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Trans Masculine Identities: Making Meaning in Gender and Transition

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TRANS MASCULINE IDENTITIES: MAKING MEANING IN GENDER AND
TRANSITION

by

Nickolas Hollis Lambrou

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

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ABSTRACT
TRANS MASCULINE IDENTITIES: MAKING MEANING IN GENDER AND TRANSITION

by

Nickolas H. Lambrou

The University of Wisconsin-Milwaukee, 2018
Under the Supervision of Professor Dr. Shannon Chavez-Korell

Perspectives on transgender identity have evolved through time, and various models of transgender identity development are emerging from multiple fields of study. However, little is known about what gender identity means to self-identified trans masculine individuals. Additionally, across existing transgender identity development stage models, the concept of transition is often assumed to include some form of medical intervention, with the acquisition of such interventions playing a key role in one's developmental trajectory. Furthermore, current literature often implies transition is an end goal in the path toward integrating one's core identity. However, there is little to no research exploring how trans masculine individuals experience or make meaning of their gender identity or transition in one's developmental trajectory.

This dissertation is an exploratory effort designed to highlight and honor the experiences of young adults who identify as trans masculine, and the meanings they make in gender and transition. This work contributes toward building a strong foundation from which theoretical frameworks relevant to trans masculine individuals can emerge. Added benefits of this research include opportunities for shaping policy and best practices in affirmatively meeting the health care needs of trans masculine individuals.

To this end, qualitative methodology guided by Interpretive Phenomenological Analysis (IPA) was employed. Discussion includes analysis through the lenses of interpretivism,

poststructuralism and critical theory, as the underlying aim of each lens is to understand, deconstruct and emancipate, respectively. With IPA as a guiding methodology, participant responses converged around nine superordinate themes: (1) Awareness of Self in Context, (2) Safety, (3) Impact of the Binary, (4) Visibility, (5) Create Space for Trans Masculine Identity, (6) Transition is Dynamic, (7) Resilience, (8) Generational Change, and (9) Perspectives on Health Care.

Dedicated to my amazing Mom, Holly Ann Lambrou
We climbed the mountain.

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Lastly, to my musical twin, J. Spark: It's time to get the band back together.

Chapter 1

Introduction

Psychology has a strong foundation in identity work; however, when it comes to discourse regarding gender and sex, the discussion remains largely dichotomous. Various demographic research questions, analyses and applications often assume essentialist views of sex and gender. Essentialist views hold that social identities are fixed and static within the individual, and all is derived from biological sex; that is, the outward appearance of genitalia at birth determines one's sex, gender and sexuality. For example, if one is classified as male at birth, they will grow to become masculine men and be sexually attracted to females and femininity. While the essentialist paradigm lends itself particularly well to developing stage theories of identity development given its linear view of sex and gender, the scope and application of resultant models can be rather limited, (Eliason & Schope, 2007).

Identity development answers the question "who am I" within individual and group contexts. It is core to one's well-being, as it shapes our behaviors and influences how we view others and ourselves. Identity development is dynamic and lifelong; Tatum (2003) explained, "The concept of identity development is a complex one, shaped by individual characteristics, family dynamics, historical factors, and social and political context," (p. 99). Therefore, transgender identity is but one of a wide array of identities, and considering intersectionality is crucial since identity development does not occur in isolation.

While transgender experiences are beginning to gain visibility in the literature and media, Western culture holds a cis-centric binary system as the normative classification for gender and sex, and identities outside of that norm remain stigmatized and disavowed. The marginalization of and discrimination against transgender individuals has an enormous impact on the health of

transgender individuals, families and communities, (Coleman et al., 2012; Grant et al., 2011). Thus, there is an urgent need for health care professionals to widen the scope of normative identity development. As Morgan and Stevens (2012) asserted, further exploration into the identity development of transgender individuals is necessary to "... yield a model of normal, non-pathological development," (p. 301). The field of counseling psychology is especially suited for this task, given its focus on the complexities of personal and interpersonal functioning within a multicultural context, (Society of Counseling Psychology, 2016).

To explain phenomena that cannot be captured through an essentialist paradigm, Eliason and Schope (2007) explained how theories of lesbian and gay identity development have broadened ideas about sex and gender. Lesbian, gay, bisexual, and queer (LGBQ) studies, have offered evolving paradigms from which to conceptualize sex, gender and sexuality, (Eliason & Schope, 2007). However, research claiming to focus on LGBTQ experiences often fails to mention transgender experiences, as if the "T" were aimlessly tacked onto the acronym. Thus, one critique of these models centers around applicability to transgender identity, as sexual identity and gender identity are distinct, yet related, constructs.

Eliason and Shope (2007) pointed out an additional critique of LGBQ sexual identity development models, overall, in terms of essentialist assumptions. To be clear, some transgender people do identify in binary terms, (e.g. trans man/trans masculine; trans woman/trans feminine), and their sexual identity may or may not coincide with the predominant essentialist binary standards. However, it is the question of embodiment that challenges the very notion of stable biological categories to which gay and lesbian identity is based, and reveals ambiguity in "biological markers" of sex as a category, (Eliason & Schope, 2007).

While the aforementioned discrepancies exist, Eliason and Shope (2007) identified common themes amongst several proposed developmental stage models for LGBT identity formation, such as: feelings of differentness, confusion, internalized oppression, managing stigma, exploration, labeling identity, the need to disclose, distrust of the oppressor, identity transformation, the need for a stage of pride/cultural immersion, the need for identity integration/synthesis, and authenticity). The authors maintained that future research will benefit from flexible and non-linear models of gender identity formation, as the process of identity development is nuanced, dynamic and lifelong.

Interestingly, theoretical models of transgender identity have roots in “coming out” models for lesbian and gay-identified individuals (e.g., Cass 1979; Coleman, 1982). Such models served as an important reference point for theorists to begin exploring trans identity with a more trans-centric focus, and subsequent models have progressed in this fashion versus situating trans identity within the context of sexual identity development.

Amongst trans identity models that currently exist, a significant critique involves how transition is typically defined as medical intervention to some extent, and situated as a type of end point or goal in development. This may be, in part, due to the influence of the Western medical model in defining perceptions of the transgender experience, (Lev, 2013). For example, White et al., (2013) explained that a large portion of research regarding transgender experiences has focused on sex reassignment surgery and/or hormone therapy.

Consequently, there is currently very little data providing insight into how transgender individuals define transition, or the role it may play in their gender identity development. In fact, as the World Professional Association for Transgender Health (WPATH) purported, many transgender individuals may identify in ways that affirm or transcend binary conceptualization of

sex and gender, and individuals may hold different meanings of transition and its role in identity development, (Coleman et al., 2012).

Thus, it appears there is a need for a normative, flexible, and non-linear approach to conceptualizing transgender identity. While commonalities exist amongst current models of transgender identity development, there is little empirical evidence derived from transgender experiences to validate them. In then follows the specific experiences of young adults who identify as trans masculine are further obscured or absent in the current literature. Additionally, a commonly held trajectory throughout the literature is that medical intervention is a primary component of transition, transition is typically fixed in latter stages of identity development, and transition is necessary in authenticating one's transgender identity. While this may be true for some, it may not apply to all.

Trans masculine identities are gaining visibility in the literature and popular culture, but historically, trans women and/or transfeminine identities have been more the focus. Stryker (2008) hypothesized this phenomenon may have roots in the mid-nineteenth century industrial revolution, which created avenues for "male-bodied" people to escape the surveillance of their tight-knit rural communities by finding work in the city, thereby providing opportunities for anonymity and freedom in expression, along with developing a social network (community building) within a more diverse urban setting. During this time, "female-bodied" people were relegated to the home, thereby limiting their ability to explore variations in gender identity or expression, (pp. 33-35).

Other rationales for a lack of trans masculine visibility include the premise that trans masculine individuals more frequently "pass," meaning they are often perceived without question by cisgender people as cisgender men, (Stryker, 2008; Serano, 2016). Moreover, Serano

(2016) pointed to cultural objectification as a rationale, and explained that trans/cis women's bodies have historically been scrutinized and sexualized to a much greater extent than trans/cis men's bodies, thereby lending to their disproportionate and sensationalized visibility, (pp. 136-136).

A lack of attention toward trans masculine identities amongst the academic literature formed the rationale for the current research questions, methodology and population of interest. Little is known about trans masculine identity development, socialization, health care needs, or specific challenges and triumphs in daily lived experiences. This study aimed to give visibility to the normative process of developing trans masculine identities in the words of trans masculine individuals themselves.

Thus, the purpose of this study was to create open and flexible space for the nuances of lived experience to emerge from the narratives of trans masculine individuals. This research explored the developmental trajectory of self-identified trans-masculine individuals, with attention to cultural context and interplay of participants' multiple identities. Specifically, this research was an exploratory endeavor with a focus on how trans-masculine individuals make meaning of gender and transition.

Catalano (2017) recommended that researchers collect exploratory data around trans masculine identities prior to deriving theory, given that so little is currently known. Therefore, this research took an exploratory qualitative approach guided by Interpretive Phenomenological Analysis (IPA) to create avenues for experiential knowledge to be voiced and shared. Data was analyzed through the lenses of interpretivism, poststructuralism and critical theory, as the underlying aim of each lens is to understand, deconstruct and emancipate, respectively.

Psychological literature, theory and practice can be greatly informed by multiple areas of study (e.g. philosophy, sociology, medicine, law, feminist theory, queer studies, transgender studies). This work drew from multiple fields in its discussion, contributing to an open landscape from which participant narratives can emerge and take shape. Implications of this research create potential for clinicians and researchers to expand the language and conceptualization of sex and gender as constructs, gain insight into the normative process of trans masculine identity development, inspire future directions in research and practice, and facilitate the delivery of trans-affirmative health care services.

A Note on Terminology

This section outlines key terminology which appears through this dissertation, and is intended to be used as a reference for accurately capturing participant experiences. This set of reference points can also be used to guide the reader, as they engage in their own meaning making processes. Participants often used the terms *transgender* and *trans* interchangeably to describe their gender identity and/or expression; thus, this author did the same throughout this work. The term *cisgender* and the prefix *cis* are used to denote identities and frameworks that are not trans or transgender. Additionally, this author's third person reflections of narratives in Chapter 4 Results use the pronouns preferred by each participant.

It seems appropriate to begin by highlighting the term *trans masculine*. According to InsideOUT, a trans youth advocacy group based in New Zealand, trans masculine is: "A term used to describe trans people who were assigned female at birth but identify with masculinity to a greater extent than femininity," (InsideOUT, 2016).

According to Participant 5, *trans masculine* is:

... kind of my place on the spectrum. Kind of like explaining I'm not a man or a woman, but my gender kind of falls closer to the masculine side. Cuz I'm, you know, *much* more comfortable living and presenting as masculine than I am feminine. I don't know why, but I know that's my reality, and that's kind of my way of explaining genderqueer, as in the whole construct of male and female is bogus, (Participant 5, 2018).

The following list of terms was obtained online, through Trans Student Educational Resources, which is described as, “the only national organization led entirely by transgender youth,” (TSER, 2018). The organization noted that LGBTQ terminology is not static, always evolving, and the list is updated as frequently as possible. Terms appear with the organization’s recommendations for usage, and are listed in alphabetical order:

AFAB and AMAB: Acronyms meaning “assigned female/male at birth” (also designated female/male at birth or female/male assigned at birth). No one, whether cis or trans, gets to choose what sex they’re assigned at birth. This term is preferred to “biological male/female”, “male/female bodied”, “natal male/female”, and “born male/female”, which are defamatory and inaccurate.

Ally: Someone who advocates and supports a community other than their own. Allies are not part of the communities they help. A person should not self-identify as an ally but show that they are one through action.

Binary: Used as an adjective to describe the genders female/male or woman/man. Since the binary genders are the only ones recognized by general society as being legitimate, they enjoy an (unfairly) privileged status.

Bottom Surgery: Genital surgeries such as vaginoplasty, phalloplasty, or metoidioplasty.

Cisgender/cis: term for someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Derived from the Latin word meaning “on the same side.” A cisgender/cis person is not transgender. “Cisgender” does not indicate biology, gender expression, or sexuality/sexual orientation.

Cissexism: Systemic prejudice in the favor of cisgender people.

Cissimilation: The expectation for and act of trans people, especially trans women, assimilating to cisgender (and often heteronormative) standards of appearance and performance.

Gender Affirming Surgery; Genital Reassignment/Reconstruction Surgery; Vaginoplasty; Phalloplasty; Metoidioplasty: Refers to surgical alteration, and is only one part of some trans people's transition... Only the minority of transgender people choose to and can afford to have genital surgery. The following terms are inaccurate, offensive, or outdated: sex change operation, gender reassignment/realignment surgery (gender is not changed due to surgery), gender confirmation/confirming surgery (genitalia do not confirm gender), and sex reassignment/realignment surgery (as it insinuates a single surgery is required to transition along with sex being an ambiguous term).

The Gender Binary: A system of viewing gender as consisting solely of two, opposite categories, termed "male and female", in which no other possibilities for gender or anatomy are believed to exist. This system is oppressive to anyone who defies their sex assigned at birth, but particularly those who are gender-variant or do not fit neatly into one of the two standard categories.

Gender Dysphoria: Anxiety and/or discomfort regarding one's sex assigned at birth.

Gender Expression/Presentation: The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression may or may not be transgender.

Gender Identity: One's internal sense of being male, female, neither of these, both, or other gender(s). *Everyone has a gender identity, including you.*

Gender Identity Disorder / GID: A controversial DSM-III and DSM-IV diagnosis given to transgender and other gender-nonconforming people. Because it labels people as "disordered," Gender Identity Disorder is often considered offensive. The diagnosis is frequently given to children who don't conform to expected gender norms in terms of dress, play or behavior. Such children are often subjected to intense psychotherapy, behavior modification and/or institutionalization. This term was replaced by the term "gender dysphoria" in the DSM-5.

Genderqueer: An identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the binary gender boxes, or may simply feel restricted by gender labels. Many genderqueer people are cisgender and identify with it as an aesthetic. Not everyone who identifies as genderqueer identifies as trans or nonbinary.

Heteronormative / Heteronormativity: These terms refer to the assumption that heterosexuality is the norm, which plays out in interpersonal interactions and society and furthers the marginalization of queer people.

Intersex: Describing a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth. There are many examples such as Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. Parents and medical professionals usually coercively assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant's genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term *intersex* is **not** interchangeable with or a synonym for *transgender* (although some intersex people do identify as transgender).

Nonbinary (Also Non-Binary): Preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g. Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary. Sometimes (and increasingly), nonbinary can be used to describe the aesthetic/presentation/expression of a cisgender or transgender person.

Passing/blending/assimilating: Being perceived by others as a particular identity/gender or cisgender regardless how the individual in question identifies, e.g. passing as straight, passing as a cis woman, passing as a youth. This term has become controversial as "passing" can imply that one is not genuinely what they are passing as.

Sex Assigned at Birth: The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.

Sexual Orientation: A person's physical, romantic, emotional, aesthetic, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, queer, etc. just like anyone else. For example, a trans woman who is exclusively attracted to other women would often identify as lesbian.

T: Short for testosterone.

Top Surgery: Chest surgery such as double mastectomy, breast augmentation, or periareolar (keyhole) surgeries.

Trans: Prefix or adjective used as an abbreviation of transgender, derived from the Latin word meaning "across from" or "on the other side of."

Trans Woman / Trans Man: Trans woman generally describes someone assigned male at birth who identifies as a woman. This individual may or may not actively identify as

trans. It is grammatically and definitionally correct to include a space between trans and woman. The same concept applies to trans men. Often it is good just to use woman or man. Sometimes trans women identify as male-to-female (also MTF, M2F, or trans feminine) and sometimes trans men identify as female-to-male (also FTM, F2M, or **trans masculine**). Please ask before identifying someone. Use the term and pronouns preferred by the individual.

Transgender/Trans: encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an “ed” at the end.

Transition: A person’s process of developing and assuming a gender expression to match their gender identity. Transition can include: coming out to one’s family, friends, and/or co-workers; changing one’s name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgery. It’s best not to assume how one transitions as it is different for everyone.

Transsexual: A deprecated term that is often considered pejorative; similar to transgender in that it indicates a difference between one’s gender identity and sex assigned at birth. Transsexual often – though not always – implicates hormonal/surgical transition from one binary gender (male or female) to the other. Unlike *transgender/trans*, *transsexual* is not an umbrella term, as many transgender people do not identify as transsexual. When speaking/writing about trans people, please avoid the word transsexual unless asked to use it by a transsexual person.

Queer: General term for gender and sexual minorities who are not cisgender and/or heterosexual. There is a lot of overlap between queer and trans identities, but not all queer people are trans and not all trans people are queer. The word queer is still sometimes used as a hateful slur, so although it has mostly been reclaimed, be careful with its use.

Chapter 2

Literature Review

Perspectives on Trans Identity: Feminist, Queer and Transgender Theories

Transgender theory is an emerging framework that allows for a better understanding of transgender identity through the lived experiences of transgender individuals. Nagoshi (2010) explained that transgender theory reconciles feminist and queer theory with social justice advocacy, and considers transgender issues along with the larger issue of social oppression. As such, transgender theory can be used as a bridge to build empowering alliances between transgender individuals and other marginalized groups. This theory will be revisited after a brief overview of perspectives on transgender identity within the context of essentialist theory, feminist theory, queer theory and post-structuralism.

In essentialist theory (e.g., Haslam, Rothschild & Ernst., 2000; Morton, Haslam, & Hornsey, 2009), an underlying tenet is that social identities, such as gender, are fixed and static within the individual. For example, an essentialist view would espouse the binary categorization of humans based on their genitalia. Moreover, those classified as male will inevitably behave in ways considered masculine with a sexual attraction to females. Those born with female genitalia would inevitably behave in ways considered feminine with a sexual attraction to males. As such, Nagoshi (2012) critiqued the essentialist view and asserted that, while the human body may be linked to identity, a category such as gender is not fixed within the body; to assume so provides a framework from which to reify oppression on multiple levels. In the example above, we see how the reification of heteronormativity can be derived from binary gender classification in the essentialist view.

Feminism emerged as an avenue to question and challenge systems of power that were thought of as intrinsic and “natural” within the essentialist binary framework. Feminism does not accept male superiority as a “natural” manifestation of physical and social identity, and considers the role of cultural context and intersectionality in its discourse regarding oppression. However, Nagoshi (2012) critiqued early feminist theory (e.g., Jeffreys, 1990; Raymond, 1979) as historically adhering to a binary conceptualization to make a case for the liberation and empowerment of women. Moreover, feminist theorists have used transgender people as an exemplar of gender as a social construction; at the same time, transgender identities have been heavily critiqued in feminist theory as a form of reification for a hegemonic and heterosexist gender binary.

Queer theory emerged in the early 1990’s as a response to the essentialist underpinnings in many feminist theories and movements. For example, Rubin (1993) suggested that while feminist theory advocated against oppression based on gender, it also assumed a binary tie between gender and sexuality, thereby overlooking underpinnings of sexual oppression. Thus, queer theory introduced a framework from which heteronormativity could be challenged, and new developments in sexual identity theory could take hold. Included in this framework is the idea of that oppression is maintained through socially constructed meanings attributed to sexual identities, in effect turning a mirror on essentialist views and institutionally imposed norms.

Queer theory has solid underpinnings in the post-modern thought and post-structuralist theory, (e.g. Foucault, 1978). For example, Judith Butler’s (1990) work pushed queer theory a step further by giving rise to the concept of *gender performativity*. Butler’s philosophy was groundbreaking in that it extended tenets of queer theory to gender identity, and conceptualized gender expression as practiced ways of being. Butler (1990) suggested that trans and queer

performances of gender are not simply reifications of the cisgender binary or heteronormative patriarchal norms, as the re-enactment takes on a sense of irony and has different meaning than mainstream gender performances. Moreover, gender performativity is not reserved for non-conformists; in Butler's view, *all* people perform their gender to create an illusion of self. In other words, as Stryker (2008) explained, "gender is an imitation for which there is no original, (p. 183).

Despite their significant contributions, Nagoshi (2010) explained how some transgender advocates became increasingly dissatisfied with the prevailing constructionist views of Butler and queer theory, interpreting them to mean gender identity is solely an illusionary construction based on societal expectations. In other words, the notion of constructivism seemed to undercut the legitimacy of trans identities, and the immense struggles of trans people throughout history. Moreover, Tauchert (2002) pointed to the psychosocial significance of embodiment, and argued that a pure constructivist view is reminiscent of Westernized mind-body dualism which denies the opportunity to develop identity that integrates body and mind.

However, Butler's (1990) intention can be easily misconstrued, and it is important to reiterate the underlying implication is that gender is a performance for *all* people, and *all* people perform gender to communicate the self to others; transgender identities are as valid as any other. Another way to conceptualize this is to say that cisgender identity is as valid as any other. Butler did not necessarily discount the existence or salience of gender identity; rather, Butler (1990) asserted that categorization of sex is socially constructed, and it is the essentialist link between sex and gender which is a product of cultural discourse – a story. As Stryker (2008) explains, this story is one that perpetually reinforces itself within multiple institutions of power, such as

medicine, psychology, law, and media; the more the story is told, the more “real” it becomes, (pp. 131-132).

Heyes (2003) explained that queer theory has illuminated ways feminist theory and politics can evolve in solidarity with transgender issues. Early feminist views tied to essentialism proved problematic, presenting a double-bind for transgender individuals: an individual who identifies as Female to Male (FTM) would be deemed as a traitor and one who identifies as Male to Female (MTF) would be considered inauthentic as a woman. In both cases, if the individual “passes” in society, intentionally or not, they would be held in contempt for reifying the heteronormative and hegemonic status quo. Heyes (2003) asserted that feminism involves challenging and changing oppressive systems, but should also acknowledge the ways in which one must navigate and survive within systems of oppression. Additionally, the author maintained the importance of reflecting upon the developmental trajectory of one’s own identities, and how they intersect within systems of oppression or privilege.

Heyes (2003) integrated the work of Feinberg (1993; 1998) into the vision of feminist and transgender solidarity, stating that the freedom to explore one’s gender identity and expression should be granted to people of all sexes, and individuals own the freedom to define themselves. Heyes (2003) also refuted the idea that medicalization is a core determinant of trans identity, stating that transgender individuals know better than anyone the complexity and implications of access to medical procedures and alternate avenues one may take in navigating their identity development. The author stated this may be especially true for trans feminists, as their decisions may pose ethical and political quandaries; however, noted there is no data in support of this hypothesis. Moreover, while some forms of masculinity can be hostile and misogynistic, what is missing from the discourse is the distinction between progressive self-

transformations and those that reinforce oppression and marginalization, (Heyes, 2003; Bettcher, 2009). Overall, Heyes (2003) suggested that incorporating and validating the realities of transgender lived experiences into feminist goals is long overdue.

This overview brings the emergence of transgender theory back into focus. As Stryker and Whittle (2006) explained, transgender studies emerged where feminist and queer studies intersected, carving out a space for the complexities of transgender lived experiences to be voiced, understood and validated. The necessity of this space was born from the fight over inclusion and accurate representations in feminist theory, and the limitations of scope in queer studies.

Stryker and Whittle (2006) compared trans and queer theory, and asserted that, “Transgender studies is in many ways more attuned to questions of embodiment and identity than to those of desire and sexuality, and is akin to other efforts to insist upon the salience of cross-cutting issues such as race, class, age, disability, and nationality within identity-based movements and communities,” (p. 7). Thus, intersectionality of identities is another core feature of transgender theory, as trans theorists acknowledge the dynamic interplay between multiple identities, lived experiences, and authentic sense of identity at individual and group levels. Transgender theory is also interdisciplinary in scope, drawing from academic fields including sociology, philosophy, psychology, life sciences, humanities and arts.

Stryker (2008) acknowledged the immense contribution of postmodern frameworks to the launching of transgender studies. Theories driven by post-modernism allowed for new ways of thinking about sex, gender, and how subjective reality is constructed and maintained. In turn, transgender people helped substantiate postmodern theories, as they challenge simplistic, essentialist, deterministic and unidirectional perspectives on sex, gender, and sexual orientation.

Thus, postmodern deconstruction is a pivotal force in challenging the subjectivity in essentialist constructions, and revealing their use as tools for maintaining a socially constructed set of regulatory norms, (Butler, 1993). Indeed, the sexed body is categorized in any number of configurations, including chromosomal, anatomical structure, and/or reproductive capabilities. This acknowledgement fuels the assertion of Stryker and Whittle (2006), who stated, "... the 'wholeness' of the body and 'sameness' of its sex are themselves revealed to be socially constructed," (p. 9). In other words, one may be hard pressed in reducing subjective gender identity and expression to a deterministic linear product of the sexed body.

Yet, essentialist conceptualizations of sex and gender remain a prevailing societal undertone, steeped in the fear of questioning one's own identity, power, and privilege. Consequently, this fear is redirected onto trans people and communities in the form of oppression and violence. Thus, another core feature of transgender theory and studies is the advocacy and facilitation of social change aimed at protecting the lives of transgender individuals via exposing how deprecating views of transgender identities are the products of cultural norms that are, themselves, products of social construction, (Stryker & Whittle, 2006). Part of advocacy in transgender theory includes sharing experiential knowledge and expanding language to allow for broader conceptualizations of sex and gender across disciplines.

In regard to medical intervention(s), some trans individuals find them to be a great fit with their identities, expression and embodiment. It may also hold that medical intervention is the product of a culture and ideology to which transgender individuals may or may not adhere. Furthermore, access to such interventions gives rise to discourse regarding socioeconomic status, race, ethnicity and class. Overall, and in the spirit of transgender theory and liberation, the work of Feinberg (1998) reiterated a critical reference point in that individuals of all sexes have the

right to be free in their exploration of gender, masculinity and femininity included. Thus, no matter the course of one's journey, the journey is valid.

Overview of Transgender Identity Development Models

Psychology has a strong foundation in identity work; however, when it comes to discourse regarding gender and sex, the discussion remains largely dichotomous. Commonly held views include medical intervention(s) as a primary and defining component of transition, and medical intervention as necessary for authenticating transgender identity. In addition, this conceptualization of transition is largely thought to occur and mark latter stages of identity development.

There are many strengths inherent to several of the models of trans identity development considered in the following review. Likewise, there is room for critique, pointing out how aforementioned assumptions are embedded into the framework of some models. Moreover, similar assumptions are revealed amongst an emerging body of empirical research designed to highlight lived experiences of trans individuals, as several of these works rely heavily on medical transition as a core element to integrating and consolidating an authentic sense of gender identity. However, it is important to acknowledge there is an overall momentum toward more sophisticated, trans-centered frameworks of trans identity development, (e.g. Bockting & Coleman, 2007; Devor, 2004; Lev, 2004).

Lewins (1995).

Perhaps one of the earliest manifestations of using stage models to describe transgender identity development is Lewins' (1995) sociological work reflecting on the micro and macro processes of becoming a woman in the experiences of male-to-female (MTF) transsexual individuals. Lewins' (1995) model consists of six stages: (1) abiding anxiety, (2) discovery, (3)

purging and delay, (4) acceptance, (5) surgical reassignment, and (6) invisibility. The author compared the six stages to Kubler-Ross's (1970) stages of dying; stating that one may not experience all stages, but the ordering of the stages is instrumental. Thus, some individuals may not proceed beyond the first few stages, and others may skip over one or more stages. However, the stages are sequential in order, with one stage potentially overlapping into the next. Lewins (1995) conceptualized the stages as existing within a larger "macro" societal context, and within the personal "micro" individual context.

An interesting contribution of this work may be less about the identity development model, and more about how male-to-female individuals perceived gender on macro and micro levels. For some individuals, transitioning via surgical interventions was described as one way to feel "complete" on a micro and macro level; however, other individuals prioritized various gender expressions that had little or nothing to do with medical intervention. Lewins (1995) made the observation that a pattern emerged when comparing the discourse between participants of lower educational levels and SES to those of higher educational levels and SES. The author stated that those with lower levels of education and SES conveyed more dismay with their genitals and a higher desire to seek "reassignment surgery." Those with higher education and SES tended to deemphasize the necessity of "reassignment surgery," and prioritized living as women by their own definitions.

Consistent with the main critiques of many current trans identity development models, Lewins (1995) conceptualized the last two stages in this model as *surgical reassignment* and *invisibility*, pointing to a significant focus regarding the role of medical interventions and transgender identity development. Moreover, the stage *invisibility* denotes a one-and-done

medical transition whereby trans people ultimately fade into the woodwork as they are more readily perceived as cisgender by society at large.

Gagné, Tewksbury, and McGaughey (1997).

Gagné, Tewksbury, and McGaughey (1997) drew from models delineating the coming out process for lesbian, gay and bisexual (LGB) individuals to outline experiences of the coming-out process for transgender individuals. The authors explained the adaptability of coming out models in terms of identity as a social construction. For example, Gagné et al., (1997) took the position that gender identity is, “learned and achieved at the interactional level, reified at the cultural level, and institutionally enforced via the family, law, religion, politics, economy, medicine, and the media,” (p. 479).

The authors explained that gender is constructed as a binary system in Western culture, thereby forcing those who do not conform to “either/or” schemas into the margins of society. It is in those margins where individuals who transcend gender norms struggle to find belonging and validation for their gender identities. The authors suggested consistent and perpetual invalidation of one’s gender identity steers individuals toward adopting an identity and presentation that mirrors what is accepted in the binary Western system. It is here that Gagné et al., (1997) argued that, by adopting identities which mirror the gender binary, transgender individuals are ultimately reifying a system that initially drove them into the margins.

After conducting 65 semi-structured interviews with transgender-identified individuals falling under the narrower category of “masculine-to-feminine” the authors suggested a four-stage developmental model to illustrate the coming out process for transgender individuals: (1) early transgender experiences, (2) coming out to one’s self, (3) coming out to others, and (4) resolution of identity. Early transgender experiences are characterized by coming to understand,

through the responses of others, that one's gender and/or sex is incorrect. The stage of coming out to the self is underpinned by three primary factors: (1) learning from external sources that their early transgender experiences are abnormal, (2) learning there is a language to describe one's feelings, and (3) learning they are not alone, as others can describe similar feelings, identities, and experiences. The third stage, *coming out to others*, is characterized by not only understanding others share similar experiences, but also seeking validation from supportive external sources (e.g. role models, community, significant others). The fourth and final stage in the authors' model, *resolution of identity*, is characterized by a lengthy exploration and integration of gender identity. In this final stage, the authors suggested only two avenues toward integration; one where the individual folds back into the status-quo with binary gender expression, and another where an individual continues to express themselves in ways that run counter to or transcend the binary.

The authors posited that, through this developmental process of coming-out, many transgender individuals find themselves "crossing-over" into the binary as a strategy to cope with the intense and pervasive pressures associated with non-conformity. However, this view may imply that it is the responsibility of the marginalized individual to constantly challenge and change societal norms by virtue of their identity.

In addition, the authors suggested it was not surprising that "the overwhelming majority of transgendered individuals adhere to traditional conceptualizations of sex and gender," given the limited options for acceptable gender expression in Western culture, (p. 504). While this statement may have merit in some transgender experiences, there is not sufficient evidence to generalize this claim as being accurate to all transgender individuals in the population. Moreover, it should be noted the sample in this study was described as "masculine-to-feminine

transgenderists,” which presented confounds on several levels of inquiry. Lastly, Gagné et al., (1997) concluded, “Often, after learning to pass and completing the transformation process, transsexuals dropped out of the transgender community and assumed their place as women in society,” (p. 501). Of particular note is the reference to *completion of the transformation process*, which in this study translates to “sex reassignment surgery,” (p. 482).

Devor (2004).

To capture transgender identity as a developmental process, Devor (2004) introduced a fourteen-stage model built upon years of the author’s clinical and personal experiences with transgender identified individuals, most of whom identified as female-to-male (FTM). The fourteen stages of Devor’s (2004) model are as follows: (1) abiding anxiety, (2) identity confusion about originally assigned gender and sex, (3) identity comparisons about originally assigned gender and sex, (4) discovery of transsexualism, (5) identity confusion about transsexualism, (6) identity comparisons about transsexualism, (7) tolerance of transsexual identity, (8) delay before acceptance of transsexual identity, (9) acceptance of transsexual identity, (10) delay before transition, (11) transition, (12) acceptance of post-transition gender and sex identities, (13) integration, and (14) pride.

The model captures interplay between interpersonal and intrapersonal exploration across a considerable time span throughout one’s development. As with other developmental models proposed, the author made a point to explain that one’s development may not follow the stages in prescribed order, and it is possible an individual may not pass through all fourteen stages. Rather, the model is proposed as a common trajectory in the development of transgender identity. Still, the idea that transition is one step closer toward identity integration and pride is embedded within the framework of the model. Moreover, while the author stated that pride in identity can

occur within any stage of the model, the model dedicates a distinct space for pride as the final developmental stage.

Devor (2004) acknowledged that the proposed model is contextualized through the lens of Euro-American cultural values, meaning that this model may not be appropriate for transgender individuals within varying cultural contexts. The author also suggested that for a transgender identity to exist, there must be a binary conceptualization of gender and sex as fixed and inseparably linked in comparison. Moreover, while primary sex characteristics serve as gender markers within a Western binary conceptualization, depictions of femininity and masculinity can also serve as distinct markers of gender.

The author posited that gender performance will take an individual only so far in obtaining external validation for one's gender identity, and transitioning one's body to be congruent with one's gender identity becomes paramount to "substantiating their claim," (Devor, 2004). Here, we see the conflation of transition and medical intervention, and the view that medical transition is a pivotal step prior to the integration of gender identity. Again, while this may be true for some, it may not be the case for all.

In regard to gender as a performance, the author explained two themes as being integral to this model of transgender identity formation: witnessing and mirroring. It is through these processes that the author suggested one finds validation in their sense of self. Witnessing is described as the process in which non-transgender others recognize and acknowledge the individual for their authentic self. Mirroring is the process in which transgender individuals' identities are recognized and acknowledged by transgender others. Both processes, while different, are related in that they provide an individual with a sense of validation.

Witnessing and mirroring provide a unique insight regarding the relevance of external validation in one's identity development, but it is difficult to discern how these processes play out within the fourteen-stage model without speculation. Moreover, in terms of validation, Devor (2004) began this work by explaining how most trans individuals and affirmative professionals believe there is a biological basis for transsexualism which has yet to be found; however, there is no evidence provided to substantiate this as popular consensus, and such a statement may perpetuate the idea that trans identities are inextricably tied to biology, and trans identities lack validity without the advent of biological etiology.

That said, the author addressed validity by reminding the reader that self-discovery and self-actualization are processes not reserved for transgender identities; rather, these are normal processes to which all people embark at any given time in their lives. However, given that cisgender binary gender schemas are so deeply entrenched into the heuristics of Euro-American cultural beliefs, transgender individuals are tasked with overcoming the consequences of others' fear, along with carving out a valid and legitimate space for which to develop and thrive in their identities.

It should be noted that, while not inherently a limitation, Devor (2004) conceptualized trans identity development through the lens of a sociologist and personal experiences, basing the model on clinical and non-clinical interactions with individuals who identify in a variety of ways. The author explained that the majority of individuals to which this work is based self-identified as female-to-male, which would imply some degree of homogeneity to bolster generalizability of the results. However, this work remains largely theoretical, as the overall methodology may not exemplify the rigor necessary to empirically validate the author's fourteen-stage model.

Lev (2004).

Lev (2004) conceptualized transgender identity development as a process of emergence, and emphasized the importance of taking into account fluidity throughout the lifespan. Like other researchers (i.e. Devor, 2004; Gagné, Tewksbury, & McGaughey, 1997) the author conceptualized gender within a Euro-American Western binary. However, Lev (2004) was quick to point out that the process of transgender emergence is a normative one within the context of a culture allowing for only binary expressions of gender. In other words, it is not the process that is abnormal; rather it is the perceptions of others that create distortions. Moreover, the author added that the complex interplay between variables such as ethnicity, race, spirituality, religiosity, and SES likely have a profound impact on how one comes to know oneself as transgender. Therefore, the author acknowledged the influence of culture, context, and one's values as crucial parts in one's trajectory.

Lev (2004) proposed a model of transgender emergence with six stages: (1) awareness, (2) seeking information/reaching out, (3) disclosure to significant others, (4) exploration: identity and self-labeling, (5) exploration: transition issues/possible body modification, and (6) integration: acceptance and post-transition issues. Unique to the body of literature proposing models for transgender identity development, Lev (2004) offered useful clinical implications in the form of "therapeutic tasks" along with each stage, such as: normalization of client experiences, facilitating social connections with trans identified individuals and communities, supporting the client as they disclose their identity to significant others, facilitating and supporting exploration and articulation of the client's identity, validating one's decisions regarding transition options, and supporting the client in synthesizing facets of their transgender identity.

The fact that Lev's (2004) model included transition and post-transition issues as the final two of four stages in emergence could imply, on the surface, that [medical] transition is a normative part of transgender emergence with few exceptions. However, the author recognized that validating and integrating one's gender identity does not necessarily hinge upon the state of one's sex characteristics. Thus, while Lev's (2004) model included transition as a facet of transgender identity development, the author pointedly explained how some transgender individuals may take pride in their trans identity, sans medical intervention.

Bockting and Coleman (2007).

Acknowledging a shift in the conceptualization of gender and the treatment of gender dysphoria in recent decades, Bockting and Coleman (2007) explained how mental health clinicians are recognizing a wide-range of possibilities exist for conceptualizing gender expression and identity. Moreover, the authors credited the growing transgender movement as helping to distinguish sex and gender as separate, non-binary constructs. Ultimately, the authors share commonalities with Lev (2004), as they considered trans identity development to be a distinct, valuable and normative process that challenges the constraints of binary sex and gender.

In an effort to inform clinicians in delivering effective and affirmative services for trans-identified individuals, Bockting and Coleman (2007) sought to develop a psychosocial stage model of transgender "coming out" based on Erikson's (1956) work on psychosocial development. As such, the authors situated trans identity development at the individual level and within the context of social interaction and interpersonal relationships. Moreover, the authors recognized that their proposed model is shaped within the context of Euro American Western culture, in which the dominant binary conceptualization of gender and sex contributes to the social marginalization of gender variance. As such, cross-cultural applications may be limited.

Bockting and Coleman's (2007) model consists of five non-linear developmental stages: (1) pre-coming out, (2) coming out, (3) exploration, (4) intimacy, and (5) identity integration. The first stage is characterized by an individual feeling different from others, but not yet having the language to articulate their feelings. The authors explained that children do not hide their gender expressions from the onset, but nonconforming children quickly learn the consequences of rejection and stigma at a critical time in development when attachments are forming. Children may continue to be outward in their gender expression, or they may learn to hide their authentic selves in fear of rejection. The second stage is characterized by an acknowledgement to self and others of transgender thoughts and feelings. In this stage, an individual may feel confused and/or hesitant to reveal their thoughts and feelings to others, depending on the rigidity or quality of the social context. The authors stated that the reactions of others are critical in this stage, as positive reactions can bolster self-esteem. Negative reactions, on the other hand, may confirm existing consequences of rejection (e.g. fear, shame, isolation, feeling damaged).

In the third stage, *exploration*, the individual will actively seek out information about transgender identity in an effort to resolve two tasks: (1) learn about themselves and their community, and (2) bolster personal attractiveness and sexual experience. This stage is characterized by acquiring new social skills, as one becomes able to safely connect with others who affirm one's gender identity. Trial and error are also key in this stage, as Bockting and Coleman (2007) suggested that individuals may begin to experiment with various gender expressions and roles as they learn what is most authentic for them. Subsequently, validation and authenticity may or may not be found in varying degrees of social transitions and/or medical interventions. Moreover, the authors explained that one may not embark on tasks within this stage until later in life, which is less about the process of trans identity development and more

about the invalidation of transgender identity in Western society. Therefore, development in this stage may feel like a “second adolescence,” especially if the individual’s first adolescence was fraught with adversity, Bockting & Coleman, 2007, p. 194). The authors explained how the completion of developmental tasks within this stage are marked by a “transformation of shame into pride in self and in identity,” (p. 196). Interestingly, the authors drew a distinction between passing as cisgender and keeping one’s transgender identity a secret. With the latter, the authors suggested it can signify internalized transphobia, which has adverse consequences at the individual level and impacts levels of intimacy in relationships with others.

The fourth stage in Bockting and Coleman’s (2007) model is *intimacy*. With an acquired sense of pride and belonging, the individual can begin exploring intimate relationships within their gender role. This is a somewhat existential task, in that the individual faces fear of isolation in intimate relationships, and past experiences of abandonment and or rejection are still salient. The authors posited that FTM individuals may experience greater ease in developing intimate relationships, given a history of being socialized as female; however, FTM individuals may also face bias from women within the lesbian community. As transgender individuals explore intimate relationships, sexual orientation may also become a salient factor, as sexual orientation is distinct from gender identity. For example, one may identify as transgender and heterosexual; when partnered, this individual would enjoy privileges afforded to heterosexual, cisgender individuals. However, if one identifies as transgender and gay or lesbian, their relationships are doubly stigmatized.

The final stage in Bockting and Coleman’s (2007) model is *identity integration*, where the individual has integrated their gender and sexual identities within public and private realms. In this stage, the individual is less concerned with labels, and one’s trans identity is integrated

into one's overall identity as a person. Additionally, the individual no longer internalizes the disapproval or slights of others; rather, ignorance is attributed to those presenting it. The authors noted that the process of consolidation and integration may continue throughout the life-span, but as individuals age and encounter other developmental tasks, they are able to do so with self-assuredness, pride and confidence.

Overview of Empirical Literature in Transgender Identity Development

The models described above are largely theoretical, and add a substantial foundation from which to validate existing models or develop models anew. There is currently a paucity of empirical studies designed to explore the lived experiences of transgender individuals, whether it be empirically testing a proposed model of identity development, obtaining evidence to substantiate an emerging model, and/or exploratory research aimed at understanding what gender identity and transition means for transgender individuals. More specifically, literature pertaining to the experiences of trans masculine individuals is scant. The following review represents a budding foundation in this area of inquiry.

Baker (2014).

Baker (2014) set out to explore what gender identity means to transgender individuals before and after [medically] transitioning. The author conducted a qualitative study with 10 trans identified adults who were either actively "pre-operative" or recently "post-operative" in their transition. The researcher compared participant narratives addressing their gender identity development to Erikson's (1968) model of psychosocial development in an effort to understand how expectancies of "typical" developmental milestones and gender conformity may influence transgender individuals in their identity development process. The research was intended to

inform mental health and primary care service providers about normative developmental processes relevant to transgender individuals.

However, embedded in the research are a few problematic assumptions. For one, the interview questions assume that a “defining moment” led one to embark upon [medical] transitioning. Secondly, it is assumed that transitioning is a finite and stepwise process that includes hormone therapy and/or surgical interventions as steps toward completion. Specifically, the researcher preconceived transitioning as a process by which one moves toward self-actualization and ultimately reaches affirmation in their identity through: coming out, real life experience, hormone replacement and/or surgery. The determination of what constitutes transitioning was made prior to conducting interviews in a demographic questionnaire. Thus, the significance of the current research aim is highlighted, in that it is important to take a step back and allow transgender people to define transition for themselves.

Branch (2011).

Efforts amongst student scholars, as evidenced in this unpublished dissertation, are beginning to yield data empirically supporting existing models of transgender identity development. However, it is difficult to ascertain how well the author(s) may be conceptualizing the theories to begin with. For example, Branch (2011) puts forth effort to empirically test Devor’s (2004) model through the narratives of trans identified individuals, but the author conceptualized the model as a reference for people who are either contemplating or undergoing medical forms of transition. Thus, the focus of this dissertation is placed squarely on medical intervention, and the assumption that medical transition is central to transgender identity development. Branch (2011) also conceptualized Lev’s (2004) transgender emergence model in this way. However, Lev (2004) specifically explained that not all trans identified individuals

wish to alter their bodies, despite pressures from society, medicine and/or psychiatry. Thus, Lev (2004) simply elaborates on the importance of talking through possibilities, if appropriate, and affirming clients' thoughts on what is right for them at any particular point in time. In Branch (2011), six out of seven total interview questions are centered on medical transition, with one question inquiring about how the individual identifies their gender.

One strength of this research is that the author ultimately proposed a new "pattern" of transgender identity development that resembles a feedback loop. There is great merit in applying the theory of recycling (Parham, 1989) to trans identity development; however, the proposed model in Branch (2011) seems simplistic and under substantiated given the research and interview questions at-hand.

Wright (2011).

An unpublished dissertation by Wright (2011) sought to expand the base of empirical transgender identity development literature through qualitative interviews with six trans identified individuals. The author reviewed cisgender identity models and transgender identity models to find that participants' narratives were largely in-line with Devor's (2004) model. However, the author concluded that not all stages in Devor's (2004) model were a good fit with participant experiences, particularly in the *transition* stage. Moreover, the author stated that their findings indicated that, while Devor's (2004) stage model offers flexibility, it was not sufficient to capture the experiences of each participant.

Thus, the author called for future research to expand existing models, or develop new models, to allow for fluidity and variation in gender and identity development. The author did not explore how data in their study may correlate with models proposed by Lev (2004) and Bockting and Coleman (2007), as the researcher did not include those models in their review.

Levitt and Ippolito (2014).

Levitt and Ippolito (2014) conducted a qualitative study to understand gender identity development as represented by 17 individuals who self-identified as transgender. The participants in this study varied in their sex and gender identities, and held differing perspectives regarding the necessity for surgical and/or hormonal interventions. The central research question to this study was, “What does your gender (being transgender) mean to you,” (Levitt & Ippolito, 2014).

The authors used grounded theory to analyze qualitative data, which revealed three main clusters common across all narratives, (1) from childhood treated like damaged goods: pressure to be closeted about gender can lead to self-hatred and isolation; all while under others’ scrutiny, (2) the power of language in fostering acceptance: in hearing transgender narratives and becoming aware of social processes that enforce traditional gender standards, the possibilities for self-exploration expand, and (3) identity formation is an ongoing process of balancing authenticity and necessity (e.g., safety, how much I can cope with, resources, legalities); with purposeful shifts may come unexpected ones.

Within the third cluster falls information about how participants viewed transition in relation to their identity. The authors found that many participants conceptualized transition, to whatever extent, as an avenue toward gaining congruence between birth sex characteristics and their gender identity. However, other participants found medical aspects of transition to be inconsistent with their gender identity development. The researchers found that participants reported varying goals in terms of decisions whether or not to physically or socially transition, along with a balancing of costs and benefits (e.g., financial resources, social support, access to healthcare). The mixed results are understandable, given the complexity of transition and gender

as constructs, and variance in individual experience, and the researchers cast a wide net in terms of inclusion criteria for their study. It is possible that the recruitment of those who identify specifically as trans masculine in the present study may yield similarly mixed data, but potential also exists to unveil nuances of trans masculine experiences between and within groups.

Morgan and Stevens (2008).

Morgan and Stevens (2008) designed a study to examine how trans identified individuals come to recognize and develop their transgender identities. Their study took a qualitative approach, and a postmodern feminist stance, with the aim of informing nursing and health care professionals in providing affirmative care for transgender individuals. Adult participants who identified in one of three ways were recruited for this initial study: female-to-male (FTM), male-to-female (MTF), and cross dressers. When focusing on themes reflected in participants who identified as female-to-male (FTM), the authors found four overarching themes throughout the narratives: (1) early sense of body-mind dissonance, (2) biding time, (3) missed opportunities, and (4) transitioning.

The authors explained body-mind dissonance as occurring early in development across all participants. Interestingly, participants began their development without dissonance, in most cases, because they “possessed a strong sense of boyhood until they were told or realized otherwise,” (Morgan & Stevens, 2008). Thus, participants learned from external sources that their expressions of gender identity were “wrong,” because they went against the grain of cisgender binary norms. The advent of puberty significantly exacerbated the impact of external messages, as this is a time secondary sex characteristics emerge. With the second theme, biding time until transition, the authors explained that participants continued coping with pressures to conform to conventional norms throughout early adulthood. In doing so, many participants

reported becoming immersed in the LGB community, but felt pressure to take on a label that was not congruent with their sexual and/or gender identity. The third theme, *missed opportunities*, shares commonalities with Bockting and Coleman's (2007) *exploration* stage, where individuals will gather information about transgender identities, explore expressions of gender, and potentially consider varying degrees of medial or social transition.

The fourth theme, transition, is described by Morgan and Stevens (2008) as the "breaking point" for some, where the costs and benefits of medical transition tipped in favor of doing so, given time and resources. While all FTM participants in this study decided to pursue medical intervention at some point, the authors were cognizant some may not deem medical transition as necessary for consolidating their transgender identity. Moreover, if one does pursue medical interventions to any extent, it may be inaccurate to assume all transgender individuals conceptualize transition in the same way, or as the endpoint in their transgender identity development. As one participant in Morgan and Stevens (2008) described, for them, transitioning is a lifelong process.

Morgan and Stevens (2008) is an important contribution to the literature, informing nursing and healthcare professionals in providing affirmative care for transgender individuals and families. The authors advocated for more coverage of transgender experiences in nursing journals, textbooks, and professional training. Moreover, the authors advocated for researchers to develop and validate transgender identity development models that are affirming and non-pathological; this dissertation is aimed at gathering exploratory data to further that effort.

Summary

Perspectives on transgender identity have evolved over time, as evidenced by a brief overview of essentialist, feminist, queer and transgender theories. In addition, various models of

transgender identity development from multiple disciplines of study have been reviewed in providing a foundation for this dissertation. Of these models, Lewins (1995) suggested transition is a distinct developmental stage of identity development, followed by invisibility where the individual folds into the binary. Similarly, Gagné et al., (1997) suggested only two avenues toward identity integration; one where the individual transitions and folds back into the status-quo with binary gender expression, and another where an individual continues to express themselves in ways that run counter to the binary.

Devor (2004) pointed out that trans individuals may not necessarily fold into the binary once their identity is integrated, as some individuals may demonstrate pride (the final stage) in various ways, including openly identifying as transgender and/or engaging in social advocacy. Devor (2004) recognized different facets of transition (e.g. physical, social) and explained that not all transgender individuals will undergo medical facets of transition, but *transition* is a distinct stage in this model which includes medical intervention and precedes integration, making it unclear if or how identity integration and self-actualization can take place without medical facets of transition in some form.

Bockting and Coleman (2007) and Lev (2004) offered promising conceptual models of trans identity development that suggested facets of transition (e.g. medical, social) can be potential variables rather than a core feature, result, or goal. Moreover, while all models recognized the significance of processes at the individual and social levels, Bockting and Coleman (2007) and Lev (2004) take into account the complex interplay between multiple identities, leaving room for variation in experiences and conceptualizations of sex and gender. Both models make particularly relevant contributions to the field of counseling psychology by including therapeutic implications and informing clinicians about the critical need for normative

models of transgender identity development. Similarly, Morgan and Stevens (2008) made a significant contribution from the field of nursing, and advocated for health care professionals to raise awareness and inform themselves around the normative process of trans identity development.

Present Study Aims

A lack of attention toward trans masculine identities in academic literature formed the rationale for the current research questions, methodology and population of interest. Little is known about trans masculine identity development, socialization, health care needs, or specific challenges and triumphs in daily lived experiences. This study aimed to add visibility to the normative process of developing trans masculine identity in the words of trans masculine individuals themselves.

Thus, this dissertation calibrated focus on the lived experiences of trans masculine individuals. Specifically, this dissertation explored how young adults who self-identify as trans masculine experience and make meaning of gender and transition. As such, this research aimed to create space for nuances of lived experience to emerge from the narratives of trans masculine individuals themselves, with attention to cultural context and interplay of participants' multiple identities.

Catalano (2017) recommended researchers collect exploratory data around trans masculine identities before deriving theory, given that so little is currently known. Therefore, this research used an exploratory qualitative approach guided by Interpretive Phenomenological Analysis (IPA) to create avenues for experiential knowledge to be voiced and shared. Data was analyzed through the lenses of interpretivism, poststructuralism and critical theory, as the underlying aim of each lens is to understand, deconstruct and emancipate, respectively.

Moreover, in-line with the tenets of transgender theory, this work drew from multiple fields of study to inform psychological theory and practice, (e.g. philosophy, sociology, medicine, law, feminist theory, queer theory, transgender studies). Implications of this research include potential for clinicians and researchers to expand language and conceptualizations around sex and gender as constructs, obtaining insight into the normative process of trans masculine identity development, inspiring future directions in research and practice, and facilitating the delivery of trans-affirmative health care services.

This research was guided by the following questions:

1. How do self-identified trans masculine individuals experience and make meaning of gender?
2. How do self-identified trans masculine individuals experience and make meaning of transition?

Chapter 3

Method

This research used a qualitative approach guided by Interpretive Phenomenological Analysis (IPA) methodology. IPA was a good fit to address the research questions at-hand, as exploratory data is essential to understanding the nuances of trans masculine participants lived experiences and meaning making regarding gender and transition. The organizational flow of this chapter will outline and describe the following methodological considerations and procedures: participants, recruitment, data collection, research team, data analysis, IPA, coding, validity as trustworthiness, and reflexivity.

Participants

Defining inclusion criteria with attention to homogeneity in the sample can bolster trustworthiness in the data, (Hill, Thompson & Williams, 1997). Therefore, it is important to explain the rationale for revisions made to original inclusion criteria in this study. Participants were recruited under the original inclusion criteria, which called for participants who identified as transgender men between the ages of 18-35. While participants recruited for this study identified as such, thereby meeting inclusion criteria, it came to light throughout the interview process that many participants felt trans masculine was an identity that resonated with them more fully, as it does not assume a strictly binary identity.

In response, this researcher updated study materials (e.g. recruitment flyers, informed consent) and analysis to include the better suited term of trans masculine. All revisions in this study were submitted to IRB for review, and subsequently approved. Regarding homogeneity and IPA methodology, Smith et al. (2009) noted that the extent of homogeneity is reliant on the social and theoretical factors central to the study. For example, if the phenomenon under

investigation is rare, attributes of that phenomenon itself may define the criteria for obtaining a homogenous sample.

Overall, 15 people responded with interest to participate in this study, and 12 respondents met the inclusion criteria. One person did not meet inclusion criteria since trans man and/or trans masculine were not identities that resonated fully with them. Another person was one year past the age criteria. Lastly, after hearing about the study via word of mouth, one respondent inquired about participation after data collection was complete. All respondents were thanked for their interest, and given the option to be informed about future studies they may find relevant.

The dynamic interplay between multiple identities is core to understanding lived experiences and meaning making, and this researcher purposefully recruited participants in an effort to diversify the sample. Fassinger (2005) recommended maximum variation sampling to widen the range of demographic diversity and experiences within a sample. Patton (1990) added that maximum variation sampling is a form of purposeful sampling, allowing researchers to highlight individual themes as well as core themes that emerge across a highly diverse sample. Specific efforts to widen ranges of racial and ethnic diversity within the sample included building alliances and recruiting at sites serving ethnically diverse clientele. Efforts yielded a sample in which 3 of 12 (25%) participants identified as people of color. Specifically, participants identified as Black/African American, Mixed Race/Mixed Ethnicity, and Brown/Latinx. Table 1 lists participant responses to the demographics questionnaire, (see Appendix A).

Table 1 Demographics.

Participant	Pronouns	Gender Identity	Race/Ethnicity	Age
1	He/him/his	Trans Man/Trans Masculine	Mixed (e.g. African American, Irish, German, Cherokee, French)	25
2	He/him/his	Trans Man/Trans Masculine	White	23
3	He/him/his They/them/theirs	Trans Guy/Trans Masculine	White	26
4	He/him/his	Trans Man/Trans Masculine	Black/African American	19
5	They/them/theirs	Trans Person/ Trans Masculine	White	25
6	He/him/his	Trans Man/Trans Masculine	Brown/Latinx	26
7	He/him/his	Trans Masculine	White	21
8	They/them/theirs He/him/his	Trans Masculine	White	18
9	They/them/theirs	Transsexual/Trans Masculine	White/Euro American	20
10	They/them/theirs	Trans Masculine	White	30
11	He/him/his	Trans Man/Trans Masculine	White	19
12	He/him/his	Trans Guy/Trans Masculine	White / Irish, Scottish	26

Age: ($M = 23$, $SD = 3.74$)

Recruitment Procedures

Recruitment efforts began at Midwestern LGBTQ community centers and advocacy groups, and were extended to posting flyers online in various trans-positive social media groups, (Appendix B). This researcher visited each on ground site in-person, and made efforts to build alliances with coordinators. All aspects of this project were discussed with coordinators; this researcher provided coordinators with contact information, and was openly available to answer any questions or concerns. Coordinators were provided with tangible study materials, including recruitment flyers, demographic forms, informed consent documents, IRB approval numbers, and copies of the semi-structured interview guide.

Coordinators were informed of the purpose of the study, which is to highlight the lived experiences of self-identified transgender men and/or trans masculine individuals, including their narratives of what gender and transition means to them. Coordinators were provided specific information regarding participation, such as the approximate duration of the interview (60 minutes), the possibility of a follow-up interview to ensure accurate transcription, and

compensation for participation (\$20 cash). Recruitment flyers were left with coordinators, along with a request to post the flyer at their site. Individuals who were interested in participating were encouraged to contact the lead investigator via email or phone to schedule an interview.

Overall, recruitment procedures were a combination of convenience, snowball, and purposive sampling. Coordinators were encouraged to talk to individuals they felt would be interested in participating in the study. Moreover, this researcher became actively involved at site and community events. For example, this researcher attended pride-focused festivals and displayed flyers both in-hand and at tabling events. Additionally, this researcher was granted permission to participate in various groups designed to support trans identified individuals, and discuss opportunities for participation in this research.

Data Collection Procedures

The primary mode of data collection in this study was a semi-structured, one-on-one interview. The semi-structured interview is a good fit with IPA, because the flexibility allows for unexpected, meaningful dialogue and interactions to emerge between researcher and participant, (Pietkiewicz & Smith, 2014). Furthermore, the ability for participants to share their stories, in their own words, bolsters context and trustworthiness in the data.

As such, this researcher developed an interview guide with open ended questions, flexible enough to allow for exploration and free-flow of ideas while remaining focused on topics of inquiry, (Appendix C). The semi-structured interview format allowed this researcher to move seamlessly from one topic to another with participants, and created space for unanticipated dialogue to emerge and unfold. This was an important aspect of the IPA process, as unexpected turns are the heart of the interview; participants are the expert authority on their own experiences, leading the researcher to ‘the thing itself,’ (Smith et al., 2009, p. 58).

Logistically, data collection began when interested individuals contacted this researcher via email or text, at which time they were screened for inclusion criteria (e.g. individuals between ages 18-35 identifying as transgender men and/or trans masculine). A copy of informed consent was also emailed to the respondent for review (Appendix G). If inclusion criteria were met, and the respondent offered verbal consent and interest for participation after reading the informed consent document, a meeting was scheduled for an interview with this researcher. All interviews were conducted face to face, by phone, or via online video platform (e.g. Zoom). If the respondent preferred a face to face interview, a safe space in the community was agreed upon (e.g. public library meeting room, LGBT centers).

To begin each interview, this researcher explained to participants that all information obtained in the study will remain strictly confidential, and participation is completely voluntary. Respondents were informed that their identities will remain anonymous, and identifying information would be omitted in transcripts and the final write-up. This researcher reviewed informed consent with each participant, ensured they had a copy of the document, and reiterated verbal consent for participation.

Once the respondent granted verbal consent to participate, this researcher focused on rapport building while gathering demographic data. All interviews were recorded with a digital audio recorder, and later transcribed into text. Upon completion of the interview, participants received \$20 cash compensation for their valuable time and effort. Participants were also offered a list of community resources, and the opportunity to review their transcribed interview to ensure accuracy of their narratives. All participants agreed to receive their transcript via email, and two participants responded with additions and/or omissions (e.g. elaborations, typo corrections). All

other participants approved of their transcriptions. This researcher used a checklist to ensure all steps in the interview protocol were followed, (Appendix D).

Recorded interviews were transcribed verbatim by this researcher, which was an intentional effort to enhance immersion with the data. This researcher combed transcripts to omit all identifying information, as participant anonymity and confidentiality is a top priority. After transcription was complete, transcripts were sent to participants to review and/or edit as they deemed necessary. This researcher and participants maintained contact throughout the research process, exchanging relevant information and updates along the way.

Measures taken to protect participants' anonymity included an upfront explanation of the limits of confidentiality, informed consent, and voluntary participation. This researcher and the participants collaborated to ensure interviews were conducted in safe and confidential spaces. Participants were informed that all data was stored in encrypted files on a password protected laptop computer, all identifying information would be omitted during the transcription process, and no identifying information would be tied to quotes used in the final product. Moreover, given the sensitive nature of topics explored, this writer employed supportive skills as a counseling professional and remained attuned to participants' well-being throughout the interview process. Participants were informed they could take breaks as needed, and they could stop the interview at any time without penalty. Following the interview, participants were offered a list of trans affirmative community resources, and reminded they can contact this researcher via email or phone with follow-up questions, feedback or concerns. As an additional safeguard, research team members were handpicked due to their competencies in transgender identity development and affirmative approach to research and clinical practice.

Research Team

A research team of three was assembled, including this researcher. All researchers were advanced doctoral level counseling psychology students with multicultural training, and keen familiarity with issues affecting trans people and communities. All researchers had knowledge in qualitative research methods; literature in this review was discussed to provide a framework for researchers, and mentorship specific to the IPA approach was provided by this researcher, as needed.

Emphasis was placed on establishing a safe and open climate where researchers were encouraged and expected to express their ideas and challenge one another to reveal potential blind spots. Attention to healthy interpersonal dynamics as a team allowed for open and honest dialogue and reflection to take place. It was unanimously agreed that reflexivity, respect, active engagement in difficult dialogues, reflection of biases, and bracketing pre-conceived ideas in analysis were crucial aspects of the research process

Data Analysis

Evolution of methodological approach.

At the onset of this dissertation, a grounded theory approach was proposed. However, as the research process evolved, it came to light that a more exploratory methodology was necessary to capture nuances in participant experiences. Thus, the decision was made to diverge from grounded theory, and adopt a phenomenological approach. This decision was not made haphazardly; the research team became gradually attuned to mismatches in using grounded theory as a methodology for this research, and strongly considered the implications of revising methodology to better serve participants in this study.

This researcher delved into the literature, investigating the possibility that other researchers have faced similar issues. Like a beacon, Catalano (2014) resonated vividly. The author critiqued their own decision to use grounded theory as a methodology in a dissertation focused on trans masculine experiences in higher education. The author questioned the legitimacy of attempting to generate theory when so little data exists specific to trans masculine identity. The author also contemplated the utility of grounded theory in capturing nuances and complexities in trans masculine experiences. This is not to suggest grounded theory is not an excellent avenue for analysis; rather, the author strongly advocated for exploratory data around trans masculine experiences to accumulate before theory is developed. In other words, exploratory research can provide the grounding necessary for reliable theory to emerge.

Catalano (2014) described a similar trajectory to that of this research team, in which the author set out to highlight trans masculine narratives through grounded theory, but felt resistance when positioning the data within a positivistic framework intended to generate empirical and theoretical outcomes. The rationale to generate empirical and theoretical data made sense, and would absolutely result in a major contribution to the literature given the current paucity of data relevant to trans masculine individuals. However, the author described recurrent barriers in approaching data analysis with grounded theory, almost as if repeatedly encountering a wall with a neon sign flashing ‘too soon,’ (p. 235).

Moreover, Catalano (2014) explained how the intent of his research was to stay as close to his participants’ words as possible. This researcher set out to do the same, as a core intention of this research was to create space for trans masculine voices to be heard. At face value, data collection guided by grounded theory provided this foundation. However, as analysis progressed, this researcher could not shake the feeling that individual voices were being subsumed by the

larger task of generating theory that may or may not accurately represent the nuances in each narrative. Thus, it seemed premature and fundamentally contradictory to construct a substantive theory harboring all participant experiences, rather than allowing space for each participant to speak for themselves.

Catalano (2014) reiterated that movement away from grounded theory and toward a more phenomenological approach is not a critique of grounded theory. In fact, once exploratory data is gathered, grounded theory may serve as a powerful next step. However, as it was in this researcher's experience, a bewildering and crucial developmental process led to a more emancipatory approach in conducting research for an overlooked and underserved population. It soon became clear that capturing fluidity in meanings across participant narratives was at least as important as articulating similarities. Thus, after much consternation and profound reflection, a collective decision was made to employ the following phenomenological approach and methodology in data analysis: Interpretative Phenomenological Analysis (IPA).

Interpretative phenomenological analysis (IPA).

How self-identified trans men and/or trans masculine individuals experience and make meaning in gender identity and transition is best captured through the narratives of participants themselves. Given the research questions at-hand, and considering the scarcity of literature in this area, an exploratory phenomenological approach was chosen to lay the groundwork from which theory may be derived in subsequent works. Interpretive Phenomenological Analysis (IPA) is concerned with examining and understanding how individuals make meaningful sense of their life experiences. It allows for variation, nuance and depth, in that the individual voice is highlighted to substantiate themes across the entire sample, (Smith et al., 2009).

IPA is a phenomenological and interpretive methodology which emerged in the 1990's, and is situated within the field of psychology to systematically capture experiential phenomena. The following three theoretical perspectives drive IPA: phenomenology, hermeneutics and idiography. Smith et al. (2009) described Husserl, Heidegger, Merleau-Ponty and Sartre as formative philosophers shaping the phenomenological approach. Phenomenology is concerned with examining how individuals perceive and make meaning of their lived experiences, with the understanding that individual perceptions and meanings are interwoven with one's interactions in their world.

The second perspective, hermeneutics, underpins the interpretative component to IPA, and originated as a framework to interpret historical texts. Smith et al. (2009) name three theorists as central to the concept: Schleiermacher, Heidegger and Gadamer. Hermeneutics seeks to uncover meaning through text itself, and the context from which it is derived. Additionally, the double hermeneutic, describes the dynamic analytic process in IPA where the researcher is attempting to understand the participant's experiences empathetically from their vantage point, while inevitably interpreting the participant's messages through their own phenomenological filters, (Pietkiewicz & Smith, 2014).

The hermeneutic circle is central to interpretation in the IPA approach, where understanding is derived from a back and forth relationship between the part and the whole. Smith et al. (2009) illustrated the hermeneutic circle by explaining how the meaning of one word takes on new meanings when seen within the context of a sentence, and the meaning of the sentence depends on the sum of the individual words constructing it. The hermeneutic circle can be entered at any level of the project, distinguishing IPA from approaches which may be stepwise, sequential, or linear. Other examples of the hermeneutic circle include the comparison

of a single sentence to a complete transcript, a single case to the entire sample, or the entire sample to the population at large.

The third axis in IPA is idiography, which sharpens the focus on individual experiences. Smith et al. (2009) contrasted this component of IPA with more nomothetic aims of psychology, such as the impetus to make claims which can be generalized to describe a larger population. IPA is committed to detail and depth, and understating the experiences of purposively selected people and contexts. This is not to say IPA disregards the utility of generalization entirely; rather focus is placed on highlighting detailed individual experiences to substantiate claims at the group level. Smith et al. (2009) juxtaposed this feature of IPA to nomothetic approaches, where data is collected from the individual and transformed into units of meaning that no longer distinguish the individual experience from group themes, calculations or generalizations.

Taken in sum, IPA was particularly suited for understanding how young adults who self-identify as trans men and/or trans masculine make meaning in gender and transition, and this type of experiential understanding is lacking within the current literature. Thus, key contributions of this work include enriching a foundation from which theory may be derived, adding depth and color to the frameworks of existing theory, and informing best practices in providing affirmative health care for trans masculine individuals and their supports.

IPA coding.

After all transcripts were deemed accurate by participants, the research team calibrated efforts on the IPA coding process. The analytic process in IPA is not fixed or rigid, but is comprised of a set of common procedures with a commitment to idiography and the hermeneutic circle. Smith et al. (2009) set forth a guide to help researchers adhere to the principles of IPA,

asserting that IPA analysis is not about the steps; rather, it is way of applying several strategies to understand and “see” the data:

IPA ANALYSIS STEPS (Smith et al. 2009)

Step 1: Read and re-read transcripts.

Step 2: Initial coding – line by line analysis.

Step 3: Develop emergent themes.

Step 4: Searching for connections among emergent themes.

Step 5: Move to the next case (repeat steps 1-5 on a case-by-case basis until done).

Step 6: Look for patterns across cases.

The steps outlined above are intended as a heuristic for smaller sample sizes, but they are not prescriptive. With larger sample sizes (e.g. any number over 6), the authors explained how focus may shift from idiographic to assessing emergent themes for the whole group. No matter the sequence or focus of analysis, the most crucial aspect in IPA is illustrating group level themes with idiographic, individual experiences, thereby demonstrating the hermeneutic circle (whole to the part; part to the whole). As such, it was reasonable and appropriate to develop a novel protocol which slightly diverges from the sequence of steps as outlined above.

Immersion in the data is recommended in IPA as a way for researchers to orient themselves to the data, understand individual contexts, and bring pre-conceptions to the fore. As Smith et al. (2009) explained, it is quite necessary to gain a sense of the “whole picture” when working with larger sample sizes, keeping in mind the hallmark of IPA is providing evidence for shared themes by highlighting individual experiences; thus, in larger sample sizes it is reasonable that one may begin their focus on the idiographic by working with an interview that seems most

complex, detailed, and engaging. Great flexibility exists regarding the balance of individual to group, and vice versa, in the spirit of hermeneutics.

With this, researchers developed a plan of analysis for a larger sample size which adhered to the core principles of IPA:

IPA ANALYSIS STEPS (adapted from Smith et al. 2009)

Step 1: Read and re-read – Immerse into the whole.

Step 2: Initial Coding – Steps 1 and 2 are merged.

Step 3: Develop emergent themes on a case-by case basis.

Step 4: Repeat step 3 throughout entire data set.

Step 5: Search for thematic patterns and connections within and across cases.

Step 6: Develop superordinate themes.

Step 7: Record recurrence across cases.

Steps 1 and 2.

To facilitate immersion into the data, this researcher conducted and transcribed each interview from audio to text, verbatim. Then, the research team read and re-read each transcript to orient themselves to context and distinguish fore-conceptions. Steps 1 and 2 were merged together across all interviews, and the team conducted exploratory initial coding independently throughout all transcripts.

Smith et al. (2009) categorize initial codes into three types: descriptive, linguistic, and conceptual. Researchers followed this format in their approach, and noted initial codes in the margins of each transcript. Descriptive codes focused on content and subject matter. Linguistic codes focused on specific language participants used to describe their experiences (e.g. in-vivo coding). Conceptual codes focused on making interpretations and meaning informed by a

counseling psychology framework. The team held consensus meetings to discuss any biases, and to check consistency of initial codes across researchers.

Steps 3 and 4.

Next, researchers went from the whole back to the part, and placed emphasis on the idiographic by revisiting each transcript on a case-by-case basis. Initial coding yielded an extensive set of data points, and the task in this next step required the researchers to find patterns and connections amongst initial codes in each transcript to condense initial codes into more concise and complex emergent themes.

As recommended with larger data sets in IPA, the researchers identified a complex transcript as an entry point to begin developing emergent themes as a team. Then, researchers revisited remaining transcripts worked independently to create emergent themes based on connections in initial codes (Step 3). The team repeated this process on a case-by-case basis (Step 4), finishing emergent themes for one transcript before moving onto the next. In this stage of analysis, the team worked to “bracket” their exposure to previous transcripts as much as possible, and consider each transcript on its own terms.

Another idiographic feature of this stage is that initial codes were examined on their own, outside of the context of the interview(s). This represented the hermeneutic circle at work, as the whole of the interview(s) was fragmented into parts, and then converged again as a whole by the end of the analysis. Once the team finished coding each transcript independently, researchers traded transcripts to check for consistency in interpretation and met for consensus to bolster reliability.

Steps 5 and 6.

Once consensus was reached on emergent themes, the team began to analyze any patterns or connections in themes within and across cases, as well as identifying relationships that appear oppositional. This initiated the process of developing super-ordinate themes. Super-ordinate themes are a larger descriptive category under which any number of emergent themes (subthemes) are nested. The team used the following techniques recommended by Smith et al. (2009) in developing superordinate themes:

- Abstraction: Grouping similar themes together and creating a new name for the cluster.
- Subsumption: Grouping is like abstraction, but an emergent theme rises to super-ordinate.
- Polarization: Examining relationships that appear oppositional.
- Contextualization: Connections in time, context, sequence, life events.
- Numeration: How frequently the theme emerges in and across transcripts.
- Function: Patterns in how participants' present themselves in words or actions.

As recommended in IPA, the research team used ingenuity to develop superordinate themes, and their respective nested subthemes. For example, emergent themes were printed out as individual cards, and the team scattered them on a large table. The team used the techniques above to draw similar themes together like a magnet, and polarize those which seemed oppositional. Then, the team discussed how superordinate themes and their respective subthemes may be linked in process and/or context through the shared lens of counseling psychology. Progress in coding was tracked and updated via live document, and was compiled to create a final code book illustrating superordinate themes and their respective subthemes, (Appendix E).

Step 7.

One final consideration when conducting IPA with larger sample sizes is measuring recurrence rates of themes across cases. While the focus in IPA is on quality over quantity, Smith et al. (2009) stated that measuring recurrence is one strategy for bolstering validity with larger sample sizes. Establishing the rate of recurrence is left to the researchers, and may depend on requirements of the study.

For this research, the rate for superordinate themes was set at a stringent 100%, and all superordinate themes in this study met this criterion given that some combination of its respective subthemes appeared across all narratives. The recurrence rate for subthemes was set at 75%; that is, for subtheme to be considered recurrent, it must have appeared in at least 9 of 12 transcripts, (Appendix F).

Validity and trustworthiness.

Criteria in evaluating qualitative research data and methodology differ from that of quantitative research. When concepts are socially constructed, it can be difficult to ensure the integrity of methodology and analysis. However, a defining feature in qualitative research is the ability to establish validity through what is referred to as trustworthiness. Researchers can build trustworthiness in their data by taking steps demonstrating its plausibility, credibility and applicability. Creswell (1998) put forth eight procedures that can bolster trustworthiness in qualitative research:

1. Prolonged engagement and persistent observation—extended time in the field so that you can develop trust, learn the culture, and check your hunches,
2. Triangulation (or crystallization)—use of multiple data-collection methods, multiple sources, multiple investigators, and/or multiple theoretical perspectives,
3. Peer review and debriefing—external reflection and input on your work,

4. Negative case analysis—conscious search for negative cases and nonconforming evidence so that you can refine your working hypotheses,
5. Clarification of researcher bias--reflection upon your own subjectivity and how you will use and monitor it in your research,
6. Member checking—sharing interview transcripts, analytical thoughts, and/or drafts of the final report with research participants to make sure you are representing them and their ideas accurately,
7. Rich, thick description—writing that allows the reader to enter the research context,
8. External audit—an outside person examines the research process and product through “auditing” your field notes, research journal, analytic coding scheme, etc.

Investigator triangulation was practiced throughout the analysis, where each researcher conducted their coding independently, and frequent meetings were held to illuminate, challenge, compare and converge different points of view. Any inconsistencies in data or interpretation were highly valued and examined to create depth, precision and comprehensiveness in coding. To this end, pointing out any seemingly opposing or non-confirming narratives was an essential part of the process. In addition, data triangulation was used in the form of situating the data within the context of extant literature from multiple fields of discipline (e.g. sociology, psychology, law, medicine), along with analysis through different theoretical frameworks (e.g. feminist theory, queer theory, transgender theory).

Researchers dedicated meeting time to reflect on bias, validate researcher viewpoints, and illuminate blind spots. Examples of researcher bias included: binary conceptualizations of transgender identity and transition, binary slant to language in recruitment materials and

interview questions, researchers' own intersections of identity and historical context, and validation of narratives that seemed to reflect movement toward integration of identities.

Member checking was also an important aspect of establishing trustworthiness in this work. All participants were offered the option to have transcribed interviews sent to them via email, and all accepted. Thus, participants were assured their narratives were accurately captured in the transcription process, adding another level of trustworthiness in what Maxwell (2013) describes as "respondent validation." This researcher maintained contact with participants throughout the research process, and participants were encouraged to make corrections, additions or omissions as they saw fit.

Other examples of proposed best practices for establishing trustworthiness in qualitative analysis include Williams and Morrow (2005), who proposed three components: (1) integrity of data; (2) balance between reflexivity and subjectivity, and; (3) clear communication of findings. In addition, Yardley (2000) suggested the following characteristics to evaluate trustworthiness in qualitative analysis: (1) sensitivity to context; (2) commitment and rigor; (3) transparency and coherence, and; (4) impact and importance.

Williams and Morrow (2009) expanded upon the idea of trustworthiness in critical research, explaining that the term "consequential validity" refers to the extent in which the research can present new alternatives in facilitating social change. This is akin to Yardley's (2000) "impact and importance." This project takes a critical lens, and holds potential for facilitating social change. As such, establishing trust with participants and the community was placed at the forefront; this researcher became increasingly immersed in the trans community to build alliances with site coordinators, advocacy groups, and individuals.

The research team kept in mind their roles as active players in the interview process and subsequent data analysis, as theory and their own perspective would inevitably influence the data. Memo writing was used as a tool for researchers to document their reflections throughout the project, and to process their biases and expectations. Fassinger (2015) explained using memos and auditing to maintain the integrity of the data, as trustworthiness of the methodology and data is central to assessing the validity of qualitative research.

Pietkiewicz and Smith (2014) pointed out how interview skills, such as active listening and asking open questions without presupposition, are crucial to the interview process. Moreover, IPA studies are often used to examine existential topics, and this research is no exception. Thus, this researcher's clinical skills in counseling psychology were beneficial in staying attuned to participants' cognitive, emotional and behavioral states throughout the interview. These skills helped to build the rapport adding to trustworthiness in the data, while holding participant well-being at the forefront.

Reflexivity.

In keeping with transparency and reflexivity, it is necessary to consider my subjective positions as a researcher, middle-aged transgender man, and emerging counseling psychologist. All three vantage points have their benefits and pitfalls pertaining to trustworthiness in this data. Disclosure served to build trusting rapport with participants, and my experiences personally and professionally facilitated distinctive benefits in capturing the essence of participant narratives. Yet, it was essential I remain open and aware of my own biases, stimulus value, and cultural underpinnings throughout the research process. The research team did the same, as we held each other accountable for missteps and insightful breakthroughs every step of the way.

Method Summary

In sum, IPA was particularly suited to demonstrate integrity in the data, as direct quotes from participants were used to substantiate themes at the group level. Participants were encouraged to provide feedback and edits to ensure data and interpretations were accurately and affirmatively representative of their experiences. Moreover, researchers continually made efforts to strike a balance between reflexivity and subjectivity. Specific measures were taken to increase reliability of outcomes and reduce the impact of researcher bias and expectations. In every step of the analytic process, researchers regularly engaged in self-reflection. Meetings were held frequently to provide space for researchers to challenge each other, present multiple points of view, and express preexisting notions, expectations, and biases. Negative cases were highly valued to expand and calibrate super-ordinate themes. Transparency and clarity were guiding principles in all aspects of methodology, communication and application of findings, implications and limitations of this work, and the encouragement of further dialogue.

Chapter 4

Results

The following analysis represents substantial themes which emerged in understanding how self-identified trans masculine individuals experience, conceptualize, and make meaning of gender and transition. Given this is a larger data set, IPA recommends selecting certain passages that illustrate larger group themes, with attention toward ensuring each participant is represented throughout the analysis. The format of this section follows a pattern, where superordinate themes (domains) are first presented with a descriptive overview, then respective subthemes are presented and described. Finally, participant quotes are presented in support of each subtheme. The results section in IPA is discrete, insofar as interpretations are closely aligned with participant narratives. It is within the discussion section where relationships to extant literature are explored, and data is interpreted within a wider context, (Smith, et al., 2012).

The focus of IPA is on quality over quantity in many respects; however, recording recurrence can be used to bolster trustworthiness in the data (see Appendix D). Data analysis revealed nine superordinate themes (domains), each with one or more related subthemes. To be considered recurrent, subthemes must have appeared in 9 of 12 interviews (75%). Recurrence rates of each subtheme collectively pooled, making their respective overarching domains 100% recurrent.

As part of the semi-structured interview process, participants were encouraged to speak freely about their ideas and experiences regarding gender and transition. Responses converged around nine superordinate themes (domains), with one or more respective subthemes. The nine superordinate theme domains are as follows: (1) Awareness of Self in Context, (2) Safety, (3)

Impact of the Binary, (4) Visibility, (5) Create Space for Trans Masculine Identity, (6) Transition is Dynamic, (7) Resilience, (8) Generational Change, and (9) Perspectives on Health Care.

Domain 1: Awareness of Self and Context

Defining features of this domain include the following subtheme – *Awareness of Privilege, Oppression, and Multiple Identities*. To begin the interview, participants were asked questions about who they are, both in a broad context and in terms of intersectionality. Within their responses, all participants reflected deeply on their position within a larger context of privilege and oppression. Inherent to this domain is the recognition that participants spend an exceptional amount of time self-reflecting and refining their world-view. Participants continued to use awareness of self and context throughout the interview as a lens from which they situated their responses and made meaning of gender and transition, no matter the scope of the question. Hence, it became clear that respondents had a heightened awareness of their identities in relation to their context, and vice versa, in daily life.

Subtheme 1.1: Awareness of privilege, oppression and multiple identities. When answering the broader question of who they are, in general, participants often referenced multiple identities, including race, ethnicity, socioeconomic status, gender identity, and/or sexual identity. All interviews commenced in this way, and without specific prompting regarding identities, many participants included identity in their response. For example, Participant 6 described who they are as, “I am Brown, Latinx, Trans man,” (p. 1). Participant 11 reflected, “I mean, I mostly just identify as a gay trans man. White. I’m pretty into nature and animals, I’m a big fan. I’m also an artist,” (p. 1). Participant 5 followed a similar response style in describing who they are, broadly, at the start of the interview:

So, I guess I consider myself like a trans activist and social worker and a trans person and a queer person. I consider myself pansexual, polyamorous white... I guess those are probably all the labels that come to mind [laughs] as far as identities.

Participant 1 reflected on familial context, socioeconomic status, and intentionality when describing who they are, broadly. Participant 1 also demonstrated depth in reflexivity:

That is a very wide... there are so many intersections... um, I grew up with a family of higher middle class and then lower middle class. So I got to see what it is like and experience the both of the pendulum ... where it is hard to just get by, and being in debt vs. going to visit my dad's side of the family where I have doctors and lawyers and, um, dentists as family members.

On my dad's side of the family they've probably had it worse. I know that my uncles have been stopped over and over, even though, you know, they're lawyers, they have nice cars... it's... it's... it doesn't matter. It doesn't matter how much money you make in the end. If you're black or brown, or look black or brown, you're going to get stopped and are treated differently than your peers. And so it's mostly to do with family feeling it more than I because... again, since I don't have curly hair and I'm not necessarily super dark, I can get away with things that they may not be able to.

Considering multiple identities, many participants explained how exploration of sexual identity helped them begin to make meaning in gender identity, and vice versa. For example, Participant 10 explained how it took time to understand gender identity as distinct from sexual identity:

I was identified as lesbian or genderqueer. Yeah, I kind of melded together sexuality and gender for a while, before I really thought it through and came to the realization I was trans... I think for much of my life I was just identifying by sexuality as opposed to gender expression. I liked girls, so I just kind of clung to that as opposed to exploring more of a broader gender expression. It never really seemed to fit right, but that was as far as I could figure out for a long time. Yeah.

Conversely, Participant 3 reflected on how awareness and exploration of his gender identity helped to make sense of his sexual identity:

Yeah, that's actually kind of a weird thing because I think I didn't understand my own sexual orientation until I fully understood gender. I would be like, "Yeah, I'm gay because I'm this and attracted to this... but I'm not really sure what I am yet.

Participant 6 explained how the sequence or focus of identity development may shift for participants of color, depending on salience, stating: "I had to go through my identity in different

sequences, like being brown and being transgender, sexual orientation... whatever was most salient at the time,” (p. 1).

An interesting juxtaposition was apparent when participants reflected on levels of acquired privilege they experience when being read by others as a cisgender male. White participants acknowledged privilege based on stimulus value, and they perceived a higher level of safety being read as a cisgender male. Participants of color were cognizant of privilege in being perceived as a black or brown cisgender male, but this perception was not necessarily tied to higher levels of safety. Participants of color also reflected on the salience of their racial identity, and how that intersected with their gender identity. For example, Participant 6 explained:

Every person of color has experienced racism, micro-aggressions, and oppression whether they recognize it or not... Yes, I do have privilege in ‘passing’ as a man. It is like being accepted into a new world of privilege that I did not have access to before.

Being perceived as a cisgender male comes with privilege, but also brings another set of challenges given how participants of color are perceived by others. Being read by others as cisgender men is not all about privilege for participants of color, as multiple layers of stigma and bias are thrust upon them. This is evident in the narrative of Participant 4:

Well, I know my blackness plays a lot into how I'm identified as and who I'm perceived ... so what everyone else sees. So my blackness... I have a very stern face that isn't the most welcoming, which I made it that way, but it's also because that's how black people are in the outer world. Everyone be like these hard characters, and my face and body language pretty much portrays that often, which isn't necessarily a bad thing, but it happens. Toxic masculinity in the black community has also lent a lot on the way I am perceived.

In addition, Participant 1 reflected on how coming from a mixed racial background interacted with facets of gender identity. There was an added sense of burden in having to explain multiple identities to others. Adding to the burden was apprehension about how one is perceived by those

outside the black community based on gender identity. For Participant 1, gender identity and expression were closely tied to safety; being perceived as a cisgender male of color meant being perceived as more of a threat with a higher likelihood of being the target of violent discriminatory acts:

Well, right now I don't come off as black, um, I know that in the black community and in the brown community that, um, if you transfer to being a man then you become more frightening to society. It's more likely there'll be violence done upon you... in society. And, even though I do have black in me I don't come off as that. People are just like, "What are you?" That's basically what I get. "What are you?"

The topic of safety is explored more in-depth later as its own superordinate theme; however, safety overlapped with acknowledgement of privilege, oppression and multiple in this context. Additionally, in contrast to the narratives of participants of color, white participants learned that being perceived as a cisgender male can increase levels of safety in addition to the receipt of privilege. For example, Participant 7 reflected on how his sociocultural context interacts with his gender identity, "... just being really privileged and really fortunate to be a white trans masculine person, because I don't really have to fear for my safety too often," (p. 1).

Other white participants echoed awareness in finding privilege when being read as a cisgender male. For example, Participant 3 expressed both pride and awareness, "Yeah, that's actually kind of interesting, because I feel like I benefit heavily for... I guess I 'pass' usually really well... Like, I don't know if I said in the beginning but I'm a pre-T trans guy," (p. 2).

An increased sense of safety was expressed by Participant 5, within the context of their identities and place within the queer community. Participant 5 has also spent time contemplating ways to use their privilege in working toward the value of social justice:

Even though I'm, like, queer and trans..., like, trans masculine and white, you know... there's a lot of really vulnerable people in the community that don't have the advantage of walking down the street mostly looking like a gay white dude, you know? So I think

that's probably the way that I think about my identities intersecting the most is like, what privileges do I have and leverage those for other people's benefit.

Participant 12 expressed similar ideas, folding in meaning given his experiences of being perceived by others as female for a portion of his life. This passage reiterates an increased level of privilege, safety and validation experienced by white participants when being read by others as cisgender:

Well as a cis passing white male, I definitely experience a lot of privilege. To experience that after being seen as a female, and then to be seen as a cis white male, it's kind of crazy how you see that privilege... It's just a lot of people don't have a voice, sadly, in the country, and because I have that white straight male passing look, people are more, sadly, prone to listen to me because of that.

Domain 2: Safety

Safety emerged as a superordinate theme in terms of how participants experience, conceptualize, and make meaning of social interactions in gender and transition. Defining features of this domain include the following subthemes: *Moderating Gender Presentation and Disclosures*, *Cisgender/Binary Spaces are Less Safe*, *Non-binary Vulnerability*, and *Experiences of Harassment and Discrimination*. Overall, this domain describes how trans masculine individuals may monitor others' reactions and filter their disclosures accordingly. In addition, demonstrating traits considered stereotypical or hyper-masculine can be a way to garner safety for some, but may reduce levels of safety for others. Context also plays a major role. Many participants shared experiences of perceived and actual threat in spaces that largely abide by cisgender/binary standards.

Subtheme 2.1: Moderating gender presentation and disclosures. This subtheme captures the ways trans masculine individuals have learned to monitor others' reactions, scan their environment, and filter information in a way that will increase levels of physical and psychological safety. At times, participants avoided certain behaviors or disclosures altogether.

At other times, participants explained modifying their behaviors or disclosures in a way that overemphasized stereotypical notions of cisgender masculinity to thwart resistance. Participant 5 described this process as “leaning into masculinity,” which may not have felt fully authentic to them, but modifying authentic expression was necessary in some contexts:

Yeah, a lot of trans men feel like they have to kind of dig into their masculinity in order to survive and maneuver. So I feel like there's times when I kind of dug into that more, and then times when I've kind of stepped back and bit and been a little more authentic to myself and the feminine parts of myself.

Participant 12 elaborated further:

Okay (laughs). Yeah, I feel like when I get into an area with a bunch of dude bros, I definitely try to play more like a dude role instead of being my flamboyant self. But sadly I feel like I have to do that for safety reasons, just because a lot of dude bros, just because they are so very ignorant. Stupid. So it really depends on the area, but I definitely think that when I get around more men I pick up more of that stupid stuff. I get more masculine and stuff, puff up my chest, you know? Something dumb... that's only in certain circumstances, especially in the bathroom. I've gone to clubs where it's kind of scary. I don't pack or anything like that, so going to the bathroom can be really scary. In general, just being in an area where you don't know everybody, especially at a club scene. So I definitely feel like I have to put on that front so people don't fuck with me. It definitely happens.

Participant 8 talked about modifying their disclosures to build social support, as well as using acquired skills and strategies for vetting people safe enough to befriend or talk with authentically. This could be accomplished by assessing others' body language or verbal cues to filter disclosures accordingly. Participant 8 approaches social interactions with cautious optimism, as if interviewing for potential friends, and weeding out potential foes.

I've been trying to talk to people and, at some point, I will find some way to tie in some kind of trans thing. Or at some point I'll say like “Oh man, this reminds me of gender.. it's super fake,” or something like that. If they get weird about it, then it's a big red flag, and I pretty much stop talking to them instantly.

Participant 11 employed a similar strategy:

Yeah, I don't want to explain something to somebody just bottom up. I'm pretty careful about my friends, just because I already have to vet them for being transphobic or homophobic. I may as well just pick the most quality people.

Similarly, Participant 6 indicated the necessity to scan his environment for safety before outwardly and actively challenging the status quo: "I often think about challenging these ideas of gender roles and expectations, but often take the setting and situation into consideration for my safety," (p. 1). Participant 3 offered a very specific run through of his skills, and how much thought and preparation can accompany seemingly ordinary, daily activities:

It's like when I order food or something, I know they ask for your name when they try to make things more personalized, but I absolutely hate that. I'm trying to figure out ... there's so many things happening. Like when you are cis, you identify as whatever you are assigned at birth. You go up to a place, you order something, you don't think about it, you wait for them to call your name, you go up and get it. Now, when you're trans, I don't know if it's for everyone, but for me personally, I go up to the register I listen to if they say sir or ma'am. If they don't know, and they say you're up next or something like that... I'll pick a random name. I've had a name that I wanted to use for such a long time, but when I freak out I pick a different name. A gender neutral name.

Many participants described similar experiences, where disclosures or behaviors are modified for safety. Spaces such as bathrooms, bars, concerts, airports and places of employment were commonly referenced. Moreover, any space that required a name or other form of identification posed a very real threat, from being pulled over for speeding to ordering coffee where one's name is written on the cup. This assumes one has access to such spaces or documentation in the first place, and brings to light added layers of threat and safety concerns for trans people who are undocumented.

Subtheme 2.2: Binary Spaces = Less Safe. In contemplating their experiences as trans masculine, many participants learned that spaces demonstrating cisgender normativity, or those that are distinctly segregated in a binary manner, can pose challenges in living authentically and maneuvering safely. Common responses to such spaces included heightened awareness, anxiety,

fear, frustration, avoidance, isolation, and escape. These reactions should not overshadow the immense resiliencies participants demonstrate daily, as discussed later in this chapter.

Participant 2 described fear of physical harm when using men's restrooms, which came directly after discussion of what pride means to him. This fear formed a barrier to him in living authentically. To cope, he talked about reminding himself that he has support of friends and family, and that the city he lives in is LGBTQ positive, which speaks to resilience as a buffer: "I'm always... I'm still sort of scared going into men's rooms. There's... I think [this] is a really LGBTQ positive city, so I shouldn't feel this afraid, but... sometimes I'm scared someone is going to hurt me," (p. 5).

Participant 3 also distinguished challenges trans masculine individuals face when trying to access gender segregated public restrooms, pointing out how using women's restrooms can be relationally threatening, but may be the safer option if only two choices available. He later explained how experiences like this have led him to avoid or dread settings that tend to be gender segregated:

I was with the person I was dating at the time, and they had to use the bathroom, and since we're both AFAB [assigned female at birth] we went to the women's restroom because that seemed the safest. You know, we talk about trans women go into the women's restroom, and people are like, "Holy shit!" But then you've got trans guys having to use the women's restroom because it's the gender that matches their birth certificate and all that. It kind of makes things a bit more difficult because people don't think there's trans guys out there. There was a mom and her two kids in the bathroom and I was just waiting by the entrance... off to the side, whatever. I was texting on my phone. I have a lot of anxiety, so I was like, "Ok, when can we get out of here?"

Yeah, I don't want to fly places. I don't want to use public restrooms. I don't want to go anywhere that involves gender, and to make people confused.

Subtheme 2.3: Non-binary vulnerability. This category emerged to highlight the challenges associated with presenting in a way that does not fit binary schemas, hence the term "non-binary." Binary schemas can be used to judge non-binary expressions in both cisgender and

transgender communities. Many participants indicated that safety risks increase the more one pushes binary gender expectations. Participant 1 expressed an interest in starting testosterone, but feared it may generate a period of ambiguity that subjected him to harm from cisgender others who could not classify him within a binary schema:

Although I am aware that I'm trans, and I do want to medically transition, you know there's... yeah... yeah. I'd rather pass as a male... but it's that in-between spot... that in-between spot I feel is the most vulnerable for trans people, and I know it will take years. Maybe not as many years if I, you know, up the dose of testosterone. But still... yeah.

Participant 5 explained a specific instance of harassment and discrimination perpetrated against them based on not fitting cisgender binary schemas:

There was one time at a concert in Chicago where there were two pat down lines, and I wasn't wearing a binder or taking T at the time. I went through the women's line, and she was like, "Are you a girl ... or something?" And I was like, "For your purposes, yes." And then she like, did it, and I went straight through and showed the guy my ID for a wristband, and he was like, "This is a girl ID." And now I'm like, "I want to go home!"

Subtheme 2.4: Experiences of harassment and discrimination. Most participants in this study disclosed specific incidents of overt and covert harassment or discrimination based on their gender identity in multiple contexts. Resiliencies were taxed and safety was compromised, again, conditioning participants to modify or limit authentic expressions, where they go and what they do to preserve safety. Participant 3 shared his experiences:

I actually had security drag me out of the bathroom. They were like, "Hey young man, get over here!" I didn't know that they were talking to me and ... yeah there was a male and female security officer, and they dragged me out of the bathroom. I was in tears, like, "Oh what happened? What did I do?" I wasn't sure what it was exactly, but I thought it was because I had a water bottle and my friends would use water bottles to put alcoholic drinks in and walk around the convention. I was like, "Oh, no, did they think I was one of them and I am in trouble now?" I got scared and they were yelling at me, telling me I can't be in there. I was like, "I don't know where to go then.

I'm thinking about another bar I went to with an older gentleman working. I opened up a tab, and he wrote me a note afterwards saying, "Next time you use your sister's card, just pay in cash." I also have a picture of that on my phone. But, I was kind of crying, and I

really like that bar, but I don't think I can go there anymore because I just feel too weird about it now.

Participant 12 understood his experience of harassment by a cisgender male authority figure as a consequence of toxic masculinity:

I literally had a cop ask me how I pee. He's like, "Well, do you pee standing up? Because guys pee standing up." I'm just like Wow. But I think that's just where that toxic masculinity comes from, because what way is there to be a man? Like, what way is there to be a female? I know some really dainty dudes, and I know some girls that can fricking rip shit, and it don't mean nothing. I think just to use gender binaries, in general, whether it's toxic masculinity or white Trump feminism, it's all terrible.

Throughout interviews, participants commented on the many ways social media has served as a positive resource for trans masculine individuals to find information and community, but it was also a place where transphobia can run rampant. As Participant 8 shared:

Like, just a couple months into the school year, I got randomly added to Facebook where a bunch of guys asked, "Hey, are you a boy or a girl?" And then they said a whole bunch of slurs and stuff. I knew that was transphobic but...

Domain 3: Impact of the Binary

Overwhelmingly, participants expressed many ways in which binary and essentialist views of sex and gender are limiting and damaging in their experiences. To be clear, participants spoke of ways such standards are prevalent in both cisgender and transgender communities, and participants reflected on ways binary views negatively impact transgender and cisgender identified individuals. It appeared participants spent a substantial amount of time thinking about these issues and appreciated the space to voice their significant reflections. This domain is comprised of four subthemes: *Binary is Harmful*, *The Concept of Binary Sex and Gender is Simplistic*, *Over Gendered World*, and *Language is (Un)Helpful*.

Subtheme 3.1: Binary is harmful. Participants offered rich reflections on how binary essentialist views can be damaging, to trans, non-binary and cisgender identified people.

Participants asserted that binary schemas and expectations are particularly harmful for queer identities. It was generally agreed that there is “leeway” given to AFAB (assigned female at birth) individuals expressing facets of masculinity, as it is more socially accepted (e.g. tomboy), and this was conceptualized as a privilege in some respects compared to the plight of AMAB (assigned male at birth) individuals who are trans feminine. The participants seemed to conceptualize childhood as a safer time for exploring gender expression, until one is ousted as “other” either emotionally, socially, or physically. Participants felt additionally burdened due to binary perceptions, in that it led to more work on the part of participants attempting to make identities understandable for cisgender others.

Participant 3 commented on leeway given to AFAB individuals, in terms of gender expression, and highlighted how binary schemas are introduced very early in human development in transgender and cisgender socialization:

Yeah it's just like, “Oh yeah, I can see you're a tomboy and it's okay to be a tomboy. I guess that makes sense because you're so masculine for a girl.” But growing up male, you already have to try to fit this mold of “you’re a boy, you like boy things,” blah blah blah. And maybe you're feeling a bit more feminine, and that's bad. You can't even slightly explore that gender, where AFAB folks kind of have that privilege of exploring... if that makes sense... Yeah, you get to explore the whole range, like the entire spectrum of gender, I feel. Until it seems not weird. That's where I got with my parents, where they wouldn't allow me to wear boy clothes anymore.

Participant 1 indicated being read as a cisgender male would necessitate restricting gender expression to avoid harm:

If I were to pass as a male I wouldn't be able to do that as much. Well, I could do it but I probably get more flack for it because passing as a cisgender female in, like, pants don't make you feminine but you're a weirdo if you're a dude and wear a skirt. That's like... but then again, I don't have to worry about that because I don't like skirts. I hate dresses, I hate skirts. Maybe a kilt if it was really cool, sure, but ... yeah.

Participant 8 shared some spirited commentary during this exchange regarding fear of non-binary identities in transgender and cisgender communities:

Participant 8: So, overall, I think everyone just needs to be more open to identifying as something outside of the gender binary and recognize it's okay for people to not identify as one of the two genders that we're always hearing about. And that it's okay to explore your gender identity. I think it should be absolutely encouraged for kids and adults and everyone to explore their gender identity, and then there should be like vocabulary lessons on trans stuff.

Interviewer: So being non-binary is perceived as this scary thing to other people. What is scary about it? Why are people so afraid?

Participant 8: Well, it challenges the idea of gender that people have been given since literally the day they were born. It kind of throws everything about gender out the window, and people don't like new things. They don't like their ideas challenged.

Subtheme 3.2: Concept of binary is simplistic. Most participants explained how essentialist, binary views of sex, gender, and gender expression are far too simplistic to capture the great variability that exists throughout nature and the human experience. This suggests that variation exists in everybody, regardless of how they identify. Common ideas amongst participants included sex and gender as related, but separate entities. Most, but not all participants identified sex and gender as social constructions and critiqued the way these constructions are defined and maintained. Of particular note is the extent to which participants embarked upon research, reflection, and critique of information to better understand the experiences of themselves and others. For example, Participant 1 described their research:

From what I've looked up on biological sex ... It's not as simple as just XX and XY. There's a whole combination of X's and Y's. There's intersex people ... there's a lot of intersex people, and I also know that even with the sexes that are similar ... different types of chemical balances... I also know that some men have boobs, because of that chemical imbalance during puberty they grew boobs. And they're no less of a man if that's what they identify with. But, yeah.

Participant 5 has also done some investigation:

I think that sex is a combination of hormones, secondary sex characteristics, genitals, and chromosomes. And when we talk about sex in conversation or whatever... on forms ... what we're actually saying is sex assigned upon birth. That's what we're actually referring to, because no one tested this kid's chromosomes, or tested their hormone balance after puberty. So when we say sex we're saying the sex that they assumed you to be when you

were born. And I think that there's a lot more variation than people realize. Like, they estimate that 1% of people are intersex that's a lot of people! That's 1 in 100 have some variation on one of those four axes, and you know, those four things don't all line up one way for me and my body. So, I think that the way we think about sex also needs to be opened up significantly, because we don't think that. Like, a cis man who doesn't have a beard is no less of a man than a cis man that does have a beard. You know, their hormone makeup or their chromosomes or their genitals or their secondary sex characteristics could be wildly different from each other. But it still considered the same ... like we've got two categories (laughs) to fit the entirety of the human existence into these two categories... it's not going to work. It's not going to be accurate.

Participant 8 offered their critique and recommendations for revising medical forms to avoid essentialist binary assumptions:

So, I just learned ... I started thinking this a while ago after I was reading some debate ... it's like, since intersex is so common, the idea of a binary sex system is counterproductive. Especially when you consider that not all people with uteruses can reproduce, and not all people with penises have a prostate or testicles or all of that. Then you get into different modifications that people can have, so not all people with vaginas always have a uterus. Then it becomes just much more simplified to be just like, "Okay this person has a uterus and ovaries, and whatever else." Just list the reproductive organs, instead of being like, "This person is male." Because that can mean so many different things. That could mean this person is male, except they have ovaries, and they don't have a prostate. So people tend to just assume what reproductive organs someone has based on the little M or the F. And that can be totally different... where it would just be much more convenient, and a little more simplified, to list the organs and the parts that people have.

Participant 10 has conducted personal and professional research to make meaning of gender:

Gender, I say it is based on cultural context... an identity that is loosely based on sex... but I see it as more of a spectrum. Yeah, it's something that comes up in my research a lot because I look at human skeletal remains, and you are having to define sex, so it's always whether you're looking at a male or a female. It's just literally the bones of it, but you add on so much other context, and I think you lose out on a lot of that when you're defining things only by sex.

Participant 11 shared experiences of how binary and essentialist views have excluded him within the realm of art. He also described receiving negative messages about his body at an early age from medicine and his biological mother. Later in the interview, he explained how it is meaningful to him that his art reflects inclusion and diversity in gender and embodiment. On a

personal note, Participant 11's commentary, along with my discussion of bones with Participant 10, prompted me to recall countless times as a student cringing as gender and sex were used as arbitrary binary categorizations within psychological research:

One thing is that I am interested in art, so I thought it might be cool to take art classes here. But they always talk about male and female bodies, and that really pisses me off. Like, whenever I had to do a report or something I would be like, "The body located farthest to the left," instead of ever identifying their body or quantifying it. It just really bothered me.

First of all, just a little back story on my personal case. I am intersex and I have a hormone disorder. So, when I started puberty, I started growing boobs and I also started growing facial hair. This is something that really bothered my mom... my biological mother. She would do a bunch of stuff to try to get rid of it. She ended up taking me to the doctor and trying to see what was wrong. It was just that the hormone levels were off in my body.

I was literally told in the hospital... this nurse told me, "Don't worry, it won't make you gay. It won't make you grow a penis, but you have this condition." Literally, to my face. I think about that constantly, just in my brain. Like, "They fucking said that to me in a hospital!" So, I just hate, hate, hate the concept of biological sex.

Subtheme 3.3: "Over-gendered world" - salience of gender in society. This subtheme encompasses the meaning trans masculine individuals make of gender, insofar as binary and cisnormative standards are thrust into one's psyche beginning at birth. Participants shared how the excessive focus on such standards prompted them to frequently make meaning in their identity at individual, group and systemic levels. This is taxing work for participants, physically and emotionally, yet many participants found humor in the extent to which gender is ingrained in their culture. As Participant 5 explained:

Yeah, we're so heavily steeped in it. The world is very over gendered, like your deodorant doesn't have a gender. Your clothes don't have a gender ... like, that's complete nonsense. We have to confront it all the time. Like, my sister has a wedding and she's wants to have a super normie wedding, and obviously I can't participate because what side would she put me on? Everything we do is way over gendered. Everything we do.

Participant 8 added:

Honestly, I think we need to do away with assigned gender entirely. Then the expectation of a binary gender, where someone says, “oh yeah, I’m a man,” and then you assume that they have a binary gender, and they identify strictly as a binary man... that needs to go. Assuming people's gender also needs to get out of here...

Because it's literally forced on us from birth. Like, the first thing a doctor says when you're born is “Oh, it's a boy or girl” ... Like, it's considered the most important aspect of our identities, to the point where you introduce your child to people and you're like “Oh, this is my daughter or my son.” It's considered so important that there's literally an entire axis of oppression based off this.

Participant 9 shared thoughts on how gender is used as a way for our brains to make sense of things and understood this as one reason binary schemas exist. Participant 9 also offered a rationale based in sociological utility:

I just think that physically there is no... this social sense of masculinity and femininity, it's just not innate. It's just not innately biological... I think gender is a social construct of how one *should* behave based on physical attributes... sex is also a binary term because intersex exists in so many forms. And, I get it. I get people wanting to label things so we can easily identify people that are similar to us. You know, it's like a sociological thing, and we do it without even thinking. We categorize things in our brains...

Participant 6 shared similar rationale, adding that challenging schemas can invoke fear in those being challenged:

Categorizing is how our cognitive processing in brain works, but some people can understand that and when/why it is happening. For others, it makes them uncomfortable when they cannot categorize and feel uncertain. This can bring about fear, because people don't like to feel uncomfortable with themselves.

Participant 11 explained a similar rationale in a different way:

There literally is a power struggle between what our society sees as masculine and as feminine.... Or literally anything that can come in pairs, or be dumbed-down to pairs for children. Like cats and dogs. Like, cats are the girl thing because they are weak. Dogs are the boy thing, because they are strong and they can bite. But a cat can bite, and a dog can be cute, you know? It's just because everything wants to be in a binary for whatever reason. Where was I?

Domain 4: Trans (In)Visibility

Participants offered insights regarding the impact of visibility on trans issues, identities, and the meanings they construe about themselves and others. In many cases, visibility (or lack thereof) played a large role in informing or facilitating participants' trans masculine identity development. Moreover, subthemes nested into this domain coalesce to reveal a network of interconnected triumphs and challenges around creating an infrastructure to define identity for themselves as trans, as opposed to being defined as "other" in respect to cisgender standards. This domain explores how the experiences of trans masculine participants are articulated and illustrated, giving rise to a trans-centric framework from which to make meaning. Five subthemes emerged within this domain: *(In)Visibility*, *(In)Validation*, *Not Trans Enough*, *Making Self Legible*, and *Language is (Un)Helpful*.

Subtheme 4.1: (In)visibility. This subtheme captures the numerous ways participants acknowledged a dearth of accurate and positive representation of trans masculine identity. Media representations were at the forefront, at local and national levels. Even more lacking was accurate and positive representation for trans masculine people of color. Some participants spoke about engaging in mentorship for trans youth to increase visibility and positive role modeling. Participants felt that, while visibility is gaining in the media, representations tend to promote binary conceptions of transgender identities. Participant 4 described the impact of invisibility for people of color, and how the lack of accurate representation lends itself to discrimination within transgender communities:

Participant 4: A lot of trans men of color don't know where they fit or... because it's so different. We don't have representation that we need, so we look upon it for white counterparts who don't have the same background as us, and won't understand our backgrounds, so discrimination in the community happens often... People of color, I mean, we need our faces out there... rockin' brown bodies! Being seen. Having some type of voice. A space being made for us. An inclusive... anything! And even when we do

get media, and there is a black trans man presented, he's over... just toxic. He's really toxic. He's even demanding his space, and extremely overbearing, or... doesn't exist at all. Like, there's no medium ground. There's not a normal person anywhere. It's like, "I'M A MAN!" Over toxic, and you just like, "What? You can chill out too. You can be calmer than that." He takes on this role of this dominant character, which isn't *not* accurate. That happens. People are like that. But he's always... a black trans man is always like this, and our representation is either shitty or shitty.

Interviewer: Could you tell me a little bit about your thoughts and feelings when you learned about trans identity, in general?

Participant 4: Okay, so I'm not going to lie. My first thought was like, "This is really white!" I mean, can black people be trans? I don't think so, so I'm not. And I'm not going to come out. Regardless of what my body and mental state feels like." I didn't see myself being like that, so for a really long time I was just like, "No, I'm a really masculine lesbian. I'm not that. That's not how that works. That's not in our community." Until I was opened up to people of color that are trans, also, and it's a whole new world! It's great! It's amazing. And I was like, "Okay, and I definitely feel like this is an adequate thing that I am this trans person this trans body." But yeah, I was like, "This looks white."

Participant 5 explained that although visibility is gaining, the effect of binary media representations can be damaging:

We are just starting to get visibility in the mainstream and it's all binary. I think that's what it is. Yeah, because your average person maybe knows what a trans person is at this point in 2017, whereas maybe that was not true like 5 years ago... less than 5 years ago... because it's such a new thing. Because all our representations in the media are binary I think it's creating a fucking complex in trans people!

Participant 6 explained how trans visibility helped him to gather information and discern helpful from harmful information, in developing his own trans masculine identity:

I was likely perceived as a butch lesbian by others for a while...because I am very masculine and attracted to women. There is definitely a culture around the butch lesbian thing, and that did not completely fit me, either. But there is a lot of transphobia even within the LGBTQ community. Transgender people started to become more visible. That was important in gaining accurate information and being able to identify misinformation.

Within the context of asking what would be most helpful in validating their identity,

Participant 9 responded, "Having more of a space for female to male transsexuals, because you mostly just see the male to female in the media... Like, normalize it more, and have more

truthful information out there,” (p. 10). Participant 10 explained the impact of binary media representation of trans people on non-binary identities, and how it shapes ideas about gender and transition:

Plus, you mostly hear about people who are either trans man or trans woman, and you don't really hear about people who transition to something more in the middle or non-binary. So you don't really think that is an option at all.

Participant 12 reflected on how accurate representation for trans masculine individuals, specifically, is sorely lacking. He also offered a novel point about what it would mean to see people in relationships with trans men in the media:

Accurate representation? I wish we had one! Other than Laverne Cox, but I really don't like Caitlin. I think she is a terrible representation for our community and, sadly, I think there is not enough representation for trans men, honestly. I mean, we have Chaz Bono, but I feel like he's just never around. Like, what's he doing? We don't even know what Cher is doing anymore! But I think there is a big lacking of it. There is still misconceptions between transsexual and transvestites. I think a lot of that has to do with Rocky Horror, honestly. I think it's slowly getting better, but then again, I don't... we don't have the right representation. We're getting there, but we need people in the industry to be dating a trans person. We need to see that. That's what needs to be seen. We do have it, but it's not enough. It's not enough.

I think that honestly, and I hate to use this word, but I feel like it would normalize trans people. And that's what we need because I feel like there's still a huge part in the media where we are alienated so much. Especially, with people making little puns on Family Guy about everybody and their mom changing their sex. It almost makes it... like they are trying to make it positive but it makes it negative. Like even if we had somebody like Kristen Stewart dating a trans guy. And not these big hunky men, or these beautiful women with these perfect faces. We need a real-life trans person. I'm not saying that they are not real trans people, but somebody that the media is not expecting, you know? Somebody that the media is not going to conform for People magazine, you know? Like somebody who's real a real trans person, just a regular person.

Subtheme 4.2: (In)validation. Results suggest that accurate visibility in the media has an impact on trans masculine identity development and can provide avenues for increased external and internal validation. This subtheme explores external (in)validations participants experience in daily life, as well as ways they resiliently generate internal validation. Seemingly

small gestures can be monumental for participants, such as being referred to by the proper name and pronouns. Many participants articulated a process where internal validation enabled them to externalize others' ignorance. Participant 1 sheds light as follows:

Participant 1: So, I know that, as a whole, society does not get what it means to be transgender. What it means to be a man, what it means to be a woman, or to be someone who is neither... or both! Um, I know that at face value that I am who I am.... I'm a man, and I've had these feelings, even if I did not have a word for them since I was young, but there's definitely been this ... these few interactions where I've come out and they're like, "You're lying, you're confused, you're... I don't believe you." I mean, at this point my life I do my best not to let other people affect me... But when it comes into play, like if I'm making a valid point and it comes up that I'm trans, and somebody's like "oh it doesn't matter what you say, your trans."

Interviewer: So what message does that send you?

Participant 1: It's like, I guess what they're trying to imply is that because I'm transgender I'm somehow incapable of rational and valid thought, which is bullshit with a little exclamation mark. Yeah.

Similarly, Participant 7 described receiving more respect from cisgender people, and his words holding more weight, if cisgender people assume he is also cisgender:

I guess it's like... I find myself a lot having to perform hyper-masculinity. I guess I feel like I have to do that in order to get respect... Or like stuff about privilege and oppression, I think it's just an easier conversation if they clock me as being someone who is binary or cis or something like that.

Participant 3 recalled a day filled with validation:

I remember what coffee drink I bought, and what I was doing that entire day when I got my name written on my drink. It was like, "Wow!" I kept that cup for too long, and then I had to throw it away eventually. But I have a picture of it on my phone. It was super validating.

Participant 2 shared insight into the power of pronouns: "I guess when my friends started testing out pronouns with me, anytime I heard a friend say 'he' my heart would just fill with joy (laughs)," (p. 4). Participant 4 spoke about difficulties with professors at his university

addressing him correctly, both with pronouns and name, and recognizes a relationship between external and internal validation in the development of his racial and gender identities:

So, I'm in [college], and teachers don't really go out of their way to use your name or use your correct pronouns. I've also had a teacher who is just like, "You have to bear with me, this is all new." I'm like, "Okay, but the third week in I'm not bearing with you anymore. You get everyone else's names right; you could get my shit right."

We have a name change system, and it's great. So, the name change system has my given name, and then my birth name in brackets. So, they can't say either one because I have an ethnic name, and then my other chosen name isn't ethnic. They just don't want to say it. I don't know, it's not very different from my birth name... There's a lot of external things that mess up my internal things.

Participant 5 shared how education was a meaningful force in providing internal and external validation:

I think going to (college) and studying gender and women's studies definitely helped. I think reading queer theory and stuff like that for sure helped and people... listening to other people's voices that were saying, "I'm queer, I'm trans, I'm androgynous, I love myself ... or I'm valuable or whatever. I think we kind of need permission to be ourselves in many ways, and so finding ... I think for almost everyone, finding queer people, seeing queer people, hearing queer people ... that's where your real journey starts a lot of times. So I think that then I learned radical self-love from the queer feminist perspective.

Participant 6 provides a final exemplar for this subtheme, simply stating that the most validating influence in his identity as a trans man is: "My own affirmation and validation," (p. 4).

Subtheme 4.3: Not trans enough. Themes around ideas and judgements of what constitutes a "valid" trans masculine identity were common in participant narratives. Judgements seemed to come from all angles, from both transgender and cisgender arenas. This subtheme encompasses ways participants experience and make meaning given pressure to conform to masculine stereotypes. Additionally, double standards for cisgender and trans masculinity are revealed, with participants feeling undue scrutiny if they do not follow a certain trajectory or adhere to certain standards. The idea of "not trans enough" also emerges later, within themes of

exploring bias in the health care system. Participant 2 remarked on one manifestation of double standards:

A lot of trans guys feel like they have to be super hyper masculine. Whereas, I don't know, I've seen cisgender men wearing makeup, and that's fine. But when a trans guy does it, there's people who are like, "you're not really trans." And that's not cool.

Participant 3 asserted that medical interventions do not make you trans:

Yeah, a lot of people will view pre-hormonal, pre-surgery trans folks as not really trans... And if you're a trans man and you never transition medically and stuff... like if you don't even change your name. Maybe you have a gender-neutral name at assigned at birth and you never change anything. It is just the same, you're still trans. So, if you're non-binary, you obviously do not identify as whatever gender you were assigned at birth. You are trans then, and it doesn't matter if you transition or don't transition. You're still valid, and it's an important thing because a lot of that gets erased.

Participant 5 touched on gatekeeping, myths about a linear story of transness, and the "one-and-done" notion of transition (meaning medical), which also serves as "proof" of one's identity:

I think that no one is a gatekeeper of queerness, and don't even start with me! Yeah that's how I feel about that. There's times when I felt not trans enough... Yeah, there's an expectation of a linear story of transness. You know like, "I was a kid. I didn't fit in. I had my aha moment. I lived in shame. I transitioned, overnight... and this is my new life!" (laughter) You know, that's not... I don't think that is the reality for a lot of people.

Similarly, Participant 7 contemplated what it means to be authentic as a trans man, and worked through expectations and messages conveyed in transgender and cisgender standards:

Yeah. Like immediately when I came out, I got like all of the trans masc stuff. So I immediately got a binder. I got a packer and all this stuff. Then, as my transition went on, I was like, "I don't really have bottom dysphoria, so I don't really need this," but it was something that I thought made me a trans man. Like all trans men have one singular experience that I thought I had to conform to. But then I was like, "I don't need this." So I just gave it to my friend. (laughs)

I thought it was a standard. So maybe it was my own self pressuring... like this is all the stuff I need, because all these other people have it, and this will make me feel really good. So I think it was my own miscommunication with how transition works...

I think that I questioned if I was "trans enough" because I did not have bottom dysphoria. I guess it's like people have so much dysphoria about certain things, and I can just be like "I don't feel bad about it." I feel like maybe people see that as sort of like, "Oh you're so

lucky you don't have bottom dysphoria. Imagine living your life with bottom dysphoria.” Then you feel like you don't have an authentic trans experience.

Participant 8 reflected on their meaning making process in their trans masculine identity

development, given expectations in transgender and cisgender standards:

Well, I used to identify as a trans man, because I had some ... what's it called when you don't like non-binary people? Internalized NB phobia. And then there's the transphobia from other people to where, like, I have to be a real binary manly man or I'm not a real trans person. So after working through a lot of that, I realized.... Yeah, when I identified as a man I had a lot more privilege than I do now, and on some level I kind of miss it, but I like identifying as the way I actually identify instead of trying to be something I'm not.

Non-binary people are scary, apparently, and if you don't identify as the trans person that cis people want to see ... or if you are too loud about it, or if you are too rude, or not patient enough with cis people... then you're not a good trans person. You are faking it for attention, or whatever, and I think that's why drag shows are so popularized. Like, I don't even know what it's called, but there's that drag show where it's this bunch of cis guys parading around in dresses, and they call it this huge revolutionary thing. Really, they're pretty transphobic, and it's not a healthy environment or anything. It ends up hurting trans people more than it helps, because it gives people this preconceived idea of what transness is, and if someone doesn't fit that, then suddenly it's not okay.

Oh my God, yeah. I know there is [pressure to conform], especially from other trans people. Actually, I haven't seen this a lot in cis people, where they're like, “You have to get top surgery, bottom surgery, facial reconstruction. You need to get liposuction and hormones, and then maybe you are a real trans person.” I don't have bottom dysphoria, and I'm not usually bothered by my chest, so I've had a lot of people say, “Oh, well that means you're not a real trans person,” and that ties into being non-binary. I'm like, “You know, I don't really identify as a man, so I don't have to be uncomfortable with my female features or whatever.” I don't know. People are weird. I don't understand why it's so important that I do all of this stuff for people just to treat me the way I want to be treated.

Participant 11 reflected on how the myth of a linear trajectory of transness can be perpetuated in

the LGBTQ community, and how one is scrutinized for integrating their history into their

identity:

Especially with the way a lot of LGBTQ specific discourses frame things in such a trans excluding way. Especially for people who transition later in life, they can't talk about experiences like being a man or woman before they knew, without being accused that they're not really trans.

Subtheme 4.4: Making self legible. Encompassed in this theme are ideas connected to making one's existence interpretable for others. The participants illustrated how this may play out in daily life and described the meaning attached to such experiences. Participants demonstrated how explaining identity to others is hard work, as is finding ways to make themselves "legible" as a way for cisgender and transgender others to understand them. Interestingly, participants often took a developmental approach, trying to meet people where they are before challenging them to expand their schemas further. Participants acknowledged this process as taxing and frustrating, along with dealing with others' inaccurate assumptions and limits of cisgender awareness. However, the payoff of visibility and validation made their endeavors worthwhile. Palpable frustration can be felt in the following narrative of Participant 3, in having to explain identity and make himself legible:

People think if I pass as male, then I am cis and straight. That's the assumption... Here, let me get the chalkboard out and explain to you some things because, apparently, you want to hear stuff and we're all walking encyclopedias of everything you want to know."

Participant 5 recalled a presentation on making oneself readable, how it resonated with them, and what it looks like in their daily life. They also demonstrated an application of the developmental approach to make their existence legible to a cisgender other:

He said that trans people have to do things they don't want to do to make themselves legible to other people. And I just thought that was a wonderful way to describe it. That was perfect. Like, I have to try and make myself readable to people so they can interpret my existence. I can definitely see myself doing that in everyday life, you know? Making myself, like, understandable to other people. I shouldn't have to do that.

I remember having a conversation with a co-worker who was a cis man, and I was trying to explain to him, like, my experience. I was like, "Okay, you have long hair. Has anyone ever made fun of you for having long hair?" ... and I just saw a light bulb go off in his head, like "If that's the one feminine [repeats "feminine" in quotes] thing about me, and I constantly have people police my gender over it, what the fuck must they go through on a daily basis!"

Participant 8 offered a vivid analogy of the developmental approach, and felt some relief when talking about gender related topics with their friends. Participant 8 pointed out that having to make oneself legible is not confined to interactions with cisgender people, as this phenomenon also occurs in trans communities as well. However, Participant 8 inferred that transgender others are more likely to have a tangible reference point from which to start. Cisgender people also have a reference point given that they have gender identity. On the other hand, cisgender people are not tasked with questioning the legitimacy of their identity, nor explaining it to transgender or cisgender others.

It's like, in first grade when you learned about multiplication, and they had to explain it to you using addition because addition isn't scary. You've been learning about this for, like a year now, but then you go into multiplication and it's like, "Oh my God! What is this?" But really, it's not that bad. As soon as people start understanding it, it's not that bad. Like when I talk about gender with my trans friends they're like "Oh yeah, that makes sense. Yeah, I totally know what you're talking about." But then I'm trying to explain being non-binary to my mom, and she's just like, "What is this? This doesn't make any sense at all," because she's never questioned her gender before. It's like, if you don't think about something, you have no prior understanding of it. Where trans people... we all have this, or some sort of questioning at some point, that makes it a little easier to talk to each other about the feelings we have about our gender.

Unfortunately, a lot of cis people... and even other trans people... have this idea that we need to educate them. We did all of this ourselves, so we should help them learn. It's not like we have enough to deal with. We should deal with this, also. It's a great idea. (laughs). Yeah, if you can't tell, I'm really tired of cis people. I have three cis friends, and it's just a lot of work to try and educate people.

Subtheme 4.5: Language is (un)helpful. Connected to the idea of making oneself legible is the idea of language and terminology. Participants explained ways language is both limiting and empowering in their journeys. Language can serve as a starting point for trans masculine individuals to make meaning, connect with community, and make themselves "readable" to others. Overwhelmingly, participants agreed that language needs to be expanded to

include non-binary identities. Some participants touched on how reclaiming words like “queer” is empowering, and words like “trans” and “gender” can become something sacred.

Participant 4 reflected on the role of language in recognizing his identity as a transgender man: “I did not have vocabulary for it, though. So, I was like, 'I don't know what this is. I can't possibly be a girl, though. It doesn't feel right,’” (p. 5). Similarly, Participant 1 shared: “Um, I know that at face value that I am who I am.... I'm a man, and I've had these feelings, even if I did not have a word for them,” (p. 2). Participant 3 brought to light the power of language and terminology, along with the unhelpful messages he extrapolates from “gender-neutral” verbiage:

I feel like a lot of people don't know enough about the difference between being assigned female at birth and being female... or being assigned male at birth and being male. You can say, “Oh yes, I'm a guy or girl or woman or man,” but when it comes to describing what you “actually are,” I feel like not enough of the population knows the terms to use. Like how you asked me about what AFAB and AMAB meant, because those are really useful terms! Because when you use female or male as a scientific term, it kind of negates the whole point of transness. It's like, then you're not technically this because you're actually female but you identify as male but you're still female in the book of XY chromosomes or whatever... or, actually, things we need more words for is gender fluidity.

It actually makes me feel kind of bad about myself, just seeing words like gender-neutral. It feels like it is not respected. Like the whole “Save the Ta Ta” things for breast cancer. I get that you're trying to help, but you're kind of making it weird. Like you're making it seem like you don't care about the person underneath, like you don't actually care about the person or the whole idea of gender identity itself. I guess gender-neutral restroom is a totally professional way to put it, but just putting “whatever, we don't care” with those little pictures of a man/woman fusion. I feel like it's mocking gender identity itself.

Participant 5 added:

We're limited by the language that we're using, you know, and we know that the language that we choose impacts how we think about things. It's not like those two things can be separated from each other, so I think we do need to open up language significantly because everything is gendered in the binary right now, and it's not accurate or authentic, and it does harm to people who don't fall into it that. And it does harm to people who even do fall into that!

Like, you know how uncomfortable cis people get when I say the word queer, like, in like everyday language. And I'm just like, "No! We need to be adopting these words!" We need to be understanding and adopting words that explain the... in between, you know?

Participant 6 offered tangible examples of developing language:

I think differentiating biological sex and gender would be a good start. So many people are led to believe that they are the same thing. Yes, the language can be expanded. Like on forms, it should be more collaborative. This goes for all identities, (e.g. race, ethnicity, SES, etc.) because there cannot possibly be enough "boxes" to check.

In lieu of expanding language, content, and terminology, Participant 7 suggested total language reform:

I just think ultimately moving everything in English, or any language, to be absent of gender ... And so people exist as people, and they aren't expected to conform to stereotypes that exist depending on gender roles or stereotypes or anything like that. I think that people, just by using specific language, can make me feel shitty for the rest of my day. It's a weird power that society has over us as trans people (laughs)... I don't know... it's all weird...

Participant 10 spoke to the power of language, identity and validation. They explained why terms like "gender" and the prefix "trans" hold significant meaning to them:

Yeah, I think that's why I say something like "queer" is just a good overall term. Not necessarily meaning you have to fit one way or another. And it kind of completely foregoes masculinity and femininity. It is such a broad term that is more inclusive.

I think that the word gender is something really special, because you have to say it so many times when you are explaining it to different people, and when you're reading it for yourself. It's something that becomes sacred, not only through the repetition but also the significance of always having to see gender on a form... and you have to fill it out regardless of where you are in that point of your life. Whenever I hear the word gender, I'm always like, "What are they about to say?" Because I want to know, whether it's going to be good or bad. Just because I care. I'm invested in gender. It's something I spend a lot of time on.

Participant 8 harkened back to applications of the developmental approach, highlighting how it is easier to use cis and heteronormative language as reference points, because language to describe the trans experience is much less abundant. I was left to question the impact on identity development when one lacks appropriate reference points:

Like, people were only able to understand homosexuality and stuff when they explained it as, “Well, it's the same kind of love and stuff that you have.” But before that people were like, “Oh no! This is weird!” Only as soon as people started realizing that, yeah actually this is the same thing, it's just with somebody of the same gender, then people were able to actually start understanding it. In a sense, it's so hard to find that equivalent for people who are not trans since no one has that language yet to describe it to cis people. It's really difficult to be able to educate people and also teach them how to react to having their ideas questioned.

Finally, Participant 12 commented on how medical terminology seemed outdated in his experience; while “transsexual” may be a term some identify with, it was inaccurate for him.

Nevertheless, he works with the tools he is given:

I mean, transsexual is an outdated word, but it's better than something else. I don't know. Something probably more offensive. But I just looked at that and I was like, “Wow, that is such an outdated thing! Why can't you just put diagnosis transgender?” It was just like... “transsexualism,” and that just doesn't hit me right. It's just weird. It was strange to me. They could have put something better... Yes, I was just scratching my head, and just like, “Let me fill my prescription to treat my transsexualism!”

Domain 5: Create Space for Trans Masculine Identity Development

Coinciding with the ebb and flow of constructing affirmative space and infrastructure for trans masculine identities to thrive, participants contemplated the meaning of gender. They described multidimensional pathways, a journey that has been and continues to be a process of reaching toward authenticity. Three subthemes emerged in this category, representing potential landmarks throughout this journey: *Learning and Observing Cisgender Masculinity*, *Emergent Trans Masculinity*, and *Integrating Trans Masculinity*. In some cases, a process of trial and error was involved, whether consciously or in retrospect. Additionally, as life circumstances shifted, participants described revisiting or reflecting on learned masculinity, redefining masculinity, and integrating newfound insights into their sense of self within individual and group contexts.

Subtheme 5.1: Learning and observing cisgender masculinity. This subtheme encompasses ways participants began making meaning in their masculine identity. Participants

were attuned to their own socialization and that of cisgender men, and the impact of socialization for better or worse. Observation of cis masculine social cues served as important data points for participants. Moreover, many participants felt they must reject all that was considered feminine to reaffirm their masculinity, sometimes being held accountable to more stringent expectations to do so compared to cisgender men. Included in this subtheme was a sense of loss regarding expectations around interpersonal connections with others, as well as loss when rejecting facets of the self. Participant 1 shared observations of cisgender masculinity, accompanied by some critical thinking:

Well I know that femininity and masculinity is all relative to society and what history ... what era you're in. In today's era of masculinity is definitely... it's basically being buff, but not crying... have no emotions ... feeling shame if you do feel emotions ... not opening up to other people. And I know as a... efforts to feel more of a man myself, sometimes I feed into that even though I know that's not what makes a man a man or masculine because a woman can be masculine a man can be feminine. It's not necessarily only for men and not necessarily... yeah, yeah ... so ...

Participant 3 demonstrated meaning derived from cisgender socialization, the rejection of anything considered feminine to reaffirm masculinity, and having to remind himself to do the things he has observed in cisgender masculinity:

I kind of avoid feminine stuff to, kind of, reaffirm my own identity and not to hurt my masculinity.... So, I guess I'll avoid wearing anything pink... I guess masculinity is almost... not feminine. But that's not really what it is.

I guess... honestly, I try my best to try and sit... I try to man spread, but I forget. I don't usually cross my legs or anything. If anything, it will be at the ankles. I guess I'm not very confident when I talk; it's a little bit different right now, but I feel like being confident is more a masculine trait. Not confident, but like ... assertive is like more masculine. I don't really have an assertive bone in my body unless my cat is standing on my food. Then I'm like, "Hey get down from there!" But even that is kind of weak.

Participant 7 added aspects of learning a new code, a kind of rule book of how cisgender men must conduct themselves in certain contexts:

I have to know all of the cues that exist in masculinity, which is actually really difficult for me and part of the reason why I reject masculinity so much, is because there are so many unspoken rules about how to interact. Like, if you're in a bathroom, you're not supposed to look at people and stuff like that... I don't think much about femininity because I've tried so hard to reject it and not be identified with it. So I think that I don't know. I think femininity is like an old pair of shoes that I can't wear anymore.

As a trans masculine person, I think identifying in a super binary way really enforces those rifts between masculinity and femininity, and between men and women. It is weird how me, as a trans person, wants to deconstruct binaries and deconstruct gender and all that stuff... but still I feed into those stereotypes to alleviate a feeling that society has given me. It's all confusing.

Participant 11 began sharing a reflection on feelings of loss associated with a perceived change in interpersonal connection, which prompted him to share another reflection from childhood. The connection here seems to be a feeling of sadness in thinking he must reject sensitivity, nurturing and interpersonal connectedness to identify as trans masculine. Of note is how that assumption was coming to him from an outside source:

I did have a period of time in my life where I mourned the fact that I could never have the same relationship with a woman if I wanted to be a guy, just because I really appreciate girls and women. I like them. They are nice...

It was something that ... one of my teachers, like, took me out of class and sat me down because she knew this kid who is a year older than me who transitioned. She told me that I had a beautiful, nurturing spirit, and I shouldn't throw it away by transitioning. At the time, I was shocked to hear that, but after that I just was really sad because it meant that she didn't think that men were capable of having any emotional capacity.

Participant 10 described great satisfaction with their body when starting testosterone, but echoed

Participant 11 in feeling loss in the expectation to reject aspects of his identity:

I would identify as trans man, but it seemed like I was losing more of me than I was gaining at a certain point. I was really happy about it up until a point, but I was going too far into the masculine that I was losing a part of me that maybe I still identified with. So then I went back and I told people that I would go with they/them, and at least try to explain it to people I was very close with, thinking they might understand. But it just didn't seem to fit perfectly.

Lastly, Participant 5 spoke to a progression toward self-actualization that they have observed in others; a sort of oscillation in expression when moving toward authenticity:

A lot of my friends who, you know, have spent several years being out and trans are now kind of saying that, like, you know, “I was pushing really far one way...” and are now are feeling more comfortable ... centering, I guess?

Subtheme 5.2: Emergent trans masculinity. Participants described a sort of bridge between *learning and observing cisgender masculinity* and *integrating trans masculinity*, characterized by analyzing and critiquing cisgender standards of gender and masculinity, and giving rise to new meaning. Other features of this subtheme include misogyny as an influence on trans masculine identity and feeling unease after experiencing privilege afforded to cisgender men. Participants also expressed a sense of excitement and pride in their ability to dispel myths around binary gender expectations, for themselves as opposed to benefitting cisgender others.

The following narrative of Participant 4 overlaps with the content of *learning and observing cisgender masculinity* but his use of the word “toxic” implies reflection and differentiation between what is healthy and unhealthy in terms of masculine expression: “Toxic masculinity, at least from my standpoint in a black household, is like you can't play with this, or you're not supposed to cry, or don't show fear. Don't show weakness,” (p. 1). Participant 6 acknowledged healthy facets of masculinity, but also offered examples of what unhealthy masculinity means to him, again demonstrating observation, critique, reflection and new meaning:

There are some very healthy things about masculinity, and there are hyper masculine traits that are very damaging, like competitiveness and misogyny. I do not feel comfortable with cismen... I do not share much in common with them. Most of my friends were (and are) women. I see this competition playing out between cis men that I am not comfortable with.

Participant 7 shared his reflections on what healthy masculinity means to him, including somewhat of a critique of hyper-masculinity. Notably, his conceptualization is beginning to create space for trans masculinity. He critiqued conformity to cisgender standards, including the rejection of feminine to reaffirm masculine, and integrated authentic interpersonal connectedness into his conceptualization:

I think... I don't want to say rejecting masculinity, but feeling comfortable or unchallenged with femininity, and recognizing that you don't have to put on any sort of mask in order to interact with other men. Because I feel like... hyper-masculinity is really solidified with interactions between other men. And recognizing that, just because another person is doing something, you don't necessarily have to conform to that. And knowing that you can be solid in your own sexuality, or like, your expression and not have it be challenged by anybody else.

I think that it is so beneficial to be around other trans men, and to be able to talk about trans masculinity, and how being masculine is different for a cis person versus a trans person. I think it has been really helpful for me.

Masculinity and femininity is presented to us in puzzles, and then we take the pieces we want and try to reconstruct ourselves in a way that we are trying to see ourselves. Everyone is telling us to put the puzzles together a certain way, and it's like... it's all messed up! (laughs) I feel like traditional binary masculinity is really constricting, and so I feel like identifying as non-binary it's much more freeing. Also, like, queering gender identity and not necessarily wanting to conform to cis standards of gender is pretty cool to me!

In the following exchange, Participant 11 critiqued cissexist myths, such as two sexes, two genders, and never the twain shall meet:

Participant 11: They can coexist. Another thing related to that is when people don't know anything about hormones and they just think that T [testosterone] makes you really aggressive, and estrogen makes you really emotional. I was actually talking about this recently. Okay. They only think that, because they have conditioned themselves to think that men are aggressive and women are emotional. So they are shocked when somebody tries to do this stuff. So, when they push these false ideals... Yeah [it is scary for cisgender people] because they have to challenge what they think they know.

Participant 7 critiqued misogyny to create new space for meaning in his trans masculinity. He also commented on the reality that trans masculine spaces are not exempt from perpetuating misogyny, which he suggests is tied to the pursuit of external validation from cisgender sources:

I think that some trans men feel like they have to perform hyper-masculinity in order for their identities to be respected. So I have been a part of a lot of trans masculine Facebook groups, and I've noticed it is a cesspool of toxic masculinity where they call women bitches, and use derogatory language, and they think that is how to be the "right" man... and sort of be a "bro." Like, if they are "bro enough," then cis men will respect them, and want to be friends with them. But it's like, you don't have to be a horrible man, and you can be masculine without falling into those stereotypes and being an asshole, you know! (laughs)

I think that once I saw how harmful masculinity like that could be, I immediately started to reject it, even though I had been searching for that my whole life. Since I started transitioning, like, all I wanted to do was be masculine. Then I saw how detrimental that sort of hyper-masculinity was, and I was like, "Yeah. I want to be a man, and I want to be masculine, but I don't want to be that kind of man or masculine." So it's, like, hard... (laughs).

Participant 5 contemplated how trans masculinity is different than cisgender masculinity, with the first-hand experience of misogyny as a core feature:

I've met trans men who seem to have a much closer concept of masculinity to say, cismen, but I think that there is ... there's something really poignant about walking around the world being perceived as a woman, and knowing what that feels like, that makes you not want to be a misogynist (laughs). There is something really poignant about that experience that I think changes the way some people relate to masculinity.

Participant 11 described how his trans manifesto would address misogyny, conveying a strong desire to carve out space for trans masculinity and what that means to him, and added his perspectives and experiences with cisgender male socialization:

Okay, yeah, so the manifesto is literally about reclamation, liberation, warmth, love and emotion. It's about art. So I just wrote, "All art and artists are trans. Art is the medium through which you can love yourself and your body. All art is about the self, and reflective of the self. Cis people will be stopped at the door, and never again will any cis man artist be praised for sexualizing a woman's body." That's my manifesto. I don't have that much.

It took until I was on T for a while, and I would be around a group of coworkers, and they would start saying these things because they didn't perceive me as not being one of them. They felt secure, just because they assumed that everybody was like them in that space. They were saying all these nasty and just violent things about random groups of people on the street, and I was just like, "What in the hell?" But it just took me so long... it was really a shock just to see that men really are like that, and I just don't want to be another white guy who is, like, an asshole.

It totally is [learned behavior], and it's the result of being at every single age a white boy. Because I haven't had that. I was only a white boy from like 17, 18 or 19 years old, you know?

Participant 12 illustrated his unease when first realizing he was receiving privilege afforded to cisgender men:

I mainly realized it [receiving cisgender male privilege] because of how other folks treated me. It was uncomfortable. It made me feel... like... *I did not feel disgusting, but I felt disgusting about everything else.* I was like, "Wow this fucking world is just gross." It's like, there shouldn't be a difference. So yeah, it was really interesting to have that part of my life transitioning, because it's something you really don't think of. You think people are just going to see you as you... You're not thinking like, "Oh, I'm going to treat you better now," or "I'm going to talk to you in a different tone because you're a guy," you know? I've had a lot of times... you know my dad has a business where he does a lot of hard work, and I would help him, and this was pre-T [testosterone]. I've had guys ask like, "Oh, can you handle this? Can you do this?" But then obviously, later down the road when people perceive me as a male, it's like, "Oh yeah he's got this. Don't worry about it." It's kind of disturbing, and it's disgusting. Yeah, really bad.

Participant 6 added:

It's weird. It's weird because sometimes I know when it's happening, and I just let it happen. I wonder if I do, or will, take it for granted at times. At first, recognizing that male privilege was a real thing by experiencing it first-hand, was overwhelming.

Subtheme 5.3: Integrating masculinity. As participants observed facets of cisgender male socialization, many discovered that a *carte blanche* rejection of anything considered feminine was damaging, unnecessary, and/or inauthentic in their trans masculine identity development. Many also came to understand overt and covert forms of misogyny from a number of vantage points, experienced and observed, and developed a sense of masculinity that recognized, challenged and/or ousted misogyny. Core features of this subtheme include a process

of finding balance and an understanding that trans and cis masculinity lies on a spectrum. Rather than folding into the status quo, participants aimed to create distinct space for trans masculinity to flourish, which reflected transcendence from the confines of cisgender socialization. In reflecting on their integrated sense of trans masculinity, participants no longer expressed internalized anxieties associated with others' assumptions or perceptions. Rather than internalizing negative messages, participants felt confident and steadfast in their trans masculine identities, and attributed negativity to the external source.

Participant 6 elegantly demonstrated the integration of his trans masculinity and what it means to him and expressed empathy regarding gender socialization for cisgender men. He also reflected tendencies toward attributing negative messages to their external source:

I am perceived by others as being very masculine [outward appearance, being motivated], but there are also feminine traits [how I interact with people, my mannerisms]. This can lead to me being perceived as a gay man by others. I am comfortable with who I am, though.

... not many people have experienced what it is like to be perceived as on both sides of the binary. Because I have, I see the world in a very different way, like I'm on the outside looking in. It also means that I am comfortable with the feminine parts of me. I think cisgender men have that socialized out of them from a very young age, and so they resist anything about them that may be considered feminine. I think that is very unhealthy, and that's how I am different. It's like cisgender men never have an opportunity to explore gender identity and expression... masculinity, femininity ... anything else. It is forced upon them, and they never had the chance to discover their authentic selves on their own.

Participant 12 described his integration of trans masculine identity, indicating an externalization of others' assumptions:

I would consider myself trans masculine, yes, but I have a lot of feminine traits to me. Overall I would say I would be trans masculine, yeah... I would say that I am masculine in my physical aspects, but my personality... Like, I'm not afraid to do certain things or express myself in a certain way. My personality is bigger and I think that's what makes me more flamboyant... but a lot of people look at me and they're like, "Well, he looks straight, but he sounds gay." So it's interesting.

Participant 10 integrated meaning of embodiment into their trans masculine identity:

I think identifying as trans masculine is not as precise as embodying a male body. I am still masculine, but there is something that is less than definitive about it. It is easier to identify, for me. With genderqueer, similarly, you are not having to go back to a binary and trying to identify as one or the other... I present as somebody who's more masculine, but doesn't necessarily identify as male, because I am still connected with certain body parts and I am okay with that. But I do feel more comfortable in a more masculine body, and being perceived that way.

Participant 10 elaborated in sharing how he experienced conflict between his feminist framework and trans masculine identity:

I did talk it over with some colleagues, and one of my friends said that it's probably the most feminist thing I could do... to be able to define my own gender and say that this is me. That really changed my perspective on it.

Domain 6: Transition is Dynamic

This domain explores what the word transition meant to trans masculine individuals in this study. Transition is a word that encompasses a wide-range of experiences within three distinct yet related realms: psychological, social and physical. Participants acknowledged that not all trans masculine experiences are the same and respected a wide array of lived experiences. Medical intervention at varying degrees was recognized as a very important part of transition for some, but not all participants. In terms of endpoints, participants who spoke to facets of medical interventions could conceivably see an endpoint to them. However, all participants saw the psychosocial aspects of transition as ongoing and dynamic through the life-span. Overall, participants associated the word transition with processes of development and self-actualization that interacted on individual, group, and systemic levels. For participants in this study, transitioning is a word that denoted movement, change, growth, and strides toward authenticity with no specific endpoint in sight. Subthemes in this domain include: *Transition is a Gradual, Multidimensional and Ongoing Process, Endpoints, and Awareness of Individual Experience.*

Subtheme 6.1: Transition is a gradual, multidimensional and ongoing process.

Within this subtheme, we see how participants conceptualized transition as a psychological, social and/or physical process. It is important to point out that some, but not all participants have pursued medical interventions (e.g. hormones, chest surgery), and this may be an issue of safety, access, and/or personal preference. Overall, transition was not conceptualized as a solely physical process in participants' view. The word transition was extremely multi-faceted, with participants expressing meanings such as reaching for authenticity, movement toward self-love, personal growth, enhanced interpersonal connections, and self-reflection. Additionally, in retrospect, many participants described transition as a process beginning long before they were cognizant of it. In sum, transition was a distinct process for trans masculine participants, symbolic of change and movement. It was a dynamic life-long journey with discrete points in time, but without a necessary endpoint. Participant 1 described what the word transition means to him, reminiscent of a developmental and humanistic framework:

Transition is something that can be defined differently by many people. But the biggest... the core definition is to become the person that you were meant to be. And so everybody goes through different transitions, it's not just trans people. When you're a child there's a transition into adulthood. When you're an adult there's a transition into becoming a senior and when you're a senior there's a transition to death... and then it kind of comes full circle. And for me the transition hasn't been medical yet. It has been mostly a set of mind of accepting myself of being open to myself of. Um, telling myself it's going to be fine. It may not be great. It may not be the best. But I can do it. And that is transition. Transition is being... becoming who I was meant to be... Yes. That is the biggest and most important step I think.

Participant 3 talked about choosing a name and pronouns as a foray into social transitioning:

I already had a name picked out, too, and I had played with that name as my (online game) character for 3 years. So, my segue into kind of changing pronouns and stuff, I started out with they/them, which quite a few people I know that transition from female to male will do as a kind of in-between thing. I used they/them for a while.

Participant 10 conveyed the idea that, to him, transition means movement, “Moving from who I was to where I am, and who I will be in the future,” (p. 7). Participant 4 echoed this conceptualization and experience of transition as movement, and added the idea of uncomfortableness, which is quite positive in the following context:

A constant state of uncomfortableness. A lot of people think ... medically they think about the word, but they don't think about it in entirety. So being uncomfortable pretty much all your life for the rest of your life. And being uncomfortable doesn't necessarily mean it's bad. It just means you're never going to be in a constant state of settled or stable. I think like this only because I'm constantly changing, regardless if it's my moods, emotions and/or body. I am in a constant state of movement and I think I will remain such until I cease to move, or I die. I think transitioning is also a constant state of movement. it is a constant state of rapid change, slow change, mediocre change, medium change, and it's a process. It's definitely a process regardless if you're going medically or not. It's movement. It's a fluid movement. A movement that can go back if it needs to, or stop and then continue to go a few seconds later, or a few months, years later. It's something that is in a progression all the time.

All these changes will happen, and whether they happen that day, in a month, or years, you're still going to be in a constant state of change. Top surgery - all this gets removed, all these things get added, it's a constant state of change with that. You've got to grow into some stuff when you do top surgery, or bottom surgery, so it's always a fluctuation of something else happening. Or you could be done with top surgery, and your body is fully set, so then your emotions are up here and everything keeps moving regardless of where you are in your transition. So there being an ending point sounds unrealistic, because that's just not how humans work. That's not how mental psyches work...

Participant 7 also took a developmental approach and identified that different aspects in his transition have influenced his social interactions:

I think I have transitioned in different parts of my life. So transition is realizing I was not a cis woman, to identifying as a trans man, and then undergoing social transition. Specifically, in the box of being trans, and then accessing medical transition, and then the transition with my family, and how my experience has changed. My interactions with people changed. Transitioning from being in high school to being in college. I don't know... a lot. Regular human stuff, and then “trans transition” stuff.

Participant 11 illustrated how transition is a journey for him that holds distinct and bright meaning:

Beautiful, love that word. Big fan. Yeah, I said before how your gender is just yourself and your experience, and the transition is just the journey of finding out how you relate to it. Or how you want to. I just love transition. I just love trans. I love the concepts, and I love the words. I love the concept of being trans. Just the change, and the self-journey. I just appreciate it. I think it's a beautiful word; any word that starts with trans, that's something I will tune in to. It means transformation. Some cis person said to me once transformation instead of transition, and it made me laugh so hard. But thinking back, I'm like, "Hmm, you're not that far." But it is just funny to think of somebody not knowing and fucking that up.

For Participant 12, transition is a process that included medical intervention, and more:

Yeah, it's the growth that... I mean everything that I've learned in these past 5 years that's a part of my transition. All of it. Like, everything comes with transitioning. How much my mind has grown and opened up more about everything, so transitioning really holds a lot of just who I am in general, personally, I feel like. I feel like without it, I would be lacking in who I am.

Subtheme 6.2: Endpoints. Briefly, several participants recognized concrete end points to in respect to any particular medical intervention(s), if or when that becomes significant to their journey. All things considered, participants emphasized that transition continues as a multidimensional psychosocial process, as demonstrated by the following narratives:

When it comes to transitioning, people think it's going from point B to point A. For some people it's more like going from A to B to C to D, and kind of all over the place. Maybe there isn't an exact point in that transition where you need to end up. I don't know. There probably isn't a word for that. Everybody wants to feel valid, and it becomes important to be recognized as how you identify, (Participant 3).

You know, for some people I am sure there is [an endpoint], but for me there isn't. I know that there are people who identify strongly as binary, and there's nothing wrong with that. And maybe those people think about it like, once my last gender marker on my last thing is changed... once I'm passing, you know... maybe they have an end date sort of feelings. Like, "I'm done being trans, now I'm just a woman." Or, "I'm done being trans, now I'm just a man." That's not true for me. I think that gender is a lifelong journey. I reserve the right to change my mind as many times as I please. I think that I'm going to keep digging and trying to find out what's up... and I'll keep trying to find an equilibrium. Maybe it'll keep going like that. Maybe I will find exactly the right way to express my gender. I don't know. But I don't see an end date for me, (Participant 5).

Many people think there is an end point, and even I thought there was an end point at one time. But for me, I don't think there is an end point in my identity development... Medical transition is extremely necessary for some people and their mental and physical

health. It was for me, but it is not the whole story. Transition is a process that includes life experiences, and has no particular end point, (Participant 6).

So I think I have achieved my medical transition end point, at least, because I know that I will always have to come out to more people and educate more people and that will be my life's transition, I guess. Like constantly educating people. But in terms of my medical transition end, I have reached it, (Participant 7).

I don't think it really ever ends for anybody. Just because you may be happy with how you identify in your sexuality or ... the situations you are in are going to change throughout your life, so it may change over time. I don't think once you find something you are comfortable with, then that's it. I think it is more fluid than that. It doesn't necessarily have to be huge changes but I think you are always finding more ways to be more like yourself, (Participant 10).

No [endpoint]. It's just always the journey, (Participant 11).

No, oh never. I think that is just self-growth and I don't think I could ever let something like that be done. I could never be done growing because as long as I'm experiencing things there's no stopping that, but I feel like if anything, it just fuels more possibilities, (Participant 12).

Subtheme 6.3: Awareness of individual experience. Several participants made short, succinct statements acknowledging similarities and differences across individual experiences and meanings of transition as a dynamic process; by adding lines like "...it is different for everybody." Participant 5 summarized in stating:

Transition to me means reaching for authenticity. I think I'm trying to be more myself and I think that whether transition is clothes or mannerisms or hair or surgeries or hormones or whatever... I think that when you know someone and then you see them transition and you see them to become more themselves... however they did that in their journey, and however they maneuvered that... That's what I see happening to people. I know that's what happened to me as well. For me, transitioning was binders, testosterone and whatever... men's clothing, short hair. But transition means something different to everyone. But, the component that applies to everyone's transition is that they're trying to be more authentic.

Domain 7: Resilience

Through immense adversity in varying forms and degrees, the group of young trans masculine participants in this study demonstrated courage, strength and optimism for their

futures and for generations that lie ahead. Participants made meaning in gender and transition through struggles they incur and overcome as individuals, and the mountains they climb in solidarity as a community. Emergent themes under this domain include: *Pride, Actively Seeking Information, Community is Key, Social Justice, and Rising Above.*

Subtheme 7.1: Pride. For many participants, their experiences as trans masculine included a sense of confidence and comfort in their identities. They learned to embrace their bodies, and to love and care for themselves. Part of pride meant reclaiming expressions that have been historically used against them, and this reclamation meant everything from words, behaviors, and the color pink. Pride meant externalizing the ignorance of others, no longer feeling the need to fit expectations of others, and providing themselves with the internal validation necessary to thrive. Embodiment was also an important feature of pride for many participants; they wanted to be recognized as trans men and/or trans masculine, rather than having assumptions about their gender and sexual identities cast upon them.

For example, Participant 3 reflected on times he wanted to be cis, but came to the following resolution, “I feel like the part where the pride comes from is like... You know what? I’m a trans guy! And I feel great about that. I wouldn’t want it any other way,” (p. 20). Participant 4 demonstrated how pride meant self-love and internal validation:

Just existing in your body is showing pride... Internally, the way I show pride is I try to love myself through thick and thin... I love my masculinity. I would not trade it for anything, only because it feels like a personal validation that I keep. This presence in the world, as a masculine person, it doesn’t offend anyone in any way. I’m not hurting anyone with it. So it’s important to me.

Participant 5 and Participant 7 illustrated the significance of pride and embodiment:

Yeah I kind of think about it like all of these identities kind of intersect on our physical bodies. Like, you know, I have a body that was assigned female at birth, but I don’t know if I have a body that’s testosterone dominant. Most people take for granted that all of those things fall into one category or the other, but I think that there’s nothing invalid

about my body existing as some of one and some of the other. But you're also, like, ingrained with a lot of self-hatred when you're a queer person, too. So I think that trans people learning to love and embrace their bodies is a pretty revolutionary, difficult, strenuous and important task, (Participant 5).

I think [pride] looks like unconditional acceptance of my body, and not being apologetic of my past and who I am, and not wanting to be quiet because some people might be uncomfortable with it. Like, I will bring up being trans in the most "normal" situations, and see people being like, "Oh, what's that like," and it's just a normal thing. It's totally a part of my life, and I live my life with this identity every day, and it is super normal for me. But it's weird that it's not normal for other people, and so normalizing that in conversation is important to me for deconstructing things, (Participant 7).

Participant 9 illustrated how pride meant authenticity to the self, rather than seeking external validation, and Participant 10 added the importance of community:

I have a sense of pride that I'm being true to myself... I think I'm proud that I have the ability to be myself and to not conform, and to question a lot of things. Question everything, including myself, and make sure that I am definitely doing what I think is best for myself. Just being true to myself is the pride, (Participant 9).

Just owning who I am. Being comfortable in how I identify. Not trying to dull down myself, to fit someone else's expectations. And also reaching out and meeting other people that bring that out in you, (Participant 10).

Participant 11 also found meaning in embodiment and community, and subsequently described how his manifesto addresses ideas about reclamation:

I'm just all about being trans. My pride manifests by making it a main theme in my art, and the main thing that I talk and think about all the time. I talk about it with all my friends... I mean, I'm proud of my body, and the journey I have with it. And I try to do stuff to help me respect my body more. I'm proud thinking of myself as a person. I like myself as a person.

Nurturing. I want to reclaim things people tell me I can't have. I want to wear pink camouflage...

Okay, yeah, so the manifesto is literally about reclamation, liberation, warmth, love and emotion. It's about art.

Finally, Participant 12 found meaning in being recognized, specifically, as a trans man:

I'm definitely prideful. One time, I was at a gay bar and this gay guy walks up to me and he goes... he was just hitting on me or whatever... and he goes, "Hey... are you gay,

straight or trans?" I was so blown away. I was so happy that he gave me that option, because you never get that option! I'm a proud transman. I prefer to let people know. I don't want them to assume something else, I just want them to know. Because everyone always just thinks I'm gay, and I don't mind people thinking I'm gay... but, no, I'm trans!

Subtheme 7.2: Actively seeking information. This subtheme highlights the significance of the internet as a valuable resource for participants in this study, and demonstrates a generational component, since the internet has been a staple in their generation. However, the larger meaning illuminated by this theme is how *all* participants demonstrated resilience in actively researching information on trans identity and community. Participants contributed, explored, and critiqued information via multiple sources in addition to the internet. However, the internet served as a significant source of information, providing relatively safe avenues for participants to exercise their resourcefulness and courage in connecting with relatable peers.

For example, Participant 1 described the internet as, "Refuge. A haven," (p. 8). In an earlier exchange, he remarked about the impact of the internet on visibility and acquiring information about trans identities:

The internet is huge. I mean before the internet a lot of trans people didn't come out till later because they didn't know anything about it, because it's not something you really find at the library. It's not something they really teach you at school. It's one of those things that, unless you are related to somebody in that group or who's open about it, then you won't know! So the internet really opened it up for me because I'm one of those people that loves to get sucked in by just searching things... learning things. And so if I have an idea for something I kind of stop whatever it is I'm doing and I look it up, and then from there I don't know how I found it but I found it.

Participant 4 remarked on how wonderful it was to find black people on the internet who identify as trans men, likening it to finding an invaluable treasure:

On Instagram [laughs]. We were on a QPOC page, and we saw our first black trans guy, and we were like, "Yo! Click on this link!" And it led to all the other trans guys. So me and my friend were like, "Yo! We found gold!"

Participant 7 and Participant 10 illustrated how their resourcefulness led to discovery and meaning:

I guess I started doing a lot of research. I found all of my stuff on Tumblr, and that is where I discovered the word trans, and connected myself with other trans people. So I developed the community before I even came out, or before I even recognized who I was. But I knew that it was a possibility, and I knew most of what I could know about being trans, and it was just me putting myself into that slot... like puzzle pieces coming together, (Participant 7).

I also did a lot of reading. I went to a talk, and that really solidified my decision to transition. Then from there I did a lot more research. The talk was a big turning point; it was a trans man that I really identified with. He had (inaudible) throughout his life and that was something I really connected to, and just not being able to fit in or figure out how to make relationships, or meaningful relationships. Just everything he said really echoed a lot of my experiences. So from there, I thought I should look into this some more. That was a big turning point, (Participant 10).

Subtheme 7.3: Community is key. The subtheme of *Actively seeking information* provides a smooth segue into how participants find strength in community. All participants remarked on various relationships between community and their trans masculine identity development. Community was a significant source of support and validation, and this subtheme illustrates how and why this plays out for trans masculine individuals in this study. Moreover, it is important to note how some participants felt excluded from the LGBTQ community, as pressures of being judged “not trans enough” can be perpetuated within groups. Overall, community was described as a social context containing inclusion, validation, advocacy, support, mentorship, and modeling love for self and others (e.g. mentorship). Community took on meanings such as interpersonal connectedness with peers, family, and/or friends who become family. For example, Participant 7 shared:

I think [the internet] offers me a lot of community, and that is something that I can't really find because you have to know trans people in real life in order to actually create a trans community. I think for the first year of me openly identifying, I had never met a trans person in real life. So, I think that it provides a sense of not being alone, because I'm sure it could be incredibly isolating to feel like you're the only trans person in your state

or your city. So, it helps me know that I wasn't the only person that was having these feelings, and it help me to identify the way I was identifying.

Participant 12 added insight on the importance of community and how it is closely tied to visibility and mentorship:

There are a lot of suicides in our community because there's a lack of awareness and a lack of visibility. I'll bring up a good example, Leelah Alcorn. She committed suicide around 2015, and I remember reading in her suicide note how like she was a beautiful woman, but she was saying how she could never be who she was, and there wasn't anyone like her. And she actually grew up in a town next to mine, and that just broke my heart; the fact that there was nobody she could relate to. And all these other trans kids and adults that sadly take their lives because they feel so alone. Remember in 7th or 8th grade when people would come and talk to you about abuse in the home and stuff like that, and you'd all stand in the auditorium or whatever? That's what they need. The world needs people to educate these kids, because they can save so many lives.

Participant 4 showed how “little things” can mean a lot:

My friends are amazing. I've been friends with them since we were kids and immediately when I told them they changed my contact info... they changed the messenger name so everything was the name I'd chosen for myself. It was small gestures, but it was life-changing and life-altering. I was crying, and I was like, “I love you guys so much!”

Participant 9 demonstrated how some trans people can feel isolated within the LGBTQ community:

Even within the LGBTQ community, I don't really feel much of a connection to the community. I view the LGBTQ community as this big group where each letter has its own section. Like, the lesbians have their own problems, and they're discriminated against by the gay males. And then trans people are kind of in their own section. But I'd say even within that section, I don't really feel very comfortable.

Participant 5 elaborated on how policing gender and pressure to pursue medical interventions can be perpetuated from within the LGBTQ community:

I see that kind of policing going on in my community, and I think it's really important to call it out. Because even going to (support) meetings... I don't really go anymore because there's times when people were kind of pressuring other people... and they specifically say in their guidelines they won't do that, but then if there is someone who is, like, male assigned and dresses pretty femininely or whatever, they are like, “Oh, you would love hormones. You'll love what it'll do for your hair and your nails and...” I'm like, “Excuse me! No! How fucking dare you say something like that!”

On the other hand, Participant 5 also described community as home:

I think the most important thing to me about my queerness is community...for me, the trans community is my home. My friends are my family... just seeing trans people live their lives openly and proudly, like, changes you and makes you realize that you can do that too. And I think that like everyone needs community. I think humans are wired to need community. We know even through research that people thrive if they have community. Like you can get by without it but you cannot thrive without it.... I think community is the most important thing, to me, about my identity. Like connecting with trans people has been the most important things that's happened to me, basically.

Subtheme 7.4: Social justice. Most participants understood power and oppression in a way that made social justice advocacy a meaningful endeavor. In fact, most participants commented on ways they felt their participation in this research was an avenue toward justice, in helping gain visibility for other trans masculine individuals and informing health care practitioners on how to improve their practice and policy. Many participants felt passionate about using their privilege to challenge the status quo and advocate for marginalized populations. However, participants also felt strongly about trans people having the right to discern if or when being open and advocative was safe or fitting in any given context. While participants highly valued autonomy and individual experiences, they also offered differing views regarding implications of a strictly stealth identity, which mirrors tensions amongst various theorist views as discussed further in Chapter 5.

Narratives around social justice and advocacy can be readily found, peppered into each domain throughout this study. The following narratives represent additional perspectives on social justice and resilience, emphasizing participants' strong commitment to social justice and progress through engagement in difficult dialogue around trans masculine issues:

“So that's the best thing that I can do with my privilege, is just educate other people. There's nothing I can really do about my privilege other than try to make other people aware of their privilege,” (Participant 12).

“Yeah, I definitely think that there is an idea in social justice where people who don't experience a certain type of oppression should stand up to those who are oppressing, and do the emotional labor,” (Participant 7).

If you want to be a good ally, you have to really put yourself in the shoes of the people that you're trying to be an ally to. You need to listen to them and think about how their experiences feel to them, and then recognize that it's not about you. Because if it gets too much for an ally, they can just leave, (Participant 8).

But it's kind of an unknown territory, because I am going to be maybe someday passing and I might be treated differently. So I don't know. It's going to be very weird, but exciting too. If I do get that privilege, I'll definitely use it to enlighten other people, or men... whoever... about feminism [laughs] and racism and everything, (Participant 9).

In the spirit of negative case analysis, the following narratives demonstrate differing views amongst participants on the topic of stealth identities and implications for trans masculine people and communities. More importantly, it demonstrates ways this debate plays out within, as opposed to outside, trans masculine contexts. For example, Participant 7 asserted:

I know some trans men who want to live stealth, and never want to be involved with the LGBTQ community, and never want to stand up to anything. I think that is super problematic. Like, “Okay, you just want to be cis?” I guess that's a fine way to live your life, but you are not advancing anything for people who are like you, and you're not helping to change the world. You are just trying to live up to these stereotypes, and wash your hands of it, and be like “I'm done. I'm cis now. It's fine.” So, I think it is really important to be open and honest, and I know people live stealth for safety and security reasons, but choosing to live stealth and not doing any sort of advocacy or living stealth for selfish reasons and not for self-preservation... I think that is really problematic. I guess passing is a privilege, sometimes. So, once you get that privilege, and you can talk to cis people and not get questioned about your gender identity, it is really important that you use that to further people's knowledge and people's acceptance.

The following narratives from Participant 11 and Participant 6 differed from Participant 7 in their perspectives on stealth identity, demonstrating a rationale for why this topic of debate was included with themes of resilience and social justice:

I still think [stealth identity] is totally valid, because you are literally surviving. I mean, unless they are saying transphobic things, and doing cissexist things, then they are not reinforcing any cis thing. Because being trans is an active rebellion. They're still being trans, (Participant 11).

In many ways, I am part of the status quo, but mostly as perceived by others because I pass. Sometimes I see things going on that I want to call attention to, but the environment may not be safe. Other times I can challenge things that are status quo, (Participant 6).

In the narrative above, Participant 6 brought to light nuances that often go unrecognized in the great stealth debate; the reality that the lived experiences of trans masculine people are more complex than all or nothing.

Subtheme 7.5: Rising above. In this final subtheme of resilience, many participants described a sort of paradox, in which they acknowledged suffering as part of their experiences as trans masculine individuals. However, through suffering, they acquired a great sense of meaning and purpose. Participants were steadfast in conveying how their experiences as trans masculine people make them distinctly resilient and irreplaceable human beings. Meanings in this theme are tied closely to the very first domain in this chapter, as participants understood that because of their experiences of marginalization, they gained greater insight into systems of oppression and privilege. Thus, it seems the data has come around full circle, as illustrated in the narratives below:

We want to popularize the term ‘Gender Euphoria’ cuz you know I feel the gender dysphoria in my body, and the internalized trans phobia that society has taught me. But I'm really sick of every trans narrative being negative, and doom and gloom. It's like, here's a Buzz Feed article of trans people living in gutters. How about no. You know? Let's create a wider narrative of trans people. Like, I'm trans and I'm working in the field that I love and the way that I express my gender to the world makes me feel gender euphoria because I'm able to be authentic...being authentic makes you feel good about yourself. It makes you feel happy ... the opposite of dysphoric. So I want us to latch onto those things, (Participant 5).

Yes, being on the outside looking in has brought insight. I see everything play out before me (e.g. how people act and interact) and I am able to analyze this. I do not make assumptions at face value, I think outside the binary. I also gained a better understanding of how I viewed myself once I gained a better understanding of the differences, (Participant 6).

Meaning, as represented through another spirited exchange with Participant 11:

I just see gender as a personal experience. I'm grateful I guess... I'm not grateful that I had to transition in a cissexist society because that is what made it necessary in the first place, but I am grateful for what it has taught me and what I know now.

Everyone just needs to transition. That can be my closing statement. Transition just makes everybody a better person. Being trans is an elevated version of the self.

Participant 12 illustrated the paradox in meanings his trans masculine identity held for him:

It's my whole life. It's everything to me. I wouldn't have anything at all without being who I am. It's so tough because it just means everything. I mean really. That's such a tough one. There is so much hope with all of that, and there is so much insecurity, and there is so much wonder.

And that is what I was trying to say! It's like everything, but then again it's just me. It's so grey, and that's what I love about it, but it's so horrible and I would never push it upon anybody kind of thing. But at the same time, I would never want to be any other way. It's crazy... an oxymoron [laughs].

Finally, at the end of our interview, Participant 5 offered meaningful parting words to encapsulate an important piece of documented trans masculine history: "I've heard people say being trans is like being a superhero - it teaches you how to thrive in adversity and care for others," (p. 16).

Domain 8: Generational Change - "Tearing at the Seams"

It is appropriate to begin description of this domain with a reflection on the research process, as it soon became clear the language I was using in recruitment materials was somewhat outdated, non-representative, and limiting - and participants refused to let it go unchecked. Their advocacy allowed me to reflect upon my own biases, perhaps as a product of growing up in a generation preceding that of my participants; a bygone era paving the way for a newer generation of trans masculine individuals to make meaning in gender and transition. Thus, study materials and content were updated and submitted for IRB approval to better reflect participant identities. Emergent themes in this domain include: *Generational Change* and *World Without Gender*.

Subtheme 8.1: Generational change. This subtheme encompasses participants' sentiments, overall, that trans and/or queer elders have paved the way for current and future generations to create space and meaning in gender and transition. There was a perception that trans elders were likely to be more binary in their identities and expressions, perhaps as a sign of the times. Furthermore, approaching cisgender elders was to be done with caution.

For example, generational change is reflected in how Participant 3 felt more comfortable initiating trans focused dialogue with similarly aged peers: "Well, I feel like it's because people my age... I don't feel nervous talking to somebody my age about being trans. But if it's somebody older..." (p. 9). Participant 12 reflected generational change in perceiving a sense of liberation occurring over time:

Well it makes me mad because people think that sex is between your legs, or it has to do with your chromosomes or something like that. But I don't believe that at all... You can be literally fluid. There are non-binary people, and there always has been. I feel like it's not 1950 anymore, you know what I mean? Things have changed so much. Everything is so much more fluid now, and there is so much room. It's not like these tight little sardine cans where you have to conform to a certain way.

Participant 5 illustrated how they have acknowledged and experienced a paradigm shift over time for transgender generations, and pointed to the relevance of breaking something down in order to build something better:

Young people, especially Millennials and the generation under us, are really tearing at the seams of the binary. I have a lot of friends who are older trans women, and I think that there is a generational gap in how they conceptualize gender compared to, like twenty-somethings. I know that that study came out recently and said that more than half of young people identify as something other than cisgender and heterosexual. I look at what's going on in my community and how people are completely tearing apart what it's supposed to mean... like was sex and gender are supposed to mean. I think that there are plenty of non-binary people who are older. I don't mean to erase their existence. I have friends who are much older than me who are non-binary and share my view of gender. But I think there is like a faction of older trans people that are more ingrained in the binary and the medical model and the one linear story misconception... I don't mean to pay any disrespect to my queer and trans elders. You know, they have done so much work to pave the way and make it so that my generation... and whatever they're calling

the generation after us ... can take it this step further and be like, “No, actually, everything... all of this is bogus!”

Yeah, I want to try and model myself after people like Marsha P. Johnson, and Miss Major, and like... you know... the radical trans activists who staked a claim to some space ... and like you know, I want to be Miss Major sitting on her stoop at, like, 80 with all the trans people taking care of me because I put 70 years of work into the trans community. That’s what I want to be someday.

It’s hard to toot your own horn and say that I want to be at that level of importance or prominence. One day we were queered out in our, like, regalia marching up and down (omitted) at some LGBTQ event, and this little trans kid like ran over from the street and was just like, “I’m trans like you, can I have a hug?” I was like, “Take this little rainbow flag, and you’re fucking amazing!” Without the swearing, cuz this is a child.... It makes such a huge difference. And we’re seeing such a huge wave of trans kids now, you know? That’s like... those trans kids are going to be the ones coming up right after me.

Subtheme 8.2: World without gender (aka world without conditional harm). This subtheme demonstrates a connection between the generational paradigm shift described above; a movement away from binary views of sex and gender and toward authenticity in fluidity. While participants were asked directly what it would be like to live in a world without gender, their responses turned this question on its head, and ultimately prompted meaning around what it would be like to live in a world without conditional harm and judgement. In other words, disharmony is situated in the external judgment being thrust upon them, rather than from within their trans masculine identity.

Themes of generational change were not anticipated to emerge from this question, nor was it planned that responses would map well with generational change. Participants were surprised, almost bewildered by this question, perhaps since participants have spent an incredible amount of time in their lives contemplating gender. Therein lies a paradox of how gender has been a central and guiding principle in participant lives, but experiences throughout have revealed a need to carve out their own space to free themselves from confines, threats, stigma and pressure to conform. Participants ultimately expressed joy, excitement, and optimism in their

responses. Participants described ways a world without conditional harm would undoubtedly alter their experiences, yet agreed their internal core sense of self would remain unaltered. For example, Participant 7 equated a world without gender with an “ideal world,” and explained that he would not change as a person, but his contextualization may shift:

I think in an ideal world, we wouldn't necessarily have binaries like that. I think it's hard for things so opposite to be healthy when they've been rooted in all of that stuff. I think, ideally, not having gender stereotypes or experiences would be the ideal world...

In an ideal world where no one is expected to conform to any societal standards or anything like that... like if masculinity and femininity did not exist, I don't think dysphoria would exist, because it is largely a societal pressure to conform. I could learn to love my body if I didn't see, you know, woman in it. Just, like, my body exists, and it works, and that's all I need. But in a society where my body is immediately gendered without my consent, then I think that's where dysphoria comes from, and that's where trans identity ultimately springs out of.

Similarly, Participant 2 contemplated what a world without gender would mean for him:

World without gender. Hmm. I think I would probably still feel male, but is that even a thing in that scenario? Yeah, like if there is no gender... I... huh (laughs). I feel like I would still feel how I feel on the inside. Like, this feels like such a strong thing that I know. I feel it doesn't really change that. In a world without gender. I would probably still want to be in a body that feels most comfortable physically. Which is male. So, I think I'd still want to [medically] transition. I feel like in a world without gender, people would probably care less, so I think it would be easier... less fear.

In response to a world without gender, Participant 4 attributed meaning in labels:

Without gender or without labels? I don't think I would overcompensate. I think I would be stable enough to just exist, only because it wouldn't be mandatory to put a label on it. It wouldn't be mandatory to have a gender, or to say you don't have a gender. It wouldn't be mandatory to have to be this or that. So my body would not feel like it needs this gender, or it needs this label to feel adequate, or to feel validated... Masculine. Masculinity. Masculine man. Trans. Black. African-American. US citizen. It's just basic labels to describe yourself in your state of being in this world.

For Participant 5, their gender identity and expression would likely stay the same, but considered a world without gender to mean a world without violence and harm:

Yeah, it would be completely different. You know, if we lived in a culture that didn't completely steep us in gender, then I wouldn't have experienced all this gender-based

violence. It's made me care about this topic so much... made me who I am. It's like, my passion is gender and teaching people about gender and understanding transness. I've grown up my whole life being taught trans is wrong and having people police my gender and all that... who knows. I don't think I would be the same person.

I think my gender identity would stay the same. I think where I fall on the spectrum and how I express my gender would probably still be the same... or really close. There is that element of having to lean into masculinity in order to maneuver the world, too, so... Maybe I'd be even more middle of the road. Maybe I feel comfortable not wearing my binder some days, you know?

Participant 6 echoed the meaning derived by Participant 5 in stating: "My identities would be the same... I would be the same, but my life experiences would have been different," (p. 4).

Participant 8 concurred, offering specific examples of how their life experiences may have been different, and the effect of a world without conditional harm on multiple oppressions:

Well, I'm pretty sure I'd still identify the same way, but I probably have more friends. I probably wouldn't have as many mental health issues. I don't think I would have as many difficulties socializing as I do. I don't think there would be as much stigma around any other type of mental health... I think society would just be better, because in order for there to be the attitude to eliminate the idea of gender, then a lot of the other crap that people have to deal with wouldn't have been thought of in the first place. So I think overall society would just be much better... I'm white so this might not be my place, but I don't think racism would be as bad, because a lot of it is socially constructed. Where the idea that one group of people is superior to another group of people can also be tied into the same idea behind gender.

Participant 9 shared the view that many things about him would be the same, but hardships imposed upon him externally would allow for more meaningful relationships:

To be honest I think a lot of things for me would be the same. I would still have depression and be kind of an outsider, but I think that maybe I would be more accepted by other people. Maybe I would have more friends. Maybe it would be easier for me to make friends, because people are being more true to themselves, and there would be a lot less misogyny. I think maybe sexual and romantic experiences would have been a bit different for me.

Participant 10 ascribed meaning in the context of their work with human remains:

There would definitely be less for me to think about. Yeah, I'm sure as humans we would think of some other way to classify all this stuff. But I think it would be pretty cool. It would be a whole... another way to think about it, in terms of the bones [laughs].

Participant 11 thought of a world without gender as liberating, enriching, and safe:

That'd be nice. It would be liberating. It would be freeing. I would love just going out of my house all the time, and just looking at all the trans people in the world. That would be beautiful. I would never be afraid to go anywhere, Like the hospital or go to the doctor, or anywhere. Yeah that would be nice.

Participant 12 asserted meaning in how assumptions about his identity and pressure to conform would be absent, reiterating the idea of liberation. His narrative also demonstrated ways participants sometimes used the term transition to specifically denote medical intervention(s), just as it is largely conceptualized within cisgender frameworks. This is in light of data supporting participants view of transition as a multifaceted and ongoing process when making meaning through a trans masculine optic:

If we lived in a world without gender, and no one ever knew what gender was and everybody just did their thing... that would be crazy and awesome! I think it would be so different because guys wouldn't be thinking that they have to play football and wear freaking Levi's jeans. They could go and be like Jaden Smith. Awesome! Who knows what my life would be like, especially since I'm masculine but I'm definitely flamboyant. I definitely wouldn't be wearing no skort or nothing, but I feel like just personality-wise I wouldn't be so quick to be perceived as gay. There we go.

If anything, I would have been more aware of myself... Even if [medical] transitioning was a thing in that world or not... well I feel like it wouldn't, because if gender didn't exist, then I would have never transitioned because it wouldn't be a thing. That's a crazy question! I don't know, man. I don't know what it's like to live in that amazing world. I'm praying for it. I don't know, I would just be me.

Domain 9: Health Care Challenges

As an emerging counseling psychologist, I would be remiss to discount ways health care professionals can affirmatively meet the needs of participants in this study. Challenges in health care arose as a superordinate theme throughout interviews and analysis, with participants sharing both positive and negative experiences. One cannot deny the enormous social impact of medicalization and health care systems in regulating gender identities; which is explored further in the discussion section. It should be noted that not all experiences illustrated within this domain

are related to hormones or other medical intervention(s) often assumed necessary for well-being and synonymous with transition. Emergent subthemes in this domain include: *Health Care is Binary Based*, *Gender as a Diagnosis*, and *Needs from the Health Care Community*.

Subtheme 9.1: Health care system is binary based. This subtheme encompasses participants' experiences in a health care system that largely reifies a binary sex/gender framework. Given that many participants saw their identities as somewhere on a spectrum rather than either/or, this framework posed several challenges in accessing and receiving affirmative health care. Participants commented on the impact of systemic oppression, exemplified by categories on paperwork and forms. Negative experiences with health care providers often left participants to feel vulnerable and powerless, which ultimately lessened their trust in medical and mental health systems and providers. The earlier theme of “not trans enough” emerged frequently in the context of interactions with health care providers. For example, Participant 2 stated:

I'm always kind of concerned that I'll be seen as not trans enough, and they'll be like, “You can't go on testosterone” or something. But that is probably just my brain thinking of worst case scenarios... I don't know. I don't think people have to be hypermasculine. I think everyone should just be themselves. And you shouldn't deny people medical help for that.

Participant 3 recalled not trans enough, with a flavor of distaste around binary reification in medical model. Also, in this context, note how he specifies medical in transition:

And if you're a trans man and you never transition medically and stuff... like if you don't even change your name. Maybe you have a gender-neutral name at assigned at birth and you never change anything. It just the same you're still trans.

Participant 4 also specified medical in transition, and demonstrated how not trans enough plays out within trans communities:

On Tumblr... I was looking at things, and they were like, “Medical transitioning!” I'm like, “Okay, you got to do that to be this,” because a lot of people wanted it so badly. So,

I feel like if they wanted it, it had to be something that was needed for everyone. Until that notion was thrown out the window by co-workers of mine and other trans people I met in person. They were like, “You can still be trans without any medical interventions ever... at all.” I was like, “Oh, cool.”

Participant 5 pointed to the challenges trans people face navigating cisgender frameworks and carving out frameworks relevant to transgender people:

The medical system wasn't set up for trans people. It wasn't set up for queer people. So, trying to etch out a space not made for you is not very easy to do... There's “trans enough” again [laughs]. Am I trans enough for hormones? People pretend they have more dysphoria than they do so they can have access.

Participant 10 also specified which facets of transition he was referring to when considering in group and outgroup pressures to conform:

I think that was definitely something I thought about more when I first decided to transition, in terms of chest surgery and things like that. But moving along, as I identified more as trans masculine, I realized I was still comfortable with them and I didn't necessarily need to go through a surgery to fully identify with who I am. They weren't keeping me from anything, or inhibiting me from fully identifying with who I am.

Subtheme 9.2: Gender as a diagnosis. Participants shared ideas around gender dysphoria as a diagnosis, and resultant stigma around trans identity. Externalizing stigma is taxing and ongoing, particularly for those who sought medical facets of transition. Participants did not view all trans experience as dysphoric; in fact, trans experience can afford euphoria. However, in order to placate their medical and mental health providers, trans masculine individuals may play up levels of dysphoria and their identification with cisgender binary standards. Participants spoke about being “forced” to accept a diagnosis and pathology to access appropriate care. This brings up the very important topic of gatekeeping, and the power medical and mental health practitioners yield, despite revised affirmative standards of care. It also brings to light the utility of health care delivery through a trans-centric informed consent model, as

some participants had access to such resources and used them as a strategy to sidestep unnecessary and harmful hoops.

Participant 3 shared how he forgets there are people uninformed about trans identity after spending time with peers, and the experience of a therapist who focused in on trans identity as a main topic of conversation, even though Participant 3 did not feel identity was a source of distress:

I don't know. I feel like when you surround yourself with so many trans friends, you kind of forget that there are people who don't know, you know? Until I got to a therapist, and then it kind of seemed like, "All of your anxiety depression, anxiety and panic attacks are all about this one core thing, which is your gender identity, which you really need to get out," you know, so...

The following exchange with Participant 6 adds to the conversation and reveals a very critical piece of the puzzle as it pertains to undocumented trans people.

Participant 6: The diagnosis is just pathologizing. It should not even be in the DSM... it is stigmatizing. Informed consent is the way to go. People travel very far distances just to go to a center that has informed consent. They can see therapists that are onsite if they want, but it should not be required to get access to medical transition.

Interviewer: Thinking about all the hoops one must jump through to "transition," or to get legal documents changed. [*Interviewer reflected on own bias and privilege in referring to 'legal documents'*]. I can't even imagine what it would be like if English wasn't first language, or if they are undocumented.

Participant 6: Yes, and many times it is dangerous for undocumented people to disclose their status to people in health care fields, so they just do not. This is a huge barrier, and very damaging.

Participant 7 offered reflection on the implications of changes to DSM diagnoses over time, meaning derived from the medicalization of trans people, as well as the maintenance of power structures through gatekeeping:

The whole system is really complicated. I mean, I don't think it should be listed as anything honestly. I do think it is an improvement over gender identity disorder being listed as a mental disorder. Now, where it's gender dysphoria, it has less of a connotation of someone being mentally ill. Rather, they have something that exists and it can be

treated if they choose through medical transition. But I am super against the medicalization of trans bodies, and trans identities, which I still think... like, the idea of gender dysphoria in the medical setting is really limiting, and it also allows doctors to keep resources from trans people. Because like, “Oh, you did not get diagnosed with gender dysphoria; therefore, insurance won't cover hormone replacement therapy.” I am also liking how informed consent is a thing now, which I didn't realize until after I had started my [medico-legal] transition. But the gatekeeping model where [they] have to know if you are mentally ill or not before we give you testosterone... where at some places they're like, “You are an adult, here is what it does to your body, feel free to take this medication and keep it monitored.” So, I think that all medical stuff related to transness is bad [laughs]. It's really limiting, I think.

I definitely think that is where [not trans enough] had its roots, because historically if you look at medical transition, trans men were not given access to medical transition because it was only thought of as a trans woman thing. Like, gender dysphoria or being trans was bad. So trans men who said that they were trans and want to transition, it was like, that's not real... that's not a real thing. It was immediately pushed away. People were not allowed to be their full selves if they wanted to be.

Participant 8 and Participant 11 offered personal experiences in how gatekeeping and misinformation on behalf of the mental health provider played out for them. Participant 8 also revealed some meaning derived from their therapists' stimulus value:

Oh. My. God. Yes! So, when I talked about hormones with my first “trans expert” therapist, she was a cis lady... a cis het lady... she had no idea what she was talking about. She had no idea. She just went to some class, and people gave her a certificate that says “you're trans friendly” even though she wasn't. My 70-year-old therapist who is a dude was better. But anyways, she was like, “Oh, your identity has been so fluid lately. You used to identify as non-binary, and I know you had all the same dysphoria and everything, but I would want you to identify as a trans man for six months before I would feel comfortable giving you a letter for hormones.” That's not okay! I did not schedule another appointment with her after that, but even when I was going in for the psych appointment to get my hormones, luckily the psychiatrist that I had who was evaluating me was really good about it. But then all the forms that you have to fill out ... they did not have anything that was non-binary inclusive. It was all opposite gender, other gender... all that “one or the other.” So, I felt like if I had any inkling of a non-strictly masculine feeling, then it would be denied to me.

I did fib a couple of times. Like, “Oh yeah, I feel like the *opposite* gender. I feel like the body parts of the *opposite* gender,” which is just a really weird and awkward sentence. That could mean so many things. The body parts of the opposite gender... by that, I would assume they mean penises would be more comfortable... I felt like if I answered anything the way they *didn't* want me to, I wouldn't be able to get what I needed. It takes a long time to get in to even start the process, (Participant 8).

Participant 11 reflected on cis-centricity in the medical model:

I hate the process that I had to go through to get on HRT, and throughout that whole process I was being told that I should be thankful it was this easy for me. Like, here at the [college health clinics], they said you should be glad... Whatever. It should be easier. It should be one appointment, like, “Do you want this?” and “Yes, give it to me.” Then prescriptions are filled and dispensed for free, not for fucking hundreds of dollars for your first couple of bottles. Wait, what was your question?

I know somebody right now who is non-binary and seeking to go on T just for a couple years, but will the doctors even want to treat this person if they express that their end goal is not transitioning? Because the entire process is so focused on, “You want to become cis, don't you?” No, I don't, because that's literally the worst case of anything I could ever be. I don't know, those are some significant things to me, just because everything is deeply rooted in these constructions.

Participant 10 remarked on the utility of informed consent:

I think it can be detrimental to think about it as a mental disorder. I purposely went outside of the state so that I wouldn't have to go through that whole procedure. It just seems wrong to... not *medicalize* it... but, turn it into a pathology when so much of it is culturally constructed.

Participant 12 asserted, “I feel like it's not a disorder, and if it is, then where is my monthly government check? That's what I want to know,” (p. 12). He went on to discuss implications of gatekeeping:

I had a friend who lives somewhere horrible, and it is nearly impossible for them to get access to these things. So I told them that you need to tell them... not say that you don't know... or that you feel like “this” one day, and like “that” another day. You have to go in telling people, because it's really hard. I feel like it is important though, especially... and I wish this wasn't a thing, but for “transtrenders.” I couldn't imagine some kid who felt like they were a boy, but really in the long run they are lesbian or non-binary or something like that - to literally physically change themselves just for something they're not too sure about. So, I do think going to therapy is definitely important, but I think that there needs to be more flexibility, and there shouldn't be any Christian therapy.

Subtheme 9.3: Needs from the health care community. Participants gave plentiful suggestions for medical and mental health care practitioners. First and foremost, participants urged practitioners to listen to them and challenge their own inherent bias at every turn. Participants wanted to trust their health care providers, to which they are entitled. One way to

garner trust is for practitioners to do their own homework and inform themselves rather than placing that onus on the individual in their care. Environmental cues were also an important part of this equation, including trans-centric décor and literature in office spaces and witnessing an array of practitioner identities that reflect the diversity of participant identities. Participant 1 described attributes of a good mental health therapist:

A good therapist is knowledgeable; wise. If they're young, wise for their years. Experienced. Has connections with all sorts of people so that they have a wider view of who they're reaching. Um, and they're not afraid to ask questions. One that's professional and doesn't breach certain boundaries that... oh oh oh... and at the very beginning they talk with you about boundaries of what you are expecting, of what they can do.

Participant 5 directed:

You need to know trans 101, because trans people are a really vulnerable population. There are a lot of young trans mentally ill people who need services where you guys tend to fuck up. But I'll just be nice about that last part.

I think that internal bias is something mental health providers need to deal with because I'm sure there are plenty of mental health providers who are thinking to themselves, like, trans people inherently unstable or poly relationships are inherently unstable or gay people are promiscuous. I think that providers need to deal with whatever biases they are holding. They need to make their facilities tangibly more like welcoming and comfortable... put up a cheesy poster about how you accept gender diversity or something in your waiting room! Put some *Out* magazines in your waiting room or configure facilities so that people have gender-neutral bathrooms. The way that we culturally made changes for disabled accessibility, I think we need to make those changes for trans accessibility.

Participant 3 shared a personal experience of being misdiagnosed in a hospital setting based on pronoun preference, and having to inform practitioners, and later described the necessity for service providers to inform themselves about issues relevant to trans masculine individuals:

They would ask me about myself and about my ex, and when I described myself and my ex, I used they/them pronouns. They were getting so confused. They thought I had dissociative identity disorder... Yeah, if I have to teach you about who I am and how I work then you're probably not the right psychiatrist for me... because you get to talking about trans stuff with them, and you truly feel like you're a little insane or something. You think maybe there is no one else like me, or maybe there are people out there like me, but they also have a crazy brain disease. That's kind of how I felt there.

It's always a learning experience even when you have your degree. As medical folks know, there's new diseases being found, there's different types of people out there. There's new genders out there that you didn't realize were there before, but it's been around for quite a while. So just brushing up on that, and not thinking of it as something that's "new age." Just be more respectful. Medical forms... have an option to put "other."

If someone is trans or not... that's [being informed] actually a big deal. For example, I have a lot of chest pain because I wear very tight sports bras. I never thought of it, and it was my chiropractor who said my back was messed up. She was like, "Do you do any weird stuff with your back?" It's always my middle back, and I said I wear tight sports bras, and she asked why I would do that. I said to make my chest flatter. Then it was this really awkward thing. But, if you're trans and binding all the time, it is really bad for your back. So, having someone in the medical field talk about safe ways to feel better about yourself, that would be really nice... There is such a benefit to knowing someone is trans.

Participant 5 described what a positive experience looked like for them:

My first doctor described it in a way that I really loved. He said that being trans is not an illness, but it's still something that, for some people, can benefit from medical intervention... similar to a pregnancy. You're not sick if you're pregnant, but you still might like benefit from accessing medical care. I think that I really benefited from accessing medical care. I don't plan to have any surgeries currently, but I might change my mind. I know when I came out as genderqueer, people were asking, "Are you going to start hormones? Are you going to modify your body?" I was like, "Not right now. I'll decide later."

The following narrative from Participant 7 demonstrated that, to him, practitioners informing themselves on trans masculine identity would mean he is valuable and cared for:

It's not even what I want them to know, it's that I want them to care enough to look for the resources to know. Because there is so much information out there on how to support trans people, and how medical transition works. There are so many articles. I've done a lot of research on how teachers can be inclusive, medical practitioners can be inclusive, and it's like people don't care enough to look up how to do that. They don't care enough to be educated. So I don't even think it's a lack of information, I think it's a lack of giving a shit about being supportive of trans people. Because I've had to go to my doctor and be like, "I bind, I know that something is wrong, and I need you to fix it." They're like, "Well, we've never had a trans person, we don't know what that is." I have had to educate them... Google my own symptoms and be like: "Other trans men are experiencing this, and this is something I think I have." They're like, "Oh, you are probably right." But I'm not a doctor; they are a doctor!

Yeah, they need to look to other practitioners who are knowledgeable and give a shit about being inclusive. I forget the statistic but, from the U.S. Trans survey in 2015, they

said that a really high percentage of trans individuals don't even seek medical care because they don't want to be disrespected, or they don't want to have to teach their own doctors... and that is ridiculous!

Participant 8 remarked on the bias in mental health care that many presenting concerns are directly related to, and a product of, trans identity:

I don't want it to be as big of a deal in therapy ... like every single time I go to the therapist, they're like, "Okay, so you're transgender..." and then they take every single issue that I have and frame it around my gender identity, when that's not the case. My gender doesn't make me depressed or anxious. The problem is the way that other people are. There's nothing wrong with me. I don't need therapy for being transgender. I need therapy for depression and anxiety. I think a lot of the way therapists are taught is that since transgender people have a higher rate of depression and anxiety and other mental health issues, people see it as the cause of those, and that's not the case.

It's just like any other form of oppression, or bullying, or any of that. Not productive to your profession to frame it as the issue, when there's a bunch of other issues. Instead of making someone's gender identity the problem, you can make other people the problem, and instead of focusing on how this person... like instead of making my gender identity the problem instead of how other people treat me ... They make it so much about, "Oh, how do you identify? How is your transition going?" Instead of like, "How are you feeling?" It's not about transitioning, or being trans. It's about how I feel. It doesn't make sense to take something that's supposed to be about how I feel and make it about my gender, because the two are unrelated.

Participant 9 spoke to inclusion on paperwork and forms, and the utility of accurate data in providing comprehensive medical care:

I'd say starting something like they/them pronouns. Having a different option than just male or female, maybe just write in what your sex is. I don't think they need to list all the million different options, I just think female or male, or maybe intersex, and then maybe transsexual. I don't know. Just having a certain qualifier where I can put down, "Yes, my birth sex is female. For the most part I'm female, but I'm also male, but I don't have any breasts, and I'm also taking testosterone." Because it can be very confusing if somebody marks "man" on there, and they are a female bodied person. It can be confusing for medical reasons, so I think definitely having options for not only medical documents but for any type of document that would want that kind of demographic knowledge. I think it's pretty important.

Participant 12 pointed to accessibility to trans affirmative care. Additionally, his account demonstrated how misinformation is not limited to cisgender frameworks, as missteps can occur

when one's provider also identifies as trans. Thus, self-disclosure can be helpful in some contexts, but Participant 12 demonstrated one way it can go awry. Lastly, Participant 12 takes a humanistic view on what it means to be a good therapist:

Well, I was paying an arm and a leg before. Yeah, I was going to this place where it was \$200 every few months for a blood test. Then I started going to this new place where they have trans doctors there, it's like a queer office, and they only charge you 60 bucks and it's freaking awesome. It's like a clinic. Like a trans clinic. It's really awesome.

The best thing you can do is just listen, as far as therapists, and medical practitioners, too... because I've dealt with this. Not every transition is the same, and people cannot compare theirs. I had a doctor who was a trans woman, and she was terrible because she kept trying to compare our transitions and wanted me to do certain things because of it, and personally that's wrong. People are different and react to things differently. As far as therapists, they just need to listen. They need to understand that they don't know anything. The trans person that is in therapy knows more about their transitioning than that therapist does, most likely, because they live it they experience it. As much as a therapist wants to try, they will never know how it feels, so they just have to listen and accept what that person is saying.

Summary

The accounts in this chapter provide rich description around how trans masculine individuals experience and make meaning in gender and transition. Narratives were selected from this researcher's interviews with 12 individuals who identified as transgender men and/or trans masculine. Interpretive Phenomenological Analysis yielded a total of nine superordinate themes, to which one or more subthemes were nested. All quotes were directly extracted from transcripts audited by participants themselves. Emphasis was placed on highlighting individual voices to substantiate group themes. Each superordinate theme (domain), respective emergent themes, and subsequent properties are illustrated in table format (see Appendix C).

Chapter 5

Discussion

This research was aimed at understanding how self-identified trans masculine individuals experience and make meaning in gender and transition. The sample included 12 participants between the ages of 18-35 with ties to urban and rural Midwest settings. This chapter situates the results presented in Chapter 4 within the context of extant literature and focuses on the following themes: perspectives on trans identity and theory, making meaning in trans masculine identity and transition, identity development models, influence of the medical model in context, and implications for psychological and medical health care practitioners. Limitations will be explored, along with future directions in research.

Perspectives on Trans Identity and Theory

Taking a step back from the evolution of feminist theorist debates over the salience of transgender identities and bodies, irony existed in the observation that many of the participants in this study identified as feminists. As such, those participants shared their struggles in making sense of their trans identity within a framework that may criticize or devalue their existence. Still, participants acknowledged that the social justice framework of feminist movements created space to challenge the patriarchy, along with oppressive consequences of a binary system. This research outlined a general progression in which LGBT, Queer and Transgender theories have risen from roots of feminist movements, and prompted questions as to why literature on trans masculine identity was largely absent amongst journals of men and masculinity.

Some participants expressed ways in which they felt their gender identity, expression, and advocacy was under a microscope in both in-group and outgroup contexts. They were subjected to legitimatizing their identities at every turn, and doubly so, compared to cisgender

individuals. Participants also echoed self-reflective dilemmas with the “double bind” presented by early feminist theories, in that those who identify as trans-masculine are deemed traitors, and those who “pass” in society are held in contempt for reifying the status quo. Subsequently, participant narratives gave credence to the hypothesis of Heyes (2003), where trans masculine feminist individuals felt the impact of ethical and political quandaries around facets of their identity development.

While many participants were open in their identities and/or regularly active in trans advocacy, some were not. Participants viewed identity and the dynamics of transition as both a shared and individual experience. They also acknowledged that visibility is important, but one must also negotiate safety within social environments. Moreover, participants agreed that responsibility of challenging the status quo does not fall squarely on the shoulders of trans individuals.

Overall, experiences shared by participants in this research painted a stark contrast to the claims of Gagne, Tewksbury, and McGaughey (1997), who suggested that consistent and perpetual invalidation of one’s gender identity will steer them toward adopting identities and presentations mirroring what is accepted within the cisnormative binary, ultimately reifying a system that initially drove them into the margins. If anything, most participants appeared acutely aware of cisnormativity, along with nuanced ways they actively avoid its reification.

Transgender theorists may refer to this claim as a “reinforcing trope” (Serano, 2013). Johnson (2015) elaborated further, asserting there may be trans individuals who fall into this category, but a claim such as this is sweeping and does not accurately represent or acknowledge the nuances of how trans individuals experience and express gender in individual and social contexts. Johnson (2015) conceptualized this trope as an objectification and a double-standard,

insofar as the experiences of cisgender individuals are not scrutinized with the same rigor, and it “...places undue burden of resisting socialization on the backs of transgender people,” (p. 28).

It was pointed out through literature review and this discussion that there are valid merits and pitfalls within feminist, postmodern, and queer frameworks regarding the utility of each to affirm, advocate for, and make meaning in trans masculine identity. As Stryker and Whittle (2006) explained, transgender and queer studies have a somewhat parallel trajectory, and trans studies emerged where feminist and queer theories intersected. Participants experiences did not fall squarely in one camp or another, rather, experiences spoke to facets of feminist, queer, and postmodern theory, while also giving a nod to the work of Feinberg (1998), which asserted that individuals of all sexes (however defined) have the right to be free in their exploration of gender.

Poststructuralism has significant merits in trans advocacy, as deconstruction is a powerful tool for dismantling structures of oppression, and this discourse can provide a more just foundation for a framework that enables trans people to thrive. The collective voice of individual participants in this study pointed toward progress, as they reconstruct that which has been deconstructed via postmodern theory in a way that makes sense to them. In this way, transgender identities need not be used as a tool to explain, legitimize and benefit cisgender others.

In this study, participants often demonstrated the utility and value of poststructuralism, as they went to great lengths describing their process and recognition of having been socialized within a predominantly cisgender framework. Moreover, they shone a light on how constructions in this framework may look different, given one’s sociocultural context. A prime example of this is how safety in being read as cisgender (by cisgender others) is contingent on the color of participants’ skin. In addition, construction of cisnormative gender standards varies across sociocultural contexts.

Participants in this study did not stop at expressing what gender and transition means to them; there was momentum toward reclaiming parts of themselves they have been told they cannot have, and a desire to reconstruct space for trans masculine identity to flourish. Embodiment was an important component of space for many participants, as they valued how intersections in their identities are manifested and communicated vis-à-vis their physical bodies.

Making Meaning in Trans Masculine Identity and Transition

Transgender theory is a distinct emerging field drawing from multiple academic disciplines and theories, including feminist, queer, and postmodern theory. Rather than dividing theories into silos, trans-centric theorists advocate for expanding upon the hard-earned groundwork that has been paved, (e.g. Heyes, 2003; Johnson, 2015; Nagoshi, 2010; Serano, 2013). Tenets in trans theory include acknowledgement of fluidity and embodiment, inclusivity, intersectionality, advocacy and social change, protection of trans individuals, and broadening scopes through sharing experiential knowledge across multiple disciplines (Stryker & Whittle, 2006).

As an example, Johnson (2015) suggested a “transfeminist methodology” which adopts core social justice tenets of feminist theory and expands upon it by adding practices focused on transgender experiences. In other words, it is important to ground data analysis in the perspectives of trans people and communities. As Johnson (2015) explained, “This includes pushing back against the tendency to use transgender [i.e., ‘the different’] to better explain concepts and theories developed from a cisgender point of view [i.e., ‘the normal’],” (p. 37).

This position speaks to the core tenet of protecting trans individuals in trans theory, and was a beacon guiding this researcher’s dissertation framework. I was tenaciously committed to situating data analysis and discussion in a manner which places participants at the center, rather

than imposing a cisgender normative. In my own search to find meaning, I stumbled across work by Johnson (2013) which presented the idea of *doing transgender*, expanding upon the theory of *doing gender* as introduced by West and Zimmerman (1987). The idea posited in Johnson (2013) is that *doing gender* means *doing cisgender*. To be clear, trans people can *do cisgender*, just as they *do transgender*. However, adding the latter provides a framework for trans people that is distinctly its own. Thus, attention to the power of language used in this dissertation became increasingly important. For example, naming a theme “observing masculinity” seemed to imply cisgender masculinity as the normative reference point, and the normative standard to which all is measured and juxtaposed. Consequently, the theme was renamed *learning and observing cisgender masculinity*.

The premise that trans masculine individuals are wanting to “forget” or “erase” their history (e.g. Stone, 2004) was not evidenced in this sample. However, participants did strive to break free of cisnormative standards and judgement, by creating a framework with points of reference relevant to them. For example, participants spoke about feeling loss when they, at first, rejected anything considered feminine through a cisnormative optic to validate their trans masculine identities on individual and group levels. Participants spoke about ways this shift created friction between who they are and who they thought they should be. Disavowing femininity (*doing cisgender*) and subsequently reclaiming facets of their history (*doing transgender*) was part of their trans masculine identity development and conception of transition as a lifelong process.

Breaking it down to build anew. Regarding frameworks and the power of language, this researcher observed an interesting process whereby both researcher and participants faced challenges in fully communicating and articulating ideas, meanings and lived experiences.

Ultimately, we used the tools we had to work with, and explored potential ideas for change. It was collectively acknowledged that trans masculine individuals must navigate and survive in social systems that have not been set up for them, and they are keenly aware of the implications. Participants were also attuned to the utility of cognitive schemas in meaning making and survival. Thus, developing an infrastructure specific to participants as a point of reference and source of accountability seems like a worthwhile endeavor.

This research aims to avoid the pitfall of situating trans masculine experiences within a structure that pertains to cisgender standards alone by highlighting the existence and effects of, “trans normative standards that directly affect trans identities, bodies, and experiences” (Johnson, 2015). This is not to say transgender people do not embrace sex, masculinity and femininity per cishnormative standards, nor does this suggest that one is exempt from perpetuating oppressive toxicity and misogyny just by virtue of being trans. However, it appeared that facets of trans masculine identity and expression were distinct from that of cisgender men, given participants’ vantage point and respective socialization experiences in individual, group and systemic contexts. For example, many participants described personal experiences with misogyny, which greatly impacted the meaning they make in gender and subsequent identity development and expression. Participants were cognizant of the impact of misogyny in ways that cisgender men are not. For participants, this distinction was a source of pride and internal validation, lending potential resources in building trans masculine points of reference and frameworks.

Applications in Trans Identity Development Models

From the perspective of participants, transition meant a lifelong process that may or may not include medical intervention. Participants pointed out that transition is a process is also applicable to cisgender individuals, as they also strive for authenticity and meaning in their

identities, including gender identity. There are fundamental similarities. However, trans people are perpetually and one-sidedly held to cisgender standards. This creates countless challenges for participants as they sift through information to make meaning in their identities.

While the aim of this research is not directed toward providing empirical validation for existing models of identity development, this research yielded an extensive data set that may be beneficial in this way as a future direction. However, current discussion regarding parallels and divergences as they pertain to data in this study can serve as an important step toward developing normative trans frameworks. Throughout the literature review, the main critique of many current models was an underlying assumption that the word *transition* is synonymous with medical intervention, and that trans identity development hinges on such intervention(s) as an end goal. Moreover, transition was typically fixed in latter stages of identity development models, with medical interventions in some form deemed necessary for integrating one's transgender identity. While this trajectory may be fitting in some respects for some trans individuals, it did not seamlessly map onto the experiences or meanings participants shared in this study.

Participants in this study saw medical intervention as one potential component in the process of trans identity development and transition. For many, access to testosterone and/or top surgery was extremely significant in their developmental process, and removing barriers to such interventions was a matter of social justice. Concurrently, participants recognized and valued individual differences in the needs and experiences of trans people. Participants also revealed how pressures to pursue medical intervention(s) exist, and such pressures can originate from both ingroup and outgroup sources.

Participants understood there may be endings to points in time, or concrete endings to various medical interventions one may pursue. However, participants rejected the idea of a

succinct end point to transition as a process, and described it as multifaceted, dynamic, and lifelong. Moreover, participants gave no indication that transition meant “crossing over,” fading into the woodwork, and living happily ever after. Another valuable discussion point is the observation of frameworks participants used when making meaning in gender and transition. It is safe to say that not all participants had extensive training in psychosocial developmental theory or theoretical orientations in counseling psychology, yet they described meaning in gender and transition in a way that reflects developmental and humanistic perspectives. This is a shared commonality with the models of Bockting & Coleman (2007) and Lev (2004).

Moreover, the power of language sets some models apart in terms of situating trans people and participants at the center of trans identity models. For example, the final stage in Lewins (1995) is *invisibility*. The final stage described by Gagne et al., (1997) is *resolution of identity*. The final two stages in Devor (2004) are called *integration* and *pride*; Lev (2004) combined *integration and pride* as a final stage. Bockting and Coleman (2007) used the term *identity integration*. These models demonstrate how a progression in terminology makes a difference, as the connotation is staunchly different when using *invisibility* or *resolution* compared to *pride* and *identity integration*.

In retrospect, some important parallels were found between participants in this study and current trans identity models. For example, Lev (2004) highlights *seeking information* and *reaching out* as distinct stages, which emerged as a superordinate theme in this study. Bockting and Coleman’s (2007) model also pointed to information seeking as a hallmark in their *exploration* stage. In addition, the significance of language emerged as a subtheme in this study, which Levitt and Ippolito (2014) identified as their second stage. Additionally, Levitt and Ippolito (2014) placed the word “physical” before “transition” when referring to medical

interventions, as did Morgan and Stevens (2012). This is an important addition, as it begins to distinguish medical interventions as one potential facet of transition, rather than implying a blanketed interchangeability.

Influence of the Medical Model in Context

To understand how sex and gender are governed through societal forces, it is necessary to consider the historical relationship between medicine and trans embodiment. Gender variance and the medical model share a long history, from advancements in endocrinology and surgical interventions, to unfounded and unethical experimentation. Extensive reviews regarding the history of medicalization and trans identities have been explored in depth by researchers from multiple fields of study, (e.g. Castañeda, 2015; Denny, 1992; Drescher, 2009; Rubin, 2006; Schulz, 2018; Stryker, 2008). This research will provide an overview of history as it applies to data in this study.

Stryker (2017) explained how, since the end of the eighteenth century, medicine has become one of the highest social authorities, potentially surpassing religion, stating, “One of the most powerful tools for social regulation in this period was the rapid development of medical science,” (p. 104). The author acknowledged the positive impact of modern medicine in everyday life, but also highlighted how medicine works to maintain and regulate normative standards, posing substantial obstacles for trans individuals.

Harry Benjamin (1967) broke ground as one of the first doctors to offer hormonal and surgical options for trans people, but also created stigma in distinguishing “true” trans people as those who desire medical intervention to authenticate their gender identity (Koenig, 2011). Standards of care have progressed, as evidenced by new affirmative standards for trans and gender non-conforming people set forth by the World Professional Association for Transgender

Health (WPATH; Coleman et al., 2012). However, in this history are seeds of “not trans enough.”

As Johnson (2015) explained, “Transgender identity and experience has been formally claimed and defined by medical authority since the introduction of a psychiatric diagnosis for gender variance in DSM-III,” (p. 804). Since the 1980’s, diagnostic classification in the DSM-5 (APA, 2013) has been revised to reflect a change from *Gender Identity Disorder* to *Gender Dysphoria*. However, the stigma of pathology remains, as does the gatekeeping power of health care practitioners. Take, for example, the perspective of the current DSM-5 diagnosis:

Gender dysphoria refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available. The current term is more descriptive than the previous DSM-IV term *gender identity disorder* and focuses on dysphoria as the clinical problem, not identity per se, (APA, 2013, p. 451).

This framework represents a shift in ideology, such that the focus is now on treating psychological distress rather than considering trans identity as a disordered mental illness. However, the individual and their embodiment continues to be situated as the source of distress, making no mention of the consequences of transphobia or cissexism (Johnson, 2015). This is important to note, since data gathered from participants in this study indicated that the brunt of their psychological distress results from external forces, including transphobia and cissexism. Lastly, while the new diagnosis acknowledges not all transgender individuals experience dysphoria, it is implied that medical intervention is the logical next step for transgender individuals who do experience dysphoria (Johnson, 2015).

The impact of stigma and gatekeeping was felt on multiple levels, with the idea looming over participants that if they did not fit a certain mold, they would be deemed “not trans

enough.” Moreover, current diagnostic criteria do not accurately reflect non-binary trans identities and participants who desired medical intervention feared they would be denied access unless they portrayed themselves as highly “dysphoric.” In fact, many participants challenged the idea that one needs to be dysphoric in order to benefit from medical intervention, expressing that everyone’s journey looks different. In other words, one who is “euphoric” may also desire the benefits of medical intervention.

Participants in this study shared several ways they are impacted by the social forces of medicine and psychology. They understood doctors and psychologists as gatekeepers in their journeys. Some participants who desired medical interventions decided to sidestep the gate by finding clinics that offered informed consent. Participants understood access to such interventions is a privilege closely tied to other facets of identity, such as socioeconomic status.

As Johnson (2015) noted, the WPATH Standards (Coleman et al., 2012) included a revision that stipulates individuals aged 18 and over should be granted access to care based on their own informed consent (p. 807). However, it remains up to the health care provider to uphold these practices, as the standards are not binding nor mandated, (Johnson, 2015). Thus, it seems health care practitioners continue to hold immense power at the gate in the governance of transgender identities.

Implications for Psychological and Medical Health Care

It is important for health care practitioners to understand their role as part of governing structures that enact policy, and the power they hold as gatekeepers. Many participants expressed that health care practitioners play an important role in their well-being; they are asking for providers to conduct affirmative research in multiple fields (e.g. mental health, endocrinology, public health, primary care), and educate themselves on matters relevant to trans masculine

health, trans masculine identity, and support systems (e.g. family members, communities). This is within our ethical code in research and practice, as we must first do no harm.

To gain access to medical care, trans masculine individuals need not invoke a narrative that is linear, binary and reflective of cisgender standards. Practitioners wield great power in addressing miseducation and mythology around transition being synonymous with a one-and-done medical cure for a pathological condition. Thus, it is imperative that practitioners examine their own biases. Neglecting to do so denies trans people the validation and dignity they deserve, and active engagement in this work will inevitably have a positive impact on trans individuals, social supports, and emerging trans frameworks.

Data presented in this study can assist mental health providers in understanding sources of distress, coping strategies and resiliencies in the lives of trans masculine individuals. It is important to consider the whole person and the nuances of their multiple contexts. Indeed, there are mental health concerns specific to trans masculine individuals which are important to know and acknowledge. However, as Chavez-Korell and Lorah (2007) explained, “Like the population in general, most transgender individuals come to counseling because they are dealing with situation stressors, family issues, career concerns, substance use, grief and loss, depression and anxiety,” (p. 285). Thus, it is fundamental to honor presenting concerns trans individuals bring to therapy without assuming a direct link between gender identity and distress. In fact, for participants, their trans masculinity was a substantial source of strength and resilience.

Limitations and Strengths

Logistic limitations in this research process must be addressed first and foremost, as reliance on technology to record and transcribe interviews did not come without challenges. Specifically, technological issues occurred when recording the interview with Participant 6,

resulting in a loss of interview data. Once this fault was realized, this researcher immediately engaged in free writing to recall responses, and contacted the participant to directly let him know of the recording failure. This researcher offered an opportunity to repeat the interview and be compensated accordingly. The participant agreed to review this researcher's recollection of the interview via email. Participant 6 confirmed data were accurate, added additional data to his transcript, and stated a second interview was not necessary.

IPA as a methodology has strengths and limitations. Strengths include an ability to recruit participants for which the research questions are especially salient, and the idiographic focus yields detailed outcomes highly relevant to individuals in that group, (Pietkiewicz & Smith, 2014). However, given that this research is based on the lived experiences of 12 self-identified trans masculine individuals from urban and rural areas in the Midwest (most of whom with some degree of college education) data is generalizable insofar as it pertains to this sample. Moreover, twelve participants are considered a large sample size in IPA, yielding an extraordinary large data set. Thus, it may hold that the richness of idiographic analysis was compromised in favor of finding thematic interconnectedness at the group level. Overall, the benefits of IPA methodology appeared to outweigh the costs in this research, and building a base of similar literature can allow for wider generalizations over time, (Pietkiewicz & Smith, 2014).

Future Directions

Compiling additional exploratory analyses of trans masculine experiences can contribute to the enhancement and validation of existing models of trans identity development, or provide materials from which to construct models anew. This study focused on the experiences of young adults between the ages of 18 and 35; future research may highlight lived experiences in similar or different age groups.

Additionally, future research might situate trans masculine identity development in relation to models of racial identity development, such as the expanded version of William Cross's groundbreaking Nigrescence Theory (Cross & Vandiver, 2001). Another recommendation is further exploration of the phenomena Johnson (2013) coined as *doing transgender*. Such research could help provide reference points that are relevant and reflective of everyday interactions in trans lives and contribute infrastructures that support and empower trans people and their families. Additional recommendations include a focus on the relationship between various psychosocial factors and trans masculine identity development, such as: intersectionality, career development, minority stress, resilience, family support, values, interpersonal connectedness and/or romantic relationships.

It is important for clinicians and researchers to know there is an emergent foundation of practical, accurate and affirmative data from which to consult and garner inspiration in research and practice. Researchers from a wide array of disciplines have contributed community-based data regarding specific challenges trans youth and adults face, and the resiliencies they employ (e.g. Bockting et al., 2013; Hughto et al., 2015; Nadal et al., 2012; Singh, 2013; Weinhardt et al., 2017; White, 2013), as well as data focused specifically on the delivery of trans-affirmative services in counseling psychology (e.g. Chavez-Korell & Johnson, 2010; Singh & Burnes, 2010). Each of these contributions represents a crucial step toward addressing numerous gaps in the literature, and provides solid recommendations for innovative future directions in trans-affirmative research and practice.

Conclusion

The purpose of this research is to highlight and honor the lived experiences of trans masculine individuals, and the meanings they make in gender and transition. Using IPA as a

guiding methodology, participant responses converged around nine superordinate themes: (1) Awareness of Self in Context, (2) Safety, (3) Impact of the Binary, (4) Visibility, (5) Create Space for Trans Masculine Identity, (6) Transition is Dynamic, (7) Resilience, (8) Generational Change, and (9) Perspectives on Health Care.

It is my intent that this dissertation can serve as a vehicle, delivering the invaluable raw materials participants contributed in building an infrastructure that is as strong, steadfast and brilliant as the participants themselves. Undoubtedly, participants will continue to push the infrastructure to new levels, just as their trans elders have done throughout history, breaking it down when necessary to make way for new developments. The wheels are turning, the tides are strong, and sands are shifting, as new generations of trans identified people are tearing at the seams and artfully etching out their space.

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Appendix A

Demographic Questionnaire

To be completed by interviewer:

Interview Date: _____

Interview Location: _____

To be completed by participant:

*** Please answer only the questions you are comfortable with***

1. Race: _____
2. Ethnicity: _____
3. Age: _____
4. City/State: _____
5. Education (highest level): _____
6. Annual Income: _____

Preferred Pronouns _____

Appendix B
Recruitment Flyer

Seeking Research Participants

Do you identify as a Trans Man and/or Trans Masculine?

Are you between the ages of 18-35?

Contact Nick!
klambrou@uwm.edu
608-628-1613

- ❖ Consider sharing your story for this research highlighting your lived experiences and ideas regarding constructs like gender, identity, and the term “transition.”
 - Added benefits include expanding dialogue, and increasing levels of trans affirmative services provided by an array of professionals (e.g. psychologists, medical practitioners).
 - Confidential one-on-one interview (can be held either in person, by phone, or Zoom online)
- ❖ **All participants will receive \$20 cash compensation for their valuable time and effort upon completion of the interview.**

Study Title: Transgender Identity Development- Making Meaning of Gender and Transition
IRB Protocol Number: #17.358; IRB Approval Date: 9/20/2017

Appendix C

Semi-Structured Qualitative Interview Guide

Main Research Questions:

- (1) What does gender identity mean for trans men and/or trans masculine individuals?*
- (2) What does transitioning mean for trans men and/or trans masculine individuals?*

Thank you very much for meeting with me today. It's an honor to be a part of understanding your story, and the meaning you make in your life given your lived experiences.

A. Intersections of Identity Questions:

1. Tell me about yourself; in other words, who are you?
2. Have other facets of your identity (e.g. race, ethnicity, SES, religion, sexual orientation) influenced your sense of gender identity? Vice versa?
3. Are there ways in which you have experienced discrimination or privilege based on any of your identities? If yes, what meaning have you made of them?
4. Do binary concepts such as masculinity and femininity fit into your gender identity? Why or why not? Is this influenced by other facets of who you are?
5. Do you feel that the language and definitions currently used in Western Euro-American culture regarding sex / gender could be expanded to better reflect your experience? If so, how?

B. Gender Identity Development Questions

1. How and when did you come to realize your transgender identity? (particular events?)
2. Could you tell me about your thoughts and feelings when you learned about transgender identity?
3. What did you know about transgender individuals or transgender community?
4. When or how did you come out to others?
 - what were you thinking then? (prompt)
 - Who, if anyone influenced your actions? (prompt)
5. Tell me about how you handle any challenges related to identifying as a trans masc? What do you do?
6. Have there been actions you, or others, have taken were particularly helpful or harmful in your journey? How so?
7. Have your experiences as a trans masculine informed how you view sex and gender, overall? (Prompts: Embodiment? Traditional? Accepted/Rejected notions? Integrated into trans identity?)
8. What does it mean to you to identify as trans man and/or trans masculine?
9. What does pride in transgender identity look like to you?
 - Are medical interventions necessary to feeling pride in identities?

C. Questions About Transition

1. In your words, thinking very broadly about your journey, what does the word “transition” mean to you?

2. Is this idea of transition something you have had access to? Why or why not?
3. Does this idea (transition) fit into your sense of gender identity? Why or why not? Has this changed over time?
4. Can you describe how, if at all, you experience the relationship between your body and your identity? (embodiment)
5. In what ways do you express your gender identity? Has this changed over time?
6. Is there anything in your journey you have found to particularly validate and/or invalidate your gender identity?
7. Do you feel there is any sort of “end point”, so to speak, in your gender identity development?
8. What would it look like if you lived in a “world without gender”

D. Concluding Questions

1. How have you grown as a person over time? What do you most value in yourself? What do others most value in you?
2. Is there something you might not have thought about before that occurred to you during this interview that you'd like to share?
3. Is there anything you would like me or other health care professionals (eg. psychologists, medical practitioners) to know to best meet the needs of trans men?
4. Lastly, is there anything you would like to ask me?

Appendix D

Issuance Record

Issuance of Informed Consent Form, Transcripts, Resources and/or Compensation

ID#: _____

Informed Consent:

- ___ Declined a copy of the Informed Consent form for this research
- ___ Received a copy of the Informed Consent form for this research (in-person)
- ___ Requested a copy of Informed Consent form be sent to them at:

Transcripts:

- ___ Declined to receive transcripts
- ___ Requested their transcripts be sent to:

Resources:

- ___ Declined a list of resources
- ___ Received a list of resources (in-person)
- ___ Requested a list of resources be sent to them at:

Compensation:

- ___ Received \$20 cash compensation (in-person)
- ___ Requested \$20 cash compensation be sent to them at:

Appendix E

Code Book

Super-Ordinate Theme (Domain)	Emergent (Sub) Themes	Properties / Notes
1. Awareness of Self and Context	1.1: Awareness of Privilege, Oppression, and Multiple Identities	Experiences of privilege/oppression in others' perception of them as (cis) male Experiential learning increases awareness and reflexivity People of color had early experience of "otherness" based on skin color. Experience of "other" affects salience/sequence/degree of developing multiple marginalized identities (e.g. gender, sexual orientation) Awareness of intersections of identity Questioning if/how to use privilege for social justice "Bro-out;" "leaning into masculinity" –levels of safety in being read as cis male can be different based on racial identities (negative case analysis)
2. Safety	2.1: Moderating Gender Presentation and Disclosures	Monitoring others' reactions and filtering disclosures Moves in different directions depending on context Heightened Awareness of Surroundings Scanning environment for potential threats or safety cues
	2.2: Cis/Binary Gendered spaces – less safe	Vulnerability Limits safety Frustration Discrimination Harassment Violence Isolation Avoidance Evaluation Escape Vigilance
	2.3: Non-Binary Vulnerability	More vulnerable during certain stages of social/physical transition More vulnerable if identifies outside of binary Ambiguity in gender safer in childhood, until made to feel as "other" self-reflection on identities
	2.4: Experiences of Harassment; discrimination	Based on identities. Harassment/Vulnerability particularly with non-binary gender presentation and/or people of color

3. Impact of the Binary	3.1: Binary is harmful,	Harmful to cisgender and transgender people Most harmful for queer identities Added burden of the binary = more work Misgendering Explaining Navigating social spaces, jobs, etc. Fear/anxiety isolation
	3.2: Concept of binary sex and/or gender is simplistic and restrictive	Variation exists in everybody, cis included Sex does not equal gender Sex and gender on a spectrum Classifications are problematic - not entirely accurate
	3.3: “Over-Gendered World”: Salience of Gender in Society	Excessive focus on binary gender classifications (trans and cis) Trans people must confront gender at every turn Binary framework excludes & invalidates trans and cis Physically and emotionally taxing Manifestations of how gender is constructed
4. Trans (In)Visibility	4.1: (In)Visibility	Trans masculine mentorship helps increase visibility Accurate visibility is lacking / can affect well-being and identity development Rep. in media lacking in romantic relp’s with trans masculine people Media reinforces cisgender binary standards Representation is white – POC do not have representation Seeing others who look like you
	4.2: (In)Validation	Witnessing = being seen by ppl outside identity group (cis) Mirroring = being seen by ppl inside identity group, (Devor, 2004) Using correct pronouns and name
	4.3: Not Trans Enough	in group & outgroup pressure Pressure to get medical intervention Pressure to conform to masculine stereotypes for identity to be considered valid Fear of being denied access to hormones or medical intervention Double standard for masculinity cis vs. trans Trans people under microscope and being evaluated judged on their authenticity Cannot talk about experiences prior to transition w/o being judged

	4.4: Making Self “Legible”	<p>Much work required</p> <p>Having to explain and coping with others’ assumptions = frustration</p> <p>Using terms cis and trans others can understand, and then pushing a bit further (taking a developmental frame work)</p> <p>Making self “legible” and “readable” – way for others to interpret existence</p> <p>Limits of cis knowledge/awareness</p>
	4.5: Language (Un)helpful	<p>Language limiting</p> <p>Language is powerful in creating trans-centric frameworks</p> <p>Can serve as a starting point</p> <p>Needs to be expanded to include and accurately reflect non-binary identities</p> <p>"Queer" as a good word to convey inclusiveness, and sidestep binary</p> <p>Words like "trans" and "gender" become sacred</p>
5. Create Space for Trans Masculine Identity Development	5.1: Learning and Observing Cisgender Masculinity	<p>Performance of masculine based on observation</p> <p>Avoiding feminine to reaffirm masculine</p> <p>Normal and error - oscillation</p> <p>Learning new “codes” for cisgender masculine social norms</p> <p>Minimality “like an old pair of shoes”</p> <p>Loss associated with exclusion from female/feminine spaces and interpersonal connections</p> <p>Feelings of loss rejecting parts of self considered by others as feminine</p>
	5.2: Emergent Trans Masculinity	<p>Refusal to reject or disavow aspects of self perceived as feminine</p> <p>Dispelling myths around binary/essentialist views (for selves, not cis others)</p> <p>Cis people fear the dispelling of binary/essentialist myths, challenges their core beliefs/identities –</p> <p>Understanding misogyny as influence on masculinity and/or transition</p> <p>Acknowledging difference in masculinity for trans individuals compared to cis;</p> <p>Experiencing privilege afforded to males is unsettling</p> <p>Experiencing being viewed by others as cis male is unsettling</p> <p>Paradox – conflicting thoughts and feelings about masculinity</p> <p>Critique of traditional masculinity and/or cis male socialization</p> <p>“hypermasculinity”</p> <p>“Toxic masculinity”</p>

	<p>5.3: Integrating Trans Masculinity</p>	<p>Authenticity of Presentation Reflecting internal identity outwardly for self and to others Fundamental internal sense of gender identity Embodiment entities intersecting on our physical bodies coming out – no longer an invisible identity awareness / Apprehension about medical facets of transitioning Association for Body Trans masculine is a place on a spectrum Means more comfortable masculine than with feminine in binary terms Trans masculine = term to help explain identity to others Not man, not woman, gender falls closer to “masculine side” Binary constructs feel wrong - create space outside of binary "Trans masculine is not as precise as embodying a male body" Integrating trans masculinity is an ongoing process Individualized – embracing and not rejecting aspects of identity and expression Feminine expressions and/or connecting with certain body parts do not negate identity as masculine and/or trans man - can coexist – generating new Liberating externalizing vs. internalizing transphobia</p>
<p>6. Transition is Dynamic</p>	<p>6.1: Transition is a Gradual, Multidimensional, and Ongoing Process</p>	<p>Social, physical, emotional transitions Social and Emo. Aspects are ongoing Physical – most predict some sort of endpoint “Reaching for authenticity” Individual process Trial and Error Self-love is a learned process Education as tool for self-love Fluidity Transition process fuels personal growth Unlocks doors to authenticity Authenticity leads to more interpersonal connectedness Word "trans" symbolic of change, journey – points in time Experiences in transitioning (embodiment) and continual self-reflection influence meaning and identity</p>

	6.2: Endpoints	<p>Endpoint is imposed by cis structures / medicine; medical transition has nothing to do with trying to fit into cis standards – defining own self</p> <p>Social, physical, emotional transitions Social and emotional aspects are ongoing Physical – most predict some sort of endpoint</p> <p>Transition process, overall, is lifelong</p>
	6.3: Awareness of individual Experience of Transition	<p>No two experiences are the same Respect for individual experience Validity in all trans experiences</p>
7. Resilience	7.1: Pride	<p>Confidence and comfort in identities (reciprocal relationship) Embrace and love body, specifically Embrace and love whole self - care for self Reclaiming words/expressions used against them (e.g. queer, color pink, man, masculinity) Expression through art Not trying to fit others' expectations, “Meeting others that bring this out in you” (community) Externalizing ignorance of others vs. Internalizing hatred</p>
	7.2: Actively Seeking information / Researching Trans Identity	<p>Internet Tumblr Knowledge is power, pride</p>

	<p>7.3: Community and Social Support are Key</p>	<p>Community is Key “bubble” of queerness = -validation Trans community as home Intentional community building Advocacy/mentoring engagement/support Exposure to other trans/queer people where self-love journey starts “permission to be self” Internet is community Need and value support (friends, family, friends become family)</p> <p>Isolated from LGBT Community Trans people are excluded in LGBT discourse. Older trans experiences are discounted at times Discrimination w/i LGBT community Pressure to transition Not trans enough</p>
	<p>7.4: Social Justice</p>	<p>Interview was a positive experience appreciative empowered help other trans ppl inform health care professionals Refer a friend Trust in interviewer</p> <p>Values social justice / activism personally and/or professionally Harnessing privilege to forward the movement Using experience as trans as lens in professional work (e.g. social work, biological research) Teaching cis people about trans, NB and queer identities Openness about identity is advocacy and social justice Views on Stealth Safety in passing Older people may have gone stealth for safety reasons being and surviving as trans is an act of rebellion, regardless of stealth or not Conflicting views on stealth (e.g. helping or hindering trans movement)</p>

	7.5: Rising Above	<p>Humor Avoidance Not internalizing cis lack of knowledge Seeking Education / Information Advocating for own health care/needs Individual resilience gained through adversity – trans paradox - through suffering, one finds meaning</p> <p>Gained insight and awareness of privilege and oppression via trans experiences "Transitioning makes you into a better person"</p> <p>Gender Euphoria Positive feelings about transition: happiness, satisfaction, excitement Disrupting myth that transition is one and done "I've heard people say being trans is like being a superhero - it teaches you how to thrive in adversity and care for others."</p>
8. Generational Change – “Tearing at the Seams”	8.1: Generational Change	<p>Younger people are “tearing at the seams of the binary”</p> <p>Trans/Queer elders “paved the way”</p> <p>Older generations are more binary – ingrained in medical model – essentialist view of gender (older generations) vs constructivist view and fluidity of gender (younger generations)</p>
	8.2: World Without Gender (aka world without conditional harm)	<p>More safety, and more freedom of expression; less fear, less dysphoria Less need to “lean into masculinity” Would still have same sense of self Questioning utility of medical interventions Better mental health, less stigma Easier socially, less misogyny, less stereotypes, less racism, less oppression</p>
9. Healthcare Challenges	9.1: Health Care System is Binary Based	<p>Providers not informed Systemic oppression (e.g. Forms) Negative experiences with health care providers Feel powerless Vulnerable No trust Outdated Pressure to present as “trans enough”</p>
	9.2: Gender as a Dx	<p>Euphoria vs. Dysphoria Gatekeeping, despite WPATH affirmative</p>

		<p>standards Not all trans experience is dysphoric DSM = historical stigma Pathology is a social construction Forced to accept diagnosis to access care Diagnosis may not be accurate “Just another hoop to jump through”</p> <p><i>Strategies:</i> Identify on binary and dysphoric to access hormones and top surgery Seeking medical facets of transition through informed consent clinics</p>
	<p>9.3: Needs from the Health Care Community</p>	<p>Need to listen, validate & affirm Avoidance of health care providers Societal expectations, bias for trans to transition (socially, medically) Bias in presenting concerns and treatment planning Mental/Physical health providers need to do more to inform themselves</p>

Appendix F

Thematic Recurrence

Emergent Theme	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	Present in 75% of sample
Domain 1: Awareness of Self in context													
1.1: Awareness of Privilege, Oppression, and Multiple Identities	X	X	X	X	X	X	X	X	X	X	X	X	YES
Domain 2: Safety													
2.1: Moderating Gender Presentation and Disclosures for Safety	X	X	X	X	X	X	X				X	X	YES
2.2: Cis/Binary Gendered spaces = less safe		X	X		X	X				X	X	X	NO
2.3: Non-Binary Vulnerability	X		X	X	X			X	X		X	X	NO
2.4: Experiences of Harassment; discrimination	X		X		X			X	X		X	X	NO
Domain 3: Impact of the Binary													
3.1: Binary is Harmful	X	X	X	X	X	X	X	X	X		X	X	YES
3.2: Concept of binary sex and/or gender is too simplistic and restrictive	X		X	X	X	X		X	X	X	X		YES
3.3: “Over-Gendered World”: Salience of Gender in Society	X				X		X	X	X	X	X	X	NO
Domain 4: (In)Visibility													
4.1: Trans (In)Visibility	X	X	X	X	X	X			X	X	X	X	YES
4.2: (In)Validation	X	X	X	X	X	X					X		NO
4.3: Not Trans Enough	X	X	X	X	X		X	X		X	X	X	YES
4.4: Making Self “Legible”	X		X	X	X	X	X	X		X	X	X	YES
4.5: Language (Un)helpful	X		X	X	X	X	X	X	X	X	X	X	YES
Domain 5: Create Space for Trans Masculinity													
5.1: Learning and Observing Cis Masculinity	X		X	X	X	X	X		X	X	X	X	YES
5.2: Emergent Trans Masculinity			X	X	X	X	X		X	X	X	X	YES
5.3: Integrating Trans Masculinity	X	X	X	X	X	X	X	X	X	X	X	X	YES
Domain 6: Transition is Dynamic													

6.1: Transition is a Gradual, Multidimensional, and Ongoing Process	X	X	X	X	X	X	X	X	X	X	X	X	YES
6.2: Endpoints	X		X		X	X	X			X	X	X	NO
6.3: Awareness of Individual Experience in Transition		X	X	X	X	X		X			X	X	NO
Domain 7. Resilience													
7.1: Pride	X	X	X	X	X	X	X	X	X	X	X	X	YES
7.2: Actively Seeking information/Researching Trans Identity	X	X	X	X	X	X	X	X	X	X	X	X	YES
7.3: Community and Social Support are Key	X	X	X	X	X	X	X	X	X	X	X	X	YES
7.4: Social Justice	X	X	X	X	X	X	X	X	X	X	X	X	YES
7.5: Rising Above	X	X	X	X	X					X	X	X	NO
Domain 8. Generational Change – “Tearing at the Seams”													
8.1: Generational Change			X		X							X	NO
8.2: World Without Gender	X	X	X	X	X	X	X	X	X	X	X	X	YES
Domain 9. Perspectives on Health Care													
9.1: Health Care System is Binary Based	X	X	X		X	X	X	X		X	X	X	YES
9.2: Gender as a Dx				X	X	X	X			X	X	X	NO
9.3: Needs from the Health Care Community	X		X		X	X	X	X	X	X		X	YES

Appendix G

Informed Consent (In-Person)

University of Wisconsin – Milwaukee Consent to Participate in Interview Research

Study Title: Transgender Identity Development – Making Meaning of Gender and Transition

Person Responsible for Research: Shannon Chavez-Korell, Ph.D. & Nickolas Lambrou, M.S.

Study Description: The purpose of this research study is to explore facets of identity development in individuals who identify as transgender men and/or trans masculine, and to elaborate upon current conceptualizations of gender and transition. Approximately 15 subjects will participate in this study. If you agree to take part in this research, you will be asked to participate in a confidential one-on-one interview. During this interview, you will be asked a series of questions by principal investigator Nickolas Lambrou, MS - a doctoral level student in Counseling Psychology at the University of Wisconsin-Milwaukee. The interview will take approximately 60 to 90 minutes of your time, will be audio recorded, and will remain confidential.

Risks / Benefits: Risks that you may experience from participating are considered minimal. There will be no costs for participating. Benefits of participating include a payment of \$20 cash issued immediately, in-person, upon completion of the interview. In addition, your participation will help further clinical research and practice in affirmatively meeting the needs of transgender individuals. All participants will have the option to receive a list of resources serving trans* communities.

Confidentiality

At the beginning of the interview, brief demographic data will be collected, and you will have the option to receive your transcribed interview, if you wish. For this reason, you will be assigned a random ID#, which will be connected to your transcript. During the recorded interview, your name will not be used. Your responses will be treated as confidential and any identifying information about you or anyone else will be removed during the transcription process. Audio and video recordings will be destroyed after they are transcribed to text.

All study results will be reported without identifying information so that no one viewing the results will ever be able to match you with your responses. Direct quotes may be used in publications or presentations, but no identifying information will be tied to quotes.

Limits to Confidentiality:

Identifying information such as your name, mailing address, and/or email will be collected only if you wish to have your transcripts sent to you. This information, along with record of compensation, will be linked to your ID # (thereby, your transcript). This information will be

kept in a computer file separate from interview data, encrypted on a password protected laptop, and destroyed upon completion of this project.

Data will be retained and encrypted on a password protected laptop computer, and will be destroyed upon completion of this project (approximately one year). Only the lead investigators, Dr. Chavez-Korell and Nick Lambrou, M.S. will have access to your information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee. There are no known alternatives available to participating in this research study other than not taking part.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Nickolas Lambrou, M.S. at klambrou@uwm.edu and/or 608-628-1613.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu

Research Subject's Consent to Participate in Research:

By entering this research study, you are indicating that you have read the consent form, you are age 18 or older and that you voluntarily agree to participate in this research study.

Thank you!

CURRICULUM VITAE

Nickolas H. Lambrou

EDUCATION

University of Wisconsin-Milwaukee

Doctorate of Philosophy in Counseling Psychology | Expected August 2018

Dissertation Proposed: Trans-Masculine Identity Development: Meaning Making in Transition

Advisor: Dr. Shannon Chavez-Korell

GPA: 3.9/4.0

University of Wisconsin-Milwaukee

Master of Science in Community Counseling | August 2013

Certificate: Trauma Counseling

GPA: 4.0/4.0

University of Wisconsin-Madison

Bachelor of Arts in Psychology | May 2011

GPA: 3.3/4.0

Madison College

Liberal Arts | August 2008

GPA: 3.8/4.0

CLINICAL TRAINING AND SERVICE LEARNING

William S. Middleton Veteran's Hospital | Madison, WI | Supervisors: James Lickel, Ph.D.; Angela Busch, Ph.D. | *Doctoral Internship* | August 2017 – Current

- Providing evidence-based therapeutic interventions to Veterans with a wide-array of presenting concerns including PTSD, depression, and anxiety
- Honing skills in psychosocial assessment, interpretation, and integrated report writing
- Conducting thorough and time efficient mental health intakes, with focus on differential diagnosis using DSM-5 criteria
- Synthesizing information into concise case conceptualizations and facilitating warm hand-offs to interdisciplinary providers
- Co-facilitating cognitive-processing group therapy for male Veterans with sexual trauma
- Administering, interpreting and integrating psychological assessment data into well-written integrative reports
- Collaborating with multidisciplinary teams to ensure quality patient-centered care
- Creating and maintaining descriptive, accurate, and timely case notes
- Developing competencies as a clinical supervisor within a developmental framework

Edgewood College | Madison, WI | Supervisor: Megan Cobb, Ph.D.; Natalie Rusch, Ph.D. | *Doctoral Practicum Clinician* | August 2015 – May 2017

- Provided individual and group psychotherapy for diverse college student populations
- Strengthened therapeutic conceptualizations, approaches and interventions
- Consulted with professionals and peers to ensure comprehensive and relevant care
- Honed skills in clinical interviewing, treatment planning, and assessment

- Actively participated in psychoeducational outreach activities and workshops
- Created and maintained descriptive, accurate, and timely case notes

University of Wisconsin-Madison | Department of Counseling Psychology | TLPD Training
Doctoral Practicum Clinician | April 2015

- Participated in specialized training workshop led by Hanna Levenson, PhD detailing the process of Time Limited Dynamic Psychotherapy

William S. Middleton Veteran's Hospital | Madison, WI | Supervisor: Mwendu Mualuko, Ph.D.
Doctoral Practicum Clinician | August 2014 – May 2015

- Provided evidence-based cognitive behavioral therapy to Veterans with PTSD
- Honed clinical interviewing skills in conducting psychological assessments
- Effectively engaged patient in treatment and discharge planning
- Created and maintained descriptive, accurate, and timely case notes

University of Wisconsin-Madison | Department of Clinical Psychiatry | WISPIC Training
Doctoral Practicum Clinician | August 2014; August 2017

- Participated in specialized training detailing evidence-based theories and practices of Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT)

William S. Middleton Veteran's Hospital | Madison, WI | Supervisor: Carey Gleason, Ph.D.
Doctoral Practicum Clinician | September 2013 – August 2014

- Conducted neuropsychological assessments for older Veterans with memory loss
- Interpreted and integrated assessment data to diagnose neurodegenerative disorders
- Seamlessly collaborated with an interdisciplinary team of physicians, neuropsychologists, and social workers in diagnosis, recommendations and treatment planning
- Composed integrated case reports and navigated CPRS database

LGBT Community Center | Milwaukee, WI | Supervisor: Maureen White, Ph.D.
Doctoral Practicum Clinician | April 2014 – December 2014

- Co-facilitated a relapse prevention program for LGBT-identified individuals in both group and individual settings
- Effectively integrated aspects of humanistic theory, group process, and evidence-based CBT into practice
- Provided culturally relevant services and psychoeducation to clients
- Composed integrative and concise case conceptualizations and treatment plans

Domestic Abuse Intervention Services (DAIS) | Madison, WI | Supervisor: Kristin Burki, MSW
Volunteer/ Practicum Student | January 2011 - May 2013

- Provided counseling, education, referrals, and trauma-informed support
- Delivered trauma-informed crisis interventions
- Co-facilitated weekly support groups
- Conducted needs-based assessments
- Developed multiculturally relevant trauma-informed resources for staff and clients

TEACHING EXPERIENCE

Herzing University | Supervisor: Dr. Thomas Gross

Adjunct Faculty / PS 101: Introduction to Psychology; SS 310 Cultural Diversity / 2016

- Designed on-ground and online course material using Blackboard
- Created structured syllabus, clear expectations, and experiential learning modules to actively engage students and optimize learning
- Emphasized multicultural context in foundations of psychology and sociology
- Facilitated development of diverse student body with a wide-range of professional goals

University of Wisconsin-Milwaukee | Supervisor: Dr. Anthony Hains

Graduate Teaching Assistant / Couns 820: Clinical Appraisal and Decision Making / 2015

- Designed online course, and instructed via Desire to Learn (D2L) platform
- Emphasized multicultural context in the ethical conceptualization, diagnosis and treatment of diverse clients
- Created structured syllabus, clear expectations, and experiential learning modules to actively engage students and optimize learning
- Facilitated development of master's level counseling students' professional identity and skills within a multicultural framework

University of Wisconsin-Milwaukee | Supervisor: Dr. Nadya Fouad

Graduate Teaching Assistant / EdPsy104: Pathways to Success / 2014-2015

- Designed and instructed syllabus founded in evidence-based retention research
- Created and instructed a section of this course tailored to Veteran college students
- Emphasized diversity in developing multiple identities
- Facilitated resilience and solid foundations of academic success
- Supervised classroom learning community undergraduate peer-mentor

University of Wisconsin-Milwaukee | Supervisor: Lauren Lessac

Graduate Teaching Assistant / EdPsy101: Planning Your Major and Career / 2013 - 2014

- Designed and instructed weekly classroom lessons and activities
- Emphasized diversity in developing multiple identities
- Facilitated interpersonal connections and solid foundations for academic success
- Supervised classroom learning community undergraduate peer-mentor

University of Wisconsin-Madison | Supervisor: Melanie Jones

Teaching Assistant and Peer Mentor / Psy201: Introduction to Psychology / 2010 - 2011

- Designed and instructed weekly classroom and online discussions
- Mentored first-year college students with emphasis on diversity
- Assisted students in building interpersonal connections and successful study skills

RESEARCH EXPERIENCE

University of Wisconsin-Milwaukee | Advisor: Dr. Shannon Chavez-Korell

Graduate Researcher | September 2015 to May 2018

- Conducting mixed-methods research to develop model of transgender identity development across the lifespan
- Identifying barriers and strengths to optimize college experiences for LGB/T students and students of color

University of Wisconsin-Milwaukee | Advisor: Dr. Lance Weinhardt

Graduate Researcher | June to December 2016

- Conducted mixed-methods research to explore experiences and feelings of safety in public facilities in relation to psychological well-being among transgender and gender nonconforming youth
- Recruited participants and administered research surveys
- Collected and analyzed quantitative and qualitative data

University of Wisconsin-Milwaukee | Advisor: Dr. Thomas Baskin

Graduate Researcher | June 2011 to September 2015

- Conducted qualitative research to improve mainstream education for children with Autism Spectrum Disorder
- Conducted a meta-analysis examining the efficacy of psychological intervention in the treatment of persistent pain
- Conducted qualitative research to identify barriers and supports in education for African-American youths interested in STEM careers

University of Wisconsin-Milwaukee | Advisor: Dr. Thomas Baskin; Carey Sorenson

Graduate Research Assistant | May 2013 to November 2013

- Coded qualitative interviews to find patterns of impairment and resilience among traumatized urban adolescent females

PUBLICATIONS

Baskin, T., Woronzoff Verriden, A., Everhart, S., Stella, Z., Santa-Cruz, M., Shoemaker, C., Cochran, K., & **Lambrou, N.H.** (under review). Understanding the environment of youth with autism spectrum disorder in public schools, based on teacher recall: A qualitative empirical study. *Journal of School Counseling*.

Weinhardt, L. S., Xie, H., Stevens, P., Wesp, L. M., John, S. A., Apchemengich, I., Kioko, D., Chavez-Korell, S., Cochran, K. M., Watjen, J. M., **Lambrou, N. H.**, & Muro, N. J. *Transgender and Gender Non-Conforming Youth's Public Facilities Use and Psychological Well-Being: A Mixed-Method Study*. Transgender Health.

Woronzoff Verriden, A., **Lambrou, N.H.**, Cochran, K., Everhart, S., Baskin, T. (under review). Perceptions of belongingness, STEM, and careers in middle school girls of color. *Journal of Vocational Psychology*.

PRESENTATIONS AND PANEL DISCUSSIONS

Kim, S., & **Lambrou, N.H.** (2014, March). *Cross cultural validity of the family influence scale*. Poster session presented at Division 17 Counseling Psychology Conference, Atlanta, GA.

Ramos, E., Young, G., **Lambrou, N.H.**, Reinders-Saeman, R., Santana, M., Figueredo, C., Chang, W., Kim, S. (2014, March). *Supervision and multicultural competence*. Roundtable presented at Division 17 Counseling Psychology Conference, Atlanta, GA.

Lambrou, N.H., Cobb, M. (2014, March). *The mask you live in*. Panel discussion on the socialization of men and masculinity, Edgewood College, Madison, WI.

HONORS AND AWARDS

University of Wisconsin-Milwaukee | Advanced Opportunity Fellowship | 2015 – 2018
(*\$15,000 annual fellowship granted to promising under-represented students in graduate study*)

University of Wisconsin-Milwaukee | Chancellor's Graduate Student Award | 2014-2015
(*\$5000 annual scholarship designed to retain high quality, talented graduate students*)

University of Wisconsin-Madison | Outstanding Returning Adult Student Award | 2010 - 2011
(*\$3000 awarded for exceptional determination and perseverance in academics and community*)

University of Wisconsin-Madison | Bernard Osher Foundation Scholar | 2009 – 2010
(*\$5000 awarded to exceptional returning-adult students who experienced a break in education*)

Madison College | Honors; Dean's List | 2005 - 2007

Madison College | MATC Foundation Scholarship | 2005

CONVENTIONS AND AFFILIATIONS

National LGBTQ Health Conference | Chicago, IL | 2017

YWCA Racial Justice Summit | Madison, WI | 2016

Trauma Conference for Military and Veteran Populations | Milwaukee, WI | 2016

APA Convention | Toronto, ON | 2015

ACA Division 17 Conference | Atlanta, GA | Presenter | 2014

APAGS Member | 2013 – Present