussion, the historical events were broken down into decade-specific events. In regards to the 50s and 60s, all of the respondents spoke of becoming aware of Christine Jorgensen. All of the respondents recalled how her story put a name to their internal feelings. While Ms. Jorgensen's story gave verbiage to their internal gender feelings, it also left some respondents in a quandary. Benjamin's (1966)

book *The Transsexual Phenomenon* was a set of guidelines that connected sexual orientation to gender identity; therefore, post-transition, a trans person would appear and present in society as a heterosexual person. Those who did not fit these criteria moved to the club scene where alternate lifestyles were welcomed. In these clubs individuals used words like female mimic, drag queen, or transgenderist. Respondents spoke of the vibrant underground world in the 1960s, in clubs such as *Hell Fire*, *Mustang Sally's*, and *The Vault*.

The decade of the 1970s brought television shows that broadcast interviews of Transgender people into the media spotlight. Shows such as the *Phil Donahue Show* and *Dinah's Place* (Dinah Shore), introduced Transgender individuals, with whom the respondents could identify. For example, the transmen spoke of becoming aware that transition was not only for transwomen, thus validating feelings that transmen also existed and was a valid identity. Although these interviewees' stories resonated with the respondents, they reported that the public perception of transgender individuals was that of an "othered" identity. Respondents explained that by the mid-70s, there was trans acceptance within gay nightclubs, where they could present their core identity in relative safety. Respondents also related that some early transgender support groups were forming, allowing them to meet other transgender people and share their stories.

Mikayla spoke of her perception of climate in the 1970s for the transition and the fear that kept her closeted.

If in '75 and '76 I had come out and said, I wanted to be a woman. I wouldn't have had a job. [Mikayla, MTF, age 78, five years post-transition]

The 1980s brought about the beginning of the computer age with dial-up bulletin boards. For the first-time, trans people could connect to other trans individuals anonymously from the privacy of their homes. Magazine articles with positive stories of transwomen became more

prevalent, including the first publication of *Tapestry Quarterly Magazine*. This publication brought information written for, about, and by transgender individuals. This magazine was the beginning of print media that presented transgender articles without the media sensationalism of earlier newspaper articles, such as popular news articles about Christine Jorgensen and Renee Richards.

The majority of respondents spoke of the impact of the commercial Internet. CompuServe broke new ground again in 1980 as the first online service to offer real-time chat online. In this medium, individuals could speak anonymously in real time about their feelings and thoughts about being trans. Respondents noted that was a safe place to express their core identity and receive validation of their true gender. One of the respondents, Molly, a 70-year-old transwoman, recalled Susan Stryker identifying 1985 as the beginning of the transgender civil rights movement. She continued to expand her declaration by highlighting the public scuffle between Janice Raymond, a transphobic lesbian separatist, and Sandy Stone, a lesbian transsexual. Respondents spoke of how the commercial Internet increased the visibility of transgender people and their diverse expressions under the umbrella “trans”. Respondents explained that within this decade particularly, they felt a sense of belonging to the trans community. They spoke about how these social connections increased the possibilities of how they could self-actuate and self-define their identities. As an example, one of the respondents, Renee, a 69-year-old transwoman self identified as a “transbian”<sup>21</sup>.

The 1990s ushered in an important political movement. Suddenly, the acronym LGBT became prominent. With this symbolic gesture, transgender individuals were now included in

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<sup>21</sup> Renee defined transbian, as a transwoman who is attracted to transwomen.

pride parades nationwide. Further, the respondents discussed numerous websites with information and social connections for the trans community. Additionally, respondents described the positive image shift in the media of the portrayal of transgender people. As an example, they spoke of the movie *The Crying Game*. In this film, they saw a portrayal of a transsexual woman's emotional struggle, rather than the previously depicted psychotic killer of the 1980 film *Dressed to Kill*. All of the respondents acknowledged the dramatic change of the category trans in society over the past 20 years. Respondents also spoke about the importance of transgender conferences where trans individuals could meet and appreciate the diversity of conference attendants.

Adrianna, a 55-year-old transwoman told of the impact the changing representation of the trans community had on her own identity. Initially, as she was attracted to women, Adrianna had identified as a cross-dresser. However, as the transgender social representation changed, she recognized the importance that in self-defining her own gender, she did not have to fit the narrow confines of the socially-constructed stereotypical woman.

Oh absolutely. I identified more as a male when I was younger, with a cross dressing aspect to me, and then as I got older the feminine side of me came out more and more, and more. And now I'm pretty much there and fully female, with a little bit of butch tendencies [Adrianna, MTF, age 55, five years post-transition].

Natalie summed up the positive change in social representation of transgender

Because of the publicity that's out there, because of the Internet. It's not just Jerry Springer ... it's not just grotesque monster like people who I don't think are sincere it's just sensationalism. [Natalie, MTF, one year post-transition]

She detailed the positive role models that were out over the last 10 to 20 years, as opposed to television shows that sensationalized the topic. Natalie specified "So for me I think

the good news in the transgender world is that for most people it's not the first time they've heard of it. It's not just Christine Jorgenson. It's teachers ... it's doctors."

On February 13, 2014, Facebook initiated multiple gender options for their members, giving them 56 gender choices (Weber, 2014). This change speaks volumes about the changes in our society today. Facebook's change has opened the door to potential social acceptance identities beyond a strict binary gender.

See Appendix trans, which represents a historical timeline of events the respondents mentioned. With growing self-acceptance and support, they now categorized their social identity as transgender and gained a sense of community belonging.

### **Theme 3: Categorization of Social Identity**

Categorization of identity/acceptance of transgender identity leads to transition.

#### **Emergence – Transition**

We must be willing to let go of the life we planned so as to have the life that is waiting for us. — Joseph Campbell<sup>22</sup>

Lev's (2004) book, *Transgender Emergence*, describes the process of transition as the internal gender identity that emerges from within where it has remained purposively hidden from the world, out of fear of discrimination or violence. As indicated in the findings, the respondents often used the metaphor "leap of faith" to describe the moment where they began to present to the world as their core gender. The majority of respondents' explained, in hindsight, that their initial presentations often very stereotypically depicted their aspirational gender identity. It was at this point that the theoretical construct of "passing," not as their natal gender but as their

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<sup>22</sup> Joseph Campbell was an American mythologist, writer, and lecturer, best known for his work in comparative mythology and comparative religion.

authentic selves, becomes the goal, to manage the stigma of being transgender again. Social comparison theory, first proposed by Leon Festinger (1954), postulates that people constantly evaluate themselves and compare themselves to others. There are two types of comparisons: downward and upward. Downward comparisons occur when people compare themselves to someone else and find the other person to be lacking. Upward comparisons, however, are when people compare themselves to others and find *themselves* to be lacking. In the present study, as the respondents first transitioned, they often used upward comparison—reaching for an unattainable gender presentation as portrayed in the media. The findings regarding the transwomen respondents were consistent with Festinger (1954), who concluded that cultural norms for thinness and beauty play a large role in women’s chronic dissatisfaction with their bodies. Respondents spoke about how initially they established their idealized self within the culturally determined stereotypes of what it means to be a “beautiful woman” or a “masculine man” (Strahan, et al., 2006).

In contrast to respondents’ early upward comparisons with media icons, using the Internet, respondents were able to read stories and gain access to other transgender individuals—more positive role models—allowing for horizontal comparison which helped them to build positive self-esteem. Social comparisons have become a relevant mechanism for learning about the appearance related social expectations among peers and for evaluating the self in terms of those standards (Kilbourne, 1994). As an example, many of the transwomen in the study spoke of the initial importance of make-up and presentation; over time, living authentically, they recognized they did not need to do so in order to identify as women. Mikayla, a 78-year-old transwoman who transitioned 17 years ago, clarified how early in her transition she would spend countless hours watching and observing women:

I think a great deal of difference is how we view those insignificant things that a woman takes for granted that we think are so interesting that eventually become second nature. You think all right when I first transition, you will make sure your make up is on right. That it is perfect. ... I don't even wear makeup anymore. After sixteen years, I'm just an old lady who goes from one place to another. Old ladies don't wear makeup. Our value of what a woman is when we want to transition is much more important when we begin the transition than later on [Mikayla, MTF, age 78, 17 years post-transition].

### **Acceptance or Rejection of Trans Identity**

Respondents detailed how emergence included disclosing their transgender identity and their plans to transition, to family, friends, and co-workers. They received varying reactions from acceptance to conditional acceptance, and sometimes to outright rejection. Since the vast majority of the general population is at least relatively comfortable with their gender identity, it becomes very difficult for cisgendered people to relate or to understand the transgender experience; therefore, the outcome of disclosure is difficult to predict. Before disclosing their transgender identity, respondents hoped for acceptance and support but feared loss and rejection.

The literature on transsexual family relationships is limited and mostly dated. Additionally, these qualitative studies used much more broadly defined transgender communities (e.g. including cross-dressers) for their inclusion criteria (Jones, 2001, p. 647). Scholars suggest that family relationships do have an important bearing on well-being, including the quality of one's relationship with intimate partners (Nuttbrock, Rosenblum, & Blumenstein, 2002), children (Brown & Denny, 1998; Prince, 1981), parents (Boszormenyi-Nagy, 2014), and siblings (Bolin, 1988; Parker & Barr, 1982). This research also suggests that the coming out process affects the quality of family relationships. None of these studies examined the nature of the well-being of transsexuals in terms of life satisfaction and self-esteem or specifically how these constructs related to the quality of family relationships.

Israel (2013) states, “Individuals, who have at least one parent or a close family member often find just enough love and support to make it through unimaginable hardships associated with a harsh, transphobic society” (2013, p. 58). For participants in the present study, support and acceptance were found to be important in four primary domains: (1) nuclear families (2) families of origin, (3) friendships, and (4) careers (Israel, 2013).

Respondents whose parents were still alive hoped for acceptance and support. The majority of respondents whose parents were deceased before their transition regretted not having the opportunity to gain their parents’ love and acceptance of their true selves. On the other hand, one transwoman was so fearful of rejection that she deliberately waited until her parents had passed to transition.

The majority of respondents spoke about isolating before transition and having few friends. While in post-transition they began to build more friendships and social connections. “Social support is a key concept in social gerontology; there is empirical evidence of its relationships with health, well-being, and quality of life in old age” (Fernández-Ballesteros, 2002, p. 645). The respondents regarded social contacts as an important element for well-being. Conversely, they felt that loneliness would lead to depression and aging poorly.

Well, obviously health is always an issue, that's one thing. But, there's also a mental health issue that I think is important. I'm sure that there are probably some people that are very isolated, that don't have friends ... that have no social life. [Lynn, Dual-Gendered, age 58, 11 years post-transition]

Lynn, as with all the respondents in the ISI category, spoke of an increasing number of friendships post-transition. While the majority spoke of purposely only having a few close friends prior to transitioning, they had come to a place where they valued friendships and were either rebuilding old relationships or building new friendships post-transition; they became more social.



As the average age of transition for the study cohort was 52 years old, many had already retired from their primary careers. Fourteen respondents reported that they were unable to retire or had to subsidize their social security income, due to the financial cost of transitioning. These respondents who needed to continue working often faced discriminations on multiple levels. They reported facing trans-discrimination, ageism, and sexism. Many of the respondents used the phrase “triple whammy”, when searching for employment. It was even common for the respondents with advanced academic degrees to experience difficulty securing meaningful employment.

Among those who experienced a positive reaction in the workplace, there was consensus that such acceptance related to the importance of having achieved a successful reputation in their career before coming out. For the respondents who “came out” at work, many used humor to ease the tension and were surprised that they received acceptance and support. Initially, post-transition leads to compartmentalization of previous identity to protect the threatened new identity from spoilage of the knowledge of their natal sex.

#### **Theme 4: Compartmentalized Natal Sex Identity Post-Transition**

Conflicting social identities may be managed through compartmentalizing and dealing with each in a context-dependent way (Kohut, Goldberg, & Stepansky, 1984, p. 200). All of the respondents initially entered the compartmentalized social identity phase post-transition. At this stage of social identity development, compartmentalization does not have to imply a contextual presentation of either male or female. For respondents who described themselves as living stealth in their core gender, the following conceptualization came to mind. One of the respondents, who had transitioned and had been living stealth, described this state as, “immigrating to a new gender land and living in constant fear of expulsion.”

At this stage, the respondent's natal sex social identity and their post transition social gender identity are kept compartmentalized and distinct; the possible intra-individual contradictions and similarities between the identities are not yet recognized (Crisp, 2010).

The distinction between CSI and ISI respondents related to their post-transition self-perception. Within the ISI group of respondents their self-identity was transgender versus CSI post-transition held firmly to the concept of identifying as cisgendered. Therefore, the CSI group carefully hid their natal sex and felt people who knew of their transgender history would treat them as less than human.

### **Transgender Advocacy**

Bettcher states, "If a person is subjected to discrimination or violence because this person is taken to be in violation of gender norms perhaps because the person is wearing a dress, this is no doubt because the person is being transphobically viewed as a man" (Bettcher, 2014, p. 400).

Those trans respondents whose characteristics placed them in the Integrated Social Identity category spoke about having a commitment to improving circumstances politically and socially for the transgender community. Specifically, they described working to pass anti-discrimination laws inclusive of gender identity and gender expression, as well as educating the greater society about the transgender experience through both personal conversations and lectures. They spoke of the importance of visibility of transgender people in our society, thereby changing the social representation of transgender individuals and countering stereotypes. This study demonstrates the importance of expanding Raj's (2007) theory of trans activism as a therapeutic tool. Raj speaks to the importance of using trans activism in therapeutic individual counseling as a tool for self-empowerment and to the capacity of individuals to act independently and to make their own free choices.

Social representation theory (SRT) addresses the social construct of meaning, and how society explains phenomena in the sociocultural environment. SRT theorizes the way in which society creates models, narratives, rhetoric and arguments that interpret or make sense of new information. The information can come from the broadest possible context, ranging from the scientific to reports of macro-socio-economic or cultural movements. Social representations are ever evolving Bettcher (2014).

SRT can manifest itself as both products and processes. As a product, a social representation is defined as a widely shared set of beliefs—a systematic framework for evaluating events. As a process, social representation is the entirety of the activity—including communications, exchange and argumentation—in which individuals and groups engage to make sense of their changing physical selves and their environment. This study demonstrates that within invisible minorities, as the transgender community has been often described by scholars (de Vries, 2011; Kreps, 2014; Witten, 2013), the digital age has made available new opportunities for individuals to recognize, explore, and find validation for their identities. As mentioned earlier, digital media changed the social representation of what it meant to be a transgender person.

The respondents demonstrate the reciprocal nature of Identity Process Theory (IPT) and SRT. Connell (1987) explains that social interactions of multiple individuals generate social representations, creating an evolution of widely shared set of beliefs. For this reason, as transgender visibility increases, societal understanding begins to adopt diversity. With this visibility, the social meaning of transgender allows other trans-people that are passing as their natal sex to begin to see new options for personal identity development. As an example, Bridget described transitioning from presenting as her natal sex to her core identity twice, first in 1990

and the second time in 2012 and described the difference between her expectations in 1990 versus 2012. She illustrated how the socio-cultural positive changes within the transgender community shifted her expectations of transitioning. She recalled that in her 2012 transition, the visibility of the trans identified community validated her identity as a transwoman; this experience was in contrast to her first transition, when she expected to completely transition to female, erasing her previous identity.

Lastly, the advancements in technologies from television in the mid-1950s through the use of personal computers and the internet have facilitated social change at an exponential rate through increased exposure to diverse people, ideologies, and experiences.

Moreover, social connections to other transgender individuals, transgender support groups, and transgender social groups, led respondents to participate in transgender advocacy groups where members' activities worked to achieve the three group goals. Breakwell (1986) lists these goals as: (1) change value of the group attributes, (2) change characteristics associated with the social category, and (3) change the social order and, dominant ideologies

Respondents expressed that advocating as a self-identifying transgender person helped build their self-esteem. Further, it allowed recognition of behaviors and similarities from their pre- and post-transition identities, into a healthy identity that they unanimously titled their "authentic self."

### **Authenticity**

Who can say why I heard its music the way I did? All I know is that from earliest memory I disliked being called 'he' and longed to be addressed as 'she. I wanted to look like what I considered myself to be, and perceived that I was profoundly misplaced – all of which evoked in me the utter sadness of feeling irremediably lost and alone in a situation impossible to rectify... These feelings were real. I am agnostic as to their origin. I did not choose them. I

chose only how I would inhabit the architecture of their affect  
(Stryker, 2008a, p. 42).

The theme of authenticity emerged from respondents who described that through transitioning, they have become more authentic individuals. Maddy (2007) defined authenticity as understanding and accepting one's personal traits. According to the respondents, the authentic self represented including the little boy or little girl within with their social identity of their natal sex. In addition, the authentic self included the person whom the participants wanted to be. They feared the criticism and judgment of others. The authentic self did not manifest during the times of imitation of others or when the participants hid behind facades. According to Ryan and Deci (2000), an authentic person engages in authentic behaviors that exist as "self-authored and endorsed" (p. 69). The participants in the study described the authentic self as the person whom they hid, guarded, protected, or defended. Moreover, the authentic self included the person the participants wanted to set free, liberate, heal, develop, and mature. In addition, the authentic self represented the person whom the participants were in a natural setting. The central issue is the attitude one takes to one's own freedom and responsibility, and the extent to which one acts in accordance with this freedom. None the respondents said they regretted their transition. They relayed how they were finally living as their "true selves." Further, all of the respondents noted that they felt younger than their chronological age and that their emotions had vastly improved. The vast majority reported they no longer suffered from depression. Further, respondents who reported living authentically, no longer purposefully isolated. Breakwell states, "Literature on normative later-life isolation and its correlation with later-life increases in depression, increases in morbidity, and increases in mortality demonstrates the importance of a variety of social support mechanisms from family to religious/faith/spirituality groups to friendship groups to family" (1983, p. 117).

The respondents spoke of the process of becoming comfortable in their own skin and less concerned with what others thought of them. Acceptance of both pre-transition and post-transition identity and participation in Transgender advocacy leads to an integrated social identity/living authentically.

### **Theme 5: Integrated Social Identity Through Reflexive Authenticity**

Social identity can be defined as “that part of the individual’s self-concept which derives from his or her knowledge of membership to a social group (or groups) together with the value and the emotional significance attached to it” (Levitt & Hiestand, 2004).

Respondents who were assigned to the category of Integrated Social Identity, reported that by recognizing similarities in both their pre- and post-transition, they now felt comfortable in their own skin and were living authentically. In doing so, they had ruptured the strict boundary of the compartmentalized social identities and integrated them together into one integrated social identity.

According to Amiot and Jaspal (2014) achieving an integrated social identity occurs by: (1) recognition and resolution of conflict between different important social identities; (2) establishment of interrelations between identities and recognizing the similarities between them; (3) creation of higher order categorizations to resolve the conflict; and (4) overlap between identities, such that total out-groups or partial in-groups become total in-groups. “This process allows the simultaneous identification as a whole authentic self” (p. 376).

Thus, this study demonstrates the impact of individual trans activism, not only on a personal level but the social representation of the transgender community as well.

## Discussion

The findings from this study support Breakwell's (1986) identity process theory (IPT) and help explain how the study respondents coped with threatened identities. When their identities were threatened, they primarily used "passing as one's natal sex" and purposefully isolating by having few friends.

In addition, this study helps to explain how the identity integration phase described by Breakwell (Amiot & Jaspal, 2014) that was expanded into four discrete stages by Amiot et al. (2007) leads to integrated identities. Amiot et al. describe the four stages as (1) anticipation identity stage, (2) categorization identity stage, (3) compartmentalization identity stage, and (4) integrated identity stage. Amiot et al. proposed that these social identity categories deal with such transitions as immigration, organizational merger, social/political changes, or life transitions (Breakwell, 1993). This study engages the theory of "integration of social identities in the self" by defining life transitions as the emergence of internal gender identity (hidden) to living one's authentic external social identity (Amiot, et al., 2007, p. 366).

The average age at the point of transition for the cohort of respondents was 53 years old. One might ask: What motivates an individual who has spent decades passing as their natal sex to decide to transition to their core gender in later life? The respondents in this study felt an overwhelming need to live their authentic lives and to cease living a lie.

Transitioning later in life, the ISI respondents spoke of the positive change in mood, increased self-esteem, finding meaning in their life, and living without regret. These trans elders reported they felt a strong connection to the transgender community and a sense of duty to give back. As all of the respondents reported living the majority of their lives gender incongruently with their true gender. A large majority of them reported life long battles with depression. For

this reason, it makes sense that finding meaning in later life would increase their sense of well-being.

This study builds on Lev's (2004) transgender emergence model. As stated earlier, Lev postulates there are six "States of Emergence." Lev's model is consistent with the experiences of the present study's respondents. In the first stage, *Awareness*, the person comes to the realization that he or she is differently gendered. In the second stage, *Seeking Information/Reaching Out*, the person begins to seek out information about gender identity, to transition, and to connect with others. In the third stage, *Disclosure to Significant Others*, the person begins telling their family of origin, spouses/partners, and children. This disclosure creates space for the fourth stage, *Exploration-- Identity and Self-Labeling*. At this point, the person unpacks what it means to be gender variant and searches for a label or identity that best explains who he or she is. In the fifth stage, *Exploration— Transition Issues/Possible Body Modification*, the person begins looking for options for transition, which can include changes to his or her emotional identity and physical presentation. In the final stage, *Integration—Acceptance and Post- transition Issues*, the person presents his or her authentic self post-transition.

Within Lev's Emergence model, this study illuminated two significant factors. First, in a rapidly changing social world, the transgender youth of today have many tools and advantages: e.g. the Internet, transgender social support, family support and the positive direction of social representation of transgender identity. Secondly, this study elucidates Lev's final stage – *Integration—Acceptance and Post-Transition Issues*. The respondents detailed how participation in transgender advocacy increased their self-esteem as they received validation of their authentic identity.



During the interviews, respondents demonstrated that they have developed narratives of coping with their gender identity from early childhood until the present. The respondents' narratives drew new insight into a process that Lev says occurs in the final stage of the transgender identity development model. This study sheds new light on the post-transition phase and the importance of connecting both social identities; the pre-transition and post-transition social identities. The respondents described how initially, their priority in post-transition was putting a high importance on "passing" to protect their newly presented core identity. This finding is consistent with Amiot, et al.'s (2007) compartmentalized social identity within their four-stage model of identity integration.

Transitions are recognized by developmental theorists as particularly sensitive periods, which influence changes in self-construal and require the self-system to reorganize (Amiot, et al., 2007). Developmental models must, then, investigate intra-individual changes in social identities in these changing contexts (Harter, 1999). Developmentalists have proposed that adolescence marks a time of considerable activity in terms of self-development (Ruble, et al., 2006). Zucker and colleagues' (1999) study of gender consistency in gender variant children found what they labeled *developmental lag in gender consistency*, leading to a feeling of gender incongruity. The respondents' life narratives demonstrate that transgender elders struggled through decades of developmental lag in their gender consistency. This lag led to feelings of gender incongruity and decades of suppressing their core gender identity while passing as their natal sex.

### **Significant Theoretical Implications**

As mentioned earlier, the significance of acceptance within families of origin, nuclear families, or families of choice is well documented in the research of well-being of transgender

people (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). The present study expands Amiot et al.'s (2007) theory of identity integration by demonstrating the importance of transgender advocacy in developing an integrated social identity in marginalized minorities. The respondents in the ISI spoke of participating in various venues to advocate social and political change for the transgender community. In these venues, they often told their stories of their transgender experience as a life narrative. In these trans workshops, they often revealed both their natal sex social identity and their true core gender identity, through a chronological life course narrative. In telling their stories, they recognized similarities in both identities, broke the barriers of the two compartmentalized identities, and ultimately combined them into one integrated social identity. I entitled this reflective review of their life course, *Reflective Authenticity*.

The theoretical implication is that activism and commitment to building social and political acceptance of the transgender community is an important facilitator of developing an integrated social identity. For the respondents in this study, authenticity led to life satisfaction and advocacy served as a significant vehicle for their journey toward authenticity.

Lastly, the findings support Jaspal and Breakwell (2014) work on the reciprocal nature of social representation and identity process theory. The respondents explained that the positive evolution of the social representation of the trans community which afforded them identities beyond the strict dichotomous binary gender. The following table is a historical representation of the trans cultural evolution that the respondents recognized as important for the growth of the trans community (See Table 5).

**Table 5: Historical Timeline the Participants Related**

Average Birth Year 1949	
1952 - Christine Jorgenson News article	1950- 1959
1965 – Johns Hopkins - The first hospital in the nation to formally establish a sex change program	1960 - 1969
1966 – Harry Benjamin Transsexual Phenomenon – scientific proof	
1967 – Christine Jorgenson: A personal autobiography	
1968 – Hellfire Club	

1968 – Rachel Harlow article in Philadelphia Magazine	
1969 – Stonewall – Sylvia Rivera	
1969 – Lee Brewster opens Lee's Mardi Gras Boutique	
1970s – Phil Donahue & Dinah Shore TV - FTM & MTF	1970 - 1979
1970 – STAR: Transvestite Action Revolutionaries	
1970 – First NYC Pride Parade held Trans were Excluded	
1971 – Movie Dr. Jekyll & Mrs. Hyde	
1971 – Ed Sullivan Show; Jim Baily	
1973 – The XX (Twenty) Club is <i>formed</i> in Hartford by Rev. Canon Jones and Helen Hyde, to support pre and post-operative Transsexuals.	
1973 – Gigi's Gay Bar - Detroit	
1975 – Renee Richards	
1977 – Confide Group NJ	
1978 – Transgender Tapestry Magazine – Porn & GAY book stores	
1978 – Transgenderist term - The “Transcendents” or “Trans” People Virginia Prince	
Mid 1980s – Dial-up bulletin Boards, Magazine Articles	1980 - 1989
1980s – CompuServe the first major commercial online service in the United States. It dominated the field during the 1980s and remained a major player through the mid-1990s, when it was sidelined by the rise of services such as AOL	
1980 – version of Nancy Drew book “The Clue in the Old Stagecoach” – a female character named George	
1985 – Stryker identifies as the beginning of the trans movement #24	
1985 – AOL Founded May 24, 1985	
1986 – Present – Night of A Thousand Gowns	
1988 “The ‘Empire’ Strikes Back: A Post transsexual Manifesto,” at an academic conference Stone's manifesto called on Transgender people to abandon their silence, name themselves, take responsibility for their lives and experience, and find solidarity and community.	
1988 – Phil Donahue show has Tri-Ess on.	
1989 NYC Gender Identity Project was Founded - Survivors of Transsexuality Anonymous	
1991 – Gazebo – AOL Chatroom	1990 - 1999
1992- 2001 -The Vault, a celebrity-packed notorious S & M club where gay and straight ditched their clothes and spanked each other. After early success, the club moved to 28 10th Ave., where it operated until 1997 when, it shut down.	
1992 – “Crying Game” Movie normalizing	
1993 – Mustang Sally's Saloon	
1994 – First NYC Gay Pride parade inclusive	
1994 – Melanie Philips Website	
1994 – Transsexual Menace activism group, founded in 1994 by Riki Wilchins	
1994 – Transy House Opens – a home for homeless Transgender individuals	
Mid-1990s – David Valentine in the group doing ethnography “Imagining Transgender.”	
1996 - Transsexual Road Map, a consumer website for Transgender people.	
1996 – 2002: VITALE LETTER a weekly online newsletter (Through e-mail) with worldwide distribution. Covering legal, scientific, legislative action, art, and entertainment and general information regarding gender and public affairs.	
1997 – FemmeFever founded	
1998 – The Colorado Gold Rush Conference	
1998 – Gwendolyn Ann Smith founded Transgender Day of Remembrance	
1998 – Metropolitan Gender Network	
1999 – Janet's Closet – Detroit.	1990 - 1999
1999 – Boys do not Cry	
1999 – LITE - Long Island Transgender Experience	
2000 – Average Year of Transition for Participants	2000 - 2009
2001 – IFGE – International Foundation for Gender Education	
2002 – NYC Human Rights Law passed	
2002 – The Philadelphia Trans-Health Conference (PTHC) was founded by a group of Transgender activists, allies, and service providers.	

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2003 – National Center for Transgender Equality (NCTE) was founded	
2006 – Facebook opens registration	
2004 – Southern Comfort Conference – Donna Rose on aging	
2005 – Transgender Legal Defense & Education Fund founded	
2008 – The Oprah Show aired several shows regarding Transgender people	
2010 – the Community Kinship (CK Life)	2010 - 2012
2011 – Chaz Bono – Dancing with the Stars	

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It is important to note that at the time of the interview, the respondents were at these stages of social identity integration. This does not suggest that if they were assigned into the compartmentalized social identity at the time of the interview, they are precluded from eventually arriving at the integrated identity. Rather, given the plethora of validating resources, such as social media and the internet, those in the CSI category may well move into the integrated social identity.

The following chapter will include policy implications, possible limitations of this study, recommendations for future research and conclusion.

## Chapter 7: Implications, Limitations, and Recommendations

### **Implications**

In this chapter, I will discuss the relationship of this study's findings with previous theory and research. This analysis will lead towards a discussion of implications for policy and social work practice. Next, I will review the study's limitations and suggest directions for future research. I will then explore the study's implications for future research. Finally, I will present the summary and conclusion of this study.

### **Policy Implications**

The findings of the present study suggest that the barriers to healthy aging among transgender people have important policy implications. Further, the study illuminates prejudice and discrimination against the trans community at individual and institutional levels. Individual discrimination may be directed and interpersonal or indirect and impersonal. Institutional discrimination occurs when the practices, rules, benefits and policies that apply to heteronormative men and women do not exist for transgender or transsexual people.

Burdge (2007) states that social workers "should reject a dichotomous understanding of gender in favor of more accurate and affirming conceptualizations of gender" (p. 243). She argues that a rejection of binary gender models should be crucial for social workers and all health professions as the gender binary is the foundation on which transgender oppression depends.

**Anti-Discrimination Laws.** The findings of the study demonstrate the need for the enactment of anti-discrimination legislation in the United States; they provide support for the implementation of protective legislation for sexual orientation and the gender identity minority population. One must be keenly aware of the criticism that legislation will not change attitudes

or indeed be considered a solution to reducing or eliminating discrimination of sexual orientation or gender identity. However, legislative protection and the legal protection of equality of rights are potentially effective instruments for social change, specifically with the threat of legal action taken against those who commit discriminatory acts.

The Employment Non-Discrimination Act (ENDA) would provide basic protections against workplace discrimination on the basis of sexual orientation or gender identity (Case, 2014). ENDA affords basic employment protection to all Americans from discrimination based on irrational prejudice. This bill would accompany the existing civil rights laws, including Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act. However, the bill explicitly prohibits preferential treatment and quotas and does not permit disparate impact suits. Also, it exempts small businesses, religious organizations and the military and does not require that domestic partner benefits be provided to the same-sex partners of employees. Nonetheless, Employment Non-Discrimination Act (ENDA) should be enacted in concert with both school-based and educational interventions aimed at providing the appropriate information related to human diversity and civil rights, both of which are currently lacking in the United States.

**Mandated Health Care Inclusion.** As of 2015 there have been some definitive advances in how certain states address the issue of insurance discrimination against transgender people occurred. California, Colorado, Oregon, New York and Vermont, and the District of Columbia have issued bulletins that clarify their state laws to prohibit discrimination against transgender people for health services deemed medically necessary (Lombardi & Banik, 2015). Over 25% of Fortune 500 companies have also followed suit, as well as cities such as Berkeley

and San Francisco. Some states, such as California, also outline an appeals process for individuals whose claims are denied. The following is the bulletin California recently issued:

[California law] prohibits health plans from discriminating against individuals because of the individual's gender, including gender identity or gender expression ... If a health plan denies an individual's request for services on the basis that the services are not medically necessary or that the services do not meet the health plan's utilization management criteria, the health plan's decision is subject to review through the Department's Independent Medical Review (IMR) process ... The Department directs health plans to revise all current health plan documents to remove benefit and coverage exclusions and limitations related to gender transition services [California's Department of Managed Health Care – DMHC] (Barnhart, 2013).

At present, the majority of private insurance plans include coverage exclusions specifically aimed at denying transgender people the ability to access treatment or procedures associated with transitioning, also known as sexual reassignment (Stroumsa, 2014). Also, insurance plans often exclude coverage of health care services for transgender individuals that would otherwise have been covered, had the person in question not been transgender. These services can include behavioral health, medical, and surgical procedures. Often, Insurance providers' exclusionary clause is justified on the basis that the treatment is not medically necessary, but rather viewed as a cosmetic procedure. Therefore, the transgender person's claim is consequently denied when it may otherwise have been covered for treatment not related to gender identity (Stroumsa, 2014). This exclusion ignores all existing research on transgender people that demonstrates the profound challenges faced by individuals whose natal sex is incompatible with their gender identity including depression, elevated risk of suicide, divorce, and difficulties at work (Grant, et al., 2011; Grant, et al., 2010; Haas, Rodgers, & Herman, 2014; Kirkland, 2006).

Furthermore, transgender-inclusive healthcare is sometimes provided more exclusively on a city-by-city basis. This was the case in San Francisco when its innovative healthcare program for city residents removed the exclusion for transgender care within the last few years. Most recently, the city of Philadelphia passed an LGBT-inclusive health care bill that provides incentives to businesses that offer or expand this type of insurance coverage for their employees. The bill includes two credits, one of which focuses exclusively on offering coverage to employees for Transgender care (Cahill & Makadon, 2014).

According to the Corporate Equality Index 2015, reported by the Human Rights Campaign (HRC), 66% of Fortune 500 companies offer their employees health insurance that is inclusive of transgender medical transition-related costs (Human Rights Campaign Foundation, 2015). Transgender advocates are concerned that insurance companies in states where bulletins have recently been mandated may still continue to deny medical procedures, requiring individuals to endure a potentially lengthy appeals process to have their claims approved. As more and more states and cities clarify their laws with respect to transgender care, the chances of this happening will likely be reduced. Approaches to transgender healthcare and health insurance coverage have certainly improved over the past few years, but there is still a long road ahead to ensuring that all 50 states provide adequate non-discrimination coverage to trans and gender nonconforming residents.

### **Activism at the Intersection of Identity Integration**

The term intersectionality is attributed to the work of Kimberlé Crenshaw (1991) who developed the metaphor from the notion of intersections in the United States road system:

Intersectionality is what occurs when a woman from a minority group ... tries to navigate the main crossing in the city... The main highway is 'Racism road'. One cross street can be Colonialism, then Patriarchy Street... She has to deal not only with one form of



oppression but with all forms... (Crenshaw cited in Yuval-Davis, 2006, p. 196).

For the study respondents, their transgender advocacy reveals their intersectional identities in that their work is not focused on a single identity (Crenshaw, 1991; Smith, 1982). Identifying as transgender is one factor that motivated the respondents in this study to engage in social change through activism. The respondents spoke of multiple oppressed identities. As Andrea, a 62-year-old transwoman summed it, “the triple whammy of discrimination of sexism, ageism, and being trans.” Marginalized populations have a history of organizing around identity in efforts to achieve social change (Boren, 2001; Rhoads, 1998). Motivated by their Trans identity, respondents in this study became involved in both informal and formal types of activism.

The respondents, who engaged in trans advocacy, openly presented their transgender identity and their natal sex. This openness aided in validating the respondents’ integrated social identity, which they described as “living authentically.” Respondents frequently engaged in transgender activism where change was a direct benefit to them, but also across identity boundaries to work with other oppressed groups, such as working in concert with lesbian, gay and bisexual communities, to understand gender as fluid.

### **Implications for Social Work Practice**

By enhancing social workers’ understanding of transgender status as a lived human experience, the results of this study can influence social work practice in a variety of ways. First, the findings can help social workers become more culturally competent in their service to transgender people. This new cultural competency involves developing the capacity to foster strong, respectful, and empathetic helping relationships with transgender clients, as well as having as much knowledge about the transgender population as possible. Further, these findings

have implications a holistic view of transgender people as complete human beings. The findings promote the profession's stated value of the importance of human relationships (NASW, 2008). Finally, this study can help social workers envision a society in which transgender people are no longer disadvantaged or oppressed. The study can inform advocacy efforts toward achieving such justice.

### **Implications for Social Work Education**

This study should help fill the curricular gap in social work education (Erich, Boutte-Queen, Donnelly, & Tittsworth, 2007; Galarza & Anthony, 2015) by giving social work educators additional information and understanding about transgender people and their lived experiences. The current educational policy and accreditation standards Council on Social Work Education (CSWE), (2008, rev 2010), which guide curriculum development in all accredited bachelor and masters-level social work education programs, defines "diversity" as including dimensions such as gender, gender identity, and gender expression. This study provides knowledge about these three phenomena.

The results of this study suggest myriad ways in which trans people interpret their experiences and construct their realities through an ongoing process of grappling with the social meanings available to them and creating their own. The reader can interpret the respondents' narratives as examples of how individuals are both constrained by previously established social meanings and also continually interpret and create their self-meanings. These insights should prove useful in and of themselves and as a role model for assisting social work students to grapple with narratives that may be unfamiliar but essential to understand.

## Limitations

This study is not without limitations. The study's limitations should caution readers from taking the results as a reflection of the universal transgender experience. The first limitation of the sample is that the majority of respondents identified on the MTF spectrum; only a few identified as being on the FTM spectrum. Over-representation of MTF transgender people in research literature compared to FTMs is an ongoing theme in the transgender research. Through snowball sampling, I was able to recruit a few FTMs into this study. A study with an equal number of MTF and FTM participants might have led to different findings.

The snowball sampling method used in this study might also be criticized for relying too heavily on a small number of previously established transgender social networks. A second limitation of the sampling is that it reflects a limited diversity of ethnicity. A third limitation was the participants were self-selected by responding to transgender list-serve message boards and postings in LGBT organizations. The transgender community is often described as a hidden population. For this reason, participant recruitment was limited to those who were willing to identify as transgender. A fourth limitation was the study's life review format required Transgender respondents to examine their early life experiences within the social context of today, thus relying on memory of emotion feelings. Lastly, the sample had a higher than average income level, due to a higher rate of responses from the trans professional organization WPATH<sup>23</sup>.

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<sup>23</sup> The World Professional Association for Transgender Health, Inc. (WPATH), formerly the Harry Benjamin International Gender Dysphoria Association, Inc. (HBIGDA), is a professional organization devoted to the understanding and treatment of gender dysphoria

## **Future Research Recommendations**

In terms of future research, a longitudinal study to examine transgender peoples' lived experiences and developmental processes in the post-transition stage could help to identify more clearly how self-advocacy builds self-esteem and self-efficacy.

One of the original themes that emerged in the study was the use of humor as a coping mechanism and significant to the resilience of the population. However, findings of individual types of humor did not emerge from the interviews. A phenomenological study of humor and the types of humor, in the resilience repertoire may help enrich future understanding.

## **Conclusion**

By employing the qualitative methodology, this study gave voice to forty-two individuals who identify as transgender elders—an often marginalized and understudied population. Using their narrative life stories, this study sought a further understanding of aging from the transgender community's perspective. Analysis of the data illustrated a life long journey of transgender people's journey to living authentically. Until recently, the literature addressing transgender life experience used a pathological lens and/or focused on generation x, trans, or z (born 1965 to current). Research is sparse on older transgender persons.

The respondents described trans identity development over their lifetime. On average, the respondents in this study lived five decades hiding their feelings and protecting their core identity for fear of discrimination, fear of losing relationships, or fear of violence. The emerging five themes of social identity development, *Reflexive Authenticity*, illuminated the various coping mechanisms at each stage: beginning with the internalized compartmentalized social identity, leading to the anticipatory stage where individuals gathered the knowledge and connections in order to transition, and subsequently categorizing their social identity as trans. Upon

transitioning, an overwhelming majority of respondents moved to compartmentalized social identity of their natal sex stage, where passing as their core gender was a coping mechanism to protect the threatened new identity.

A significant finding of the study was the role that participation in transgender activism played in providing them meaning in their lives. Previous research has demonstrated that, in general, social relationships promote the perception that life is meaningful. The present study expanded this idea and found that relationships that foster a sense of belonging for trans people, both to community and to the cause of trans civil rights, are especially likely to promote a sense of meaning in life. Here, the theoretical implications are that being politically active and committed to building social and political acceptance of the transgender community can be important facilitators of developing an integrated social identity. Their early struggles and their participation in activism lead to feelings of well-being in their golden years. The respondents no longer needed to ask permission to exist; they no longer hid their transgender identity. This study illuminates the importance of oppressed minorities' participation in social action and advocacy to create change and affirm the validity of their identities.

## References

- Abel, M. H. (1998). Interaction of humor and gender in moderating relationships between stress and outcomes. *The Journal of psychology, 132*(3), 267-276.
- Abrams, D. (1992). Processes of social identification. In G. M. Breakwell (Ed.), *Social psychology of identity and the self-concept*. Surrey: Surrey University Press.
- Allport, G. W. (1954). *The nature of prejudice*. Cambridge, MA: Addison-Wesley.
- American Psychological, A. (2008). *Report of the task force on gender identity and gender variance* (Vol. 6). Washington, DC: American Psychological Association.
- American Psychological Association. (2015). Answers to your questions: For a better understanding of sexual orientation and homosexuality Retrieved from <https://web.archive.org/web/20130808032050/http://www.apa.org/helpcenter/sexual-orientation.aspx>.
- Amiot, C. E., de la Sablonnière, R., Terry, D. J., & Smith, J. R. (2007). Integration of social identities in the self: Toward a cognitive-developmental model. *Personality and Social Psychology Review, 11*(4), 364-388. doi: 10.1177/1088868307304091:
- Amiot, C. E., & Jaspal, R. (2014). Identity integration, psychological coherence and identity threat: Linking identity process theory and the notion of integration. In R. Jaspal & G. M. B. (Editor) (Eds.), *Identity process theory: Identity, social action and social change* (pp. 155-176). UK: Cambridge Press.
- Aristotle. (350 BC/1948). *The politics of aristotle* (E. Barker, Trans.). Oxford, UK: The Clarendon Press.
- Armstrong, E. A., & Crage, S. M. (2006). Movements and memory: The making of the stonewall myth. *American Sociological Review, 71*(5), 724-751.

- Association, A. P. (2000). *Diagnostic and statistical manual of mental disorders* (IV-TR ed.). Washington DC: American Psychiatric Association.
- Bardi, A., Jaspal, R., Polek, E., & Schwartz, S. H. (2014). Values and identity process theory (ipt): Theoretical integration and empirical interactions. In R. Jaspal & G. M. B. (Editor) (Eds.), *Identity process theory: Identity, social action and social change* (pp. 175-200). UK: Cambridge Press.
- Barnhart, B. A. (2013). *Gender nondiscrimination requirements*. (Health and Safety Code section 10140). California Health and Human Services Agency Retrieved from <http://www.healthhelp.ca.state>.
- Baumeister, R. F. (2005). *The cultural animal: Human nature, meaning, and social life*: Oxford University Press.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological bulletin*, 117(3), 497.
- Bettcher, T. M. (2014). Trapped in the wrong theory: Rethinking trans oppression and resistance. *Signs*, 39(2), 383-406. doi: 10.1086/673088:
- Bockting, W. O. (1999). From construction to context: Gender through the eyes of the transgendered. *Sexual Orientation Report*, 28(1), 3.
- Bockting, W. O. (2009). Transforming the paradigm of transgender health: A field in transition. *Sexual & Relationship Therapy*, 24(2), 103-107. doi: 10.1080/14681990903037660:
- Bolin, A. (1988). *In search of eve: Transsexual rites of passage*. South Hadley, MA: Bergin & Garvey

- Bong, S. A. (2007). Debunking myths in caqdas use and coding in qualitative data analysis. Experiences with and reflections on grounded theory methodology. *Historical Social Research/Historische Sozialforschung. Supplement*, 258-275.
- Boren, M. E. (2001). *Student resistance: A history of the unruly subject*. Psychology Press.
- Bornstein, K. (1994). *Gender outlaw: On men, women, and the rest of us*. New York: Routledge.
- Boswell, H. (1991). The transgender alternative. *Chrysalis Quarterly*, 98(1), 29-31.
- Boszormenyi-Nagy, I. (2014). *Invisible loyalties*. NY: Routledge.
- Bowling, A. (1993). The concepts of successful and positive ageing. *Family Practice*, 10(4), 449-453.
- Brandstädter, J., Rothermund, K., Kranz, D., & Kühn, W. (2010). Final decentrations: Personal goals, rationality perspectives, and the awareness of life's finitude. *European Psychologist*, 15(2), 152.
- Breakwell, G. M. (1983). *Threatened identities*. NY: Wiley.
- Breakwell, G. M. (1986). *Coping with threatened identities. Vol. 904*: Methuen.
- Breakwell, G. M. (1987). Identity. In H. B. A. Coleman (Ed.), *Psychology survey 6* (pp. 94–114). Leicester, United Kingdom: British Psychological Society.
- Breakwell, G. M. (1988). Strategies adopted when identity is threatened. *Revue Internationale de Psychologie Sociale*.
- Breakwell, G. M. (1992). Processes of self-evaluation: Efficacy and estrangement. In G. M. Breakwell (Ed.), *G. M. Breakwell*. Surrey: Surrey University Press.
- Breakwell, G. M. (1993). Social representations and social identity. *Papers on social representations*, 2(3), 198-217.



- Breakwell, G. M. (2001). Mental models and social representations of hazards: The significance of identity processes. *Journal of Risk Research*, 4(4), 341-351.
- Breakwell, G. M. (2014). Identity process theory: Clarification and elaboration. In R. Jaspal & G. Breakwell (Eds.), *Identity process theory: Identity, social action and social change* (pp. 20-37). UK: Cambridge Press.
- Breakwell, G. M., & Canter, D. V. (1993). Aspects of methodology and their implications for the study of social representation. In G. M. Breakwell & D. V. Canter (Eds.), *Empirical approaches to social representations* (pp. 1-11). Oxford, UK: Oxford University Press.
- Brooks, V. R. (1981). *Minority stress and lesbian women*: Lexington Books Lexington, MA.
- Brown, G. R., & Denny, D. (1998). Women in the closet: Relationships with transgendered men. In D. Denny (Ed.), *Current concepts in transgender identity* (pp. 353-371). NY: Garland Press.
- Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A. S., Schneider, C. L., & Rodriguez, A. (2012). Transgender emotional and coping processes: Facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist*.
- Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work*, 52(3), 243-250.
- Burn, S. M. (2000). Heterosexuals' use of 'fag' and 'queer' to deride one another: A contributor to heterosexism and. *Journal of Homosexuality*, 40(2), 1. EBSCOhost.
- Cahill, S., & Makadon, H. (2014). Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending lgbt health disparities. *LGBT Health*, 1(1), 34-41.

- Carter, D. (2010). *Stonewall: The riots that sparked the gay revolution*. New York, NY: Macmillan.
- Case, M. A. (2014). Legal protections for the "personal best" of each employee: Title vii's prohibition on sex discrimination, the legacy of *Price Waterhouse v. Hopkins*, and the prospect of *ENDA*. *Stan. L. Rev.*, *66*, 1333-1451.
- Chakraborti, N., & Garland, J. (2009). *Hate crime: Impact, causes and responses*: Sage Publications.
- Charmaz, K. (2000). Grounded theory methods in social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (2nd ed., pp. 509-536). Thousand Oaks, CA: Sage.
- Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (3rd ed., pp. 507-537). Thousand Oaks, CA: Sage Publications Ltd.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*: Sage Publications Ltd.
- Chow, K., Clipsham, J., Dobinson, C., Gapka, S., Hampson, E., MacDonnell, J. A., et al. (2014). Public health professionals, community researchers, and community-based participatory action research: Process and discovery. *Trans Activism in Canada: A Reader*, 259.
- Cohen, L. M. (1994). *Research methods in education*. London,: Routledge.
- Colby, S. L., & Ortman, J. M. (2015). Projections of the size and composition of the us population: 2014 to 2060. *Retrieved from*: <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>.

- Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*: Stanford University Press.
- Cook-Daniels, L. (2006). Trans aging. In D. Kimmel, T. Rose & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging* (pp. 20-35). NY: Columbia University Press.
- Cook-Daniels, L., & Munson, M. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. *Journal of GLBT Family Studies*, 6(2), 142-177. doi: 10.1080/15504281003705238: EBSCOhost.
- Corning, A. F., & Myers, D. J. (2002). Individual orientation toward engagement in social action. *Political Psychology*, 23(4), 703-729.
- Corrigan, P. W. (2005). *On the stigma of mental illness: Practical strategies for research and social change*. Washington DC: American Psychological Association.
- Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric Services*, 52(7), 953-958. OvidSP.
- Cosco, T. D., Matthew Prina, A., Perales, J., Stephan, B., & Brayne, C. (2014). Whose "successful ageing"? Lay-and researcher-driven conceptualisations of ageing well. *The European Journal of Psychiatry*, 28(2), 124-130.
- Council on Social Work Education. (2008, rev 2010). Educational policy and accreditation standards Retrieved from <http://www.cswe.org/Accreditation/2008EPASDescription.aspx>.
- Crawford, S. A., & Caltabiano, N. J. (2011). Promoting emotional well-being through the use of humour. *The Journal of Positive Psychology*, 6(3), 237-252.

- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. doi: 10.2307/1229039:
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. W. (2003). *Research design*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. New York: Pearson Education.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage publications.
- Crisp, R. J. (2010). *The psychology of social and cultural diversity*. UK: John Wiley & Sons.
- Crocker, J., & Major, B. (1989a). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological review*, 96(4), 608.
- Crocker, J., & Major, B. (1989b). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608-630. doi: 10.1037/0033-295X.96.4.608: EBSCOhost.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In S. T. F. G. L. D. T. Gilbert (Ed.), *The handbook of social psychology* (4th ed., Vol. 2, pp. 504-553). Boston: McGraw-Hill.
- Croituru, S. (2015). Homonormativity: An ineffective way to approach queer politics. *Strigidae*, 1(1), 6.
- Daly, M. (1978). *Gyn/ecology: The metaethics of radical feminism*. Boston: Beacon Press.
- de Vries, B. (2011). Integrating lesbian, gay, bisexual, and transgender older adults into aging policy and practice. *Public Policy & Aging Report*, 21(3), 34.

- Deaux, K. (1991). Social identities: Thoughts on structure and change. In R. C. Curtis (Ed.), *The relational self: Theoretical convergences in psychoanalysis and social psychology* (pp. 77-93).
- Deitcher, D. (1995). *The question of equality: Lesbian and gay politics in america since stonewall*: Scribner Book Company.
- Denny, D. (2004a). Changing models of transsexualism. *Journal of Gay & Lesbian Psychotherapy*, 8(1), 25-40.
- Denny, D. (2004b). Changing models of transsexualism. *Journal of Gay & Lesbian Psychotherapy*, 8(1/2), 25-40. doi: 10.1300/J236v08n01\_04: EBSCOhost.
- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay & Lesbian Psychotherapy*, 8(1-2), 41-67.
- Dezutter, J., Waterman, A. S., Schwartz, S. J., Luyckx, K., Beyers, W., Meca, A., et al. (2014). Meaning in life in emerging adulthood: A person - oriented approach. *Journal of personality*, 82(1), 57-68. doi: 10.1111/jopy.12033:
- Dohrenwend, B. P., Levav, I., Shrout, P. E., Schwartz, S., Naveh, G., Link, B. G., et al. (1992). Socioeconomic status and psychiatric disorders: The causation-selection issue. *Science*.
- Dovidio, J. F., Major, B., & Crocker, J. (2000). Stigma: Introduction and overview. In T. F. Heatherton (Ed.), *The social psychology of stigma*. Fort Worth, TX: Harcourt Brace Jovanovich.
- Dryjanska, L. (2014). Review of social representations in the “social arena”. *The Journal of Social Psychology*, 154(3), 264-267. doi: 10.1080/00224545.2014.892367:
- Duberman, M. (2013). *Stonewall*. NY: Open Road Media.

- Duberman, M. B. (1991). *About time : Exploring the gay past*. New York, NY: Blume Publishing.
- Duggan, L. (2003). *The twilight of equality? Neoliberalism, cultural politics, and the attack on democracy*. Boston, MA: Beacon.
- Durkheim, E. (1952). *A study in sociology*: Routledge & K. Paul.
- Duvall, T., & Dotson, P. (1998). Political participation and eudaimonia in aristotle's politics. *History of Political Thought*, 19(1), 21-34.
- Eichelberger, R. T. (1989). *Disciplined inquiry: Understanding and doing educational research*. New York: Longman.
- Erich, S., Boutte-Queen, N., Donnelly, S., & Tittsworth, J. (2007). Social work education: Implications for working with the transgender community. *Journal of Baccalaureate Social Work*, 12(2), 42-52.
- Erikson, E. H. (1950). *Childhood and society*. NY: Norton.
- Feinberg, L. (1999). *Trans liberation: Beyond pink or blue*: Beacon Press.
- Ferguson, R. A. (2005). Racing-ing homonormativity: Citizenship, sociology, and gay identity. In P. J. M. G. Henderson (Ed.), *Black queer studies: A critical anthology* (pp. 52-67). Durham: Duke University Press.
- Fernández-Ballesteros, R. (2002). Social support and quality of life among older people in spain. *Journal of Social Issues*, 58(4), 645-659. EBSCOhost.
- Festinger, L. (1954). A theory of social comparison processes. *Human relations*, 7(2), 117-140.
- Fiske, S. T., & Taylor, S. E. (1991). *Social cognition* (2nd ed.). NY: Random House.

- Forsman, A., Herberts, C., Nyqvist, F., Wahlbeck, K., & Schierenbeck, I. (2013). Understanding the role of social capital for mental wellbeing among older adults. *Ageing and Society*, 33(05), 804-825. doi: 10.1017/S0144686X12000256:
- Frankl, V. (1984). *Man's search for meaning*. New York: Pocket Books.
- Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H.-J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., et al. (2013). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*. doi: 10.1093/geront/gnt021:
- Fredriksen-Goldsen, K. I., Emlet, C. A., Kim, H.-J., Muraco, A., Erosheva, E. A., Goldsen, J., et al. (2012). The physical and mental health of lesbian, gay male, and bisexual (lgb) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist*. doi: 10.1093/geront/gns123:
- Galarza, J., & Anthony, B. (2015). Sexuality social justice and social work: Implications for social work education. *Journal of Baccalaureate Social Work*, 20(1), 27-41.
- Gillis, J. S. (1992). Stress, anxiety, and cognitive buffering. *Behavioral Medicine*, 18(2), 79-83.
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory* (Vol. 2). Mill Valley, CA: Sociology Press.
- Glaser, B. S., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine de Gruyter.
- Godlewski, J. (1988). Transsexualism and anatomic sex ratio reversal in poland. *Archives of Sexual Behavior*, 17(6), 547-548.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.

- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the national transgender discrimination survey. *Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. Retrieved February, 25, 2011.*
- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. *National Center for Transgender Equality and the National Gay and Lesbian Task Force. Retrieved November, 3.*
- Green, E. R., & Peterson, E. N. (2004). Lgbtqi terminology. *Retrieved January, 25, 2009.*
- Greenwald, A. G. (1980). The totalitarian ego: Fabrication and revision of personal history. *American Psychologist, 35(7)*, 603-618. doi: 10.1037/0003-066X.35.7.603: EBSCOhost.
- Grossman, A. H., D'Augelli, A. R., & Salter, N. P. (2006). Male-to-female transgender youth. *Journal of GLBT Family Studies, 2(1)*, 71-92.
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Current Issues in Lesbian, Gay, Bisexual and Transgender Health, 51(1)*, 111-128.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Thousand Oaks, Ca.: Sage Publications, Inc. .
- Guindon, M. H., Green, A. G., & Hanna, F. J. (2003). Intolerance and psychopathology: Toward a general diagnosis for racism, sexism, and homophobia. *American Journal of Orthopsychiatry, 73(2)*, 167. EBSCOhost.
- Haas, A. P., Rodgers, P. L., & Herman, J. L. (January 2014). Suicide attempts among transgender and gender non-conforming adults: Findings of the national transgender



discrimination survey. American Foundation for Suicide Prevention - Williams Institute  
UCLA School of Law.

Hanna, F. J., Talley, W. B., & Guindon, M. H. (2000). The power of perception: Toward a model of cultural oppression and liberation. *Journal of Counseling & Development, 78*(4), 430-441. EBSCOhost.

Harter, S. (1999). *The construction of the self: A developmental perspective*. NY: Guilford Press.

Hatch, J. A. (2002). *Doing qualitative research in education settings*. Albany, NY: SUNY Press.

Herek, G. M. (2000). Sexualprejudice and gender: Do heterosexuals' attitudes toward lesbians and gay men differ? *Journal of Social Issues, 56*(2), 251-266.

Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research & Social Policy: A Journal of the NSRC, 1*(2), 6-24. doi: 10.1525/srsp.2004.1.2.6: Retrieved from  
<http://www.springerlink.com/content/e621m03x78013047/fulltext.pdf>.

Herek, G. M., & Capitano, J. P. (1999). Aids stigma and sexual prejudice. *American Behavioral Scientist, 42*(7), 1130. EBSCOhost.

Hetrick, E. S., & Martin, A. D. (1984). Ego-dystonic homosexuality: A developmental view. In E.S.Hetrick & T. S. Stein (Eds.), *Innovations in psychotherapy with homosexuals* (pp. 2-21). Washington DC: American Psychiatric Association Press.

Heyes, C. J. (2003). Feminist solidarity after queer theory: The case of transgender. *Signs: Journal of Women in Culture & Society, 28*(4), 1093. doi: 10.1086/343132:

Heyes, C. J. (2006). Changing race, changing sex: The ethics of self-transformation. *Journal of Social Philosophy, 37*(2), 266-282. doi: 10.1111/j.1467-9833.2006.00332.x:

- Hiestand, K. R., & Levitt, H. M. (2005). Butch identity development: The formation of an authentic gender. *Feminism & Psychology, 15*(1), 61-85.
- Hill, D. B. (2007). Trans/gender/sexuality: A research agenda. *Journal of Gay & Lesbian Social Services, 18*(2), 101-109. doi: 10.1300/J041v18n02\_06:
- Hinshaw, S. P. (2005). The stigmatization of mental illness in children and parents: Developmental issues, family concerns, and research needs. *Journal of Child Psychology & Psychiatry, 46*(7), 714-734. doi: 10.1111/j.1469-7610.2005.01456.x: EBSCOhost.
- Hoenig, J., & Kenna, J. (1974). The prevalence of transsexualism in england and wales. *Br J Psychiatry, 124*(579), 181-190.
- Human Rights Capaign Foundation. (2015). Corporate equality index 2015: Rating american workplaces on lesbian, gay, bisexual and transgender equality Retrieved from <http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/documents/CEI-2015-rev.pdf>.
- Israel, G. E. (2013). Translove: Transgender persons and their families. In J. J. Bigner (Ed.), *An introduction to glbt family studies* (pp. 51-65). NY: Routledge.
- Israel, T., Gorcheva, R., Walther, W. A., Sulzner, J. M., & Cohen, J. (2008). Therapists' helpful and unhelpful situations with lgbt clients: An exploratory study. *Professional Psychology: Research and Practice, 39*(3), 361-368. doi: 10.1037/0735-7028.39.3.361: EBSCOhost.
- James, W. (1890). *The principles of psychology* (Vol. 1). London: Macmillan.
- Jaspal, R., & Breakwell, G. M. (2014). *Identity process theory: Identity, social action and social change*. UK: Cambridge University Press.

- Jaspal, R., & Cinnirella, M. (2010). Coping with potentially incompatible identities: Accounts of religious, ethnic, and sexual identities from british pakistani men who identify as muslim and gay. *British Journal of Social Psychology, 49*(4), 849-870.
- John Hopkins University LGBTQ Life. (n.d.). Lgbt glossary Retrieved from <http://web.jhu.edu/LGBTQ/glossary.html>.
- Jones, D. (2001). Social comparison and body image: Attractiveness comparisons to models and peers among adolescent girls and boys. *Sex Roles, 45*(9-10), 645-664. doi: 10.1023/A:1014815725852:
- Jones, E. E. (1984). *Social stigma: The psychology of marked relationships*: WH Freeman.
- Jost, J. T., & Banaji, M. R. (1994). The role of stereotyping in system-justification and the production of false consciousness. *British Journal of Social Psychology, 33*, 1-27. PsycINFO Database.
- Katz, J. (1992). *Gay american history : Lesbians and gay men in the u.S.A.:A documentary*. NY: Meridian.
- Kidd, D. (2014). *Pop culture freaks: Identity, mass media, and society*. Boulder, CO: Westview Press.
- Kilbourne, J. (1994). Still killing us softly: Advertising and the obsession with thinness. *Feminist perspectives on eating disorders, 395-418*.
- King, D. (2003). Respect and equality: Transsexual and transgender rights. *Social & Legal Studies, 12*(4), 559-560.
- King, M. E., Winter, S., & Webster, B. (2009). Contact reduces transprejudice: A study on attitudes towards transgenderism and transgender civil rights in hong kong. *International Journal of Sexual Health, 21*(1), 17-34. doi: 10.1080/19317610802434609:

- Kirkland, A. (2006). What's at stake in transgender discrimination as sex discrimination? *SIGNS-CHICAGO-*, 32(1), 83.
- Knight, T., & Ricciardelli, L. A. (2003). Successful aging: Perceptions of adults aged between 70 and 101 years. *The International Journal of Aging and Human Development*, 56(3), 223-246.
- Koenig, J. L. (2011). Distributive consequences of the medical model. *Harv. CR-CLL Rev.*, 46, 619.
- Kohut, H., Goldberg, A., & Stepanisky, P. E. (1984). *How does analysis cure?* New York: University of Chicago Press.
- Kreps, G. L. (2014). Foreward. In A. D. Peterkin, K. Willes, M. Allen, J. Manning, K. Ross, J. C. Scholl, G. C. Bell, G. Gonzales & R. Moltz (Eds.), *Health care disparities and the lgbt population*. NY: Lexington Books.
- Kuiper, N. A., & Leite, C. (2010). Personality impressions associated with four distinct humor styles. *Scandinavian Journal Of Psychology*, 51(2), 115-122. doi: 10.1111/j.1467-9450.2009.00734.x: EBSCOhost.
- Kuiper, N. A., Martin, R. A., & Olinger, L. J. (1993). Coping humour, stress, and cognitive appraisals. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 25(1), 81.
- Kuiper, N. A., & McHale, N. (2009). Humor styles as mediators between self-evaluative standards and psychological well-being. *The Journal Of Psychology*, 143(4), 359-376. doi: 10.3200/JRLP.143.4.359-376:
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. NY: Sage.

- Labott, S. M., Ahleman, S., Wolever, M. E., & Martin, R. B. (1990). The physiological and psychological effects of the expression and inhibition of emotion. *Behavioral Medicine, 16*(4), 182-189.
- Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To belong is to matter sense of belonging enhances meaning in life. *Personality and Social Psychology Bulletin, 0146167213499186*.
- Langevin, R. (1983). *Sexual strands: Understanding and treating sexual anomalies in men*. Hillsdale, N.J.: L. Erlbaum Associates.
- Lazarus, R. S., & Folkman, S. (1984). Coping and adaptation In W. D. Gentry (Ed.), *Handbook of behavioral medicine* (pp. 11-21). NY: Guilford Press.
- Lefcourt, H. M. (2001). *Humor: The psychology of living buoyantly*: Springer.
- Lefcourt, H. M., Davidson, K., Shepherd, R., Phillips, M., Prkachin, K., & Mills, D. (1995). Perspective-taking humor: Accounting for stress moderation. *Journal of Social and Clinical Psychology, 14*(4), 373-391.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Routledge.
- Levitt, H. M., & Hiestand, K. R. (2004). A quest for authenticity: Contemporary butch gender. *Sex Roles, 50*(9-10), 605-621.
- Lewis, A. M. (2014). Terror management theory applied clinically: Implications for existential-integrative psychotherapy. *Death studies, 38*(6), 412-417.
- Lewis, J. (2008). *Resilience among transgender adults who identity as genderqueer: Implications for medical and mental health services*. Doctoral dissertation, New York University, 2008). ProQuest UMI Dissertation Express.

- Liang, C. T. H., & Alimo, C. (2005). The impact of white heterosexual students' interactions on attitudes toward lesbian, gay and bisexual people: A longitudinal study. *Journal of College Student Development, 46*(3), 237-250. ProjectMUSE.
- Lieber, E., & Weisner, T. (2011). Dedoose: SocioCultural Research Consultants, LLC. Retrieved from <http://www.dedoose.com>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications, Inc.
- Lombardi, E., & Banik, S. (2015). Cancer care needs of transgender, transsexual, and other gender nonconforming populations *Cancer and the lgbt community* (pp. 245-260): Springer.
- MacLaughlin, D. T., & Donahoe, P. K. (2004). Sex determination and differentiation. *New England Journal of Medicine, 350*(4), 367-378.
- Maddy, M. D. (2007). *Maximizing potential: A grounded theory study*. Ph.D. Ed.D., Fielding Graduate University, Ann Arbor. Retrieved from <http://search.proquest.com/docview/304705069?accountid=14172> ProQuest Dissertations & Theses Global database.
- Major, B., McCoy, S. K., Kaiser, C. R., & Quinton, W. J. (2003). Prejudice and self- esteem: A transactional model. In W. S. M. Hewstone (Ed.), *European review of social psychology* (pp. 77-104). London: Psychological Press.
- Markman, E. R. (2011). Gender identity disorder, the gender binary, and transgender oppression: Implications for ethical social work. *Smith College Studies in Social Work, 81*(4), 314-327. doi: 10.1080/00377317.2011.616839:

- Markova, I. (1987). Knowledge of the self through interaction. In K. Yardley & T. Honess (Eds.), *Self and identity: Psychosocial perspectives* (pp. 65-80). NY: Wiley.
- Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*, 35(2), 63-78. doi: 10.1037/0022-3514.35.2.63: EBSCOhost.
- Markus, H., & Wurf, E. (1987). The dynamic self-concept: A social psychological perspective. *Annual review of psychology*, 38(1), 299-337.
- Martin, R. A., Puhlik-Doris, P., Larsen, G., Gray, J., & Weir, K. (2003). Individual differences in uses of humor and their relation to psychological well-being: Development of the humor styles questionnaire. *Journal of Research in Personality*, 37(1), 48-75. doi: 10.1016/S0092-6566(02)00534-2:
- Masser, B., & Phillips, L. (2003). "What do other people think?" --the role of prejudice and social norms in the expression of opinions against gay men. *Australian Journal of Psychology*, 55(3), 184-190. EBSCOhost.
- McCracken, G. (1988). *The long interview* (Vol. 13). Newbury Park: SAGE publications, Inc.
- McKenzie, S. (2006). Queering gender: Anima/animus and the paradigm of emergence. *Journal of Analytical Psychology*, 51(3), 401-421.
- Mead, G. H. (1934). *Mind, self, and society from the perspective of a social behaviorist*. University of Chicago, Chicago.
- Mertens, D. M. (1995). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks, CA: Sage.
- Merton, R. K. (1968). *Social theory and social structure*: Simon and Schuster.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi: 10.1037/0033-2909.129.5.674: EBSCOhost.
- Meyerowitz, J. (1998). Sex change and the popular press: Historical notes on transsexuality in the united states, 1930-1955. *GLQ: A journal of lesbian and gay studies*, 4(2), 159-187.
- Meyerowitz, J. (2002). *How sex changed: A history of transsexuality in the united states*. Cambridge, MA: Harvard University Press.
- Mirowsky II, J., & Ross, C. E. (1980). Minority status, ethnic culture, and distress: A comparison of blacks, whites, mexicans, and mexican americans. *AJS; American journal of sociology*, 86(3), 479-495.
- Mizock, L., & Mueser, K. T. (2014). Employment, mental health, internalized stigma, and coping with transphobia among transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, 1(2), 146-158. doi: 10.1037/sgd0000029: EBSCOhost.
- Money, J., Hampson, Joan G., Hampson, John L. (1955). Hermaphroditism: Recommendations concerning assignment of sex, change of sex, and psychologic management. *Bulletin of the John Hopkins Hospital*, 97(4), 284-300.
- Monro, S. (Writer). (2000). Theorizing transgender diversity: Towards a social model of health [Article], *Sexual & Relationship Therapy*: Routledge.
- Moran, C. C. (1996). Short-term mood change, perceived funniness, and the effect of humor stimuli. *Behavioral medicine*, 22(1), 32-38.
- Moran, C. C., & Massam, M. M. (1999). Differential influences of coping humor and humor bias on mood. *Behavioral Medicine*, 25(1), 36-42.
- Morris, R. (1979). *Conceiving the self*: New York: Basic Books.



- Morrow, S. L. (2007). Qualitative research in counseling psychology conceptual foundations. *The Counseling Psychologist, 35*(2), 209-235.
- Moscovici, S. (1988). Notes towards a description of social representations. *European Journal of Social Psychology, 18*(3), 211-250. EBSCOhost.
- Nagoshi, J. L. (2010). Transgender theory: Embodying research and practice. *Affilia, 25*(4), 431-443. doi: 10.1177/0886109910384068:
- National Association of Social Workers. (2012). Transgender and gender identity issues. Social work speaks: Social work policy statements 2012-2014 (9th ed.). Washington DC: NASW.
- Nuttbrock, L., Rosenblum, A., & Blumenstein, R. (2002). Transgender identity affirmation and mental health. *The International Journal of Transgenderism, 6*(4), 1-15.
- Organization, W. H. (1992). The icd-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. *Geneva, Switzerland: World Health Organisation.*
- Overby, L. M., & Barth, J. (2002). Contact, community context, and public attitudes toward gay men and lesbians. *Polity, 34*(4), 433. EBSCOhost.
- Padgett, D. (2004). *The qualitative research experience*. New York: Wadsworth/Thomson Learning.
- Parker, G., & Barr, R. (1982). Parental representations of transsexuals. *Archives of sexual behavior, 11*(3), 221-230.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Thousand Oaks, CA: SAGE Publications, inc.

- Patton, M. Q. (2002). *Qualitative evaluation and research methods* (Vol. 3). Thousand Oaks, CA: Sage publications.
- Phelan, E. A., & Larson, E. B. (2002). Successful aging: where next? *Journal of the American Geriatrics Society, 50*(7), 1306-1308.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of counseling psychology, 52*(2), 137.
- Prince, C. V. (1979). *Sex vs. Gender*. Paper presented at the Proceedings of the Second International Symposium on Gender Dysphoria Syndrome, Palo Alto, CA. Retrieved From:
- Prince, V. C. (1981). *Understanding cross dressing*. NY: Chevalier.
- Raj, R. (2007). Transactivism as therapy: A client self-empowerment model linking personal and social agency. *Journal of Gay & Lesbian Psychotherapy, 11*(3-4), 77-98.
- Raymond, J. (1979). *The transsexual empire: The making of the she-male*. Boston: Beacon Press.
- Reicher, S. (2000). Social identity definition and enactment: A broad side against irrationalism and relativism. In T. Postmes, R. Spears, M. Lea & S. Reicher (Eds.), *Side issues centre stage: Recent developments in studies of de-individuation in groups* (pp. 175-190). Amsterdam:: Royal Netherlands Academy of Arts and Sciences.
- Rhoads, R. A. (1998). *Freedom's web: Student activism in an age of cultural diversity*: ERIC.
- Riley, E. A., Wong, W. K. T., & Sitharthan, G. (2011). Counseling support for the forgotten transgender community. *Journal of Gay & Lesbian Social Services, 23*(3), 395-410. doi: 10.1080/10538720.2011.590779:
- Ritchie, A. J. (2011). Living the legacy of rhonda copelon. *CUNY L. Rev., 15*, 255.

- Roen, K. (Writer). (2001). Transgender theory and embodiment: The risk of racial marginalisation [Article], *Journal of Gender Studies*: Routledge.
- Ruble, D. N., Martin, C. L., & Berenbaum, S. A. (2006). *Gender development*. Hoboken, NJ,: John Wiley & Sons Inc.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78. doi: 10.1037/0003-066X.55.1.68: EBSCOhost.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, 52(1), 141-166.
- Ryan, R. M., Sheldon, K. M., Kasser, T., & Deci, E. L. (1996). All goals are not created equal: An organismic perspective on the nature of goals and their regulation. In P. M. Gollwitzer & J. A. Bargh (Eds.), *The psychology of action: Linking cognition and motivation to behavior* (pp. 7-26). NY: Guilford Press.
- Ryff, C. (1989). Beyond ponce de leon and life satisfaction: New directions in quest of successful ageing. *International Journal of Behavioral Development*, 12(1), 35.
- Salazar, C. F., & Abrams, L. P. (2005). Conceptualizing identity development in members of marginalized groups. *Journal of Professional Counseling: Practice, Theory & Research*, 33(1).
- Schmitt, M. T., & Branscome, N. R. (2002). The meaning and consequences of perceived discrimination in disadvantaged and privileged social groups. In W. S. M. Hewstone (Ed.), *European journal of social psychology* (pp. 167–199). Londo: Psychological Press.

- Schwandt, T. A. (1994). Constructivist, interpretive approaches to human inquiry. In N. D. Y. Lincoln (Ed.), *The handbook of qualitative research* (pp. 118-137). Thousand Oaks, CA: Sage.
- Seargent, F. (June 22, 2010). 1970: A first-person account of the first gay pride march *The Village Voice*. Retrieved from <http://www.villagevoice.com/2010-06-22/news/1970-a-first-person-account-of-the-first-gay-pride-march/>
- Sedikides, C., & Brewer, M. B. (2001). Individual self, relational self, and collective self: Partners, opponents, or strangers? In C. S. M. B. Brewer (Ed.), *Individual self, relational self, collective self* (pp. 1-6). Philadelphia: Psychology Press.
- Sharpe, D., & Viney, L. L. (1973). Weltanschauung and the purpose-in-life test. *Journal of Clinical Psychology*.
- Sigusch, V. (2004). On cultural transformations of sexuality and gender in recent decades. *German Medical Science: GMS e-journal*, 2.
- Silverman, V., Stryker, S., & Walsh, J. (Writers). (2005). Screaming queens: The riot at compton's cafeteria: Frameline.
- Simon, L., Arndt, J., Greenberg, J., Pyszczynski, T., & Solomon, S. (1998). Terror management and meaning: Evidence that the opportunity to defend the worldview in response to mortality salience increases the meaningfulness of life in the mildly depressed. *Journal of Personality*, 66(3), 359-382.
- Singh, A. (2010). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology*.
- Smith, B. (1982). *The combahee river collective statement: Black feminist organizing in the seventies and eighties*. NY: Kitchen Table: Women of Color Press.

- Spielberger, C. D. (1979). *Understanding stress and anxiety*: Harper & Row Nova Iorque.
- Stoller, R. J. (1964). A contribution to the study of gender identity. *International Journal of Psycho-Analysis*, 45, 220-226. Psychoanalytic Electronic Publishing Database.
- Stone, S. (1991). The empire strikes back: A posttranssexual manifesto. In J. E. a. K. Straub (Ed.), *Body guards: The cultural politics of gender ambiguity* (pp. 280–304). New York, NY: Poutledge.
- Strahan, E. J., Wilson, A. E., Cressman, K. E., & Buote, V. M. (2006). Comparing to perfection: How cultural norms for appearance affect social comparisons and self-image. *Body Image*, 3(3), 211-227.
- Stroumsa, D. (2014). The state of transgender health care: Policy, law, and medical frameworks. *American Journal of Public Health*, 104(3), e31-38. doi: 10.2105/AJPH.2013.301789:
- Stryker, S. (1994a). My words to victor frankenstein above the village of chamounix: Performing transgender rage. *GLQ: A Journal of Lesbian & Gay Studies*, 1(3), 237-254. EBSCOhost.
- Stryker, S. (1994b). My words to victor frankenstein. Above the village of chamounix-performing transgender rage. *Kvinder, Køn & Forskning*(34).
- Stryker, S. (2008a). *Transgender history*. Berkeley, CA: Seal Press.
- Stryker, S. (2008b). Transgender history, homonormativity, and disciplinarity. *Radical History Review*, 2008(100), 145-157. doi: 10.1215/01636545-2007-026:
- Stryker, S., & Statham, A. (1985). Symbolic interaction and role theory.
- Tajfel, H. E. (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. Oxford, England: Academic Press.
- Torres, S. (1999). A culturally-relevant theoretical framework for the study of successful ageing. *Ageing and Society*, 19, 33-51. <Go to ISI>://000081038700002.

- Tsoi, W. (1988). The prevalence of transsexualism in singapore. *Acta Psychiatrica Scandinavica*, 78(4), 501-504.
- van Kesteren, P., Gooren, L., & Megens, J. (1996). An epidemiological and demographic study of transsexuals in the netherlands. *Archives of Sexual Behavior*, 25(6), 589-600.
- Van Wyk, J. J., & Grumbach, M. M. (1968). Disorders of sex differentiation. In P. R. Larsen, H. M. Kronenberg, S. Melmed & K. S. Polonsky (Eds.), *Williams textbook of endocrinology* (10th ed., pp. 842-1002). Philadelphia, PA: Saunders.
- Visser, F. P. (2006). Transamerica, screenplay by dan Futterman, directed by duncan tucker: Movie review. *South African Psychiatry Review*, 9(4), 238-238.
- Vitulli, E. (2010). A defining moment in civil rights history? The employment non-discrimination act, trans-inclusion, and homonormativity. *Sexuality Research and Social Policy*, 7(3), 155-167.
- Walinder, J. (1971). Incidence and sex ratio of transsexualism in sweden. *The British Journal of Psychiatry*, 119(549), 195.
- Watson, A. C., Ottati, V., & Corrigan, P. (2003). From whence comes mental illness stigma? *International Journal of Social Psychiatry*, 49(2), 142-157.
- Weber, P. (2014). Facebook offers users 56 new gender options: Here's what they mean February 14, 2014. Retrieved from <http://theweek.com/article/index/256474/facebook-offers-users-56-new-gender-options-heres-what-they-mean>.
- Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology*, 55(5), 738-748. PubMed.
- Weiss, J. T. (2001). The gender caste system: Identity, privacy, and heteronormativity. *Law & Sexuality: Rev. Lesbian, Gay, Bisexual & Transgender Legal Issues*, 10(123), 128-197.

- Weitze, C., & Osburg, S. (1996). Transsexualism in germany: Empirical data on epidemiology and application of the german transsexuals' act during its first ten years. *Archives of Sexual Behavior*, 25(4), 409-425.
- Wilchins, R. A. (1997). *Read my lips : Sexual subversion and the end of gender*. Ithaca, NY: Firebrand Books.
- Wild, K., Wiles, J. L., & Allen, R. E. S. (2013). Resilience: Thoughts on the value of the concept for critical gerontology. *Ageing and Society*, 33(01), 137-158. doi: 10.1017/S0144686X11001073:
- Williams, M. E., & Freeman, P. A. (2005). Transgender health: Implications for aging and caregiving. *Journal of Gay & Lesbian Social Services*, 18, 93-108.
- Witten, T. (2009). Graceful exits: Intersection of aging, transgender identities, and the family/community. *Journal of GLBT Family Studies*, 5(1), 35-61.
- Witten, T. (2014). *It's not all scylla and charybdis: Successful aging and resilience in the transgender community*. Paper presented at the GERONTOLOGIST. Retrieved From:
- Witten, T., & Eyler, A. (1999). Hate crimes and violence against the transgendered. *Peace Review*, 11(3), 461-468.
- Witten, T., & Eyler, A. (2007). Transgender aging and the care of the elderly transgendered patient. *Principles of Transgender Medicine and Surgery*, 343-372.
- Witten, T. M. (2013). It's not all darkness: Robustness, resilience, and successful transgender aging. *LGBT Health*.
- Witten, T. M., & Eyler, A. E. (2012a). *Gay, lesbian, bisexual, and transgender aging: Challenges in research, practice, and policy*: JHU Press.

- Witten, T. M., & Eyler, A. E. (2012b). Transgender and aging. In T. M. Witten & A. E. Eyler (Eds.), *Gay, lesbian, bisexual, and transgender aging: Challenges in research, practice, and policy*. Baltimore, MD: Johns Hopkins University Press.
- World Professional Association for Transgender Health (WPATH). (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version: The World Professional Association for Transgender Health.
- Yegidis, B. L., Weinbach, R. W., & Morrison-Rodriguez, B. (1999). *Research methods for social workers* (3rd ed.). Boston: Allyn and Bacon.
- Yuval-Davis, N. (2006). Intersectionality and feminist politics. *European Journal of Women's Studies*, 13(3), 193-209. doi: 10.1177/1350506806065752:
- Zucker, K., Bradley, S., Kuksis, M., Pecore, K., Birkenfeld-Adams, A., Doering, R., et al. (1999). Gender constancy judgments in children with gender identity disorder: Evidence for a developmental lag. *Archives of Sexual Behavior*, 28(6), 475-502. doi: 10.1023/A:1018713115866:



## Appendices

### Appendix A – Stony Brook University CORIHS Approval



*Office of the Vice President for Research  
Research Compliance*

DATE: August 15, 2011

TO: Pamela Linden, LMSW, PhD  
FROM: Stony Brook University IRB (CORIHS A)

SUBMISSION TYPE: New Project  
STUDY TITLE: [245818-2] In their own words: Transgender Experience of Aging, A Grounded Theory Study

CORIHS#: 2011-1439-F

ACTION: APPROVED  
SUBMISSION APPROVAL DATE: August 15, 2011  
PROJECT EXPIRATION DATE: August 14, 2012  
REVIEW TYPE: Expedited Review

EXPEDITED REVIEW CATEGORY: 7  
(IF APPLICABLE)

Thank you for your submission of New Project materials for this research study. Stony Brook University IRB (CORIHS A) (FWA #00000125) has APPROVED your submission.

All research must be conducted in accordance with this approved submission. Any modifications to the study as approved must be reviewed and approved by CORIHS prior to initiation.

**Please note:**

- Study qualifies for waiver of documentation of consent per 45CFR46.117.c.

You are reminded that you must apply for, undergo review, and be granted continued approval for this study before August 14, 2012 in order to be able to conduct your study in an uninterrupted manner. If you do not receive approval before this date, you must cease and desist all research involving human subjects, their tissue and their data until such time as approval is granted.

Where obtaining informed consent/permission/assent is required as a condition of approval, be sure to assess subject capacity in every case, and continue to monitor the subject's willingness to be in the study throughout his/her duration of participation. Only use current CORIHS-stamped forms in the consent process. Each subject must receive a copy of his/her signed consent/permission/assent document.

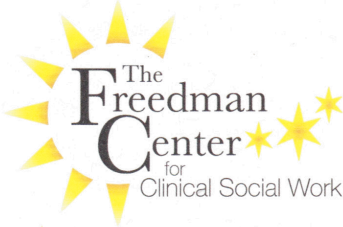
Unanticipated problems (including serious adverse events) must be reported to this office in accordance with SBU policy at <http://www.stonybrook.edu/research/HSG/HSGsec16.html#16.E>.

Any complaints or issues of non-compliance must be immediately reported to this office. If you have any questions or comments about this correspondence, please contact:

Office of Research Compliance  
Division of Human Subject Protections  
Stony Brook University  
Stony Brook, NY 11794-3368.  
Phone: 631-632-9036  
Fax: 631-632-9839  
Betsy Baron [bbaron@notes.cc.sunysb.edu](mailto:bbaron@notes.cc.sunysb.edu)  
Abdool Samad [asamad@notes.cc.sunysb.edu](mailto:asamad@notes.cc.sunysb.edu)

**Please include your study title and CORIHS # in all correspondence with this office.**

## Appendix B – Letters of Agreement



Individual, Couple & Group Counseling,  
Training & Consultation

★ **Diane E. Freedman**  
Ph.D., LCSW

★ **Jennifer L. Kelsch**  
LCSW

★ **Donna B. Riley**  
LMSW

★ **Leah Topek-Walker**  
LCSW

★ **Margaret Fifield**  
Office Manager

June 14, 2011

Ms. Judy Matuk  
Assistant Vice President for Research Compliance  
Stony Brook University  
W5530 Frank Melville Jr. Memorial Library,  
Stony Brook, NY 11794-3368

Dear Ms. Matuk:

As President of the Freedman Center for Clinical Social Work, I give permission to Pamela Linden, Ph.D., Principal Investigator and Donna Riley, LMSW, Doctoral Candidate, to conduct Stony Brook University CORIHS – approved research interviews at the Freedman Center for Clinical Social Work, 2233 Nesconset Hwy, Suite 104, Lake Grove, NY 11755 for the study, “In Their Own Words: Transgender Experience Of Aging, A Grounded Theory Study”

If there are any questions, please contact my office at 631-737-5559.

Respectfully

Diane E. Freedman, PhD, LCSW  
Licensed Clinical Social Worker



office: 516.826.0244  
hotline: 516.679.1111  
www.longislandcrisiscenter.org

2740 Martin Ave.  
Bellmore, NY 11710

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June 23, 2011

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Ms. Judy Matuk  
Assistant Vice President for Research Compliance  
Stony Brook University  
W5530 Frank Melville Jr. Memorial Library,  
Stony Brook, NY 11794-3368

Dear Ms. Matuk:

Long Island Crisis Center gives permission to Pamela Linden, Ph.D., Principal Investigator and Donna Riley, LMSW, Doctoral Candidate, to conduct Stony Brook University CORIHS – approved research interviews at our offices at 2050 Bellmore Ave., Bellmore, NY 11710 (Pride for Youth) for the study, “In Their Own Words: Transgender Experience Of Aging, A Grounded Theory Study”

If there are any questions, please contact my office at 516-679-9000.

Sincerely yours,

Andrew J. Peters, LCSW  
Associate Executive Director



NATIONAL HEADQUARTERS  
305 Seventh Avenue, 15<sup>th</sup> floor  
New York, NY 10001  
212-741-2247  
212-366-1947 fax  
www.sageusa.org

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June 30, 2011

Ms. Judy Matuk  
Assistant Vice President for Research Compliance  
Stony Brook University  
W5530 Frank Melville Jr. Memorial Library,  
Stony Brook, NY 11794-3368

Dear Ms. Matuk:

As the Senior Director of Programs at Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), I give permission to Pamela Linden, Ph.D., Principal Investigator and Donna Riley, LMSW, Doctoral Candidate, to conduct Stony Brook University CORIHS approved research interviews at SAGE for the study, "In Their Own Words: Transgender Experience Of Aging, A Grounded Theory Study". Our office is located on the 15<sup>th</sup> floor of 305 Seventh Avenue, New York, NY.

If there are any questions, please contact my office at 212-741-2247.

Respectfully,

Catherine Thurston,  
Senior Director of Programs  
SAGE

## Appendix C – Participation Recruitment Flyers

# Transgender study

### Call for Research Participants

I am a graduate student at Stony Brook University School of Social Welfare and I am recruiting participants for my dissertation study. I am seeking perspectives on transitioning and aging from self-identified trans people. By trans people I mean, in the broadest sense, people whose gender differs from that which was assigned to them at birth.

### Who can participate?

- Do you self-identify as transgender?
- Have you transitioned to your core gender?
- Are you age 55 or older?
- Do you speak English?

If you agree to participate, you will be part of a research study. You will be compensated \$25 cash for participating in the interview.

The interview may be conducted one-on-one, in person or through the online video software known as Skype (free software), at your preference. The Skype interviews would be conducted with the researcher and participant in private rooms.

### What if I have questions?

Contact me, Donna Riley, LMSW Graduate Student in Social Welfare, at (516) 983-1780.

Donna B. Riley, LMSW  
Doctoral Candidate  
State University at Stony Brook  
C: 516-983-1780

IRB Approved: 01/09/2013  
Expiration Date: 07/29/2013  
CORIHS, Stony Brook University

## Appendix D – Participant Informed Consent Form

IRB Approved: 01/09/2013  
Expiration Date: 07/29/2013  
CORIHS, Stony Brook University



### CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**Project Title:** In their own words: Transgender Experience of Aging, A Grounded Theory Study

**Principal Investigator:** Pamela Linden, PhD, Assistant Professor, School of Social Welfare

**Co-Investigators:** Donna Riley, LMSW, Doctoral Candidate, School of Social Welfare

You are being asked to be in a research study.

**PURPOSE OF STUDY:** We are doing a study to learn about the individual experiences of self-identified Transgender persons and their perceptions of aging. We are collecting information for research purposes only from a total of 40-Transgender persons age 55 and older who have transitioned to their core gender. You are eligible to participate in this study because you have identified as being a person of Transgender experience, live your core gender, are 55 years or older, and English speaking.

**STUDY PROCEDURES:** If you agree, you will be part of a research study. You will be interviewed one time for approximately one and one-half to two hours. This interview will involve questions about your experiences with transitioning, employment, relationships and aging.

The interview may be conducted one-on-one, in person or through the online conference software known as Skype (free software), at your preference. The Skype interviews would be conducted with the researcher and participant in private rooms.

This interview will be digitally audiotaped. Your name or other identifying information about you will not appear on the audio files, but rather will be labeled with code numbers instead. Only

the researchers and the transcription service will have access to the audiotapes. The audiotapes will be coded prior to being sent for transcription – your name will not appear on the tapes. The audiotapes will be stored on the researcher’s computer which will be password protected.

**RISKS / DISCOMFORTS** The following risks/discomforts may occur as a result of your participation in this study. You will be asked to disclose private details about yourself. You may find this stressful or displeasing and you may have unpleasant reactions to the questions. If you do not want to answer any questions, you do not have to. You may take breaks. All responses will remain confidential except where the law may require disclosure. Participants who experience discomfort are encouraged to contact the Trevor Project - 866-4-U-TREVOR. The Trevor Helpline is a free and confidential national crisis and suicide prevention helpline for gay, lesbian, bisexual, Transgender, and questioning youth and Transgender and gender non-conforming adults. Trained counselors are available 24 hours a day, 7 days a week.

**BENEFITS:** Participants will be compensated with \$25 cash. There is no other known benefit to you as a result of being in this study, but the information obtained from this study may help to improve services for Transgender persons in the process of aging.

**COMPENSATION:** You will be compensated with \$25 cash, whether you complete the interview or not. You will be asked to initial a receipt for the cash, if the interview is conducted in person. If you choose to participate via Skype, at your preference your compensation will be transferred through PayPal (a free service), or a money order will be sent to a postal address. Your address information will be shredded after mailing the money order. This receipt or confirmation of payment will be kept in a locked file cabinet separate from study data at Stony Brook University School of Social Welfare.

**COSTS TO YOU:** There are no costs to you as a result of your participation in this study.

**CONFIDENTIALITY:** The interviews will be digitally recorded. Your name or other identifying information about you will not appear on the audio file. Only the researchers and the



transcription service will have access to the audiotapes. The audiotapes will be coded prior to being sent for transcription – your name will not appear on the tapes.

The audio files will be stored on the researchers' password protected laptop and backed up on an encrypted, password protected flash drive. The flash drive and paper copies of the transcript will be stored in the researcher's locked file cabinet at Stony Brook University. The audio file and paper transcript will be destroyed five years after the completion of the study by deleting and shredding.

We will take steps to help make sure that all the information we get about you is kept private. Your name will not be used wherever possible. We will use a code instead. All the study data that we get from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable Institutional officials, and certain federal offices. However, if you tell us you are going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this. In a lawsuit, a judge can make us give him the information we collected about you.

While you are in this study we will get data about your health from questions that we ask of you. You have a right to privacy but the data we get about your health in this study can be shared with the people referenced above (the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable institutional officials, and certain federal offices) as well as (as applicable):

A board that reviews the safety of the study on an on-going basis.  
Your health data are shared to make sure the study is being done correctly, costs are charged correctly, and to make sure your rights and safety are protected. Not all of these people are required by law to protect your health data. They might share it with others without your permission. Some of the health information we get from you in this study cannot be shared with you until the end of the study.

You have the right to stop allowing us to use or give out your health data. You can do this at any time by writing to Dr. Pamela Linden. We will use any data we collected before you wrote your letter. When you review the consent form and agree to be interviewed it means:

- That you have read this section.
- That you will allow the use and reporting of your health data as described above.

**SUBJECT RIGHTS:** Your participation in this study is voluntary. You do not have to participate in this study if you do not want to. You have the right to change your mind and remove yourself from the study at any time without giving any reason, and without penalty. Any new information that may make you change your mind about being part of the study will be given to you. You will get a copy of this permission form to keep. You do not waive any of your legal rights by signing this consent form.

**QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT:**

If you have any questions about the study, you may contact Dr. Pamela Linden at 631-444-3154 or Donna Riley, LMSW, Doctoral Candidate at 516-983-1780. If you have any questions about your rights as a research subject, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects, Stony Brook University at (631) 632-9036.

If you agree to be interviewed, it means that you have read (or have had read to you) the information given in this consent form and you would like to participate in this study.

## Appendix E – Member-check Informed Consent

IRB Approved: 08/07/2013  
Expiration Date: 08/06/2014  
CORIHS, Stony Brook University



**Stony Brook University**  
**Committees on Research Involving Human Subjects**  
**Established 1971**

### **RESEARCH CONSENT FORM TO PARTICIPATE IN A MEMBER CHECK FOCUS GROUP**

**Project Title:** In their own words: Transgender Experience of Aging, A Grounded Theory Study

**Principal Investigator:** Pamela Linden, PhD, Assistant Professor, School of Social Welfare

**Co-Investigators:** Donna Riley, MSW, Doctoral Candidate, School of Social Welfare

**You are being asked to be in a research study.**

**PURPOSE OF STUDY:** We are conducting a member check focus group. The purpose of the member check focus group is to get your feedback regarding what we learned from our study of the individual experiences of self-identified transgender persons and their understanding of aging. We have collected information from approximately 40-transgender persons age 55 and older, who have transitioned to their core gender and live in the greater metropolitan area of New York State.

You are eligible to participate in this study because you have identified as being a person of transgender experience, live your core gender, speak English, and are currently living in the greater metropolitan area of NYS.

**STUDY PROCEDURES:** If you agree, will be in a member check focus group with other members of the transgender community. The focus group is expected to take approximately one and one half to two hours. It will be held at the Freedman Center for Clinical Social Work, 2233 Nesconset Highway, Suite 104, Lake Grove, NY 11755.

During the member check focus group, we will present the study findings to you. You will be asked to what degree the study findings reflect your views on maturing as a transgender person.

The focus group will be digitally audiotaped. Your name or other identifying information about you will not appear on the audiofile. Only the researchers and the transcription service will have access to the audiotapes. The audiotapes will be coded prior to being sent for transcription – your name will not appear on the tapes. The audiotapes will be stored on the researcher's computer which will be password protected.

The audiofiles will be stored on the researchers' password protected laptop and backed up on an encrypted, password protected flash drive. The flash drive and paper copies of the transcript will

be stored in the researcher's locked file cabinet at Stony Brook University. The audiofile and paper transcript will be destroyed five years after the completion of the study by deleting and shredding.

**RISKS / DISCOMFORTS.** The following risks/discomforts may occur as a result of your participation in this focus group. You will be asked to talk about your opinions regarding the findings of the study. If you do not want to answer any questions, you do not have to. All responses will remain confidential except where the law may require disclosure.

Please note that even though we will not identify you by name in our report or in notes we take during the focus group, your responses and input during the focus group will be made in the presence of other focus group members, some of whom may know you. At the beginning of the focus group we will verbally remind all focus group participants to respect one another's privacy by not telling others who do not participate in the focus group what other participants said during the focus group.

You will be asked to disclose private details about yourself. You may find this stressful or displeasing and you may have unpleasant reactions to the questions. If you do not want to answer any questions, you do not have to. Participants who experience discomfort are encouraged to contact the Trevor Project - 866-4-U-TREVOR.

The Trevor Helpline is a free and confidential national crisis and suicide prevention helpline for gay, lesbian, bisexual, transgender, and questioning youth and transgender and gender non-conforming adults. Trained counselors are available 24 hours a day, 7 days a week.

**BENEFITS:** There is no known benefit to you as a result of being in this study, but the information obtained from this study may help to improve services for transgender persons in the process of aging.

**COMPENSATION:** You will not receive any compensation for participating in the member check focus group.

**COSTS TO YOU:** There are no costs to you as a result of your participation in this member check focus group.

**CONFIDENTIALITY:** We will take steps to help make sure that all the information we get about you is kept private. Your name will not be used wherever possible. We will use a code instead. All the study data that we get from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable Institutional officials, and certain federal offices. However, if you tell us you are

going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this. In a lawsuit, a judge can make us give him the information we collected about you.

While you are in this study we will get data about your health from questions that we ask of you. You have a right to privacy but the data we get about your health in this study can be shared with the people referenced above (the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable institutional officials, and certain federal offices) as well as (as applicable):

- A board that reviews the safety of the study on an on-going basis.

Your health data are shared to make sure the study is being done correctly, costs are charged correctly, and to make sure your rights and safety are protected. Not all of these people are required by law to protect your health data. They might share it with others without your permission. Some of the health information we get from you in this study cannot be shared with you until the end of the study.

You have the right to stop allowing us to use or give out your health data. You can do this at any time by writing to Dr. Pamela Linden. We will use any data we collected before you wrote your letter. When you review the consent form and agree to participate at the end, it means:

- That you have read this section.
- That you will allow the use and reporting of your health data as described above.

**SUBJECT RIGHTS:** Your participation in this study is voluntary. You do not have to participate in this study if you do not want to. You have the right to change your mind and remove yourself from the study at any time without giving any reason, and without penalty. Any new information that may make you change your mind about being part of the study will be given to you. You will get a copy of this permission form to keep. You do not waive any of your legal rights by signing this consent form.

**QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT:** If you have any questions about the study, you may contact Dr. Pamela Linden at 631-444-3154 or Donna Riley, LMSW, Doctoral Candidate at 516-983-1780. If you have any questions about your rights as a research subject, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects, Stony Brook University at (631) 632-9036.

**If you participate in the focus group, it means that you have read (or have had read to you) the information given in this consent form and you would like to participate in this study.**

## Appendix F – Semi-structured Interview Guide

Expectations:

1. Tell me how you identify?
2. Tell me about your life experience as a Transgender adult.
3. Tell me about your transition.
  - a. What were your expectations? Good and bad?
  - b. At what age did you transition?
  - c. Were there any media/books/magazines/groups that helped to build your early awareness?
4. Tell me how your family reacted to your gender identity?
  - a. Tell me about your parents.
  - b. Tell me about your brothers and sisters.
  - c. Tell me about your family pets.
  - d. Tell me about children in your life.
  - e. Are there any grandchildren?
  - f. Tell me how your transition affected the family relationship.
  - g. How has letting the secret out, affected you?
    - i. Relief?
5. Tell me about long-term relationships that you have had.
6. Tell me about close friendships.
  - a. Tell me how your transition affected the friendship.
  - b. How many close friends would you estimate you have?
7. Tell me about your career and types of employment you have had.
  - a. Tell me about your co-worker reactions.
  - b. Tell me about job changes you've experienced.

Midlife:

8. Tell me how your expectations turned out.
9. Tell me about your relationships now?
10. Tell me how you would describe your sexual orientation? Has that changed?
11. Tell me about your family?
12. Tell me about any pets you may have?
13. Tell me about the bond with your pet?
14. Tell me about your social activities.
  - a. LGBT organizations?
  - b. Trans organizations
  - c. Clubs and/or hobbies?
  - d. Spirituality? Has it changed? How? How often do you attend services?
15. In general, thinking about your life as a whole, how out are you?
16. How did your transition affect your economic security?
  - i. Housing?
  - ii. Plans for Retirement?

- iii. Health Care?
  - b. Is there anything that happens to mark this transition?
  - c. Do you think things have changed for Transgender adults these days, as opposed to say, 20 years ago? If so, in what ways? (Probe different comments by participant.)
- 17. Do you think there are differences in how people age when it comes to living an urban community versus a rural community? How so?
  - a. Tell me about where you grew up.
  - b. Tell me about the different places you've lived, e.g. how long have you lived in different places?
- 18. How does getting older affect you as a person? Give example(s). Probing questions:
  - a. How does aging impact your body? **Bodily impact**
  - b. How does aging impact your community involvement **Community Engagement**
  - c. How does aging impact your emotions? **Emotional impact**
  - d. How does aging impact your thoughts? **Cognitive impact**
  - e. How would you describe your life in terms of enjoyment? **Life Satisfaction**

Later Years:
- 19. Tell me your expectations for the future.
  - a. Material security
  - b. economic security
  - c. housing
- 20. Tell me about any End-of-life plans you may have made?
  - a. Do you have a will? A healthcare proxy? Purchased long-term care insurance?
  - b. Informal care-giving arrangements? With whom?
  - c. Have you expressed your end-of-life care and treatment? To whom?
- 21. Tell me about your expectations for future social relationships.
  - a. relationships
  - b. friends
- 22. Tell me about your expectations for future health care needs.
  - a. health care
  - b. health insurance
  - c. care giving
- 23. Tell me about your retirement years.
- 24. Do you think you are aging successfully? Yes or No...
  - a. If yes, why and what makes it successful?
  - b. If no, why and what makes it not successful?
- 25. What do you think are signs that a Transgender person is aging well?
  - a. For example, can you think of someone in this community who is aging really well?
- 26. How can you tell they are aging well, as opposed to someone who is not?

27. What do you think are some of the signs, or symptoms, of poor aging?
28. Do you think poor aging be prevented?
  - a. If yes, what can people do to prevent poor aging?
  - b. What does a person need to do to age well? (Is doing the same as being?)
  - c. Why do you think this/these difference(s) exist? (If applicable).
29. What role do you think your community plays in whether or not someone grows older in a positive and healthy way?
30. Do you think Transgender persons in your community are aging successfully?
31. What do you think successful aging means?
32. Is there anything about aging or being a Transgender elder that you want to tell me, that I haven't asked about yet?
33. How would you title your life experience in aging?
34. Looking back, how would you interpret your identity over the time since transition?

Demographic Section:

Say: "Before we finish up, I'd like to ask a few questions about yourself."

1. How would you describe your race/ethnicity?
2. What is the highest grade of school you have completed?
3. How many people, including yourself, are in your household?
4. What is your household income?
  - a. Less than \$19,999
  - b. \$20,000 to \$29,999
  - c. \$30,000 to \$39,999
  - d. \$40,000 to \$49,999
  - e. \$50,000 to \$59,999
  - f. \$60,000 to \$69,999
  - g. \$70,000 to \$79,999
  - h. \$80,000 to \$89,999
  - i. \$90,000 to \$99,999
  - j. \$100,000 and up

Explain, "I will make five statements with which you may agree or disagree. Tell me your level of agreement using the following 1-7 scale: 1 = Strongly Disagree; 2 = Disagree; 3 = Slightly Disagree; 4 = Neither Agree or Disagree; 5 = Slightly Agree; 6 = Agree; or 7 = Strongly Agree

- \_\_\_\_\_ 1. In most ways my life is close to my ideal.
- \_\_\_\_\_ 2. The conditions of my life are excellent.
- \_\_\_\_\_ 3. I am satisfied with life.
- \_\_\_\_\_ 4. So far I have gotten the important things I want in life.
- \_\_\_\_\_ 5. If I could live my life over, I would change almost.



## Appendix G– CORIHS Waiver of Documentation of Consent

IRB Approved: 8/15/2011  
CORIHS, Stony Brook University



### CORIHS Waiver of Documentation of Consent

**Investigator:** Linden, Pamela, LMSW, PhD

In their own words: Transgender Experience of Aging, A Grounded Theory Study

**IRBnet # 245818-2      CORIHS # 2011-1439-F**

The following criteria has been found and documented and therefore qualifies this study for waiver of documentation of consent per 45CFR46.117.c:

That the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern.

or

The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

## Appendix H – Transcriptionist Confidentiality Form

\*FOR RESEARCHERS PAYING FROM NON-UNIVERSITY FUNDS ONLY

IRB PROTOCOL #2011-1439-F

Confidentiality Agreement Transcription and/or Translation Services

I, \_\_\_\_\_, transcriptionist individually, do hereby agree to maintain full confidentiality in regards to any and all audiotapes, oral or written documentation received from Donna Riley related to her research study titled *In their own words: Transgender Experience of Aging, A Grounded Theory Study*.

Furthermore, I agree:

To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped live oral interviews, or in any associated documents;

To not disclose any information received for profit, gain, or otherwise;

To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;

To return all study materials upon request and without delay.

To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

Please provide the following contact information for the researcher and the transcriber and/or translator:

For \_\_\_\_\_ Transcriber: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

For Researcher: Address: 159 Joline Road, Port Jefferson Station, NY 1776

Telephone: 516-983-1780

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or paper files to which I will have access. I am further aware that if any breach of confidentiality occurs, I will be fully subject to the laws of the State of New York.

Transcriber/ Translator's name \_\_\_\_\_

Transcriber/Translator's signature \_\_\_\_\_

Transcriber/Translator's Name of Business and Title (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix I - Historical Timeline the Participants Related

Average Birth Year 1949	
1952 - Christine Jorgenson News article	1950- 1959
1965 - Johns Hopkins - The first hospital in the nation to formally establish a sex change program	1960 - 1969
1966 - Harry Benjamin Transsexual Phenomenon - scientific proof	
1967 - Christine Jorgenson: A personal autobiography	
1968 - Hellfire Club	
1968 - Rachel Harlow article in Philadelphia Magazine	
1969 - Stonewall - Sylvia Rivera	
1969 - Lee Brewster opens Lee's Mardi Gras Boutique	
1970s - Phil Donahue & Dinah Shore TV - FTM & MTF	1970 - 1979
1970 - STAR: Transvestite Action Revolutionaries	
1970 - First NYC Pride Parade held Trans were Excluded	
1971 - Movie Dr. Jekyll & Mrs. Hyde	
1971 - Ed Sullivan Show; Jim Baily	
1973 - The XX (Twenty) Club is <i>formed</i> in Hartford by Rev. Canon Jones and Helen Hyde, to support pre and post-operative Transsexuals.	
1973 - Gigi's Gay Bar - Detroit	
1975 - Renee Richards	
1977 - Confide Group NJ	
1978 - Transgender Tapestry Magazine - Porn & GAY book stores	
1978 - Transgenderist term - The "Transcendents" or "Trans" People Virginia Prince	
Mid 1980s - Dial-up bulletin Boards, Magazine articles	1980 - 1989
1980s - CompuServe the first major commercial online service in the United States. It dominated the field during the 1980s and remained a major player through the mid-1990s, when it was sidelined by the rise of services such as AOL	
1980 - version of: Nancy Drew book "The Clue in the Old Stagecoach" - a female character named George	
1985 - Stryker identifies as the beginning of the trans movement #24	
1985 - AOL Founded May 24, 1985	
1986 - Present - Night of A Thousand Gowns	
1988 "The 'Empire' Strikes Back: A Post transsexual Manifesto," at an academic conference Stone's manifesto called on Transgender people to abandon their silence, name themselves, take responsibility for their lives and experience, and find solidarity and community.	
1988 - Phil Donahue show has Tri-Ess on.	
1989 NYC Gender Identity Project was Founded - Survivors of Transsexuality Anonymous	
1991 - Gazebo - AOL Chat room	1990 - 1999
1992- 2001 -The Vault, a celebrity-packed notorious S & M club where gay and straight ditched their clothes and spanked each other. After early success, the club moved to 28 10th Ave., where it operated until 1997 when it shut down.	
1992 - "Crying Game" Movie normalizing	
1993 - Mustang Sally's Saloon	
1994 - First NYC Gay pride parade inclusive	
1994 - Melanie Philips Website	
1994 - Transsexual Menace activism group, founded in 1994 by Riki Wilchins	
1994 - Transy House Opens - a home for homeless Transgender individuals	
Mid-1990s - David Valentine in the group doing ethnography "Imagining Transgender"	
1996 - Transsexual Road Map, a consumer website for Transgender people.	
1996 - 2002: VITALE LETTER a weekly online newsletter (Through e-mail) with world wide distribution. Covering legal, scientific, legislative action, art and entertainment and general information regarding gender and public affairs.	
1997 - FemmeFever founded	
1998 - The Colorado Gold Rush Conference	
1998 - Transgender Day of Remembrance was founded by Gwendolyn Ann Smith	

1998 – Metropolitan Gender Network	
1999 – Janet’s Closet – Detroit.	1990 - 1999
1999 – Boys Don’t Cry	
1999 – LITE - Long Island Transgender Experience	
2000 – Average Year of Transition for Participants	2000 - 2009
2001 – IFGE – International Foundation for Gender Education	
2002 – NYC Human Rights law passed	
2002 – The Philadelphia Trans-Health Conference (PTHC) was founded by a group of Transgender activists, allies, and service providers.	
2003 – National Center for Transgender Equality (NCTE) was founded	
2006 – Facebook opens registration	
2004 – Southern Comfort Conference – Donna Rose on aging	
2005 – Transgender Legal Defense & Education Fund founded	
2008 - Oprah	
2010 – the Community Kinship (CK Life)	2010 - 2012
2011 – Chaz Bono – Dancing with the stars	
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1952 - Christine Jorgenson News article	1950 – 1959
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2008 - Oprah	
2010 – Community Kinship (CK Life)	2010 - 2012
2011 – Chaz Bono – Dancing with the stars	

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## Appendix J – Code Chart

Theme	Possible Code	Description	Notes
Age	Numerical	Respondent's age at the time of the interview	
Years since transition	Numerical	Years since respondent transitioned	
Self-defined gender	<ul style="list-style-type: none"> <li>• MTF</li> <li>• FTM</li> <li>• Dual Gendered</li> </ul>	Respondents' self defined gender identity	
Level of education	<ul style="list-style-type: none"> <li>• HS</li> <li>• Some college</li> <li>• Bachelors degree</li> <li>• Graduate degree</li> </ul>	Respondents' reported level of education	
Early awareness	Narrative / Age	Respondents' narratives of earliest memory of gender difference and at what age.	Interview quotes
Compartmentalized core gender	Narrative	Respondents' narratives of passing as their natal sex.	Interview quotes
Protecting the core threatened identity	<ul style="list-style-type: none"> <li>• Isolation &amp; secrecy</li> <li>• Passing as one's natal sex</li> <li>• Humor</li> </ul>	Various coping mechanisms to protect the threatened core gender identity.	Interview quotes
Anticipatory	Narrative	Respondents' narratives of seeking resource to transition.	Interview quotes
Making the decision to transition	<ul style="list-style-type: none"> <li>• Ready to transition after fulfilling obligations to others.</li> <li>• The pain to remain outweighs the pain to change.</li> <li>• Awareness of life's finitude.</li> <li>• Seeking Information</li> <li>• Changing social representation of transgender identity.</li> </ul>	Respondents' identified events, emotions, or awareness that created an urgency to transition.	Interview quotes
Categorized social identity	Narrative	Respondents' narratives of post-transition, importance of passing as their core gender.	Interview quotes
Transition /Emergence	<ul style="list-style-type: none"> <li>• Respondents began presenting their core identity socially</li> <li>• Family Reaction</li> </ul>		Interview quotes
Social Reaction	<ul style="list-style-type: none"> <li>• Rejection</li> <li>• Conditional acceptance</li> <li>• Acceptance</li> </ul>	Conditional acceptance, was described by the respondents people in their lives setting conditions where they could accept their core gender.	Interview quotes
Compartmentalized natal sex identity	Narrative	Respondents' narratives of hiding their natal sex identity for fear of spoiling the image.	Interview quotes
Discrimination	<ul style="list-style-type: none"> <li>• Personal.</li> <li>• Career.</li> <li>• Social</li> </ul>		Interview quotes
Economic cost	<ul style="list-style-type: none"> <li>• Transitional cost.</li> <li>• Career economic cost.</li> </ul>		Interview quotes
Fear of Aging Institutions	<ul style="list-style-type: none"> <li>• Fear of needing a nursing home.</li> <li>• Dying with dignity outside of an institution.</li> </ul>		Interview quotes
Transgender advocacy	<ul style="list-style-type: none"> <li>• Political trans advocacy</li> <li>• Support group participation.</li> <li>• Lectures about the respondents' trans experience.</li> <li>• Educating organizations and individuals about their trans identity.</li> </ul>		Interview quotes
Integrated social identity	Narrative	Respondents' narratives of living authentically, acknowledging their whole life experience equals their true authentic self.	Interview quotes
Living out	Comfortable in their own skin.		Interview quotes