

**Being My True Self: An Existential Phenomenological  
Inquiry Into How Transition Influences Identity in Trans Men**

Submitted to the New School of Psychotherapy and Counselling and Middlesex  
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**Anne E. Jones**

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## **Abstract**

The number of trans people presenting for referral to Gender Identity Clinics has increased in recent years, with wait times standing at up to four years from the point of referral. Options for those waiting to be seen, who may also be experiencing mental distress, gender dysphoria and related anxiety and depression, include self-medication and counselling. There has been little research into the lived experience of trans male gender transition, specifically in the area of identity and the self. This research investigated how transition influences identity in trans men. Van Manen's phenomenological hermeneutic methodology was chosen, and four participants recruited. Five themes were identified, revealing pre-transition experiences of dissonance, invisibility, self-hate and distress, as participants' innate sense of identity was gradually subsumed by external expectations to conform to gender binary norms. In all cases, participants reached a point of crisis where hiding their true selves became no longer possible. Through transition, participants achieved alignment with their authentic selves, slowly integrating all aspects of identity; the inner, the physical and the social.

## **Keywords**

true self, existential, transition, identity, trans man

### **Statement of Authorship**

This thesis is written by Anne Jones and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author reports no conflicts of interest and is wholly responsible for the content and writing of this thesis.

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## 1. Introduction

“The need to self-actualise, or realise the “inner letter” that is written inside each one of us, is stronger than almost any impulse we know” (Rubin, 2003, p.182)

In his book *Self-made Men; Identity and Embodiment among Transsexual Men*, Rubin observes (2003, p.182) that the need to self-actualise “cannot be abandoned without negative consequences for the individual.” He further suggests that “a sense of self is not a will-o’-the-wisp that can be denied, abandoned, or refuted.” Lester, (2017. P.44) goes further in his book *Trans Like Me*, observing, “To be trans, you have to be surer than you’ve ever been, because being trans is what you are when you’ve exhausted every other option...If you don’t want it enough to expose yourself to violence, ridicule, the loss of employment, the loss of a home, then you don’t want it enough to be sure.”

Notwithstanding the above statements, the reality for many trans men<sup>1</sup> is that having made the decision to transition, there is often a significant delay before social and physical transition are possible. Current wait times following requests for GP referral to the main adult Gender Identity Clinic<sup>2</sup> (GIC) located in Finchley Road, London are now considerable, with first appointments currently being offered to people who were referred in January 2018. The most recent available data, last updated in May 2022, shows there were 11,407 people waiting to be

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<sup>1</sup> Trans men are people who “identify as male and live in a male role, but who were assigned female at birth” (Richards & Barker, 2013, p.231)

<sup>2</sup> A Gender Identity Clinic (GIC) is a gender clinic focussing on the biological/medical, psychological and social aspects of gender



seen with 327 referrals having been received in the last month alone. There has been a large increase in referrals to the London GIC in recent years, with an average of 350 referrals being received per month. Elsewhere in the United Kingdom current data last updated in August 2022, shows wait times for a first appointment range from 18 months in Grampian to 59 months in Belfast. The longest total wait time is Exeter, with a wait time of 72 months for a first appointment, and 84 months if also waiting for hormones (GenderKit, 2022).

The exact size of the trans community in the UK is unknown, since the Office for National Statistics (ONS) does not produce estimates for the number of transgender people currently living in the United Kingdom. Definitions also vary depending on whether figures are defined according to those who have officially transitioned and obtained gender recognition certificates, or broadened to include those who consider themselves to be part of the broader trans gender community but who may not have begun transition nor intend to do so. The ONS Trans Position Paper (2009, p.11) acknowledged what it termed “huge inconsistencies in population estimates of both transsexual people and the less clearly defined trans community”, with the report suggesting the figure may range from 65,000 up to 300,000 based on 2008 data provided by the Gender Identity Research and Education Society (GIRES).

A Home Office report (ONS, 2009, p.11) from the “Interdepartmental working group on transsexual people” as part of a wide-ranging Equality Data Review (EDR) found that based on research from the Netherlands and Scotland there were estimated to be between 1,300 and 2000 male to female, and between 250 and 400 female to male transsexual people living in the United Kingdom. The report noted that this figure is disputed by Press for Change, a UK-based campaign group focusing on the rights and treatment of trans people, who estimated the figures at “around 5000 post-operative transsexual people” (ONS, 2009, p. 11). Beyond these statistics,

the report further referenced GIREs' (2008) claims that “there are 6200 people who have transitioned to a new gender role via medical intervention, and approximately 2,335 full Gender Recognition Certificates [had] been issued” up to February 2009.

The recent 2021 census, for which the results are due to be released in late 2022 included a question on gender for the first time, although the census did not gather specific data on how a person identifies. What is not in dispute is that the numbers presenting for treatment have grown significantly in recent years, with GIREs data presented to HM Revenues and Customs for 2010 reporting a growth trend from 1998 of 11% per annum, meaning that the number is doubling every 6.5 years.

Regardless of the exact figures, for a person wishing to transition, the wait for hormones and surgery can be the cause of extreme distress. A literature review of 31 papers looking at nonsuicidal self-injury and suicidality in transgender<sup>4</sup> people with dysphoria (Marshall *et al.*, 2016) found high levels of mental health problems such as depression among trans people, resulting in higher levels of nonsuicidal self-injury (NSSI) behaviour and suicidality (i.e., suicidal thoughts, suicide attempts, and suicide rates) than in the cisgender population. Trans men were found to be at overall greater risk of NSSI at 57.7% prevalence, compared to trans women at 26.2% (Claes *et al.*, 2015, Davey *et al.*, 2015).

As people wait to be seen at a Gender Identity Clinic, the options available to them include self-transition, which may be social and/or physical. Physical self-transition is now possible as hormones can be purchased online and self-administered and there is a wealth of information available online, such as in support chat forums. detailing how to do this. A 2014

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<sup>4</sup> Transgender may be defined as “an umbrella term for people who do not present and/or identify as the gender they were assigned at birth either some or all of the time” (Richards & Barker, 2013)

study (Mepham *et al.*, p.2995) found that “self-prescribed cross-sex hormone use was present in 23% of gender clinic referrals, of whom 70% sourced the hormones from the Internet”.

Despite the evident increase in people seeking and undergoing gender transition, there has been very little research looking exclusively at the experiences of trans men, and even less looking at the experience from an existential phenomenological perspective. This study explores the experience of being transgender with the aim of better understanding how trans men find themselves situated in the world both individually and interpersonally. It is hoped that as well as contributing to the existential literature in this under researched area, this study will also add to the small body of knowledge available to clinicians, for whom awareness of this population is often limited,

Against the backdrop of increased public debate concerning transgender rights, notably in the areas of sport (Rizzone, 2022), self-identification, among prison populations, the gender critical debate and the treatment of gender questioning young people (Dyer, 2020), this study seeks to focus attention away from the broader transgender experience and onto the lived experience of a small number of trans men.

It should be noted that this research is not intended to explore the more political aspects of debate around gender, especially with regard to the gender critical feminist position.

### **1.1. Personal Interest**

A large part of my identity comes from being a musician, and I have found meaning through creating music and connecting with others through music for almost as long as I can remember. There was a period when I did not play music, and eventually I came to the realisation that I was not living authentically, and that as a consequence my life lacked depth.

This realisation evoked in me a form of existential crisis that caused me considerable pain. I came to see that for me to feel that I was living authentically it was essential that I begin playing music again in order to realise my 'life project'.

Although the above example is relatively minor, and I have not ever questioned my own gender, I have witnessed the gender identity struggles of several transgender friends, and more recently those of my own child. As such, I have some insight into the existential crisis that can overtake a person when they come to the realisation that they are transgender, and as a consequence find that they are not living authentically in the world.

As my understanding of the existential phenomenological approach has deepened, I have found myself intrigued by how the many facets of identity shape our meaning making experience. From a Heideggerian perspective (Heidegger, 1985), humans are thrown into the world in a given situation, but they are also in a constant state of movement toward a future rich with possibility and freedom. As such, the process of gender transition is, for me, a good example of Heidegger's perspective, motivated as it is by the desire to find meaning through authenticity and truth.

## **1.2. Research Question**

How is identity influenced by gender transition in trans men?

## **1.3. Aims and Objectives**

### **1.3.1. Aim of Study**

To gain deeper insight into the embodied lived experience of being transgender, identifying as male, and having undergone gender transition.

### **1.3.2. Research Objectives**

This study aims to gain deeper insight into how identity is experienced and impacted by the process of gender transition in trans men. I am seeking to gain a deeper understanding of what the inner experience of transitioning has been like for my participants. It is intended that this study will add to the small body of research focussed exclusively on trans men.

### **1.4. Study Overview**

This study will commence with a detailed narrative literature review, surveying existing research literature and relevant philosophical and theoretical literature relevant to the research question and aims. Gaps in the literature will be identified, and the rationale for undertaking this piece of research established. The literature review will be followed by a detailed consideration of the chosen qualitative methodology, and its specific relevance to the research question. Van Manen (1997, 2016a, 2016b) has been chosen as the preferred method for its apparent congruence with the trans experience, as evidenced in his statement, “The ultimate aim of phenomenological research is to uncover meaning in our everyday existence [with the aim of] the fulfilment of our human nature: to become more fully who we are” (1997, p. 12). Van Manen opens up the full range of human lived experience to the reader through interpretation across the four fundamental essentials of human lived experience, described by him as spatiality, corporeality, temporality, and relationality.

Four participants will be interviewed about their experiences over a series of eight interviews (two each), using an open and non-directive interview style. A detailed section on reflexivity will be included, paying particular attention to my position as an outsider to the

transgender experience, and with reference to the insider / outsider debates in qualitative research.

The findings will focus on the ontological themes to have emerged following a detailed analysis of the participant narratives. The discussion will explore the findings and relate them to the literature review and relevant existential theory. Finally, the conclusion will detail the clinical relevance of the findings, noting any limitations. It will also include reflections on the limitations and advantages I bring to this research as a cisgender<sup>5</sup>, straight woman, as well as identifying potential areas for further research.

### **1.5. Critical reflections**

In choosing this particular research topic, I am keenly aware that my ability to empathise with the lived experience of the participants is limited; I am not transgender, nor do I have a background in gender studies. Whilst I may feel able to connect with the participants through our shared humanity, my ability to relate to their experience is necessarily limited. This fact has been highlighted to me in recent years as I have witnessed first-hand my 18-year-old child begin to question their masculinity and grapple with their gender identity. As such, I come to this research as an outsider, from a place of openness and humility.

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<sup>5</sup> Cisgender is a person who is “content to remain the gender they were assigned at birth” (Richards & Barker, 2013, p.221), and whose sense of personal identity and gender corresponds with their birth sex

## **2. Literature Review**

### **2.1. Introduction**

This chapter begins with a definition of transgender identity, followed by an historical timeline of the transgender experience for context, and a consideration of some of the more established and well-regarded voices in trans male autobiographical literature (Rubin, 2003, Dillon & Jivaka, 2016, Lester, 2017, Green, 2020).

The chapter then moves to an exploration of current thinking surrounding what is meant by the term gender identity and how it is formed. *The Sage Handbook of Counselling and Psychotherapy* (Feltham *et al.*, 2017, p.529) suggests that “gender [identity] can be seen as a combination of physiological traits, a social construct and a sense of self”. This description is used as a framework for discussing gender identity within the chapter, with subsequent sections exploring physiological identity, social identity and the nature versus nurture debate.

This is then followed by a detailed consideration of the self, exploring theories including those of Freud and Jung, alongside the narrative theory of self, the embodied self, self as process, and external expectations of self as being fixed. Although there are a broad range of theories relating to the self, including the concept of a ‘true self’, there is very little considering the self from a trans male perspective. Thus, a gap in knowledge begins to emerge from the literature review, which is further crystallised as the review continues.

The chapter then moves to a review of the research question from an existential perspective, drawing on the philosophical literature relating to the landscape of the self across the four existential dimensions. It is at this point that the knowledge gap in the literature becomes more apparent, in that whilst there is a wealth of existential philosophical literature relating to the concept of identity, it does not come from a transgender perspective. There is

some psychotherapeutic existential literature covering the transgender perspective, but this is extremely limited, and even then does not consider the experiences of trans men in any depth.

The focus of the chapter next shifts to an exploration of the clinical context surrounding this piece of research, with a consideration of relevant topics including gender dysphoria, and the mental health outcomes associated with being transgender and transition. This is then followed by a consideration of the clinical landscape in terms of current clinical training, clinical handbooks and guides, and existential clinical literature available to support the trans population. Although there is a considerable body of such literature relating to trans women, there is relatively little focussed exclusively on trans men. It is here that the knowledge gap broadens to encompass the clinical landscape, and the reason for the choice of trans men as the exclusive subject of this piece of research becomes evident.

The chapter ends with a rationale for this piece of research, outlining the contribution this piece of research can make to the field of Counselling Psychology.

## **2.2. Defining Transgender**

First coined by John F. Oliven, in his 1965 work *Sexual Hygiene and Pathology*, the term transgender is an adjective most commonly associated with people who “wish to live full time in a male or female gender role other than the one they were assigned at birth.” (Richards & Barker, 2013, p.19). Typically, the term “Male to Female (MtF)” was used to describe a male who transitioned to female, and the term “Female to Male (FtM)” used to describe a female who transitioned to male. More recently these terms have been superseded by the terms trans woman and trans man respectively. Such a shift marks a move away from descriptions grounded in biological sex towards those which encompass broader understandings of trans gender identity and sense of self. As such the terms “MtF” and “FtM” should “generally not be used” (Richards & Barker, 2013, p.20). Transgender, sometimes



shortened to “trans”, is also an umbrella term encompassing a broad variety of gender identities including genderqueer and non-binary (Richards *et al.*, 2017).

A trans person who has not transitioned may still have a sense of their gender identity which does not fit with the way in which they present themselves to the outside world. Thus, gender roles are an important part of being transgender, which is why transition is often, though not always, both physical and social. Factors determining whether, and to what extent, a trans person transitions may include the degree to which they experience gender dysphoria (GD), which is described more fully in the following section. While some trans people choose not to transition, others may access medical treatments including “hormone therapy, psychotherapy and sex reassignment surgery” (Maizes, 2015, p.745).

A trans person seeking support in relation to gender identity may do so for a variety of reasons, including for support to “transition their gender role”, to make sense of concerns that they are trans, or if they are “experiencing problems related to other people’s perceptions of their trans status or transition” (Richards & Barker, 2013, p.21).

### **2.3. Cultural and Historical Background**

The transgender cultural and historical landscape has undergone enormous change in recent years, and so it feels important to take account of the backdrop against which this piece of research has been conducted. Transgender history is not new, with recorded instances of transgender, intersex and ‘third sex’ people dating back to early civilisations (Talalay, 2005; Varner, 2008). The transgender pride flag, designed by Monica Helms, and now a familiar symbol of transgender identity, was first shown as late as 2000 at a pride parade in Arizona (Devor & Haefele-Thomas, 2019).

The last decade has also seen an ‘explosion’ of transgender ‘firsts’ in the Western world, with many more transgender people choosing to express their identities visibly,

through assuming public office (Lopez, 2020), and in the arts (Dino-Ray, 2018, Jackson, 2019). In June 2011, a United Nations Resolution on human rights, sexual orientation and gender identity was passed (Kritz, 2021). The resolution called for an end to human rights violations and discrimination based on sexual orientation or gender identity.

Despite these changes, much of the world remains highly discriminatory towards transgender people, who continue to be victimised, persecuted and murdered across the world (Kritz, 2021, Brown, 2021). Transgender Europe, an organization which publishes quarterly reports of the number of trans people murdered across the world through the Trans Murdering Monitoring Project (TGEU), reported “a total of 1,123 killings of Transgender people in fifty-seven countries worldwide from January 1, 2008 to December 31, 2012” (Kritz, 2021, p.215).

Of note was the “significant and constant increase in reported killings” with numbers rising from one-hundred and forty-eight cases in 2008, to two-hundred and sixty-seven cases in 2012”, with the majority of cases being reported in Central and South America. More recent figures show that transgender hate crimes recorded by the FBI “increased by forty-one per cent in 2018 in the United States” (Kaleem, 2019) and by “eighty-one percent in England, Scotland and Wales.” There were “three hundred and thirty-one cases of murder against transgender people recorded globally between 2018-2019 according to Trans Murder Monitoring” (Boccanfuso *et al.*, 2020, p.327)

Beyond physical violence, there are other more institutionalised ways in which trans people experience persecution across the world, although there is evidence that some countries have begun to legislate for a more progressive approach to transgender people. For example, in 2014, the Supreme Court of India reached a landmark decision in National Legal Services Authority v Union of India (NALSA). The ruling (Sawant, 2017, p.59) was a watershed moment for trans rights in India, recognizing transgender identity and prohibiting

“discrimination against a transgender person in areas such as education, employment, and healthcare.”

#### 2.4. Autobiographical Literature

Although there is a considerable body of autobiographical literature relating to the trans experience, and to trans women in particular, there is a much smaller body of such literature focussing on the lived experiences of trans men. Interesting for their first-person perspective, one notable work is Jamison Green’s *Becoming a Visible Man* (2020), first published in 2004 and dubbed the “first great memoir by a trans man” by *The New York Times* (Boylan, 2017, para. 6). He notes in the foreword of the second publication that his “original intention” in writing the book was “to improve society’s understanding of transgender people and to increase self-acceptance and empowerment for trans people themselves” (2020, xii).

Green observes that “at least two generations of transgender, nonbinary-identified, and other gender-nonconforming people have emerged since the book was first published” in 2004, and that since then there has been enormous growth in online forums and other educational platforms around the world, as well as what he terms “new scholarship”. But he also notes that “far too many trans people are asking the same questions that my own cohort asked...fifty years ago”, observing that “on the whole, trans men continue to be invisibilised and ignored, while trans women are both glamourised and vilified -and murdered- all too frequently” (2020, xii). The sense of invisibility expressed by Green is one of the motivations for conducting this piece of research, and thereby giving a voice to members of what is an often-overlooked population.

In her review of Green’s book, Samons (2005), describes what she terms a “social change” being underway among trans men. Referencing Green, she writes “there is a larger

transgender community, ranging from those who minimally challenge the more widely accepted social practices of gender expression to those who fully and permanently change their bodies and their gender role”. Samons then makes the point that “except in some highly specialised professional circles, outsiders know very little about them. There is a segment of the transgender population that has been less visible even within its own ranks, the FTM transsexuals who are now stepping forward to claim their existence” (2005, p.190). Samons further observes, “for the past several years, in a universe parallel to that of most educators and therapists, a community of FTMs [...] has taken form.” (2005, p.190). One of the aims of this piece of research is to aid in bridging the gap between the largely invisible ‘parallel universe’ inhabited by trans men, and the clinical population.

Through his book *Out of the Ordinary* (2016), further insight into the ‘invisible world’ of trans men is revealed in the words of its author, Michael Dillon, who writes candidly about his experiences of despair on realising his inner perception of himself as male was not matched in the external world as he entered adolescence. He writes (p.73) “when I was small, being a tomboy did not matter, I was told, but now I should try and behave like a young lady”. Dillon was able to ignore this advice as being unrelated to him, until he had the experience of an eighteen-year-old boy holding a gate open for him, and Dillon realised the boy thought Dillon was female. He writes of walking home “stunned”, and finishing the walk “in silence, the silence of despair [...] life could never be the same”.

With no Gender Identity Clinics available at the time, and very little known about transgenderism, Dillon later found himself the subject of ridicule when he confided in a psychiatrist that he, Miss Dillon, wished to “become a man” (2016, p.90), and the psychiatrist then conveyed this information to colleagues in a breach of ethical practice. The sense of betrayal in Dillon’s words is palpable as he describes how he had confided in the man in good faith. Later in the book Dillon writes of his experience of having his “chest operation”

saying “at last I was rid of what I hated the most” (p.99). In pursuing his desire to live as a man, he later describes being ostracised by his brother who “begged him not to couple my name with his or admit to any relationship. Nor might I visit him at home.” (p.103). Dillon appears to have benefitted from a philosophical mindset, writing a book about his experiences as a transsexual, the final chapter of which was entitled *Free Will*, in which he writes “One had acted freely since one had acted with the whole of oneself and no part had been left out which could afterwards regret the action.”

In Dillon’s story it is possible to interpret themes of loneliness and despair, of a search for wholeness, of bad faith and of coming to a state of wholeness without regret. Such themes are echoed in other works, such as Lester’s (2017, p.45) book *Trans Like Me*, in which he describes coming to the decision to transition as follows “we torment ourselves: ‘How can I know for sure?’ ‘What if I’m wrong?’ We hold off our transitions until it is transition or die. We are encouraged to do so. And some of us die. Many of us who live have tried to.”

In Lester’s words we again touch the despair described by Dillon. But this time there is perhaps a heightened sense of distress. In chronicling the process of coming to terms with being trans he writes (p.44) “To be trans, you have to be surer than you’ve ever been, because being trans is what you are when you’ve exhausted every other option...If you don’t want it enough to expose yourself to violence, ridicule, the loss of employment, the loss of a home, then you don’t want it enough to be sure.”

There is a profound sense of loss in Lester’s words, and the sense of something darker, of stepping into a place that can be unsafe, of making oneself vulnerable in pursuit of something that cannot be denied. In his words we get a glimpse into his feelings of inner turmoil as he grapples with acknowledging who he is. He later describes (p.47) what he calls “social dysphoria; the collision between who we are, how we should be, how we need to

express ourselves...and the gendered straightjackets others would force us into. It is the misery, the wrongness, of being forced to live a lie. The pain of being called fakes for our authenticity.” Again, there is the sense of having to make an impossible choice between living authentically or living a lie, between living and a living death.

In his book *Self-made Men; Identity and Embodiment among Transsexual Men*, Rubin, (2003, p.182) similarly observes that the need to self-actualise “cannot be abandoned without negative consequences for the individual.” He further suggests, in a reiteration of Lester’s words, that “a sense of self is not a will o’ the wisp that can be denied, abandoned, or refuted.” Even though they are not exponents of existential philosophy, each of the men quoted in this section touch on an array of themes, such as authenticity, free will, wholeness and despair, that speak to the existential philosophical perspective, and invite further phenomenological enquiry, such as that planned in this study.

## **2.5. Gender Identity**

This research is focussed on how gender transition influences identity in trans men. Without a clear understanding of what is meant by the concept of identity, it is not possible to fully explore the research question. Psychological definitions of identity are wide ranging (Martin *et al.*, 2007, p.604), encompassing memories, inter-personal relationships, roles and experiences, as well as the expression of core values. Identity also includes characteristics over which we have very little control such as aspects of our physicality, and others whereby a conscious choice is made including diet, political viewpoint and moral values. Gender is an aspect of identity whereby people who identify as transgender make a conscious choice to socially transition, but also often “undergo treatments in order to physically alter their bodies such that their gender presentation more easily matches their gender identity” (Richards and Barker, 2013, p.20).

The term gender identity was first coined by Robert Stoller (1964), and popularised by now discredited John Money (Bevan, 2015), who is known for his research looking at sexual identity and gender. A long-term study (Diamond and Sigmundson, 1997) looking at sexual reassignment at birth and its clinical implications, was highly critical of Money, in particular for his role in the involuntary sexual reassignment of David Reimer, who committed suicide at the age of thirty-eight following a period of severe depression thought to be connected to his experiences. The study led to the publication of guidelines for “dealing with persons with ambiguous genitalia”. Whilst not specifically related to trans identifying people, Diamond and Sigmundson’s work raised awareness of gender identity as a topic for further research and discussion among both clinicians and in the media.

The World Health Organisation (WHO, n.d., para. 1) defines gender identity as “the characteristics of women, men, girls and boys that are socially constructed”. The WHO further states that “as a social construct, gender varies from society to society and can change over time”, making the distinction that “gender interacts with but is different to sex, which refers to the different biological and physiological characteristics of females, males and intersex persons.” Lastly, the WHO clarifies that gender identity refers to “a person’s deeply felt, internal and individual experience of gender, which may not correspond to the person’s physiology or designated sex at birth.”

As previously noted, *The Sage Handbook of Counselling and Psychotherapy* (Feltham *et al.*, 2017, p.529) suggests that “gender [identity] can be seen as a combination of physiological traits, a social construct and a sense of self”, and there are a number of theories for how gender identity may be formed encompassing biological, social and environmental influences. Defined by Barker and Iantaffi (2019, p.58) in their book *Life Isn’t Binary*, as being a “biopsychosocial construct”, attempts to attribute gender identity formation to particular factors are complicated by the reality that gender is influenced by “a complex web

of relationships and interactions that occur within these domains” (p.59). Psychologically a person may experience their gender identity in a certain way, adopting certain mannerisms, styling their hair, and choosing particular clothes according to what feels most aligned with their innate felt sense of gender. But these choices will also be influenced by the cultural context in which they are living, and by societal factors. Job roles, activities, dress code, cultural traditions, race, geographical location, climate, religion and even fashion all have a role to play in a person’s sense of self and how they express themselves.

With a few exceptions, most societies have traditionally adhered to a gender binary which extends to sexual roles and expressions of masculinity and femininity. Transgender people sit outside of these gender norms, and the process by which their gender identity is formed remains unclear. In her paper looking at “parental influence on children’s socialisation to gender roles”, Witt (1997, p.253), suggests that “the strongest influence on gender role development seems to occur within the family setting, with parents passing on their own beliefs about gender.” Nevertheless, such a study does not allow for the possibility of expressions of gender beyond the traditional binary presentation.

A further study (Weinraub *et al.*, 1984), looking at the development of sex role stereotypes in the third year of life, including relationships to gender identity appeared to find some evidence for the development and awareness of aspects of sex role stereotyping in young children. However, with three stated purposes, three different age-groups of participants being studied, and four sex role stereotypes being explored, it could be argued that this study contains far too many variables, thereby potentially confounding the results. In the part of the study looking at gender identity, Weinraub *et al.* found a probability of .50 when asking children to place a picture of themselves with a picture of either a male or female child of a similar age. The child was handed the pictures and asked “where does this picture go?” Correct placing of their picture was denoted to signify *nonverbal identity score*,



and correct verbal labelling to signify *verbal gender identity score*. It is not at all clear that this exercise shows evidence of awareness of gender identity in participants, and especially if any of the participants later came out as transgender, something not known at the point of the study. For example, the reason for placing the pictures together could be anything from a sense of common gender identity to any other perceived commonality such as that one child happened to be wearing similar clothing.

Barker and Iantaffi (2019, p.60) make the distinction between gender identity and other aspects of gender including gender roles, gender expression, and gender experience, and it feels crucially important not to conflate gender identity with sex / gender roles and other forms of gender expression, especially when exploring how and when a sense of gender identity emerges in younger children. There is also a risk that poor definition of terms or use of outdated terminology may lead to assumptions and confusion. This feels especially pertinent when considering those transgender people who report having known that they were not cis from a young age, even though they were not necessarily able to verbalise how or why. Pullen *et al.*, (2020, p.313) point to a complex interplay between personal and social processes in such young people, involving “reflection, discussion, seeking information, and experimentation”, with many describing “hearing about the existence of trans identities as a turning point for them, a crucial piece of the puzzle that allowed them to make sense of their experience sometimes after years of discomfort and confusion”.

## **2.6. Physiological Identity**

As previously noted, *The Sage Handbook of Counselling and Psychotherapy* (Feltham *et al.*, 2017, p.529) suggests that “gender [identity] can be seen as a combination of physiological traits, a social construct and a sense of self”. The work of de Grift *et al.* (2016) explores the physiological aspects of gender identity, and specifically body image in trans

men, considering the effects of mastectomy on sense of self, including self-esteem. Gender dysphoria is often cited as one of the motivations for gender transition, and frequently includes a sense of “body dissatisfaction and the wish for a gender-congruent physique” (p.1778). For example, Beek *et al.* (2015, p.2203) found that “despite the variance in treatment requests (the preferred combination of surgery and hormones), all transmen wanted a more masculine chest”, achieved through mastectomy.

The degree to which a trans man experiences gender dysphoria (GD) can have a significant effect on the levels of mental distress they experience, particularly prior to transition. Studies including Blanchard *et al.* (1985) have suggested improved psychological health is associated with various treatments for GD such as role change, document change, and physical surgery. A further study found the absence of good quality social support from families and society for people diagnosed with GD is associated with poor mental health and quality of life (Kaptan *et al.*, 2021).

A study looking at the contextual characteristics of the onset of GD found “trans minors are born, develop and build their identity in a specific context, which is in interaction” (Fernandez *et al.*, 2021, p. 1). Social networks and the internet were found to be relevant for 39.7% of the sample of 64 minors requiring care, with family support being present in 57.1% of the sample. A further 44.4% had “membership or contact with peer groups or LGBTIQ associations” (Fernandez *et al.*, 2021, p. 1).

GD also has implications for the ongoing health of trans men post transition. Studies have shown GD can be a contributing factor to poor uptake rates of cervical screening post transition in trans men who have not had surgery to remove their cervix (Berner *et al.*, 2021; Wentling *et al.*, 2021). A study looking at the uptake of free HIV self-testing (HIVST) in trans people found uptake was significantly higher over a 3-month period compared to

baseline, with interviews indicating avoidance of health care providers due to increased dysphoria as a factor (Witzel *et al.*, 2021).

Beyond the small number of quantitative studies beginning to emerge, there is a clear gap in the literature for qualitative studies on the experiences of GD through the voices of trans people. A recently published study (Austin *et al.*, 2021) of 133 trans men, sought to bridge that gap, identifying the following themes associated with GD: (a) being impossible to explain, (b) never being seen as me, (c) living in an imposter's body, (d) shapeshifting nature of gender dysphoria, (e) being tortured by one's own body, (f) emotional suffering, and (g) disrupting impact.

The study is interesting for its breakdown of factors contributing to distress attributable to GD in transgender youth and adults, and contains richly descriptive language. The author's, themselves transgender, conducted the study with the express aim of "deepening knowledge about GD" in terms of "stress, suffering, as well as endurance", through the lived experience of trans people. The authors (Austin *et al.*, 2021, p.18) point to an "absence of language" to convey the shared experience of GD, noting that "understanding of the human experience remains rooted in a cisnormative worldview".

Limitations of the study include its predominantly white representation, and its reliance on a single research question "what does gender dysphoria feel like to you?", in an exclusively online setting, meaning that further questioning was not possible. Additionally, the study did not consider under eighteen-year olds, which would be an interesting focus for additional research.

Existing literature has suggested gender identity development of trans men is an evolving process that varies across individuals (Austin, 2016; Nuttbrock *et al.*, 2010; Tatum *et al.*, 2020). In a study of 121 trans men looking at transgender-related discrimination, Bradford *et al.* (2013) found "medical transition was considered at an average of 29 years"

(para. 10). Fifty-seven percent of participants reported receiving hormone therapy, and 22% reported receiving “gender affirming surgery” (Bradford *et al.*, 2013, para. 28). Widespread discrimination was reported across settings, including health care, employment, and housing.

A recent study by Puckett *et al.* (2021) entitled “Gender Variations, Generational Effects, and Mental Health of Transgender People in Relation to Timing and Status of Gender Identity Milestones” found “transgender individuals vary in their experience of identity milestone timing and status, such as living fully in the affirmed gender” (p. 1) and receiving “gender affirming medical care” (p. 1). The study also found there were important “generational differences across identity milestones” (p. 1), and “feelings of congruence with one’s gender identity is an important consideration for mental health” (p. 1).

Cai *et al.* (2019) found older generations reported later timing of these milestones, but with a greater degree of quality-of-life (QOL) improvement than in younger transgender people. Even with social shifts, younger generations were found to face additional mental health and social hardships compared to older generations. The study (2019 p.36) of 2420 individuals, included 1443 trans men, comprising 59.29% of the population sample, and had a total representation of Hispanic or Latino (6.82%), and African American (6.36%) participants.

However, the measure of QOL was not defined, other than to be measured on a five-factor scale ranging from “much improved”, to “much worse”, meaning that it is not possible to discern with any depth how such QOL measures were interpreted and measured by participants. Additionally, the independent variable; recent gender-affirming medical treatment, was not defined in any greater depth or by relevance according to gender. For example, a trans woman could have been having facial reconstruction surgery or a vaginoplasty, whereas a trans man could have been having anything from breast reduction to full phalloplasty.

None of this data was captured, meaning that the QOL measure was not able to factor in the varying effects of such surgery on participants, nor to analyse how, for example, variables such as age or relationship status intersected with different surgery types. Although significant for being the first empirical study of its type, the findings were limited by the cross-sectional design, the simplification of QOL measures, which also did not explore differences between mental and physical domains, and the potentially broad variation in surgeries present within the sample.

Somewhat controversially, Olson *et al.* (2016) found “low rates of internalising pathology in younger socially transitioned transgender children who are supported in their gender identity” (p. 7), although Puckett *et al.* (2021) suggested it may be the case that those people who have later milestone timing have not had the life circumstances that facilitate earlier acknowledgement of a trans and gender diverse (TGD) identity through their social world. Dentice *et al.* (2015) supported this view with their findings that true gender identity is “reinforced by ritual experiences along with the support of friends, family, and other social networks” (p. 69).

Puckett *et al.* (2021) also found the experience of achieving certain milestones resulted in “lower internalised stigma, lower gender nonaffirmation, higher levels of gender identity acceptance, higher appearance congruence, and lower anxiety and depression” (p. 11). The study was limited by having been conducted online only; thereby, possibly precluding respondents without internet access, it was also a primarily white sample with a small sample size, which could have benefitted from increased racial diversity and a larger participant sample.

The interplay between psychological distress and resilience, and external demographic and psychosocial factors was explored by Bariola *et al.* (2015) who found feeling unable to turn to family for social support and victimisation was correlated with

higher levels of psychological distress. Conversely, possible protective factors included higher income levels, identifying as heterosexual, and frequent interactions with LGBT peers. Although there are possible themes that may be identified from the existing literature, the body of research is small and further research is needed.

White and Reisner (2016) conducted a systematic review of three uncontrolled cohort studies, including 67 trans male participants, looking at evidence of the relationship between hormone therapy, changes in psychological functioning and quality of life. Two studies showed significant improvement in psychological functioning at 3–6 months and 12 months compared with baseline after initiating hormone therapy. The third study showed improvements in quality of life outcomes 12 months after initiating hormone therapy for trans female and trans male participants. (White & Reisner, 2016, p. 21). The findings suggest that “surgery and hormonal manipulation of carefully selected clients who request it unequivocally improves quality of life” (Milton, 2014, p.226).

## **2.7. Social identity**

Joslin-Roher and Wheeler’s (2009) study looking at ‘*The Transition Experience of Lesbian, Bisexual, and Queer Identified Partners of Transgender Men*’, is interesting for its findings which describe as “a major theme relating to identity”, the “lack of language that accurately describes the subject’s identity” (p.40). It seems that it is not only transgender people themselves who may struggle to articulate their experiences, but also their partners. Such a difficulty is made more complex by Joslin-Roher and Wheeler’s findings showing that the partners of transitioning trans men may have a role in and feel responsible for “affirming the identity of the partner and supporting his emotional needs (p.40)”. The findings are notable for naming and exploring the role the external social world, in the form of a partner in this instance, may play in affirming identity during transition.

Juslin-Roher and Wheeler (2009) also suggest that the degree to which partners may struggle with the instability of shifting gender identity in their partners may be impacted by ‘the fluidity with which they and their communities see gender and sexuality’ (p.34.). Once again, the sense of self as fluid and in “process” (van Deurzen, 2015) seen in earlier studies comes into play in their work, but this time in the relational sphere. Though limited in terms of small sample size, relative homogeneity of subjects resulting in poor generalisability, and a lack of in-depth findings in relation to the level and type of communication and intimacy in the relationships in question, nevertheless, Juslin-Roher and Wheeler’s work provides valuable insight into a further sphere in which identity is impacted during transition, that of the relational sphere.

In her 2006 paper, Kristen Schilt explores *How transmen Make Gender Visible at Work*, specifically looking at “how the experiences of FTMs can make the underpinnings of gendered workplace disparities visible, and help illuminate how structural disadvantages for women are reproduced in workplace interactions (2006, p.465). Documenting the workplace experiences of two groups of trans men, one group who openly transition and retain their existing job, and a second group who seek new jobs following transition as men, Schilt’s paper is an interesting exploration of how transition can influence identity in the workplace. Those who transitioned at work, yet remained in their jobs, retained the same levels of experience, skills and abilities that they had prior to transition. However, Schilt observes that “how this “human capital” is perceived often varies drastically once they become men at work (2006, p.466). Schilt further suggests that this “shift in gender attribution gives them the potential to develop an “outside-within” (Collins, 1986) perspective on men’s advantages in the workplace”.

Schilt posits that although both stealth and open trans men are quickly able to become “indistinguishable from “bio men” at work, they retain an “internalized sense of being

outsiders to the gender schemas that advantage men” (2006, p.469). Her work highlights an interesting aspect of gender transition in terms of how identity is experienced, which is that however well a person may “pass”, they will always retain aspects of themselves relating to their experiences prior to transition. Trans men are therefore uniquely placed to comment on possible gender advantage as a result of their transition. Schilt’s paper found that trans men do at times benefit from “patriarchal dividend” (p.473), in the form of receiving more respect post transition, being perceived as more competent, and being given greater authority. The outcome of these benefits was reported as being improved opportunity for economic advancement and improved status (p.475).

Interestingly, the one third of respondents who reported not having benefitted from male privilege tended to be those who had “only recently begun transition, or who had transitioned without hormones” (p.484), with the effect that their work colleagues still saw them as female, as evidenced by frequent mis gendering. Interestingly, the effect on the respondents daily lived experience in the workplace as a result of transition appears to have been impacted by other factors such as race, height, and body structure. Respondents found that their sense of male social identity in the workplace was negatively impacted if they were of shorter stature, e.g. “between 5’1” and 5’ 5” (p.484). Though Schilt’s study is limited in that it relates to a small are of Southern California only, and covers a particular period of time (2003 to 2005), meaning the findings are not necessarily either generalisable or current, her findings nevertheless provide valuable insight into how social identity can be impacted by gender transition in trans men.

## **2.8. Nature or Nurture**

In the nature versus nurture debate regarding gender identity formation, one of the core discussions (Zhu & Cai, 2006) centres on the extent to which gender identity is the result



of socialisation versus innate biological factors such as pre and postnatal hormone levels. At the present moment, opinion is divided, with past theories, such as Money's *tabular rasa*, nurture-based hypothesis (Bevan, 2015), which held sway for decades, now discredited as detailed earlier in the chapter. One of the challenges with any such research is the difficulty of controlling for multiple external variables such as social influence, cultural stereotyping and parental expectations, as well as the difficulties of understanding exactly how variations in hormone levels at different stages in pregnancy may affect foetal gender development.

Other studies (Rebelo *et al.*, 2008) promote a mixed hypothesis whereby upbringing and biological influences both have a role to play. Developments in neuroscience are contributing to the emergence of new theories (Woodhill & Samuels, 2021) which suggest a possible neurological basis for gender identity. There has been much discussion in recent years as to whether transgender people are born with specific neurobiological features that may be attributed to the gender with which they identify. More specifically, debate has raged regarding whether the brain is gender neutral or aligned with a binary vision of sex.

Garcia-Fulgeuras and Swaab (2008) found “a sex-atypical INAH3 volume and neuron number [values] of a female-to-male subject were in the male range. Differences in testosterone levels can only partly explain the observed differences” (para. 34), and “when examining grey matter volumes within sexually dimorphic structures using regions of interest analyses, within both gender dysphoria groups [. . .] subtle deviations from the natal sex toward the groups sharing their gender identity” (Hoekzema *et al.*, 2015, p. 70) were observed.

Recent moves toward a more nonbinary approach to gender and sexuality and the discovery that our brains are “plastic” have begun to explode the myth of the male and female brain (Rippon, 2019) and capture media attention. More recently, Kiyar *et al.* (2020) published a paper looking at the latest evidence in neuroscience in transgender people,

suggesting brain structure may shift with hormone treatment, even though it is more similar to sex assigned at birth. But it crucially also suggests that in “sex-stereotyping tasks,” “brain function may already be more similar to gender identity in transgender persons” (Kiyar *et al.*, 2020, p. 1).

In her book, *The Gendered Brain; The New Neuroscience that Shatters the Myth of the Female Brain*, cognitive neurobiologist and feminist Gina Rippon (2019) debunks the concept of the gendered brain, stating “this book is about...the notion that you can ‘sex’ a brain, that you can describe a brain as ‘male’ or ‘female’”. This notion, Rippon suggests, “has inaccurately driven brain science for several centuries, underpins many damaging stereotypes, and, I believe, stands in the way of social progress and equality of opportunity.” (2019, p.1).

Rippon’s work puts forward the idea that gendered differences in behaviour are due only to culture, a view that was criticised by clinical psychologist and professor of developmental psychopathology at Cambridge University, Simon Baron-Cohen, who argues that “most biologists and neuroscientists agree prenatal biology and culture combine to explain average sex differences in the brain.” (2019). It is clear the argument is far from settled, and it would be interesting if Rippon were to partner with a social scientist to conduct further research.

Although further research is needed, the studies described are interesting for their consideration of how gender identity may be established in early life and how it is experienced during transition. They suggest a more fluid, changeable neurobiological state, which is on a gender spectrum and may adapt and change as, for example, a trans man begins to take testosterone, adopts a fully male persona and inhabits the world in a different way. Aligned with such thinking, the WHO (n.d. p.8) also highlights the reality that “rigid gender norms...negatively affect people with diverse gender identities”.

The nature versus nurture debate speaks to the concept of biological essentialism, or the belief that “‘human nature’, or some specific quality [such as gender identity] is an innate and natural essence, rather than being a product of circumstances, upbringing, and culture.” (Chandler & Munday, 2011, p. 33) As Richards notes (2014, p.221), referencing de Beauvoir (1949/2020) “of course gender is a slippery concept. It is sometimes considered to be biological in nature as the essentialists would have it... Others consider gender to be constructed (as the social constructionists assert), suggesting that one is not born, but rather becomes, a woman [or man].”

Whilst it would appear that some theories are moving in the direction of a more fluid truth, with so much debate and uncertainty surrounding the subject, this only serves to underline the importance of expanding the body of knowledge in the area of lived experience. It remains the case that regardless of theory, the client / psychologist relationship is governed by the client’s truth and the ability of the clinician to journey alongside the client in their experience. For those clinicians with an existential focus, as well as those with a more integrative approach, having a deep understanding of the trans person’s experience remains one of the key entry points for effective client work.

In his paper looking at gender ideologies and the production of ‘soft essentialism’ through the lens of youth sports, Messner (2011) observes that the foremost conception of gender identity is still one of biological essentialism. It is perhaps interesting to consider how van Deurzen’s (2015) consideration of the self as process, referenced earlier in the chapter, can be ideologically connected to such a viewpoint. Even though Messner’s paper was published in 2011, is restricted to the sphere of youth sports, and within that a ‘single community’s youth soccer and baseball/softball leagues’ (2011, p.168), the paper is interesting for its discussion of soft essentialism in relation to how gender identity is

perceived in the external world. In that, there is a subtle loosening of the more traditional, segregated and dichotomous thinking around gender identity.

## **2.9. The Self**

Alongside an exploration of identity, there are a wide variety of theories of self which might be considered in this chapter for their relevancy to the research question. These range from Freud's conceptualisation of the id, ego, and superego (Freud, [1923]/1989), to Jung's belief in the self as a pathway to wholeness (Jung, 2014). Other theories of self that may be relevant include the narrative self, the true and false self, the embodied self, and existential theories of the self as being a pathway to self-actualisation and freedom.

In relation to the trans experience, the concept of the self, and indeed the 'true self' of the research question is interesting, as it raises questions about how, as well as when, a trans person comes to the realisation that they are trans. In parallel with the previous section which looked at formation, some theories of self suggest the presence of a formative sense of self from very early in life, whilst others suggest that the sense of self is formed over time. At the present time, there is not a consensus on how theories of self may relate to the formation of a transgender sense of self. It is possible that this piece of research may add to the body of literature in this under researched area.

### **2.9.1. Freud and Jung**

As was noted earlier, Freud's conceptualisation of the self (Freud, [1923]/1989, p.49) included a sense of the individual as the *object* of one's narcissistic or "cathectic energy", encompassing what one may wish oneself to be, as opposed to what one actually is; the *actual* object. Freud's theory allows for the possibility of an element of denial of self and

could be suggestive of a dissonance between the object of cathectic investment and the *actual* objective self. Such a theory is interesting in the context of the trans experience with its potential for dissonance between how the self relates to the reality of a physical body that is not congruent with gender identity, and the person one wants to be, a position which leads to gender dysphoria in some people.

In contrast to Freud, the theory of self put forward by Jung (2014) is a dynamic concept centred on individuation, but originating with a sense of wholeness Jung believed to be present from birth. Jung promoted a sense of self as evolving through a process of ego differentiation, followed by periodic return to the self first experienced at birth. Jung considered individuation to be a lifelong process typified by the first half of life in which the focus is on adjusting to one's external reality. It is not difficult to find potential parallels between the individuation process suggested by Jung, and the trans experience in terms of, for example, adapting to one's environment in order to conform, especially if that environment is not a safe place to express oneself as transgender.

For Jung, the discovery of the "true self" necessitated that one separate from "the false wrappings of the persona" (2014, VII, para 269) and of those ego defences created to protect oneself from parental, cultural and other societal influences. He saw the aim of the second half of life as being to gain a deeper understanding of aspects of the self that were underdeveloped, noting that such a process was often preceded by a crisis. If the self of a trans person has not adapted well to its external reality, it may be underdeveloped, repressed and therefore unanchored. It is only a small leap to hypothesise that the result could be a form of collapse or crisis not unlike the mental anguish that often accompanies the coming out process for trans men and women as they seek to individuate and express themselves authentically in the world.

### 2.9.2. The Narrative Self

Hermeneutic narrative theory (Gallagher, 2011, p.15) holds that “a person’s sense of self” and their life are “narrative in structure” and created by stories. Such definitions of self typically default to an encounter with the ego or personality, and define the self as being the subjective object of an individual’s own reflective consciousness (Zahavi, 2008). Such a first-person perspective of the self suggests a uniqueness that differs from definitions of personal identity, which necessarily involve elements of sameness or the ‘identical’, for example being from a particular culture, supporting a political party, or being identified as male or female at birth. If there is an incongruence in a person’s sense of self, as is the case with trans people, the drive to achieve a congruent sense of self can be a potent catalyst for transformation.

A key proponent of the narrative theory of self, Dennett (1993, p.416) suggests that the origins of self lie in self-preservation, suggesting that we protect ourselves and define ourselves through the stories we tell about our lives, essentially creating a self through “spinning a web of words” as a spider might spin a web. Such a theory is interesting, but it is limited, failing as it does to fully encompass the bodily self, or to consider aspects of our experience which occur in the external, but which are not part of our autobiographical narrative. As Vollmer notes, “we lead lives *outside* stories. We do things, and say things, and have experiences and bodies whether we have constructed any stories or not. Life does not just go on in stories.” (Vollmer, 2005, p.199).

I do however find it interesting to consider the narrative self as a potential form of self-preservation in the context of the trans experience. If a trans person is not fully embodying their authentic self, it is entirely conceivable that solace and even preservation of the latent authentic self could be found through the creation of a narrative self, existing

through words and encompassing that person's trans identity, especially it is not fully visible in the external.

Interestingly, Beattie and Lenihan (2018, p.10) note that ongoing gender discourse is “literally speaking into being differing forms of gender identity, observing that “as the discourse widens language is created to reflect the rich diversity of gendered experience.” Although not directly relevant to personal narrative theory, such an observation suggests there may be a process by which personal narrative crosses into public discourse and assists in the formation of visible gender identities in public consciousness.

### **2.9.3. True Self and False Self**

The concept of the true self was first introduced by Donald Winnicott (1960), alongside the false self, which he saw as a defensive façade. In contrast the true self was seen in psychoanalytic theory to be a place of vibrancy, spontaneity and authenticity. Winnicott theorised that where the false self was present the individual behind the façade was compromised, essentially giving the appearance of authenticity, whilst in reality experiencing their life as empty and lacking. Winnicott rooted his theory in the early parent/child dynamics, suggesting that the true self could be compromised by the need to comply with a parent's desires, thereby creating the false self (Minsky, 1996).

Later applications of Winnicott's concept have included Kohut's (2013) work on narcissism in the context of the false self as defense mechanism, and Lowen's (2004) development of the concepts of the false self as a superficial construct shown to the world, whilst the true self is obscured and denied. In their work looking at schizophrenia, Laing and Winnicott (Cohn, 1997, p.124), further developed their concept of the self to include a more solid consideration of its existing as “essence, as substance”. In this context the self was considered to be part of a structured psyche inside a person which could be divided into the

authentic (true) or inauthentic (false) self” but that is “is always at risk of being taken over and harmed by the world”.

It is interesting to consider these theories in the context of the transgender identity, since it is arguable that some trans people, particularly those whose sense of gender identity is not accepted by their parents, may create a false self that is acceptable to the world. In doing so, it is entirely possible that the true self may be repressed, denied, even forgotten, in a manner similar to that described by Kohut (2013) and Lowen (2014) in their work on narcissism.

#### **2.9.4. The Embodied Self**

In contrast to other theories of self, Merleau-Ponty ([1945],1962) argued that it is not consciousness, but the human body that is our Being-in-the-world. For him the body is omnipresent; its absence is not possible as we cannot exist without it. Hence, the body cannot be seen as an object, but as the body-subject and our means of communication in the world (Solomon, 2005).

Merleau-Ponty ([1945],1962, p.167) called the body “the vehicle through which we experience the world”, noting, “philosophy is not the reflection of a pre-existing truth but, like art, the act of bringing truth into being”. He saw the self not as located elsewhere in some transcendental egoic realm, but firmly in the “body subject.” As such Merleau-Ponty’s approach has the potential to speak deeply to the experience of the trans man, for whom the act of coming out as transgender and transitioning could be seen as an act of becoming, of “bringing truth into being” not only through social transition, but also through physical bodily transition including any associated surgery.



### 2.9.5. Self as Process

In contrast to Laing and Winnicott, the existential perspective sees the self through the lens of being-in-the-world. van Deurzen (2015, p.62) situates the body as the key “centre of gravity” of the self, and makes the distinction between the self as ‘process’ and the self as ‘essence’ in her chapter *The Survival of the Self*, in which she describes the self as a “centre of gravity”, which, in a nod to Merleau-Ponty, she sees as “first and foremost situated in the body that we are”. She does however note that our centre of gravity may become “totally unbalanced” if we “have to disconnect suddenly from outside relationships that we can no longer maintain for one reason or another.”

Van Deurzen’s words bring to mind those of Dillon, referenced earlier in the chapter, when he describes his brother ostracising him for living as a man (2016). Here is an example of how the outer world can impact the self as a result of physical as well as social gender transition. Interestingly, Dillon’s sense of himself as ‘being’ transgender, whilst “unbalanced” through social ostracisation, does not disappear or become “overwhelmed” in the autobiographical examples, but remains as an intact source of possibility.

### 2.9.6. Expectations of Self

Reference to the expectations associated with the concept of the self as “essential” come in May’s (2002) work looking at transgender identities and their metamorphoses. May states that medical communities, and probably also non-medical communities, have an expectation that our “essential selves” be stable and fixed. She further suggests that “shifting identities tend to be seen as denoting instability and disclosing a lack of authenticity” (p.451). Writing as a practising psychosexual therapist within the NHS, May gives voice to the challenges she and others experience when working with the transgender population,

including trans men. She too notes the “paucity of language we inherit as this point in time to express and understand these particular changes”, by which she means “the plurality of genders and embodiments”. She worries that even with the best of intentions “we are unable to either recognise or own the narratives of transsexuals, and this may continue to prevent us seeing them as real, carrying, as with me, deficits in our capacity for empathic responses” (p.462).

Through her observations, May (2002) speaks to the flaws in our present “models of robustness” and our “understanding of stability”, observing that “we have little understanding of what these concepts mean in relation to the mutable world of gender(s) and sexuality” (p.462). She makes the important point that the very people who “stand between trans people and the new outward identity they often crave, have, generally, neither kept pace with the recently evolving debates [...] nor do they feel comfortable with anything other than heterobinarism and this, in itself, may lead to the refusal to make certain choices available (p.451).

Although May’s voice is only one, and so it is important not to imbue it with greater weight than is warranted, she nevertheless speaks from the perspective of professional experience within the primary national institution trans people rely on for the means to transition medically, as well as for psychological support. As such, her views aptly demonstrate a gap in knowledge that appears to be commonplace amongst health professionals, as noted earlier in the chapter. Her opinions further highlight the need for more qualitative studies into the lived experience of trans people, including trans men. May herself states that her focus is primarily on male-to-female trans people, and again there is the sense of trans men as being overlooked within our main national health provider, the NHS.

### 2.9.7. The Lexic Key – language as a pathway to self

Kennedy (2020, p.1) explores “commonalities of experience” among young trans people in in her paper looking at the different ways they “construct their identities prior to and after the epiphany’ [and subsequent coming out], leading to the creation of a ‘Timeline of revelation.” For Kennedy, the coming out process and a person’s subsequent understanding of their identity do not naturally fit into a taxonomy, even though there have been a number of attempts to create such models (Devor, 2004; Pullen Sansfacon *et al.*, 2020). Instead Kennedy argues for a more gradual coming to awareness and coming out process, which she presents in three sections: “Tacit Deferral, Epiphany and Discursive Deferral” followed by coming out (2020, p.9). Kennedy quotes various participants who speak of knowing they were different from a young age, of having told their parents “I want to be a boy” as a child, and how one participant’s mother “couldn’t get me in a dress from the age of about three” (2020, p.10).

The paper goes on to describe what Kennedy terms a “lexic key” which she characterises as the process by which participants acquired a vocabulary, such as accessing online information, that enabled them to make sense of their experiences, and subsequently to identify as transgender. Contained within the participant’s narratives are details of their inner struggle as they come to terms with their transgender identities and try to make sense of their sexuality. It is interesting to observe that participants report having “high levels of gender dysphoria” and “feeling different”, but that moving from a non-discursive to a discursive state is what signifies the start of them making sense of their lived experience.

Kennedy describes the process by which participants move from tacit experience towards conscious awareness of their identity in a way which could be said to have parallels with Van Deurzen’s characterisation of the self as “process” described earlier, whereby the self is always in a state of “becoming”, as opposed to the self being “essential”. In the case

of a trans person, the state of becoming also appears to be a state of finding the words to express and make sense of their world. Kennedy makes the insightful observation that the language used by trans people to describe their desire to transition can seem relatively weak, when compared with the ‘powerful feelings of the need to transition that young trans people often feel’ (2020, p.19).

The paper concludes by acknowledging that ‘it is impossible to say, with any degree of reliability, whether any young person has suddenly become transgender, or if it merely appears to others that way (2020, p.21). Such an acknowledgement speaks to the challenges in understanding the trans experience. As cisgender outsiders, we can never fully understand the lived experience of someone coming out as transgender. Equally, trans people often lack the vocabulary, information and awareness to fully verbalise and articulate their lived experience. The paper further highlights the knowledge gap that exists in relation to understanding how transition influences identity in the transgender population. As a trans woman, who identified as trans from the age of five, and who has conducted various research studies into trans children and young people, Kennedy is well-placed to speak to the inner experiences of trans people.

## **2.10. Existential Theoretical Literature**

This section of the chapter encompasses a consideration of the relevant existential theoretical literature in relation to the transgender experience. Structured in terms of the four worlds of existence; the Physical (Umwelt), Social (Mitwelt), Psychological (Eigenwelt) and Spiritual (Überwelt) dimensions (Cooper, 2016), the chapter assesses each dimension in turn, situating the trans male experience within an overarching existential framework.

There is something in Warnock’s definition of existentialism (1970, p.1) that speaks to the transgender experiences described by the authors in the earlier autobiographical

section. She writes “[existentialists] aim, above all, to show people *that they are free*, to open their eyes to something that has always been true, but which for one reason or another may not have been recognised.” Richards similarly observes (2014, p.217) that “recognition of freedom, the eschewing of the comfortable social norms of not transitioning gender, and the attainment of a more personally congruent and authentic gender as well as embodiment, are often the *sine qua non* of the process of transitioning gender.”

### 2.10.1. The Physical Dimension (Umwelt)

It is arguably in the physical dimension (Umwelt) that the expression of gender identity could be said to be primary (Cooper, 2016). The physical dimension centres on how an individual relates to their body, to their environment, to the physicality of others and to sensations. The effects of hormone treatment result in tangible changes to a trans man’s physical appearance, through for example, the emergence of facial hair and greater muscle mass (Irwig, 2017). What were once female characteristics become masculinised to the point that it can be almost impossible to discern that a person was not born in the gender in which they are presenting. Without these physical changes, the trans man’s identity would remain hidden and known only in the internal.

It is often the case that trans men report feeling they are in the wrong body (Benestad 2010), even denying certain aspects of their bodies and becoming dysphoric. As such, it is interesting to explore Merleau-Ponty’s framework as described in his book *Phenomenology of Perception* (Merleau-Ponty, 1962), with its focus on the body schema (Tiemersma, 1982) and of making sense of the world, from a transgender perspective. Such an exploration takes us beyond the scientific world to a more creative, richer place of being that would seem to better fit the transgender experience, which is ostensibly not simply a question of achieving clinical resolution to a physical dissonance but also about freedom, as has been noted in some

of the earlier autobiographical literature and in the observations of Richards (2014). As van Deurzen (1997) observed, “In us, what seemed necessary and determined, becomes free [. . .] we are the place where transcendence manifests” (p. 97).

The overwhelming desire to transition experienced by many trans men may potentially be explained through Merleau-Ponty’s perspective, since phenomenologically it could be reasoned that the dissonance created through gender dysphoria can only be resolved through the body coming into alignment with the inner sense of authentic self. For Merleau-Ponty, the body represented the prime focus for experiencing knowing in the world. He believed that the body and the world were interconnected, fundamentally joined in a symbiotic dance which was at once both enlivening and mutually sustaining.

Merleau-Ponty wrote “Our body is our general medium for having a world” and thereby deriving meaning. He further observed “sometimes the meaning aimed at cannot be achieved by the body’s natural means; it must then build itself an instrument” and project that out into the world (Merleau-Ponty, 1962, p.146). Merleau-Ponty’s words are interesting in the context of gender transition as they hint at the dissonance experienced between a trans person’s ‘natural body’ which may be the source of gender dysphoria, and the body following transition; the body as instrument in the search for meaning.

### **2.10.2. The Social Dimension (Mitwelt)**

The social world (Mitwelt) is vitally important to all humans since it is a source of fulfilment from which we derive meaning (Cooper, 2016). The social world relates to how an individual communicates and interacts with society, and thus creates a sense of belonging, as opposed to inhabiting a position of isolation. From a transgender perspective, “passing” as the desired gender takes place in the Mitwelt, and is focussed on how the trans person fits into society, is accepted, and feels that they belong.

Heidegger's ([1927]/1962) concept of Dasein speaks to the paradox of living which can confront a trans man when realising that he is trans gender and contemplating transition. Heidegger rejected the concept of the self in favour of the world of Dasein, which he described as a "with-world Mitwelt" ([1927]/1962, p.116). He believed that humans are in a constant state of thrownness, moving forwards with a sense of openness, whilst at the same time striving to cling to the known.

For Heidegger, the authentic way through such a paradox was from being with others in the social world. He wrote "authentic being-one's-self does not rest upon an exceptional condition of the subject, a condition that has been detached from the 'they' - of the 'they' as an essential existentielle" (Heidegger, 1927a, p.168). The parallels between Heidegger's conceptualisation and the process of coming out and passing are evident. It is in the social world that trans men move forwards into authentic living, not through being in isolation, but rather through their encounters with society.

### **2.10.3. The Psychological Dimension (Eigenwelt)**

The psychological dimension is the place of thoughts, memories, and identity. It is the place where similarities and difference become manifest, and the self is experienced (Cooper, 2016). For transgender individuals, the transition away from dissonance and inauthentic living toward resolution could be seen as beginning with a profound inner process as they come to terms with their gender identity prior to considering taking the subsequent steps of coming out and transitioning. It is a process which speaks to what van Deurzen and Arnold-Baker (2005) describe as the manifestation of "one's full life potential" (p. 253). As Yalom notes, "We are the authors of ourselves" (2010, p. 140).

In some cases, it is the desire to die in one's authentic gender which motivates gender transition. As Richard's observes, (2014, p.223) "Death, as ever the great existential satori,

can give clients a sense of their own finitude, with the determination to live some part of their life authentically in terms of their gender.” In taking responsibility for himself as he “inexorably moves towards death” (van Deurzen, 2015, p. 61), it could be argued that a trans man is also moving toward a more authentic way of being.

From a Heideggerian perspective, we are constantly engaged in a process of becoming (1927/1962). There are some life experiences which can bring this process into heightened awareness, including rites of passage such as adolescence, illness, being in relationship, and the experience of birth and loss. Many of these experiences happen in the outer world as a result of our interactions with and attachments to others, or in the example of adolescence, are part of the natural evolution of the self, and typically occur alongside our peers. Gender transition is experienced by a minority of individuals, and is necessarily experienced in both the internal and the external lifeworld.

Sometimes termed a ‘second adolescence’ (Hadj-Hammou, 2014, Milton, 2014), gender transition does not usually occur as a rite of passage alongside peers, but rather as a more isolated experience. Depending on the complexity of the individual’s family and wider social network, and the degree of support available, it also has the capacity to profoundly affect the individual’s interactions with their outer world. As such, it could be argued that gender transition is one of those life experiences that from an existential phenomenological perspective, has the potential to offer some of the deepest insight into how identity can be influenced by life experience.

When the categories and labels of externally available identity, come up against the inner subjective sense of self, it is reasonable to expect a degree of internal conflict to result. Richards (2014, p.222) makes the salient point that “there is a subtle line between noting inauthenticity, exploring identity, and questioning a nascent identity” when working with a client who is trying to make sense of their gender identity. As such, in therapeutic work it is



important that the therapist is mindful of the inner processes the client may be undergoing during the coming out and transitioning process, and approaches the work carefully. Not to do so risks causing harm to the client and destabilising an already shifting, emergent sense of self.

Richards (2014, p.222) also makes the point that “while [a] client may appear to be an adult and therefore have a stable form of identity, they may still be in the process of becoming the type of woman or man they want to be (which is not to say that their inherent sense of being a woman or man need be unstable)”. If a person grows up believing themselves to be female, but subsequently comes out as a trans man, their subjective sense of self has potentially, from a young age, been a place of some dissonance. In all of these considerations, the presence of the temporal is evident, and it is this which is now explored in more depth in the following section.

#### **2.10.4. The Spiritual Dimension (Überwelt)**

The spiritual dimension is a transcendental place where beliefs, intuition and values coalesce through the individual’s search for meaning and purpose (Cooper, 2016). From an existential philosophical perspective, we are temporal beings, and as van Deurzen notes (2005, p.166), rather than simply being objects in the world, we are always in the process of becoming.

As Frankl (1985) observed, meaning is not an “out there” quest, but rather may be defined as an inner process, made possible in the individual through their ability to “modulate their inner attitude” (Vos, 2018, p.89). Forged in large part from his experiences in a concentration camp during World War II, Frankl’s observations centred on his belief in the possibility of self-transcendence born from the realisation that every individual has freedom of choice, even in what appear to be the most desperate of circumstances.

For a trans man, the process of transitioning and coming out necessarily involves the social world, as has been described earlier in this section. But the inner kernel which is the decision to transition, the choice to move forwards and embrace the state of becoming begins with an inner process; a “modulation of inner attitude”.

It is not possible to be in the “process of becoming”, unless we are inhabiting the temporal. It is for this reason that the focus of this research includes an exploration of how each of the participants experienced their identities prior to the realisation that they were transgender. It is only by including this temporal and potentially dissonant, comparative perspective, that a full and deep exploration of how identity is influenced by transition becomes possible.

## **2.11. Clinical Context**

### **2.11.1. Gender Dysphoria**

In 2013, the term ‘gender identity disorder’ was removed from the DSM-5 TR (APA, 2013) and replaced with the term ‘gender dysphoria’ (GD). The amendment shifted the focus of treatment for trans people from “fixing a disorder to resolving distress” caused by disparity between birth gender and identity (Russo, 2017). First referenced as a syndrome by Fisk (1974), the term “dysphoria” comes “from the Greek meaning difficult to bear” (Davy and Toze, 2013, p.161). The full list of diagnostic indicators for GD in adolescents and adults is defined as follows:

1. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two or more of the following:

2. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
3. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
4. A strong desire for the primary and/or secondary sex characteristics of the other gender
5. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
6. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
7. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

GD is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. (APA, 2013, p.452-3). Where previously gender identity issues were often pathologised, the 2013 amendment intended that should no longer be the case. However, questions remain surrounding how GD is diagnosed and whether pathologising has in fact been reduced.

A critical systematic narrative review (Davy & Toze, 2018) of three-hundred and eighty-seven articles relating to GD found "frequent changes in terminology, and crossover between medicalized and identity terms" leading to "conflation and confusion" whereby GD may "sometimes be referred to as a specific diagnosis; sometimes as a phenomenological

experience of distress; and sometimes as a personal characteristic within individuals” (2018, p.168). There is also the further complication that “not all trans people experience GD” (2018, p.165), but some non-dysphoric trans people may still seek medical intervention, although the DSM-5 acknowledges “the existence of gender diverse populations who do not experience distress or impairment.”

The review was limited in that although there were few exclusion criteria, only English-speaking studies were included, even though 33 countries were represented, with the potential loss of valuable data. The findings suggest that the positive intentions of the APA in reducing pathologising through clear policy direction could be further advanced with clearer assessment tools and a clearer definition of GD “underpinned by robust evidence, critical analysis, and peer review that is rooted within the lived experience of gender diverse people” (2013, p.168).

### **2.11.2.Mental Health Outcomes**

For all the theory, research and strong viewpoints that exist around the topic of transgenderism, the fact remains that for the individuals concerned, the lived experience of being transgender, including the coming out process and any subsequent transition, can be a time of extreme mental distress. A sizeable American study, involving 900 organisations, and looking at suicide attempts among transgender and gender non-conforming adults (Haas *et al.*, 2014) reported an attempted suicide rate among trans men of 46%, with the findings suggesting that ‘mental health factors and experiences of harassment, discrimination, violence and rejection may interact to produce a marked vulnerability to suicidal behaviour (2014, p.2).

Three main limitations of the study were identified, including that the survey used contained only a single item that asked “have you ever attempted suicide?” with a response of either ‘yes’ or ‘no’ offered. Such a question leaves the definition of what constitutes attempted suicide open to interpretation, and as such may inflate the affirmative response rate. Secondly, the study failed to screen for mental health status with the result that it is not possible to identify whether the respondents had a history of past suicide attempts. A recent study (Patten *et al.*, 2022) found that transgender victims of suicide are more likely to have a history of past suicide attempts and mental health issues. Thirdly, the study utilised ‘convenience sampling’, which brings into question how representative participants were of the target population. Lastly, the study did not make a distinction between attempted suicide and completed suicide, which leaves the findings somewhat incomplete (Patten *et al.*, p.4). Although there are weaknesses present in the design and interpretation of the study, they nevertheless function as a reminder that where mental health providers are able to offer support, they have the potential to act in a preventative role that is much needed.

Given the high rates of suicidality and attempted suicide among trans people reported in Haas *et al.*, (2014) and Patten *et al.*, (2020), it feels important to assess what factors may help in reducing and preventing suicidality. A study looking at “suicide risk in the UK trans population and the role of gender transition in decreasing suicide ideation and suicide attempt” (Bailey *et al.*, 2014, p.209), also found high rates of attempted suicide in participants, with a 48 per cent lifetime prevalence being reported among a non-random sample of 889 participants. Bailey *et al.*, (2014, p.209) found that trans people are “most at risk [of suicide] prior to social and/or medical transition.” Protective factors were reported as including “a supportive environment for social transition” and “timely access to gender reassignment” if required. Gender transition was shown to “drastically reduce instances of suicide ideation and suicide attempt” (2014, p.217). Crucially the study noted that delays in

access to hormone therapy and gender reassignment surgery can lead to trans people experiencing long periods without support at a time when they are most vulnerable. Although demographically limited with 86% identifying as white British, and only passingly referencing the trans male experience, the study is significant for “initiating a UK evidence base around trans mental health”.

The findings in Bailey *et al.*, are also supported by a more recent Seattle-based study (Tordoff *et al.*, 2022, p.13) looking specifically at mental health outcomes in transgender and nonbinary adolescents and young adults aged between 13 and 20 years, when receiving gender-affirming care. The authors found that gender-affirming care “was associated with 60% lower odds of moderate to severe depression and 73% lower odds of suicidality over a 12-month follow-up.” Of the 104 participants, 63 identified as either male or transgender male, with 65 of total participants receiving mental health therapy upon commencement of the study. Limitations included the absence of a variable for use of psychotropic medication, as well as self-reported substance use in 34 participants, both of which factors could have confounded the results.

A systematic literature review conducted by researchers at Cornell University (Frank, 2018), looking at the effect of gender transition on transgender well-being identified 55 primary studies, of which “93% found that gender transition improves overall well-being in transgender people” (2018, p.1). No studies were found showing that gender transition caused harm. Strengths of the review included the quantity of studies analysed, their international reach, and the quality of the literature studied, all of which was from primary sources and peer-reviewed. Potential weaknesses of the review lie in the varying timelines and circumstances navigated by participants, meaning comparison across studies is made more challenging.

Significant to this study were the review's findings that alongside good social support, "factors predictive of success [...] include adequate preparation and mental health support prior to treatment' (2018, p.1). Any study which contributes to the body of knowledge about the trans male experience during transition, has the potential to make a positive contribution to the work of clinicians and mental health providers, especially given wait times to be seen by a Gender Identity Clinic are currently sitting at over four years in the UK (GenderKit, 2022).

### **2.11.3. Clinical Training**

Set against the clear vulnerability among the trans population to suicidality, depression, self-harm and anxiety, particularly while waiting for referral and surgery, and navigating gender dysphoria, is a contrasting lack of experience and education in relation to trans healthcare within the cisgender population of medical and mental health providers. Many have received little specialist training, if any on transgender healthcare, and are not up to date with empirical research.

A review looking at transgender client experiences with mental health services (Benson, 2013, p.30) noted that even at Master's and PhD level, most clinicians take "one diversity class on LGBT issues. One class. And it was probably mostly about gay lifestyle". It remains the case that training on LGBT issues is often limited to a single module, lacks depth, and in any case is largely theoretical. Further, a 2009 survey conducted by an American Psychological Association task force (2015, p.832) on "gender identity and gender variance" found that "less than 30% of psychologist and graduate student participants" were familiar with the "typical issues that trans and gender non-conforming people experience."

Such a gap in knowledge, leaves transgender people, including trans men, in a vulnerable position in terms of access to high quality, informed care. As Aaron Devor, PhD,

Chair in Transgender Studies and Professor of Sociology at the University of Victoria notes in his foreword to Jamison's book (2020, xiii), "because of misinformation and stereotyping, it is all too easy to turn trans people into cardboard cut-outs...we can bridge that gap, when stereotypes and cut-outs give way to real people." One of the aims of this research is to help bridge the stated gap through giving voice to the lived experience of this neglected, under researched, vulnerable and often misunderstood population.

#### **2.11.4. Clinical Handbooks and Guides**

On researching the available literature in terms of where a clinician may turn when approached by a trans client for therapeutic work, the lack of focus on the trans male experience within the literature is very much in evidence. As an example, *The Palgrave Handbook of the Psychology of Sexuality and Gender*, edited by Richards and Barker (2015), contains no index reference to trans men, and although it does include a chapter on the transgender experience, there is no specific information on the experiences of trans men beyond a passing reference to some surgical procedures and the occasional note. Instead, the trans male experience is subsumed within a more general discussion of trans people.

There is some mention of the trans male experience in Beattie and Lenihan's (2018) *Counselling skills for working with gender diversity and identity*. The book is written specifically to "act as an accessible guide for existing practitioners in the mental health field working with issues of gender – in particular gender dysphoria." The authors readily acknowledge the book's limitations, stating that it is not intended to be an "exhaustive treatise" (2018, p.16), but rather to "give an overview of the subject area" such that non-specialist practitioners are "equipped with the skills and insights necessary to work effectively" (2018, p.9).



Perhaps the most relevant to this study is the section on key theory and research which reiterates the observations in *The Sage Handbook of Counselling and Psychotherapy* (Feltham *et al.*, 2017, p.52), stating that, “being trans is considered to be a multifactorial development process in which biological as well as psychological, social and cultural factors play a role” (2015, p. 201). The book acknowledges the paucity of knowledge concerning how gender identity is formed from a biological perspective, and referring to possible neuroanatomical differences and hormonal shifts during pregnancy (p.202) as noted earlier in this chapter.

There is one small section within the book which references trans men alongside trans women in the context of trans identity formation, stating “although many trans ...males may describe feeling that they were boys from as far back as they can remember, there is a process of trans identity formation” (p.203). The section then goes on to describe, in no more than ten lines of text, a very generic experience of possible distress during puberty, discovery of the trans label and identification with other trans people. There is no consideration of how the trans male experience may differ to that of trans women, or of the specific issues that may be faced around sexuality and physically following puberty.

The single most useful and carefully considered handbook found during this review is the very recently published (Botzer, 2021) *Case Studies in Clinical Practice with Trans and Gender non-Binary Clients*. A relatively slim volume, it is written by Lore Dickey, a gender non-conforming psychologist based in Arizona, with a foreword by Marsha Botzer, founder of a Seattle-based gender clinic. Within the case studies are a small number of examples citing the lived experiences of trans men and boys, including case study overviews, clinical material, client session examples and expert commentary.

Although all of the case studies are based in America and some of the examples are therefore not relevant to the UK, for example trans women’s experiences of the US military,

the book is the only one I have encountered which guides clinicians through typical presenting problems across the lifespan from childhood, through adolescence to adulthood with real life examples as well as clinical commentary. Each case study contains scenarios which include aspects of how a trans person may struggle with identity-related issues such as changes in physicality due to puberty or hormone therapy, name choices and presenting as male to friends and family. The guide also contextualises each case study within the relevant social system which means that important interpersonal details are included within the lived experience of each client. If there is to be any criticism it is that the book is too short and does not include enough examples in general, or of trans men and boys specifically.

#### **2.11.5. Existential Clinical Literature**

There is a small body of existential psychotherapeutic literature, containing some exploration of the transgender experience from an existential philosophical perspective, albeit largely in relation to trans people in general, rather than from the trans male stance. One such work is *Milton's Sexuality; Existential Perspectives* (2014). Although the focus of the book is on sexuality rather than gender, the well-regarded academic, trans woman and existential practitioner, Christina Richard's makes some observations in her contributing chapter entitled *Trans and Existential Phenomenological Practice*, that are relevant to the focus of this research.

Richards, herself something of a lone voice at the intersection between gender and existentialism, relates aspects of the trans experience to existential philosophy, observing the connection between the pursuit of freedom and authenticity in the form of "a more personally congruent and authentic gender" (2014, p.217). As she notes "trans then, and the existential project, are fundamentally intertwined". She further observes (2014, p.220) "when trans people do claim their freedom [...] they are acting in good faith through acting in accord with

their authentic nature, in a way in which a cisgender person who has not considered and claimed their gender is not.” It is the unique perspective on authenticity and freedom offered by the trans experience which is one of the motivations for choosing it as the subject of this piece of phenomenological research.

Sartre theorised ([1943]/2003, p.94) that “if bad faith is possible, it is because it is an immediate, permanent threat to every project of the human being.” Such an observation is interesting when considered in the context of the transgender experience, as it hints at some of the complexities that may underlie a trans person’s decision to delay transition, or decide to come out. Richard’s (2014, p.220) comments on Sartre’s ([1943]/2003) concept of bad faith, and uses it to illustrate how such a position can be mediated through therapeutic phenomenological work. In so doing, she makes note of external factors such as inter personal relationships, the workplace, pre-existing children and other factors that may cause a trans person to delay transition, and which also affect concepts of identity as noted earlier in this chapter (Martin *et al.*, p.604).

As has been seen in some of the autobiographical literature referenced previously, one of the struggles faced by trans men lies in navigating the desire to self-actualise, whilst avoiding “the gendered straightjackets others would force us into” (Lester, 2017, p.47). Richards suggests (2014, p.219) that if a clinician encounters a trans person who feels unable to transition due to social constraints, a “phenomenological exploration of the perceived constraints” as well as the person’s “own part and responsibility in acceding to them” can be useful. In her book entitled *Skills in Existential Counselling and Psychotherapy*, van Deurzen, (2011, p.89) reminds us that a key theme in existential therapeutic work is to introduce to clients the reality that “everything we do is in some way chosen. Even not choosing is a choice.” In the context of the decision whether to transition or not, the

embracing of responsibility by a client is an important existential principle, promoting an empowered, active and authentic stance.

There appears to be a need to develop a more structured and evidence-based intervention model specifically aimed at gender non-conforming people, something which Corner-Otano and Davies (Feltham *et al.*, 2017, p.526) acknowledge in their brief four-page chapter entitled *Gender, Sexuality and Relationship Diversity Therapy* (GSRD), written a few years later as part of the *Sage Handbook of Counselling and Psychotherapy*. They observe “GSRD is fast becoming an area of great research interest, in which Richards and Barker (2015) have managed to pull an impressive array of authors to review the latest research in gender”. “Whereas previously research has focused on minority identities and ‘othering’ or pathologising, we are now seeing research into mainstream major identities from a critical perspective.”

The paucity of work in the area of the transgender experience relating to clinical practice is evident within the existential arena when one considers the relatively recently published *Wiley World Handbook of Existential Therapy* (van Deurzen *et al.*, 2019) in which there is no specific chapter, treatment methodology, or index entry relating to the subject. Perhaps the most relevant section is that of the briefly outlined *Principles of Practice Related to Identity Formation and Personal Context* (p.258), which looks at meaning making and making sense of experience, focussing on agency, personal responsibility and the possibility of change. Though not specifically directed towards the transgender experience, the method places emphasis on human freedom as a given, promoting awareness of “the impact of natural and self-imposed limitations on personal freedom [...] to effect healing and change” (p.261), in a process similar to that suggested by Richards (2014, p.219).

## 2.12. Research Rationale

Conducting this literature review has highlighted the current paucity of literature looking at the experiences of trans men in terms of theories of identity and the self, as well as among academic peer reviewed clinical studies. Whilst there is a larger body of available literature if the scope is widened to include studies encompassing both trans women and trans men, it is arguably the case that the lived experiences of each are sufficiently different as to warrant more focussed and exclusive study. There is also an evident lack of citations for the small amount of academic literature that does exist.

Although there is quite a considerable body of literature focussing on the lives of trans people, which sometimes includes trans men, for example exploring their experiences of the medical world and the social and psychological aspects of being transgender, these are often from a third-party perspective only. The richness of the existing literature is also limited by the fact that many of the studies are lacking in diversity, with the majority being conducted in Western Europe, Canada, or the United States. There is also an evident lack of consideration for the potential impact of social and cultural factors in the existing literature.

Against this backdrop, this piece of research is academically interesting and theoretically important for its exploration of the apparent gaps in the theoretical and clinical literature. Themes identified in the autobiographical literature such as authenticity, the search for meaning, and the evolution of the self have not yet been explored in depth from an existential perspective for their relevance to the trans experience beyond a very limited body of work, and specifically not in terms of the trans male experience.

The lack of available literature in this area is so pressing that other notable figures in the field have even commented on it. Christina Richard's notes in her contributing chapter to Milton's *Sexuality; Existential Perspectives*, (2014, p.227), "there is a dearth of literature pertaining to existential work with sexuality and gender." At the time of writing, this remains

largely the case, particularly in terms of the trans male experience. Although Richards (2011, 2016, 2017,) is notable for her prolific authorship, both individually and in collaboration with others (Richard & Barker 2013, 2015), (Richards & Barrett, 2013, 2020), (Richards & Seal, 2014) on the topics of gender and sexuality in recent years, this nevertheless remains a small and underrepresented field.

In his book *Existential Therapies* (2017, p.189), Cooper notes that “to date the involvement of existential therapists with issues of difference, diversity and social justice has been relatively limited, even though the existential approach “is ideally well-placed to help clients face” such issues. He observes that in the United Kingdom the existential community has been particularly active in “increasing focus on such issues as sexuality and gender identity.” From this review, it is clear that there is an emergent and increasing momentum towards developing existential theory and practice in the area of gender, but that such work is still in its infancy. This study seeks to contribute to the small body of work through extending the knowledge base and making the findings available to practitioners.

It is clear that existentially focussed practitioners, and clinicians in general, who encounter trans men at various stages of coming out and transition, will not currently find a wealth of literature to support them as they seek to journey alongside their trans clients. Instead, as previously noted, such clients must attempt to navigate a clinical world in which the practitioners they encounter may well be outsiders, having little to no direct frame of reference and limited training.

As such, perhaps a more immediately relevant and clinically pressing justification for this research is the clear need for more information on the trans experience in general, as well as that of trans men, to be made available to practitioners. Unless the medical communities encountered by trans people are themselves insiders to the trans experience, there is a very real danger of objectifying those trans people that present seeking support, and of assuming

all presenting issues are trans-related. As Richards and Barker note in their book *Sexuality and Gender; A Guide for Mental Health Professionals*, (2013, p.21) “When seeing trans people professionally, not having a metaphorical neon sign saying ‘TRANS’, but rather a whispered hint behind one’s shoulder that there may be a trans theme, is usually the best course of action.”

In their recently published guide to *Trans and Non-Binary Healthcare*, specifically written for psychiatrists, psychologists and other health professionals, Richards and Barrett (2021, p.1) make the point that “until recently, it was commonly thought that gender diversity was so rare that it would not trouble most psychiatrists or psychologists [...] this is no longer the case.” As previously noted the considerable rise in the number of trans people presenting at GP practices for referral to Gender Identity Clinics, means that non-transgender clinicians in community and inpatient settings will increasingly encounter gender diverse patients, at all stages of transition and beyond, and will want to respond with empathy; to “*do the right thing*” as Richards and Barrett put it.

A clinical guide grounded in the available academic literature, in *Trans and Non-Binary Healthcare* (2021), Richards and Barrett have set-out to produce a practical book for clinical use. Although it is a much-needed practical resource that has plugged a clear gap in the literature, it is limited in that it necessarily contains no first-person lived experience examples of the topics discussed. As such, there is a need for clinicians, especially those who are outsiders to the trans experience, to be able to access material that speaks to the human aspect of being transgender, which sits alongside the clinical, but also acknowledges every trans person’s desire to live authentically and find meaning as part of the human experience. As Jamieson Green states in his book *Becoming a Visible Man*, (2020, p.215), “Just like anyone else, when trans people lie down at night and shut our eyes, helpless in sleep and vulnerable as infants, whether we have someone’s arms around us or whether we are all

alone, we know that all we have to live for is to be the best version of our most authentic self that we can possibly be”.

### 2.13. **Conclusion**

In her chapter entitled *Trans and Existential Phenomenological Practice*, (2015, p.227), Richards advises that when a trans person does seek help from psychotherapists and psychologists, applying a “generally affirmative phenomenological approach within a human sciences model of a wider understanding of gender than that offered by biological essentialist discourse” in support of authentic expression should serve them well, alongside “having adequate knowledge of the field”. This piece of research seeks to provide exactly that both by enhancing knowledge of the trans male experience through first hand enquiry, and doing so from an existential phenomenological perspective, thereby extending knowledge in this under researched field.



### **3. Methodology**

#### **3.1. Introduction**

This chapter is comprised of six sections. The first section places van Manen's method (1997, 2016a, 2016b) within its historical context, illustrating the connection between Husserl's (1931, 1970b) lifeworld concept, and the relating of truth to intersubjectivity through the subsequent work of Heidegger (1962, 1985), Gadamer (2013) and Ricoeur (Eliade, 1959). The second discusses the choice of phenomenological methodology, with specific consideration for its fit with the research question in terms of meaning making, exploration of the lifeworld and hermeneutic focus. This is followed by a consideration of the hermeneutic research methods viewed in light of the research aims and subject matter.

In data collection there is a consideration of the recruitment method, including the inclusion and exclusion criteria used in participant selection, followed by an explanation of the sampling method used. This is followed by a data analysis section which details van Manen's (2016a, 2016b) thematic analysis method, and a step-by-step guide to the analytical process with examples.

The reflexive statement includes detailed consideration of the chosen reflexive method and process, including assumptions and preconceptions, as well as transparency, trustworthiness, reliability, and validity. There is also a description of the process of member checking undertaken midway through the research. Given my status as an outsider to the trans experience, member checking was specifically chosen as a means of strengthening the validity of the findings, and checking for accuracy and resonance with the lived experience of the participants.

Finally, the ethical considerations undertaken as part of the research process are outlined in full, including special considerations taken given the potential vulnerability to harm of the client population.

### **3.2. Historical Context**

The aim in hermeneutic phenomenological research according to van Deurzen (2014, p.71) is to grasp “the way in which a person is situated in the world...[taking] account of context, text and subtext of her life, her history, her intentionality, her project and her pathway”. Only in this way can anything approaching truth be achieved, not in an objective sense, but in the sense that the researcher is intentionally connected to the research object and will attach specific meaning to it “as it appears to the researcher”.

Prefiguring van Deurzen’s approach is a philosophical lineage that has its origins in the work of Husserl. As a foundation for phenomenological psychological research, Husserl’s approach emphasised exploration of the lifeworld as “concretely lived...grounded in our everyday lived experience, experience in which meaning is prioritised, even though it is invariably hidden through the natural attitude” (Langdridge, 2007, p.41). van Manen references Husserl’s approach in his consideration of how best to deal with assumptions and pre-understandings, thereby revealing the “natural attitude”. As he notes, “the problem of phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much” (2014, p.46). One option is the “bracketing” suggested by Husserl (1970b, p.33), but van Manen suggests that in our search for truth and meaning, we instead “try to come to terms with our assumptions...to hold them deliberately at bay” (2014, p.47).

It is the search for meaning and truth through exposing the hidden and thereby revealing the reality of the lived experience through phenomenological reduction that also

informs the work of later phenomenological philosophers, acting as a thread of commonality within the lineage. For Heidegger (Langdridge, 2007, p.27) it was not possible to “bracket off one’s way of seeing and identify the essence of a phenomenon, as Husserl proposed.” Instead, he argued that we are all, including the researcher, interconnected with the world in which we inhabit, with historical and cultural context having particular importance. Through this philosophical landscape, Heidegger concluded that interpretation rather than description must be emphasised, alongside the positionality of the researcher.

As a student of Heidegger, Gadamer attempted to build on Heidegger’s concept of “philosophical hermeneutics”, suggesting (Gadamer, 2013) that truth and method were in fact opposed. He criticised the prescriptive, objective analysis of texts, arguing instead that hermeneutics – the art of interpretation - is “a philosophical effort to account for understanding as an ontological process” (Palmer, 1969, p.163). The pathway to achieving truth was seen by Gadamer as being found in dialogue, as being intersubjective in nature. For Gadamer, “all interpretative understanding comes through language” (Langdridge, 2007, p.43), but he also emphasised the importance of shared mutual understanding through what he termed the *fusion of horizons*, as a means of achieving “consensus in our particular world views” (2007, p.43).

Gadamer argued that before such a consensus could be achieved it is necessary for us to understand our own horizon, as this informs our *pre-judgements*. He emphasized the role of *effective* history, suggesting that our understanding is “both enabled and limited by our pre-understanding.” In this way we see the emergence of the role of reflexivity within the research process, both as a means of better understanding ourselves in relation to the research question, as well as understanding how our own personal outlook may develop over time, it being subject to change rather than being fixed and something to be kept entirely separate from what is ultimately a co-created enterprise.

Relating truth to intersubjectivity has its origins in the phenomenological concept of the life-world, as first coined by Husserl, this being necessarily “constituted through ongoing negotiations with others about its meaning” (Sandberg, 2005, p.56). Within this same hermeneutic philosophical tradition, Ricoeur (Eliade, 1959) is also notable for his theoretical position which “recognises the embodied being-in-the world of human beings that is beyond and pre-exists language and an interpretative understanding of human nature through language” (Langdridge, 2007, p.43). For Ricoeur, the aim of hermeneutics is to recover and restore meaning as a pathway to understanding the self.

### **3.3. Phenomenology: Theory and Methodology**

Qualitative methodology was chosen for this study as being the approach most appropriate to the topic. By its nature, the embodied lived experience of being transgender is highly individual, unique, and personal. It also inhabits a place where felt sense, personal meaning, and identity are paramount. As such, a quantitative methodology would have completely bypassed the aims of this research in terms of achieving a depth of understanding within the lived experience of each participant. The aim of this research was not to understand more about what it is to be transgender, as much as it was to shine a light into each participant’s lifeworld. The focus of this research was purposive, and I sought to achieve a co-created experience based on principles of openness, genuine listening, and relating to the other.

Langdridge’s (2007) *Phenomenological Psychology; Theory, Research and Method* was a useful guide when selecting a qualitative method. Langdridge wrote about the importance of the phenomenological approach, and for me this approach opened up the possibility to explore the individual lifeworld of participants, placing emphasis on individual

lived experience. It was this focus on subjective experience as fundamental guiding principle that made the phenomenological qualitative approach such a good fit with the research topic.

In selecting a phenomenological method, I was also led by my interest in meaning-making, and by my desire to follow heuristic inquiry. Such an approach seemed to be particularly pertinent to the trans experience since the process of transition is one of “discovery” and emergence at a deeply personal level. Heidegger (1962) believed humans live in an “interpreted world,” and for me, such a hermeneutic approach sits well with the transgender experience as one in which individual lived experience is interpreted at both a verbal and nonverbal level. A trans man must come to the realisation he does not identify with his assigned gender, which requires the interpretation of his being in the world, often at a very subtle level. Body language, how the body is experienced, and how he relates to others are all cues that may lead a trans man to realise he is transgender and not in fact female.

As a possible alternative methodology, the descriptive phenomenological approach differs from hermeneutic phenomenology in that it leaves no room for interpretation. It is a disciplined method, which holds that interpretation must be minimised in favour of “phenomenological purity” (Husserl, 1931, p. 262). As such, all past experience and any theoretical knowledge must be bracketed. However, van Deurzen (2019) noted Husserl was a mathematician, and that in equations the “brackets” do not “eliminate the part, they are there so that that part is dealt with separately” (p. 71). It is true the researcher may very easily project their own meaning into a participant’s experience, as was noted by James (1890). My own viewpoint agrees with Ashworth (2016) who suggested the bracketing of assumptions or *epoché* can never be complete. Although it is important to address potential issues such as bias and reflexivity, for me approaches which leave room for interpretation and self-observation, and which reveal hidden emotions and internal conflicts fit particularly well with this research topic.

### 3.4. Hermeneutic Research Methods

I considered using Ashworth's (2003, 2016) *Eight Fractions of the Lifeworld* concept, either independently, or alongside van Manen's (2016a, 2016b) method. Ashworth's (2003, 2016) approaches are compelling with their focus on the aspects of selfhood, sociality, embodiment, temporality, spatiality, project, discourse, and moodedness. But I also felt these aspects would naturally be encompassed within van Manen's method, and I was conscious I wanted to be led by participants' narratives. I, therefore, decided to focus solely on van Manen, and give the narratives more space to speak.

I also explored using interpretative phenomenological analysis (IPA), (Smith *et al.*, 2009) as my main method, since it has a focus on the subjective experience, and is not concerned with whether different accounts match an external reality. Whilst there may be similarities in the narrative of people identifying as transgender, each account will be highly subjective and deeply personal. In IPA, there is a sense of discovery through narrative and a reflexive focus, which could have matched well with the research topic. I also liked the way IPA attempts to use words to discover more about participants' private world whilst being both hermeneutic and reflexive. Because I have some knowledge of the transgender world, I felt using IPA could have enabled me to bring a measure of my own awareness to the interpretation of data since I would necessarily have been implicated in the analysis. Despite these positive factors, I nevertheless determined van Manen was a better fit for this research for the reasons stated earlier, and specifically for its fluidity and focus on expressive meaning.

A further consideration was Langdridge's (2007, p.129) critical narrative analysis (CNA), based on the work of Ricoeur. With its focus on understanding the life story, and its emphasis on giving voice to the subject, the method is undoubtedly suited to the research question. There were, however, a number of reservations when considering this method.

Langdridge himself (2007, p.133) notes that CNA is a “complex, time-consuming, and particularly demanding method, requiring a high level of skill”. Involving six stages of analysis, Langdridge suggests it is ideal for case study work with very small numbers of participants and semi-structured interviews involving up to eight key life events.

As is discussed in more depth later in the chapter, my intention for this piece of research was to interview at least four participants twice, resulting in eight transcripts. I was therefore concerned that CNA may produce sufficient data as to become unwieldy during the analysis stage. I also wanted to explore in participants their own sense of “knowing as being”, first described by Heidegger (1985, p.161), wherein the realisation that one is transgender begins with an internal knowing; an “in-being”, which includes a coming out stage and the gradual process of transition. I felt that focussing on particular key life events, rather than on the process of realising one is transgender, may prevent this sense from emerging organically and thus risk obscuring the authentic voice of the participant. I also had the sense that using such a complex method in my first piece of research may be too ambitious and better suited to any later research projects.

### **3.5. Chosen Research Method**

Having reviewed possible research method's, van Manen's (1997, 2016a, 2016b) method was chosen as the most suited to addressing the research aims and the research question. The aims of this study include a desire to gain deeper insight into the embodied lived experience of being transgender, identifying as male, and having undergone gender transition, while the research question places specific focus on how identity is influenced by gender transition in trans men. One way in which the research aims can be achieved is through provoking a reaction in the reader; an emotional resonance which they can feel in their own body. For me, van Manen's (1997) method, with its allowing of the corporeal

within the context of time and the personal and social worlds speaks directly to the trans experience whereby the inner sense of self is expressed through the body and through social interaction. All aspects of lived experience are necessarily implicated in identity formation. As such van Manen's (1997) method has the potential to act as the perfect container for such an exploration.

As van Manen (1997, p.12) stated, "The ultimate aim of phenomenological research is to uncover meaning in our everyday existence [with the aim of] the fulfilment of our human nature: to become more fully who we are". For me, van Manen's (1997) approach fits well with an exploration of the trans experience because it allows for a fluidity and richness of meaning making. It also speaks to the trans experience, which is one of making sense of what is often a confusing and painful lived experience through fully embodying the self. In that, van Manen opened up the full range of experience to the reader through interpretation across the four fundamental essentials of human lived experience, which van Manen described as spatiality, corporeality, temporality, and relationality.

In his 1997(p.346) paper, van Manen suggested we "focus on what the text says, its semantic, linguistic meaning and significance". In so doing, a space is opened for the imagery of language to blossom and for its resonance to be seen. van Manen's (1997) approach, which encompasses the possibility to include music, poetry, theatre, symbolism, and metaphor, is highly congruent with the research topic. At a time when there was little information on being transgender, transition, surgery or hormone therapy, participants in this study did not have ready access to external means of factual validation. As such, it is possibly more likely that they would unconsciously turn to cultural references, symbolism, and metaphor to make sense of their lived experience. Allowing for the possibility of meaning to be shown within the narratives indirectly rather than overtly felt important given that prior to coming out, participants were not fully expressing their identities across the four dimensions. As such,



choosing a methodology which accounted for the covert, implied, suppressed, and hidden, felt important and significant.

As van Manen (2007) noted, Rilke saw that phenomenology offers the rewards of “seeing meaning” or “in-seeing ’into “the heart of things” (p. 68). van Manen linked the state of “in-seeing” to what Heidegger (1985) called “in-being” (p. 161), noting “A phenomenology that is sensitive to the lifeworld explores how our everyday involvements with our world are enriched by knowing as being” (p. 69). It is this sense of “knowing as being” that is so relevant to the trans experience, wherein the realisation that one is transgender begins with an internal knowing; an “in-being” essentially. As van Manen (2007) observed, “phenomenology is both a methodology and also a philosophy which challenged the dominant views on the origin and nature of truth of the time” (p. 132). It could be argued that the pursuit of truth is primary in the trans experience, as in acknowledging the inner truth of self, the trans man opens up the possibility of finding personal meaning in the world. The discovery of such themes as “in-seeing,” “in-being,” and truth-seeking at the heart of van Manen’s phenomenological approach confirmed my choice of methodology as being deeply congruent with the aims of this research.

As has been evidenced, there are many strands and traditions relating van Manen’s existential phenomenological approach to that of Husserl, Heidegger, Gadamer and Ricoeur. Indeed, van Manen’s method has historical precursors linking it to the “foremost representatives of hermeneutic phenomenology (van Manen, 2014, p.132). It is for these reasons, and the reasons stated above, that van Manen’s (1997) method was chosen as the research method for this piece of research, grounded as it is in the deepest traditions of meaning making, truth and pursuit of the lifeworld.

### 3.6. Data Collection

experience of being transgender, and feeling male, up to the decision to transition. The second interviews focused on the period of transition and its effects on participants' identity. Interviews took place over Zoom, and were audio recorded and transcribed verbatim. The verbatims contain detailed personal information about the participant's lives, some of which could make them identifiable. As such their contents has been kept separate to this document.

Four participants were chosen as being optimal for the study, since the amount of data collected from eight interviews was already significant. It was felt that adding a further participant, and therefore two further interviews, could overwhelm the analysis, making the results less accessible.

I followed van Manen's guidelines as noted by Fuster Guillen (2019, p.224) in her paper looking at the hermeneutic phenomenological method, in which she notes that van Manen preferred that "prepared questions are not asked during this process, and, in general, it is not necessary to ask so many questions". To ensure the interviews were as open, nondirective, and nonbiased as possible, I opened them with a broad statement (e.g. "Can you tell me about your experiences of being transgender, from your earliest memories to your realisation that you were transgender and your decision to transition?").

During the interview process I kept in mind general themes, such as sexuality or masculinity, but did not use fixed questions as I wanted the interviews to be participant-led. I took inspiration and guidance from Smith (2003, p.36), who wrote, "The interviewer uses the schedule to indicate general areas of interest and to provide cues when the participant has difficulties, but the respondent should be allowed a strong role in determining how the interview proceeds".

I also took note of the material referenced during a preparation module I studied earlier in the year, in particular (Moustakas, 1994, p.116), which gives examples of how to conduct a phenomenological research interview, encompassing bodily sensations and feelings whilst not straying into therapeutic mode. Example questions such as the following are given, which it is suggested “may facilitate the obtaining of rich, vital, substantive descriptions of the co-researcher’s experience of the phenomenon:”

- How did the experience affect you? What changes do you associate with the experience?
- What feelings were generated by the experience?
- What bodily changes or states were you aware of at the time?

Moustakas (1994) also gives an example of how to begin a phenomenological interview. Reference is given to the need to set aside bias using the *epoché* process also referred to by van Deurzen (2014). The example given shows an extract from an initial interview in which the interviewer (Copen, 1992) guides the participant to begin, with the words “you can start by describing your experience with insomnia when it first occurred” (Moustakas, 1994, p.117). I used a similar approach when opening the participant interviews for this research into how transition affects identity, which is why the participant narratives begin with their earliest recollections of experiencing their identities as transgender, or more specifically in the participants cases, as male.

Prior to conducting the pilot study for this research, I undertook a training module which included practice and assessment in interview skills. In particular, the training focussed on the challenges that can arise from different approaches. Since the focus of this research is existential, the emphasis was on a non-directive interview style, with the data emerging from the interview in an organic manner, in order to elicit the collection of a rich description of

each participant's experience. Prompt questions and clarification questions were used to enable data capture with a phenomenological focus.

During the training module, example phenomenological interviews were studied and participants had experience conducting interviews in this style. van Deurzen (2014) was referenced, and the distinction between conducting a research interview and working with a client therapeutically was explored. It was also stressed that some transferable skills are extremely useful when conducting research interviews, such as active listening, seeking clarification, with the focus at all times being on capturing the lived experience of the participant, including feelings, sensations, perceptions, embodiment, as well as maintaining an attitude of openness and curiosity. The impulse to 'therapise' rather than interview was discussed as a potential risk. To mitigate this, interview style was discussed as well as the importance of conducting a debrief with the participant, alongside processing material from the interviews separately through personal therapy, journaling, and in research supervision.

### **3.7. Recruitment and Screening Method**

#### **3.7.1. Inclusion Criteria and Rationale**

Inclusion criteria were trans men between the ages of twenty-five and sixty-five years, who had begun hormone treatment and had been taking hormones and living as male for at least one year. For some trans men transition extends to top surgery or hormone therapy only; whereas, for others it includes full surgery. For this reason, the extent of physical transition was not stipulated as an inclusion criterion. As a minimum, the participant must have been taking testosterone for at least one year, and have had at least one gender identity clinic (GIC) appointment.

In setting these inclusion criteria, the aim was to elicit the richest data possible within the unknown variable of who may come forward. Since the research aims were focussed on the sense of ‘Being my true self’, it was felt that participants over twenty-five were more likely to have developed more of a sense of self as adults, than would have been the case if participants had been in their late teens or very early twenties. Research (Munsey, 2006), suggests the existence of an ‘emerging adulthood’ phase between adolescence and adulthood, typically occurring between the ages of eighteen and twenty-five, during which identity is explored, and crystallises. In addition, the aspects of identity discussed in the literature review encompass the concept of the temporal, referring to the human experience as one of “becoming”. Younger participants have necessarily had less time to “be in the world”, and so arguably there could be less of a sense of contrast between the “authentic (true) and inauthentic (false) self” (Cohn, 1997, p.124), than in older participants.

The literature review chapter also discusses the move towards authenticity, noting that from an existential perspective, the presence of the four existential dimensions, represented in van Manen’s approach as the spatial, temporal, corporeal and relational (2016b) are all seen as important vectors in the emergence of the true self. As such, it was felt that older participants were more likely to have interacted with the external world across the dimensions e.g. in the workplace, through relationship experience, in families, through sexual exploration, and therefore to have more fully navigated the dynamics of their female and male selves in an adult world. Such experiences would, it was felt, result in the creation of rich data to support the exploration of the research question.

Additionally, an impulse of participants was to share their stories as a way of potentially helping other trans men, especially those coming through now. It is easy for cisgender people to underestimate the uncertainty and distress that can occur during coming out and transition. As has been noted in the literature review, suicide attempts, rejection, lack

of support in the workplace and complications during transition are real considerations. Meeting this is a cisgender clinical population that is not always well educated or informed. The human experience of coming out and the uncertainties around transition, for example; what will happen to me when the hormones start to take effect? how will I feel about passing? what is it like having a phalloplasty and being in the world as a man? These are all questions where older participants who have more life experience are able to offer valuable insights.

There is a further aspect to the decision to choose the inclusion criteria I have, which is that when they were coming out, older trans men did not have access to the plethora of information about being transgender that is now available. Even a participant of twenty-five will have grown up in a less accepting environment when the internet was less developed. As a result, participants were largely operating in a knowledge vacuum. From an existential perspective this is interesting, as it gives a purer insight into what it is to live in bad faith, and potentially permits an exploration of the inner subjective self during the coming out process, largely unaffected by external input.

As previously noted, van Deurzen (1996) makes the distinction between the self as 'process' and the self as 'essence' in her paper 'The Survival of the Self' (1996). The coming out and transition process of an older person, without access to the internet and even without knowledge of what it is to be transgender, necessarily experiences their sense of self as 'process' in a very different way to someone who has this knowledge and information. Additionally, although the medical process of transition, including hormone therapy is often seen as the marker of when transition takes place, from an existential perspective it could be theorised that transition is a state of becoming, or even of being. As such, exploring the process of coming to the realisation one is transgender, and the subsequent coming out

process, is especially interesting if there has been a longer period of time for this process to occur.

### **3.7.2. Exclusion Criteria**

Trans men who were not taking hormones and had not begun the transition process were excluded from the study. Self-identification as male was not sufficient for inclusion in the study. Trans men under the age of twenty-five were also excluded from the study as the focus of this research was on adult trans men who had had significant life experience as adults in terms of relationships and working life. Since transition options such as hormone treatment and surgery were not widely available in the United Kingdom before the 1960s, potential participants over the age of sixty-five years were also excluded from this study.

Four individuals came forward who met the inclusion criteria and agreed to participate in this study.

### **3.7.3. Sampling**

Snowball sampling was used to recruit participants as I found participants knew of others who were also interested in participating in the study. I initially contacted a local trans group, who were more than happy to put out a call for participants through their network. As such, the initial participant came forwards through that trans group, and two further participants subsequently came forwards. One of these had been a member of the same trans group and saw the call for participants, and another was known to the first participant, and lived in another part of the country. A further participant came forwards through social media, specifically Twitter, following a call for participants.

For this study, I interviewed four trans men based on the inclusion criteria detailed below, which included having begun if not fully completed the transition process, and being comfortable in their post transition identity.

#### 3.7.3.1. Edward

The first participant, Edward\*, was forty-six years old at the time of the interviews. He came out as lesbian in 1996 aged twenty-two years old, and then came out as trans three years later. He had a full mastectomy in 2002 aged twenty-nine, and full phalloplasty and oophorectomy eight years later at age thirty-seven. All surgery was funded by the National Health Service (NHS). He identifies as heterosexual male, although he went through a period of questioning his attraction to men. At the time of the study, he was single having recently come out of a long-term relationship with a straight woman. He has no children.

#### 3.7.3.2. Tom

The second participant, Tom\*, was forty-nine years old at the time of the interviews. He transitioned when he was forty-four, and had been taking testosterone for six years. He had just begun the surgical process toward full phalloplasty, which begins with skin grafting. He had previously had a mastectomy two years earlier, with all surgery being funded through the NHS. He is in a long-term relationship with a woman who identifies as bisexual. He has no children. He began his transition in 2016.

#### 3.7.3.3. Charlie

The third participant, Charlie\*, was sixty-five years old at the time of the interviews. He transitioned later in life in 2004, and had undergone the full surgical transition process including mastectomy, full phalloplasty, and oophorectomy. He paid privately for hormone



treatment and all surgery, other than phalloplasty, which was funded by the NHS. He has two grown-up children from a previous marriage. He identifies as straight heterosexual, and is now married to his long-term straight female partner. Prior to that, he spent many years identifying as lesbian after leaving his marriage.

#### 3.7.3.4. Brad

The final participant, Brad\*, was forty-five years old at the time of the interviews. He now identifies as straight heterosexual, having spent many years in a lesbian relationship. He has a grown-up daughter from a previous relationship. He began his transition in 2008, and has been on testosterone for many years, having initially self-transitioned by purchasing testosterone online. He has had a mastectomy, and at the time of the interviews was waiting for a date from the NHS for further surgery to connect up his urethra and complete his phalloplasty.

All participants were currently in employment in white collar professions, with two being self-employed and two working for organisations.

\* In all cases participants' names have been changed to protect their identities. Other details more directly relevant to the study such as age, dates of surgery and transition, and sexuality have not been altered. Details such as area of origin have been generalised to further prevent identification. In cases where specific names of services have been given these have also been generalised. Any references to medical professionals have been removed or replaced with "Dr x".

Such alterations are in line with British Psychological Society guidelines for human research ethics (2021 p.21), which state that "subject to the Data Protection Act (2018),

information obtained from and about a participant is confidential...and that participants have a right to expect that information they provide will be treated confidentially, and if published, will not be identifiable as theirs.” Anonymity and the use of pseudonyms is an effective means of meeting these guidelines, and thereby protecting participants from physical and mental harm.

### **3.8. Data Analysis**

#### **3.8.1. Objective**

van Manen believed that the objective or “end result of phenomenological research should be writings that help readers “gnostically” and “pathically” to know and feel the phenomenon in question (van Manen, 2014, p.268). In his paper *From Meaning to Method*, van Manen (1997, p.345) states that “phenomenology poses two challenges: the thematic and the expressive dimensions of inquiry”, suggesting that when we turn from thematic meaning to expressive meaning we are seeking to “bring about, in the reader, a phenomenological reverberation”. He suggests that an aim of “good phenomenological text” is to make us “suddenly see something in a manner that enriches our understanding of everyday life experience”, through the “seeing of meaning”.

#### **3.8.2. Guiding Principles**

Phenomenological methodology has been discussed earlier in this chapter in terms of its philosophical framework. van Manen (2016b, p.29) also notes that the methodology of phenomenology “is such that it posits an approach toward research that aims at being presupposition less”, that it moves against attempts to “construct a set of fixed procedures, techniques and concepts”. van Manen’s analytic method focusses on the generation of

themes using a co-created approach in which the researcher attempts to “discern meaning hermeneutically” (Langdridge, 2007, p.123) through their relationship with the text. van Manen (2016b, p.92) gives guidelines for hermeneutic phenomenological reflection when “uncovering or isolating thematic aspects of a phenomenon” within text as described below:

### 3.8.3. The 3-Step Hermeneutic Approach

- 1) The wholistic or sententious approach, in which the entire text is “attended to as a whole” and the researcher asks “what sententious phrase may capture the fundamental meaning or main significance of the text as a whole?”
- 2) The selective or highlighting approach, whereby we “listen to or read a text several times and ask, what statements or phrases seem particularly essential or revealing about the phenomenon or experience being described.” These are then circled, highlighted or underlined.
- 3) The detailed or line-by-line approach, in which the researcher looks at every single sentence or sentence cluster and asks “what does this sentence or sentence cluster reveal about the phenomenon or experience being described?”

van Manen does not require that all three methods are used, instead leaving the decision to the researcher. In his consideration of hermeneutic phenomenology, Langdridge (2007, p.124) suggests “supplementing the wholistic reading approach with either the selective or detailed reading approach” to achieve a “good balance between part and whole reading”. van Manen (2016b, p.107) further suggests the researcher undertake a process of refinement to distinguish between *universal* or *essential* themes, and what he terms *incidental* themes. He suggests this is achieved by discovering “aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is”. The process of “free imaginative

variation is suggested by van Manen as a means of undertaking this process. He gives the example of exploring whether a phenomenon is the same if the researcher “imaginatively change[s] or delete[s] this theme from the phenomenon.”

Lastly, van Manen (2016b, p.24) suggests that the “givens of the lifeworld” may also be used as a means of “interrogating the themes and engaging in theoretical discussion.” He advocates (2016b, p.101) using the four existentials as “helpful guides for reflection in the research process” and for adding depth of ontological meaning to the analysis. The four existentials are described as *lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality), and *lived human relation* (relationality or communality). He suggests that the human experience is in part constructed from a multitude of complex events which take place within the context of the four existentials, and from which meaning may be derived through phenomenological research. He further suggests that “fundamental existential themes such as... “being”, “otherness” and “meaning” pervade the lifeworld and form structures of meaning”. He also notes (2016, p.106) that “not all meanings we may encounter in reflecting on a certain phenomenon or lived experience are unique to that phenomenon or experience.

It should be noted that van Manen’s method, drawing as it does on the philosophical traditions of Husserl, Heidegger, Gadamer, and others in the phenomenological lineage (van Manen, 2016b), is notable for an “awareness that the phenomenality of human experience cannot be adequately captured with the clarity of analytic concepts, objectifying themes... [and] the codifications of scientific method (van Manen, 2014, p.29). van Manen explicitly noted that “qualitative data analysis software is not an appropriate tool for phenomenological research”, though he believed it “may facilitate thematic analysis in such genres as grounded theory or ethnography” (Sohn, 2017, p.2).

In his discussion of hermeneutic phenomenology, Langdridge (2007, p.125) highlights hermeneutic methodology, and that of van Manen “in particular”, stressing the

importance of writing, the power of language and the use of anecdote in phenomenological description”. He references the flexibility of the method, even though findings from such studies “tend to be presented in a fairly standard qualitative report format.” In this way van Manen’s method (2016b) has many commonalities with Braun and Clarke’s (2006, p.96) outline of thematic analysis, whilst excluding certain aspects, such as using coding software during the analytic process described. For this reason, I did not make use of analytic software such as NVivo during the data analysis, instead adhering to van Manen’s more inductive method.

#### **3.8.4. The Analytic Process**

Prior to analysis, the interviews were professionally transcribed, using an anonymous third-party transcription service. To ensure confidentiality as far as possible, each digital recording was saved using the letters 1a, 2a, 3a and 4a, for the first four interviews, and 1b, 2b, 3b and 4 b for the second set of four interviews, prior to sending the recordings to the transcribing service. There were different transcribers for different verbatims, which also meant that no single transcriber was party to the verbatims of more than one participant. Once the transcripts had been returned, I checked them against the original recordings, and replaced the few instances of the participants’ names within the text with pseudonyms. All transcripts were password protected.

The initial aspect of van Manen’s method relating to “explicating assumptions and pre-understandings” (van Manen, 2016b, p.46) discussed earlier in the chapter, was addressed through the reflexive process, both prior to commencing the study, and alongside it in a parallel process involving journaling, personal therapy and self-reflection.

I chose to use approaches 1 and 2 of van Manen's hermeneutic method in my analysis, followed by an exploration of the lifeworld existentials as a means of deepening the analysis and reflecting on the identified themes.

#### 3.8.4.1. Wholistic or Sententious Approach

On beginning the analysis proper, I first applied van Manen's wholistic or sententious approach which asks "what sententious phrase may capture the fundamental meaning or main significance of the text as a whole" (van Manen, 2016b, p. 92). I began by reading through all of the transcripts twice to immerse myself in the lived experience of each participant. I read the transcripts sequentially, so that for example 1 and 1b were followed by 2 and 2b to give a complete picture of each participant's experience.

This stage of the analysis was also useful for uncovering the individual experience of each participant and getting a feel for their individual lifeworld, including personality, social, cultural and historical context. I felt it was important that each individual voice did not become subsumed within the essential thematic analysis. I therefore used the individual themes generated for each participant to create a short description summing up how each person had experienced their coming out and transition in terms of their identity and sense of self, an example of which is shown below:

*"When I was very young I always thought I was a boy, I was so free. As I grew up I came under pressure to conform and I gradually forgot about being male. I was so lonely and isolated and my home was abusive. When I realised I was trans, I had a complete collapse. Since then I've completely transitioned and my sense of self as male has come full circle. I miss not having had a family and children. It's been a very hard life."*

In conducting my analysis and interpretation of the transcripts during this first phase, I was guided by van Manen's (2016b) theories on the uncovering of thematic aspects. van Manen (2016b) observed that, upon reading a novel, possible themes begin naturally to emerge as we "begin to care for the people who make up the novel" (p. 91). As I read and re-read the transcripts, I immersed myself in the participants' worlds, to the point that it became an all-consuming experience, a little like finding oneself in the deep end of a swimming pool. I began to care about participants and their lives. Their voices came alive in my own inner world, and I developed a deeper sense of their lived experience, which has been so different to my own. Because of this distinction, the contrast between their worlds and mine was highlighted quite sharply, especially as my own COVID-19 global pandemic lockdown world was so static and predictable, hibernatory, and quiet, whereas the narratives emerging before me were often characterised by instability, trauma, psychological distress, and uncertainty. The difference between our worlds could not have been starker.

van Manen (2016b, p.92) notes that "no single statement can possibly capture the full mystery of [an] experience. Instead, he prefers to characterise phenomenological themes as "much less of a singular statement, than a fuller description of the structure of a lived experience". A "so-called" thematic phrase can only "point to, allude to, or hint at, an aspect of a phenomenon". To uncover or isolate deeper aspects of the phenomenon a further approach is required. To allow deeper levels of meaning to be uncovered the analysis next moved on to van Manen's second approach as detailed below.

#### 3.8.4.2. Selective or Highlighting Approach

I next followed van Manen's (2016b) selective or highlighting approach; whereby, he suggests a text is read several times with the question "what statements or phrases seem particularly essential or revealing about the phenomenon or experience being described?" (Langdridge, 2007, p. 123).

In his essay on *The Practice of Phenomenology*, Zahavi (2020, p.8) references van Manen's method, noting Reinach's (1968) supporting position that "the phenomenological return to "the things themselves" is a turning away from theories and constructionism in order to obtain a "pure and unobscured intuition of essences". Reinach's suggestion that phenomenology be primarily understood as a form of essentialism was also shared by Scheler (1973, p.311) who suggested that "the phenomenological method primarily [involved] an intuition of essences." As such, during this stage of the analysis, all individual themes were inductively found, rather than being pre-established based on theoretical assumptions.

As I became more familiar with participants narratives, a number of individual themes began to naturally emerge. These appeared to act as a foundational point of reference upon which the personal stories of each participant could rest. I found the paused, suspended state of the autumnal second lockdown and subsequent winter season assisted me in my interpretation, in that they amplified the narrative, allowing the text as a whole to be tended to, and for feelings, sensations, and particular words and phrases to naturally emerge as signposts to meaning akin to streetlights in a late autumnal mist.

On reading the transcripts, I found the essence of them, spanning as they did a time from early childhood to middle age, came forward from listening to the interviews and reading and re-reading the transcripts. As part of this phase, I worked through the transcripts highlighting statements and phrases, sometimes including repeated words, according to my felt sense, keeping in mind the research question. An example of the selective and highlighting approach taken from Edward's verbatim at the point when he realised he was transgender, and finally allowed his true self to come forwards, is shown below:

*We started looking up "what is transgender," and she showed me it all. She says, "I think you're transgender." Just immediately, it clicked. I went, "Oh my God, I am." It*



*was like somebody had just flicked a switch and just **allowed me to suddenly live.***

*That somebody had just said, “It’s okay. You’re not weird. You’re not a freak. You*

*can be who you want to be.” It was such a revelation that I **cracked, and all the years***

***of trying to stay hidden, and all the years of everything that I’d held onto, the***

*emotion, trying to keep the family together, me trying to conform, the lot, and I*

***cracked.***

A further example of the selective and highlighting approach taken from Brad’s verbatim at the point of his realisation that he was trans, again showing the impact of his realisation, is shown below:

*I think it was just **a bit of a lightbulb moment.** There wasn’t a significant thing. It was just like-, it was, obviously, having a row with the ex at the time, and **she said, “Oh, you know, you should be a bloke.”** And I went, “Well, maybe that’s the problem.” And **that’s how that was solved. It was literally just, bang.** Just like that.*

I used my sense of participants’ narratives to “feel” the story behind their words. The inflections in their speech, the pauses, the repeated words, were all signposts guiding me deeper into their lived experience. I followed this same process with each participants’ transcript, allowing individual themes to emerge organically from within the texts. I then copied these statements and phrases verbatim into a word document. Finally, I re-read each section of text, giving each section a potential incidental thematic heading related to the research question, and grouping some sections together where that made sense. I also made further notes in two columns alongside the text, commenting on specific words and simplifying sentences. An example of this process is shown below. A further example is shown in Appendix A.

<b>The surrendered self: not fitting in and having no choice</b>		
I couldn't understand why I didn't have a penis, basically. Couldn't. I often said to my mum, 'Why am I not a boy?	Confusion – seeking confirmation of identity from mother. Sadness, loss.	Mother as primary authority figure
<b>The emergent self: no longer hiding</b>		
The having to conform, or feeling to conform, wasn't there because there was no school	Experiencing the freedom of not having to conform – linked to no school	
All of a sudden, I had to start conforming	Sudden loss of self due to attending school	No choice – school as authority figure

*Figure 1: Example potential thematic headings*

#### 3.8.4.3. Moving from Incidental to Essential Themes

I next reviewed each individual word document, looking for sections of text which appeared to share a common experience or where there was a common suggested thematic heading, I grouped these together in a new word document. It was important to me that all four participants shared aspects of an experience or perspective for it to be considered an essential theme rather than being an incidental theme only relevant to a particular participant. For clarity, I used colour coding to denote which sentence had come from which participant. Throughout this process I had the research question available at all times to ensure it was foremost in my mind. Where I felt it was relevant, I also made theoretical notes annotated in a separate handwritten document, as well as maintaining a reflective journal throughout.

As previously noted, van Manen (2016b, p.107) gives guidance on this process, advising that “in determining the universal or essential quality of a theme, our concern is to discover aspects of qualities that make a phenomenon what it is, and without which the phenomenon could not be what it is.” With this in mind, I looked for commonalities of

experience between participants which could be seen as essential to understanding the research question, and therefore “capturing the phenomenon one [is trying] to understand” (van Manen, 2016b, p.87), rather than solely being incidental or unique to an individual participant’s experience.

An example of this process can be seen in the following incidental thematic extracts from participants’ transcripts, which have been grouped together under a potential essential thematic heading:

	<b>Potential Essential Theme – The surrendered self: not fitting in and having no choice</b>
<b>Brad</b>	<i>There was obviously the struggle with, you know, I'd always thought I was a boy, when my Mum said to me I was a girl</i>
<b>Charlie</b>	<i>I used to fantasise, and in my fantasies I was always male. It was never like a lesbian fantasy, I was always male in the fantasies</i>
<b>Edward</b>	<i>when I was a little kid. I couldn't understand why I didn't have a penis, basically. Couldn't. I often said to my mum, 'Why am I not a boy?'</i>
<b>Tom</b>	<i>in my very young days I think I still, I've always had this feeling, I suppose, that my gender wasn't female</i>

*Figure 2: Example essential theme with verbatim extracts from participants*

van Manen (2016b, p.95) suggests that having grouped individual thematic statements under possible essential thematic headings, we “may wish to capture [them] in more phenomenologically sensitive paragraphs”. He further notes that such an endeavour is “not a mechanical procedure. Rather it is a creative, hermeneutic process.” With this in mind, once I had created a series of possible essential themes, I then edited each extract and rewrote it as a

more succinct sentence summarising key aspects, whilst seeking to retain the participant's 'voice' and character, as below:

	<b>The surrendered self: not fitting in and having no choice</b>
<b>Brad</b>	<i>Struggling with my gender identity</i>
<b>Charlie</b>	<i>Fantatising about being male</i>
<b>Edward</b>	<i>Looking for validation -why am I not a boy?</i>
<b>Tom</b>	<i>Feeling my gender wasn't female</i>

Figure 3: Example of essential theme with summarised participant statements

Lastly, for clarity I brought together all of the summarised sentences as one distilled paragraph of meaning under the theme of **The surrendered self: not fitting in and having no choice** as shown below:

*Struggling and feeling confused about gender identity as small children. Seeking clarity and validation from a parent because their gender identities did not fit with how they felt. Escaping into fantasy*

#### 3.8.4.4. Lifeworld Existentials as Guides to Reflection

As an existentially focussed psychotherapist and counselling psychologist, I was particularly interested in van Manen's use of the lifeworld existentials in his method (2016b, p.101). van Manen writes "These four existentials of lived body, lived space, lived time, and lived relation to the other can be differentiated but not separated. They all form an intricate unity which we call the lifeworld. But in research study we can temporarily study the

existentials in their differentiated aspects, while realising that one existential always calls forth the other aspects”. Rich (2013, p. 506) further observes that the lifeworlds that the lifeworlds “do not exist separately in isolation” and “exist not as mutually exclusive realms but rather as interconnected facets of the one phenomenon.” The lifeworlds may be described (van Manen, 1997, Rich *et al.*, 2013) as follows:

1. The first lifeworld existential, *lived space*, can be understood as felt space, our subjective experience of the spaces we find ourselves in. Lived space explores both the way in which the space we find ourselves in can affect the way we feel and, conversely, how the way we feel can affect the way we experience a particular space
2. The existential of *lived time* can be understood as time as we experience it. This is composed of a subjective understanding of time as opposed to the more objective or “factual” time, and it refers to the ways in which we experience our world on a temporal level. The way we feel can influence how we experience time and moments, and conversely, constraints, freedoms, and demands placed by time can also affect how we feel.
3. *Lived body* refers to our physical body or bodily presence in our everyday lives, including all that we feel, reveal, conceal, and share through our lived body. We are always present in the world through our body; as such, it is through our lived body that we communicate, feel, interact, and experience the world.
4. The existential lived human relations, or *lived other*, refers to the relations we make and/or maintain with others in our lifeworld. Our human relations include the communications and relationships we experience with others through the spaces and interactions we share and create with them”

I used these lifeworld descriptions as a guide to further reflect on the essential themes identified as part of the analytical process, relating each essential theme to a lifeworld. I allowed the natural temporal flow of participants' collective lived experience to guide me when considering how to order the themes with the lifeworlds acting as a useful reflective tool, rather than driving the analysis. The presence of the existentials had the effect of balancing out the findings, where otherwise certain aspects of lived experience may have overshadowed others. Concurring with the findings of Rich (2013, p.508), I found that the incorporation of the lifeworld existentials into the analysis assisted me in "stepping back from the data and considering the wider and more subtle aspects of lived experience", as well as offering a subtle but holding framework through which to consider them.

As a result of this process, I was able to distill, collapse and subsume the eight potential essential themes that had emerged from the analytic process into five essential themes. I spent a significant amount of time and focus on this process, analysing thematic content and identifying that which was most relevant to the research question. I used the lens of the lifeworld existentials as a guide, immersing myself in the different lifeworld perspectives and relating them to the thematic content, as well as seeking to ensure that thematic content did not overlap between themes. The five themes discussed in the following chapter speak to the core nature of the phenomenon being described, but also encompass the lived experience of participants and each relate to a lifeworld existential.

### **3.9. Reflexive Statement**

#### **3.9.1. The Personal Reflexive Process**

I maintained a reflective journal throughout this research, informed by Etherington's (2004) *Becoming a Reflexive Practitioner*. Etherington places emphasis on the human aspect

of research, stating “behind every piece of research... is a human being who has chosen to design or undertake research for their own purposes” (Etherington, 2006, p.77). This position speaks to my own experience, since for me it is important to acknowledge that my interest in this research is twofold. I am interested in it because it offers an opportunity to explore deeply a very topical subject from an existential perspective and thereby learn more about the human experience, but in that, I am also growing closer to my own child’s experience. In conducting this research, I hope to gain deeper insight into my child’s inner world and better understand at a deeper level the process by which they have come to the realisation that they are transgender, and what that means for their sense of self.

Etherington emphasises that “reading or listening to people’s narratives creates a response in us, verbal or non-verbal. These responses might lead us to ask questions that invite new stories to be told: we might respond by silently filling in the gaps in other people’s stories with our own ideas and assumptions” (Etherington, 2006, p.77). The truth of this is candid for me, since it could be a temptation to project my own ideas and assumptions of the trans experience onto participants, especially in terms of outcomes. Since I am personally invested in the trans story, the potential to “influence which stories are extended or negated by smiles that encourage or frowns that disallow” is a reality. Etherington’s insight into the reflexive process as it relates to my own life is a further reason why I chose her reflexive process as my guide during this piece of work.

Mindful of Etherington’s words, I also drew on Langdridge’s (2007) reflexive approach, adopting items from his list of reflexive questions as detailed below, which encourage a reflexive approach to the research process and the demonstration of transparency.

#### 3.9.1.1. Why Am I Carrying Out This Research?

My reasons for carrying out this piece of research are described in the introductory pages of this document. They include a desire to create a piece of work that could help trans men in their journey toward self-acceptance and transition. I also have a personal reason for this research, which is that my own eighteen-year-old child is currently questioning their gender, and so I have some insight into the inner confusion, shame, and suffering that can result from gender dysphoria. A further reason for carrying out this study is that I am personally interested in the philosophical concept of living an authentic, fully embodied life. For me, the trans experience speaks to the desire to find meaning in life through authenticity, both in the inner and outer worlds.

#### 3.9.1.2. Who Am I and How Might I Influence the Research I Am Conducting in Terms of Age, Sex, Class, Ethnicity, Sexuality, and Any Other Cultural, Political, or Social Factors?

As someone who is a similar age to all participants except one, I found myself relating to them pretransition in terms of ethnicity, cultural cues, and the part of them which initially identified as heterosexual. I am not lesbian, so that part of their stories did not resonate, but I identified with their school experience of teenage discos, crushes, and first relationships. I feel these shared experiences helped create a sense of relatability and “shared secrets” that led to greater disclosure.

#### 3.9.2. Assumptions and Preconceptions

Prior to each interview, I experienced the barely conscious thought that I wanted participants to find me attractive, or at least professionally dressed and credible. This impulse also played to my insecurity that I may not be “worthy” of interviewing them, as I had not personally experienced gender dysphoria or transition, a limitation I readily acknowledge. I



also found myself wondering how much they would disclose and how that would be for both of us. I wanted the interviews to be as rich as possible but wondered if being cisgender and female would inhibit disclosure in any way. These fears turned out to be unfounded.

There was also a sense of my femininity being on display to participants, and a curiosity about whether there would be any discernible trace of femininity in them—would that be a source of common ground. I found myself wanting to reach out to the part of participants that had been female. What would I encounter, I wondered, when we did connect? Would they be extremely masculine, would I be able to tell they had born female? Would I relate to them as men, or would I see them as former members of the “sisterhood,” albeit covert, or both. I knew, from previous client work, and discussions with friends, that to 'not be able to tell' a trans person was born the opposite gender, and therefore ‘passes’, is seen as an enormous achievement and compliment by many trans people. But I was also aware I did not know how participants would feel about their past selves, about passing, or how their own personal journey of transition had been experienced in terms of possible prejudice, rejection and trauma. As such I consciously bracketed these thoughts, but it feels important to acknowledge them as part of the reflexive process.

I have experience of working with men of all ages in clinical practice and know I can work well with men and hold space for them to show vulnerability, so I felt very comfortable going into the interviews. I also tend to have a very good rapport with men in general, and I feel that also led to a sense of ease during the interviews.

### **3.9.3. The Reflexive Journey**

During the interview process I found myself reflecting on my own experience of puberty. I remember feeling slightly shocked at about the age of twelve, when I looked in the mirror and realised hips and curves were emerging. But the idea that this experience could

provoke such horror as was described to me by each participant in turn, was not something I could identify with. I found after the initial narrative of childhood and adolescence, I was increasingly less able to relate to participants' experiences, and the interviews instead became focussed more on our shared humanity.

As a therapist, I was very open to the participants' transition stories and feel very comfortable in this space, having worked with various young people, adolescents and adults at various stages of coming out and transitioning, as well as navigating the very real emotional challenges of my own child's coming out. Sometimes, trans women clients will work with me and experiment with softening and raising the range of their voices, trying out clothes and make up when they do not yet have the confidence to do so socially, or attending sessions completely un made up without wig, make-up or female dress. It takes a degree of openness, trust and holding for clients to open up in this way, and to trust me enough to go to these places.

I know I can hold complex client presentations, so I knew I would be able to journey wherever participants led me in the interviews. On hearing participants' stories, especially their recollections of surgery and pregnancy, I reflected on how it had been to experience my own pregnancies, and the enormous physical changes that come with that. There is sometimes a sense of being out of control, and after the birth (especially of the first child) there is the postpartum body to integrate and hormonal shifts to navigate. Although my pregnancies were planned, there was still the sense of stepping into the unknown, and this also informed participants' stories of transition, surgery, and hormone therapy, albeit to a far, far greater degree. I found myself scanning my life history for events which resonated with their stories. Even the experience of coming to terms with scars on my body as a result of surgery was magnified in participants' experiences, where the creation of the phalloplasty results in livid scars on the forearm, even though these do eventually settle.

I found I related to each participant as a man first, but with a slightly benign “safe” feeling to each encounter, which I felt stemmed from our shared experiences. I found myself feeling humbled and honoured to be witnessing and experiencing them in their full truth, when for most of their lives they had not expressed that part of themselves. Some participants even told me that they had never discussed certain aspects of their lives with anyone else, which I was deeply humbled by. There was a sense of coming together in the unspoken but shared knowledge that they and I had some shared experiences, such as menstruation, having sex with a man in a female body, and even carrying and having a child. I found the safety of each interview very beautiful as each participant went deeper into their story. In every case I experienced a person who was extremely keen to tell their story and to help other trans men, especially younger people beginning their transition or searching for answers.

In conducting this research, I reflected on each stage of the process in personal therapy. I also reflected deeply on my own personal experience and knowledge of gender. I am aware that aspects of my own childhood have informed my awareness of my own gender experience. Until I reached puberty, I spent a great deal of time with my father doing activities such as helping him to restore a vintage car and vegetable gardening. I was also quite a tomboy who loved climbing trees and dressed in the typical gender-neutral fashions of the 1970s. At the same time, I loved princess stories, ballet, and playing with dolls with my sister. I suspect my father would have loved a son, and that I unwittingly colluded with him in what were stereotypically “male” activities during the 1970s. It is interesting to have experienced such a gender “neutral” childhood. I feel it has contributed to my having been very open and receptive to whatever participants brought during their interviews.

I have an interest in transpersonal psychology and the concepts of the divine masculine (Greenfield, 1983) and feminine (Matthews, 2011) which are seen to reside in each

of us to varying degrees. I feel I have become more confident and deepened into my own femininity as I have got older, become a mother, and further developed my sense of self through extensive personal development work. It was interesting for me to hear each participant talk about their own relationship with their masculine and feminine aspects, as they are perhaps more uniquely placed than most to connect and integrate these parts of themselves. These conversations helped me to gain a deeper understanding of my own gender expression as existing on a spectrum. I am extremely comfortable in my gender identity, but sometimes I feel deeply feminine, and on other days I feel very driven, focussed, direct, and uninterested in typically “feminine” self-expression such as makeup, heels, and doing my hair. I prefer to see myself primarily as a human being rather than splitting myself in a binary manner according to any gender related definition. I also feel it is important that women and men feel able to express themselves freely rather than feeling pressured by external views of what gender should or should not be.

#### **3.9.4. Transparency and Trustworthiness**

I hope the detailed explanation of my methodology, inclusion and exclusion criteria, and method of analysis provides sufficient transparency. Additionally, I am hopeful my considerations of how I may have influenced this research provides additional transparency. My underlying ontological and epistemological position is very much in line with that expressed by Etherington (2004), who suggested “reflexivity encourages us to explore our own construction of identity in relation to the data, to participants and to ourselves, and provides a bridge between our internal and external world” (p. 127). It is one of openness and discovery, of self-enquiry and dialogue, which seeks to find the “underlying meaning” in the subjective human experience. Conducting this research has given me a clearer sense of myself in terms of gender, sexuality, and especially my own coming of age experience, as

well as that of my child. I feel it has also offered participants an opportunity to further integrate their experiences, and in this way, I can see that heuristic research can also be therapeutic, as Etherington (2004) suggested.

As Connelly (2016) and Cope (2014) noted, trustworthiness in qualitative research is comprised of a number of components, as outlined by Guba and Lincoln (1994). These components may be applied to this piece of research in the following areas: credibility in the sense that I adhered to the methodologies suggested by van Manen and drew from other papers exploring the value of the lifeworld existential for reflective analysis, such as Rich *et al.* (2013). Dependability through member checking to ensure reliability and validity of the decisions and interpretations made in the findings and analysis. Confirmability through member checking and “rich quotes from participants that depict each emerging theme” (Cope, 2014, p. 89). Transferability in the sense that I have noted my own associations of the results with my own embodied human experiences and would hope other cisgender readers would be able to do the same. Authenticity since I used my own critical appraisal to ensure I expressed the feelings and emotions of participants’ experiences in a descriptive and faithful manner (Cope, 2014; Polit & Beck, 2012).

### 3.9.5. **Reliability**

Because this research is qualitative, its focus is more on the effects of “context and individual difference” (Smith, 2003, p. 259) than it is on generalisability or “error variance.” In each participant’s story, there were commonalities, which, in themselves, have their own definitions. These include sexuality, the specific types of surgery being performed, the hormone therapy offered to trans men, and the established stages of surgery. These “way points” in each narrative offered some reliability on which each unique story could rest. I found each participant had a different degree of dysphoria, pain threshold, personality type,

and survival style, but that these existed within an established framework of transition, which each individual had navigated in their own unique way.

### 3.9.6. **Validity**

Although I consider myself a trans ally, I am not personally part of the trans population, and so it would be understandable to question my interpretation of the findings, as I am essentially an “outsider.” Because of this, I conducted some member checking with participants as part of my analysis. Member checking is acknowledged as “a way in which qualitative researchers can assess validity”, and is “justified within the context of some types of phenomenological research” (Willig, 2013, p.37). Heidegger (1962, p.191) suggested that “every interpretation is already contextualised in previous experience... mediated and constrained by already existing knowledge”. As an outsider I am limited in the degree to which I can access the “voice that speaks from the text”, especially in terms of previous experience and historical, cultural and social context.

As previously noted, the choice of methodology for this piece of research centres on meaning making and Heidegger’s belief in an “interpreted world” (Heidegger ([1927]/1962)). The focus of the method is therefore not on descriptive phenomenology, whereby past experience is bracketed. Instead, van Manen (2016a, 2016b) places ontological focus on exploring participants’ experience of “being my true self”. I therefore felt that the thematic findings to emerge from this piece of research warranted respondent validation, this being compatible with van Manen’s approach to meaning making. In practice, member checking was carried out by contacting participants after the initial pilot study had been completed, and subsequently holding online discussions.

Participant feedback, or “respondent validation,” was obtained by requesting that participants comment on the findings and analysis (Silverman, 2015). Smith (2003) suggested

such a process can “highlight differences and contradictions between participants’ perspectives, or the suppressed meanings and functions of talk” (p. 263) and ensure their views are not misrepresented. I feel including member checking has enhanced the credibility, validity, and quality of my findings.

It is my belief each participant in this study, and indeed all people, experience life through their own particular “lens” of reality, this being influenced by such factors as upbringing, cultural context, class, race, religion, ethnicity, age, and demographics. I believe my choice of van Manen (2016b) as a method for this research has allowed “patterns and meanings to emerge from the study that have not been strictly specified in advance” (Smith, 2003, p. 265). I have been careful to situate this research within the context of existing theory and literature, whilst ensuring the interviews were participant led, using themes to guide my prompts. Although not racially or ethnically diverse, participants were quite diverse in their age, demographics, career choices, and socioeconomic circumstances, which also added to the validity of the findings. Due to the COVID-19 global pandemic, interviews were conducted online from participants’ homes. As a result, I found participants appeared comfortable to express themselves freely, which may have further added to the validity and depth of this research.

### **3.9.7. Response to the Verbatims**

During the research process I found myself deeply affected by some of the interviews. As someone who has had a relatively smooth, White-British, middle class up-bringing, and who identifies as heterosexual, I have not had any of the life upheaval participants have experienced. The participant I most related to was Tom, who is from a classically stable family of 2.4 children. I wondered how I would have experienced coming out as transgender

in my own family of origin, and concluded there would have been a great deal of confusion and invalidation. I doubt my parents would have had any idea how to navigate the news.

I found myself particularly impacted by Edward's verbatim's, especially during the analysis process, which required me to read and embody Edward's story at a deep level. I found there was something about the experience of reading his first verbatim, with its violence, neglect, and trauma, which led to a physical reaction in me. On finishing reading his story in early November 2020, I found myself compelled to lie face down on the carpet in my bedroom in the dark for around half an hour, before I felt able to continue with my day, and my body felt sufficiently calm to carry on.

When I met Edward for his second interview some weeks later, he confided in me that he had been physically sick before his first interview and in fact could not remember any of what he had told me. I was honoured that he had taken the decision to share his story with me, given the effect it had had on him. As I began to conduct the analysis and write up the findings, I also felt immobilised for around four weeks, as I grappled with whether I could justice to participants' stories.

Three participants grew up in the same era as me, and so the cultural and societal pressures of the 1980s and early 1990s that they described resonated with me deeply. I found myself wondering how I would have encountered these "girls" had they been in my year group at school. Would we have been friends, would they have been seen as "different" in any way? It struck me how unaware of gender and sexuality myself and the participants had been as we were growing up. At the time, awareness of anything other than heterosexual attraction and binary gender norms was almost non-existent, and there was no internet to turn to for answers.



### 3.9.8. Critical Considerations – The Insider / Outsider Perspective

As previously discussed, my own child has recently come out as transgender. What their experience has shown me, is that no matter how close I am to my child, and however much I may want to understand their experience, or that of any trans person, I can never truly know it. I will always be an outsider looking in, the only route open to me being to listen deeply, to empathise, and to become as informed as possible. I have also learnt in real terms, the importance of not generalising, stereotyping or making assumptions about any individuals' gender identity and expression.

As an outsider in this piece of research, there are certain strengths as well as challenges such a position brings. I am hopeful that my outsider position means that I have been able to engage with the narrative content in a way that is objective, authentic and 'fresh', attributes that are often seen as advantages of the outsider position (Kanuha, 2000, p.444). Although previously unaware of the insider/outsider debate in qualitative research (Kanuha, 2000, Bonner and Tollhurst, 2002, Asselin, 2003), one critical aspect of my outsider status during the interview stage related to whether participants were comfortable with my position. I was very pleased to find that they were, and in fact some of them commented that they were pleased that a cisgender person was interested in their story, and may be able to act as a conduit for disseminating their experiences more widely, especially among other therapists.

A further potential advantage of my status as an outsider is in relation to van Manen's phenomenological method, which requires as its first stage a degree of "*epoché*" or "*suspension*" (van Deurzen, 2014, p.71). As an outsider, I am arguably likely to have fewer preconceptions requiring bracketing than had I been exploring a shared experience as an insider. Described as "clearing our consciousness of previous knowledge and setting this aside, this process is may be seen as "a movement of purification of our intentionality", (van Deurzen, 2014, p.71)

The insider position has certain advantages, as outlined by Bonner and Tollhurst (2002), that are not accessible to me. These include “a superior understanding of the group’s culture, the ability to interact naturally with the group; and a previously established, and therefore greater, relational intimacy with the group” (Breen, 2007, p.163). I have none of these things, but I have made a conscious effort to inform myself regarding the transition process, trans terminology and common issues such as passing. In a sense, I gambled that my ability to connect with people and build trust, my limited knowledge, and my genuine interest would help bridge what could have otherwise been an impassable ravine of mis attunement, and even naivety, especially in terms of the, at times, somewhat explicit content of the interviews.

#### **3.9.9. Member Checking**

As previously noted, the process of member checking took place after I had completed my pilot study, transcribed all the interviews, and conducted the initial analysis. Participants were very willing to take part in this process, which centred on several areas within the findings that appeared to warrant further exploration and clarification. These included a deeper exploration and understanding of what it is to be male or female, concepts of patriarchy, how being trans has changed in recent years, and the “second coming out.”

One of the most thought-provoking discussions centred on understandings of what defines us as either male or female. The findings suggest some trans men consider themselves to be fully complete men as soon as they can pass, while others only feel complete once they have completed the full surgical transition, including phalloplasty. At the earliest point in transition, the initial shifts towards passing are due to hormone therapy, alongside changes in external presentation and name change. Physically a trans man may still retain their birth genitalia and may or may not have undergone a mastectomy. Alongside this, the inner knowing that “I am male” may have existed since very early childhood. Member checking

confirmed the view that having a sense of “being male” is a complex interplay of inner knowing, external presentation, and acceptance in the external social world, that does not rely on physical changes.

Member checking also prompted me to examine more deeply what it is that makes me see myself as female. Although I have had two children, I identified as female before I underwent puberty. Following the menopause, I will not be able to have children, but will still consider myself female. This suggests a longevity and stage process to female identity, which may also be mirrored in trans men when they talk of feeling male as “boys” or prepuberty, and of undergoing a “second adolescence” during transition. Sexual maturity also seems to be a factor, with the ability to have sex as a man being the goal of many trans men, alongside the ability to urinate standing up. When I asked why this was so important, the answer given was that it may have to do with being seen as “part of the pack,” of being a gateway to feeling accepted and being part of the male tribe.

If male and female identity begins with the self, the question then becomes: Where does that originate? Some possible answers could be genetics, hormones, and neurobiology. The participant I discussed this question with told me they had noticed their thinking is much more logical and focussed just after they have taken their testosterone. Research is ongoing in this area, but the participant wondered if it could be that trans men are born with a more logical brain patterning which predisposes them to more typically male ways of thinking. The discussion led to a consideration of how many of participants reported their female identity had been enforced by their parents, and specifically their mothers, who pushed party dresses, and other stereotypically female ways of being onto them as children. Even though there is no reason why a boy would not want to play with dolls, there was something about the imposition of external stereotypical conditioning that participants instinctively rebelled against. Where there were opportunities to take on more ‘masculine’ activities within the

family system, these were seen by the participant I spoke to as potentially reinforcing their formative masculine identity (e.g., lifting things, taking responsibility, being strong).

Interestingly, when asked about the concept of male patriarchy in the workplace, which had come up in the findings, the viewpoint given was it may depend on whether the workplace was white collar or blue collar. In an office setting, there are more likely to be a mix of women and men where male privilege has the opportunity to gain traction, whereas factory settings are often male-only settings with a flatter hierarchical structure. The view given during the discussion was that, in a social context, as seen in the findings, male patriarchy can come into play. For example, men may be likely to get served first in a bar, but equally it had been noticed that, as a man, a door is more likely to be “slammed in your face.” It was felt following transition, there was possibly some balancing out of privilege in daily life.

A further discussion took place around whether older trans men have more of a fight/risk taker profile. The findings suggested that to transition before surgeries and transition protocols were established, when being a trans man was largely unheard of, required a high degree of drive to succeed. During member checking, this view was endorsed. It was also noted that gender transition could be seen as a privileged position, as it is often expedited by private funding, high levels of emotional support, and the ability to navigate paperwork, waiting lists, and gender identity clinics. A person for whom English is not their first language, and who does not have support, employment, or private funding, may find it extremely difficult to complete their transition, even in 2022.

It was also noted that the two participants who had felt the most male in childhood had grown up in the North. It was speculated during member checking that this may be something to do with the traditional demographics of the working-class North, which possibly created less distinction between the male and female roles, as in a predominantly

manufacturing and mining society, all were expected to “muck in,” meaning girl children were possibly historically less pressured to conform to social gender stereotypes.

In contrast, it was suggested that the more agrarian South traditionally had the safety net of large estates where the working class either worked on the land or in-service. Victorian notions of morality, status, and religious standing were paramount in such societies. In line with this kind of thinking, the two participants from the South were noticeably more concerned with what others thought, and this had delayed their decision to transition. They had also been pushed more into the female role as girls and found it harder to put themselves first. Although attachment style and family dynamics clearly play a role, it would be interesting to explore further how demographics, social pressures and historical gender roles may have impacted the experience of gender transition among trans men

### **3.10. Ethical Considerations**

My primary source of ethical guidance during the process of recruiting participants was the BPS Code of Ethics and Conduct (Oates *et al.*, 2021). Prior to conducting this research, I submitted a full ethics application and risk assessment to the Joint Ethics Board at Middlesex University and NSPC, who approved it as also meeting BACP requirements. A copy of the approved submission is included in Appendix B. I also submitted further requests to the Ethics Board, seeking approval to conduct interviews online due to Covid, and to carry out member checking. Both of these requests were approved by Chair’s Action, and the amendments included in the Participant Information Sheet

All participants were given a participant information sheet (see Appendix C) and asked to sign a consent form (see Appendix D) prior to participating in this research. Following the interviews, all participants were given a debriefing sheet (see Appendix E). All participants were made aware that they could withdraw from the study at any time.

### **3.11. Special Ethical Considerations**

#### **3.11.1. Anonymity**

All participants had been passing as their chosen gender for a number of years and in some cases they were very comfortable with their trans identities being disclosed to work colleagues, friends and locals. Nevertheless, disclosure remains a matter of personal choice, and were their identities to be inadvertently compromised, there is the possibility this could result in harm to participants that went beyond the identification of them as participants in this research.

To protect participants' identities, their names were anonymised in the transcripts and throughout the thesis, and pseudonyms were used. Other potential identifying factors, such as place names, were also altered or generalised for the same reason. Details of participants' professions were also obscured and replaced with a general statement. Anonymising participants' identities was felt to be especially important since gender transition includes the desire to pass as the chosen gender, including the adoption of a new name and of the mannerisms and personal style that feel congruent to the trans man as they present as their chosen gender.

#### **3.11.2. Protection From Harm**

Throughout this research, I have been aware of how potentially vulnerable to distress arising from sharing their stories and from discussing their identities in depth participants could be. To mitigate against this, I ensured from the outset that the recruitment process was conducted in a collaborative manner. I wanted to ensure that participants felt at ease talking to me, and that they saw me as a compassionate trans ally. The recruitment of participants

through a local trans group and through purposive sampling aided in fostering a sense of trust and openness when the interviews began.

I made sure to only recruit participants onto the study who were not currently experiencing any kind of mental health crisis and were not under inpatient or outpatient psychological care, as this may have led to them being excluded due to possible emotional or psychological vulnerability and risk of subsequent harm. All participants were keen to tell their stories, and told me that this was especially the case if it would help other younger trans men going through their own coming out and transition processes.

When the interviews themselves took place, I was careful to create a safe and trusting space. I did this by assuring participants that my own space was confidential and ensuring that they too felt safe in their chosen spaces. The change to online interviews necessitated by Covid resulted in participants being interviewed in their homes, which I feel added to them feeling safe and contained during the interview process. I also chose to dress in a semi-casual way, and adopted a softer, more compassionate style of interviewing if I felt this was warranted by the direction or content of a particular interview.

As an example, when Edward disclosed to me prior to beginning his second interview that he had been physically sick before his first interview, and could not remember any of what he had told me, I made sure to stress that he did not have to continue with the second interview and that we could arrange an alternative time for the interview if he did not feel he wanted to proceed. He told me that although he had found the first interview challenging and had been nervous about it, he had, in retrospect, also found it healing, and that he was keen to proceed as he believed sharing his story could help others.

I felt it was important to honour Edward's desire to continue with the second interview. He also told me that he had found the Covid lockdown very challenging (the interviews took place just as lockdown was lifting) as he had been living with his mother and

his formerly abusive father. He had also recently experienced a relationship breakdown and had a lot on his mind at the time of the first interview. The second interview proceeded smoothly, but I was careful to tend to the debriefing aspect of the interview with his personal story and recent circumstances in mind, and also to signpost him to other support networks as indicated in the debriefing sheet.

It was challenging for me to experience Edward's distress during only my second ever research interview, and I acted spontaneously in a manner which I felt was most supportive at the time. I am sure that a greater degree of research experience could have furnished me with more skills to work with the situation as it unfolded, but I am a relative novice in this work and so utilised the tools and learning I had available to me.

I stressed to participants that they could stop the interviews at any time, and there were some occasions during the interviews when there was a longer pause before the conversation moved forwards. At no time did I seek to drive the discussion, seek out or pursue the more challenging aspects of participants' stories. At all times, the interviews were largely participant led and non-directive in terms of the flow of topics and time spent on each. There was a gap of several weeks between the first and second interviews of each participant specifically to ensure that any feelings, memories or challenging experiences that were activated as a result of the interviews had time to settle. Prior to beginning the second set of interviews, I ensured that participants were comfortable to continue.

### **3.11.3. Potential Distress**

The transgender population is seen as higher risk than the standard population in terms of ethical considerations. In terms of considering any special ethical issues that might arise, a number of areas were seen as important. There was the potential that I may inadvertently harm participants during the interviewing phase. Potential issues could include



use of the wrong pronoun, a misjudged comment about a participant's physical body or dress, or a misplaced reference to participants' previous gender and persona, which could prove triggering. There was also the possibility that participants' family or partners had not been accepting of their transition, and so the interviews also had the potential to trigger past hurt and trauma in this regard. As such, all interactions with the participant population were conducted with a high degree of sensitivity and flexibility, especially as the potential for harm would vary from participant to participant.

Mindful of my position as an outsider, I sought advice from members of the local trans group on potential sensitivities regarding possible interview questions prior to conducting the pilot and wider research project. Through my participation in various online trans forums as a result of conducting this research, my connections with two local trans groups, individual client experience, and my own personal experiences with my child and with friends, I felt that I was as prepared for conducting this research as possible in terms of terminology, approach, vocabulary and awareness of sensitivities. I was aware that however prepared to conduct the research I might feel, my preparedness would always be constrained by the limitations of being cisgender and therefore an outsider to the experience.

I brought my own skills of listening and containing with sensitivity to the interviews, but I also recognised that while I am in the role of interviewer I am not acting as a therapist. My therapeutic experience did however mean that I was able to be mindful of the 'leading edge' during interviews such that I could actively seek to draw interviewees back from the edge of any trauma, dissociation or distress if I felt that was necessary.

Onwards referral routes were available to participants and highlighted to them in the debriefing sheet and verbally during the debriefing process. Specifically, these included The Samaritans, LGBT Foundation, which is a national charity delivering advice, support and information to LGBT communities, including a counselling service accessible via telephone

and email, as well as details of Trans Unite, which has a website containing information on over one hundred verified UK based trans support groups, including local groups and online support.

The debriefing process also included thanking participants for their participation, reiterating the importance of anonymity in terms of data collection and processing, and an opportunity for participants to talk about the experience of having been interviewed and ask any questions. All participants were interested to know more about how their interviews would be used to help other trans men, and all expressed a desire to be sent details of the findings at the conclusion of the research.

#### **3.11.4. Confidentiality of Data Under the Data Protection Act**

All data generated during the study were treated confidentially and stored securely. When participants were given the initial information sheet it was stressed to them that all data generated would be treated confidentially and in accordance with GDPR requirements.

### **3.12. Conclusion**

This chapter has discussed the historical context of the van Manen's method (1997, 2016a, 2016b), and set it in the context of phenomenological methodology. It has appraised the hermeneutic research methods and given a rationale for the choice of method. This was followed by a detailed data collection and analysis section, including step-by-step guide to the analytic process. Further section focussed on the reflexive statement, and included discussion of the outsider perspective, as well as other aspects of the chosen reflexive method (Etherington, 2006). Lastly, the chapter considered the discussed the ethical process undertaken during this research, placing particular emphasis on the steps taken to mitigate potential harm to participants as a result of this study.

The following chapter illustrates the findings of this study in detail, presenting them as five essential themes, and relating them to van Manen's (2016b) lifeworlds.

## **4. Findings**

### **4.1. Introduction**

This piece of research was conducted to explore how transition influences identity in trans men from an existential phenomenological perspective. As described in the previous chapter, van Manen's approach (2016b) was employed, with five essential themes being identified, these being; 1) The Surrendered Self: not fitting in and having no choice, 2) Crisis and Realisation, 3) Pain, Dysphoria and Confusion, 4) Coming into Alignment, and 5) No Longer Hiding. In this chapter each essential theme is discussed in turn alongside a consideration of the relevant existential lifeworld. Verbatim material has been used to illustrate each theme.

### **4.2. Essential Themes**

#### **4.2.1. Essential Theme 1 - The Surrendered Self: not fitting in and having no choice**

The first theme relates to participants' spatial lifeworld, and explores how they experienced their felt sense of *lived space*; the space in which they found themselves, both during transition and in the period leading up to transition. Aspects of spatiality considered in this theme include participants' sense of "how they move and find themselves at home" (van Manen, 2016b, p.102) in the world. The concept of "*home*" is explored throughout this theme, both in terms of whether participants were able to feel at home with themselves, as well as how they experienced their home life, and the day to day context of their lives. Ideally the home should be a place of safety, security and sanctuary, yet as shall be seen, for participants, the home was frequently the first place where their inner sense of who they felt themselves to be was invalidated and denied. Over time, this disavowal led to a surrendering

of self which brought participants to something of a place of invisibility as they attempted to conform to external gendered norms.

The contents of this theme illustrate participants' experience of constructing and living with an acceptable but inauthentic façade. They offer an example of how what might be termed a "*false self*" is constructed, in order to protect and replace the denied and suppressed, if formative, male identity of participants. In its place is created a functional, somewhat brittle, self. It is this self that is presented to the world, and which participates in day to day life, thereby enabling participants to find a "*home*" of sorts within society.

When exploring their sense of how transition had influenced their identity, all participants spontaneously described having had an innate knowing as children that something was awry in terms of how they naturally expected themselves to be met in the world, and how they were experienced. Each participant in turn reflected on how they had worked to make sense of this dissonance and the emergent splitting it had begun to create in them.

For Edward and Brad, their sense of knowing manifested itself as a very strong feeling that they identified as male. Yet when they expressed this to others, most notably their parents, it was denied. They recalled often being referred to as tomboys, a label which enabled those around them to make sense of their non-conformity. Brad described this experience as follows:

*My earliest memory is of the age of about four of five. There was obviously the struggle with, you know, I'd always thought I was a boy, when my Mum said to me I was a girl. I'm the youngest of five. I've got three brothers. Three brothers and a sister. But, I was always just classed as a tomboy. Information wasn't there*

*I think I just buried that at a very young age and just tried to get on*

Edward described a similar experience observing:

*I often said to my mum, 'Why am I not a boy?' I don't remember much of the conversations, but she does remember that I was asking a lot, why I was as I was. I mean, when I was very young*

For other participants, their sense of feeling male was less pronounced or conscious, but nevertheless resulted in confusion and a sense of not fitting in. Tom also remembered being labelled a tomboy, and gradually letting go of his early feelings that he was male. Once again, the role of the parent, and in particular the mother, was evident. For Tom as for all participants, his mother appears to have been the source of projected expectations, as well as being responsible for upholding moral codes in terms of dress and behaviour. The result was that the genuine expression of self gradually became arrested in all participants, who had no other sources of reference in terms of gender identity, and lacked the vocabulary to explain their feelings. The narratives contain descriptions whereby it is possible to see how external projections became internalised as truth, with the result that participants essentially gave up pursuing what was in any case an undeveloped and unarticulated sense of self. As Tom recalled:

*I don't think I really thought "oh, I'm not a girl," because I was told I was and so I had to accept that. It was just the fact that I didn't feel like the way I could see that other people, other girls behaved, or I didn't feel like I was really, sort of, so aligned with a typical girl. I was more aligned with a typical boy, but I think, you know, I used*

*to get called, “oh yeah, you’re a tomboy” or whatever. So, I’d get all these labels, that I thought, “oh well, perhaps that’s what it is then.” And you sort of accept it to a point*

*In my very young days I think I still, I’ve always had this feeling, I suppose, that my gender wasn’t female*

The conflict between participant’s emerging sense of themselves, and the stereotypical and presumed female identities projected onto them, was illustrated in participants’ shared experiences of clothing and play as having been areas of frequent conflict during childhood. With limited agency as children, rejecting female clothing and actively choosing traditionally male forms of play, which in any case felt more natural to them, appears to have been a means by which participants could express themselves and their innate sense of gender as children.

Tom recalled being horrified and throwing a tantrum as a young child when his mother bought him a cowgirl outfit, as he wanted to dress up in a cowboy outfit like his male friends. Yet his innate sense of self as being male had no place in his family of origin with the result that it did not find expression, but instead became suppressed. Societal awareness of gender was very binary at the time participants were growing up, and there was a sense of multiple layers of expectation to conform bearing down on participants through the mouthpiece of their parents.

One of Tom’s first recollections was of having an emotional response at being given the option of wearing dresses as opposed to shorts and t-shirts. He remembered his mother referring to the fact he always seemed to be choosing more boyish clothes and toys, and of feeling jealous of his younger brother, noting:

*My parents were very gender-stereotypical and they would buy me things that they thought I should be playing with and colours that I should be wearing. And my mum in particular always wanted to be, if there was a party, at five or six years old, like, back in the 70s, you basically just went around to each other's houses, you, kind of, had to dress up in your party clothes*

For Tom, the experience of going to his male friend's birthday parties was especially challenging, as it highlighted the difference between him and his friends, and the dissonance between how he looked and was experienced, and how he felt on the inside. In his descriptions there are clues as to how Tom experienced the spatial aspects of his life. He recalled making decisions for his Cindy dolls when he could not make decisions for himself, an outlet for expression he seemed to find cathartic. Denied the possibility of living according to his authentic impulses, the following extract illustrates how Tom created a world in which he could both resolve the dissonance he felt, but also create and impose absolutes onto the protagonists. It is an interesting depiction for the way in which it illustrates the spatial aspect of Tom's inner and outer experience, and how important the optics of appearance were for participants. He described the experience as follows:

*Well, Cindy's not going to be wearing these ballet clothes, I'm going to get rid of those. And whenever I was allowed to, sort of, choose some, you know, you could go to the shop and buy outfits and I would always look for the ones where I could get some jeans and anything that wasn't going to make her look like the way that she was supposed to be presenting. I thought, "not doing that. But she can have a horse, she*



*can have a car, but she's not having the dresses." So, I was, like, making decisions for my dolls about, I think what I really wanted. I think that was quite good*

In common with other participants, Brad too described battling with his mother, and recalled being given makeup seven years in a row as a teenager. Having an older sister meant that he was under constant pressure from her to conform to gender norms. He recalled:

*She always tried to get me to have my hair longer and put makeup on me, but I didn't want to.*

*They were always trying to feminise me*

This sense of dissonance, of wanting to conform, was further encapsulated in the first part of Edward's transcript, in which he recalled:

*I never chose to be a girl. Never. Never accepted it. What I did was I just locked that part of me down. Because I realised I couldn't show it. I realised I couldn't be who I am. So, as I grew older, when I went to school again, I was still a boy, you know? I just looked silly in a skirt*

In Edward's words it is clear that he had quite a distinct sense of separation between that part of him he had to keep hidden, and the external façade he presented to the world. In a sense, the part of him he had chosen to lock up was not so much homeless, as incarcerated. But as will all things suppressed, they often find a means of expressing themselves, albeit in a covert manner.

Since legitimate gender expression was not possible for participants, they became increasingly covert in their desire to express themselves and make sense of their inner conflict. As Edward reached puberty he described starting to wear packers in his trousers, which he recalled gave him a sense of having a meaningful male identity, albeit known only to him.

Growing up in quite an authoritarian family system like Edward, Tom also described becoming more covert in finding ways to make his external life more conforming to his inner world. In Tom's words there is an awareness of having actively chosen to compromise his sense of self in order to function, and to situate himself within his family system. He described his interactions with his mother as follows:

*I was gradually able to influence her not to be buying me dresses but more like trousery-type things. So, I'd always try to be pushing to get something that was kind of a compromise, even though I might have absolutely not, you know, I would have preferred to be wearing a male shirt and trousers, but that was never going to happen, so I had to go with some sort of female shirt and trousers*

Like Tom, Charlie also described his mother making him wear party dresses and other clothing items he hated. Her efforts to force him to conform to a female gender stereotype, and shaming him when he resisted, only reinforced and magnified the dissonance between his private inner world and what was rapidly become a false persona. He recalled:

*I remember she told me I was a freak because she bought me this little hot pant suit from Pippa Dee, hideous little thing it was, and I hated it and I told her I didn't want to. And she'd say, 'What is the matter with you? You keep dressing like a boy. You're*

*like some sort of freak or something. I buy you these lovely clothes and you won't wear them.*

In both Tom and Charlie's recollections there was a sense of parental coercion, invalidation, and even "*emotional blackmail*" as Charlie described it, which led to inner conflict, people pleasing and putting others before themselves. Home did not exist spatially as an experience wherein participants had the freedom to be themselves. Instead, it was a place where the authentic expression of self was denied, invalidated and disavowed. In a sense it was not safe to be themselves.

Having enjoyed unfettered freedom while being home schooled, there was a sense of increasing confusion and withdrawal once Edward joined mainstream school, and was forced to conform more in general, but also to conform to his birth gender and the societal and cultural norms associated with being female. As participants grew older they appear to have experienced increasing levels of internal distress as they gradually surrendered more of themselves in order to fit in. There was almost a sense of the self being assaulted, and of having to survive multiple attacks coming from the external world as participants described their experiences as they grew older and began to encounter the pressures of puberty, sexual awareness and relationships. Edward made the following observation when describing his experience of growing older:

*It wasn't until I had to return to school, when I was eleven, that it really started being painful*

*[adolescence] was a very lonely time for me because everybody was owning the role of being female or male and I didn't fit in either*

The loneliness and confusion in this statement was tangible and echoed in the experiences of all participants to varying degrees. Tom also found some aspects of being a teenage girl very challenging. He recalled having a circle of friends, but then finding that if he did go to a disco with them he would want to wear trousers and a blouse and would feel very out of place. He preferred having boxing fights and doing karate with his younger brother. Once again there is the sense of compromise, of finding covert ways to flex legitimate gender expression through clothing and play, but finding there was a natural limit beyond which lay a literal female “*no man’s land*”.

There was a sense of growing invisibility of self in all participants’ narratives as they became teenagers and came face to face with the gender binary norms and expectations of society. Edward described how starting middle school meant entering a gender segregated world in which you were either a boy or a girl. Where previously he was accepted by the boys, now he was not, and the pressure to conform grew even stronger.

There was a feeling in the narratives of all participants that pressure from peers, and rigid adherence to the gender binary norms of the time left nowhere for participants to situate themselves or find a home. Other gender non-conforming identities such as non-binary and gender fluid were unheard of at the time when participants reached adolescence.

The only option available was to attempt to conform, but in so doing, participants found themselves rejected by boys as being female, and not able to mix easily with girls either. Brad described having no awareness of being a boy as he entered his teenage years, despite having felt that he was male earlier in his childhood. He recounted burying that part of him at a very young age and just “*trying to get on*”.

Reaching adolescence also coincided with participants coming into conflict with parental expectations of how girls ‘should’ behave. Edward recalled being told by his

mother to cover himself up with a top, having previously spent the summer in swimming trunks. He described the moment:

*One particular occasion, my mother said, “No, you can’t do that anymore. You’ve got to put a t-shirt on.” I went, “Why?” She said, “Because girls don’t do that. You have to wear a t-shirt. It will upset the neighbours.” I couldn’t understand it because I was a boy*

Tom had a similar shift in awareness, having also spent the summer wearing:

*what was essentially the bottoms of the costume instead of trunks, and feeling like I was basically wearing swimming trunks*

He also recalled a strong pressure to cover up his top half, instigated by his mother. In both narratives there is once again a tangible dissonance between Tom and Edward’s private sense of themselves, and their public selves. Societal and cultural norms ensured there was no choice for Edward and Tom but to conform, and in so doing hide a part of themselves.

Brad also recalled similar feelings and finding that the onset of puberty marked the separation of the genders. He described this time of his life as having been “*extremely difficult*”. Charlie similarly described experiencing extreme loneliness when growing up, and finding having female friends very challenging. Yet, he also described feeling afraid of boys even though he wanted to be like them. He recalled:

*When I was growing up, I was also quite a loner. I didn't feel I fitted in with girls, but I felt uncomfortable around boys.*

In their narratives it is possible to discern how the more extrovert, stronger personality of Edward was more able to “*run with a pack of boys*” without feeling threatened by them, whereas, for Tom and Charlie their gentler natures meant this was not an option. Although Edward also suffered from loneliness in his teens, this was more due to the boys not wanting to associate with a girl, than his being scared of them. Consequently, for Edward there was more of a sense of having been rejected by other boys as he grew older. It is interesting how gender boundaries and expectation affected all four participants to varying degrees, causing significant confusion and loneliness in the process.

As he grew older, Brad explained the process whereby he and other participants gradually began to make decisions that were not congruent with their authentic selves, and which fed into the sense of growing surrender palpable in the narratives of each participant:

*You battle with yourself and go . . . hmm, let me try and figure this out. You, sort of, try and just fit into societal norms. So, obviously you're not particularly happy, you know. And, you don't really fit anywhere, because as a teenage girl growing up in the 80s, early 90s, everybody's got girlfriends and boyfriends, and you're like, “Well, I will do, but I don't really want to.”*

As a result, and operating within the constraints of what was socially acceptable at the time, all participants had relationships with other boys and then men. Edwards first relationship, and first sexual experience, came after he went to his GP desperate for answers. It turned out to be one of the most traumatic and upsetting moments of his life. He recalled:

*I went to the doctor when I was 18 and said, “I think I’m a boy. I think I’m a boy. I’m scared, I feel like I’m a boy. I’m getting chest hair; my periods aren’t happening properly. I think I’m a boy.” His answer, “Go get yourself a man”*

Edward told me that as he recalled this experience it made him “*want to cry*” for the young person he had been at that time. Sometime later, Edward entered into a relationship with an older man which developed into engagement and plans for a house and children. He described this experience in a very passive, complicit manner, and it was clear he felt at this point that he had no choice but to surrender to his partner’s wishes and conform. He said,

*I had to accept this guy and possible marriage, and the end of my life*

In Edward’s words as he describes “the end of my life” there is a real sense of a giving up of self that is now reaching a terminal point. During this period of his life Edward described going “*more and more into my shell*”. and commented that he found it challenging dealing with the enthusiasm his partner felt for the relationship when he felt nothing inside. Edward recalled that the only area where he and his partner had authentically connected was that

*he liked me because I enjoyed tinkering around with engines*

Tom had a similar relationship dynamic and noted of his boyfriends:

*I think that I wanted to be more, like, friends with them and I actually-, It sort of got to a point-, I mean, I pretty much broke it off with all of them in the end [laughter].*

*But, you know, one, when I was, like, 18, this guy was really, sort of, keen on me. The thing is, I think I was a bit more, just in awe of his masculinity. It wasn't that I really wanted to be with them, I wanted to be like them*

Forced to leave his family home when his mother found out he was having a relationship, Tom ended up staying in this relationship for over six years in order to retain his home, even though the relationship was not good. There was a similar sense of passivity, and of giving up, at this point in Tom's narrative to that expressed by Edward. Once again there is evidence that from a spatial perspective, neither Edward nor Tom had found a place to rest. Their homes did not feel safe or authentic and that part of them which was functioning in the world had become increasingly performative and disassociated.

Tom had also begun wearing more feminine clothes to please his abusive partner and having sex even though he did not want to. He noted:

*he did have a bit of temper, as well. He used to, sort of, throw things around, which I didn't like. He was a bit older than me, and he did want us to, like, have sex and stuff, and I went along with it, even though, again, I wasn't really into it*

Both Edward and Tom appeared extremely lost and vulnerable at this point in their lives, as though they needed protecting physically and emotionally, but also that their sense of selves needed protecting from further erosion.

Brad also recalled having boyfriends during his early adulthood because he was trying to fit in, but these relationships were more about friendship than romance. Charlie went further, marrying a man and having children in an attempt to conform. The price of this for



Charlie was feelings of extreme guilt and shame, which eventually led to the marriage ending. Charlie described he feelings as follows:

*And I thought, 'Why are you feeling guilty? Why are you feeling like this dirty, guilty feeling, when you're doing what society expects you to do?*

All participants stressed how limited or non-existent their knowledge about sexuality and gender had been during their early adulthood. They existed within a knowledge vacuum that was a function of the times; of the absence of information, of prejudice, of no internet, and of Section 28, which prevented any information about LGBT+ from being taught in schools (Local Government Act, 1988).

In common with other participants, as a young adult, Tom was completely unaware that he could be transgender and unaware it even existed as a possibility. He therefore decided the only possibility was for him to come out as lesbian. He observed:

*It just didn't occur to me, I didn't think I really had any name for how I felt and I thought well, "You know, there's nothing really to look for, this must be how it is*

In Tom's description, as with those of other participants, there are examples of him trying to make sense of something he does not have the vocabulary or awareness to name. His trans identity was invisible to him, as well as not existing as a possibility in society. Participants had no choice but to try and make themselves fit with the available options available to them. In Tom's words, there is a sense of surrender, of giving up, and even of loss that could be associated with Tom's words, Even as Tom took on an identity as lesbian, his words convey a sense that this was not his natural resting place.

It was not until Brad left school that he too decided to come out as lesbian. He described his coming out experience as one of trying to make himself fit into societal norms, recalling of his decision as follows:

*it was the nearest I could get – this is what I must be. So, all right then*

Brad continued trying to make his lesbian identity fit for another seventeen years,

*but constantly battling with something inside that I didn't know I was battling with,  
so I wasn't the happiest of people*

As Brad explained,

*It wasn't quite right. It didn't quite fit. Again, trying to fit into another societal norm  
within a community that was fractured within itself*

In Brad and Tom's words there is once again a sense of them trying to find authentic expression, of trying out different available identities to see if they fit; to see if they might find a home. In that, it is almost as though participants were trying to find a way in which the external might mirror back their hidden trans identities. In looking for the best available fit there was a feeling of energy being exerted, almost as if a dividend might be received. Listening to participants' various descriptions, the continual and futile nature of their quests to fit in and to find a tribe was palpable.

Despite valiant attempts to conform, all participants found their attempts ultimately failed. All ended up coming out and now live visibly as trans men. In this sense, it could be

said that they have finally found a home. Through coming out and transitioning, the context of their lives now makes sense, and they are able to feel at home with themselves, but also to be in relationship in a way which is congruent with their true identities as trans men. In coming out and transitioning, they effectively deconstructed the defensive façade of their false selves. However, this was not easily won, and was preceded in all cases by a painful process of suppression and denial which led to each participant living invisibly for many years and surrendering themselves in the process. The following themes will explore the process through which participants were able to move to a place where they no longer needed to hide and could live in truth. In so doing they have been able to align their inner experience with the everyday context of their lives, and in so doing finally achieve a congruent sense of self.

#### **4.2.2. Essential Theme 2 - Crisis and Realisation: stepping into the light**

This theme focusses on the temporal aspects of being a trans man, and explores how lived time was experienced by participants in terms of the research question. Aspects of temporality such as how identity was experienced in relation to both chronological age and the process of transition are explored. Woven throughout the findings in this section is a general theme of temporality, but this lifeworld also relates more specifically to the pivotal temporal moments of participants' lives as they each came to the realisation they were transgender, and embarked on transition.

The concept of life as project and participants' situatedness is explored, building on the previous section with its focus on surrender and the giving away of the self. Participants' experiences of living in desperation and feeling as though they did not fit in is contrasted with how they were then able to move forwards with hope as a consequence of coming out

and transitioning. There is a sense of the self being reimagined and reinterpreted, as old imprints and experiences from the past give way to the pursuit of a more authentic way of being-in-the-world.

This lifeworld is slightly different to the others in that it acts as something of a gateway between the inner lived experience of the self described in the previous theme with its focus on the spatial, and the following sections.

At differing points in the timeline of their lives, each participant reached a place of crisis as they came to the realisation that they were transgender. It was noticeable that all participants had the impulse to use the research interviews in part to record and give voice to the struggles they had experienced as children in relation to their gender identities prior to transition, even though these events were many years in the past. It was almost as though they needed these experiences to be witnessed. Alongside these gender specific challenges, some participants also experienced other wider adverse life events. This was particularly evident in Edward's narrative, whose early story was striking for its poverty, neglect, and chaotic schooling.

Of all participants, it was perhaps Edward whose core sense of self had already been most negatively impacted by his wider familial and social environment prior to transition. He made the following observations:

*I've had major depression all my life. From as long as I can remember*

*When a child tries to kill themselves at four it's not really a joke is it.*

*I felt so lonely.*

*I had a lot of ill-health. I had to deal with a lot of epilepsy – that was very scary*

*I was beaten up and left bloody in the playground many times*

*I had to be the other parent [to my sister], my father wasn't there*

These experiences would arguably later compound Edward's struggles when he came out and transitioned.

In contrast, Tom was from a very secure background, but he too spoke of experiencing loneliness and desperation during his early life as he attempted to conform to gender expectations. In his recollections, and those of other participants, a real sense of emotional pain was often conveyed. These difficult childhood experiences had, in a sense, been left suspended in time, waiting to be integrated into participants' lives. The feeling was often one of repeated internalised low-level trauma. Tom recalled:

*My parents were very gender-stereotypical and they would buy me things they thought I should be playing with and colours that I should be wearing. My mum expected me to wear this long horrible party dress and [the boys] were wearing...shirts and trousers. I just remember feeling very traumatised.*

Participants' childhood and adolescent experiences led to a gradual giving away of the self as described in the previous section, which for Tom eventually culminated in him "cracking", an experience that was similarly echoed in the narratives of all participants. In their stories, there was a noticeably familiar trajectory, albeit with individual variation in terms of personal circumstances, whereby the inauthentic self being presented to the world gradually became untenable. This process was articulated in Tom's words as he described coming to the realisation he was trans. He noted:

*It's not about trying to convince yourself of anything, it's almost like you're letting go of trying to be something else that you know you weren't*

Three participants described having what was referred to separately by each of them as a “*lightbulb moment*,” leading to a period of investigation, and an overwhelming desire to move forwards into transition. Their descriptions of realisation via their “lightbulb moments” seemed to be experienced by all participants as both energising and motivating, propelling them forwards with speed. Brad described the process as follows:

*Once that light bulb moment comes, that you find that missing piece of the jigsaw and that is that you need to transition, you want it and you want it now*

During his early twenties, Edward began to dress in an increasingly masculine manner, and developed an identity as a man, without consciously realising that was what he was doing. He reflected that at this point in this life he was still completely unaware of what being transgender was. This did not however prevent him from moving forwards in pursuit of his truth, observing:

*I was developing an identity as a man. Still didn't know anything about transgender, at all. That didn't exist. It wasn't around. Nobody knew about it. If it did, it was called “transsexual” and it was a male going to a female*

*As soon as somebody told me about being transgender, I just collapsed because I suddenly knew that they were talking about me. I didn't know it existed*

For Edward, the critical turning point came when he and his partner, who had some knowledge of trans people, began looking up “what is transgender,” online. He recalled:

*she said to me, “I think you’re transgender.” Just immediately, it clicked. I went, “Oh my God, I am.” It was like somebody had just flicked a switch and just allowed me to suddenly live. That somebody had just said, “It’s okay. You’re not weird. You’re not a freak. You can be who you want to be.”*

*It was such a revelation that I cracked, and all the years of trying to stay hidden, and all the years of everything that I’d held onto, the emotion, trying to keep the family together, me trying to conform, the lot, and I cracked*

Edwards choice of words in this description are interesting when considered in the context of how he experienced his transgender identity. He uses the word “hidden” and it is perhaps the case that Edward, who identified as male at an early age, was the least successful at constructing an acceptable façade. It was Edward who transitioned the earliest in age and who experienced the greatest degree of dysphoria when compared with other participants.

Like, Edward, all participants described difficult periods of depression and mental breakdown associated with coming out and transitioning. For Charlie, it was a complete breakdown, which included being detained under the Mental Health Act (1983) and living as an in-patient for nine weeks, that preceded his lightbulb moment. Charlie reached a point where he simply could not go on as he was, stating:

*It had got to the stage I did not want to look after myself...*

In his words, something of a rejection of self is discernible. It was a time of total collapse. During this time, Charlie remembered his sister saying to him:

*Look, you have had issues of one description or another for years. There's something underlying. You can't go any lower. You can't get any further down, you can only go up. This is the time, while you're with people you can discuss things within a safe environment, for you to address every issue.*

For Charlie, the final point of realisation came during a conversation with a psychiatric nurse, when she asked him if he would rather live as a single man or woman and he responded as follows:

*I'd rather be a man on my own than a woman on my own*

As a mother of twin girls, with an ex-husband and close family of five siblings, it is revealing that it was only as a single person, following a breakdown, in a secure mental health unit, that Charlie was finally able to voice his truth.

For Brad, his “*lightbulb moment*” came under very different circumstances, but the effect was almost instant. He described it as follows:

*I think it was just a bit of a lightbulb moment. [I] was having a row with the ex at the time, and she said, “Oh, you know, you should be a bloke.” And I went, “Well, maybe that's the problem.” And that's how that was solved. It was literally just, bang. Just like that.*

What is striking in all the descriptions of participants' pivotal moments of realisation, is the speed with which the pieces of the jigsaw fell into place, and how rapidly each participant then moved toward transition. Temporally there was a sense of time speeding up



once the truth had been acknowledged, of a reaching forward in pursuit of something so personally congruent it was undeniable. Once the awareness was there and the information gathered, each participant was very clear and decisive in moving to the next stage. Brad described the experience:

*The issue wasn't about my identity. The biggest problem was, "Oh, God. How do I tell the family? But, you know, it was like you've just finally found that piece of the jigsaw*

Brad's likening of the process to completing a jigsaw speaks to the concept of the self as project, of searching for something unseen and suppressed that had now come forwards to be fully integrated. There is also the sense of the self as being almost scattered, as with an unmade jigsaw, and indeed the previous section spoke of the splitting of self that took place as participants constructed the functional false self they needed to live.

Interestingly having come to the realisation that they were transgender, participants seem to have been very accepting of their trans identities, even though some experienced physical dysphoria due to bodily misalignment with self. The challenges appear to have been more centred on those aspects of self that reached into the physical and relational lifeworlds, and will be discussed in the forthcoming sections of this chapter.

Participants decision to transition, and the ease with which they accepted their trans identities could be interpreted as the first step towards integration of self, and pursuit of the authentic life project. In that sense, transition may be seen as directional, and there was an openness in participants' descriptions which aligned with the temporal nature of their lives as being projects of becoming.

In a process similar to that of Charlie, Edward described his lived experience prior to realising he was trans as living in a state of “limbo”, a description which has interesting temporal implications and carries with it a sense of having been paused, of living in suspended animation, almost of living a half-life. Edward described this experience as follows:

*If you are really trans you will find the strength to [transition] because you just cannot carry on living in the limbo. And it is a limbo. I mean people say to you you're really brave, they say I couldn't do that, you're really brave. There's no brave in it, there's no choice in it. You have to do it. There isn't a choice.*

For Edward, what followed his realisation was a very difficult period of complete mental breakdown. Edward described going into a state of total collapse as he left behind and discarded his now intolerable female identity, but was consequently left with almost no internal anchor. His project now was to move forwards, to identify those aspects of self that he determined to be authentically him, and to begin the process of constructing his authentic self. But as previously noted, Edward had been troubled by depression, ill health and neglect during his childhood, and so it is arguably the case that his core self was already fractured, making it particularly challenging for him to locate and develop a strong sense of himself as a trans man, since his foundations were already so damaged. He recalled his breakdown as follows:

*It got to the point where I didn't know my name, I didn't know where I lived . . . no internal compass, no nothing. . . I think it was complete collapse of any form of acknowledgement of my body, my identity, my mind. Everything. . . The rock bottom –*

*I've never been in such a place since. I've never cried so much in my life, I've never found myself physically collapsed in such a way. . . .*

*One of the big things that you'll do is to push the past away. You go, "That's not me." You throw it in the bin, but you don't know who you are. But you can't associate yourself with that because that wasn't you anyway, but who are you? So, you discard it immediately.*

For Tom realisation was rapid and similarly illuminating. He recalled:

*I went on the internet, and I Googled the information. And of course, things started to come up, I started to see all these YouTube videos, there's one guy in particular, who had, like, a whole video diary of his transition. And I just, I couldn't believe that, I just thought, "this is exactly, everything he's saying is exactly how I feel." This is, I can so relate to this. You know, I might be 20 years older, but it feels the same.*

At this point, all participants had reached their own point of crisis and made the decision to transition. The next step would be to move forwards with purpose and direction with the aim of embodying more fully their gender identities.

For all participants there appeared to be a point where the pressure of maintaining a false self, became intolerable. Although it seemed to coincide with the "*lightbulb moment*" described previously, it also marked something of a point of surrender. For some participants this point was also a point of breakdown, and required them to make a "*leap*" into the unknown anchored only by the knowledge that they were choosing themselves, even as they worked to understand who they were.

For participants, the realisation that they were trans seemed to be characterised by a disintegration of what might be termed the false self, or the façade, previously constructed to fit in with societal and familial expectations. As previously noted, for some this deconstruction was almost intolerable for the psyche. For others it was painful but marked by relief. However it was experienced, the reality was that what would follow next, what had to follow, was a leap of faith in pursuit of self.

Tom described this time in his life as being the point where he decided to stop trying to be female and to stop trying to compromise. For him, this manifested itself as follows:

*I started choosing male personal care items such as deodorants and shower gels and [cleared out my] entire wardrobe; bras, skirts, tights, and other more feminine items*

For all participants the point of realisation, surrender and breakthrough was quickly followed by actions which cascaded into the corporeal and relational lifeworlds. Participants' journeys toward coming out as trans men were initially largely private and included only their partners. They had no knowledge trans men existed, and no examples in their outer worlds, but yet all were searching for something that might confer a deeper sense of meaning and personal truth to their lives. Edward described a pivotal moment when he was deeply affected by the value messages in the film *Seven*. He said:

*The thing that really turned it over was watching the film Seven. Because, watching the film Seven, it talked about being your truth. That killed me.*

When asked what was paramount when he began to transition, Edward responded:

*It was about being and living my truth and being able to somehow be at peace with who I was on the inside with who I was on the outside. All of this has been about balancing external with internal, balancing truth with spiritual development and coming into alignment mind, body, and spirit.*

Edward described coming to a point of not caring what people thought, of realising very early on that for him:

*It doesn't matter if you pass or you don't pass, as long as you are you and you're comfortable in you.*

Brad also talked of how important it was to him that he live in a way which meant he no longer had to lie to himself and others, and could live authentically. When asked what his reaction was to finding out what transition would involve, and how lengthy the process might be, his response was that he was “*up for that*,” because:

*You've finally found where you fit. So, it's either you live a lie and don't be happy for the rest of your life, or you go with it.”*

Edward had a particularly philosophical take on the experience of being trans, explaining:

*It is a blessing to be trans because it is a conscious awareness of the process of death and rebirth, of integration, of becoming yourself in truth. Somebody that actually isn't*

*trans has givens and accepts, and sometimes they don't even look at who they are, what is their truth? They don't need to.*

Edward does not now class himself as trans, but instead sees himself as a man. He was staunchly anti-labels and explained that all the labelling and categorisation of gender is all new. When he first transitioned he recalled:

*None of it existed, nobody knew anything about it. It simply did not exist.*

*I certainly don't associate myself with being a trans man. It's only with talking to you, and actually taking that fear away and going, "Yes, okay, I could say I'm a trans man if that helps somebody to understand me," but it's really not me. because I'm Edward, that was Amanda, that has Amanda there. It's so much more than a bloody label. A label doesn't describe who you are.*

In all participants' narratives, as they spoke of their experiences of moving from crisis to realisation, and then making that leap of faith in deciding to transition, there was the sense of moving into a more spacious lived experience defined by greater freedom and the rejection of unchosen identities and labels in favour of affirming what resonated inside them as their personal truth.

Having come to the realisation they wished to transition, the experience of transitioning also had a temporal quality and appeared to be marked by a rite of passage for participants. To transition, each participant had to undergo what amounted to something of a second puberty, despite at the same time being a fully grown adult. It was a time of deep vulnerability during which each participant described having adolescent experiences, juvenile

rite of passage moments, and experiencing varying degrees of social anxiety. Since testosterone therapy does not engender an overnight shift towards passing, the process of transition occurred at what was at times an excruciatingly slow pace for participants. As Brad put it:

*I think your expectation is higher. If you don't know anybody else to talk to or, you know, somebody else who's been through it, your first expectation is higher than what it actually does. It does take a few months for it to start taking effect. Well, I think you can feel like it's going to feel different, more different, and you're going to see changes a bit quicker than you do. Not instant, overnight, "I'm going to have a beard in the morning," but, you know, quicker changes I think.*

When asked to recall his transition, Brad noted that it was difficult to access the feelings from that time as it had been around ten years since his transition had begun. There was the sense that not only was this a relatively long period of elapsed time, but that Brad had also moved on emotionally. He talked about the early days of transition, when he began taking testosterone, as being “*just like a lad going through puberty.*” As participants spoke of having undergone a “second puberty”, they talked with a pride and openness which revealed their willingness to undergo the process, where previously, as female, it had been experienced as a conduit for loss, emotional pain and growing dysphoria. Whereas puberty the first time around had initiated a moving away from truth, this time it appeared to be experienced by participants as the gradual reclaiming and integration of the self in truth. There was a sense of ease and congruence in all participants’ words as they described the process.

Where many boys internalise a sense of masculinity from their father, the absence of an older, male presence was striking in all participants' descriptions. Their fathers were either mentioned briefly, or used as an example of how not to be male, as in the case of Edward and his abusive violent father. The reality was that all four participants developed their own sense of masculine identity during transition as part of the pursuit of their personal project to live authentically as male.

All participants also raised the topic of their name change as they described their transition process. There was a feeling of rebirth in each of their stories as they described how and why they had chosen their names, a decision rich with meaning in the temporal lifeworld for its reimagining of the past and construction of a new, more aligned sense of self. Tom described the process by which he came to choose his new name as follows:

*It was completely my decision, and my original name and my middle name had been, not for any, I think, particular reason, but they'd been Hebrew names, so I wanted to stick with that theme as well, so I chose those names, and I wanted to add in a name that was a family name only given to males, so that's another middle name. So, I chose carefully for good reason*

As shall be seen in the next section, the coming out process and active pursuit of their authentic life projects would now shift into the realm of the physical, as hormone therapy and surgery slowly brought participants' bodies into alignment with their identities as trans men. They had come to the point of realisation, and would now begin to focus on how and where they would situate themselves within the corporeal and relational lifeworlds as they sought further integration and development of self.



#### 4.2.3. Essential Theme 3 - The Rejected Self: pain, dysphoria and self-loathing

This theme is grounded in the visceral space of the corporeal lifeworld of *lived body*, and includes a consideration of physical lived experience prior to transition, including puberty and gender dysphoria. Whereas the first lifeworld of lived space described a growing sense of invisibility as participants attempted to conform, this theme bears witness to something of a parallel process played out in the corporeal lifeworld, and marked by increasing pain, dysphoria and confusion as participants attempt to live their lives as female.

Prior to the onset of puberty, participants appeared largely to experience their corporeal selves in a relatively benign manner. Although some dysphoria and confusion were expressed in the narratives, this tended to be limited to childlike confusion at participants' lack of clear signs of physical masculinity. In all other regards, participants experienced their prepubescent bodily selves as largely indistinguishable to their male peers. Participants variously described not covering their top halves when out playing, and feeling a degree of physical freedom as they played and explored their worlds, with little evidence of the dysphoria and distress that would later emerge.

During this time, participants sometimes used their physicality to express what some described as something of an "*innate masculinity*", which continued as puberty began and their bodies began to change. Tom noted that at school he sometimes chose to settle disagreements with other girls physically, and interpreted this as a masculine act as opposed to seeing it as simply a girl fighting another girl. He remembered being bullied and recalled that:

*I always felt more masculine, I think I was always more likely to be not being pushed around and actually resorting to having to get into physical fights to, you know, to make my point. And that did happen to me a few times*

At school, Edward also took great pride in emphasising his strength, and described how this enabled him to beat all the boys at arm-wrestling. He described knowing he could beat other boys as being a source of pride, enhanced self-worth and status, observing:

*I mean, there were times when I used to, in class, sometimes we used to, when the teacher wasn't there, have arm wrestles. I beat every boy. I always beat all the boys. I mean, I had great respect because I would beat them*

It was not until puberty began that participants started to experience tangible distress, confusion and growing discomfort with their physical bodies. Puberty brought them face to face with the reality of their female physicality, and without exception all participants described the experience in words which conveyed feelings of self-rejection, denial and shock, which then crystallised into self-hate. Since participants were unaware of their trans identities at this point in their lives, their innate responses in rejecting puberty could perhaps be seen as a natural response to what was in essence a direct challenge to their authentic selves. As Brad said:

*Well you don't know what it is, because there's nothing there. There's nothing there to guide you. But when you look at the history, which I'm sure you have, our first trans female-to-male surgeries were in about 1946, -ish. And female-to-male was '51, I believe. So, it was there, it was. . . No-one knew about it*

For some puberty began quite late and they benefitted from athletic, slim bodies which meant that its impact was perhaps milder. For others it marked, significant breast

development, and heavy menstruation that led to self-loathing and hatred. Charlie described the experience as follows:

*I hated it, I was in denial. I absolutely hated puberty. I hated my bust growing. I hated periods, I absolutely loathed them*

It is striking how many times the word “*hate*” was used in Charlie’s description of puberty. A seemingly mild-mannered person, he used the word six times in four lines when recalling its onset.

When puberty began for Tom, he described a previously liberated childhood as being slowly replaced with “*horror*” as his body began to change and he was forced to accept his female body. He described hoping that puberty would not happen to him, and then realising that “*things were not going to be as I’d hoped.*” as his body became increasingly alien to him in its female expression.

In their teens there was a growing sense of desperation, frustration, and anger, of not fitting in, but not understanding why, which was echoed by all participants. For Edward puberty was late, difficult, and atypical. During his interviews he expressed pride at his body for not conforming to expected timescales regarding puberty. He explained he was “*very, very late going through puberty*”, which he described as a “*blessing.*” Edward recalled being aware that his body was slow to develop, and took this as evidence of his body rebelling against his inauthentic female physical self.

Looking back at this time, Edward told me that he believed his body did not want to be female, a belief also voiced by Charlie. Edward described having periods that were extremely painful, and of growing chest hair in his late teens, which was the source of

mortification and shame. Tom also experienced agonisingly painful periods, resulting in him frequently missing days of school.

Hearing their narratives, the image that was evoked was that of a person drowning in quicksand. There was nothing participants could do to prevent puberty, and its onward march and envelopment meant that any formative sense of having a male identity was now being actively eroded. Without necessarily being consciously aware of their male identities at this point, it was hard to avoid the sense that each participant was slowly being betrayed by their body.

Brad observed that had he been a teenager now, he would have wanted to “*perhaps just go on blockers to buy myself time to find my self-identity as opposed to having to go through all of that.*” Any attempts by Brad to conform to a more feminine approach as a teen he described as:

*very short lived, very short lived, because you’re still trying to find yourself. We don’t fully form our brains until our late teens, early 20s. I just wasn’t comfortable*

Instead, Brad preferred to wear sporty tracksuits, jeans, and other practical clothes more suited to his love of hockey, which effectively hid his female form. He recalled that this meant he was able to hide the truth of his changing body, which gave him a sense of control but also allowed him to go into denial at his changing physical identity.

Having moved through puberty, participants each came to their own personal realisation that they were trans, in a process which marked the beginning of their coming into physical alignment with their inner, suppressed masculine identities. The coming out process was not always straightforward, however, and was often accompanied by significant distress. Such pain was most profoundly illustrated in the words of Edward when describing his

mental breakdown upon realising he was trans, at which point his dysphoria became almost unbearable, to the point that he could not take a bath and struggled with self-care. He observed:

*I couldn't bear to see myself naked. I'd freak if I had to go the bathroom. I just couldn't.... Nobody knew about gender dysphoria at that time. Nobody knew how to treat it. I had to go to a day-care centre to be kept an eye on, so I didn't kill myself. I started mutilating myself. I used to put safety pins through my nipples. I'd like to see how the skin was stretching on the side, to force the needle out the other side. I hated it. I hated my body that badly*

He described the distress caused by feeling himself to be male, but finding that his body did not reflect his sense of innate identity. There was almost a feeling of being betrayed by his body as he described exploring his male identity, but constantly having the reminder that his body presented as female, explaining:

*I just suddenly got very dysphoric. Well, because all of a sudden, I'd been told that the body that I thought I had, in my head, in the physical body that I had now, it was okay to have a difference. Being told it was okay to have the difference, it meant that my head had just exploded. And went, "Oh, you've got a man's body," but then, when you look at it, all of a sudden it wasn't. So, I'd been given the okay to bind, I'd been given the okay to use the packers, I dressed completely in male clothes and was starting to explore how I wanted to look as a man. But when I took that off, all of a sudden, I wasn't, again*

Within participant's stories, there were examples of dysphoria ranging from relatively mild to more extreme. Edward's dysphoria and sense of being trans extended to a complete inability to entertain the idea of carrying a baby and giving birth, and it was also Edward who transitioned earlier in age than other participants. He was not able to sit with his self-loathing and gender dysphoria, and, upon realising he was trans, his pain and confusion only magnified. Conversely, Brad and Charlie both waited until they were older to come out, and each had one pregnancy, which meant they went into their transitions as biological parents. Brad explained during his interview that as a now fully transitioned trans man, the idea of carrying a baby had become repulsive to him. He stated that he could not now see how a trans man could have a baby, observing:

*I couldn't, even if I hadn't had a hysterectomy, I couldn't have a baby now, alright, because, for me, it's like I am a man, do you know what I mean? I just couldn't do it, okay. And that's my personal thoughts. So, I'm not saying it's wrong for other people but-, obviously, when I had my daughter, I was still identifying as a gay woman, so as a woman, it was okay.*

*We had a child together which is biologically mine. But yes, that was not a pleasant experience for me. Because some people say, oh they loved being pregnant and I hated every minute of it. But I wouldn't change it for the world, don't get me wrong*

For Tom, dysphoria was subtler and more linked to his discomfort at identifying as lesbian. His partner identified more as bisexual, and he said he was never comfortable with them being seen as a same sex couple. He found the fact his partner was physically taller than him a challenge, and in general felt more masculine than his physicality allowed. His perceived physical lack led to several years of serious anxiety, depression, and bulimia. After

receiving counselling and attending a group with other girls, he eventually had a realisation, saying:

*I remember flicking through this magazine, like, ignoring all the female pictures and looking at the male models and men with their shirts off and stuff like that. And really admiring them. Not because of, like, a sexual way, but because I really liked how their body looked, and I wanted that kind of body. And it was only, sort of, after-, or once I'd, kind of, got to the point of recognition of being trans, that I realised that I was just really trying to change my body. I wasn't trying to just get thin and try to look like a model, a female model, I wanted to be physically-, like, get rid of curves that were in the wrong place and stuff like that*

Brad's experience of dysphoria was less acute than Edward and Tom, but manifested in severe feelings of discomfort when taking communal showers after sports matches. He explained:

*It was just because I wasn't happy in my body. So, I didn't like my body, I didn't feel like I fitted in my body. So, I wasn't comfortable sharing that with anybody else. Oh, yes, always big and baggy tops. You know, the baggier the better. The less shape. Yes. The less shape. It was always men's clothes. I always wore men's clothes*

As a result of his physical self-hate, Brad recalled feeling intense unease during intimacy with his female partner as he was not happy with his body. Brad told me that he did not want anybody else to touch it or see it, meaning that sex was not fulfilling and became a

source of shame. He described feeling unable to relax, and that there was always something missing.

Once Brad had made the decision to transition, and he had bought binders and chest compression vests, his level of dysphoria reduced to a manageable level. Unlike Edward, Brad described being able to tolerate his dysphoria because he knew where he was going. Although he was not happy with having breasts, he could live with it in the short term knowing “*they were going to go.*” He told me:

*Actually, the top surgery was the first surgery I had, so for some people that's the first thing that goes. Yes, get rid because that's a very obvious feminine trait. Because the hormones will sort out periods so if you're on hormones, that knocks the periods on the head*

Even though he had been able to tolerate his dysphoria, Brad described having been actively suicidal at this point. Like Edward, Brad's narrative was one of battling, a word he used frequently during his interviews. In his words there is a sense of fighting for self, of the truth fighting to be seen. He recalled:

*You are battling a waiting list, you are battling to see if they can get the funding. You are battling, you know, yes, the waiting list with the GICs, the surgeons, because we've only got one set of surgeons in the UK and things like that and it's all waiting list to waiting list*

In Brad's words, and the experiences of other participants, there is a feeling of burgeoning self-actualisation, of a drive to “*become*” which was more acute in some than in



others. However, in all cases it resulted in the same outcome; that the suppressed, but true expression of each participant, in essence their as yet undeveloped and emergent male identities, found it impossible to tolerate their female bodies, before eventually finding physical expression through transition. The process of transition acted alchemically on each participant's sense of self, enabling each of them to bring their physical selves more into alignment with their core identities, as well as developing their sense of themselves as being male.

#### **4.2.4. Essential Theme 4 - Coming into Alignment**

For each participant, their coming out and subsequent physical transition marked the beginning of a gradual reshaping of their physical selves to better fit their hitherto suppressed male identities. The process was not always straightforward, however, and all participants described struggling with having come to the realisation they wanted to transition, but then having to go down a medical route involving long waiting lists and an external approval /affirmation process. Some participants with the means to circumvent the process chose self-medication and private surgery, such was their desire to begin their physical transition.

Whilst Brad did not experience severe dysphoria prior to his transition, once he had come to the realisation he was trans, he couldn't bear to wait any longer than absolutely necessary. For him, self-medicating was his way of feeling in control of the process and of expediting his move towards authentic self-expression. It also meant that by the time he had his appointment at Charing Cross gender identity clinic, he was already partially transitioned which meant there was little option to be refused hormones. In common with other participants, the way Brad described his encounter with Charing Cross was more one of mutual tolerance than of collaboration, saying:

*Well I think because I self-medicated as well, basically by the time I got down to the Gender Identity Clinic, they had no chance. I know there were other trans men that have done it more but I would hazard a guess more trans women do it. I was very lucky, I didn't get any ill effects but it's a sign of desperation, you know.*

Brad chose to purchase hormones from the internet, noting:

*I just researched it. I looked at what it was, and it was Sustanon, 2ml. So, I used them once a fortnight. Intermuscular injection so I used my leg.*

As they began to transition, each participant experienced a growing acceptance of their physical bodies, as surgery and hormone therapy brought them relief from their dysphoria. Where previously their bodies had been the cause of significant distress, pain and confusion, even in some cases leading to self-harm, now there was an easing of distress.

The act of taking the first injection of testosterone (T) typically marks the start of physical transition. Hearing participants talk about injecting T, it was noticeable how considered the act it actually is. The injection itself must be booked and is often administered by a nurse following essential blood tests. Secondly, the hormone itself is, in Brad's words, "*quite thick and oily*," which means the injection must be done slowly and can be painful. Typically, it is taken on something approaching a twelve-week cycle, and both Edward and Brad described the emotional effect as being similar to their experiences of premenstrual tension. As Brad noted:

*You just have this yo-yo with the testosterone, and, so obviously once it's in, it, you know, it spikes, it comes back down and you've got that, which it plays havoc with*

*your emotions as well. I have an injection once every twelve weeks and I feel the drop a couple of weeks before hand. I think you feel the drop more, for me, I feel the drop more than I do the peak*

As the testosterone began to take effect, Edward described the physical changes that occurred in his body. He went through menopause and at the same time moved through a process akin to a second puberty, developing severe acne, but also experiencing his shoulders broadening, his hands and feet getting larger, becoming hairy, and his voice breaking. He had no idea what to expect from the process and again there was the sense of moving into the unknown not only in terms of how he was physically perceived by others, but also in how he perceived himself. He described a volatile emotional and physical state which he had found isolating, challenging, but ultimately freeing:

*You get all the acne, you get a sore throat because your voice is about to break, your periods are all over the place, you're having hot flushes, you're emotional, you're crying at the drop of a hat, and you just don't know what the fuck you're doing. You know, you're flooding all over the place, you don't know when your period's going to come, when it does come it's painful, you have backache, you have cramps, you have pain down your legs, you can't breathe. And you have all this happen, so you're having both happening, double whammy, within 8 months*

Having decided he wanted to transition, Charlie also chose to pay privately for his hormones and some surgery. A key factor was the significant waiting lists and other hurdles he faced going the National Health Service (NHS) route. But Charlie's words also hint at a further motivating factor in choosing to expedite his transition, which was a desire to live as

fully and authentically as possible for the rest of his life. He described the process as follows:

*I was told, “You’ll have to do 6 months before you even speak to someone and then you’ll probably have to do 2 or 3 years living in role,” and so on and so forth. And so, I thought well you know, I’m in my 40s, or I was then, and I thought I don’t have that sort of time*

Similar to Edward, Brad also described an inner battle having taken place between the naturally occurring oestrogen in his body and the injected T. As he noted, the testosterone:

*has to override the oestrogen eventually*

At a visceral level, taking T appeared to signify a closing of the gap between how participants saw themselves and how others saw them. The physical act of transition seemed to create new perceptions of “*being*” both internally and externally for participants, and in this way become something of a portal to authentic self-expression. In participants words there was some evidence for the existence of a formative “true self”, with Brad describing the experience of taking T on a twelve-week cycle as:

*going back to my normal self. My now, normal self, if you like,” and of “feeling that ease again*

Both Brad and Edward described becoming extremely emotional when they started their transitions, with Brad telling me it felt a bit like:

*Yes, alright, so I've just thrown a tantrum like a teenage boy, but, yes, that's actually a bit good. My emotions are going through a teenage boy stage*

From their descriptions, it was clear that the act of taking testosterone had considerable impact not only on the physical selves of participants, but also on their psyches. There was the hope and expectation of change, of becoming more aligned with their male identities, but also the emotions that would typically be associated with puberty. Charlie referenced the experience of being in his forties but starting to develop facial hair, saying:

*In four months, I had a little bit of a beard. As good as any teenage boy who starts growing a beard* There was the same sense of awkwardness and of rite of passage in all participants' descriptions of this "*second adolescence*".

Edward's description of first using a urinal exposed him to challenges that would not normally be encountered by a grown adult, and would more usually be an uneventful part of growing up. He described the experience:

*One of your biggest fears is you've never used a urinal, you've never even seen your dad use one. You know, you're not told about the etiquette in a male's bathroom. You learn that as a child by being with your dad*

Having begun the process of transition, Edward and Charlie both described the fear many trans people have of being "*left in limbo*" between one or the other gender due to losing access to their hormones, which would result in their body reverting. Edward described this

as the worst thing that can happen to a trans person, and recalled that he was sometimes threatened with this by psychiatrists when his T levels became raised and there was concern about his cholesterol levels becoming too high.

All participants described experiencing a limbo period as they went further into their transitions, but were neither “*Arthur nor Martha*” as Charlie described it. Edward had experienced quite a lengthy limbo period whilst waiting for his surgeries, as he began his procedures in 1998 but did not complete them until 2011. He described this phase of his life as follows:

*You're in-between like that, you're half one thing and half the other. You can't possibly integrate your mind, or any other part of yourself, because you're not complete. You can get yourself so far, but every time you take your clothes off, or every time you do anything else, you've got shame*

The fear of being in limbo, and of being mis gendered, came across in all the interviews. Tom noted that he had not anticipated how challenging it would be during “*the in-between stage*” during which he was presenting as male without hormones. He recalled it being very difficult to live with, when he knew what his identity was, but others did not always understand. He had found this very challenging to his own sense of self. He recalled there being a period where he was constantly being mis gendered and people were constantly referring to him by the wrong gender, observing:

*It makes you realise that when you think about yourself and how you operate in society, you think that people will make certain assessments of what male and female is, and then they will choose the appropriate pronouns, and when they don't you*

*think, “Well, it’s obviously nothing to do with hairstyle, it’s nothing to do with clothes,” because it doesn’t matter how masculine my appearance is, even if I didn’t speak I get mis gendered*

His words convey something of the intangible aspects of gender identity which do not appear to rest on typical physical signifiers of gender, but perhaps have more to do with subtler signals such as how the body is carried, particular mannerisms and even the presence or absence of particular hormones. Tom’s observations highlight something of the complexity of gender identity is interpreted, being as it is multi-faceted and comprised of many aspects of self, which must all come together to enable a trans person to pass.

Taking T is an important aspect of transition, and of affirming male identity in the physical because it is the gateway to passing; yet, the complexities of taking T are often not fully understood. For example, this very private aspect of self frequently only exists as a collaborative enterprise. Unless the T is being bought and administered by the individual with no medical support, which is not recommended or typical in the long-term, it must be acquired through regular twelve weekly injections. Brad noted that most GP practices do not permit appointments to be made twelve weeks in advance, meaning that the entire enterprise rests on blood tests, results, staffing, holidays, availability of nurses, and particular GPs.

The reality is that taking testosterone every twelve weeks requires considerable planning and a good degree of functioning to maintain. An ongoing and essential medication, testosterone has to be afforded and managed into trans people’s lives on an ongoing basis. It never stops. Whilst understandable at a medical level, the process Brad and others described highlighted how public the trans experience can be, but also how vulnerable and dependent trans people are on it.

The reality is that to maintain their identities as male, trans men must maintain a rigorous, cyclical and medicalised schedule without which they will start to retransition to some degree. All participants spoke of their fears at the possibility of losing or being denied hormone therapy. There was a vulnerability in their words which was especially poignant given the relative self-ease with which they were now living, having experienced significant distress along the way, and with some still to undergo further surgery.

All four participants recalled their decision to physically transition as being non-negotiable. Any aspects of the physical self which did not fit with participants' male identities now became intolerable, and it was striking to hear each participant in turn describe their relationship with obvious physical signifiers of being female such as their breasts in such a detached, clinical manner. This was especially noticeable when participants detailed their mastectomies. Brad described this liberating experience as follows:

*I was cursed, as I call it. I was very large chested. So, when I had my top operation, they took 2.2 kilograms off. I wasn't comfortable until I had that. For me it was very uncomfortable, especially in summertime. For me that was the first thing that had to go.*

All participants followed a similar trajectory as they moved further into their transitions. Each stage was characterised by a desire to minimise or remove any physical attribute that could signify being female to the external world.

For Charlie, the decision came about four months into taking T, and he was able to fund his mastectomy privately. It was noticeable that each participant raised the subject of their mastectomy and described it as one might surgery to remove a gangrenous leg.



Participants could not wait to be rid of this expression of femininity, which was at complete odds with their sense of themselves as male.

As participants moved further into their transitions they also experienced other side effects. Each description contained striking language which conveyed the sense of one identity dying to make way for another, the true self, to emerge. Charlie experienced extreme pain similar to that of “*having contractions*” after beginning T therapy. Eventually the cause of the pain was found to be the result of the T, in his words, “*killing*” his womb. His precise choice of words in this description is telling.

Charlie’s description of contractions is also interesting if one interprets transition as something of a rebirth, or birthing of the self. Alongside the death of the old, false self, participants variously described undergoing various other surgeries, some of the descriptions of which contained descriptions that can also be applied during birth. Edward, in particular, agreed to undergo an experimental mastectomy procedure for free, in return for participating and taking part in a journal article. Unfortunately, the first operation resulted in Edward haemorrhaging, losing blood and requiring a transfusion.

Edward spoke of the determination and strength of will he needed to push through the surgery, not knowing what the outcome would be, and to overcome the haemorrhage. Similar to Charlie’s story and mental approach, Edward told me that he

*should have been in there longer, but I was just a stubborn ox. I even pulled my own drain out. I did that and then went in for the second procedure*

Again, there was the sense that there was no choice but to proceed with surgery, whatever the cost as remaining “*female*” was not an option.

All four participants reported having experienced confusion around their sexuality, in particular with regard to differing dynamics of sex when navigating moving from being physically female to being physically male. A crucial aspect in this regard was phalloplasty, something that all four participants have embarked on, with two having completed it, one being in the final stages of completion, and one just beginning the process.

Brad began his phalloplasty surgery in 2014 with a skin graft, but at the time of the interviews, his surgery remained incomplete due to having experienced complications with the other stages of his surgery. Frustratingly, he had had three corrective procedures, none of which had worked, and was looking at a year's waiting list prior to lockdown in February 2020. Even with a good outcome following the main phalloplasty, Edward observed that a trans man should expect to have corrective surgery every five years or so.

The details in the previous paragraph highlight the challenges participants faced when undergoing physical transition. Each participant recounted experiences which were painful, at times humiliating, uncertain and required lengthy recovery times. In all accounts, there was a sense of inner drive, of a necessity to move forwards until physical transition, and therefore the physiological self, felt complete.

For Tom, hormone therapy had enabled him to pass, but he felt he wanted chest surgery as it was "*inconvenient not to have it*," and it explained that it had "*ruined*" how he saw himself. He had decided to go forward with phalloplasty, but noted that even after the final surgery, it can take two years for the nerves to fully heal, and even then, there is no guarantee of sensation as nerves can be damaged.

Tom raised the point that for various reasons, such as prior medical history, high BMI, or other factors (e.g., lack of funding), some trans men never get the choice to have further surgery, even if they wish to. It seems to be the case that "*transition*" means very

different things to different people, can shift and change with time, and is not always within one's personal control. Tom went so far as to say that

*it's almost a miracle that it [meaning transition in all its forms including surgery] happens in reality*

In their descriptions, there was a knowing that the process is not perfect, and that it would never be possible for participants to experience themselves as male in the way that a naturally born physical man does. This was a source of grief for some participants, who described having the gradual realisation that however much surgery they underwent, they could never achieve true physical alignment with their sense of themselves as being fully male.

At the time of writing, phalloplasty performed in the United Kingdom but not funded by the NHS costs between £40,000 and £70,000, and also includes hair removal from the donor site, which is a further procedure to be undertaken in preparation (Gender Construction Kit, n.d.). For Edward, who began his surgery in 2010, the procedure involved five operations. He told me that the procedures are “*not quite as horrific*” now. Edward's description of his surgery was quite graphic and involved a fifteen-hour operation, significant post-operative pain involving morphine, diazepam and tramadol, diclofenac and co-codamol, and a week-long hospital stay. Once home, the surgical recovery Edward described, and to which Tom alluded, was onerous. It is not an exaggeration when participants described needing significant amounts of emotional and physical support to manage the wound healing and pain post-surgery, which Edward described as “*very, very tough*.”

Like Brad, Edward also had complications post-surgery, which involved localised blood poisoning at the site of his skin graft. Edward described this episode as being very

“scary” and involving 48 hours of “being hooked onto blood.” These are only two examples from a litany of other surgeries and complications endured by Edward and other participants in their quest to physically transition.

Once the phalloplasty is healed and works, the dilemma of using it appeared to be the next challenge for participants. Both Brad and Edward spoke of this issue, while Tom had not yet got to that point, and Charlie navigated it some time ago within the context of a long-term relationship. There appeared to be significant self-imposed pressure on participants to perform sexually after their phalloplasty, as well as issues around self-esteem and confidence. As Edward explained:

*You’re going from never having a cock to having to being a 30, 40-year-old man who’s never had one, with high expectations from the woman or man that you know exactly what you’re doing. Yes, and they’ve had lots of different sexual experiences, where you’re fresh in the game, aren’t you?*

One of the most vulnerable moments in the interviews came when Brad explained his fears that since he was currently single and yet to complete his phalloplasty, he was not sure how things would be in a new relationship. As he noted:

*On a personal note, is, you know, when I have my last surgery, which is the implant, I go, “Okay,” and I do get a sexual partner, am I going to be any good at that? Do you know what I mean?*

Despite the pain, challenges and uncertainties experienced by participants during their physical transitions, acting to bring their physiological selves into alignment with their inner sense of themselves as male, was essential to participants as it was the means by which external validation became possible through passing. This in turn appeared to facilitate a further stage of integration, which takes place in the relational lifeworld and will be explored in the next theme.

#### 4.2.5. **Essential Theme 5 - The Emergent Self: no longer hiding**

This final theme considers the point at which the emergent self slowly becomes visible in the outer world using the existential lifeworld of *lived human relations* as a reflective lens. Participants are now not only validating themselves, but also being validated by engaging in with the world as men. As participants deepen into their sense of masculinity, and have interpersonal experiences as men, the narratives reveal a coalescence and deepening of all aspects of identity; the inner sense of self, the physiological self and the social self. The importance of each aspect to participants comes across strongly in the narratives and imbues participants with a sense of burgeoning freedom.

All participants spoke of the point in transition when they realised they could “*pass*” as men. This point seemed to mark a pivotal moment of “*no longer hiding*,” of being seen, and of becoming visible. Brad described the experience:

*When the hormones start kicking in...There's a small window there where people will second guess you. But if you decide to stay with the facial hair... or whatever, people will stop guessing. Then you pass and people don't give you a second look.*

Passing as a man once transition had begun was hugely important to all four participants, who all spoke of it in their interviews. It seemed to mark something of a point of rebirth, of being fully present in the world for the first time as a man without being questioned. As Brad said, at a certain point, “*we blend into the background very easily and just crack on*”. There was a point around six months into transition where participants all described knowing they could pass, and not having any issues with being mis gendered, for example on the phone where voice might be an issue. The interim period prior to passing, which Charlie described as being “*neither Arthur nor Martha*” was experienced by all participants as unsettling and challenging. There was a great sense of relief when people stopped giving what Brad described as “*the look*” and what one participant referred to as “*the silent questioning*” stopped.

As with transition, passing was not an event as much as a process, an act of becoming. At one point during his second interview, Tom commented that he had thought “*moving across and being in the world*” as male would be the most “*massive mind-blowing thing*.” But he said the hardest aspect of transition was not the personal shift, administration, and practical side of telling people, as much as it was

*how society views you, and people’s preconceived ideas and fears and everything that they put onto you that can make you feel more awkward, and then things like you want to go and try on some clothes and you want to go into the men’s changing rooms, but then you’re being looked at, like, “Actually, why are you coming in here?”*

It is interesting to observe in Tom’s words a somewhat familiar sense of dissonance to that first encountered when participants were young children and first attempted to give expression to their inner sense of self. There was the sense of coming full circle in

participants narratives as they described their coming out and transition processes, which were in stark contrast to the dissonance they felt as young children. At that time, such dissonance led to the splitting and suppression of their true selves to the point they became largely invisible. This time the process of transition and passing appeared to lead to a burgeoning sense of freedom and a fuller embodiment of all aspects of the self.

There was again an emphasis on clothing as a means of expression of the gendered self in the narratives, as there had been during childhood. The difference this time was that as adults undergoing transition, participants had far greater autonomy than they did as children. They also eventually reached a point where passing meant they no longer came up against the disavowal and projection of gender roles that as children led to them pursuing a pathway of invisibility and conformity in a bid to resolve the dissonance felt between their inner and outer worlds.

In choosing to transition and “become visible”, participants moved forwards to a place where passing meant they were free to explore life as men in the relational world. But this process also brought them up against the “gendered straightjacket” they had previously experienced as children. In particular, the act of transition meant a rejection of gender stereotypes and roles projected onto them by family, and actively enacted by them through becoming wives and mothers. Before they were able to fully express themselves and integrate as men in the relational world, participants first had to break free of these constraints, a process that was experienced with varying degrees of pain.

For Edward, coming out as a trans man meant the loss of his family, at least in the short to medium term. He recalled that in the midst of his “*complete collapse*,” he told his parents, who responded:

*As far as I'm concerned, you're dead." All of my immediate family disowned me completely. Every time I'd phone up, they'd put the phone down and say, "You don't live. You're not alive anymore." My grandmother supported me and my grandmother would speak to me. She was the only one that did, and she never once mis gendered me. To have you mother just put the phone down on you and say "As far as I'm concerned you're dead." That hurt. And my dad, my dad, just didn't know, didn't want to know. I was banned from going home.*

As Edward found, coming out to his family came at a high personal cost, not only was he ostracised by his parents, he also lost his stepson and partner, with the result that social and emotional support was lacking. Tom speculated that had he come out as transgender whilst still dependent on his parents they would also not have been supportive. He observed:

*When I actually did decide to transition, I was in a position where I was able to pay for certain things. I was completely independent of them, and so I think, if I, you know-, I can't imagine, with the parents that I have, that their attitudes would have been any different if I had been growing up now*

Both narratives contain examples of the way in which social pressure and support or lack of it, in particular from family, can profoundly affect the coming out and transition process, and thus a trans man's sense of self. As previously indicated in chapter two, the how transition is experienced can risk stunting the burgeoning sense of self. In particular, the role of the mother, as a female role model and authority figure within the family appears to be crucial. Tom described his mother's response when he came out to her as follows:



*I don't know why you want to turn yourself into a freak," and, "I've seen these men dressed as women and they're freaks." "And you'll never look like you're male, you're too short and you've got a round face*

When describing his decision to transition, Brad reiterated the importance of support:

*And I think what's important is having the support. It is. Whether it is just through family members or through partners or friends, if you haven't got that support, it's even tougher. It's tough enough as it is without having somebody to support you*

Brad recalled that his parents had been very accepting of his transition and in fact he sees them daily as he looks after them and shops for them. He has a very close, local, supportive, and strong family network including five children and grandchildren. His birth daughter was only five when he transitioned and so he told me he had naturally evolved to become a stepfather as she already had a mother and birth father, so this seemed the neatest solution.

Brad did not feel there had been any issues around his transition within his family. However, it was also notable that his approach to how his transition was perceived was very centred on a solid sense of his own worth and an apparent absence of co-dependent behaviour patterns. He commented:

*This is their problem not yours, it's not about you it's about them and their acceptance. It's very difficult to do but it's something that - It takes a lot of work to do that, to be fair, to accept and to stop beating yourself up. I think with anything in life,*

*if somebody's got a problem with you with anything, it's somebody else's problem, not yours. And it takes a lot of learning to do in today's society*

For Charlie, transition had been relatively smooth, and he attributed this to a number of factors, which also came up in the other participants' stories. These included having the funding to pay for and expedite the transition process, a sense of being in control of the process, a supportive work environment, a stable partnership, and strong family ties. At one point, Charlie touchingly described coming around from his top surgery to find both his mother and father sitting there waiting for him, and his mother being very supportive and protective as he grappled with pain.

In these experiences is a reminder of the reality that something as fundamentally private to the self as gender identity, cannot be navigated entirely privately, and sometimes risks becoming controlled by a trans person's family and wider social systems. It feels important not to underestimate the potential impact of such systems on the individual attempting to navigate gender transition within them. Tom described his mother as very controlling, stating that he comes from a very controlling family. The result for him was that he delayed his transition until he could fund it himself, and was in control, because he knew that if he had tried to transition earlier it would not have been accepted and *"I think I probably just would have been suicidal."*

He waited until his father was dead before embarking on transition, and believed that had he been prevented from moving forwards with his transition, he may have seen suicide as his only option. As it was, he went on antidepressants following his mother's rejection and has been on them ever since. In Tom's story there is further evidence that the process of becoming visible can have serious consequences if it is not met well in the relational

lifeworld. Fortunately, Tom was not so distressed and dysphoric that it was imperative he transition earlier, and he was therefore able to do so on his own terms.

When I asked Tom what factors other than dysphoria affected risk of suicidality in the trans population, his comment echoed those of other participants in that he believed it was all to do with degree of control and support in the trans person's relational world. He also told me that it can be far easier to transition if you are self-employed, for example, and can work from home. He said he knew many others who had transitioned at the cost of being rejected by their church and having no contact with family any more, including one trans woman with 12 children who now no longer saw their parent.

Charlie also found it was easier to transition after breaking up with his long-term partner whom he believed would not have coped with his transition. In contrast to Brad, he also decided he must wait for his twin daughters to grow up before further exploring his gender. Since Brad's birth daughter had a mother and birth father, whereas Charlie was the sole mother figure, it is interesting to note the difference in these two narratives. Both Charlie and Brad expressed feelings of guilt at having imposed this change on their children, with Charlie in particular citing it as a reason to delay transition. As Charlie noted:

*I thought about it quite often and thought I couldn't do that to them. As time went on, I worked with a chap who was telling me all about his brother-in-law who is now his sister in law and I remember thinking, "Oh my God, that was so brave. I wish I could be that brave," but I thought, "I can't do that to my girls*

The social aspects of a person's identity, in terms of whether they are a parent, partner, wife, or have living parents, as well as how these people respond in terms of support, or not, as partners, family, and friends, appears to be crucial in determining when a person

transitions, but also how move into a position of visibility. For Brad, transition took place 7 years into a long-term relationship, which ultimately lasted 22 years. He, therefore, had the support of an established relationship when he transitioned but had a role as partner to transition into. He told me this had made his experience of transition much smoother. Conversely, Edward transitioned but then lost his lesbian partner and was rejected by family, meaning that his transition had been far more emotionally challenging and painful and came with the loss of various roles in which he could have been seen as male such as parent, partner, sibling and child.

For participants, passing and therefore being “*seen*” as male in the relational world appeared to be the gateway leading to further development of identity, for example, as son, father, brother and uncle. Having navigated the challenges of coming out to friends and colleagues, passing meant participants now had the possibility to move to a further stage of transition and integration, one which could only occur in the relational lifeworld and be cocreated with others. An example came in Charlie’s narrative where he described having been invited by his supportive father to join his Masonic lodge. He recalled

*I think the most acknowledgement I got was when he said to me, “Do you want to come and sit on the square because as I’m a grandmaster, they can’t refuse you. They cannot refuse the son of a grandmaster*

It is interesting that membership of his father’s Masonic lodge, a closed hierarchical bastion of traditional masculinity, would have provided a clear means of affirming his masculinity, and yet Charlie rejected it. In this, as previously noted in chapter two, there is a caution against stereotyping which may serve clinicians well when working with gender non-conforming and trans clients. As Tom observed, being male in 2022 has many means of

expression beyond the stereotypes to which past generations felt pressure to conform; being male does not have to mean becoming a Mason, loving rugby and football and drinking beer.

Even though trans men are largely able to pass as men, and participants appeared to experience a sense of ease in that, they also all raised their lack of a back story as being a potential issue. Not something that would naturally occur to a cis person with a vast catalogue of experiences in their birth gender, Tom told me the lack of a back story could be a source of paranoia. He sometimes found his lack of cricket knowledge, and his never having played football or rugby could cause problems. He also observed that growing up female, he thought all guys liked football, sport, and beer but he now realised this was not the case.

It is perhaps the case that the current era offers more opportunity for self-expression across the genders, and this appears to have been reflected in how participants expressed themselves as they moved through their individual transition experiences. In this there is the reminder that trans men are first and foremost individuals and human and therefore open to pursue and develop their own individual identities and project.

The experience of how participants experienced becoming visible as men at work during their transition was also interesting, and most apparent in Charlie and Tom's stories. Although concerned that he would find things difficult, apart from his mental breakdown, which was extremely challenging, Charlie reported feeling lucky with the people he had come across in his life. He noted:

*Work was really, really good. Work was good when I was living as a lesbian. Work was good, and I will give my old employer that, that they were very supportive right the way through but then I worked for a council and they have to be.*

He also noted his family circumstances and work and leisure choices brought him more into contact with women than men with the result that he had not had to navigate predominantly male spaces unless he chose to, for example when visiting his local pub. He reported that the men he knew were generally very accepting of him and largely knew his history. It was a generality across all four participants' stories that they seemed to feel more comfortable and gravitate more naturally toward the company of women than men. Only Edward commented that he had more recently begun to explore male friendships. He observed that as he had begun to feel surer of himself as an adult male, especially since having relationships with women as fully transitioned, he felt more confident to interact with men on a more equal footing where previously he had felt that he lacked a back story and experience.

Such feelings were echoed by other participants and Brad in particular noted that his transition had not yet extended to full surgery or a heterosexual relationship. It was interesting that the two participants who had both completed surgical transition and been in long term relationships were also the two who evidenced a more fight-based survival style, who were naturally more outgoing and had more fully explored their sexuality.

In passing and becoming visible, it was notable that participants all expressed a degree of freedom and even privilege that accompanied their male identities. They now felt able to use the male toilets, which all participants noted as an initial signifier of male identity. This had been an aspiration prior to transition and was held in high regard by all participants as it signalled their ability to pass as men in all male spaces, but also to experience their bodies as male through using the urinals,

Participants also expressed a sense of freedom at now being able to pursue relationships "*the right way around*" in the sense that as lesbians their relationships had never felt settled. Now as straight men, all participants expressed a new-found ease in relationship

that felt right, although all participants also noted a curiosity about male relationships which they had largely not explored and sometimes found confusing. Some participants speculated that this curiosity was perhaps more to do with wanting to be like men than be in relationship with them.

In terms of the freedom participants felt in now fully inhabiting the male worldview as fully visible, Brad told me that other men's reaction to finding out about his past was often just to say, "*why wouldn't you want to be a man? There're so many benefits*". Tom also commented he had noticed he could be treated better as a man, and this had been a '*huge eye opener*'. The question of male privilege is an area that trans men are uniquely placed to comment on. As an example, Tom observed that when having his car serviced, it was automatically assumed he knew what to expect. He had also noticed that he was now "*everybody's mate*". He noted that he found he was now treated with mutual respect by other men; whereas, as a woman he would often be ignored or spoken to in a way that could be dismissive.

Tom also observed that at work women tended to see him as someone who was easy to talk to, and be glad that he respected them. He told me he was hyper aware of how women "*should be treated*" (e.g., with respect) and felt very strongly about this, especially when he noticed that some other men at work were not so respectful. Tom went on to say he had noticed he was now the recipient of "*a degree of male privilege*" now that he had transitioned, but that this could be very subtle. He observed that his female colleagues seemed to feel they had to try harder; whereas, as a man he felt he was "*privy to some kind of advantage just in the way you're treated.*" Tom was very keen to stress that he did not want to take on this male privilege but was not sure that he could avoid it altogether as it seemed to be a function of being male somehow.

The way in which the trans men in this study navigated their masculinity in the relational world appears to be a key aspect of transition, and one that came up in all participants' narratives. As Brad noted:

*I'm just Brad. I'm a straight man. It's not something we go, "Hi, my name's Brad and I'm a trans man." Because, we blend back into the background, we don't need to because you can't tell*

Having been particularly constrained as a child, Tom seemed to find it incredibly liberating to find that as an adult man he could pursue any interest he liked, for example he is a black belt in taekwondo. He also made a point of describing having female friends who as children had not liked dolls. Having grown up in such a controlling, gender stereotyped household, he experienced these revelations hugely liberating.

Brad described himself as mainly having female friends. He told me he had never really had a large circle of friends, even as a child, and "doesn't have 'mates.'" He also said men can be:

*a bit of a pain in the arse, because they're full of bravado and testosterone and showing off, and I'm just like, "ugh." I think I'm just too long in the tooth for it*

Like Charlie and Edward, Brad told me much of his social life and career has been female dominated, which meant he had formed more female friendships than male friendships. It was interesting that both Edward and Brad had worked in health and social



care, which is female dominated, while Charlie kept horses and also gravitated toward women through that world.

Interestingly, all participants spoke of their softer sides, variously stating that that side of them was still there to some degree, or perhaps, like Edward, lamenting their perceived inability to cry and be as emotional as they felt free to be when presenting as female. Edward spoke of the challenges he experienced when transitioning and inhabiting a male space in the external world. He told me that one of the biggest things for him was as a female he had been used to:

*expressing your emotions and your feelings – it's allowed, as a woman, to cry. It's allowed to talk to other women, or to talk to men, and be vulnerable and cry, and you've semi projected yourself into something that's not allowed*

Edward explained that for him, he experienced himself as both masculine and feminine in his emotional state, but what other people see is a “*projection of how they think gender is.*” As a trans man he felt that neither stereotype fit him. He told me he could not allow himself to:

*break down and cry like a girl, and I'm saying like a girl because that's how you feel like you can't anymore, and sometimes that comes out when you're working, or it comes out when you're in the public*

He told me his reaction was to be feminine when feeling emotional, especially as he was now embracing his previous name and identity pretransition more fully. He told me he wanted to

*feel the emotion, and cry the tears, express the feelings*

But he told me as a man he felt he could not do that.

In these observations was the sense that although they could now pass as men, and did, there would forever be a part of them that had experienced being female which sometimes led them into challenging situations socially. Participants talked of being able to easily relate to partners when they talked about female experiences such as menstruation, and finding that women would sometimes be drawn to their softer sides.

The discussion around friendship groups also led to an interesting area of debate, which is whether there is something about being female to male that makes men more empathic than a cis man in terms of relating to women. Brad's response to this question was that even though individual personality is important, and there is the presence of T, there are some parts you just cannot change, including the ability to relate to women's physical experiences in a completely different way. He went on to say:

*Underneath everything, I'm still a big softie and that's just me. It's about different personalities as well. But when somebody says, "Oh, you know, mother nature and that," I get it. I've got a mate, "I feel really crap," and I go, "What's wrong?" and she said, "Yes, mother nature," "Oh dear, get a hot water bottle, get some tablets*

Brad expressed he often said to his female friends, "*how many men can you have that conversation with, aren't you lucky?*", something that Edward also noted as a dynamic with female friends. In their narratives, there was a sense of participants breaking boundaries and being able to offer something completely unique to their female friends.

Brad told me that he had found there was a big stigma around men and women being friends, which had caused jealousy and problems in his relationship with his former partner.

Whereas, Brad did not see it as an issue, he told me that since he had transitioned he found his partner had become jealous. He told me he would say:

*I'm meeting such and such and we're going to meet for coffee," she'd get quite jealous and I'd say, "Look, we're just mates, there's nothing in it," you know. And it still does, people still have that perception. Even if you're not going out together, you've got to be doing something behind the scenes, or something, you know*

This aspect of being female to male is interesting as it touches on the age-old question of whether men and women can just be friends and highlights some of the challenges that participants had experienced with their new-found freedom. There was the sense that increasingly this is less of an issue than it used to be for trans men, but for their intimate partners it could cause problems. It was interesting to note that for all participants there was a much more fluid sense of relating to and accepting all genders, which is not typically present in the cis population, especially among classically heterosexual family units where socialising is often either family, couple, or same sex focussed.

Charlie told me he too preferred women's company to men. He described feeling "*not entirely comfortable*" whenever he goes to the local pub on the estate where he lives, and encounters "*men trying to be men's men.*" He also described these men as knowing about his transition, and accepting it, whilst also being "*quite protective, to be honest.*"

At the same time as feeling comfortable with women and naturally drawn to them, Edward was very clear that he had noticed a huge change in his confidence around other men once he had completed his surgery. For Edward, there was a lot of comparison with other men and a big focus on sexuality and the physical side of being a trans man. This came across less in the other three participants. For example, he told me he felt he had an advantage over

other men, since “*having been a girl*,” he knew how to navigate relationships from a female perspective, whereas, most men do not have this perspective.

Sexuality as part of the ‘self-project’ was a theme that came up in all of the participant’s narratives. There was a strong sense of sexual identity as being unstable and subject to change, both before, during and after transition. Brad told me he identified as 100% heterosexual and has no intention or desire to explore his sexuality. However, he also told me he thought his transition had been very much cocooned within his long-term relationship, which meant any exploration of his sexual identity was not something that he had pursued. Having talked to the other participants, it seems there can be some ambiguity around sexual identity during transition. Brad disclosed:

*I do know that some people transition from one gender to the other and end up being gay, so female to male, that they went out with women before they transitioned and then now going out with men, which is fine, you know, so there’s got to be something there that-, just something science can’t explain*

Of all participants, Edward and Tom were the two who talked more about this area of their sexuality being something they had considered exploring, with both having experienced attraction toward men. Charlie also spoke about his sexuality now that he has transitioned, observing:

*If you put sexuality on a Richter scale, one is totally homosexual, 10 is totally heterosexual, you’re going to meet very few ones and 10s as you go through life. You’ll probably meet more twos and nines*

Tom had not ruled out a sexual relationship or interactions with men in the future, but he also said he did not know if it would ever happen in reality, and would probably remain a fantasy. In common with Edward, because he has had sexual experiences with men as a woman, he found himself very confused about whether he was now attracted to men as a man, or whether he simply wanted to be them. Edward was the only participant who has gone further in exploring his possible attraction to men. He told me:

*What happened during the trans journey was then, sort of, like, a confusion in the middle of it, a, "Do I like men as well?" But then of course that was a discovery that actually I just want to be them, not like them*

Charlie also observed that, like Edward, he too had found he was curious about men, not in the sense of wanting to be with a man, but more in the sense of wanting to be like them. These observations, and those described earlier in this section, give an insight into the challenges that can be faced by trans men when navigating transition and trying to making sense of their identities in the relational world.

#### **4.3. Conclusion**

Viewed as a whole, the five essential themes to emerge from this research possess a striking temporal quality. As each participant found meaning in their lives through transition, integration of self and the move toward wholeness, this appears to have been reflected by each of them in a gradual movement through the lifeworlds. All participants experienced a similar trajectory, seeming to move through the lifeworlds from the spatial through to the corporeal, before finding completion in the relational lifeworld. Although unique to each

participant, each journey followed a recognisable pathway of growth from an inner knowing to full expression and exploration of the self in the external.

From the analysis it is evident that the journey to full expression of self across all aspects of identity is not always smooth, but rather is complicated by considerations which a cis person does not have to consider. Alongside the potential shame of rejection due to being trans, is the very real truth that trans men will always have a “secret” of sorts, which is compounded for those who have not “completed” their surgeries. Edward described the shame he felt for carrying the secret of not being “complete,” He told me:

*It's almost like you're kidding yourself. You're kidding yourself, you're kidding everybody else. You're walking around, you're being male, okay? Everything about you is male, except the body. Any relationship you have with somebody, the relationship you have with you, it's not complete*

Tom also spoke of

*carrying around a bit of a secret sometimes - I feel like I'm not honest with people*

He found this weighed on his conscience, even though he also acknowledged that people also “probably walk around with secrets they wouldn’t necessarily share with me.” Tom’s feelings chimed with the other participant’s impulse that the further they went into their transition, the less they wanted to be open about their trans past, and the more they simply identified as men. In a sense, the more they were true to themselves, the more the truth of their trans identities became part of their private inner world, where previously it had gone through a very public birthing. The next chapter will explore the findings in more detail from a

theoretical and clinical perspective, and examine their implications for the field of counselling psychology.

## **5. Discussion**

### **5.1. Introduction**

The aim of this research was to shine a light into the worlds of four trans men, with the intention of eliciting a deeper understanding of how transition influences identity from an existential phenomenological perspective. Eight semi structured interviews were conducted and transcribed, and van Manen's (2016b) lifeworld's was used to analyse the resulting material. As previously noted, the concept of the lifeworld is derived from the work of Husserl ([1937]/1970b), who suggested two main ways we may come to understand it, these being natural attitude and reflective attitude. I have chosen to put considerable focus on the reflective in this research, including conducting member checking. Since the experience of gender transition as a trans man is so individual, such a phenomenological, "naturalistic research method" (Rubin & Rubin, 2011, p. 3) felt to me to be essential, capturing as it does a deep sense of everyday life as "natural reality" (Schutz & Luckman, 1973, p. 35).

Following analysis, five essential themes emerged, which are discussed in turn in relation to their relevant lifeworld existential. This chapter also considers the implications of the findings for clinical practice, for clinical research, and for clinical theory. It then moves on to a full consideration of reflexivity in terms of: personal history, advantages and limitations, working with areas such as bias, gender and sexuality, and considerations of privilege and difference, followed by a conclusion.

### **5.2. Strengths and Limitations of the Study**

A strength of this research lies in participants coming forwards and being willing to be open, honest, and vulnerable during the interview process. In telling their stories in this way, participants enabled a rich ontological narrative to emerge. The complex personal



histories of participants, which variously included marriage, long-term relationships, parenthood, mental breakdown, sexual exploration and navigating transition in the workplace, enabled a detailed analysis of multiple aspects of identity formation in trans men. Participants navigated their coming out and transition in part at a time before information on gender was readily available. As a result, the experiences they recounted were relatively pure in terms of having acted on an inner felt sense of self and a desire to live authentically. All of these factors could be considered to add strength to the study.

Limitations and weaknesses of this piece of research lie in the fact that all participants were White British, meaning it was inherently limited in breadth and in terms of racial and ethnic relevance. As such transferability and generalisability are limited. Nor were there any trans men who identified as gay represented in this research. It may also be the case that my position as an outsider to the trans experience limited the study both in terms of what participants felt comfortable disclosing to me, and in terms of my own ability to relate to their stories and make sense of them during the analysis.

### **5.3. Overview of Findings**

Each individual theme reflected a different lifeworld, but when viewed as a whole also demonstrated something of what can happen over time when a person's inner sense of self is not validated in the external, and is instead denied and repressed leading to the creation of a functional false self. The construction of such a defensive façade in order to function in society and be acceptable appears to mirror Winnicott's (1960) theory of the false self. In particular, the findings would appear to add weight to Winnicott's suggestion that the presence of the false self also results in the hidden true self experiencing life as empty. Participants not only experienced their lives as empty, but further also reached a point whereby their lives became unbearable. It was only when participants deconstructed their

false selves and began to live authentically that they experienced the energised and spontaneous living Lowen (2004) theorised was the province of the true self once it was no longer obscured and denied.

Although it could be argued that participant's sense of self and wider identity was immature when they were young children, and to some extent therefore unformed, it was also the case that participants expressed a knowing that they did not fit in with expected gender norms during childhood. Such a sense of knowing echoes the experiences of participants in Kennedy (2020) who also describe knowing they were different from a young age, and in some cases telling their parents they believed themselves to be boys despite their external worlds reflecting back to them that they were female.

In a sense both Kennedy's participants and those in this study could be said to have been experiencing the "thrownness" Heidegger (1962) speaks of when he describes the process in which individuals must navigate and make sense of the worlds in which they find themselves. For some participants, their discomfort was marked by an overt sense that they were male, for others it manifested more as confusion when it became apparent that their innate impulses to play and behave in certain ways were not acceptable. In the first instance, such disavowal of self occurred within the family, and was most often enforced by participants' mothers within the home.

It is interesting to note that in the findings participants' creation of the functional false self appeared to have a degree of maternal disavowal at its inception. All participants spoke of the challenges they experienced as their mothers tried to dress them in stereotypically female clothes, cover themselves up as they reached puberty, and generally behave as "young ladies". These experiences feed into Winnicott's theory that the true self in early parent\child dynamics may be compromised as a result of the child's need to comply with the parent's

desires. The findings also appear to support Witt's (1997, p.253) suggestions that "the strongest influence on gender role developments seem to occur within the family setting".

Such experiences led to the first fractures of self beginning to form as participants realised they could not be authentic or spontaneously themselves in terms of their gender identities. Here there is a sense of Sartre's (2003) concept of bad faith beginning to manifest in participants' lives, as they attempt to conform to gender roles and suppress those parts of themselves deemed unacceptable to society. The spatial lifeworld was not a place of ease and deepening of self for participants, instead, it operated as a vehicle for splitting and the construction of a functional false self whose fissures would crystallise and deepen as participants grew older.

Although some participants recalled experiencing a degree of personal freedom as younger children, this was gradually replaced by emotional distress and confusion, leading to a tangible gap emerging between participants' innate sense of self and the acceptable persona they each began to develop in order to conform. It is interesting to reflect on the spatial world as the place of safety and homeliness, and relate this to participants' experiences, some of whom risked and even lost their homes as a result of coming out. For them, the spatial world was not only metaphorically a place of homelessness as this time, it also translated into practical homelessness in the external.

The creation of a defensive façade became more evident in participants as they entered adolescence and began to mature. Participants recalled that where previously they had experienced more congruence between their physical selves and their internal sense of themselves as not being female, as their bodies began to go through puberty they experienced a growing dissonance between these two aspects of self. Participant's experiences speak to van Deurzen's (2015, p.62) thoughts on the body as being the "centre of gravity of the self". Even though participants experienced a disconnection from self as a result of dysphoria, it

was through physical transition that passing and integration in the social world became possible. Whilst some participants, experienced significant dysphoria as they became unanchored from their physical selves, for others their physical dissonance manifested as an attempt to hide their physical bodies from the world and from themselves. In the social world, participants recalled how gender divisions resulted in them being largely rejected by teenage boys, meaning that the dichotomy between their external presentation as female, and their inner sense of who they were became even more apparent.

As they entered adulthood, participants responded by attempting to conform through having relationships with men, but in so doing they gave themselves away to the point that those early impulses towards authentic self-expression became repressed and largely invisible. Some participants recalled forgetting their earlier sense of themselves as being male as they tried to make their way in society, at a time when knowledge of trans identities was unavailable to them and largely unknown in wider society.

Participants' attempts to have meaningful relationships with men led to them participating in sexual relationships which required them to be passive and which they variously described as having been distressing and traumatic. All participants eventually came out as lesbian, but this too was recalled as the "*best available fit*", rather than something that felt congruent. Participants lacked the vocabulary and knowledge to make sense of their lived experience during this time, but all made similar journeys as they moved toward coming out as trans. In all cases, this was preceded by varying degrees of dysphoria and emotional collapse which were then swiftly followed by realisation and a desire to transition. Once participants realised they were trans, all reported a desire to transition as quickly as possible, with some expediting the process through private means.

It is interesting to note the parallels between Kennedy's (2020, p. 12) description of a "lexic key" as being the process by which participants in her study acquired the vocabulary

necessary to make sense of their experiences and subsequently come out as transgender, and the experiences of the participants in this study. Both reported the existence of a knowledge gap, resulting in them lacking the vocabulary to accurately describe their feelings or make sense of them. In the findings of this research, participants' descriptions of their *lightbulb moments* of realisation were accompanied by information gathering, online searches and the articulation of aspects of identity. For Brad and Edward this came in the form of a partner naming their trans identities, for Charlie it came through having the space to openly discuss his feelings whilst receiving in-patient care. In the descriptions of both studies there is evidence for the self as process put forward by van Deurzen (2005, p.166) when she notes that as temporal beings we are always in a process of becoming.

Although gruelling and painful, all participants underwent hormone therapy as well as gender affirming surgery. The process enabled participants to move out of dysphoria into a place of greater alignment with self. As they began to pass, there was an easing and sense of liberation in participants' narratives, as well as a somewhat triumphant feeling of autonomy, of finally having agency over their lives where previously this had been denied and subverted. As previously noted, for Merleau-Ponty, the body represented the prime focus for experiencing the world, and that the two were involved in something of a symbiotic dance. Through physical transition, participants were able to experience the world differently, and to come into alignment with self. It could almost be the case that through undergoing gender reassignment surgery, participants were "building themselves [the] instrument" (Merleau-Ponty, 1962, p.146) through which they could seek meaning through authentic living.

The final stage of integration occurred in the relational lifeworld, and saw participants taking part in various rites of passage including undergoing a 'second puberty', and entering into relationships with women as men, as well as experiencing male privilege for the first time. Through transition, participants were able to integrate and develop all aspects of the

self, and it was noticeable that this process had a temporal quality which operated outside of traditional timelines and had more to do with personal integration. In their pursuit of authentic living, participants moved out of bad faith and began to pursue their existential projects (van Deurzen, 1997). The experience of a second adolescence also played out in the social realm with participants describing experiences such as using male urinals, becoming at ease with their male bodies following surgery and hormone therapy, and being sexually curious, none of which were incongruent with their age, but which made sense when viewed through the prism of gender transition. It was as though aspects of the self needed to catch up with each other, to be given space to fully form and mature, to coalesce within the temporal lifeworld.

Although participants reported feeling a degree of unease that they would forever hold a secret within themselves, all reached a place of acceptance and ease of self, which was tangible in the interviews and echoed Richard's (2014, p.217) comments previously noted observation that the "attainment of a more personally congruent and authentic gender as well as embodiment, are often the *sine qua non* of the process of transitioning gender". None had any doubts about their gender identity, and all had fully embraced living as male in society, with some no longer viewing themselves as transgender, but rather seeing that as a transitory phase of their lives as they 'crossed' gender. Participants' experiences align with Warnock's (1970, p.1) definition of existentialism as "open[ing] their eyes to something that has always been true, but which for one reason or another may not have been recognised".

## **5.4. Essential Themes**

### **5.4.1. Essential Theme 1 - The Surrendered Self: not fitting in and having no choice**

In this theme participants' personal worlds are explored in terms of their lived experience of *lived space*. There is particular focus on that aspect of identity relating to the

core sense of self, as described in *The Sage Handbook of Counselling and Psychotherapy* (Feltham *et al.*, 2017, p.529). The relational lifeworld is a more abstract place concerned with emotional space, differences between the public (external) and private (inner) experience, and personal boundaries.

A growing sense of dissonance begins to emerge between the public and private selves of participants as they move into and through adolescence. Periods of freedom of expression as very young children, and an inner sense of knowing, either that they felt male, or that they did not identify with other girls, give way to growing feelings of disconnection, loneliness and isolation. The joy of pure self-expression voiced in some participants' early narratives, as they describe playing unfettered by gender stereotypes, is replaced by a slow denial of self which occurs in all participants lives as they move through childhood.

As participants struggle to fit in with family and peers, there are instances in the narratives when they do attempt to articulate their feelings of invalidation. The findings support studies such as Witt (1997) which suggests the strongest influence on gender role development takes place within the family. During participants' childhoods, it appears to be mothers who exert most influence on gender identity and role development.

All participants expressed retrospective memories confluent with male gender roles, such as wanting to assume the role of man of the house, being seen to be strong, as well as gender experience and expression such as playing as tomboys with other boys. Crucially however, they also spoke of possessing a strong early sense of male gender identity or gender confusion. In this sense, the findings highlight the work of Barker and Iantaffi (2019) who stress the importance of distinguishing between gender identity and other aspects of gender such as roles, expression and experience. It is challenging to disentangle aspects of gender identity, but it is also interesting that alongside having a sense of being male, participants

recollections include strong memories of being forced into multiple forms of Lester's (2017, p.47) "gendered straightjackets" as proffered by others, especially mothers and schools.

At this point participants lack the vocabulary to fully describe their feelings, and have no other frames of reference or information. They are, in a sense, existing in a vacuum. Participants recall feeling increasingly despondent as they unconsciously seek ways to resolve the dissonance they are experiencing. At times anger is expressed as participants try to make sense of who they are, and come to the realisation that they have no choice but to surrender and conform.

In his book *Out of the Ordinary* (2016), Dillon describes feeling despair upon realising that upon entering adolescence, his sense of self as expressed through his tomboy persona, is no longer acceptable. He must now "try and behave like a young lady" (2016, p.73). Dillon's words are echoed in the narrative of participants such as Edward who also found that his formerly free tomboyish self now had to be repressed. Other participants also spoke of experiences which had the result of suppressing their natural impulses towards self-expression in favour of externally acceptable facades. At this point in their narratives a growing sense of surrender is evident in the lives of each participant, with the sense that the outer façade is becoming strengthened whilst the inner, albeit undeveloped authentic self, slips away and is relegated to the edge of awareness.

There is a striking lack of gender awareness in all participants as adolescents. In an era before the internet, all participants are confused and struggling to make sense of their worlds. Like the best kept secret, their being transgender lives in plain sight, yet is largely invisible. During member checking one participant commented that he always told his mother, "When I grow up, I want to be a man." And yet despite all the clues being there, it never occurs to anyone to explore or validate what participants are saying. Instead, they learn to adapt and conform to social norms, and in so doing abandon themselves. There is a sense



of futility, as each participant attempts to navigate the world into which they have been thrown.

The sense of “thrownness” experienced by participants speaks to Heidegger’s (1962) thoughts on facticity, whereby an individual finds themselves in a world not of their making, but which must be navigated and made sense of. There is also the sense that participants are increasingly living in “bad faith” as their narratives disclose examples of trying to conform to the activities and roles expected of them in a way which has echoes of Sartre’s (2003) description of a café waiter attempting to act as he believes the stereotype requires. In this, participants embody Sartre’s (2003, p.117) description of living in bad faith as being “the most basic act [of fleeing] from something it is impossible to flee from: to flee from what one is.”

Existing inauthentically in bad faith is a theme which continues as participant’s move into adulthood. With the loss of their core identities, each participant becomes more dependent on external indicators for identity, such as having a boyfriend, or becoming engaged. Tom, Edward, and Charlie each relay a sense of passivity and benign acceptance, for example when describing having sex with their male partners. In their confusion and lack of awareness that they are trans, they become vulnerable to relinquishing their boundaries, to coercion, and to sexual exploitation. It is easy to underestimate the loss of self that can occur in these circumstances, at a time when identity is underdeveloped due to their young age, but already fragmented. Tom and Edward speak of becoming engaged to men in whom they had little interest, simply because they could see no alternative to the lives laid out for them by societal and parental expectation. For all participants there is a palpable sense of invisibility, of a light dimming, as they emerge into adulthood.

#### 5.4.2. Essential Theme 2 - Crisis and Realisation: stepping into the light

This theme is centred on the lifeworld of *lived time*, which affects our being in the world. From an existential perspective, the temporal aspect of gender transition has to do with having the courage to take responsibility for the true expression of self, and this is seen in the narratives of all participants. van Manen (2016b, p.104) spoke of temporality as being subjective time “as opposed to clock time or objective time”. In this sense a person’s true life project consists of the past, present and future as “horizons of the temporal landscape”.

The decision to come out and to transition is not always borne of rational consideration. Indeed, each participant describes the period leading up to their coming out, during which they came to the realisation that they were transgender, in often painful and even desperate terms. There is a sense of searching in the stories of all participants, as they describe trying to seek out meaningful lives through conventional routes such as marriage and children. Each participant experiences mental health challenges prior to and during their coming out process, which variously include anti-depressant and anti-anxiety medication, inpatient care and in some cases almost complete collapse. The birthing of their inner truth is a painful process for all participants.

The words of Kierkegaard (1989, p.63) are interesting in this regard, as they speak to the way in which through trying to fit in and conform, participants appear to succeed, only to lose themselves in the process. He writes “the greatest hazard of all, losing one’s self, can occur very quietly in the world, as if it were nothing at all. No other loss can occur so quietly.” Kierkegaard’s words hint at the way in which aspects of identity can impact each other. Through living inauthentically, participants lose themselves, but that also leads to unauthentic experiences in the relational and corporeal life worlds, thereby further compounding the loss across all facets of identity.

Richards and Barrett (2020, p.115) note when considering transition and the coming out process, “One cannot move from a position of logical certainty to a position of faith through a series of intermediate steps—one must make a *leap* from one to the other”. As with any leap, timing is everything if the leap is to be successful, a reality which necessarily includes a consideration of the impetus for the leap, as well as some knowledge of the landing place of such a move. The leap *to* faith of Kierkegaard ([1946],2019), involves courage and the belief and hope that the leap will lead to something better, and requires that external circumstances feel safe enough to allow oneself to become vulnerable as the leap is taken. As previously noted Dillon (2016, p.44), makes the point that for him “to be trans, you have to be surer than you’ve ever been, because being trans is what you are when you’ve exhausted every other option...If you don’t want it enough to expose yourself to violence, ridicule, the loss of employment, the loss of a home, then you don’t want it enough to be sure.”

The sense of vulnerability in Dillon’s words is echoed in the findings, in which participants speak of consciously choosing possible rejection and even physical vulnerability through surgery, as they choose to take that leap of faith towards embodying their true selves. It is not always wholly safe for participants to make their leap of faith, but they do so anyway. Among participants, there is a sense of inner peace with their decision, knowing that through their choices and courage they can begin to live their lives authentically and without regret for however many years they may have remaining. It appears that it is only in taking responsibility for their lives following the realisation they are transgender that participants move into more authentic ways of being, and are more able to pursue their true project with meaning and purpose.

When participants describe their “second adolescence,” there is a sense of going back in time, and of what Bollnow (1989, p.22) describes as “a certain temporality [...] a sense of

the joyful unfolding of lived time, which I would like to call “the feeling of morningness”. I mean to signify the experience of a fresh, happy, forward-looking sense of life”. The psychiatrist and phenomenological practitioner Minkowski (1970, p.392) conceptualised a schema distinguishing six different aspects of experienced time, including what he called the “mediate past; the zone of the regretted”. It is interesting to consider Bollnow’s description of “morningness” alongside Minkowski’s “zone of regret” in the context of a trans person experiencing a second adolescence (Hadj-Hammou, 2014, Milton, 2014). The first adolescence, a time in the past, may well engender feelings of regret, but by recognising that regret and undergoing a second adolescence it may become possible for a trans man to face the future with optimism.

#### 5.4.3. **Essential Theme 3 - The Rejected Self: pain, dysphoria and self-loathing**

This theme focusses on participants’ experience of their physical world of *lived body*, and that aspect of identity described in *The Sage Handbook of Counselling and Psychotherapy* as being grounded in the physiological (Feltham *et al.*, 2017, p.529) It is the place of the corporeal—of body, hormones and pure physicality. It also covers the experience of puberty and of gender dysphoria.

Both Edward and Brad told their parents that they thought themselves to be male, and always expected to have a penis, and this sense of bodily truth is echoed in the words of Cromwell (1999, p.4) who wrote, “For years, I thought I was a boy just like my brothers. But I was wrong—my penis never did grow”. As participants grow older and enter puberty, their narratives tell of increasing dysphoria which manifests to varying degrees ranging from attempts to disguise parts of the body to eating disorders and self-harm. There is a sense of self hate, loathing and even disgust in the narratives. Whereas the first theme speaks to a

giving up of the self, this theme, centred as it is on the corporeal, bears witness to a parallel process of increasing discomfort with the body.

The disavowal of the physical self that is evident in participants narratives has the result that participants are disconnected and split from both their core sense of self and their physiological selves. In the narratives there is an increasing feeling of not only invisibility, but also of being disanchored, which leads to participants being both vulnerable and confused. As participants seek out ways of managing the emotional distress they experience as a consequence of their maturing bodies, there are acts of denial and of hiding from the reality of the physical body.

When participants do seek help, it is notable that Dillon's 1939 experience of being ridiculed when he confided in a psychiatrist that he, Miss Dillon, wanted to "become a man", is not dissimilar to Edward's experience years later in 1999, when he recounts being met with incredulity upon finally speaking to a psychiatrist about his wish to physically transition. He was told that being trans gender as female to male "did not exist", and later subjected himself to experimental surgery in order to achieve a mastectomy. Dillon meanwhile was treated as "an official experiment" (2016, p.90), with his first forays into physical transition consisting of "some male hormone tablets [being] thrown across the table to me, [saying] "see what they can do". In these examples there is a sense of objectification, of othering and a lack of respect or empathy for the very real distress caused by dysphoria.

Nietzsche (1961, p.62) wrote, "The self is always listening. Behind your thoughts and feelings, my brother, stands a mighty commander, an unknown sage—he is called Self. He lives in your body, he is your body". Nietzsche (1977, p.232) argued in favour of "will a self," suggesting "thou shalt become a self", but, in the findings, there is a strong sense of having been a self all along. It is perhaps the case that it is the process of transition that is the act of "becoming," whereas the sense of gender identity felt by a trans man is one of "being."

In this way, from an existential perspective gender dysphoria could perhaps be seen as the physical manifestation of Nietzschean ([1914], 1997, p.259) “will to power” in the sense that “even the body [...] will have to be an incarnate will to power – not from any morality or immorality but because it is living and because life simply is will to power.” It is almost as though through gender dysphoria an alchemical process is enacted whereby the dissonance described in the first theme becomes the impetus for change in pursuit of oneness of mind and body. It is interesting that participants each speak of feeling that their body was physically conflicted by puberty, as though it was being asked to navigate a route it did not want to follow, with participants variously reporting late and painful menstruation, chest hair and significant facial hair development.

#### **5.4.4. Essential Theme 4 - Coming into Alignment**

This theme also relates to participants’ experience of the existential lifeworld of lived body, but in this theme the focus moves from dysphoria to the process of coming into alignment with self through the body. The focus of the corporeal experience moves into the realms of sexuality, physicality, and embodied masculinity as participants undergo gender affirming surgery.

The sense of coming into physical alignment is evidenced most graphically and viscerally in descriptions of the various surgeries undergone to achieve bodily congruence. Dillon (2016, p.99) wrote of his mastectomy experience, “at last I was free of what I hated the most” a phrase which almost exactly mirrors the experiences of participants. Brad speaks of his liberation at being freed through his mastectomy, whilst for Edward, who suffered the worst dysphoria, his breasts represented a focus for self-harm, such was his loathing of them.

At the same time as being freed bodily from parts of themselves they despised, participants had also either undergone or were due to undergo phalloplasty. In his

phenomenological analysis of people living with artificial limbs, Murray (2004, p.24) notes that often a prosthetic is “incorporated into bodily space and becomes a sentient extension of the body”. In the context of phalloplasty, it would seem trans men may also experience the presence of prosthetic body parts as an extension of themselves. One participant noted that as his phalloplasty had settled post-surgery, he had experienced greater nerve sensation and an increasing sense of embodiment and integration over time.

Notwithstanding the gruelling surgeries participants submit to as part of transition, it could almost be argued that, of all the themes, the corporeal is primary. Although the findings suggest that relationality is a critical part of the transition process, van Manen (2016b) observes, there is always “the phenomenological fact that we are bodily in the world” (p. 103). A person undergoing gender transition cannot necessarily pass as male in the world without first undergoing transformation at the corporeal level through hormone therapy and surgery. Thus, the importance of the corporeal is interesting in the context of gender transition.

Heidegger ([1927]/1962) drew a distinction between the *body* and the *bodily* in his attempts to understand what it means to be in the world. He suggested that a person’s sense of self or “bodiliness” extends beyond the skin into the social world. Merleau-Ponty ([1948]/2004, p.43) considered that “rather than a mind *and* a body, man is a mind *with* a body, a being who can only get to the truth of things because its body is as it were, embedded in those things”. In both examples, and in the findings, there is the sense of coalescence in readiness for something yet to come. The relational lifeworld has as yet been largely missing in this discussion, but as mind and body come into alignment there is created the opportunity to be bodily in the world, and therefore to interact with it and be seen; to be *in* the world and in relation *to* the world.

The first theme observed a building of “will to power” created through dissonance and the giving away of the self in order to conform, much as a rebel might be created through the experience of authoritarianism. The second theme explored participants experiences within the temporal lifeworld and its role as a catalyst for realisation and truth. This theme has explored the impact on identity in trans men as self and body come into alignment. The final theme brings with it a sense of finality and completion of the process of transition in its observations of emergence, visibility and of *No Longer Hiding*.

#### **5.4.5. Essential Theme 5 - The Emergent Self: no longer hiding**

This theme is viewed through the reflective lens of the lifeworld existential of *lived human relations*. It chimes with that aspect of identity formation described in *The Sage Handbook of Counselling and Psychotherapy* as the social construct (Feltham *et al.*, 2017, p.529), which finds its form through “inter-personal relationships, roles and experiences” (Martin *et al.*, 2007, p.604). It is concerned with the messy reality of lived relationships, be they familial, intimate, or in the workplace. This aspect of lived experience also includes those aspects of social identity relating to sexuality and masculinity.

The impact of the relational world on participants as they transition appears to be fundamental to the full authentic expression of all aspects of the self as described in chapter two. The findings suggest it is not enough to accept one’s identity as a trans man, or even to go through transition, without validation in the external world. It is almost as though the cycle needs to be completed. As Lester (2017, p.118) wrote, being “trans” is the diagnostic, the category we are placed in or place ourselves in to make sense of the deeper truth we are telling: that some of us are men, and some of us are women, and some of us are none of the above, but that we are really, truly these things despite the categorisation of our bodies by others at our birth”.



In a process of completion, in a sense it is this mis categorisation of self by others at birth which appears to be resolved in the relational space during transition. van Deurzen (1997, p.247) observed authentic living must involve the pursuance of our existential project, in which suffering is seen as “evidence of one’s own particular position in the world”. Thus, it could be said that the psychological and emotional challenges of transition and seeking to live authentically are what give meaning and purpose to trans men. Given all participants spoke of their “lightbulb moment,” it is interesting that van Deurzen (1997) speaks of the individual as “his own source of light” (p. 248). There is the sense of light as guide, that it is through having the courage to act authentically and move out of bad faith that trans men can pursue their project.

In participants’ experiences of passing, there are aspects of Sartre’s (2003) concept of the gaze, bringing up as it appears to feelings of anxiety, of being seen by the other in the external, and potentially also being judged or found lacking. In the context of the previous paragraph, it is interesting to consider the “gaze” in terms of it only being possible to be seen if one is emitting light, and is therefore visible. Such metaphors are intriguing when considered in relation to Sartre and van Deurzen’s thinking.

Additionally, the words of Merleau-Ponty (1968, *li*) in *The Visible and The Invisible* add a further layer of potential insight to the discussion. He writes “Like the light, these levels and dimensions [posited in the sensible field by the body in its primal assuming of position before the tasks of the world] are not *what* we see; they are that *with which*, *according to which* we see.” Could it be that the corporeal aspect of passing is so important to the trans experience precisely because it possesses the role of illuminating, and thereby making visible, the hitherto unseen true self. In any case, passing is the first time participants experience the mirroring of their true selves in the external. There is the sense that successfully passing can act as a gateway through which other aspects of the self may

then emerge. Participants are finally able to inhabit and experience the male worldview across all dimensions of the lifeworld.

As previously noted, psychological definitions of identity are wide ranging (Martin *et al.*, 2007, p.604), encompassing inter-personal relationships, roles and experiences. Richards (2014, p.217) observed, “the attainment of a more personally congruent and authentic gender as well as embodiment, are often the *sine qua non* of the process of transitioning gender.” In the findings there are multiple examples of participants wanting not only to transition, but to then live authentically in the world and thereby achieve meaning and a sense of belonging. It is not enough for participants to acknowledge they are trans and begin to transition, a vital piece of the process appears to involve a need for the authentic self to be seen; to become visible.

As Vos (2018) observes, the circumstances in which we must navigate our lives may challenge our ability to live meaningful lives. Sartre (2003) assumed individuals are free and responsible for living their lives authentically. In the findings of this research, there is evidence of individuals living freely as young children, less fettered by gender stereotypes, mixing with boys, and playing and expressing themselves authentically. But in all cases, this gives way to bad faith and loss of self as external pressures from parents, peers and school create a dissonance between who participants feel they are, and the sense of not fitting in all participants describe, and what the relational world mirrors back to them.

It appears to be only following social and physical transition, that participants are able to begin to deconstruct their compensatory survival patterns and functional façades and start living more freely and authentically in the world. As Richards notes (Richard & Seal, 2014, p.220) “when trans people do claim their freedom [...] they are acting in good faith through acting in accord with their authentic nature.

The findings suggest that it is in the relational world that the final stage of the transition process may be completed. It is in this lifeworld that participants appear to find the language and have the experiences that enable them to make sense of their identities and embody their true selves. In a process similar to that described in Joslin-Roher and Wheeler's (2009) study looking at the transition experience and the role of intimate partners in affirming and validating trans identity, in three of the four participants' narratives it is a partner or sibling who acts as the catalyst by articulating how they experience the participant. In each narrative, there is a sense of revelation, of no longer hiding, and also of being seen.

### **5.5. Final Reflections**

On reflection, I am satisfied that the choice of methodology was the best fit for this particular piece of research at this particular time, although it would have been interesting to perhaps encompass some further analysis encompassing the existential dimensions using van Deurzen's SEA model (2014). Van Deurzen notes (2014, p.57) that "phenomenology is not the emptying of the mind, but rather a polishing of its lens in order to let the light through and illuminate things more brightly." It has been noticeable that themes of invisibility, of becoming visible, and of illumination have naturally emerged from the analysis, and it would appear that van Deurzen's method is a natural fit for further analysis. She makes the point that it is "the quality of the contact with participants that matters greatly", noting that "we need to let ourselves go where they are".

Due to my position as an outsider, I had no choice but to journey to where participants were, having very little of my own frame of reference. In that, I have had a deep sense throughout this piece of research of participants as co-researchers. Lastly, it would have been interesting to have explored through Structural Analysis deeper aspects of meaning to be

found within participants narratives using the Duerzen's (2014, p.64) compass of emotions and its relationship with the four existential dimensions.

Richards and Barrett (2013, p.114) point out that the process of transition sometimes become the project itself, which "can be a little hollow after a while—it is almost as if gender is what one lives *through* or *as* rather than what one lives *for*". It is interesting that those participants who seem most content in their lives are those with close family, children, and established careers. Others without these things give a greater impression of having lived for transition, and on coming to "the end" some describe the experience as feeling rather lost. One participant even said they had the sensation "what now" after completing surgery. They had put so much focus on their transition, they had almost forgotten to live.

In their accounts it is perhaps possible to glimpse an underscoring of the belief that identity is not only comprised of the self, but the physiological self in which such focus is often invested during transition, as well as the social self. If any one of these is out of balance it appears that the process of transition can in a sense become interrupted. It is interesting to consider the extent to which presence of or lack of fulfilment in the social world may push a trans person toward focussing on other aspects of the self, potentially leading to an over focussing on the corporeal or the inner world to the detriment of other aspects.

In the above reflections there are perhaps clues as to ways in which practitioners might use the findings to work more subtly and gently with trans men and even potentially other gender non-conforming individuals for whom the findings may have relevance. As an example, the previous discussion looking at the possible roles different aspects of identity may play in the transition process both in terms of positive and negative influence underscores Richards (Richards & Seal, 2014, p.219) suggestion that a clinician "encountering a trans person who feels unable to transition due to social constraints work

phenomenologically to identify any perceived constraints”, as well as exploring “the person’s own part and responsibility in acceding to them”. Further consideration of the findings and their potential relevance to clinical theory and practice is undertaken in the following section.

## **5.6. Implications**

### **5.6.1. Implications for Clinical Practice**

This research has a number of implications for clinical practice, including within the areas of counselling psychology and psychotherapy. The clinical objectives for this piece of research included a desire to add to the limited body of knowledge available to mental health professionals, especially cisgender clinicians, in order to aid understanding and improve therapeutic outcomes when working with gender questioning trans male clients and those undergoing transition.

As earlier noted, Richards (Richard & Seal, 2014, p.222) makes the point that such work must be approached with subtlety and care, otherwise it risks “causing harm to the client and destabilising an already shifting, emergent sense of self.” Although the findings are limited in that they only reflect the experiences of four trans men, they nevertheless represent an opportunity to enhance knowledge of the trans male experience, give clinicians deeper insight into the inner experience of participants, and enable clinicians to more deeply understand the transition process.

The effect of interpersonal relationships, the wider family system, workplace dynamics and societal attitudes in general on a trans man’s sense of self, is an area of client work that is potentially challenging for those psychologists who have not had personal experience of questioning their gender or of gender transition. It is hoped that the findings of this study may aid clinicians in bringing more “subtlety and [informed] care” to client work,

in terms of increasing awareness of how the emergent sense of self may be shaped and influenced during the transition process.

The findings bring deeper awareness to how a trans man's inner experience of self can shift during transition. They help to show how the generalisable aspects of transition are also mediated by individual experience, providing potentially useful clue to practitioners in terms of how different aspects of the self can be impacted, and what it can be like to live authentically and visibly in the external world. The findings shed light on the process whereby certain aspects of self, such as social identity can be more or less developed prior to transition, and how transition may act as a coalescing factor in bringing different aspects of the self together.

The findings also serve as a salutary reminder of how vulnerable the self can be during transition, and how psychologically fragile the newly emergent true self often is as transition is navigated. They highlight the need to look for protective factors during transition, much as a clinician might when working with suicidality, and to be aware of these when working with trans clients. Being the result of a phenomenological study focussed on lived experience, the findings also highlight the potential dangers of generalising the trans experience and thereby failing to see the individual in the therapy room for themselves. Each participant had a unique perspective to bring and their own combination of survival style, attachment style, personal experience and family system. As such the findings have the potential to offer clinicians rich insight into the how identity is experienced during transition. The findings contain the beginnings of a framework for informed therapeutic practice in this under researched area.

I was recently asked to give a talk on the findings and their implications at the School of Psychotherapy, which was attended by cisgender clinicians from across all modalities, as well as a number of trans and gender non-conforming clinicians. The talk received positive

feedback, both in terms of psychoeducational relevance, as well as ally ship. The talk was a first step towards practically fulfilling the research aims in terms of actively contributing to the limited body of knowledge available in this under researched area and aiding understanding of the trans male experience. In making the outcome of this study directly available to clinicians it is hoped that they may aid in improving therapeutic outcomes in trans men, particularly during the pre-transition period.

A further possible implication for clinical practice is that the findings could potentially be used to further inform the emerging model of *Gender, Sexuality and Relationship Diversity (GSRD) Therapy* (Feltham *et al.*, 2017, p.526). It would also be interesting to explore in more detail how the “Principles of Practice Related to Identity Formation and Personal Context” described in the recently published *Wiley World Handbook of Existential Therapy* (van Deurzen *et al.*, 2019, p.258) could be enhanced as a practice targeted more specifically at trans men (as well as other gender nonconforming people).

In recognising the impact undertaking this research has had on me personally in deepening my own internal process, my work with clients, as well as my relationship with my child, implications stemming from this piece of work for supervisors include an invitation to undergo a similar period of reflection, possibly with someone who is an insider to the trans experience. It is also suggested that supervisors actively encourage supervisees to reflect on their own experience of identity, including their gender identity, when working with gender diverse clients, much as transference and countertransference are regularly discussed. Such reflection is not commonplace at present outside of specialist settings, and yet it would potentially be beneficial for such reflections to become a standard part of the supervisory dynamic.

## 5.6.2. Implications for Clinical Research

### 5.6.2.1. Mental Health Outcomes

As previously noted, within the current body of academic research trans men are often treated as a sub category of participant, meaning that findings can be weakened and diluted. An implication of this piece of research is that trans men be more frequently considered as the sole focus of research. In particular, this study has highlighted the variability present within the trans male experience, thereby suggesting that more studies looking at lived experience would be valuable.

The findings of this research shared many similarities with that of previous research, as well as offering some new insights and challenges. As referenced in the literature review, various studies (Haas *et al.*, 2014; Patten *et al.*, 2022) have shown transgender people to be vulnerable to suicidality and mental health issues. In this study all participants described mental health challenges, ranging from depression and anxiety, to suicide attempts and in-patient mental health care. Most had accessed therapy during their coming out period, with varying degrees of success, underscoring the suggestions of Benson (2013), Aaron Devor, PhD, Chair in Transgender Studies and Professor of Sociology at the University of Victoria, and others, that diversity and LGBT training be improved to include less focus on theory and more awareness of lived experience.

### 5.6.2.2. Gender Dysphoria (GD)

The findings raise some interesting questions in terms of GD diagnosis and presentation. Within the range of experiences described by participants only one experienced severe and worsening GD to the extent that it was affecting his ability to function. A further participant noted that he had not realised he was experiencing GD symptoms since his presentation was centred around an eating disorder which he later realised originated in a



desire to minimise his female physical characteristics. Whilst all participants found puberty distressing, it is interesting that within this small sample there is such a range of experience.

The findings support the outcome of studies such as Davy & Toze (2018, p.168), notable for its size and scope, which emphasises the reality that “not all trans people experience GD”, and highlighted the fact that GD does not always fit the standard diagnosis criteria, but can instead be “a phenomenological experience of distress; and sometimes a personal characteristic within individuals. The range of experiences in the findings serve to underscore the reasoning behind the 2013 DSM-5 TR (APA, 2013) amendment with its intention that gender identity issues no longer be pathologised, but instead be met with a focus on “resolving distress” (Russo, 2017).

### **5.6.3. Implications for Clinical Theory**

#### **5.6.3.1. Nature or Nurture**

The findings also support the material to be found in the small body of clinical handbooks which reference gender identity formation, such as *The Palgrave Handbook of the Psychology of Sexuality and Gender* (Richards & Barker, 2015, p.201) which suggests that “biological as well as psychological, social and cultural factors play a role” in transgender identity formation. Although this study did not look at potential biological factors influencing identity formation, the findings would seem to support research (Messner, 2011, Rippon, 2019, Zhu & Cai, 2006;) debating the extent to which gender identity may be the result of social and cultural factors versus being purely biological in origin. Such research suggests that gender identity formation is not purely down to socialisation and that there may be a more innate sense of gender identity present from very early in life. The findings supported this research, with Edward noting:

*I often said to my mum, 'Why am I not a boy?' I don't remember much of the conversations, but she does remember that I was asking a lot, why I was as I was. I mean, when I was very young*

Similarly, Tom also observed:

*In my very young days I think I still, I've always had this feeling, I suppose, that my gender wasn't female*

Existing literature has suggested gender identity in trans men develops as an evolving process that varies across individuals (Austin, 2016; Nuttbrock *et al.*, 2010; Tatum *et al.*, 2020). Although this may be true, it is notable that all four participants felt they knew something was wrong, or even believed themselves to be inherently male from early childhood. Like Tom, Brad recalled believing himself to be a boy at a young age and remembered female members of his family “*always trying to feminise me*”.

It is interesting that these attempts to socialise participants, whilst successful in the short-term, ultimately were not the primary drivers in participants' identity formation. They had the effect of forcing participants' early impulses to be repressed and denied, but they were never completely negated. As such, the findings highlight the reality that more research is needed to fully understand the emergence of male transgender identity, particularly in terms of how the different aspects of identity interact and are formed over time.

The findings also align with other previous studies, such as Winter's (2015), exploration of the pathologising of gender identity. Winter's research looks at the difficulties faced by individuals once they realise they are trans, as they are often immediately funnelled into a medicalised process, which can be experienced as disempowering, often embarrassing, and sometimes dehumanising. These findings were echoed in this study, with some

participant's relating similarly challenging experiences, and choosing variously to self-medicate and fund their own surgery in order to gain greater control over the process and mitigate long waiting times. As Charlie noted:

*I was told, "You'll have to do 6 months before you even speak to someone and then you'll probably have to do 2 or 3 years living in role,"*

During member checking at least two participants commented their thinking becomes extremely focussed, black and white, and systematic when they have taken testosterone. A second participant also noted he feels less emotional and more focussed after taking it. These observations led me to Baron-Cohen's (2004, p.105) *The Essential Difference*, in which he noted trans men "improve on spatial rotation tasks when given extra androgens to masculinise them". Systematising and spatial rotation tasks are seen more typically in males.

Baron-Cohen (2019) also made the point that even though genetic sex is decided at the point of conception, and even if a person is "genetically and genitally female" (p. 99), they can still have male sex-typical behaviour. All participants in this research, and Brad and Edward in particular, commented on feeling male and having a sense of male identity as very young children. But in the findings there was also a sense that taking testosterone had enabled participants to connect with their true selves, with Brad noting it:

*[ means I can go] back to my normal self. My now, normal self, if you like,*

thereby enabling him to experience "*feeling that ease again*".

Participants comments, and the observations of Baron-Cohen led me to wonder when and how male identity is established in trans men as it appeared to be present in participants' internal world in very early childhood. As such, the findings add support to the literature (Garcia-Fulgueras & Swaab, 2008; Hoekzema *et al.*, 2015; Richards & Barker, 2015) suggesting the brain regions of trans men at birth may be more aligned with gender identity than birth assignation.

#### 5.6.3.2. Theories of self

As noted in Chapter 2, theories of the self, and in particular that of the 'true self', raise questions regarding when and how a trans man may come to realise that they are transgender. Whilst some theories suggest the presence of an innate sense of self from early in life, others suggest that the self is formed over time. It is not yet clear how the part of the self that identifies as trans fits within these various theories. The findings contain evidence supporting theories suggesting that an innate sense of self may exist from childhood, and possibly even earlier. All participants commented that they had a sense of being male, or at least not female from a young age.

What is particularly interesting is the use of language employed by participants in their descriptions. Tom noted that he "*always felt more masculine*", whilst Edward described feeling that he was a boy from a "*very young*" age. Brad's earliest memories went back to age four to five, but he too chose to use the word "always" to describe his sense of innate masculinity, saying '*I'd always thought I was a boy.*' Participants' recollections suggest the presence of an early inner knowing, unaffected by external influences and possibly reaching back into very early and even pre-verbal childhood.

Although participants referred to themselves as boys during the early part of

their lives, they later referred to their sense of themselves through the lens of adulthood, describing themselves as men. This shift mirrors the typical maturing of self experienced by all human beings, but also suggests that when considering the trans sense of self, it may be overly simplistic to view this aspect of self as being either innate *or* formed over time. Rather the findings suggest that the early sense of being a “boy”, “male”, or at least “*not female*” described by participants, whilst indicating the presence of an innate or “true self”, is only one part of the story. Might it be that participants experienced both an innate sense of self, *and* a maturing of that self over time, following the realisation that they were trans, and their subsequent transition. The findings would suggest that this is the case.

As they matured and moved through adolescence, all participants recalled having suppressed and even lost sight of the inner knowing previously described. Brad remembered:

*constantly battling with something inside that I didn't know I was battling with*

Whilst Tom observed:

*it just didn't occur to me, I didn't think I really had a name for how I felt*

In their descriptions, there is evidence for the presence of an aspect of self that was both innate yet unacknowledged. Brad described his decision to come out as lesbian as “*the nearest I could get – this is what I must be.*” His words give some insight into the confusion all participants described as they attempted both to conform, but also to make manifest and to embody a part of their identity which they

lacked the vocabulary to articulate, was unknown to them as being a possibility, and which had been invalidated in the external whenever they tried to express it.

The following sections will discuss the findings in more detail in relation to the various theories of self described in Chapter 2, in terms of how they may contribute to, and even extend, existing thinking.

#### 5.6.3.2.1. Freud and Jung

The findings are interesting when considered in relation to Freud's theory of cathectic investment (McIntosh 1986, p.429, McIntosh, 1993), which suggests the existence of an aspect of self that is the *object* of one's narcissistic or "cathectic energy". As previously noted, Freud theorised that the object of such cathectic investment might encompass what one may *wish* oneself to be, as opposed to what one *actually* is. The findings would appear to support Freud's theory to a degree, in the sense that prior to their coming out, all participants experienced their trans selves, as hidden, split-off and neglected, but through transition that aspect of self was made real.

Where Freud's theory may not align with the trans experience, lies partly in the semantics of language, in the sense that participants did not *wish* themselves to be male, they felt themselves to already be male. If the process of transition is viewed as an investment of mental and emotional energy in order to bring the actual *objective* self more into alignment with the denied trans self, Freud's theory begins to better correspond with participants' experiences.

Looking at the findings, there is evidence for the expending of such energy during the process of transition. Listening to them, there are many accounts of long, gruelling, painful surgeries, which require enormous stamina and drive to push

through. In one account, Edward describes his experience of surgery, and there is a tangible sense of pent-up energy in his description:

*I even pulled my own drain out. I did that and then went in for the second procedure.*

Could it be that the impulse to discharge an intentional cathectic emotional charge is partly responsible for the forwards drive that is tangible in all four participants' narratives. There is certainly evidence of significant internal drive in participants once they realise they are trans, with Brad describing the feeling as follows:

*Once that light bulb moment comes, that you find that missing piece of the jigsaw and that is that you need to transition, you want it and you want it now*

Although Freud's concept of cathexis is perhaps more readily applied to the introjection of external objects rather than existing as an intrapsychic model, it is interesting to consider it in relation to participants' experiences, particularly in the context of the self as a "narcissistic" project requiring energetic discharge to become manifest in the world.

When viewed through the prism of Jung's theory of self (2014), there are examples in the findings of "initiation into outward reality" (Politsky, 1995, p.11) followed by at least one example of collapse later in life as aspects of the self that were not only underdeveloped, but completely suppressed, became slowly acknowledged. Charlie's narrative is perhaps the best example of this process,

whereby he had spent the first half of his life conforming, marrying, having children and having a heterosexual relationship, to then find himself receiving in-patient mental health care, as he struggled to make sense of who he was and how to move forwards with his life. Charlie's narrative could be argued to be an example of the "psychic upheaval that shakes one to the very core", referenced by Jung in his theory of self.

Edward's experience of coming to the realisation that he was transgender was similarly challenging and also involved a period of collapse. He recalled:

*all the years of trying to stay hidden, and all the years of ... me trying to conform, the lot, and I cracked*

Tom similarly described his coming to the realisation that he was trans in terms of :

*letting go of trying to be something else that you know you weren't*

Both extracts contain descriptions that could be interpreted as participants separating from "the false wrappings of the persona" (Jung, 2014, vii, para, 269), or the ego defences participants had created to protect themselves from external pressures.

#### 5.6.3.2.2. Narrative self

In line with hermeneutic narrative theory, there are examples in the findings of participants "speaking into being" their transgender identities, particularly at the point



of realisation and coming out. One especially poignant moment came when Charlie described the first time he verbally acknowledged his trans self, having struggled with his sense of self for years, stating:

*I'd rather be a man on my own than a woman on my own*

In making this acknowledgement to himself, and having it witnessed by another, Charlie took the first step in reframing his personal story.

There is also evidence of incongruence present in participants' experiences, both in terms of the physiological self, with resulting degrees of dysphoria, as well as in the early sense of self participants found they must disavow. The narratives contain examples of participants finding self-expression through other means, such as in Tom's case where he describes dressing up his dolls in male clothes and enacting stories in which his dolls were male. He recalled:

*Well, Cindy's not going to be wearing these ballet clothes. But she can have a horse, she can have a car, but she's not having the dresses. So, I was, like, making decisions for my dolls about, I think what I really wanted. I think that was quite good*

It is interesting to observe the potential role of narrative theory in the way participants such as Tom used stories to project the denied, authentic aspects of themselves into play things such as dolls as a possible means of self-preservation at a time when authentic self-expression was not possible. It is also potentially the case that even as participants' recalled childhood events during their interviews, these too

became a means of further reinforcing and defining those repressed aspects of self denied at the time. Such a possibility would align with Dennet's (1993) narrative theory, suggesting as it does that, we protect ourselves and define ourselves through the stories we tell about our lives. A counter to this lies in the fact participants' narratives were enacted physically in the external world, and did not solely exist as a subjective object; a narrative structure of self present in reflective consciousness (Zahavi, 2008). Nevertheless, the findings would appear to align with some aspects of narrative theory when considered through the lens of the trans experience.

#### 5.6.3.2.3. True and false self

Some evidence for Laing (1960) and Winnicott's (1960), conceptualisation of an authentic (true) or inauthentic (false) self" can be found in the findings, not least in the early developmental stages of all participants, each of whom described a painful process of conforming to external expectations, and suppressing that part of themselves (their transgender identity), which was not validated or accepted in either their family systems (Minsky, 1996) or wider environments. There is also some evidence for the formation of a façade, or strategic survival personality, with Edward noting:

*I never chose to be a girl. Never. Never accepted it. What I did was I just locked that part of me down. Because I realised I couldn't show it. I realised I couldn't be who I am. So, as I grew older, when I went to school again, I was still a boy, you know? I just looked silly in a skirt*

Brad similarly described his attempts to conform as follows:

*You battle with yourself and go . . . hmm, let me try and figure this out. You, sort of, try and just fit into societal norms. So, obviously you're not particularly happy, you know. And, you don't really fit anywhere.*

As previously mooted, the experiences of participant have parallels with the work of Kohut (2013) and Lowen (2004) in their work on narcissism, as well as with Schaverien's (2004) work on boarding school survivors, which also theorises the creation of a false self which operates as a defense mechanism to protect the vulnerable but hidden true self. In contrast to Kohut's (2013) theory, whereby the wounded self remains protected by the defensive narcissistic construct, the findings show that through the act of transition, the vulnerable and hidden 'true self' of participants was able to become visible and integrate across all dimensions of the lifeworld. In this way, participants experienced their true selves as becoming stronger, more substantial, and therefore less likely to be "taken over and harmed by the world" (Cohn, 1997, p.124).

#### 5.6.3.2.4. Embodied self

Merleau-Ponty's ([1945], 1962, p.167) belief that the body is "the vehicle through which we experience the world" is echoed in the findings, especially in participants' descriptions of passing, of embarking on physical relationships and of being able to use male only spaces. Participants spoke of realising they were able to pass physically, following a period of limbo that all found challenging. Tom recalled finding that there was something intangible about his presence that at some point tipped him over into passing as male following hormone therapy, noting:

*It makes you realise that when you think about yourself and how you operate in society, you think that people will make certain assessments of what male and female is, and then they will choose the appropriate pronouns, and when they don't you think, "Well, it's obviously nothing to do with hairstyle, it's nothing to do with clothes"*

For participants, the ability to live fully as male centred on the physical, whether that be through a deeper voice enabling passing on the phone, or a masculinised physique which enabled participants to pass as men in the social world. In this sense, the findings support the concept of the body as being our primary means of communication in the world (Solomon, 2005). Through their descriptions, participants demonstrated the ways in which their bodies communicated their male identities outwards into the relational lifeworld.

Physical surgery also enabled participants to function and live as men, both in terms of how they experienced themselves, and how others experience them. In this sense Merleau-Ponty's belief that "philosophy is not the reflection of a pre-existing truth but, like art, the act of bringing truth into being" is made manifest in the findings with their focus on "bringing truth into being" through the process of physical transition.

#### 5.6.3.2.5. Self as Process

As previously noted, the existential perspective sees the self as being experienced through the lens of being-in-the-world. In that, van Deurzen (2015, p.62) places emphasis on the body as being the "centre of gravity" of the self. The findings

support Deurzen's positioning of the body in this way, showing that it was through physical transition that participants were able to move towards fully authentic expression of self. It was physical transition that enabled them to pass in the external world and move forwards with the process of social integration in the relational lifeworld. Brad perhaps embodied this process to the greatest degree in the sense that his body pre-transition was more curvaceous, whereas the other three participants had more lean athletic physiques. Brad's words contain a sense of forward motion and freeing of self that is tangible. He recalled:

*I was very large chested. So, when I had my top operation, they took 2.2 kilograms off. I wasn't comfortable until I had that. For me that was the first thing that had to go.*

*Edward also described the impact of his surgeries as having greatly assisted his integration. He was also the participant who experienced the greatest degree of physical dysphoria. He described the process as follows:*

*you're half one thing and half the other. You can't possibly integrate your mind, or any other part of yourself, because you're not complete.*

The findings also contain examples which support van Deurzen's suggestion that a person's core sense of self may become "totally unbalanced" if they "have to disconnect suddenly from outside relationships". In Edward's story there is the loss of both partner, step child, and wider family of origin, as well as employment, as a result of him coming out as trans. He subsequently experienced severe mental

distress, and spoke of not knowing who he was anymore and of being unable to even get out of bed or have a bath, such was his level of internal collapse.

As with the experiences of Dillon (2016) described in Chapter 2, having come to the realisation that they were transgender, all participants were resolute in their sense of themselves as trans despite encountering external pressure. Although Edward was forced to disconnect suddenly from his outside relationships, and did experience a period of collapse, his sense of himself as trans did not in fact disappear or become overwhelmed as a result. In fact it could be argued that it was this that carried him through his collapse. As he noted:

*If you are really trans you will find the strength to [transition] because you just cannot carry on living in the limbo. And it is a limbo. I mean people say to you you're really brave, they say I couldn't do that, you're really brave. There's no brave in it, there's no choice in it. You have to do it. There isn't a choice.*

#### 5.6.3.2.6. The Lexic Key

In her study (2020, p.1) looking at the different ways in which trans people “construct their identities before and after realising they are trans”, Kennedy argues against what she terms a “timeline of revelation”, suggesting instead that the coming out process may occur in three sections; “Tacit Deferral, Epiphany and Discursive Deferral”. The participant descriptions in her study are very much aligned with the narratives in this study, which also describe feelings of being male as young children, and expressing their identities by trying to exercise control of their clothing.

Kennedy's description of a "lexic key" which she associates with a gradual process of acquiring vocabulary and knowledge such that her participants became able to put into words their often confused and dysphoric experience mirror the experiences described in this study. Participants describe looking online and finding chat forums and information on being trans, and of experiencing relief at now having the words and knowledge, or "lexic key", to make sense of their feelings. Edward and Brad both described not knowing they were trans and the relief that went with finally being able to make sense of their inner experience of self, with Edward recalling the experience as follows:

*I was developing an identity as a man. Still didn't know anything about transgender, at all. That didn't exist. It wasn't around. Nobody knew about it. If it did, it was called "transsexual" and it was a male going to a female*

*As soon as somebody told me about being transgender, I just collapsed because I suddenly knew that they were talking about me. I didn't know it existed*

Similarly, Tom recalled using the internet to explore and try to make sense of the confusion he felt around his gender, noting:

*I went on the internet, and I Googled the information. And of course, things started to come up, I started to see all these YouTube videos, there's one guy in particular, who had, like, a whole video diary of his transition. And I just, I couldn't believe that, I just thought, "this is exactly, everything he's saying is*

*exactly how I feel.” This is, I can so relate to this. You know, I might be 20 years older, but it feels the same.*

The only differences reported by participants in their recollections were in the speed at which the realisation and coming out process occurred, with some describing a much more immediate experience of realisation, even though the overall process of coming out and transition occurred in stages.

Kennedy makes the point that whilst coming out as transgender may appear to be a sudden event, the inner reality may be very different. She notes that the language used by trans people to describe their desire to transition can seem relatively weak, when compared with the ‘powerful feelings of the need to transition that young trans people often feel’ (2020, p.19). Such a dichotomy may be seen in the narratives of Brad in particular, who, when describing the moment he realised he was trans noted:

*she said, “Oh, you know, you should be a bloke.” And I went, “Well, maybe that’s the problem.” And that’s how that was solved. It was literally just, bang. Just like that.*

Brad’s description does not do justice to the reality of the mental distress he experienced prior to coming out, which included a suicide attempt.

In all of the theories of self discussed above, there are aspects which resonate with the trans experience and some that do not fit so readily. It would appear that although the findings add to and in some cases extend thinking in this under-researched area, supporting both the existence of an innate self, as well as the self as



process, what is apparent is that it is overly simplistic to attach theories of self to the trans experience in search of a definitive answer. If anything, the findings highlight the importance of nuance when considering aspects of the trans self. In particular the findings highlight the reality that even though participants in this study had experiences which support with existing theories of self, this focus should not eclipse them from also being seen as the unique and deeply personal life projects that they are.

### **5.7. Reflexivity**

This section of the chapter contains reflections on the limitations I bring to this research as well as any advantages, taking into consideration my positionality as a cisgender straight white woman living in the United Kingdom. I consider myself to be a trans ally, a position that has become more important to me and a larger part of my identity as my eighteen-year-old child has begun to transition. However, as previously noted, the fact remains that I am an outsider to the trans experience. As such, whilst I can empathise with the experiences of participants, I can never truly know them.

I have been driven forwards by a desire to understand my child's process more deeply, by my interest in the existential philosophical aspects of the topic, and by my belief that it is important for more cisgender people, and especially clinicians, to understand the trans experience. In that sense, I have pursued this research from a humble position of allyship, as a parent trying hard to meet my child in their process, and from the perspective of a clinician seeking to better support my trans clients.

### **5.7.1. Working with Assumptions**

I feel that my position as an outsider does not preclude me from potentially making a valid contribution to this research area, particularly in terms of broadening understanding among cisgender clinicians. It is also possible that in considering the findings from a cisgender perspective, I am not party to the “natural attitude” described by van Manen (Langdridge, 2007, p.41). As such, any concern that I may “know too much” about the phenomenon is largely removed. My focus has not been on “bracketing” my knowledge (Husserl, 1970b, p.33) as much as trying to “come to terms with my assumptions... and holding them deliberately at bay.” (van Manen, 2014, p.47).

When considering my assumptions, there was a risk of my projecting the experiences of the trans people I do know, as well as those of my child, onto participants. There was also the possibility that I would assume participants experiences of puberty had been similar to my own. I feel I have negated any such assumptions as a result of hearing participants personal accounts, approaching the research process with openness, and by reflecting on my assumptions both privately and in personal therapy.

### **5.7.2. Working with my Gender**

Reflecting on my gender during this research process, I found myself wondering what it would be like to be seen as male in the external social world, such that I could do things I avoid to remain safe as a woman. These include walking alone late at night, for example, when returning home from visiting local friends, or walking on my own in remote or isolated public spaces.

I was reminded of how vulnerable I felt at times as a student, when I did not drive and had to rely on public transport and walking home late at night in less salubrious areas which

are often where student accommodation is located. On one particular day I was almost attacked in the middle of the day at a quiet rail station near to my university when a man approached me in a way which made it very clear he intended to harm me. I was acutely aware that he could overpower me, and it was only because I had chosen to stand closer to the road on that particular day, and was able to run away, that nothing happened to me.

Unfortunately, experiences like these are very familiar to all women. We grow up being taught to and learning to anticipate them. This research process has prompted me to consider what it may be like for a trans man to find himself freed of the constraints of living as female, in terms of the aspects described above, whilst at the same time being aware of them through having lived them. In a way, a trans man becomes responsible for honouring women post transition, for example by keeping a safe distance from a woman if she is walking alone at night, particularly since he has known what it is like to be that person.

### **5.7.3. Working with my Sexuality**

As a straight woman who has been in the same relationship for over twenty years, I do not feel my sexuality was particularly affected by the research. I did however find myself troubled by the way in which some of the participant's described submitting to heterosexual sexual relationships in order to fit in, to retain a home and to pursue societal expectations. I chose to work through these feelings in personal therapy.

### **5.7.4. Effects of Personal Life History – privilege and difference**

Listening to the participant's stories prompted me to reflect on those few times when I have felt excluded, marginalised and othered, simply for being me. When I lived in Belfast in the 1990s I experienced hostility, and was ostracised at times because I am English. It was

unsafe for me to be in certain parts of the city and I was aware that some Southern Irish friends were risking their own safety by being friends with me, an English protestant.

I also recalled my time as a student at The University of North Carolina at Chapel Hill, the site of protests during the 1960s American civil rights movement, where I experienced a campus that was still largely unofficially segregated, in terms of particular courses chosen, areas of socialisation and which cafeterias were typically frequented. Although these experiences were based on aspects of my identity to do with ethnicity and religion rather than gender, they have stayed with me because they challenged my sense of self as being acceptable, something that I had not previously experienced. The crucial difference is that whereas I was always able to reaffirm my sense of self, and in both cases was also part of the 'privileged' majority, participants in this study have not been able to escape the reality of their situations when ostracised by family or experiencing employment challenges as a result of coming out and transitioning.

#### **5.7.5. Working with Bias**

My potential biases include the realisation during the interview process that I wanted participants to have positive outcomes to their life stories. This was largely as a result of being concerned at my child's future and wanting to hear that participants had been able to overcome any challenges relating to their coming out and transitioning. At times I found myself relating participant's coming out experiences to that of my child, and wondering how their experiences may have contributed to aspects of their developing gender identity. I took these considerations to my own personal therapy during the research process, as well as talking them through with trusted friends and colleagues. In the interests of protecting my child's privacy I have chosen not to discuss any more detailed aspects of this process within this piece of research.

#### **5.7.6. Reflections on Patriarchy**

As a result of this research process, I have also reflected on my own experiences of patriarchy, noting that in transitioning a trans man places himself within the male hierarchy, which also brings with it some risk of male violence, as well as having to prove oneself to other men. Such considerations have been part of my reflexive process, as I have reflected on the experiences of participants. For example, one participant noted that following transition he felt he had benefited from male privilege in the workplace.

I have found myself wondering what it would be like to leave the ‘sisterhood’ and ‘join the patriarchy’ in terms of, for example, accessing male privilege in the workplace, having to navigate male violence, or establish oneself within a male hierarchy, be it familial, social or in the workplace. During the late 1990s, I experienced having my salary increased after the human resources department at the FTSE100 corporate in which I worked realised that my two male equivalents had been earning more than me for a period of several years. I was fortunate that this was noticed and rectified, but it has stayed with me as an example of male privilege that firstly I was completely unaware of, and secondly made me feel quite angry.

During that time, I also noticed that in many corporate settings being male brought with it career enhancing benefits which were accessed outside of the workplace, for example through playing golf and being part of the ‘boys club’. As one of a small number of women in a predominantly male environment, I was aware that my career trajectory was restricted by my gender. During this research study I have found myself again reflecting on what it would be like to benefit from male privilege.

### 5.7.7. Closing Reflections

In undertaking the reflexive process described above, as well as in an earlier chapter, I have found that my self-awareness, as well as my understanding of the trans experience has evolved and deepened. The research process is lengthy and punctuated by periods of intense consideration and reflection. As a consequence, I feel I have a more immersive sense of the trans experience than previously. Having heard first-hand the social, emotional and mental challenges experienced by participants, my understanding of the trans experience is now better informed through having been exposed to real lived experience as opposed to it being limited by assumptions made as an outsider. The experience of conducting this study has allowed me to move beyond the limited degree of awareness I previously held.

### 5.8. Conclusion

Although findings are limited in that they represent the insights and experiences of only four people, they also contain commonalities which form the basis of the essential themes. It is possible to link these findings to the lived experiences recounted in other autobiographical works such as Green's 2004 book *Becoming a Visible Man*. One of Green's stated aims in writing the book was his perception that trans men "continue to be invisibilised and ignored". The findings in this book reveal individual stories of invisibility being replaced by a gradual emergence into truth, and of "stepping forwards and claiming their existence" (Samons, 2005, p.190). Through its dissemination, this piece of research has already gone some way to bridging the gap between the parallel universe of "therapists [and the] community of FTMs (2005, p.190). It is satisfying to feel that one of the stated aims of this research is being achieved.

Having discussed the findings in detail from an existential perspective, and considered their implications for clinical research and theory, there remain a small number of observations to consider in terms of how trans male identity fits within the evolving transgender umbrella. With the coming into awareness of nonbinary identities, there is now less pressure on gender questioning people to make a binary decision regarding their gender identity and more freedom to fully explore who they are. Recent books such as *How to Understand Your Gender: A Practical Guide for Exploring Who You Are* (Iantaffi & Barker, 2017), *Life Isn't Binary* (Barker & Iantaffi, 2019), and *The End of Gender* (Soh, 2020) discuss these dynamics in detail.

In line with this perspective, all participants recounted having navigated shifts in both gender and sexuality, with some having experiencing them to a greater degree than others. Three participants spoke of having experienced attraction to men as well as women at various times, or of having a curiosity to explore further. In terms of gender, one participant spoke of being at the more feminine end of the male gender spectrum, whilst another noted he sometimes feels the presence of a female identity, and at other times the male aspect comes to the fore. The shifting and emergent inner sense of gendered self described by participants, and how that can conflict with the external world, especially in terms of the so-called “gendered straight-jacket others would force us into” (Lester, 2017, p.47) is an area that is largely invisible, but has historically struggled to find expression in a predominantly gender binary world.

Nevertheless, it would see that the trans voice is becoming louder, and with that understanding of trans gender identity is also rapidly evolving. The emergence of transgender people into public awareness in recent years is recorded powerfully in *Trans Britain, Our Journey From the Shadows* (Burns, 2018). The final words in this regard go to Edward, who

commented that he has observed a shift within the trans community from a more traditional binary perspective of gender to a more fluid and freer expression of self, stating:

*There isn't the need for the same level of label now. And this is why we're getting more diversity in this area, we're getting trans fluid, we're getting gender neutral, we're getting nonbinary, because the generation that's now accepts that you don't have to be any one thing and you don't have to become, and the nonbinary is very interesting because it's actually pushing against a system that for so long we have stereotyped.*



## **6. Conclusion**

### **6.1. Introduction**

This study focussed on how identity is influenced by gender transition, through an exploration of the embodied lived experience of four trans male participants. Aside from seeking to add to the small body of existing research focussed solely on trans men, the study also sought to contribute to the field of counselling psychology through deepening awareness of the trans male experience. It also added to the small body of literature focussed on existential phenomenology from the perspective of the trans experience.

### **6.2. Synthesis of Themes**

Using van Manen's (1997, 2016a, 2016b) hermeneutic phenomenological methodology, five essential themes were identified, each relating to core aspects of identity as defined by Feltham *et al.*, (2017), who lists these as being the physiological, the social, and the sense of self. The first theme, entitled "*The Surrendered Self: not fitting in and having no choice*" centred on participants' spatial lifeworld and how they explored and experienced their felt sense of lived space. It encompassed participants' experience of "*home*" through their interactions with parental figures, of pressures to conform, and the impact of these factors on participants' emerging sense of self. In particular this theme spoke to a giving up of self and its gradual replacement with a functional façade.

The second theme focussed on participants' lived experience of the temporal lifeworld, and was entitled "*Crisis and Realisation: stepping into the light*". This theme centred on participant's experience of lived time, specifically in terms of the concept of life as project, and explored participants' situatedness in the world. There was a focus on the

pursuit of authentic living, and on participants' experience of reaching crisis prior to coming out and beginning the process of coming into alignment with self through transition.

The third theme was entitled "*The Rejected Self: pain, dysphoria and self-loathing*". This theme was grounded in the lifeworld of *lived body*, and bore witness to participants' disavowal of their female bodies as they found themselves unable to tolerate their physicality following puberty, resulting in varying degrees of self-hate and dysphoria. Notable, was the emerging presence of an almost alchemical momentum for change in participants as a result of their distress.

The fourth theme, "*Coming into Alignment*", related to participants' experience of lived body, but from the perspective of moving to a place of greater alignment with their sense of themselves as male through the process of physical transition and gender affirming surgery. In contrast to the previous theme, this theme brought with it a sense of easing as participants began to pass as male and their gender dysphoria receded.

The final theme, entitled "*The Emergent Self: no longer hiding*", explored participants' lives through the lens of *lived human relations*. It focussed on participants' *lived relationships* and aspects of social identity relating to sexuality and masculinity. It is placed last as it speaks to participants' full authentic expression of self through validation in the external world and the replacement of the false self with the authentic embodiment of their true selves.

When viewed as an entirety, each theme settled into a natural directional flow, moving from a place of suppression of self, invisibility, dysphoria and self-hate first observed in the spatial lifeworld, towards a more expansive place of visibility, integration and freedom. In each participant, this process was initiated by personal crisis, as each came to the realisation they were transgender. In all cases, the process of integration and movement towards authentic self-expression was at first enacted in the corporeal lifeworld through

physical transition, gender affirming surgery before moving to completion in the relational lifeworld.

Transition enabled participants to pass as male, thus acting as a portal through which meaningful relationships, freedom of expression and social interaction became possible. At the same time, through transition participants experienced a coalescence of aspects of their identities into a more integrated whole, where previously they had attempted to conform by developing and operating a somewhat fragile façade, in an attempt to conform and participate in society according to familial, cultural and gender norms.

### **6.3. Reflections on the Research Process**

The research process was lengthy and drawn out, covering as it did a number of years. It also encompassed the Covid pandemic which necessitated that all interviews be conducted online as opposed to in person. This factor had the benefit that it resulted in a wider potential pool of participants being available to this study than would have perhaps otherwise been the case. The study itself evolved from an immature research proposal to a fully-fledged study reaching into the lives of participants and prompting them to recall events from their pasts. At times it felt overwhelming and took me to the edge of my comfort zone. It certainly tested my self-belief. But there was also an easing as challenges such as navigating the demands of lockdown, with its requirements for home schooling, suddenly seeing clients online, and confronting uncertainty, fell away.

As I completed the clinical placement requirements of this programme, which I undertook in two different locations, and the formal academic training in London ended, my children also changed schools. This may sound inconsequential, but it required me to be extremely selective when managing my time and emotional resources. My father died

suddenly halfway through the research process, and that too could have easily caused me to pause or even leave the programme.

Whilst there is no doubt this research process has been extremely challenging at times, there was also often a sense of waiting, of needing patience and of trusting in a process whereby one is part of, but has little control over, the timeline. Reflecting on the experience of conducting this study I have noticed there has been something of a parallel process of integration taking place within my own life as I approach the end of what is for me a highly significant undertaking which marks the beginning of a second career, as well as being very much a vocation.

Those aspects of my own life that have resonated with this research process include a degree of finding myself as I move forwards into a new phase of my life. I have also found myself reflecting on the experiences of participants in terms of how important living authentically and honouring one's true sense of self are to a meaningful life. I now have a far deeper sense of awareness for my own child's experience as trans, as they enter adulthood and begin their own transition process. This research process has touched me deeply in ways I could not have imagined at its outset. Its focus on lived experience, and the choice of van Manen (2016b) as a methodology, has enabled me to journey deeply into the lifeworlds of participants.

#### **6.4. Significance of the Study**

The significance of the study is threefold in that in the first instance it has added to the knowledge base in the under researched area of identity formation in trans men, and linked this to existing theories of self. As such, the findings have potential clinical significance in the field of Counselling Psychology, in relation to further informing therapeutic practice when working with the trans male population. The findings also have potential clinical

significance for their potential contribution to emerging models such as *Gender, Sexuality and Relationship Diversity Therapy* (Feltham *et al.*, 2017, p.526).

Secondly, as previously noted, Richard's (2014, p.227) has described a "dearth of literature pertaining to existential work with sexuality and gender." As an existential exploration of the lived experience of how gender transition influences identity in trans men, the study is significant in that it has gone some way to connecting the trans male experience with established existential theory and literature, where previously the connection did not extend far beyond the small body of work undertaken by Richards both individually (2011, 2016, 2017), and in collaboration with Barker (2013, 2015), Barrett (2013, 2020), and Seal (2014)

Lastly, as noted in the literature review, psychosexual therapist May (2002, p.451) makes the point that medical communities often have an expectation that our "essential selves" be stable and fixed. Further suggesting that "we have little understanding of what these concepts mean in relation to the mutable world of gender(s) and sexuality" (p.462). She makes the important point that the very people who "stand between trans people and the new outward identity they often crave [generally do not] feel comfortable with anything other than heterobinarism". In speaking so openly about the challenges of navigating their gender identities, particularly in terms of how this has intersected with their sexual identities, participants directly challenge the heterobinary thinking May describes.

### **6.5. Suggestions for Future Research**

There are a number of possibilities for future research indicated as a result of this study. One option could be the extension of this study to encompass gay trans men and those from other cultures and ethnicities. A further possibility would be to conduct the same study, but with a focus on younger trans men.

It would be interesting to see how the findings might differ between age groups. An opportunity for future research also lies in extending the study by comparing similarities and differences in how identity is influenced in trans men as opposed to trans women as a result of transition. A further potential opportunity for future research could lie in conducting a quantitative study with a larger sample exploring how aspects of identity such as personality type intersect with experiences of transition. Measures such as a Likert scale looking at experiences of transition, and Costa and McCrae's five-factor model (1987) might be possibilities for such a study.

Based on the findings, it may also be interesting to extend the work of Witt (1997) looking at "parental influence on children's socialisation to gender roles" using phenomenological methods to explore this topic in more depth with adult trans men. Additionally, the work of Weinraub et al., (1994) looking at the development of sex role stereotypes in the third year of life, including relationships to gender identity, which appeared to find some evidence for the development and awareness of aspects of sex role stereotyping in young children may benefit from further exploration. The findings supported both studies, but also raised questions about how gender roles and their influences are defined and identified, as well as how they may have changed over the years. A more up to date perspective is certainly warranted.

Additionally, it was apparent during the research that participants all appeared to have slightly different attachment styles and innate survival mechanisms. It would be very interesting to learn more about how these aspects of identity may affect mental health outcomes, especially given the previously acknowledged mental health vulnerabilities in this population.

## 6.6. Conclusion

The findings of this piece of research have contributed to the body of knowledge in relation to both understanding of the trans experience of identity from an existential phenomenological perspective, and providing insight into the nature and experience of the self from a trans male perspective. Both of these areas were identified as having knowledge gaps in earlier chapters. Additionally, the findings have expanded the available existential clinical literature exclusively focussed on the trans male experience, which is an area of research that has historically been neglected.

The findings themselves, with their focus on lived experience, highlight the reality that whilst many trans people may appear on the surface to navigate similar experiences, such as coming out, undergoing hormone therapy and gender affirming surgery and navigating shifts in their sexuality and identity, it is vital that clinicians approach each trans client they see with a deep appreciation for the “subtle line between noting inauthenticity, exploring identity, and questioning a nascent identity” as previously noted (Richards, 2014, p.222).

Within the findings, each participant had a slightly different experience of dysphoria, a different presentation in terms of family of origin, attachment style and the degree to which they identified as male prior to coming out and during childhood. But more than that, some had a seemingly more fragile innate sense of self than others and some had been impacted by trauma. All of these factors meant that clinically some had more work to do when trying to make sense of their gender identity, some had a need to develop a stronger sense of overall core self, while for others the main focus was on integrating the physical self or focussing on building relationships in the relational lifeworld.

It is essential that clinicians be open to all of these subtleties when working with trans clients. As Richards (2014, p.222) noted “while [a] client may appear to be an adult and therefore have a stable form of identity, they may still be in the process of becoming the type

of woman or man they want to be.” At such a potentially vulnerable time, an awareness of the factors described above is vital for safe and effective therapeutic work to be undertaken with trans clients.

At their essence, the narratives in this study reveal experiences of journeying toward authenticity, of reaching a place of contentment with self in a world with many restrictions, including prejudice, gender stereotyping, and the physical limitations of gender affirming surgery. Trans men (and women) have been reaching for authenticity and finding meaning through embracing their true selves and undergoing transition for years, often in the face of discrimination and personal threat (Lombardi *et al.*, 2002). There was so much beauty in the stories of private struggle heard in this study, and so much to be learned from the grace and humility shown by participants in this research. There was pain in their stories, but they relayed them with candour, and often also humour, in a way which emphasised the folly of stereotyping the trans experience, as opposed to relating to each participant as a unique human being with a unique story.

Aside from the philosophical and theoretical relevance of this study, if it positively impacts the lives of even a few trans people; those waiting for medical referrals, those self-transitioning, and those currently going through transition, it will have been worthwhile. As Jamieson Green writes of the trans experience in the closing chapter of his book *Becoming a Visible Man* (2020, p.215)

“We are all equal as human beings [...] it is our challenge and our gift to muster the courage to know, respect, and share our authentic selves, being visible at last.”

Finally, it is interesting to reflect on the research title, which speaks to the possibility of finding one’s ‘*true self*’ through gender transition. The findings suggest that for



participant's the experience of gender transition is that of discovering their true essence at a deeply embodied level. It could even be argued that the '*true self*' was in a sense always present, albeit in an underdeveloped and unrecognised form, and was simply waiting to be discovered, to manifest and to become.

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## 8. Appendices

### Appendix A – Example Analysis of Themes

#### First Interview – Edward

#### 1) Short sententious phrase capturing the fundamental meaning or main significance of the text as a whole

*“When I was very young I always thought I was a boy, I was so free. As I grew up I came under pressure to conform and I gradually forgot about being male. I was so lonely and isolated and my home was abusive. When I realised I was trans, I had a complete collapse. Since then I’ve completely transitioned and my sense of self as male has come full circle.”*

#### 2) Selection and highlighting of statements and phrases that seem particularly essential or revealing about the phenomenon or experience being described

Selected text taken from the transcript	Line No.
I couldn’t understand why I didn’t have a penis, basically. Couldn’t. I often said to my mum, ‘Why am I not a boy?’	18-19
I was free and very liberated, because at that time I was being taught at home.	31-32
The having to conform, or feeling to conform, wasn’t there because there was no school	33
I was a very, very free spirit. It wasn’t until I had to return to school, when I was 11, that it really started being painful	34-35
All of a sudden, I had to start conforming	38
Then I started playing with my sister more because she didn’t mind it, she was my sister. She was a lot younger, of course. But there was no roughness from the girls.	57-59
I was like a boy being stuck in a dress	66
The clothes upset me more. Because, with the clothes, was the conforming	68-69
One particular occasion, my mother said, ‘No, you can’t do that anymore. You’ve got to put a T-shirt on.’ I went, ‘Why?’ She said, ‘Because girls don’t do that. You have to wear a T-shirt. It will upset the neighbours.’ I couldn’t understand it because I was a boy.	72-74
‘You just have to accept who you are.	84
What I did was I just locked that part of me down.	90-91
Even then, I had part of the boys’ uniform on. I always had my tie done immaculately. It was always a Double Windsor	99-100
It was a very lonely time for me because everybody was owning the role of being female or male and I didn’t fit in either	105-106
I beat every boy. I always beat all the boys. I mean, I had great respect because I would beat them.	108-109
It was at this time that there was a lot of trouble at home, when the violence started, and I had to protect my mother	111-112

It was very difficult because, all of a sudden, I was the man of the house.	120-121
Yes, I was protecting my mother, I was protecting my sister and I was basically taking the violence from my dad so I could protect them	125-126
That's when I first started taking the hits. From that age, I was always the protector and I was always the father figure to my sister. I was always the strength for my mother.	128-130
I thought it was a blessing. I didn't want it. Why the hell do I want any of that shit, thank you very much. I mean, I was proud I had no chest.	140-141

## Analysis of incidental themes extract – Step 2

### First Interview – Edward

#### 3) Incidental themes and notes

<b>Gender Confusion</b>		
I couldn't understand why I didn't have a penis, basically. Couldn't. I often said to my mum, 'Why am I not a boy?'	Confusion – seeking confirmation of identity from mother. Sadness, loss.	Mother as primary authority figure
<b>Freedom</b>		
I was free and very liberated, because at that time I was being taught at home.	Sense of freedom and no restrictions due to home schooling	
I was a very, very free spirit. It wasn't until I had to return to school, when I was 11, that it really started being painful	School as source of pain and restriction which also coincides with adolescence	
<b>Loss of Self</b>		
The having to conform, or feeling to conform, wasn't there because there was no school	Experiencing the freedom of not having to conform – linked to no school	
All of a sudden, I had to start conforming	Sudden loss of self due to attending school	No choice – school as authority figure
<b>Retreating</b>		
Then I started playing with my sister more because she didn't mind it, she was my sister. She was a lot younger, of course. But there was no roughness from the girls.	Seeking play partners who could play rough – retreating into family	Not fitting in. sense of disappointment at girls not playing rough enough
<b>Dissonance</b>		

I was like a boy being stuck in a dress	Gender conformity / stereotyping	Incongruence, misfit, absurdity
<b>Loss of Self</b>		
The clothes upset me more. Because, with the clothes, was the conforming	Conforming through clothes	External identity not matching internal sense of self
<b>Becoming Invisible / Surrender</b>		
One particular occasion, my mother said, 'No, you can't do that anymore. You've got to put a T-shirt on.' I went, 'Why?' She said, 'Because girls don't do that. You have to wear a T-shirt. It will upset the neighbours.' I couldn't understand it because I was a boy.	Mother as arbiter of morals and decency – girls don't do that – you'll upset the neighbours.	
'You just have to accept who you are.	Invalidation	No choice but to conform
What I did was I just locked that part of me down.	Denial	Internal dissonance
<b>Male identity</b>		
Even then, I had part of the boys' uniform on. I always had my tie done immaculately. It was always a Double Windsor	Pride at expression of male identity where possible – it was always a double Windsor	
<b>Loneliness</b>		
It was a very lonely time for me because everybody was owning the role of being female or male and I didn't fit in either	Sense of binary identity but neither being a fit - confusions	Loneliness
<b>Male Identity</b>		
I beat every boy. I always beat all the boys. I mean, I had great respect because I would beat them.	Strength	Sense of pride at beating the boys in arm wrestling. Expression of maleness
<b>Trauma</b>		
It was at this time that there was a lot of trouble at home, when the violence started, and I had to protect my mother	Protection of female members of family - Trauma, abuse, violence	
It was very difficult because, all of a sudden, I was the man of the house.	Reinforced sense of male identity – male of the house	
Yes, I was protecting my mother, I was protecting my	Male traits – protecting my sister, taking violence	

sister and I was basically taking the violence from my dad so I could protect them		
That's when I first started taking the hits. From that age, I was always the protector and I was always the father figure to my sister. I was always the strength for my mother.	Strength – emotional and physical	Protecting the family – trauma, unsafe family environment
I thought it was a blessing. I didn't want it. Why the hell do I want any of that shit, thank you very much. I mean, I was proud I had no chest.	Late puberty – a blessing.	Sense of how unwanted puberty was. Pride at not developing female physical characteristics e.g. breasts



## Appendix B - Ethics Approval



# Application for Ethical Approval



## Section 1 – Applicant Details

### 1. Details of Applicant

Given Name Anne

Family Name Jones

#### 1.1 Is this an application for a student research project?

☒ Yes

☐ No

## Resubmission

### 1.2 Please indicate below:

☒ This is a NEW Application, not submitted before.

☐ This is a RESUBMISSION of the application to address issues raised by the reviewers.

☐ This is a resubmission to address MINOR AMENDMENTS.

## Co-investigator/collaborator details

### 1.3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

☒ Yes

☐ No

## Section 2 – Details of proposed study

### 2..1 Project Short Study Title (max of 5-6 words)

Identity and Transition in Transmen

### 2.2 Project Full Time (This should be consistent on all documents relating to this research study)

**“An existential phenomenological  
inquiry into how transition influences  
identity in transmen”**

January 2020

2..3 Proposed start date (This must be a minimum of 10 working days after submission of your application to allow for the review process.)

July 2021

2.4 Proposed end date

Aim(s)

2.5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

A main aim of this study is to gain deeper insight into how identity is experienced and changed through the process of gender transition. Themes such as relationships, sense of belonging, personal freedom, challenges, reasons, personal identity will be explored. A further aim is to do something practical towards increasing understanding of the trans male community amongst the cisgender population.

There is currently very little existential phenomenological research into the embodied lived experience of transition in transmen. The act of transitioning involves the emergence of an identity hitherto unseen in the external world. It is in this act of becoming, of being-in-the-world, that the transman embodies Merleau-Ponty's thinking regarding perceptual consciousness with its shift away from a noetic-noematic focus (Macann, 2005). At a personal level the Dasein of a trans man who has not transitioned is conflicted. He is neither comfortable when alone with himself, nor is he at ease with the paradox of living in relationship with others in the world.

## References

<https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report>

Macann, C. (2005). *Four Phenomenological Philosophers: Husserl, Heidegger, Sartre, Merleau-Ponty*. Routledge.

2..6 Would you like to include a document with further information?

☐ Yes

☒ No

## Section 2 - Summary of research study and rationale

2.7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

### Method & Study Design

- Existential Phenomenological
- Sample size: Four participants
- Eight semi-structured interviews of between 60-90 minutes in length

### Choice of Methodology

I have chosen to use qualitative methodology for my research, since I feel that it is the method most appropriate to my topic. By its nature, the embodied lived experience of being transgender is highly individual, unique and personal. It also inhabits a place where the felt sense, personal meaning and identity are paramount. Through my research I am not trying to understand more about what it is to be transgender, as much as I am attempting to shine a light into each participant's lifeworld. The focus of my research is purposive, and I am seeking to achieve a co-created experience based on principles of openness, genuine listening and relating to the other.

In choosing a phenomenological method, I have been led by my interest in meaning-making, and by my desire to follow heuristic inquiry. Such an approach seems to be particularly pertinent to the trans experience since the process of transition is one of 'discovery' and emergence at a deeply personal level. Heidegger (1927/1962) believed that we live in an 'interpreted world', and for me, such a hermeneutic approach sits well with the transgender experience as one in which individual lived experience is interpreted at both a verbal and non-verbal level. A trans man must come to the realisation that he does not identify with his assigned gender, which requires the interpretation of his being in the world, often at a very subtle level. Body language, how the body is experienced, and how he relates to others are all cues that may lead a trans man to realise that he is transgender and not in fact female.

As a possible alternative methodology, the descriptive phenomenological approach differs from hermeneutic phenomenology in that it leaves no room for interpretation. It is a disciplined method, which holds that

interpretation must be minimised in favour of ‘phenomenological purity’ (Husserl, 1931:262). As such, all past experience and any theoretical knowledge must be bracketed. However, Van Deurzen (2014) notes that Husserl was a mathematician, and that in equations the ‘brackets’ do not ‘eliminate the part, they are there so that that part is dealt with separately. It is true that the researcher may very easily project their own meaning into a participant’s experience, as was noted by William James (1950/1890). However, I agree with Ashworth (2016) that the bracketing of assumptions or *epochē* can never be complete. Although it is important to address potential issues such as bias and reflexivity, for me approaches which leave room for interpretation and self-observation, and which reveal hidden emotions and internal conflicts fit particularly well with my research topic. It is for these reasons that I have chosen Van Manen as my research method for this research.

As van Manen states, “the ultimate aim of phenomenological research is to uncover meaning in our everyday existence”, with the aim of “the fulfillment of our human nature: to become more fully who we are” (van Manen, 1990, p.12). For me, van Manen’s approach fits well with an exploration of the trans experience since it allows for a fluidity and richness of meaning-making. Van Manen references expressive meaning in his paper (van Manen, 1997) suggesting we ask ‘how does the text speak?’. In so doing we open a space for the imagery of language to blossom and for its resonance to be seen.

As Van Manen (2007) notes, Rilke saw that phenomenology offers the ‘reward’ of “in-seeing” into “the heart of things”. Van Manen linked the state of “in-seeing” to what Heidegger calls “in-being” (Heidegger, 1985), and it is this sense of ‘knowing as being’ which is so relevant to the trans experience wherein the realisation that one is transgender begins with an internal knowing; an ‘in-being’ essentially.

### **How data will be obtained**

Data will be recorded using either professional recording equipment if meeting face-to-face, or secure internet application such as doxy.me as used by medical professionals

I will interview each of the four participants twice, with each interview lasting between 60-90 minutes. The interviews will take place on separate occasions with a short gap of at least a fortnight between interviews. I will open the both sets of phenomenological interviews with a broad statement such as 'Can you tell me about your experiences in the lead up to your transition?' in order to keep the interviews open, non-directive and non-biased. I will keep in mind prompts such as relationships, sense of belonging, personal freedom, challenges, reasons, personal identity but will not use fixed questions.

### **Rationale and Information about Participants**

**Inclusion criteria** - trans men over the age of 25 and under 55 years who have begun hormone treatment, have been taking hormones and living as male for at least one year and had at least one GIC appointment, up to and including those who have fully transitioned, completed surgery and are now living as male. For some this may have included full surgery, for others this may be limited to top surgery or hormone therapy only. The extent of physical transition will not be stipulated as an inclusion criterion as it is a matter of personal choice.

**Exclusion criteria** - Trans men under the age of 25 will be excluded from the study since I feel it is important not to confound the results by including participants who are still emerging into adulthood from adolescence. I also wish to focus this research on adult trans men who have had significant life experience as adults in terms of relationships and working life. Since transition options such as hormone treatment and surgery were not widely available in the UK before the 1960s I have excluded potential participants over the age of 55 years from this study.

### **Data Analysis**

I will use Van Manen's approach (2014, 2016) to analyse the data in an organic and implicit manner which follows his three-step hermeneutic approach to discern layers of meaning. Given that the focus of this research is transgender transition, across all four of the existential dimensions including the physical, one aim of this study is to provoke a reaction in the reader; an emotional resonance which they can feel in their own body. As such I feel that Van Manen's approach, which encompasses the possibility to include music, poetry, theatre, symbolism and metaphor is highly congruent with the research topic.

Van Manen gives guidelines for hermeneutic phenomenological reflection in his book *Researching Lived Experience* (2016, p.77). These include descriptions of how to conduct thematic analysis, seeking meaning in transcripts, identifying themes, isolating thematic statement, and gleaning thematic descriptions from artistic sources. I intend to follow these guidelines for data analysis in my approach to phenomenological reduction. I am also informed by Van Manen's book *Writing in the Dark* (2016), which contains examples of sixteen explorations of different human experiences, including methodology. As Van Manen notes, 'one of the most helpful ways to prepare oneself for interpretative inquiry is to read many examples of phenomenological writing'.

For Van Manen (2016, p.69), there are a series of steps to be undertaken during data analysis which start with orienting to the question and ensuring it is well formulated. Any assumptions and preundertakings must then be explored before the phenomenon itself is explored. In investigating lived experience, the starting point has

to be personal experience, but Van Manen also notes the importance of paying attention to and reflecting on etymological origins and idiomatic phrases, and of eliciting experiential descriptions from participants which may include references to literature and the arts. He also notes that phenomenological literature should be consulted before thematic analysis can be undertaken.

Thematic analysis involves four areas of focus, these being the uncovering of themes, isolating statements, composing linguistic transformations and lastly gleaning descriptions from artistic sources. In this way essential themes may be identified. He also stresses the importance of paying attention to the spoken language and of writing and rewriting to distill the analysis down to its very essence. Van Manen describes four fundamental essentials of human lived experience as being spatiality, corporeality, temporality and relationality.

### **Further Ethical Considerations - Sensitive use of terminology**

The transgender population is seen as higher risk than the standard population in terms of ethical considerations. In terms of considering any special ethical issues that might arise, a number of areas are important. Firstly, there is the potential that I could inadvertently harm the participants during the interviewing phase. Such potential issues could include use of the wrong pronoun, a misjudged comment about a participant's physical body or dress, and misplaced reference to the participant's previous gender and persona which could prove triggering. There is also the possibility that the participant's family or partners were not accepting of their transition and so the interview phase could possibly trigger past hurt and trauma. As such, all interactions with the participant population must be conducted with a high degree of sensitivity and flexibility as this potential for harm will vary from participant to participant.

I consider myself well informed in this area, and so the potential for harm should be low. I intend to seek advice from local members of Trans Oxford on potential sensitivities regarding possible interview questions prior to conducting the pilot and wider research project. Through my existing membership of various online trans forums, connections with Trans Oxford and Trans Swindon, and my own personal friendships, I feel that I will be as prepared for conducting this research as possible in terms of terminology, approach, vocabulary and sensitivities within the limitations of being cisgender.

I will bring my own skills of listening and containing with sensitivity to the interviews, but I recognise that while I am in the role of interviewer I am not acting as a therapist. I will also be mindful of the 'leading edge'

during interviews such that I will actively seek to draw interviewees back from the edge if I feel that is necessary.

### **Further Ethical Considerations – Reflexivity and managing my own gender identity in terms of its impact on the research**

During my own therapeutic work in placement I have found that as a cisgender woman I am able to hold space with male clients and that they tend to trust me with their deepest feelings and emotions. As such, I feel that I will be able to develop a compassionate, open and authentic rapport with the trans men I interview, which will encourage disclosure and honest reflection. I know that I am what is considered to be a ‘trans ally’, and that knowledge is likely to encourage my participants to engage in the research and disregard the fact I am a cisgender female to the extent that that is possible.

As a cisgender woman, I am aware that I am an ‘outsider’ to the trans experience, although I feel this is helpful in the sense that I come to this research with no preconceptions based on my own lived experience and am therefore very open to the findings.

### **Ensuring participant well-being during interviews**

It is possible that taking part in this study may cause participants to remember events from their past or to reflect on aspects of their transition which may make them feel emotional or distressed. They may also be the possibility that participants may begin to recount traumatic experiences associated with their transition or experience of being transgender or to remember stigmatising or stressful experiences. If participants become distressed during the interview I will stop the interview and cease recording. In such a case it will be up to the participant whether the interview recommences. There is also a possibility that participants may wish to receive additional support following the interviews. Support information will be made available to all participants who take part in this study, including if they choose to withdraw.

Additional ethical considerations with respect to confidentiality.

The trans community is small and so the participants' identities could be more transparent than in other populations. I therefore took steps to better protecting their identities against potential prejudice, rejection or even harm through anonymising the verbatims and using a pseudonyms where necessary. I also made sure to discuss the issue of potential harm with participant's prior to commencing the interviews.

### **Benefits of Research**



The intended benefits of this research are to do something practical towards increasing understanding of the trans male community amongst the cisgender population and to make the results available to younger transmen who are embarking on transition and are often anxious and vulnerable. I want to find out what the inner, truthful and honest experience of transitioning has been like for my participants. There has been quite a lot of focus on transwomen in this space but very little is known about transmen beyond the physical changes that hormone therapy and surgery engender. Through my own research and conversation with friends, I already know quite a lot about the transition process and it feels important to me as I have seen others struggle with this journey. I come to this research with some preconceptions around dysphoria, the realities of surgery and monthly hormone injections and the importance of passing whilst remaining open to the lived experience of each individual interviewed.

### **Potential difficulties in study realisation**

There is a possibility that I may find it difficult to recruit sufficient numbers of participants, although I do not anticipate this being problematic. In general, the participant population is keen to tell their story and to contribute to the body of knowledge in this under researched area. The reason for this is partly due to a willingness to participate in doctoral level research, which is seen as valuable to the ‘cause’ of being transgender. It is also because there is an apparent willingness to assist others in the same position, for whom accessing information can be challenging. Many transgender individuals who have already undergone transition have done so in isolation or in the presence of prejudice and rejection. As such anything that can be done to reduce the potential for such an experience in others is seen as hugely positive.

### **Reflexivity**

During the research period, I intend to reflect on the process during personal therapy and supervision. I am aware that aspects of my own childhood have informed my awareness of my own gender experience. Until I reached puberty, I spent a great deal of time with my father doing activities such as helping him to restore a vintage car and vegetable gardening. I was also quite a tomboy who loved climbing trees. At the same time, I loved ballet and playing with my dolls. I suspect that my father would have loved a son, and that I unwittingly colluded with him in what were stereotypically ‘male’ activities during the 1970s. It is interesting to have experienced such a gender ‘neutral’ childhood and I feel this means I am well placed to be very open and receptive to whatever the participants bring during their interviews, and during subsequent data analysis. I plan to maintain a reflective journal throughout this research and I am sure further reflections will present themselves to me as the study progresses. I will draw on Langdridge’s (2007) list of questions to encourage a

reflexive approach to research during this process and to demonstrate transparency. Example questions include:

1. Why am I carrying out this study?
2. What is my relationship to the topic being investigated?
3. Who am I and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, and any other cultural, political or social factors?

## References

- Heidegger, M. (1962). Being and time. 1927. *Trans. John Macquarrie and Edward Robinson. New York: Harper.*
- Husserl, E. (1931). Ideas, trans. WR Boyce Gibson. *Vol. I.*, Chicago
- James, W., (1950 / 1890), *The principles of psychology*, vol. 1, Dover, New York.
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. Pearson Education.
- van Deurzen, E. (2014). Structural Existential Analysis (SEA): A phenomenological research method for counselling psychology. *Counselling Psychology Review*, 29(2), 70-83.
- van Manen, M. (1990). Researching Lived Experience. London, Ontario.
- van Manen, M. (1997). From Meaning to Method. *Qualitative Health Research*, 7(3), 345–369.
- van Manen, M. (2007). Phenomenology of practice. *Phenomenology & practice*, 1(1).
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
- Van Manen, M. (2016). *Writing in the dark: Phenomenological studies in interpretive inquiry*. Routledge.
- van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy*. Routledge.

2..8 Would you like to include a document with further information?

☐ Yes

☒ No

## Section 3 – Method(s) and Data Source(s)

### 3.1 **Step 1:** Please indicate design/methods included in the study (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
- ☐ Analysis of existing/available data e.g. digital forensic investigation techniques etc.
- ☐ Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)
- ☐ Direct observation(s) and/or taking photographs, video recordings etc. of participants
- ☐ Action research, insider/participatory research, ethnography
- ☐ Questionnaire(s)
- ☒ Interview(s) / Focus group(s)
- ☐ Field study
- ☐ Lab-based study (excluding computer lab)
- ☐ Experiment/quasi-experiment (e.g., with control groups/interventions)

### 3.2 **Step 2:** Please indicate data source(s) below. (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
- ☐ Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.
- ☐ Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent
- ☒ Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees
- ☐ Human participant – ONLY my own data (e.g., personal data)
- ☐ Archived human tissue samples stored under MU HTA licence
- ☐ Collective or use of human tissue/products (e.g., blood, saliva)
- ☐ Genetically modified/engineered organisms (GMO's)
- ☐ Primary human cell lines (directly cultured from their source organ tissue or blood cells)
- ☐ Imported human and or non-human samples

- ☐ Human or non-human materials requiring transfer between UK Institutions
- ☐ Materials from UK tissue banks
- ☐ Animal(s) or animal parts (not included in above categories)
- ☐ Flora, foliage, minerals or precious artefacts

### Section 3 – Risk Assessment to be completed by ALL Applicants

Evaluation of risk level - The level of risk will determine the number of reviewers required to consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 'Higher Risk' research ethics applications include the following activities. Please tick whether your research involves any of the following:

- ☐ Animal or animal parts
- ☐ Genetically modified / engineered organisms
- ☐ Possibility of causing serious harm to others or the environment
- ☐ Primary cultured human cells (not commercially available)
- ☐ Collection/analysis of human tissue/blood
- ☐ Non-compliance with legislation
- ☐ Potential to adversely affect the reputation of the university
- ☐ Concerns security sensitive research e.g., terrorist or extreme groups
- ☐ Radioactive materials
- ☐ Drugs, placebos or other substances (e.g., food, caffeine) given to participants
- ☐ Adults who lack mental capacity to give consent
- ☒ None of the above

### Research Location

3.4 Will the research, or any part of it, require travel to another country?

- ☐ Yes
- ☒ No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

☒ Yes

☐ No

## Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

☐ Yes

☐ No

☒ N/A

## Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.

☒ No

☐ Yes, and I can upload the Middlesex letter of agreement for support and access now

☐ Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

## Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

☒ Yes

☐ No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

☐ Yes

☒ No

## Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

☐ Commissioned by the military

☐ Commissioned under an EU security call

☐ Involve the acquisition of security clearances

☐ Concerns terrorist or extreme groups

☒ None of the above

## Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

☒ Yes

☐ No

## Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

There is no issue concerning deception or the initial withholding of information with regards to the data collection in this study.

There is a risk of equipment failure and to manage this I will use two recording devices during the interview.

## Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

☐ Yes

☒ No

## Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

☒ Yes

☐ No

## Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

☐ Yes

☒ No

**6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?**

It is possible that taking part in this study may cause participants to remember events from their past or to reflect on aspects of their transition which may make them feel emotional or distressed. There is also a possibility that they wish want to receive additional support following the interviews. If this is the case they will be given details of relevant organisations where you can access further support as listed below:

<https://www.transunite.co.uk> TransUnite contains details of over 100 verified UK trans support groups. You will be able to locate one close to you through the website

<https://lgbt.foundation> LGBT Foundation is a national charity delivering advice, support and information services to LGBT communities

<https://www.samaritans.org> The Samaritans; 116 123

If taking part in the study raises any health concerns that participants are finding difficult, I may **also** suggest that they contact their GP.

## Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

☐ Yes

☒ No

## Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.



I already have access to the recording equipment, laptop and encrypted, password protected USB sticks I will need for this research. I also have access to a filing cabinet with locked drawers. As such there are no additional costs involved. Any travel costs will be met by me personally.

## Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

☐ Yes

☒ No

8.2 Are there any other documents you would like to attach?

☐ Yes

☒ No

## Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

☐ Yes

☒ No

## Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

☐ Yes

☒ No

## Section 8 - Data Management, Ownership and Intellectual Property

8.5 Who will be the owner of the data from this research?

Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

As Principal Investigator, I will be the owner of the data from this research.

8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:

Not applicable

## Appendix C – Participant Information Sheet



*The New School of  
Psychotherapy and  
Counselling NSPC,  
61-63 Fortune Green Road,  
West Hampstead, London,  
NW6 1DR*



*The Department of  
Health and Social  
Sciences  
Middlesex University  
Hendon  
London  
NW4 4BT*

### PARTICIPANT INFORMATION SHEET

**Title of Research:** An existential-phenomenological inquiry into how transition affects identity in transmen  
**Researcher:** Annie Jones, Email: xxxxx@live.mdx.ac.uk  
**Supervisor:** Dr Joel Vos, Email: xxxxx@nspc.org.uk  
**Academic year:** 2019/20

You are invited to take part in this research study looking at how transition affects identity in trans men. If you decide to participate in this study, you will be asked to take part in two separate interviews of between 60-90 minutes each. We are looking for four participants and we want you to be as informed as possible before you decide whether you would like to take part in this research. It is therefore important that you read this information sheet carefully so that you fully understand why this study is being carried out and what your role in it will be.

Please take as much time as you need to decide if you would like to be part of this study. If you need clarification or have any further questions about this research please contact the researcher, Annie Jones, using the details given at the bottom of this sheet.

#### What is the purpose of the research?

There has been very little research conducted into the experiences of transmen who undergo gender transition. This means that younger trans men considering transition do not have access to very much information on the experiences of older trans men who have gone through the transition process. There is information on the physical changes that hormone therapy and surgery may bring about, but not very much information on the personal and social changes that transition may involve. This research seeks to address this important gap in knowledge and information as well as giving you the opportunity to tell your story and contribute to cutting-edge research.

#### Why have I been invited to take part?

You have been asked to participate in this research because we are interested in your experiences as a trans man who has transitioned from female to male.

#### Do I have to take part?

You do not have to take part in this research and your decision to do so is entirely voluntary.

#### What will happen to me if I take part?

If you decide to take part in this research you will be asked to participate in two consecutive audio recorded online interviews lasting between 60-90 minutes each and conducted by the researcher, Annie Jones, at a mutually convenient date and time. During the first interview you will be asked to reflect on the period leading up to your transition. The second interview will be focussed on your experiences after transition.

#### What will happen during an online interview?

If you decide to participate in an online interview as part of this research, you will need to make sure you have Zoom installed on your Mac, PC or mobile device, and are familiar with how it works. Zoom has been chosen as the online platform for this research, as it is considered one of the most secure, user friendly and intuitive platforms available. You should also check that your video is on, check your audio level, and make sure you are in a setting with good Wi-Fi connection to ensure that your interview goes smoothly.

On the day of the interview, you will need to ensure that you are in a confidential setting where you are not likely to be interrupted or disturbed. To ensure optimum confidentiality for you during your interview, the researcher will also do the same.

Following your interviews, you may be asked if you would be interested in taking part in a further short discussion of no more than thirty minutes to talk about the interpretation and findings of your interview. This discussion would take place within the six-months following your interview. The process is known as Member Checking and is an established way in which the findings of qualitative research are verified. It can greatly enhance the accuracy and validity of the findings. Choosing to take part in Member checking is completely optional.

#### What are the possible disadvantages to taking part?

It is possible that taking part in this study may cause you to remember events from your past or to reflect on aspects of your transition which may make you feel emotional or distressed. There is also a possibility that you may want to receive additional support following the interviews. If this is the case you will be given details of relevant organisations where you can access further support. Support information will be made available to everyone who takes part in this study, including if you choose to withdraw.

#### What are the possible advantages of taking part?

One of the potential benefits of taking part in this research is that the information you provide will contribute to findings which are used to increase awareness of the transition process in trans men. I will be distributing the findings of this research widely among Gender Identity Clinics, various trans forums both online and offline, as well as to a number of academics and clinicians. It is hoped that the findings of this research may also benefit younger trans men who are considering or beginning the transition process. Possible advantages to you personally of taking part in this research include an opportunity to reflect on your transition, and in particular to reflect on how your personal identity has been changed as a result of your transition which you may find therapeutic.

#### Consent

A copy of this information will be made available to you for your own records. If you decide to participate in this research you will be asked to sign a consent form before the study commences. I will go through the consent form with you before the interview to make sure you have been fully informed about the aims and nature of the research and your participation in it.

What if I change my mind?

Your decision to participate in this study is completely voluntary and you are under no obligation to participate. You may withdraw from this study at any time without giving a reason. In the event of your withdrawing from this study any data generated will be confidentially destroyed up until transcription and anonymisation of your data.

Who is organising and funding the research?

Annie Jones has organised and funded this research as part of her doctoral studies at NSPC Ltd and Middlesex University.

What will happen to the data?

It is important that you understand fully how your data will be processed, stored and managed, as well as who will have access to it. The data collected during the study will be stored in anonymous form whereby the participants will only be referred to numerically. As far as is practically possible, all identifying factors in the transcripts, such as names, locations and other identifying features will be changed. Recordings will be deleted as soon as the transcripts have been created. I will personally transcribe all recordings. Paper copies of anonymised transcripts will be stored separately to any identifying data. The two sets of data will be stored in two lockable files in the researcher's own home and kept for 10 years. Only the research team will have access to it. All electronic data will be stored on an encrypted, password protected storage key.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics sub-Committee have reviewed this proposal and it has been approved.

*Thank you for reading this information sheet.*

Please contact me at the address below or by email if you have any further questions about this study.

Annie Jones  
NSPC Ltd  
61-63 Fortune Green Road  
West Hampstead, London  
NW6 1DR  
xxxxx@zen.co.uk

If you have any questions about the way in which this study is conducted, you are welcome to contact my academic supervisor or the Principal at NSPC:

Dr Joel Vos  
NSPC Ltd  
61-63 Fortune Green Road  
West Hampstead, London  
NW6 1DR  
xxxxx@nspc.org.uk

## Appendix D – Consent Form



The Principal  
NSPC Ltd  
61-63 Fortune Green Road  
West Hampstead, London  
NW6 1DR  
Tel: XXX-XXX-XXXX

*The New School of Psychotherapy  
and Counselling NSPC,  
61-63 Fortune Green Road,  
West Hampstead, London, NW6 1DR*

*The Department of Health and  
Social Sciences  
Middlesex University  
Hendon  
London  
NW4 4BT*

### Middlesex University School of Science and Technology Psychology Department

#### Written Informed Consent

**Title of study:** An existential phenomenological inquiry into how transition affects identity in transmen  
**Researcher's name:** Annie Jones, email: xxxxx@live.mdx.ac.uk  
**Supervisor's name:** Dr Joel Vos, email: xxxxx@nspc.org.uk  
**Academic Year:** 2019/20

- I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet to keep.
- I understand that I will be participating in an in-depth interview where I will be asked about my experiences as outlined in the study title. I consent to the interview being audio recorded in the knowledge that any recordings will be held securely before being deleted immediately upon transcription.

- I understand that my participation is entirely voluntary and I have the right to withdraw from participating in the project at any time by emailing the researcher without any obligation to explain my reasons for doing so.
- I understand that I can ask for my data to be withdrawn from the project and confidentially destroyed until data analysis begins (up until one week from date of interview).
- I understand that all reasonable steps will be taken to ensure the data collected during the research will not be identifiable and that my data will be coded, anonymised and stored securely in a locked cabinet in the researcher's own home for 10 years in accordance with GDPR requirements and the Data Protection Act 2018.
- I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur, including in any journal articles, academic posters, book chapters and conference presentations.

\_\_\_\_\_  
Researcher's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To the participant:** Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: \_\_\_\_\_



## Appendix E – Debrief Sheet



*The New School of  
Psychotherapy and  
Counselling NSPC,  
61-63 Fortune Green Road,  
West Hampstead, London,  
NW6 1DR*

*The Department of Health and  
Social Sciences  
Middlesex University  
Hendon  
London  
NW4 4BT*

### DEBRIEF SHEET

**Title of Research:** An existential-phenomenological inquiry into how transition affects identity in transmen  
**Researcher:** Annie Jones email: xxxxx@live.mdx.ac.uk  
**Supervisor:** Dr Joel Vos email: xxxxx@nspc.org.uk  
**Academic year:** 2019/20

The purpose of this debriefing sheet is to thank you for taking the time to participate in this study, and to explain the next steps and to give you information on how the results of the study will be used. It is also an opportunity for you to talk about the experience of being interviewed and being asked questions about your experience. This will enable the researcher to talk through possible sources of referrals if necessary.

Thank you so much for taking part in this research study and I hope you have enjoyed your participation in it. I encourage you to request any further information you feel you may need in order to complete your understanding of the aims of the research and your participation in it.

Your responses will be used to further develop understanding and awareness of the experiences of trans men before and after transition. There has been very little research conducted into the experiences of transmen who undergo gender transition. This means that younger trans men considering transition do not have access to very much information on the experiences of older trans men who have gone through the transition process.

This research therefore seeks to address this important gap in knowledge and information as well as giving you the opportunity to tell your story and contribute to cutting-edge research. The findings will be distributed widely among Gender Identity Clinics, various trans forums, both on online and offline, as well as to a number of academics and clinicians.

The data collected during this study will be stored in anonymous form and original recordings will be immediately destroyed upon transcription by the researcher. As far as is practically possible, all identifying factors in the transcripts, such as names, locations and other identifying features will be changed.

Paper copies of anonymised transcripts will be stored separately to any identifying documents. Both sets of data will be stored in two lockable files in the researcher's own home and kept for 10 years after which time it will be confidentially destroyed. All electronic data will be stored in encrypted form on a password protected USB stick and only the research team will have access to it.

The findings generated from the analysis of the data collected during this study may be published in journal articles, academic posters, book chapters and conference presentations.

Should you wish to withdraw from this study, you may request that your data be withdrawn from the project and confidentially destroyed up until data analysis begins (one week following the date of your last interview) by contacting [xxxxx@zen.co.uk](mailto:xxxxx@zen.co.uk).

If you have any further questions relating to this research or would like to request a copy of the findings you can contact me at the email address shown above.

If you have any complaints about the conduct of the researcher, you can contact my supervisor Dr Joel Voss at [xxxxx@nspc.org.uk](mailto:xxxxx@nspc.org.uk) or The Principal at:

NSPC Ltd  
61-63 Fortune Green Road  
West Hampstead,  
London  
NW6 1DR  
XXX-XXX-XXXX  
[xxxxx@nspc.org.uk](mailto:xxxxx@nspc.org.uk)

If taking part in this interview has raised any concerns or caused you any emotional stress, please seek further support by contacting either your GP or one of the following support organisations:

<https://www.transunite.co.uk> TransUnite contains details of over 100 verified UK trans support groups where you can find information on local support groups as well as online support. You will be able to locate one close to you through the website

<https://lgbt.foundation> LGBT Foundation is a national charity delivering advice, support and information services to LGBT communities, including LGBT counselling services which can be accessed on 0345 3 30 30 30, email: [therapy@lgbt.foundation](mailto:therapy@lgbt.foundation)

<https://www.samaritans.org> The Samaritans; 116 123

**Thank you once again for taking part in this research study**