Lived experiences of gender identity and expression within the South African transgender community

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Declaration

I, Jennie Elizabeth Ashwal, declare that this research report is my own, unaided work. It is being submitted for partial completion of the Masters in Clinical Psychology degree at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Signed: _____ **Date: 28 August 2017**

Abstract:

Experiences of transgender individuals in South Africa have largely remained marginalised and silenced by a discriminatory, gender binary and prescriptive society, in spite of progressive legislation within the constitution. The literature reviewed substantiated such experiences both within and outside of the South African transgender communities, further illuminating the need to deepen the understanding of transgender and gender identity dynamics. Through in depth face-to-face interviews with five self-identified adult transgender participants, the present study documented experiences identified as they navigated their gender identity and expression from dissonance towards gender congruency. The interviews were analysed using thematic content analysis. The results of the qualitative interviews revealed multiple beneficial factors as well as challenges whilst navigating gender congruent identity and expression. As a result, seven overarching themes were identified broadly defined as: (1) gender identity and dissonance; (2) gender expression; (3) challenges to gender congruency; (4) protective factors and coping strategies; (5) 'coming out'; (6) toward gender congruent expression and (7) activism.

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Chapter 1: Introduction to Research

1.1 Introduction

Transgender is a term used to describe a broad group of individuals within a spectrum of complex gender variations, identities, expressions and experiences of their gender being different to their natal, or birth sex, regardless of their sexual orientation (Sausa, Keatley & Operario, 2007). Despite the wide and complex gender diversity that exists, gender variance has historically been largely misunderstood and pathologised (Cook-Daniels, 2010). An individual's gender is under constant surveillance and is continually policed through social, political and cultural norms that assume 'normal' gender identity as binary and immutable, meaning that that an individual's biological, or natal, sex must align with their internal sense and expression of gender, and must remain unchanged (Kuvalanka, Weiner & Mahan, 2014). Ultimately, this has served to silence the voices, and invalidate the experiences, of those whose gender does not fall within these parameters.

Over time many different forms of gender variance have been observed and labelled, beginning with the first documented sexual reassignment surgeries in the 1920s. During this time gender variance, homosexuality and fetishism were all considered types of sexual perversions (Hines & Sanger, 2010). Since then, there have been many attempts to classify and understand the forms of gender variance, including Harry Benjamin's Sex Orientation Scale (SOS) (1966), that included three types of "transvestism" and three types of transsexualism. Since 1968, successive versions of The Diagnostic and Statistical Manual of Mental Disorders (DSM) have included gender variance, beginning with their classification of "sexual orientation disturbance [Homosexuality]" and "transvestism" (American Psychiatric Association, 1968) to "gender identity disorder" (American Psychiatric Association, 1980), both psychopathological conditions. Ultimately "all sexual (and gender) minority concerns were shared under an umbrella of invisibility, isolation and discrimination" (Fassinger & Arseneau, 2007).

Regardless of the attempts to classify and label gender diversity, the term 'transgender' includes an ever-changing and complex range of self-defining gender identities. These can include the more binary-based identities such as a person whose sex was identified as female

at birth, but identifies and/or lives as a male, also known as a *"transgender man"* or female-to male (FTM), and those assigned male at birth, but identifies and/or lives as female, also known as *"transgender woman"* or male-to-female (MTF). There are those who do not identify within the restrictive binary sense of gender, and instead identify with blended or alternating genders, sometimes referred to as *gender queer*. These characterizations are by no means comprehensive, but rather provide a glimpse into some of the existing gender identities and expressions.

The transgender population in South Africa represents a particular subset within a long-standing socio-political framework of discrimination, racism, sexism and heterosexism, due to it falling within the taboo scope of 'non-normative' gender (de Gruchy & Lewin, 2001; Schroeder, 2014). South Africa's unique complexities, therefore, produce varying contexts and experiences for the transgender population. Transgender individuals are expected to ascribe to social constructs of gender and gender role expectations of heteronormativity as documented by existing medical and legal services (Bateman, 2011; Theron, 2008). Such systems and constructs continue to disenfranchise the transgender community and promotes stigmatisation and marginalisation.

Furthermore, South African literature predominantly reviews the historical, political and legal dimensions of being transgender, and even more specifically, within the lesbian and gay communities (Dirsuweit, 2006; Fabricius, 2014; Nel & Judge, 2008; van Vollenhoven & Els, 2013; Van Zyl, de Gruchy, Lapinsky, Lewin & Reid, 1999). The distinct paucity of information about the specificities involved with South African transgender experiences of gender identity formation, then limits developments within the community (Jobson, Theron, Kaggwa & Kim, 2012; Nduna, 2012; Wilson, Marais, de Villiers, Addinall & Campbell, 2014). As highlighted by Theron (2013), scholarship in the field of transgender studies has only recently begun to emerge in South Africa. As a result, researchers became pioneers in their specific fields under the transgender umbrella (Kim, 2011; Kinoti, 2007; McLachlan, 2010; Nduna, 2013; Saunders, 2013; Stevens, 2012; Theron, 2010; Theron & Collier, 2013; Van der Merwe & Padi, 2012; Vincent & Camminga, 2009).

As a whole, the public, on average, is more informed about transgender issues today than it was twenty years ago as a result of the increased awareness and activism within the transgender community, influenced by international and local celebrities and pop culture.

However, South Africa, as a young democracy, continues to grapple with the contradictions between the progressive legislation such as the Bill of Rights (1996) in the Constitution, The Alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003) and the reality of its application for many individuals who experience continual suffering from the legacy of apartheid's enduring sense of intolerance, prejudice and discrimination.

1.2 Research Rationale and Aims

Given the complex socio-political history and pathologising narrative in South Africa, the process of negotiating one's gender identity and expression for transgender individuals is often complicated with social exclusion, experiences of discrimination and stigma, all of which can result in a pervasive sense of gender incongruence and dysphoria. For some, this negotiation involves finding ways to cope and gain support in binary spaces; for others this can be a life-long task that may never be negotiated. It becomes imperative for research to be conducted to explore the ways in which individuals navigate and construct themselves given the macro landscape describes about.

The explorative nature of this research will assist in unpacking the nuances within the experiences of the South African transgender community that are self-identified as critical in the negotiation and consolidation of their gender identity and expression. By allowing the voices of the transgender community to be heard, this research aims to create awareness into the needs and rights of the transgender community. In doing so, this may help to develop discourse that normalises gender variance and reduces policing of gender norms that mandate binary rules and limitations. Furthermore, this will assist the transgender community to explore their gender identity and expression freely, without the fear of harassment and discrimination to correspond with ideals adopted within the South African legislation.

This research aims to provide key insight that can assist in developing cultural proficiency of gender variance, as well as the navigation towards a gender-congruent life for the South African transgender population. "By empowering transgender voices we can hopefully begin to articulate the complexity with which gender shapes our experiences in the larger social world" (Lenning & Buist, 2013, p. 550).

Chapter 2: Literature Review

2.1 Introduction

The following will be reviewed further in an attempt to shape the understanding of how the South African transgender community navigates through such experiences to consolidate their gender identity: (a) relevant terminology describing the vast array of behaviours, expressions, and identifications within transgender spectrum; (b) a historical review of the evolution of transgender pathologisation; (c) diagnostic changes in the DSM classification of transgender; (d) contextual and ecological issues that have impacted the transgender population, both internationally and within South Africa; (e) theoretical models of gender identity development and lastly, (f) theoretic models of transgender identity development.

2.2 Terminology

To better understand one's gender identity it is important to delineate terms of gender, sex, and sexual orientation that are often conflated or incorrectly assumed to determine one another (Levitt & Ippolito, 2014).

An individual's sex refers to their biological and physical makeup (including sex chromosomes, gonads, internal reproductive organs, and external genitalia) of male, female or intersex (American Psychiatric Association, 2011). Within most cultures today, people are categorized at birth in one of two genders, either male or female, a label based determined by the genitalia they possess (Fenstermaker & West, 2002). However, intersex people complicate this binary as they develop with both male and female sex characteristics that cannot be differentiated at birth. As a result many babies born with intersex genitalia are undergo corrective genitoplasty to construct genitals that are unambiguously male or female (Levitt & Ippolito, 2014; Maharaj, Dhai, Wiersma & Moodley, 2005).

Gender, in contrast, is a construct based on individual attitudes, feelings and behaviours associated with cultural expectations of a person's biological sex (American Psychological Association, 2015). Most societies therefore designate two categories, male or female, and frequently incorrectly use these labels to refer to a person's sex (Mikalson, Pardo & Green,

2012). On the contrary, gender identity, refers to the "individual's self-identification" of gender, whether male or female, both, or neither (Carroll, Gilroy & Ryan, 2002, p. 138 –139). Although intimately connected, this differs from one's gender expression, or the external characteristics and behaviours that are socially defined as typically male or female (Currah, Minter & Green, 2000).

Current literature describes *transgender* as "a range of behaviours, expressions, and identifications that challenge the pervasive bipolar gendered system in a given culture" (Carroll, et al., 2002, p. 139). A transgender person can possess a range of gender variations that can fall within, across, between and beyond social constructions of either 'male' or 'female.' Within these variations an individual may or may not choose to undergo different social or medical transitions that alter their gender expression such as name changes, hormone replacement therapy or sexual reassignment surgery (Greenberg, 2014). Transgender is contrasted with being cisgender, or those that identify or conform with the normative role that corresponds to the sex assigned to them at birth or those who are non-transgender (Schroeder, 2014; Theron, 2013). Transgender can therefore be considered an "umbrella term for gender diversity across a continuum" (Reicherzer, 2008, p. 329).

It is not possible to discuss the multiplicity of self-defining differing identity categories within transgender people in depth because, like any other group, the LGBTIAQ+[1] population of South Africa use terminology that are not commonly used outside that group, and the terms themselves are under dispute and constantly evolving and changing (Keenan, 2006; Levitt & Ippolito, 2014). In addition, there is the added dilemma of "applying or adapting definitions from the global North within a context where gender and sex remain highly contextual, complicated and conflated, and where transgender and gender nonconforming communities are negotiating, resisting, dialoguing, exploring and deeply invested in finding space and voice to express self-defining terms" (Theron, 2013, p. 10). Such terminology is very personal and nuanced for very individual and the brief working definitions provided are done so with the aim of increasing awareness and sensitivity to the transgender population.

[1] Acronym for Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, Asexual, Ally

Terms and Definitions[2]

- Bigendered- A person who manifests behaviours of either females or males at various times.
- Cisgender/cis: A person whose gender identity matches the sex assigned at birth and is not indicative of their gender expression, sexual orientation, hormonal makeup, physical anatomy, or how they are perceived in daily life.
- Cross-Dresser-Someone who dresses in clothes most traditionally associated with members of the opposite sex.
- Drag King- A self identified lesbian who cross-dress for entertainment purposes.
- Drag Queen- A self identified gay man who cross-dresses for entertainment purposes.
- Femme- Refers to a perceived or actual feminine gender identity/expression.
- Gender blend- A person who perceives themselves in a significant way both a male and female. This can be a man with femaleness or a woman with maleness.
- Genderfluid- A term used for individuals who do not prescribe to a fixed gender and may vary over time.
- Genderqueer- A term used for individuals whose identity resist the binaries as neither entirely male nor entirely female.
- Gender expression- One's perceived or self-identified projection of masculinity, femininity or transgender. This can include characteristics of one's appearance, speech, behaviour, movements, and other factors.

[2] Adapted from the following sources: (APA, 2011; Brill & Pepper, 2008; Carroll, et al., 2002, p. 138; Denny, 2004; Eyler & Wright, 1997; Greenberg, 2014; Keenan, 2006; Siebler, 2012).

- Gender identity- One's sense of gender as male, female ortransgender. This may remain constant throughout one's life, or can change and evolve with time. One's gender identity is not determined by the biological sex they were assigned at birth.

- Gender nonconformity- Behaviours and interests that are not aligned with a person's biological sex whose duration is longer than a brief period of curiosity.

- Intersex- People whose biological sex markers/genitalia do not specifically fit into the gender binary (male or female).

- Non-transsexual Transgender- An individual who gender identity differs with their birth sex and does not pursue medical (hormonal and surgical) alignment of their physical body with their internal sense of gender identity.

- Sexual Orientation-This concerns the patterns of emotional, romantic and sexual attraction that a person practices or identifies with. This can include: heterosexual, homosexual, bisexual, pansexual and polysexual individuals.

- Transsexual- An individual who does not identify with their birth sex and wishes to transition, either medically (hormonal and surgical) or behaviourally to align their physical body and expression with their internal sense of gender identity.

- Queer: A term used for people of marginalized gender identities and sexual orientations who do not identify as cisgender and/or heterosexual. Historically, this has been used as a derogatory slur, but has been reclaimed by the LGBTIAQ+ community.

Due to the rapid proliferation of language with the LGBTIAQ+ community, there is a plethora of terminology available. As a result, the terms described are by no means exhaustive and may vary in their usage.

2.3 History of Pathologisation

Transgender identity is a complex topic within a much larger historical and political context where ordinary human diversity is pathologised and labelled as psychologically deviant (Lev, 2005). A historical overview of the significant changes in diagnosis and terminology relating

to transgender demonstrates an evolution in the classification and pathology within the mental health profession discourse (Reicherzer, 2008).

Sexual historians have documented how sexuality and gender was predominantly understood from a medical discourse during the nineteenth century (Hines & Sanger, 2010). Homosexuality and other "non-normative" sexual acts- including what we now understand as transgender were classified as deviant and perverse. Amid such common belief were pioneers who became recognised for their work with sexual and gender diversity practices that led to ground-breaking study, discussion and treatment.

In his seminal work, *Die Transvestiten*, published in German in 1910 and 1912, respectively, Dr Magnus Hirschfeld, a self identified "Jew, transvestite and effeminate homosexual" (Rector, 1981, p. 25) coined several terms describing alternative gender expressions separate to homosexuality such as: *transvestit* or transvestite and *seelischer Transsexualismus* to describe a "psychological transsexualism" (Chiland, 2003, p. 11) or "spiritual transsexualism" which was used to describe a harmless natural variation (Meyerowitz, 2002, p. 19). Medical and psychological literature using diagnostic language of the transgender phenomena begins with the first documented sexual reassignment surgeries in the 1920s at Magnus Hirschfeld's *Institut für Sexualwissenschaft* (Institute for Sexual Science) in Berlin, Germany and were significant in separating practices of gender diversity from those of sexuality. These were performed by psychiatrist, Dr Felix Abraham, and included the castration of his domestic servant in 1922 and subsequent penectomy and vaginoplasty in 1931 by Dr Erwin Gohrbandt, a mastectomy on a trans man in 1926, and a second vaginoplasty on famed Danish painter, Lili Elbe, in 1931, by Dr Ludwig Levy-Lenz who later died from complications (Abraham, 1997).

By 1947 the term "sexual transmutation" was a term used by a sexologist Dr David Cauldwell when working with gender non-conforming individuals who sought out medical attention. These individuals were later classified as "psychopathia transsexualis" or "transexual," someone who is "mentally unhealthy and because of this the person desires to live as a member of the opposite sex" (Cauldwell, 2001, para 2 and 3).

This notion was substantiated through works from prominent homosexual sociologist Edward Sagarin during the 1950s and 1960s. During this time he published several works on the

"deviance" of homosexuality and transsexualism during the 1950s and 1960s using his pen name, Donald Webster Corey to hide his own homosexual identity (Sears, 2006). In his 1969 book entitled *Odd Man In: Societies of Deviants in America* he posited that male-to-female transsexuals suffered from "doubly unacceptable" behaviours, of being both homosexual and effeminate who were discussed in a similar vein to necrophiliacs (Reay, 2014). He then suggested that these "victims" then attempt to correct this by trying to become women: "Thus, having sex with a man is not an abnormal act for the transsexual because he is, in his self-view, a woman" (Sagarin, 1969, p. 117). He further stated that a relationship between a male-to-female transsexual and a male was "impossible . . . the partner is and must be a homosexual, and . . . even with conversion surgery, a transsexual can at most become a castrated male with an artificial vagina" (Sagarin, 1969, p. 130).

Such radical procedures illustrate history's pervasive need to 'correct' those who do not conform to society's norms and expectations of gender roles. In general, gender identity disorder (as previously classified), homosexuality and fetishism were lumped together as types of sexual pervasions and considered "ethically objectionable" (Koh, 2012). In their collection, *Transsexualism and Sex Reassignment* (1969), John William Money and Richard Green, challenged these views and proposed and developed several theories and related terminology, including "gender identity" and "gender role" to describe gender as separate from a biological concept (Reay, 2014). Money himself was responsible for changing the word "perversions" to "paraphilias" to describe a less judgmental description of unusual sexual practices. He also changed "sexual preference" to "sexual orientation", arguing that one's sexual preferences are not voluntary or matters of free choice (Ehrhardt, 2007).

Sexual reformer, Harry Benjamin further categorized Hirschfeld's 'transvestite' into two: the 'transvestite' and the 'transsexual' in his book entitled "The Transsexual Phenomenon" (1966). His work later became instrumental in positioning surgical genital reconstruction as the appropriate 'treatment' for the 'transsexual condition' in the *Harry Benjamin Standards of Care* (1979) (Hines & Sanger, 2010; Reay, 2014).

In 1965 Money and Claude Migeon, the head of plastic surgery at Johns Hopkins established the Johns Hopkins Gender Identity Clinic. The hospital began performing sexual reassignment surgeries in 1966 and included a Sexual Behaviours Unit, which ran studies on sex-reassignment surgery (Bullough, 2003). At this time the 'cause' of transsexuality was

identified as dysfunctional socialisation (Hines & Sanger, 2010). Here the patients were classified into two groups: the first being flamboyant and effeminate homosexually-oriented, "antisocial" "petty criminals"; and the second being the better behaved and morally grounded group who "usually has tried, unsuccessfully, to make a heterosexual adjustment" (Wolf, Knorr, Hoopes & Meyer, 1968 p. 525). The practitioners at the clinic argued that this group was better suited for surgery stating: "The patients in the second group give more reliable histories and are much less manipulative, hysterical and demanding than the first group." (Wolf, Knorr, Hoopes & Meyer, 1968 p. 525).

The notion of 'gender dysphoria,' and a 'true' gender identity, as first critiqued through the ethnomethodological work of Harold Garfinkel (1967). Garfinkel's (1967) seminal study involved a 19-year old transwoman named "Agnes' who presented to him with intersex features such as fully developed breasts, normal appearing male genitalia, high levels of female hormones without female genitalia. He later discovered that many of these features were the result of ingesting female hormone prescribed by her mother to rectify "nature's original mistake" (Garfinkel, 1967, p. 181; Speer, 2005). Through observing her speech and behaviour, the study focused on how transgender people express their chosen or 'true' gender within the constraints of medical gendered discourse (Schuh, 2006). He then produced a description of features that make up one's 'natural attitude' toward 'normally sexed persons' (Garfinkel, 1967, p. 122). This he said consisted of the societal beliefs at the time that:

(1) Society is made up of only two sexes; (2) Dichotomous understanding of sex is morally legitimate; (3) Everyone classifies themselves in one of these two sexes; (4) Everyone is invariantly (i.e., 'always have been, and always will be') either male or female; (5) The essential 'insignia' for males is having a penis and for females a vagina; (6) People will not willingly or randomly change from one sex to another and (7) in the case of 'ambiguous' individuals whose sex is not clear, it is in principle, still possible to classify them as either male or female (Garfinkel, 1967, pp. 122-123). By demonstrating how Agnes exercised agency in her gender identity despite social and medical stigmatisation, he was able to shed light into and challenge the pathologisation of gender variance that underscored medical and psychiatric thinking (Hines & Sanger, 2010).

Suzanne Kessler and Wendy McKenna (1978) built on Garfinkel's work by introducing the concept of "cultural genitalia." They posited that 'sex' too was a social construction as were

the concepts of masculinity and femininity and that gender attribution was directly linked to appearance (Hines & Sanger, 2010). They further expanded this stating that people become men and women through a social and cultural process of having gender categories attributed to them as a result of genital attribution (Bettcher, 2014). This being said, like Garfinkel, Kessler and McKenna also considered a dichotomous construct of gender. However, in 2000, Kessler and Mckenna have since postulated that current medical practices maintain a binary sex model in the transgender community and acknowledge the exclusion of gender diversity (as cited in Hines, 2004).

In the 1970s, Stoller, a Professor of Psychiatry at the School of Medicine, University of California at Los Angeles, helped transform the substandard "transsexual" surgeries. He highlighted his disapproval in a brief article originally written for the American Journal of Psychiatry describing a "carnival atmosphere that prevails in the management of male transsexualism" (Stoller, 1973, p. 247). With his help, there was a significant shift from relatively no institutional support for treatment of "transsexuals" in 1965 to approximately twenty medical centres offering surgery by 1975 (Reay, 2014).

From the 1970s the terms 'transgenderism' (Prince, 1969, p. 65) and 'gender dysphoria' (Fisk, 1974a; Fisk, 1974b) replaced that of 'transsexuality' in medical and psychological work. This shifted the origin of pathology from the body to the mind by suggesting a state of discord between one's sex as physiologically determined, and one's true gender identity as determined by the mind (Hines & Sanger, 2010). As a result, by 1979, individuals seeking hormonal therapy or sex reassignment surgery, or both, were required to attend counselling and follow the procedures as set out in the "the standards of care," developed by the Harry Benjamin International Gender Dysphoria Association (Carroll, Gilroy & Ryan, 2002).

2.4 Changes in DSM Conceptualisations

The Diagnostic and Statistical Manual of Mental Disorders DSM-II was published in 1968 and included "sexual orientation disturbance [Homosexuality]" and "transvestitism" (American Psychiatric Association, 1968, pp. 44-45) as mental disorders. The next edition, the DSM-III included the classification of "gender identity disorder" as a psychopathological condition (American Psychiatric Association, 1980, pp. 261-266; Koh, 2012).

The DSM-III TR (American Psychiatric Association, 1987) expanded on the category of "Gender Identity Disorders" and classified them as "Disorders Usually First Evident in Infancy, Childhood, or Adolescence" and included four subtypes: (1) "Gender Identity Disorder of Childhood," (2) "Transsexualism," (3) "Gender Identity Disorder of Adolescence or Adulthood," and (4) "Gender Identity Disorder Not Otherwise Specified" (pp. 72-78).

The 1990s saw an important change to the model of transsexualism which had been used since the 1960s where not all members of the 'trans-community' who dressed and lived as members of the opposite sex sought out genital sex reassignment surgery (Boswell, 1991). This led to the development of the "transgender model, "which "called for individualised gender trajectories, which may or may not include hormone therapy and sex reassignment surgery" (Denny, 2004, p. 26). This new model allowed for a much more inclusive understanding of transgender as a continuum, rather than the existing binary view (Denny, 2004).

The DSM-IV (American Psychiatric Association, 1994) changed once again and included the chapter "Sexual and Gender Identity Disorders" with three diagnostic classes: gender identity disorders, sexual dysfunctions, and paraphilias. The problem with this classification is that Gender Identity Disorder is neither a sexual dysfunction nor a paraphilia, illustrating the failure to incorporate the recently understood paradigm of transgender identity (American Psychiatric Association, 2013a & Denny, 2004). There was also the inclusion of adults and children under a single classification of gender identity disorder and removed predisposing factors. A new feature, "Gender Dysphoria" was included which described new symptomology in adults: "preoccupied with their wish to live as a member of the opposite sex" and "Many attempt to pass in public as the other sex... [and] many individuals with this disorder may pass convincingly as the other sex"(American Psychiatric Association, 1994, p. 533).

The DSM-IV also distinguished the following differentiation in natal (born of a particular sex) males and females "Males with Gender Identity Disorder who are sexually attracted to males tend to present in adolescence or early adulthood with a lifelong history of gender dysphoria. In contrast, those who are attracted to females, to both males and females, or to neither sex tend to present later and typically have a history of Transvestic Fetish" (American Psychiatric Association, 1994, p. 536). This compared to natal females in that "virtually all

females with Gender Identity Disorder will receive the same specifier—Sexually Attracted to Females—although there are exceptional cases involving females who are Sexually Attracted to Males" (p. 534).

However, Kelly Winters (2007) strongly contested the diagnosis of "gender identity disorder," in the DSM-IV-TR (2000) at length stating:

> Conflicting and ambiguous language in the DSM serves to confuse cultural nonconformity with mental illness and pathologise ordinary behaviours as symptomatic. The Introduction to the DSM-IV-TR (2000, p. xxxi) states: "*Neither deviant behavior ... nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of dysfunction...*" However, it is contradicted in the Gender Identity Disorder section: *"Gender Identity Disorder can be distinguished from simple nonconformity to stereo-typical sex role behavior by the extent and pervasiveness of the cross-gender wishes, interests, and activities" (p. 580).* The second statement implies that one may deviate from social expectation without a diagnostic label, but not too much. Conflicting language in the DSM serves the agendas of intolerant relatives and employers and their medical expert witnesses who seek to deny transgendered individuals their civil liberties, children and jobs. (p. 4)

Currently the DSM 5 (American Psychiatric Association, 2013a) categorises these differing identities as 'Gender Dysphoria', operationalized as "A marked incongruence between one's experiences/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six additional criteria. This represents a new diagnostic class and "reflects a change in conceptualisation of the disorder's defining features by emphasising the phenomenon of " 'gender incongruence' rather than cross-gender identification per se, as was the case in DSM-IV gender identity disorder" (American Psychiatric Association, 2013b, p. 14). Therefore, having a transgender identity itself is not a disorder; rather, the distress that some transgender people may experience may be of clinical concern and treated (Bockting, 2015). Gender dysphoria can now be considered from a multi categorical set of criteria rather than a "dichotomised" gender identity disorder diagnosis. Some of these changes in criteria include:

(1) The merging of the previous Criterion A (cross-gender identification) and Criterion B (aversion toward one's gender) because of a lack of evidence from factor analytic studies supporting the separation.

(2) The wording has changed from "the other sex" to "some alternative gender" because the concept "sex" was found to be inadequate when describing individuals with a disorder of sex development.

(3) Separate criteria sets are provided for gender dysphoria in children.

(4) For children a "strong desire to be of the other gender" replaces "repeatedly stated desire" to include children who may not verbalise this desire.

(5) For children, a compulsory criteria includes Criterion A1 ("a strong desire to be of the other gender or an insistence that he or she is the other gender . . .)" making the diagnosis more restrictive and conservative.

(6) The sexual orientation subtype has been removed because of its clinical irrelevance.

(7) A post-transition specifier has been added for individuals who no longer meet criteria for gender dysphoria post transition but who continue to undergo various treatments to live congruently in the desired gender (American Psychiatric Association, 2013b).

Hausman (1995) highlighted how medical discourse ironically shifted from the traditional standpoint of viewing gender identity disorder as physically determined. Instead, gender identity and behaviour became indicators for gaining access to hormone treatment and surgery (Hausman, 1995). "Once gender identity disrupted the idea of sexual difference based entirely on physiology, transsexuals could not be denied access to technological sex change, because they could *demonstrate* their aberrant gender identity through a phenomenology of gender role behaviors" (Hausman, 1995, p. 109).

2.5 Cultural Stigmatisation

Despite the medical advances within the field, the cultural heteronormativity and prejudice towards non-binary gender identities, or 'transphobia' has continued to lead to a profuse

pattern of worldwide social exclusion, experiences of discrimination and stigma, and violence directed against gender nonconformity (Whittle, Turner, & Al-Alami, 2007). The crimes committed as a result of transphobia can be classified as 'hate crimes' or acts which "constitute criminal acts of prejudice that are committed against people, property, organisations or society because of the group to which they belong or identify with" (American Psychiatric Association, 1998).

It has been reported that the transgender community is one of the most oppressed and stigmatised in today's society (Monroe, 2000). Kidd & Witten (2008) suggest that motives for these crimes involve the transgender identity of the victim together with the perpetrator's sense of betrayal when the trans person's biological sex is revealed. They also posit that the goal of the attacks is a "desire to eradicate the transgender-identified individual in order to alleviate the perpetrator's disgust and to avenge the sense of betrayal that precipitated the attack in the first place (p. 3). This disgust is exemplified in the 2002 murder of a transgender teenager Gwen Araujo by Jose Merel in California, USA. It was reported that Merel "vomited and wept when he discovered Araujo's biological identity, slapping her and hitting her with a glancing blow with a pan" (Kidd & Witten, 2008, p. 3).

Cahill (2000) reports that in the United States, approximately 60% of the transgender population has been a victim of a hate crime where at least one transgender individual is murdered each month. A study reviewing the statistics of reported LGBTQ murders noted that approximately 20% were transgender (Green, 2000).

Lombardi, Wilchins, Priesing & Malouf (2001) surveyed 402 transgender individuals and learned that over half experienced some form of harassment or violence and a quarter of the participants experienced a violent incident. Another study by Kuehnle & Sullivan (2001) found that transgender individuals are more likely to have experienced violent crimes that result in hospitalisation or death when compared to their gay, lesbian, and bisexual counterparts. In yet another example of violence and abuse, Lev (2004) found that 59% of their gender- variant participants had been raped.

Transgender individuals face a number of challenges on their journey to living as their self-identified gender. Given the severe categorisation, discrimination, prejudice and

victimisation, it is not surprising that a sense of ‘otherness’ and ‘abnormality’ have become rife practices of identity construction in society (Harris, 2004).

2.6 South African Context

As with the international examples of transphobia and hate crimes, South Africa has an extensive history of prejudice, hatred and inequity with an overt intolerance of ‘difference’. Therefore it is imperative that the socio-political history be considered when understanding how transgender individuals navigate their gender identity and expression in South African society the world over.

In South Africa, various apartheid enforcement patterns can be traced from medical experiments to legal prohibitions (Swarr, 2012). Apartheid established a framework that allowed racism, sexism and heterosexism within health research and masked itself with “scientific objectivity” (de Gruchy & Lewin, 2001). Paradoxically, for this reason, the numbers of gender reassignment surgeries were higher in the apartheid era than they are today despite the progressive constitution in today’s democracy (Kirk, 2000).

In a similar manner to those documented in Germany during National Socialism, the South African government state believed that “homosexuality, gender nonconformity and non-whiteness were conflated in Apartheid South Africa with notions of threat, deception and treachery; the first two, additionally, with disease and sin” (Klein, 2012, p.19). Controlling sexual activity such as same sex and inter-racial marriages was central to the effective implementation and maintenance of apartheid policies and were therefore criminalised.

There are a number of Acts in South African history which have both criminalised and regulated gender and sexuality conformity illustrating the discrimination and inequality of the “other”. The Sexual Offences Act (1957) criminalised “sodomy” (oral or anal sex among men) as “unnatural acts.” The South African High Court only legally invalidated consensual sodomy convictions in October 2003 (van Vollenhoven & Els, 2013). The Immorality Amendment Act (1969) criminalised consensual sex between men and raised the age of consent for male homosexuality activity from sixteen to nineteen years. The Immorality Amendment Act, (1988) then regulated the age of consent for lesbian sex to nineteen, compared to sixteen years old for heterosexual sex (Van Zyl, et. al., 1999).

Further Human Rights abuses and ideals permeated The South African Defence Force (SADF) and were disguised as medical research as instrument of control for the state. In the 1980s and 1990s the chief Psychiatrist and colonel at Voortrekkerhoogte Military Hospital's Ward 22 admitted to "The Aversion Project" which screened conscripts for homosexuality and gender non-conformity. Those identified as homosexual were pathologised with a "behavioural disorder" and barred soldiers from entering the permanent force. Those soldiers found "guilty" of being gay or lesbian were referred to health professionals in psychiatric wards like Levin to uphold the heterosexual sex/gender-binary by eliminating and "correcting" homosexuality with treatments such as chemical castration, extreme doses of hormones, narcoanalyis and electric shocks as well as sometimes botched sex reassignment surgeries (de Gruchy & Lewin, 2001; Kirk, 2000; Simeo, 2000; Theron, 2008 & van Vollenhoven & Els, 2013). During the universal conscription period between 1967 -1991, approximately 900 male conscripts were coerced into reassignment surgeries by the South African Medical Services (SAMS) (Kaplan, 2004; Klein, 2012). Under military control the SAMS were not bound by either the "Hippocratic Oath, nor to the Tokyo Declaration (of which South Africa was a signatory) banning doctors from participating in any form of torture" (Van Zyl, et. al., 1999, p. 48). Individuals were not given adequate information about the treatment and consent was obtained under conditions including threatening forcible employment in a work camp. None of the study respondents reported a change in their sexual orientation and instead reported negative effects such as lowered self-esteem and depression (Van Zyl, et al., 1999).

During the apartheid era transsexuals and transgender people not in the armed forces had access to publicly funded sex reassignment surgeries and were allowed to change their sex status on their birth certificates. This seemingly progressive ideology masqueraded apartheid's intolerance of gender ambiguity and homosexuality that led to the enforcement of heteronormativity (de Gruchy & Lewin, 2001). There are numerous case studies of such individuals who were forced into sex reassignment surgeries because of the apartheid laws that arrested individuals for cross dressing (Swarr, 2012). "The racialisation of physical gender liminality and same-sex sexuality encourages or discourages in particular times and places-serves the complex and fluid objectives of apartheid" (Swarr, 2012, p. 38).

South Africa has since come a long way with regards to the medical and legal treatment of homosexual and transgender people. Today South Africa is internationally commended for its aspiration to becoming a more open and accepting society, established on democratic values within a constitution that protects individual's human dignity, freedom, equality, and social justice (Nel & Judge, 2008). According to John Jeffery, Deputy Minister of Justice and Constitutional Affairs, South Africa is the first country in the world to prohibit sexual orientation based discrimination, illustrating the strong human rights framework, progressive constitution and enabling legislation (Fabricius, 2014).

From a legal perspective, only Nepal and Argentina are believed to have more progressive legislation and rights for the LGBTIAQ+ community. For example in 2015, the new Nepalese constitution included several items specific to the rights of LGBTIAQ+ people. Article 12 states that individuals have the right to a legal ID document that reflects their preferred gender, and that the State will not “discriminate against any citizens based on origin, religion, race, caste, tribe, gender, language or ideological conviction or any other status”. Article 18 further recognises LGBTIAQ+ people among the most disadvantaged groups, replaces gender binary language with gender-neutral terminology, and stipulates that through the ‘principle of inclusion’ ‘gender and sexual minorities,’ have right to participate in state facilities, mechanisms and public services (Panthi, n.d). In 2015 Argentina passed the Gender Identity Bill that states that everyone have the legal right change their name to coincide with their gender identity irrespective of a diagnosis, hormonal treatment and/or surgical procedures. Furthermore, anyone older than 18 has the right to free sexual reassignment surgery and/or hormone treatments without court authorization (Klein, 2008).

Such developments illustrate a growth within the macro-systems, but literature has shown clear contradiction with the translation from paper to implementation as not everyone has accepted a rights-based constitutional society where all human beings are seen as equal before the land. For some, they remain disinterested as these rights are viewed as legal rather than individual matters and display is deep-seated resistance towards the rights of the “other” (Chakuwamba & van der Merwe, 2015). Research has illustrated that most individuals within the LGBTIQ+ spectrum continue to battle societal prejudice and discrimination in addition to overarching societal pressure to conform to social constructions of a heteronormative bi-gendered system (Bateman, 2011). There has been a dramatic increase in homophobic and gender based hate crimes in South Africa despite the framework for gender and sex equality

and protection from discrimination of sexual orientation in post apartheid's constitution (Swarr, 2009). This is to such a degree that any person not conforming to the male/female binary is considered homosexual and "un-African" and boxed within a "sexual orientation" label (Lane, Mogale, Struthers, McIntyre & Kegeles, 2008; Theron, 2008).

Funeka Soldaat, founder of Freegender stated that:

> Even if you know how the Constitution works, you don't know how to use it to protect yourself. If you don't have money you don't have access to the justice system. Transphobia often takes place in an environment where discrimination against particular groups, is socially accepted. Such violence may be physical (including murder, beatings, kidnappings, rape and sexual assault) or psychological (including threats, coercion and arbitrary deprivations of liberty) (Chakuwamba & van der Merwe, 2015). Violence in the townships is normal. Homosexuality is [seen as] un African. Patriarchy is everywhere… We're sitting on a time bomb" (Strudwick, 2014). Transgender identity has also been called a "white man's disease" whereby "white gays and lesbians who have too much money lying around and want to take their homosexuality a step further can afford this (Theron, 2008 p. 6).

The issue was highlighted in the mid-to-late 2000s, when several incidents of gender based physical and sexual assault and murder occurred in close succession. Such crimes against the LGBTIQ+ community are often used "to send a message to the victim/survivor" that their sexual orientation and/or gender non-conformity is unacceptable and must be changed (Theron, 2009). In a speech made to address LGBTI Crime-Related issues in 2011, Deputy Minister for Justice and Constitutional Development, Mr Andries Nel, MP stated: "We cannot be oblivious of the increasing violent crimes that the LGBTI persons are currently faced with. At present, more and more lesbian women are becoming victims of hate-driven murders and homophobic rape (previously referred to as 'Corrective Rape').

To put names to the numbers of victims, some illustrations of such horrific crimes will be listed: the rape and murders of Zoliswa Nkonyana in March of 2006, Madoe Mafubedu in April 2007, Salome Massoa and Sizakele Sigasa on 7 July 2007, the murder of Thokozane Qwabe on 22 July 2007, the rape and attempted murder of Millicent Gayika on 2 April 2008, the rape and murder of Eudy Simelane on 28 April, 2008, the murder of Khanyiswa Hani on

26 May 2008, the rape and murder of Sibongile Mphelo on 20 June 2008, and murder of Girly 'S' Gelane Nkosi on 22 June 2009 (Department of Justice and Constitutional Development, 2012; Isaack, 2007; Martin, 2009; Triangle Project, 2006; van Vollenhoven & Els, 2013). In 2008 alone a further eight instances of violence against lesbians were recorded, of which three were cases of sexual assault and murder. (Chakuwamba & van der Merwe, 2015). In June 2012 another five people were murdered in homosexual and transphobic motivated hate crime. In December 2015, Phoebe Titus, a 30-year-old transwoman was stabbed to death by a 15-year-old youth in broad daylight (Klein, 2012). Perhaps due to their violent and gruesome nature, these cases have been recorded and made public. However these cases are only an illustration of the hate crimes and gender based violence against transgender people that exist.

Furthermore, victims become helpless at the hands of their families, neighbours and friends, the police, and the Criminal Justice System as a whole, who fail to protect them and bring the perpetrators to justice. (Department of Justice and Constitutional Development, 2012). Some communities tend to remain silent, or even complicit as a result of cultural beliefs that the LGBTIQ+ community are abnormal. It is argued that their "culture" or "religion" does not permit sexual or gender diversity and therefore their dehumanisation is justifiable. Those that do accept the LGBTIQ+ community are believed to have foreign influence and removed from tradition or culture. This creates an "us" versus "them" dynamic where members of the LGBTIQ+ community are set up for exclusion and victimisation by being the "other" (Department of Justice and Constitutional Development, 2012). Liesl Theron (2009), the founder of Gender DynamiX documented cases of several people who were victims to abuse and violence by their family as a result of their gender identity. In one case, a trans woman had been raped and assaulted in her childhood by her father and other male family members for being too effeminate. They called her a "moffie," a derogatory term for a homosexual person and was also forced to perform sexual acts with a dog to "teach her a lesson." Another case in December of 2007 involved a trans woman who attempted suicide after being beaten up by members of her family to the point of losing partial eyesight.

Transgender youth are also subject to discrimination and abuses within schools. As an advocacy coordinator at Gender DynamiX, Kheswa (2013) was privy to numerous cases. He recalled meeting a girl in 2009 who arrived in a school uniform accompanied by a police officer. The girl and her mother had wanted to open a case against her school principal after

he had pulled her hair and hit her legs with a stick, insisting she behave and dress like "other" boys. Eventually the child was forced to drop out of school. In another case a trans girl was mocked by her class teacher and called a "moffietjie," loosely translated to "little homosexual." Theron (2009) heard similar stories where trans people had disclosed that their teachers would ridicule students by the way they presented. Another individual referred to an incident where a group of schoolboys had assaulted her in the bathroom after school. These cases illustrate the placement of gender and sex within a dichotomous construct, as exemplified in this principal's response to a transgender child's desire to express their gender identity: "I can't bend rules because the rules are based on the anatomy: anatomic boy - pants, anatomic girl –skirt and that is it" (Khwesa, 2012, p. 3). As a result many trans youth develop depression and underperform at school, eventually dropping out (Theron, 2009).

The discrimination and injustices discussed represent a fundamental challenge to South Africa's young democracy. Nel & Judge (2008) suggest that collaboration is required by state and non-state individuals to develop a unified strategy whereby all South Africans have equal human rights and access to services.

Many people and organisations within the transgender sector are challenging the status quo. Chakuwamba & van der Merwe (2015) suggested that: "While homophobia and transphobia is a universal phenomenon the fact that South Africa has a progressive and inclusive Constitution, from a formal equality perspective, bears testimony to the fact that being transgender cannot be classed as "un-African" – a popular argument invoked by those who fight against transgender rights" (p. 44).

Endeavours such as the autobiography entitled From "*Juliet to Julius: In Search of My True Identity"* (1998), by a Ugandan transgender and intersex activist Julius Kaggwa; the publication of "*Trans: Transgender Life Stories from South Africa"* (2009), a collection of autobiographical writing by trans people the production of "*Exquisite gender - digital stories: transgender and intersex people in Africa*" (Gender DynamiX, 2010), a collection of short films by southern African trans people; the portraits and narratives of ten transgendered Africans by Gabrielle le Roux for the Proudly African and Transgender project (2010); and the "*African Same-Sex Sexualities and Gender Diversity* conference (2011), that focused on gender variant and/or same-sex identities and communities to promote their social acceptance

and their physical and social well-being, have also helped to shift the South African mindset to match progressive constitution (Baderoon, 2011).

With the work from organisations such as the Triangle Project and Gender Dynamix and government initiatives such as the Services Charter for Victims of Crime and Violence (Victims Charter), South Africa has played a leading role in providing a framework to assist in addressing the injustices associated with transphobia and hate crimes in South Africa on the international stage (Bateman, 2011; Nel & Judge, 2008).

With the help of three prominent activists, Estian Smit, Simone Heradian and Sally Gross another piece of revolutionary legislation was approved by then President Thabo Mbeki in 2004. The Alteration of Sex Description and Sex Status Act, 2003 (Act No. 49 of 2003) allows people apply to the Director General of the National Department of Home Affairs to legally change their sex on their birth register and ID without having sex reassignment surgery (Bateman, 2011; Theron, 2008).

There are however reports that provisions of the Act are frequently ignored and/or violated in practice (Reid, 2013). According to Robert Hamblin, Advocacy Manager and Deputy Director at Gender DynamiX, that “Home Affairs officials are simply not informed of the basic documentation required for altering one’s sex, and transgender persons are put through ridiculous, bureaucratic and punitive processes,” where they are eventually turned away (Bateman, 2011, p. 93). In 2013, the then Minister of Home Affairs, Naledi Pandor reported that since 1994 only ninety-five people have legally changed their gender identity highlighting the challenges faced with the officials and process (Mambaonline, 2013).

2.7 Theoretical Developments

Following an overview of both international and South African accounts of transgender history, this chapter will first provide formative theories of gender identity development: namely cognitive development theory (Kohlberg, 1966), social learning approach (Mischel, 1966), social learning theory (Bandura, 1977), social cognitive theory (Bandura, 1999), and gender-schema theory (Bem, 1981). Emerging from these theories are Queer theory (Butler; 1990; de Lauretis, 1990) and transgender theory (Nagoshi & Brzuzy, 2010) several transgender identity development theories that challenge conventional ideas of dichotomous

and static gender identity, and seek to understand the unique array of affirming conceptualisations of gender.

2.7.1 Gender Identity Development

An individual's gender development plays a significant role in many important aspects of one's life, including the beliefs and conceptions they maintain for themselves and others, the opportunities or obstacles they encounter, as well as the social life, career and talents they pursue (Bussey & Bandura, 1999). A person's gender becomes the primary basis on which they get differentiated within their daily life. There is a general assumption that everyone has one sex, one sexuality, and one gender. In addition, there are hierarchical attributes and roles ascribed within this binary. Hegemonic masculinity maintains that men are generally regarded as more socially dominant and desirable compared to women. (Burdge, 2007). This notion becomes more complex for those who do not fit into this conventional binary and may float in and out of these identities or reject these altogether for a gender neutral or queer identity.

In Maccoby's book entitled "The development of sex differences" (1966), many formative theories of gender development were introduced, including Kohlberg's cognitive–developmental approach and Mischel's social learning approach (Banerjee, 2005). Lawrence Kohlberg's gender constancy or cognitive development theory (1966) "assumes that basic sexual attitudes are not patterned directly by either biological instincts or arbitrary cultural norms, but by the child's cognitive organization of his social world along sex-role dimensions" (p. 82). A major proponent of this theory is that children's understanding and adherence to gender roles is contingent on their gender identity (Banerjee, 2005). He proposed a stage theory of gender development where at each successive stage, the child's understanding of gender become increasingly more complex. The first stage is gender labelling/identity, which is usually reached by the age of 2 years. At this stage children can identify themselves or others according to their sex. Gender however is not considered stable at this stage because of changes in superficial characteristics such as hair and clothing. The second stage is gender stability, which is usually reached by the age of 4 years. At this stage children recognise that gender is stable over time. However, superficial external features like one's hair and clothing again influence their understanding of gender. The final stage is *gender constancy*, by approximately 7 years of age. This stage is where children understand

that gender is independent of external and superficial features and is permanent (Banerjee, 2005; Maccoby, 2000).

Mischel's social learning approach (1966), suggests that a child's gender (either male or female) is based on socially constructed gender stereotypes and shaped by positive reinforcements by parents and peers for gender-role-consistent behaviour. Inconsistent or variant gender-role behaviour is either ignored or punished, and therefore becomes less frequent (Oliver & Hyde, 1993). Through children imitating same-gender adults, gender role behaviours are reinforced from one generation to the next (Oliver & Hyde, 1993).

Following Mischel's theory (1966), Bandura's Social Learning Theory (1977) similarly posited that individuals develop their gender identity and role is through observing others' behaviour, attitudes, and outcomes of those behaviours. Children pay attention to a wide range of social influences including family, peers, the media, and other social systems and encode their behaviour (Bussey, 2011). Eventually they begin to imitate the behaviour they have observed and identified as similar to themselves, regardless of whether or not the behavior is considered 'gender appropriate'. It is most likely however, that the child will replicate socially accepted behaviour for their sex as the child both receives either reinforcement or punishment from their models and observes the consequences for other people's behaviour (McLeod, 2011).

Whilst social learning theory provides a basic framework to gender identity development, it has its limitations. For example, it fails to explain how children's conceptualisations of gender change over time. It also fails to establish the origin of gender stereotypes and how children are prone to imitate gendered behaviour that is seen as gender appropriate than the sex of the model demonstrating it. On the other hand, it also doesn't explain why "gender inappropriate" behaviour persists despite discouragement, punishment or lack of positive reinforcement from others. These findings also highlight the importance of cognitive processes in the learning of gender than the theory allows for (Mynard, 2013). Another limitation is that it does not account for the universal gender role behaviour that appears throughout cultures that hold different norms and customs. The existence of universal features suggest that there may be innate, genetic influences on one's gender role that social learning theory also does not account for (Buss, Larsen, Westen & Semmelroth, 1992).

In the decades following Mischel's (1966) publication, social learning theory underwent several significant revisions. In its evolution, social learning theory shifted towards a more cognitive emphasis, as reflected in its current title, social–cognitive theory (Bandura, 1986). Expanding on shortfalls within social learning theory, Bussey and Bandura focused on a more cognitive orientation as reflected with the inclusion of "cognitive" in the title, social–cognitive theory (1999). Here they introduced the concept of "triadic reciprocal causation" to refer to the interaction between three sets of factors throughout one's life course that produce one's gender: personal factors (cognitive, affective and biological), environmental factors and behavioural factors (Martin, Ruble & Szkrybalo, 2002). Bussey (2011) clarified that people however, are not merely products of impinging social systems. Instead, people play a vital role in establishing their gender conceptions and implementing social change within these systems that influence their gender identity. Bussey and Bandura (1999) therefore conclude that: "gender constancy is the product of rather than an antecedent of the emulation of same sex models" (p. 688). Bussey and Bandura suggested that the inclusion of these variables created a comprehensive and integrative theory that could explain the consistencies and inconsistencies of children's gender-typed behaviours that spanned time and place that previous theories could not (Martin et al., 2002).

Despite the development of a cognition orientation and internal self-regulation in Bandura's recent work, it is argued that children's gender development needs to take into account more fundamental cognitive processes. In particular, gender schema theorists have suggested that early cognitive processes in children's gender as either male or female, play a critical role in the identification and endorsement of gender roles (Banerjee, 2005).

Dr Sandra Bem formulated the gender schema theory (1981) to explain how cultural socialisation impacts gender development. According to Bem (1981), gender schema theory is "a theory of process, not content" (p. 356). Gender schema theory suggests a process whereby children develop a lens, or schema, and categorizes personal characteristics into masculine and feminine categories as soon as they become aware of their own biological sex (Davis & Wilson, 2016). These schemas direct gender development and differentiation through the child's attention and memory that allow them to store gender-typed constructs much more than non- stereotypical information (Banerjee, 2005). Having gender schematas allows information to be sorted into gender categories, even though differences could be grouped on categories unrelated to gender. Instead of claiming to predict every aspect of an

individual's gender psychology, gender schema theory instead proposes to describe how people assume cultural conceptions of gender given their sex (Davis & Wilson, 2016). Bem (1981) also reasoned that gender schemas impact children's self-esteem (i.e., self-evaluation) as a result of comparing themselves to others, questioning and evaluating their preferences, attitudes, behaviours, as well as personal attributes (West, 2015).

As alternatives to the traditional human development models and binary gender identity constructions, many of feminist, postmodern, and queer theorists publicised transgender, gender fluid and gender-nonconforming identities as historically normative (Butler, 1990, 1993; Creed, 1995; Feinberg, 1996, 1998; Halberstam, 1998). Some theorists such as Feinberg (1996) and Wilchins (2002) went beyond normalising transgender identities and posited that everyone could benefit from dismantling existing gender systems, by liberating from rigid binary gender roles (Bilodeau & Renn, 2005).

In a conference, "Queer Theory: Lesbian and Gay Sexualities," held at the University of California at Santa Cruz in 1990, Professor de Lauretis introduced queer theory into academic discourse. In her opening statement at the conference, de Lauretis stated that she had used the title to "provoke and unsettle the complacency of lesbian and gay studies" (as cited in Halperin, 2003). She also intended to challenge the "domination of the field by empirical social scientists, who's theories tended to be a monolithic, homogenizing discourse of (homo)sexual difference, and to offer a possible escape from the hegemony of white, male, middle-class models of analysis" (Gupta, 2017, p. 294). Queer theory instead examines, and critiques anything that falls into either normative or variant categories, particularly sexuality and gender identities (Halperin, 2003). Queer theory deconstructs fixed notions of gender and sexuality as binary and biological concepts and instead conceptualises gender a result of social construction (Spargo, 1999; Zielinsky, 2007).

In 1990, the two texts that were assumed to have founded queer theory were, Eve Kosofsky Sedgwick's *Epistemology of the Closet* and Judith Butler's *Gender Trouble: Feminism and the Subversion of Identity.* Sedgewick's work aimed to deconstruct cultural "symmetrical binary oppositions" such as: heterosexual/homosexual, masculine/feminine, knowledge/ignorance, private/public, that she considered "irresolvably unstable" and manipulative (Savoy, 2015). The contradictory relationship of dependence and subjugation between such binarisms highlight the dominant, hegemonic and heteronormative ideologies

that attempt to create symmetry between, and therefore marginalise discourse (Sedgewick, 1990).

In Butler's *Gender Trouble: Feminism and the Subversion of Identity* (1990), she coined the well-known but widely misunderstood argument of gender performativity whereby male and female behaviour and roles are not fixed nor biologically based, but instead based on social constructions often reinforced through media and culture. Her work created a similar shift in perspective as in Sedgewick's queer theory. Instead of beginning with the nature of sex, she analysed frameworks of heteronormativity by which gender and sexuality originate and are inhabited (Gupta, 2017). The problem, she said, was the "regulatory fiction of heterosexual coherence," which "disguises itself as a developmental law regulating the sexual field that it purports to describe" (Butler, 1990, p.136). Such representations of masculinity and femininity cause 'gender trouble' for those who do not align with this heteronormativity. She discussed drag kings and queens as an example of the "three contingent dimensions of significant corporeality: anatomical sex, gender identity, and gender performance" (Butler, 1990, p. 137) and suggested that through their identification and performance of contradictory gender roles implicitly revealed "the imitative structure of gender itself" (Butler, 1990, p. 137). Butler believed that it was imperative to separate gender performance, gender identity, and anatomical sex. Focusing on such non-normative understanding of gender promotes a deeper understanding of gender identity development within such ecological contexts and discourses (Swarr, 2012; Xie, 2015).

Queer theory is inherently different from most academic theory and it has often been criticised for its lack of technical clarity and narrow interest. Berlant & Warner (1995) retort such critiques to say, "The relation between the general and the particular is exactly what is at issue. Queer commentary shows that much of what passes for general culture is riddled with heteronormativity" (p. 349). What queer theory has done is to analyse and deconstruct such discourse and create a space for the other (Gupta, 2017).

Despite the progressive nature of queer theory in understanding sexual and gender identities and its' subsequent oppression, many transgender people have critiqued its social constructivist assumptions of gender identity that are integral in queer theory (Nagoshi & Brzuzy, 2010). As Hausman (2001) argued, applying queer theory to the transgender population may still promote gender-role stereotyping by assuming male vs. female gender

categories, despite attempts to queer (destabilize) them. Roen (2001) similarly contended that transgender identities include a more fluid ‘‘both/neither’’ conceptualization of gender identity rather than the conventional and limiting male/female binary. Monro (2000), in turn, highlighted that queer theory fails to account for lived experiences of transgender individuals or the impact that social structures have on the fluidity and variance of gender expression.

Emerging from Roen’s (2001) critique, Nagoshi & Brzuzy (2010) developed transgender theory to provide a more inclusive understanding of gender and gender identity through exploring the lived experiences of transgender individuals. It emphasises the importance of biological sex in gender and sexual identity however, considers the either/or dichotomy as problematic, especially for people who do not only live their ‘fluidity’ whilst in transition from one to another, but who also deliberately occupy the queer space of either/or (Lenning, 2008; Nagoshi, 2012; Namaste, 2000; Wilchins, 2004). Transgender theory asserts that even a fluid gender identity is both constructed and classified, and that the experiences of many transgender individuals manifest in ways that transcend both essentialism and social constructivism (McPhail 2004; Nagoshi, Brzuzy & Terrell, 2012).

2.7.2 Transgender Identity Development

The 1970s marked a new era in research with the development of theoretical stage models of namely gay, lesbian, and black minority identities (see, for example, Cass, 1979; Cross, 1971, Fassinger, 1991; Savin-Williams, 1988, 1990 and Troiden, 1979, 1988) (Bilodeau & Renn, 2005). Such research has paved the way for advances within transgender identity development theories. Currently there are several models that describe the process of identity formation and emergence of transgender identity as seen with Boswell (1991Eyler & Wright (1997); Lev’s (2004); Devor (2004); Bilodeau (2005); Hiestand & Levitt (2005); Ehrensaft (2012) and Levitt and Ippolito (2014).

The following literature is by no means inclusive of all identities that fall under the transgender rubric, but instead highlight the evolution of gender diversity models. In addition, they highlight some of the experiences that have been associated with the development of gender identity.

According to Bockting, Knudson, and Goldberg (2006) the process of transgender identification is comparable to the 'coming out' process for homesexuality. With a society that steadfastly acknowledges only a binary system of gender, based primarily on physical embodiment, most transgender individuals battle with the process of gender identity development (Mikalson et al., 2012). The coming out process for transgender individuals not only introduces a 'new' identity, but may also result in physical and social transitions that are often difficult for others' to understand as previously discussed with the numerous cases of violence and discrimination experienced. This is particularly true for transgender individuals who choose to express their lived gender identity on a full-time basis, and for those who begin to medically transition through the use of hormones and/or surgery (Cook-Daniels, 2006).

Boswell provided a theoretical framework called the transgender model (1991) in response to Virginia Prince's 1973 essay questioning her experience as a transwoman stating (Denny, 2004):

> Transgenderism serves as a bridge of consciousness between crossdressers and transsexual people, who feel unnecessarily estranged within our own subculture. And in the vast majority of instances, we are not so much "gender conflicted" as we are at odds-even at war-with our culture. It is our culture that imposes the polarisation of gender according to biology. It is our culture that has brainwashed us, and our families and friends, who might otherwise be able to love us and embrace our diversity as desirable and natural—something to be celebrated (p. 30).

The transgender model (Boswell, 1991) suggested three profiles of transgenderism [sic]:

1 The Advanced Crossdresser: This individual maintains their life in the gender of their birth sex, however explores their gender identity through different forms of expression. They may also choose to "come out" to a select group of people, resulting in inevitable challenges within their family, marriage, friendships and career as a result of cultural norms of gender.

2 The Androgyne: This individual may choose to live either full or part-time in their gender identity. This person accepts her inner being as "fully androgynous" and lives a more

fluid and dynamic lifestyle. They may choose different behavioural or medical transition options.

3 The Pre-Transsexual Person: This individual rejects the gender assigned to their birth sex and lives fully in their gender identity. They too may choose different behavioural or medical transition options, or choose to retain their physical embodiment. Their transition does not implicate any changes to one's sexuality (Boswell, 1991,)

This model proposed a change the conception of gender variance from a mental disorder to a natural human variation that does not require shifts from one gender stereotype to another, or from the socially-imposed requirement of having genital surgery, while maintaining genital surgery as an option for those who wish to do so (Denny, Green & Cole, 2007). In doing so this model changed the locus of pathology from the individual to a society that is discriminatory and abusive (Denny, 2004).

D'Augelli's (1994) model of sexual orientation and identity development posited six "identity processes" that occur within one's life, including: (1) Exiting heterosexuality; (2) Developing a lesbian, gay or bisexual (LGB) identity; (3) Developing a LGB social identity; (4) Come out as LGB to one's family; (5) Develop an intimate LGB relationship and (6) Entering an LGB community. This model offers a useful alternative to understanding gender identity development as occurring and unfolding in, multiple paths as a result of different social contexts and can be useful for understanding the formation of transgender identity (Bilodeau & Renn, 2005).

Eyler & Wright (1997) developed a more fluid "nine point gender continuum" to place transgender individuals, as opposed to suggesting that they must fit within the binary concept of with male or female gender identities. The continuum places individuals along two axis. One axis is gender expressiveness, or the degree in which a person presents gender. The second axis is conformity non-conformity towards social expectations of gender identity and role (Bolich, 2007). The nine categories include female (F), female with maleness (F/M), genderblended female predominating (GB/F), othergendered (O), ungendered (U), bigendered (B), genderblended male predominating (GB/M), male with femaleness (M/F), and male (M). This model complements recent literature's illustrating the inapplicability of

traditional understanding of gender and the need for more diverse descriptions of gender (Worthington, Savoy, Dillon & Vernaglia, 2002).

Devor's (2004) developed a foundational fourteen-stage identity development model based on his work within the transsexual community. Devor stated that, "no matter how much of our lives may be ruled by biological considerations, all people live within social environments which give meaning to the realities of their bodies and of their psyches" (2004, p. 42). Within the first three stages, Devor (2004) proposed that an individual initially feels anxiety and confusion around the gender and sex assigned at birth and then attempts to understand their gender via identity comparisons of one's original assigned gender and sex with others. The next three stages involve a process of discovering transsexualism, followed by identity confusion about transsexualism and then comparisons between oneself and this identity. During these stages people often conducted online research and sought out relationships with other transsexuals. In stages 7-9, people began to develop an initial tolerance of a transsexual identity, however, for most, there tended to be a delay prior to complete acceptance of this identity. This involves individuals testing how this identity fit both their sense of themselves and others' perceptions. In the next two stages a similar delay occurred while people considered different transition options. The last three stages focused on accepting, integrating and developing pride or value in their experiences of how others perceive and react to their renegotiated gender identity whether they physically transitioned or not. During these final stages individuals also learned to manage stigma and discrimination, reintegrate and find value to form a cohesive sense of and, ultimately, to engage in advocacy (Levitt & Ippolito, 2014; Tejada, 2016). Devor (2004) acknowledged that people move through these stages based on their unique experiences of the world; some more slowly, some more quickly, some repeat stages and some skip stages all together (Maguen, Shipherd & Harris, 2005).

Bilodeau's (2005) study of transgender identity development in college students, identified a set of six sequential milestones, similar to D'Augelli's model (1994) that direct their path of their gender identity and expression away from their birth sex.

1) The first moments of progression occurs when students leave a "traditional gendered identity" immersed in gender roles and the gender binary (Bilodeau, 2005, p. 32).

2) Then, being open to operating beyond the gender binary, students develop a personal transgender identity that is constructed and explored with the help of peer role models.

3) Students then adopt a transgender social identity that allows for continual exploration of self in a social network that supports and acknowledges the student's true gender identity.

4) Next, students can begin to navigate an identity as a transgender offspring and explore familial interactions.

5) Students then work to develop a transgender intimacy status that brings in current or future partners in navigating attractions and actions based on those attractions.

6) Lastly, students may enter into and find support in transgender community and seek opportunities, with other Transgender-identified students, to seek change and advocacy

In 2005, Hiestand and Levitt developed a 7-stage model of butch gender identity formation to highlight some unique challenges that butch lesbians face. Although the focus of their study is on lesbians, the model organizes the development of both gender expression and sexual orientation together that may share similar experiences to transgender individuals. The first stage (*Gender conflict*) focused on an early sense of gender conflict, isolation, and confusion stemming from a feeling of difference from other children of the same sex. Stage two (*Collision of gender conformity and sexual orientation pressures*) typically occurred in high school when they felt a pressure to be feminine and were ostracised because of their sexual orientation and difference. Stage three (*Gender awareness and the distinguishing of differences)* involved the individuals seeking out other lesbians and becoming increasingly comfortable with their sexual orientation, despite changes in their gender. Stage four (*Acceptance of lesbian identity leading to gender exploration*) began after or simultaneously with the acceptance of a lesbian identity leading to a period of gender exploration, usually after being in contact with butch-identified lesbians. During stage five (*Gender internalization and pride in sexual orientation*), women adopted a butch identity and gender expression. They also express a sense of pride amongst the lesbian community. By stage six (*Gender affirmation and pride),* the women described a pride in the gendered aspects of themselves. Here they became more open with others about their gender and maintained their gender presentation across different contexts. The final stage (*Integration of sexual*

orientation and gender difference) involved the integration of both their butch and lesbian identity (Hiestand & Levitt, 2005).

Ehrensaft's (2012) model of "the true gender self" identifies both internal and external factors within varying levels that influence gender identity development, refuting a purely biological model. This model is based around Winnicott's (1960a, 1960b) concepts of human development, in which he identified the "true self" as the authentic and real sense of self that experiences the feeling of being alive (Ehrensaft, 2012). An individual's true gender self their inner sense of being female, male, or other gender and is not determined by anatomy. Instead "the brain and mind work to establish an inner sense of self as male, female, or other, based on body, on thoughts and feelings, and absorption of messages from the external world, a sense of self that may or not match the sex that is found between one's legs" (Ehrensaft, 2012, p. 339). Individuals, including children, are experts of their own true gender identity. Ehrensaft suggests that while gender expressions tend to vary over time, gender identity remains more constant. She further posits that if an individual wants to know the true gender identity of a child, it is important to provide a safe and holding environment where they can listen to the child. If this is provided the child will eventually express their true gender selves. If not, they will create a "false gender self" (Ehrensaft, 2012, p. 342) which is then expressed to the world, and may negatively impact their well being (Kuvalanka et al., 2014).

Levitt and Ippolito's (2014) study explored gender identity development, specific to transgender identifying individuals, and factors that can inhibit or promote it. They presented three clusters of findings related to the development of their participants:

Cluster 1: *From childhood treated like damaged goods: Pressure to be closeted about gender can lead to self-hatred and isolation; all while under others' scrutiny*

In the first cluster, the authors discussed two categories of findings (1) long periods of hiding or ignoring inner difficulties with their gender identity. Participants described childhoods filled with confusion and pressure to conform to social pressures of traditional gender associated with their birth sex (2) Within this category participants felt discrimination and fear of others who treated them as objects of curiosity.

Cluster 2: *The power of language in fostering acceptance: In hearing transgender narratives*

and becoming aware of social processes that enforce traditional gender standards, the possibilities for self-exploration expand

The second cluster focused on the necessity of hearing other transgender narratives for the participants own gender formation. There was also a strong sense of needing to find safe spaces and people to express their gender to. Affirming conversations and support structures helped the participants self esteem and promoted a sense of courage to explore their gender identities.

Cluster 3: *Identity formation is an ongoing process of balancing authenticity and necessity (e.g., safety, how much I can cope with, resources, legalities); with purposeful shifts may come unexpected ones*

In the last cluster, participants described the formation of their gender identity as a constant process whereby the examined and re-examined their beliefs about gender. Decisions involving their gender presentation, identification or transitioning consisted of balancing their sense of gender authenticity with external influences. Lastly, shifts that occurred within their gender identity resulted in new understandings about themselves and occasionally shifts in sexual orientation.

2.8 Conclusion

Sex, gender, and sexuality are concepts far too complex to be placed within a binary system (Burdge, 2007). Although this may be true for all people, it is especially true for the transgender population. Transgender people do not fall within a monolithic group, instead they consist of a diverse set of identities and behaviours that form a variety of constellations. Throughout history society has policed and scrutinised those who challenge the binary conceptualisation of gender.

To live gender congruent lives, transgender individuals must overcome a number of internal and external barriers. Internally there are a number of stages that the individual may go through as discussed in the different transgender identity formation models, that illustrate the complexity of the personal journey for example abiding anxiety, purging and delay, identity confusion (Devor, 2004; Gagne, Tewksbury & McGaughney, 1997; Lev, 2004 & Lewins, 1995). Externally, gender variant individuals live in a society of cultural heteronormativity

and stigmatisation leading to varying experiences of social exclusion, discrimination and abuse that has trickled throughout their environmental systems that significantly hamper their mental health and gender expression.

In South Africa, the transgender population is wide spread and also significantly marginalized. It is a society that does not understand, and therefore condemns gender diversity. There are numerous recorded incidents of systematic and societal transphobia in South Africa where transgender individuals are being subjected to refusal of services or lack of equal treatment and quality care, harassment, assault, and abuse.

2.9 Research Questions

The present research is an exploratory study that examines the unique experiences of transgender individuals in South Africa, and how these impact the navigation of their gender identification and expression. In this sample of transgender individuals in South Africa, this study addressed two basic questions:

(1) What are some of the experiences that have been perceived as beneficial? And
(2) What are some of the experiences that have been perceived as challenges?

Chapter 3: Methodology

3.1 Research Design

Because of the exploratory nature of this study, a qualitative method of inquiry is ideal as it allows exploration into the phenomena under study. Qualitative research involves the consideration of people's subjective experiences as "the essence of what is real for them, making sense of people's experiences by interacting with them and listening carefully to what they tell us, and making use of qualitative research techniques to collect and analyse information" (Terre Blanche, Durrheim, & Painter, 2006, p. 271).

According to Heppner & Heppner (2004), the qualitative researcher takes a more sceptical stance towards the existence of an objective reality and instead appreciates the plethora of experiences that makes up one's reality. Such researchers are therefore interested in exploring

and understanding the individuals' rich descriptions of their experience made up of their unique cultural, temporal and social contexts (Denzin & Lincoln, 1994).

Denzin and Lincoln (2000) list five defining features of qualitative research necessary to document and examine the individuals' experiences:

1. Focus on richness of descriptive attributes within the data. To ensure, the researcher must obtain thorough and detailed data collection. To do so in this research, the data was collected using an unstructured interview schedule to allow for the participant to guide their answering with in depth responses.

2. Capturing the unique perspective of each participant. Qualitative methods encourage the individuality of the participants' experience, compared to quantitative methods that use a more deductive approach using a hypothesis testing. To do so, this research used the data collection methods previously discussed allowing for their subjective experiences to emerge.

3. Rejection of positivist approaches. Although both qualitative and quantitative research both rely on gathering empirical evidence, qualitative research reject the positivist approach as it focuses on conventional views on what science is. In doing so, there is a tendency to assume that that reality or "truth" can be known prior to commencing the research as seen with quantitative hypothesis testing. Instead, this research was ideographic in nature, and studied the participant as an individual instead of generalising their experiences. The researcher therefore interpreted the data as an example of one's reality that emerged, knowing that there are multiple versions existing, rather than assume the data was a direct representation of reality.

4. Maintaining a postmodern stance. Qualitative researchers aim to use methods that position themselves closely with the real-life experiences of the participants. In order to achieve this, the researcher maintained a sense of personal responsibility and care when interacting with the participants to enable a more genuine understanding of their experiences.

5. Examination and consideration of everyday life. Qualitative researchers must be aware of experiences in the participants' lives that may have bearing on the research at hand. This awareness of the social world demonstrates the verisimilitude, or appearance of being genuine, of the researcher and allowed for greater detail and richness of data to emerge.

By following these guidelines, this study was able to focus on the rich descriptions of key experiences within the participants' lives that impacted their unique transgender identity and expression, within the diversity of the South African context.

3.2 Ethical Considerations

Using a qualitative approach to inquiry required special attention to ethical considerations. Answering questions and recollecting discussing experiences about their transgender experiences may evoke difficult feelings and emotions in participants. Research has illustrated certain taboos within the transgender group of the LGBTIQ+ umbrella, characterised by a history of abuse, persecution and marginalisation, which warrants particular sensitivity to ethical considerations.

In order to ensure that the minimum of ethical standards were met, this research was submitted for approval to the internal ethics process of the School of Human and Community Development and an ethical clearance certificate was obtained (Appendix A).

Ultimately, in order to protect the participants from harm, this research aimed to contain ethical autonomy, beneficence, non-maleficence and social justice.

3.2.1 Anonymity

Although complete anonymity could not be assured as the interviews were conducted face to face (Walker, 2007), the identity of all persons mentioned was kept anonymous through the use of pseudonyms such as Participant A, B etc. Participants were also informed that their anonymity would be maintained in the final report (and any subsequent publications), by referring to them by their pseudonym. Participants were also informed that all data generated and recorded by the research would be kept in password-protected files and/or locked drawers belonging to the researcher. All data will be kept for a period of 2 years (should

publication of the results occur) or 6 years (should no publication occur). After this time, all data will be destroyed or deleted.

3.2.2 Confidentiality

The researcher provided assurances of confidentiality both verbally and on the consent and information forms, that their identity would be kept confidential and all identifying information would be withheld whenever the results of the study were communicated.

3.2.3 Informed Consent

The research was conducted with integrity and ethical consideration by ensuring that the participants had adequate information regarding the risks and benefits as well as the procedures and expectations of the research. This was done using accessible language so the participants were capable of comprehending the information. All participants were presented with a participant information sheet (see Appendix B), outlining the nature of the research. They were then asked to sign an informed consent form stating that they agreed to be interviewed (see Appendix C) and a separate consent form for the audio recording and transcription of their interview (see Appendix D). Before the interviews began they then had the right to decline participation in the research voluntarily (See Appendix B).

3.2.4 Emotional Distress

In the event that a participant became distressed during an interview, the researcher offered to stop or reschedule the interview to provide emotional support. Debriefing was offered to each participant to provide an opportunity to clarify and questions, concerns or comments that may have arisen following their face-to-face interview. The researcher then referred the participant to accessible and free counselling to the on-campus Psychology Clinic at the Emthonjeni Centre if necessary. The contact number of the centre was found on the participant information sheets for both phases of the research. The participants were also given the option of stopping the interview and rescheduling for another time should the need arise, or stopping altogether.

3.3 Sampling Techniques

The researcher used snowball sampling, a type of purposive sampling. This method makes use of community knowledge by expanding the sample through asking the participant/s to recommend other transgender individuals for interviewing who may be otherwise difficult to identify and locate (Greig & Taylor, 1999). There is no minimum required number of participants when conducting qualitative research of good quality, however the number of participants should be adequate to extract enough data to give a full and comprehensive account of the topic for investigation (Fossey, Harevey, McDermott & Davidon, 2002).

Research subjects were selected to meet the following criteria:

- The participants had to be adults (above 18) in order to be able to give informed consent
- Participants had to identify as transgender, including both those who wish to pursue and not pursue physical transition.
- The participants had to be Southern African citizens or permanent residents.
- The participants must consent to participating on a voluntary basis.

The researcher targeted samples by sending out a letter of invitation (Appendix B) to several sources including LGBTIQ+ NGOs and support groups including Activate Wits, Gender DynamiX, OUT, GALA and the Transgender and Intersex Africa Facebook pages. Activate Wits responded and provided referrals for several participants who after their interview then provided the subsequent referrals. Although seven participants were interviewed, only five participants' data could be used, as one of the participants identified themselves as a British citizen who had recently began living in South Africa and the other interview was inaudible.

The participants were all White South Africans from varied cultural and socio-economic backgrounds. Although all the participants self-identified as transgender, they varied in terms of different sex and gender identities. Three participants identified as MTF (Male to Female), one as FTM (Female to Male) and one participant identified as gender fluid. The participants were in varying transitional stages of gender expression. Two of the participants had undergone sexual reassignment surgery and were on hormone therapy, two were in the process of transitioning and taking hormone therapy and one participant was in the beginning

of their transition and using non-surgical methods. Such diversity is valued in qualitative research as it allows researchers seek to develop understandings that are as rich and encompassing as possible.

3.4 Measures and Data Collection

Data was collected through face-to-face semi-structured interviews (See Appendix E) in single sessions lasting approximately two hours. The researcher who adopted a curious and facilitative approach to minimise any difficulties and enable the respondent to feel at ease and free to give focused qualitative data into their experiences of the participants (Smith & Osborn, 2008). To begin the interview process, the researcher loosely used an interview schedule with data-generating questions as a guideline to prompt flexible and open-ended inquiry (Zorn, 2010). The interview schedule was constructed so as to allow, the participant to share their experiences openly and honestly, thereby reducing the possible impacts of the halo effect that may have caused the participants to be either positively or negatively biased in their responses (Terre Blanche et al., 2006).

The questions focused on the subjective experiences and feelings ranging from early childhood to present with the aim of eliciting experiences of being transgender in South Africa, for example:

- When did you first begin to acknowledge the concept of gender?
- What are some early experiences of being transgender?
- How would you currently describe or make sense of your gender?

The face-to-face nature of the interview allowed for immediate clarification or expansion of the participants' responses (Smith & Osborne, 2008; Speziale & Carpenter, 2007). These interviews were recorded in order to collect verbatim transcription data that are less vulnerable to researcher-related errors with interpretation and biases.

3.5 Data Analysis and Interpretation

There are a number of approaches to qualitative data analysis. This research used thematic analysis (TA) as a framework to identify and analyse patterns from the data collected. TA

was first identified as an approach by Merton (1975) and has since had a number of proposed versions including: Aronson, 1995; Attride-Stirling, 2001; Boyatzis, 1998; Braun & Clarke, 2006; Joffe & Yardley, 2004 and Tuckett, 2005). TA is considered a foundational method as it is among the most systematic and transparent forms of qualitative analysis (Joffe, 2012). The flexibility of the method allows for a diverse range of analytic options within the data. Furthermore, in thematic analysis the relevance of a theme may not be dependent on quantifiable measures, but rather on capturing relevant information in relation to the research question (Braun & Clarke, 2006; Spencer, Ritchie, Lewis & Dillon, 2003).

Despite the number of versions available, there are very few publications on how to conduct TA. This research has used Braun & Clarke's (2006) model as it offered an empirically-driven approach with clear specification of the techniques used for detecting the most salient patterns of content in the data (Braun & Clarke, 2013). The researcher took an active and recursive role in identifying patterns/themes within the data collected to identify a story in relation to the research questions (Taylor & Ussher, 2001). In particular, (1) what are some of the experiences that have been perceived as beneficial to the participant's gender identity and expression? And (2) what experiences have been perceived as negative or detrimental to the participant's gender identity and expression?

The six steps are as follows (Braun & Clarke, 2006):

1. Familiarising and Examining the Data: Once the data was collected the researcher immersed themselves in the data by first transcribing the interviews. Some researchers even argue it should be seen as "a key phase of data analysis within interpretative qualitative methodology'" (Bird, 2005, p. 227), and can be used as an analysis tool, rather than merely a simply a physical act of putting spoken words onto paper (Lapadat and Lindsay, 1999). The researcher then read and re-read the transcripts and listened to audio-recorded (if necessary) to become aware of any initial analytic observations.

2. Coding: This involved generating specific labels and markers within the data with broad relevance to the research questions. Coding does not simply entail data reduction; it is an analytic process that captures both a semantic and conceptual understanding of the data. The researcher then coded data items in the individual transcript and collated them all together.

1. Identifying Themes: After the codes were identified, the researcher then analysed the codes and sorted them into overarching themes defined as “a coherent and meaningful pattern in the data relevant to the research question” (Braun & Clarke, 2013, p. 4).

2. Reviewing Themes: After potential themes were identified, this step involved checking that the themes reflected both the codes and full data set. The themes were then refined by either combining, splitting, or discarding them or developing new themes altogether.

3. Defining and Naming Themes: This step involved generating names for each theme. Continued analysis was used to refine the ‘essence’ of each theme and identify what aspect of the data each theme captured.

4. Writing Up: Finally, as an integral component in the analytic process of thematic analysis the themes were written up. These provided a final statement highlighting the meanings within the participants’ individual experiences as well as the participant’s experiences as a group to identify similarities in experiences of identity development (see Themes and Discussion chapter**)**.

3.6 Self-Reflexivity

The researcher acknowledges that her subjectivity as well as the research process itself may have had an influence on the data gathered and the outcomes of the final report. As Willig (2013) points out, the researcher needs to be aware of themselves, including gender, ethnicity, age, and personal experience of the subject matter, and how these may affect data collection and analysis.

Given the transphobia, intentional and unintentional, that is conveyed in popular and psychological discourse, the researcher acknowledged how being cisgender might have impacted and influenced the study. After sending out the participant information sheet (see Appendix B) the researcher received backlash from potential transgender participants who were concerned with participating in a study that may further victimise and ostracise the community. For example, there were some sensitivities expressed by allies in the transgender community about some of the terminology that was used in earlier drafts of this research. This fear was brought about by this community’s intense scrutiny of language and discourse

that has been historically discriminatory. As a result the researcher made contact with University of Witwatersrand's Transformation and Employment Equity Office in a collaborative effort to ensure that the research remained sensitive and in good practice. The researcher then completed the Safe Zone training to further increase her understanding and awareness of LGBTIAQ+ issues.

Upon meeting and interviewing the participants, the researcher remained aware of the role that cisgender privilege played and took the position of learner and ally, rather than expert whilst listening to the participants' stories. As a cisgender ally, the researcher's goal was to produce research that would respectfully treat and represent the transgender community's experience in a way that would share their stories in as sensitively and accurately as possible while also meeting the study objectives.

Chapter 4: Themes and Discussion

4.1 Introduction

The aim of this research was to explore the unique experiences of South African transgender individuals, and how these impact the ways in which they navigate their gender identification and expression. A set of five interviews was conducted and relevant themes were extracted from the participants' transcripts using Thematic Content Analysis. At the most basic thematic level, the narratives collected described how each individual came to live in their current gender roles. The themes draw upon recollections identified as 'significant moments, whilst exploring their gender identity and expression.

A total of seven themes have loosely been organised in a developmental timeline as it tracks the participant's lifetime of experiences of exploring their gender identity and expression. These include: (1) gender identity and dissonance; (2) gender expression; (3) challenges to gender congruency; (4) protective factors and coping strategies; (5) 'coming out'; (6) toward gender congruent expression and (7) activism. A brief description of each theme, together with selected quotes from the various participants, will be presented below to highlight the development of their gender identity and expression.

NB: Names and identifying information from the selected quotes have been changed in the interests of anonymity and confidentiality.

Theme 1: Gender Identity and Dissonance

An overarching theme of this research was that of gender dissonance, or experiences in which the participants felt incongruity or distress between their gender identity, their physical embodiment and their gender expression (Luecke, 2011). An individual's gender identity refers to their internal and personally-defined sense of gender, whether male or female, both, or neither. Although intimately connected, this differs from one's gender expression, or the external characteristics and behaviours that are socially defined as typically male or female (Currah, Paisley &Minter, 2000). When a discrepancy exists between gender identity and gender expression, it leaves the individual with a sense of internal dissonance.

It is no surprise that transgender individuals experience a kind of stress that cisgender individuals do not, particularly as children, when they may not yet understand the cause of their distress. All of the participants in this study were able to recall knowing from an early age that they were somehow different, resulting in an unidentifiable dissonance that most often was only defined in adulthood, when more information and resources became available to them. One participant described feeling a particular sadness as a child:

I've generally been a very happy child but there was always this thing inside of me that was just not happy because I wanted this – who I am today. This is the life that I wanted. I wanted it then (Interview: Participant D).

The same participant elaborated this further by describing a desire to magically change her gender:

In Standard 6 I watched David Copperfield and David Copperfield on stage turned a man into a woman. And I suddenly fell in love with magic you know because it was this instant transformation… Would there be a magician somewhere that could actually help me do this? Because I knew what I wanted but there is always that back thing in your mind that like maybe I'm psychologically screwed (Interview: Participant D).

When reflecting on their childhood, the following participant shared their difficulty with an early awareness of socially acceptable rules relating to gender, *"For me this whole gender*

*thing has been too hard. The first thing is the discovery that I didn't understand why the rules were there, and it just didn't make sense to me" (*Interview: Participant A).

Both participants expressed this sense of confusion and distress as the dissonance between their biological sex and their sense of gender identity arose. While Participant A described childhood as more perplexing, Participant D conveyed the desperation in wanting to magically transform her body to rid herself of the distress.

Childhood and adolescence is an important time in the development of one's identity. For most, this time period creates confusion, as one's body goes through rapid physical and emotional changes, with puberty making children psychologically vulnerable. This confusion becomes more amplified in transgender children, who become acutely aware of a physical body that is in some way incongruent with the way they experience gender internally (Yadegarfard, Meinhold-Bergmann, & Ho, 2014).

As the participants spoke about transitioning into adulthood, many spoke about a continued sense of gender dissonance. Navigating towards congruent gender expression can elicit a range of emotional impacts. These participants shared the intensity of this incongruence as adults from a sense of desperately needing to escape from the confines of current society's gender rules. All of the participants were acutely aware of the fissure between their gender identity and natal bodies reflected in the mirror, often resulting in significant '*dysphoria'*:

The following participants exemplified this distress:

I know who I am inside of me but the physical part outside is not in-line with my inside. I still feel disconnected. I still hate the feminine side of my body. So it's kinda like having an outer body experience. You kinda know it's there, you accept it's there but you see it as an extension of you that you really want to rectify (Interview: Participant F).

And I could never look in the mirror and accept it. So for me, I always knew something was different but I navigated what I thought was a way for it not to be wrong and to be something I could live with. It was much later that I couldn't live with it (Interview: Participant A).

I would look at my genitalia and that was the part that just disgusted me, that was the part that needed to go, that was the part that put suicide thoughts in my head, that was the part that made my life very, very, very difficult for many reasons – for myself, for relationships (Interview: Participant D).

I've always wanted breasts. It's been the main thing in my whole life. I always just wanted breasts. I wouldn't look at porn because I was like ho rny and stuff. I would look at porn thinking I wish I was this girl – I wish I was this pretty (Interview: Participant E).

For some participants this disparity between the physical body and gender identity caused significant distress and physical illness, as they became adults, as elaborated by this transwoman:

Unfortunately I didn't get the rules of gender. I didn't get it then and I don't get it now….The second issue came along very late thirties, forty when something much deeper just started to say, 'You can't handle this. You can't handle this person you see. It's just not right, it never has been'… I do accept the label of um G.I.D because yes, I was starting to get physically sick, I was becoming depressed… The fact that it's all internalised, it's burning me out (Interview: Participant A).

Another participant further described the intense distress from being "caged" inside a body and the need to break free, despite the risks involved:

You know … it's terrible to think about it but I've been caged entity for so, so long and now that I'm coming out people are like really freaking out. And I feel sorry for them and I've got empathy for them but if I don't do this now I'm going to go mad. I'm going to go insane. I have to protect myself now. I've got no choice (Interview: Participant E).

It's terrible, ja. I just can't handle it anymore. It's just getting worse every day, every day it's just getting worse. So the little bit that I have that I'm hanging onto now like my bra and panty you know that helps but like it's not enough. I need to get up and do my makeup and put my wig on and be pretty. That's what I need and I don't get that (Interview: Participant E).

And if I lose my marriage and if I lose my kids and I lose my family then so be it. But I have to do this. If I don't do this now I'm never gonna get this chance again. I'm gonna have a wasted life and that's like my worst fear now. My worst fear has always been this moment that I had to deal with this and now I've dealt with it and now my worst fear is that I don't live up to the expectation of what I have to do (Interview: Participant E).

Although this participant's gender identity allows them to present a more fluid expression that vacillates between the binaries, they expressed the distress of constantly feeling as an outsider:

And then on the non-binary side of it, the non-binary or privileged group - they do connect but there seems to me to be … the emotional sense of depression that I get is present in both but I just feel like the awareness of being an outsider is really heavy and its a really tough stance to take (Interview: Participant C).

As a result of withstanding the dissonance over the years, these participants reached a point of do-or-die with their desperate need to express themselves congruently.

Although most transgender people report developing feelings of difference and a conscious realization of transgender identity from early childhood, some individuals repress their feelings until adulthood, when they begin to experiment with cross-dressing or researching medical procedures to transition (Brown & Rounsley, 1996). There are a number of both internal and external factors that may contribute to this delay including: internal shame and guilt about being transgender, fear of rejection by family members, fear of loss of employment or social standing, religious beliefs or a concern that they may not "pass" convincingly as a member of the non-natal sex (Denny, Green & Cole, 2007).

Therefore, in line with literature all participants in the present study reported overwhelming and growing sense of dissonance between their biological sex, their internal sense of gender identity and even more so, a discrepancy with how they were expected to express their gender.

Theme 2: Gender Expressions

As briefly mentioned earlier, gender expression can be defined as the way we show our gender to the world around us. Society has traditionally socially constructed gender as a binary concept, with two acceptable options: male or female, each of which based on a person's physical anatomy. For the majority of people, this is accepted and cause for little, or no feelings of dissonance. However, biological sex and gender are different concepts; gender is not inherently connected to one's physical anatomy, as seen with the rich variation of gender experience that exists. Even though most transgender individuals express themselves as either male or female, a binary concept still fails to capture the rich variation and fluidity of gender that exists for many.

2.1 Gender as Binary

Most of the participants described exhibiting characteristics consistent with societal norms of dichotomous gender expression. These participants felt from an early age that they were more inclined towards toys and behaviours associated with the opposite gender to their birth sex.

As a child the following transfemale participant recalled behaviours and interests socially normed as feminine or female:

I had displayed feminine, girly behaviours like when I was about 3 or 4, maybe a bit older, maybe like 5 before I was in Primary school. My mom was painting nails and I really wanted to paint my nails and I remember being angry at her for only letting me paint my pinkie (Interview: Participant C).

According to Participant D, *"I just did things naturally and some of those natural things was to be drawn to the colour pink um to be drawn to things that my female peers around me have"* (Interview: Participant D). Similarly, Participant E stated, *"I always related as a girl. I could never … even though I'm trying to think back where, wherever I had a thought…never was there a point in my life where I can say I related as a boy"* (Interview: Participant E).

Although this transman similarly recalled identifying within a binary gender, as a child he opposed things associated with his birth sex and played with socially normed male toys:

Okay well going back to early childhood I remember being very young and playing with things that I shouldn't because biologically I was meant to be a little girl and I was meant to play with the dolls and things like that. And I would play with my brother's Lego and his cars and my dad's toolbox. There's a lot of things growing up that I remember doing that wasn't the norm for a little girl. I never identified as a girl but as a boy (Interview: Participant F).

A great deal of literature suggests that the pervasive concept of a binary gender system governs one's lived experiences. As DeCrescenzo and Mallon (2000) stated, "[s]trict boundaries have historically regulated gender in Western society, therefore, when one is defined by traditional theories and environmental expectations, no acceptable ways are currently available to achieve full status as a person who identifies as transgender" (p. viii). However, not all transgender individuals share precisely the same sentiments of gender and gender fluidity, and positing the dichotomous construct of gender as oppressive does not assume that all transgender people reject that binary, nor does it mean that these individuals are promoting such a binary (Nagoshi & Burzuzy, 2010). For these participants, there was an identified dissonance and dysphoria between being in a body riddled with society's expectations while facing opposing internal experiences and expressions.

This being said, a binary sex and gender system, with strict male/female dualities, ignores the diversity of the lived gender identity experiences that actually exist in the world (Bockting, 2008). Many transgender individuals often choose to reject the definitions of gender completely, blend aspects of both, or to fluctuate between masculinity and femininity on a day-to-day basis.

2.2 Gender as Queer

While the majority of people do not experience ambivalence about their gender and fit comfortably within the binary, others have a more ambiguous gender identity. Genderqueer is a label used to describe a constellation of gender identities that fit outside the binary construct relating to sex and gender (Budge, Rossman & Howard, 2014). Gender can also be deemed fluid, as a more expansive range of gender expression, not confined by dichotomous boundaries and stereotypical expectations of being male or female (Bauman 2000, 2003).

Participant A recalled some aspects of exploring their gender outside of the binary:

I never got the rugby, boy thing, girl thing, just didn't get the rules. Didn't get the point of the rules, didn't get the point of behavioural norms and expectations and in my life expression, I was I suppose, not in terms I knew - terms I've come to know recently, but I suppose I was gender queer and always was and that is by my expression - in terms of pursuits, hobbies, who I identified with, the ideas/beliefs I held (Interview: Participant A).

Participant C expressed a sense of comfort with their genderqueer expression:

It's all a part of all of us in different ways masculinity and femininity is a part of all of us… I think I do actually look quite masculine at the moment and I really like that and I used to look really feminine. I still get called 'she' which I find affirming and interesting. I'm comfortable with that now because for me it's actually me being able to see both... (Interview: Participant C).

Although Participants E and D identified as transwomen, they both relayed the concept of the existence of a diverse gender spectrum. For instance, "*I think we are all really a lot more gender fluid than we all intend to be you know? I much prefer looking at people as people, not gender based because of the situation that I'm i*n" (Interview: Participant E). Likewise, Participant D stated:

I think most people who fall underneath the transgender umbrella, because it's such a large spectrum, people think that this is transgenderism [sic] and that is it, it's like one box. But it's not, its diverse it's far beyond what people that do not understand it can perceive (Interview: Participant D).

Marginalised groups are often divided into binary and hierarchical categories such as male/female, heterosexuals/homosexuals, and white/people of colour, with the former group typically holding the power and the latter being powerless (McPhail, 2004). Individuals who identify as transgender illustrate the limitations within a strictly binary system that fails to understand the complexities and category-resistant, or perhaps more fluid aspects of gender and sexuality (Gonzalez, 2000). Recent research such as Lenning (2013) has illustrated that

the "transgender experience is neither static nor completely systematic. That is, the transgender experience is rather fluid as well as unique to each individual" (p. 46).

As highlighted in Butler and Sedgwick's Queer Theory (1990), gender is a diverse entity that should not be limited to socially constructed binarisms. Those who live outside of this binary are often pathologised in an oppressive society that places the locus of the problem within the individual who does not conform to hegemonic and heteronormative expectations, rather than with the societal expectations themselves (Markman, 2011).

Theme 3: Challenges to Gender Congruency

The participants in this study not only experienced an inner sense of gender dissonance, but also experienced further obstacles including stigmatization, discrimination, trauma, isolation, mental illness and limited resources as a result of living in a culture into which they often do not easily fit in.

3.1 Relationships

An individual's family provides the first intersection for interpersonal interactions with others. These interactions vary as a result of the unique dynamics specific to each family.

The participants within this study shared experiences throughout their lifetime, when they faced both adversity and rejection from within their family, as well as those they felt were caring and supportive. The following statements relate to those interactions in childhood that the participants experienced as having a negative impact on their ability to express their gender identity freely.

This participant described a sense of being unaccepted within their family, *"I was brought up to have the morality of acceptance, just as long as it's not your family who is gay or trans"* (Interview: Participant A).

When recollecting family memories, the participants shared attempts by their parents to sway them away from gender-specific clothes, toys or activities that they didn't approve of.

Participant D recalled a time when her father prevented from expressing herself as a child:

My dad came home and I was wearing this jersey, not very happy about it, also my dad stopped me from doing ballet because I didn't just want to do ballet, I wanted to do ballet in a tutu and I wanted to be the little princess (Interview: Participant D).

Conversely, Participant F's father disciplined his attempts to evade the more "girly" attributes and desire to play with tools:

I was about 12 and my dad [sic] bought me this pastel pink tracksuit and he attempted to do the whole be a girl thing and I hated it. And I took it and washed my bicycle with it. I made sure I got oil in it and cleaned the gears. I worked very thoroughly to clean my bike with this pink tracksuit and he hated me for it. And he said I'm never going to buy you clothes again which was great for me because I hated what he bought me.… I got a hiding for it because little girls are not meant to play with tools. So that wasn't very well received (Interview: Participant F).

The family is typically the primary source for the development of one's gender expression customs. As small children, people learn from their parents and siblings what they consider as acceptable behaviour, dress, and play. Although conformity to a gender expression does not, however, imply any effect on the inherent gender identity of the individual, it does play a significant role on the family's acceptance of a transgender child.

Transgender youth are faced with feelings of shame and unworthiness in conjunction with more typical difficult childhood experiences as a result of frequent experiences of rejection and distress by their parents and families, schoolmates, teachers, and communities (Grossman & D'Augelli, 2006). Furthermore, studies show that rejecting parenting practices are directly (Ryan, Huebner, Diaz, & Sanchez, 2009). For many transgender adults these experiences continue, and lead to significant distress and negative effects on their self-esteem and quality of life, as discussed below.

Prior to her coming out, Participant A's mother had made an effort to prevent her daughter's wedding by "outing" her gender status, "*On the night of our wedding my mother said to my wife, "Do not marry "the girl"* (Interview: Participant A). Years later after she had come out, Participant A still felt that her parents were unsupportive, despite their attempts to make

sense of things, *"My parents live with me but I'm sure they would have disowned me if they didn't. I think they're getting their head around it now but they have not been supportive"* (Interview: Participant A).

The following two statements reflect the difficulties with their partners' acceptance and willingness to remain a couple.

Financially she's (Wife) still reliant on me. I can see she feels trapped as well. If she had a choice she would have been gone by now. If there wasn't any kids. She actually told me that if she knew about this back then she wouldn't have married me (Interview: Participant E).

Participant F stated, "*He always thought he could fix me and when he realised he couldn't, we started drifting apart*" (Interview: Participant F). Despite the difficulties in their marriage, Participant E stated, *"and my kids... My son is very supportive*" (Interview: Participant E).

3.2 Mental Health

For many participants, social and cultural pressures to conform to adhere to gender norms were experienced as problematic and, for some, brought detrimental psychological and physical consequences, in addition to the pervasive sense of distress that they described.

For example, in this quote, Participant D talks about battling depressive feelings and feeling dead inside:

I have cyclothymia and part of that is ADHD so I tend to get very distracted or not be able to stay focused for very long. For 6 to 7 days I'm just dead. I cry about everything, everything seems more of a problem than it is. Yes I take medicine to help balance me but the only thing that is actually going to get me out of that depression is me (Interview: Participant D).

Participant E also discussed feeling dead inside and a need to feel alive through self-harm and multiple suicide attempts:

And I'm not proud of it but I have attempted suicide a couple of times. I've cut myself. I've done things to myself just to feel better or just to feel alive and that's a common thing with transgender people (Interview: Participant E).

This participant revealed feeling traumatised as a result of their pervasive gender identity struggles:

I felt like for me, it's taken me a long time to unravel my traumas with experiencing my gender and actually understanding what my gender was because I found it difficult to read, I found it difficult to do everything. Varsity for me has been a struggle, a huge struggle (Interview: Participant C).

In addition to the difficulties of living as a trans person, Participant A endured their daughter's suicide. As a result, they described the subsequent depression and alcohol abuse:

I've lived through my daughter's suicide – I drank like a fish for a year after that, I was very close to being an alcoholic. I've been through shit. So my depression was not chemical. I didn't suffer depression as an inherent genetic disease (Interview: Participant A).

Whist navigating their own feelings and experiences, a common thread through the various narratives of the participants was their implicit and explicit references to targeted victimisation such as sexual assault and bullying that resulted in an intensified need for gender exploration and expression.

For one participant, their trauma was believed to be a factor in their gender exploration:

I feel like gender or exploring your gender is a process of freedom or giving yourself freedom. The reason I relate the trauma to it is because it doesn't happen in isolation. Exploring your gender doesn't happen in isolation to the rest of your life (Interview: Participant C).

Another participant described how traumatic childhood experience had in some way been caused prompted by her particular gender expression:

I was molested at 8 agh I mean at 10 by my dad's friend. This was an alcoholic, drunk, idiot friend. I was asleep in bed and he was fondling me…he probably did it because he thought I was pretty because as far as I knew he had a wife with 3 kids. And I think being

a pretty child sort of made him do that. And well for the fact that he's also just a perverted freak (Interview: Participant D).

Whilst at school, Participant F not only felt isolated as a result of his difference, but was also bullied:

So I landed up being the new little kid in most of the schools and it wasn't really tolerated much by the popular click of girls. I used to get bullied by them. I was a freak because I wouldn't fit in and because I wouldn't be feminine and was I … basically a lesbian because I wouldn't want to fit in with the pretty little girly laws and … Basically just that I was a weirdo who wouldn't fit in. (Interview: Participant F).

3.3 Isolation and Loneliness

In addition to, or as a result of their internal and external struggles, a common challenge that the participants shared was the feeling of social isolation and loneliness. Most often the participants experienced this loneliness prior to coming out, when they were unable to honestly and openly connect with others.

Participant C shared their experience of feeling of being different to others prior to connecting with other members of the trans community, "*I think a common experience that I really identify with and I've heard many of my friends say is that you feel like you are the only Trans person in the country"* (Interview: Participant C).

Participant E described having to go through a lot of their transition alone for fear that they were committing a sin:

There was no-one I could speak to you know so, it would have made it so much easier if I could speak to someone but I had to figure out everything myself. And I always thought it was like a terrible sin, a terrible sin you know. And I thought I was the only one (Interview: Participant E).

Eventually the isolation of being an outsider at school became intolerable and Participant F felt a need to connect with others in the trans community, *"Lately it was more a case of I*

needed to reach out to people that were like me. To not feel so isolated because sometimes you do feel you're the only little weirdo in your entire 10k radius" (Interview: F)

By being "mirrored in others' eyes as we see ourselves" (Devor, 2004, p. 46), people feel validated, reinforcing one's sense of self. When this mirroring process does not match how an individual feels inside, this leads to psychological distress and maladaptive behaviours (Devor, 2004).

There are many origins to loneliness within the trans community. As discussed, many people face rejection by friends and family after transitioning or coming out. Within the larger society there is further discrimination and harassment that forces trans people into isolation, resulting in extreme loneliness. For some, the body dysphoria experienced results in avoiding intimacy with others, often until they have undergone expensive and time-consuming physical transformations. Other trans people never get over their loneliness, even after transitioning. Having spent their time and energy into reaching their transition goal, often in isolation, they had no reserves left for learning how to socialize in their true gender. As a result, some never learn the social skills and decide that being lonely is much easier than learning those skills (Helms, 2009).

Furthermore, trans people also have difficulty finding acceptance or identifying with both cisgender and gay and lesbian groups, leading to intense feelings of loneliness and isolation. This debilitating feeling of loneliness often results is depression, isolation and in some cases, death (Morrison, 2010).

3.4 Limited Access to Information

Limited resources and knowledge of gender diversity exacerbated the feelings of dissonance and loneliness felt by most of the participants of this study. Given the unique array of needs for transgender people, it becomes imperative that appropriate information and resources are available to ensure access to appropriate care.

This participant relayed not having knowledge of the transgender terminology available until later in adulthood, *"So it was a difficult time because I didn't know the words to what I was*

back then. I've only found out the word 'transgender' in the last few years" (Interview: Participant F).

Participant D's experience reflects the dearth of trans language that existed until the past ten years. Unfortunately this recent awareness has created a spectacle rather than revealing the reality of living as a transgender:

There wasn't anything to explain it or understand it. It's only now in recent years, in the last like 10 years that it's actually started developing people know it, but unfortunately the way that it's been presented to the world has been a circus show it really has been (Interview: Participant D).

For those who did have access to information, the awareness about gender diversity and the realisation of others who could relate with similar experiences became a watershed moment.

For example Participant A shared the following:

So I did a lot of research to get a sense of … because as I said, I had always broken some of the gender roles and that was never a secret… And I spent about a year just reading people's stories and going like, Oh shit that sounds like just too familiar. And then I went to see somebody and we explored the issues and certain things just come out (Interview: Participant A).

Prior to learning about conventional medical transition practices, Participant E recalled her excitement at the prospect of alternate methods to accessing treatment when reading an online story:

Then somewhere on the Internet I read a story about a woman putting female hormones into her man's drink or something to spike him or something. I was like, this can't be real? Is it possible that I can drink hormones without having to go to the doctor? So I started doing research into that (Interview: Participant E).

Acknowledging her former nescience and desperation, she then expressed a desire to educate her younger self, *"If someone had sat me down and explained to me what I know today I*

would have said that's it sign me up, please, whatever I need to do" (Interview: Participant E).

Participant D recalled the first time she put a name to the difficulties she had been experiencing with her gender identity after reading a magazine article, *"So ja, after that I read an article, the first article I came across in the You magazine about this woman who had sexual reassignment… and I finally discovered transgenderism [sic]"* (Interview: Participant D).

As difficult it is for transgender individuals to understand for themselves what they may be experiencing with the limited resources available, it was often more difficult for others around them to grasp or identify gender diversity. As a result of the confusion and lack of knowledge about gender diversity available, her family and community misidentified this participant as a tomboy:

A lot of people in the family and in the community that kept saying to me you must stop being a tomboy, you must start wearing dresses, you must start acting like a girl and the label sort of stuck as being a tomboy but I knew I wasn't a tomboy. I knew I was more than that but at that age I didn't know what <u>that</u> was. But the whole tomboy label didn't fit perfectly anyway and I knew it didn't fit but it was easier to just use that label than to try and figure out what I actually was (Interview: Participant F).

Two other participants' families mistakenly identified them as homosexual, a common error within the cisgender population. As Participant A recalled, *"They were convinced I was gay because there was no other word for being different in respect of gender or sex or orientation or whatever because it was all one thing"* (Interview: Participant A). Likewise Participant C stated, *"I know my parents thought I was gay beforehand… because that's the most accessible understanding"* (Interview: Participant C).

This participant shared her experience of living in her hometown, where being transgender was an unknown and feared concept:

So I grew up in "Buffelstroom" as a transgender female is extremely challenging because there is just does not happen. I mean if you brought up the word transgenderism it would

probably be like speaking another language to them and they would go well what's that, I don't care but if you actually had to show them what it was it would be like oh my gosh, you are going to burn in hell and bring the Holy water (Interview: Participant D).

My teens, I dressed very unisex because I hated boy's clothes because it highlighted what the world thought I was. I knew who I was. And if I was born cisgender and I wore boys clothes, it probably wouldn't have been an issue for me because people would have still identified me as cisgender, identified me as female but I grew up in a time where transgenderism was still a very underground topic (Interview: Participant D).

3.5 Marginalisation by Legislated Support Structures

As highlighted in the literature, at the societal level transgender individuals living in South Africa are significantly marginalized, despite the progressive legislation available that is intended to help such vulnerable populations.

The following participant acknowledged the disparity between their rights and the enforcement of these rights:

And we've got all these amazing papers and laws in our country but as far as enforcement goes, it means nothing. We've got one of the best constitutions as far as lesbian, gay, trans rights go but there's no enforcement at grass roots level. (Interview: Participant F).

Participant A experienced such disparity at the Department of Home Affairs after she made the decision to change the gender assigned to her by the government. Whilst there, she was met by an inexperienced and unethical employee:

It's everything you've been warned about and it's everything badly wrong, except for one thing, it wasn't malicious. And I think the person who dealt with me was actually trying to be quite considerate and you know, when you've been there an hour and a half, by the time you get to the right desk and you say I need to do this and they say, oh it's so difficult, I've only ever done one... Then he even attempted to try and make me feel a bit more relaxed by telling me somebody else's life stories – not appropriate especially since I recognised the

person…. You get that everywhere. I was equipped to deal with it. I wasn't shocked by it. It still wasn't nice. (Interview: Participant A).

The majority of experiences reflected the challenges that individuals face in a society that is patriarchal, heteronormative and which often discriminates on the basis of sexuality and gender. These adversities are the same as those faced by cisgender people, however, being transgender often poses another set of challenges layered upon those existing as a result from rejection by family, peers, and society, as well as any internal conflict and dissonance they may experience (Bockting, Knudson & Goldberg, 2006). A 2014 study by Yadegarfard, Meinhold-Bergmann, and Ho, reported that compared to cisgender respondents, transgender respondents reported significantly higher family rejection, lower social support, higher loneliness, higher depression, lower protective factors and higher negative risk factors, including suicidal behaviour and sexual risk behaviours.

Many scholars have recognised that the link between the psychosocial stress and mental health disparities with transgender individuals are consistent with Meyer's (2003) minority stress model, which posits that individuals who belong to socially devalued minority groups are at risk of chronic exposure to prejudice, victimization, and social stigma. In turn, these may lead to negative self-evaluation, protection and withholding of one's stigmatized status, and expectations of future rejection (Hendricks & Testa, 2012; Meyer, 2003). Over time, minority stress can compromise one's resilience and lead to poor health consequences, namely, mental health distress (Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014). Mayock, Bryan, Carr & Kitching (2010) further suggest that the management of minority stress within the LGBTIQ+ community, however necessary, becomes 'routine' or 'normalised' for individuals because of the pervasive nature of heterosexist messages in society.

Theme 4: Protective Factors

As described above, transgender people are subject to a range of minority stressors and other mental health disparities as a direct result of their non-conforming identity. Amongst the multiplicity of these challenges faced, another theme to emerge was the various protective factors experienced, such as family acceptance, encouragement and the 'privilege' associated with being perceived as a white male.

4.1 Relationships

In conjunction with the experiences of rejection and ignorance within their families, the participants shared memories of when family members played a positive role in accepting their gender identity.

For example, Participant D recalled how her mother recognised her gender identity as a child, and how she supported her with her expression:

So I think my mom started identifying that I was slightly different. At about 8/9 and I told my mom that I really enjoyed the colour pink and I did like most girls do. So my mom knitted me a pink jersey. It was the first thing she ever knitted (Interview: Participant D).

Participant A recalled perhaps less proactive support by their parents, but nevertheless their encouragement and tolerance was evident, *"I was allowed to get away with it because around that time I had a sibling"… My parents tried to encourage all their children's pursuits, no matter what their choice"* (Interview: Participant A).

Participant C felt that although their parents may not have been prepared or informed about being transgender, that they made attempts to be accepting:

There were other things as well, in the context of trying to explore my gender, I just felt like the people around me were ill equipped and because they were trying to accept me and get on with their own lives (Interview: Participant C).

As previously mentioned, this participant struggled with acceptance from his father as a child. His mother also tried to discourage his masculinity but eventually began accepting of who he was:

My mom in her own way tried to … attempt, encouraging me to be feminine but at the same time not force it. I think at certain stages she may have thought perhaps it's a phase and I will outgrow it but over time she realised it wasn't a phase and that was just part of who I was (Interview: Participant F).

Ryan, Russell, Huebner, Diaz & Sanchez (2010) suggest that family acceptance is a protective factor for lesbian, gay, bisexual, transgender (LGBT) children and adolescents. They further state that family acceptance promotes self-esteem, social support, and general health, and also protects against depression, substance abuse, and suicidality. Olson, Durwood, DeMeules, & McLaughlin (2015) similarly reported that transgender children who are being raised and supported to socially transition in their gender identity have developmentally normative levels of depression and only minimal levels of anxiety. This suggests that the possibility that being transgender is not the direct result of, nor does it necessitate psychopathology in childhood.

4.2 Male Privilege

Most cisgender people whose biological sex, gender expression, and gender identity neatly align experience congruence as they face the world around them. More specifically, men benefit from many social, economic, and political advantages or rights that are made available to men solely on the basis of their sex and gender congruency, known as male privilege.

Participant A acknowledged the benefit and privilege of appearing as a white male:

I accept the privilege of having come from where I live at least on the surface - because on the surface I look like a white man, who is fairly competent, presumably fairly smart, maybe full of shit…So that has been a privilege and that privilege has been somewhat of a defence (Interview: Participant A).

Participant C was able to recognise the disparity between genders when physically transitioning:

Especially in the beginning you do see the misogyny especially male to female. You see the misogyny and you see the things that you don't experience especially as a white middle class male like none of that stuff is apparent to you until you start moving into other (Interview: Participant C).

These findings highlight the glaring discrepancies between the organic descriptions of challenges in the previous section, and the protective factors mentioned here. When the challenges outweigh the protective factors, this leaves the participants vulnerable to the adversity and trauma as mentioned throughout the literature.

Theme 5: Coping Mechanisms

There are many ways of dealing with the challenges that come with living as a transgender individual; some are healthier than others. The following participants shared the ways in which they tried to cope and survive the internal and external stressors associated with gender variance.Two separate subthemes emerged within this theme: (1) attitude, or cognitive/emotional-focused responses and (2) problem solving/behavioural mechanisms.

5.1 Cognitive/Emotional

This subtheme highlights the importance of implementing affirmative emotions and cognitions as facilitative coping mechanisms to be positive and strong in order to deal with the challenges they faced.

For example, Participant A shared how they made a more concerted effort to get through their difficulties by trying to remain strong and positive:

It's not even a male or female thing to be strong. It's a human thing to decide what am I going to do with my life? Am I going to be like the rest of the zombies in life and fail at absolutely everything because I'm too afraid to try? I'm never going to allow my past or my situation or who I am psychologically and how I battle sometimes mentally whatever to get the better of me. You've got to get out there and make it happen. And unfortunately it doesn't happen for a lot of transgender people (Interview: Participant D).

Although some religions were depicted as being not accepting of transgender individuals, Participant F spoke about staying positive by using their faith and humour to cope:

So in spite of it I stay positive, I stay focused; I use my faith and humour to get through the day. And I have my little miserable moments we all have it and I allow myself to

have it and then, right you've had enough of the pity party now get up and go do something. Be useful (Interview: Participant F).

Participant C spoke of a determination to remain be firm and grounded with their sense of self as a strategy to live more a more comfortable life:

I just feel like in terms of identity development in the beginning it is really important to assert yourself – I am X. But the more comfortable and the more spaces I can move between, it doesn't matter what I look like on the outside because I know who I am and I can take from every interaction what I need, I don't take it as personally (Interview: Participant C).

5.2 Behavioural

In addition to cognitive/emotional coping mechanisms, the participants described certain behaviours and activities that provided relief to their pervasive distress. Some of these coping mechanisms served as distractions or compensation for their distress, while others found reprieve from support groups.

One of the behaviours that the participants described as being particularly facilitative in helping them cope with their transition was immersing themselves in hobbies and travelling, in hopes of feeling "normal" and/or distracted.

For example, Participant A discussed travelling, as a more literal form of escape from their daily struggles, *"So ja, I've been around, I've distracted myself. I've travelled a bit and been around the block. But the only person you can't hide from is yourself at the end of the day"* (Interview: Participant A).

The same participant also engaged in many other hobbies that provided some relief and enjoyment:

So I can do like things, beyond cooking and gardening and writing about antiques and doing a lot of history travels and partially into motor racing and I bake and I ice things and confectionary and I paint and I sculpt and I paint little soldiers and I learnt to tattoo and

I read and I write and I read poetry and I play the bass and the keyboard and I've got cars (Interview: Participant A).

The social and cultural pressure to live within the gender binary means that many participants felt it was necessary to conform to their ascribed gender role. The following two participants shared such attempts to defend against their gender identities to avoid the challenges associated with expressing a more congruent self.

For example, Participant E took up martial arts not only as a form of protection, but as a way to avoid their gender identity, and somehow to become more male:

You know I'm a black belt in Jujitsu. I've been doing martial arts for all my life. I actually went and I fought with the MMA guys. You know I was big and I was strong and I was aggressive because as a transgender person you are under threat constantly. When I started I was just gifted at it…When I became older I thought if I could get my black belt maybe I'll be normal (Interview: Participant E).

They further elaborated by discussing how they tried to manage their discomfort by physically altering their body with different hormones, illustrating the internalised ideal binary gender that assumes that "hard" is equivalent to a male trait and "soft" as a female trait:

I started drinking the hormones and I said to myself, I'm just going to drink for a couple of months and see what happens and I started to see some changes. And my second grading came up in April and I was like, I have to stop because I can't be soft in my grading, I have to be hard and stuff. I then took other hormones, other herbs that would make me more um – More masculine, ja. So I did it and they failed me in the grading because I was too aggressive. I nearly stabbed someone's eye out. I nearly broke someone's neck (Interview: Participant E).

After coming out to their family, this transwoman similarly began using hormones and took up martial arts to somehow cover up and conceal their gender identity:

I came out to my mom and my sister first…So I made the biggest mistake of my life. I was like; I can't hurt the people around me anymore. I'm going to make everybody else happy and not myself happy. I took everything about me that was completely feminine already in its feminine form and I started going to gym and taking testosterone. And I became a Muay Thai competitive fighter. And the reason I did that was because of this girl here … can I just show her quickly (Interview: Participant D).

Literature on coping related to transgender individuals is limited primarily to youth studies and has focused on two general categories of coping styles: (a) emotion-focused coping and (b) problem-focused coping (Lazarus & Folkman, 1984). Budge, Adelson & Howard (2013) further developed upon these styles to include facilitative and avoidant coping techniques. Facilitative coping techniques include seeking social support, learning new skills, implementing behaviour to positively adapt, and finding alternative sources of happiness. This study shows similar results where the participants adopted a variety of facilitative coping techniques such as travelling, developing hobbies, humour, religion, positive determination and attitude and assertive behaviour. Avoidant coping methods include preventing or controlling emotional responses to stressors, for example, using avoiding behaviours or cognitions, minimizing or detaching from the problem (Budge, Adelson & Howard, 2013). As discussed, several transwomen participants in this study supported these findings and defended against their female gender identity by distracting themselves with martial arts such as Jujitsu and Muay Thai, MMA fighting and excessive exercise to counteract impulses, which were believed to contradict social norms regarding acceptable behaviour. The same participants also began taking testosterone to present a masculine identity, and therefore to conceal any trace of femininity that they may feel.

The following participants discussed the importance and benefits of being involved with various transgender support groups as a means to cope with the pervasive sense of loneliness and a desire to meet those who may understand and relate to their sense of difference.

This participant relayed the sentiment of privilege in having such support:

I just feel like, something that is really important to me, that's why I mentioned I'm privileged because I feel like the reason I have got to this point is because I've got the

support... I think the people at "Trans-support" there's some really special people who I've been privileged to be friends with (Interview: Participant C).

The same participant acknowledged the societal pressure to conform, and wouldn't have been able to live their true gender as quickly as she did without having support structures in place:

I feel like there is such pressure to confirm in our society that I do feel like it might have taken me a lot longer to actually express myself especially not being around other trans people if I hadn't just thrown myself in the deep end (Interview: Participant C).

Participant E recalled the first meeting they attended and the feeling of seeing other members like them:

Then I found the support group that "John" sent me to. I went to the first meeting and it was … it was, it was awesome just to see dress up and see other people like me... they were saying you know what, do it go ahead. We will be there for you if you fall, we support you and stuff (Interview: Participant E).

Participant F expressed the comfort in just knowing that there is an accessible community of transgender people available:

It's nice to find out that there's a whole bunch of other transgender people out there and there's a community and it's good to know that you're not alone. Even if they can't help you on your actual transitioning journey they can advise and they can tell you where to go so that in itself is a form of support so it's still very helpful (Interview: Participant F).

While connecting with others in the transgender community was primarily considered beneficial to the participants, some participants experienced this type of support as a double-edged sword, and concurrently felt stigmatised and discriminated upon.

Participant C spoke of how those close to them relay a sense of judgement towards transgender people who fall within the gender binary and only accept those outside, *"I've noticed with my friends even amongst trans people who will have an almost politically non-binary acceptance…"* (Interview: Participant C).

Participant E felt intragroup discrimination after disclosing that they took part in drag shows:

And even the group frowns upon me being a drag queen because they are like, oh ja but those are not real girls and they do not take hormones and wah, wah, wah. And I'm like it doesn't matter who takes hormones and who doesn't or what – Like why are you trying to marginalise yourself even more? (Interview: Participant E).

Within his support group, Participant F felt shamed when not using the correct trans terminology:

They've been very supportive although sometimes when I say something and I say something wrong I can almost hear the huhhh from the group sort of thing even if they don't do it you can almost see it on their faces and it's like, okay here it comes – the thesaurus will be thrown at me, there you go. So I'm still learning the terminology (Interview: Participant F).

As a result of their minority status, most members within the LGBTIQ+ community face some form of stigma and discrimination. As a result, it would seem fair that within these communities there would be general sentiments of acceptance, inclusion, and compassion toward others members (Morrison, 2010). However, this is not the case. In addition to the societal discrimination faced, the transgender community also experience intragroup stigmatisation and exclusion (Singh et al., 2011). While typically the lesbian, gay, and bisexual communities are referred to as 'the invisible minority', transgender individuals often experience the difficulty of highly visible and under s crudity of others being present opposite may not always share this façade of invisibility in society (Clements-Noelle, Marx, & Katz, 2006). Because transgender populations challenge conventional gender and sexuality expectations, they become marginalized and vulnerable members of society population that experience more psychosocial and health problems than other social groups (Lombardi, 2001).

Theme 6: 'Coming Out'

As discussed, each participant in this research has had very different experiences within their individual contexts. As a result, the process of *disclosure* or *declaration* then took place at

different life-stages for every individual, and was done once they had identified the best time and place to do so. Zimman (2009) distinguished coming out into these two categories for greater clarity. *Declaration* refers to the initial claiming of a transgender identity prior to transition, and *disclosure* refers to sharing one's transgender history after transition.

'Coming out' as transgender differs from coming out as gay or lesbian in that there are two distinct ways to do so: before and after a change in gender role. Only one of the participants disclosed as transgender in their teens, another in their early 20s, and for the remaining three, the declaration or disclosure took place later in their adult life. Each person shared their experiences of how, when and who they came out to, as well as the reactions received when doing so.

6.1 Declaration to Family Members

Although most of the participants shared experiences of declaring and disclosing to their family members, the decision to do so was made at different time periods ranging from adolescence to adulthood and confronted with varying reactions.

Participant C shared the complexities involved in the declaration of being transgender as a teenager, whilst their body was also physically transforming with puberty:

I think even my mom's friends and the rest of our family all distanced themselves and I don't think it was lack of acceptance but just the difficulty of actually going through puberty and exploring my gender (Interview: Participant C).

Participant A was one of the participants who declared to her family later in her adult life. Here she speaks about the process of researching, seeing a psychologist and the manner in which she came out to her family:

Well I did sit them down one at a time. I started with my mother. I said, 'I've spent a year doing a bit of research on the internet, reading books, I still know how to use the library and I work for a book company so my access to books in that line is not too difficult and I have spent 4 months with a psychologist at this point and I am very sure that I understand the scenario, so I am sharing it with you. I'm not really asking your opinion at this point I'm just giving you information so that you can think about…. I didn't want to be hurtful but I did

want to be blunt. I didn't want to have confusion and I think I started learning the terms at that point (Interview: Participant A).

Participant D also shared her experience of declaration as an adult. She had made the decision to communicate this by writing a letter to her entire family. Afterwards she felt relieved that her mother was able to understand more about what it meant to be transgender:

Then I decided that I was going to write a letter and I emailed that letter to everybody else, to my whole family and everything. But before I did that I brought it home, typed it up and told my mom and my sister, please sit down. I didn't put on makeup and I didn't put on a wig or anything but I did dress in girls clothes...I said I need to read you a letter because I don't know how to tell you this. So I read the letter, a 3-page letter and they were like okay cool. Ha. My mom's like, I understand now. (Interview: Participant D).

When Participant E declared to her family, she was met with different reactions to the one previously mentioned. She had done so early on in her transition, while she was predominantly living in her birth-assigned sex. As a result, her parents were shocked and thought she was joking, *"The first time I told them was a month ago – a month and a half ago and they were like, you are lying, you are joking, there's no way"* (Interview: Participant E).

After the initial shock, Participant E's parents assumed that her recent coming out was an attempt to get attention:

My parents also want to know if I'm not just imagining this. Um there was a story that I'm looking for attention. I was like; you know what if I was looking for attention, why pick this? Why not pick something else like my finger is painful? Why this? Out of everything, to look for attention I pick this? But they want to know still (Interview: Participant E).

6.2 Declaration to Partners and Spouses

For the following participants, the process of coming out to partners and spouses differed significantly than those of coming out to family members. Overall there was a greater sense of acceptance and openness experienced for these individuals.

Despite the admission from his ex that he had hoped he could somehow "fix" him from being transgender, he provided support to Participant F post-disclosure:

*When I came out to my child he (ex) was there as support. And when we were discussing this with my son, part of what came out was that back then when he accepted me he actually thought it was something he could fix. He thought he could rescue me and fix this part of me that was not quite righ*t (Interview: Participant F).

Participant F recalled disclosing her gender history the first time she had met her future husband online. She was living in stealth, and her husband reacted with confusion when confronted with her past:

I still remember meeting my husband for the first time. We actually met on Mix-it believe it or not, one of those strange things. I was open about being transgender right from the start and he was, well what is that? We had already sent each other photos by this time and he was like, I'm confused you're a girl, you look like a girl. I'm like, well I don't look like a girl – I am a girl. I can't look like a girl. What does looking like a girl mean? (Interview: Participant D).

Similarly, Participant E declared her true gender identity to her wife the first time they met. Unlike Participant F, however, she continued to live in her birth-assigned sex and gender for many years and was at the point of disclosing to her three children and employer.

My wife was the only one that knew and I told her the first day we met. We've been married now for 8 years and I told her the first day she came into the house because I knew there was no way I was going to hide it from her (Interview: Participant E).

6.3 Declaration to Friends

Similarly to coming out to one's parents and other family members, coming out to one's friends as gender-variant can be an anxiety-provoking and often unpredictable experience. For the following participants, the experiences of coming out to their friends may follow a similar timeline to those who came out to their families; however, the statements here reflect the different responses in doing so.

Unique to this research, Participant D disclosed her gender identity as a child to her school friend. After some confusion about what she was going to "confess," her friend refused to accept her coming out as a girl and told her that she couldn't be one:

So eventually in about Standard 6, agh not Standard 6, Standard 8 I told my friend "Sarah" that I needed to tell her something. She thought I was going to confess my undying love for her. I disappointed her very much and I said to her, 'I'm a girl' and she was like, 'no you're not', I said, 'yes I am' and she's like 'you can't be' I'm like, 'yes I can be' (Interview: Participant D).

When 'coming out' at university, Participant C also experienced similar feelings of abandonment with most of their friends as they did with their family. The few who did remain friends did, however, find difficulty in doing so, as they continued to be in the same social circle as those who distance themselves from them:

And then in terms of my gender – something I've realised now, I didn't see it at the time but at "X University" I had very positive and very negative experiences. But I see now that when I came out as Trans all my friends disappeared. I didn't realise it then but there were 1 or 2 that stayed behind but it was difficult for them because they were still part of those friendship groups (Interview: Participant C).

Participant E first disclosed her gender identity in adulthood. When looking for a confidant to disclose her gender identity to, Participant E found someone on-line who she thought she could trust. Unfortunately, this person used the opportunity to take advantage of the participant, resulting in destructive consequences:

So I started looking for people to talk to and unfortunately the first person I found ended up being someone that ended up blackmailing me. So they were like, no I'm going to tell your wife, you know for money. They just want money because they were on drugs and stuff… She started turning nasty and swearing me and she ended up phoning my wife (Interview: Participant E).

After her negative experience with a relatively unknown person, Participant E decided to disclose to a few friends. When she shared her gender identity with one of her friends, she was met with warm reception, despite their unfamiliarity with gender variance:

I told my other friend yesterday and he was like, I don't know what you're talking about, I don't know what it means but I still want to be your friend, you've been such a force in my life that your friendship is more important to me than whatever your problem is (Interview: Participant E*).*

6.4 Declaration in Professional Spaces

The participants shared further experiences, both challenging and encouraging, when interacting within their workplace. For example, when asked about declaring to her employer, Participant E said that she had started to partially dress as a woman, but was afraid she would lose her job if she fully declared her gender identity. She said that at work, *"my nails are long and painted. My ears are pierced."* When probed about wearing earrings she said, *"I wear - not like these ones I wear like studs"* She further elaborated that, *"I wear a bra and panty every day. So sometimes I wear a bit like baggy clothes and stuff to hide the bra and stuff."* As mentioned, she would have liked to declare to her employer, but acknowledged the following:

Slowly but surely I'm moving myself towards coming out at work. It's obviously something that I have to be very cautious of because it's my livelihood. I am scared of losing my job. But in the end I think it will be okay. I am good at what I do and I can always find another job (Interview: Participant E).

As previously mentioned, Participant F was unemployed at the time of the interview, but he also acknowledged the risks of declaring his gender identity at work. He therefore made the decision to transition before finding to a new job.

I think I would have to transition before I get to that environment because generally that sort of environment is very male dominant and not always the most supportive of gays let alone trans people so I would have to transition before that time (Interview: Participant F).

For these two participants, transitioning at work did not come without its challenges. For example, Participant A stated, *"It's difficult to be a woman in South Africa but it's more difficult to be a trans person in transition in the professional space so I'm a little bit stuck with that"* (Interview: Participant A). Participant F relayed his experience of being subjected to gender stereotyping with his choice of clothing:

It would get kind of interesting when we had corporate people come around and I was told I had to stay at my desk and not move around because I was not suitably attired. I did what I needed to and if you stopped looking at how I was dressed you would see the work ability was not affected at all (Interview: Participant F).

Yet, for these two participants, experience and expertise in their career emerged as a protective factor. Participant E said the following, *"In my job – I'm very good in my job. I've been working really hard for many many years to become an expert in the field. I can basically choose where I want to work"* (Interview: Participant E). Despite having a professional career to lean back on, Participant A expressed the underlying anxiety of being a transgender person in the workplace, *"I'm professional and experienced enough that there's a certain insulation from needing to do sex work to survive. But it's not an impermeable defence and one still feels a certain discomfort"* (Interview: Participant A).

6.5 Declaration in Social Spaces

After disclosing to those in their immediate environments, many of the participants began experimenting with living a more gender congruent life by dressing accordingly publicly in various social spaces.

This participant found that going to gay nightclubs provided a safer space to dress as she wished:

I started to live this second life at night with my friends and we would go to gay heartland and my party places were Purple Fly and Therapy and there was a whole bunch of these gay clubs in this street in Braamfontein…that's where I got to be a girl but this time not unisex but completely high heels, jeans, makeup, hair, yes it was wigs but so what it was me and that's where I began to live my life (Interview: Participant D).

At the time of the interview, this participant had just begun to dress as a woman in public, and found anonymity in doing so:

I've been out and about. I sometimes go to the mall and just walk around and do shopping whatever. If you see me as a male, you won't say it's me. You won't recognise me. And when I'm like this, no one will recognise me (Interview: Participant E).

Participant C relayed the challenges involved when meeting new people, and the sense that one has to disclose and "come out" for the rest of their life.

I suppose social identity, you know, is all feeling like we have a place together because one of the issues that comes up regularly at "TransOrg" is the idea of coming out and that it's a lifetime process of coming out because every time you meet someone new your identity looks different and you have to explain and negotiate to that person (Interview: Participant C).

During the processes of declaration and disclosure, transgender people have varying experiences beginning with deciding who and when to tell, and the reactions and consequences (both good and bad) thereafter. Mamacos (2016) listed multiple risks and discriminatory practices when 'coming out' within the workplace, however, these remain the same for many of the spaces in which people choose to disclose their gender identity and history. These include: gender stereotyping, deadnaming, transphobia, transmisogyny and misgendering. Overall, the participants in this study shared the severity of risks involved with this process through their experiences of disbelief, rejection, abandonment and even extortion. On the other hand, participants that were met with acceptance and encouragement, were the ones who were able to continue to express themselves more freely.

Theme 7: Towards Congruent Gender Expression

One of the themes that emerged significantly in the data pertaining to living a more congruent gender expression was the process of transitioning. In this section, the participants discuss the plethora of options and processes available when altering one's gender expression, from the decision to dress in congruent gender attire, to surgical options.

7.1 Behavioural Expressions

All of the participants in this study had explored different behavioural, or non-medical expressions of their gender identity. These expressions included: wearing gender congruent clothing, changing one's birth name, or "deadname," and binding.

7.1.1 Dressing Congruently

During the interviews, all but one participant were dressing full-time according to their lived gender. Experimenting with clothing is often an initial step in exploring one's identity and congruent gender expression, as it offers a safe, temporary and inexpensive mechanism to live a more harmonious life.

Participant D recalled enjoying acting when she was younger so that she could have the opportunity to dress and play female roles:

I did the drama thing; I also got to play the female roles, which was lovely. I mean the way the most thespians would understand theatre I mean even Shakespeare days men played female roles. The women weren't allowed to act that was considered disgusting. So I got to play female roles which was fantastic and I really loved it (Interview: Participant D).

Participant E connected her decision to begin transitioning to the break-up of her relationship, and described the conflict of wanting to wear "*women's*" clothing and of the secrecy involved due to societal pressure to perform in gender appropriate ways:

But we had roaring fights as well and when we broke up … the first thing I did was I went and I bought myself a pair of high heel shoes. I was like you know what I'm just going to do this for myself. And that was the first thing that I ever bought myself. And I was so afraid to wear the shoes. I was so afraid that someone was going to see me. I was alone in my own house you know I had a house and I was just walking up and down at night with the shoes and stuff you know… she left a pair of her panties there as well and I was wearing them and stuff and it just carried on and on and on (Interview: Participant E).

Participant F found that dressing congruently was made easier by his relaxed work environment:

When I was working full-time I was in an admin section in a Call Centre and because we weren't seen by the public and because coming into the job specified that there is no uniform therefore I could dress casually. So when everybody else was coming dressed pretty neatly I would come to work in my cargo zip off pants and a t-shirt and jeans and sandals (Interview: Participant F).

7.1.2 Binding

For many transmen or gender non-conforming individuals, binding is used to compress their breasts and create the appearance of a flatter chest. During puberty, this transman became more aware of the physical dysphoria and attempted to live more congruently by binding his chest to arrest his breast development.

When my whole breast development started I did start binding and then my mom had a long chat with me about damaging the tissue as you're growing so because of that I stopped binding. But I still hated it. The whole puberty thing with females is disgusting to me (Interview: Participant F).

He reported further attempts to remove his breasts by using a cosmetic vanishing cream he found:

Going through early stages of puberty and the whole breast development type of thing starts I found a tub of vanishing cream and I stupidly thought, maybe if I put it on it will make these breasts disappear (Interview: Participant F).

7.1.3 Name Change

One of the subthemes that emerged was that of name changes. Although all of the participants had changed their names to reinforce their identity, all did so at different periods in their life. As a teenager and prior to her sexual reassignment surgery (SRS), Participant D was given a name by her friends to whom she had previously "come out".

Then I told "Linda" about this and then a few friends and I would often go to "Linda's" house and they at that time named me "Susan". They needed a name so they named me "Susan". And that's what I would be called outside my family's life, outside my school life and among them I was just a girl (Interview: Participant D).

Several years after her SRS, she was once again formally named by her mother, *"so once my mom and everybody decided I was like so mom if you could go back in time and name me, what would you have named me? And she said "Jane"* (Interview: Participant D).

This transmale had the unique experience of changing his name while he was married and pregnant, *"When I was pregnant we were trying to figure out names for the child and we had picked girl names out and boy names and "John" was one of the names I chose for my boy but my partner didn't like the name"* (Interview: Participant F). Instead of using the name for their child, Participant F kept then used the name himself.

This participant, who had just began her physical transition, described their experience of wanting to change their name within her family. When asked about what they would like to be called by their children, they responded: *"Ja, it would be nice if they called me "Mapa". But I'm not going to force it on them. They must do it on their own accord"* (Interview: Participant E).

For many, the process of adopting a new name comes with it's own set of challenges. Often people "dead name" transgender people by either forgetting, unintentionally or even intentionally using their birth name. To not use the name that they have carefully selected can be seen as a rejection of their gender identity (Steinmetz, 2015).

After living with a new name for over a year, this participant shared the difficulty in using their new name amongst family members.

My parents are not 90 equally they are not 50, so they are a little bit … old people can be stubborn and sulky. So, yeah they get my name, like a year and a half ago or whatever so we've managed to keep that one going (Interview: Participant A).

Various events and experiences such as puberty, childbirth and commencement of physical transitioning in adulthood created an impetus around changing their name, even if only in smaller social milieus such as friends and family.

For the following two participants, a more formal acknowledgment of their gender identity and expression was deemed necessary and therefore they sought to change their names legally with the Department of Home Affairs.

I've got documentation, the papers are submitted, you know. I have a driver's licence which looks like me. It has the wrong name but at least it looks like me so if I get stopped, I don't want issues with some other people (Interview: Participant A).

Even before my operation we were legally married because my name changed and my ID number changed. That's because in 2003 there was an Act that came in that said that if your secondary sex looks female you can have that. So if you could walk into Home Affairs and they could identify you physically as female, they will change it (Interview: Participant D).

7.2 Medical

As the participants' gender identity developed, some of the participants discussed the more permanent, medical methods to aligning with their gender identity and how this allowed for a more congruent sense of self, as they were drastically able to physically alter their body with hormones and/or surgery to express their true gender.

7.2.1 Hormone Replacement Therapy

This participant shared the delight in how quickly she was able to transition with hormone replacement therapy (HRT):

So I had started hormone treatment and then surgery 3 years later…So I had already started living as a female and progressing on the hormones, and within 2 years from that I looked 100% female. Hormones do fantastic things to your body, it really does (Interview: Participant D).

After beginning HRT, this participant experienced significantly improved mental health, *"I've been on HRT for about a year and a half and I've never felt more stable. My tension and moods and depression – all that shit is gone"* (Interview: Participant A).

Participant E also experienced improved mental health and self-love:

I started the hormones up again and I just relaxed about the changes. Then I started feeling better. I started feeling more at home in my own body. Even though I put on men's clothing every morning and go to work, I could look at myself in the mirror again and I could tell myself I love myself, you know (Interview: Participant E).

7.2.2 Sexual Reassignment Surgery:

At the time of the interview, two of the participants had undergone Sexual Reassignment Surgery (SRS) or Genital Reconstruction Surgery (GRS) as described below:

*So at 26 I had my first surgery. You go through 4 surgeries at Steve Biko to ensure that the vagina needs to be functional, it needs to aesthetically look like a vagina and I'm very happy…(*Interview: Participant D). Following the SRS, she now also wanted to pursue breast augmentation surgery:

Well the last thing that I am having now is breast surgery. Even though I did develop breasts normally I am still not happy. But when I wear a bikini I look very flat chested. And that psychologically doesn't work for me. I'm always conscious like if I do that am I now opening up the question in other people's mind, is she a girl or a boy? I never want people to ever question that because I never want to put myself back in that situation (Interview: Participant D).

Although this participant reported their SRS as a "failure," having let their vaginoplasty close, they do not report any regret as they assume a more fluid gender identity:

Well I was a little bit hot headed so I kind of just looked for who people were saying were the best surgeons in the world…. It wasn't necessarily something that I'd rationed or

thought about I was just looking at those but for me sexual sensation was very important to me. So Dr "Moyo's" technique was all about preserving as much nerve as possible um which is the reason that I chose his technique… I went for sexual reassignment surgery in December 2013… But it was a failure. It was a failure because the recovery process was quite crazy. I didn't manage that process because I think with my parents being accepting and when we got the money my mom just went with me going for the surgery because that's what I've been saying that I wanted (Interview: Participant C).

Although all the participants reported a sense of physical dysphoria with their born anatomical sex, this participant did not feel the need to comply with the gendered binary, and opted out of undergoing surgery:

I'm not going to do the sexual reassignment for now anyway but I won't take the injection to fix myself because now I'm happy. I know who I am. I've done a lot of work to get here and this is who I am. That's not going to change. It's never changed. I've always been me (Interview: Participant E).

Many of the participants expressed wanting to transition, however faced barriers in accessing treatment due to the exorbitant costs and scarcity of qualified medical professionals.
If in the financial position to do so, this participant would have sought treatment in Thailand, where many people go for SRS:

I would have gone to Thailand if I had the money at the time. I just couldn't wait. I tried everything in my willpower to make that money and get there but you just don't get there. It's a lot of money; it's a lot of money (Interview: Participant D).

Participant E spoke of the financial difficulties involved in accessing treatment, having children and no medical aid:

Obviously money is tight for me so I don't really have a lot of money to spend. I don't know if she's ("Dr Johnson") going to charge me anything. I'm hoping that it's going to be free – the consultations and whatever. I don't have medical aid. You know with "several" kids financially it's really, really tough (Interview: Participant E).

Here, unemployment was presented as a reason that hampered Participant F's choices around transitioning:

Currently I'm not transitioning yet… It is definitely something that I would like to do within the next few years but it obviously depends on logistics, finance and things like that. It's not a cheap and easy route. It's a long process and I accept it's a process that will take time (Interview: Participant F).

For the following two participants, having financial stability again proved to be a protective factor in access to resources and for their general well being. Participant A stated, *"Yeah a defence for me is to be relatively economically well off and to be there long enough - that's fairly difficult to find overnight…"*(Interview: Participant A). While Participant C stated:

Well I feel the best I've ever felt. I think that's testimony to … well again I came into a lot of money that allowed me to go for surgery and that's given me the power to put myself where I need to be. I've been able to send myself to Thailand, I've been able to pay for my own psychologist, I've been able to … you know just be in spaces that I am able to say, 'this is want I need, do it' (Interview: Participant C).

These narratives reveal a glimpse into how the economic divide impacts people in South Africa. For Participants A and C, they were financially privileged to have the freedom to choose their treatments, although, only Participant C had undergone full sexual reassignment surgery at the time of the interview. On the other hand, participants D, E and F shared the reality of many transgender people in South Africa who are excluded from many of the treatments available. According to Msimango (2015), "In South Africa many transgender people have to fight to get access to treatment. They face innumerable challenges before they even make it to their first doctor's appointment, however the biggest obstacle is finance."

7.3 Living 'in Stealth'

Once someone has taken all of the steps they decide on with their transition, they may ultimately choose to go stealth. The term "stealth" refers to someone who may choose never

to disclose their gender history to others, including health care providers, new spouses, or children, because they do not view it as relevant (Martinez, 2016).

One participant expressed living in stealth, and no longer considered herself as transgender:

I used to be transgender let me make that very clear. I am no longer transgender. I cannot be transgender if I have a fully female body and a female mind. If the body matches the brain and everything is fitting in, I cannot say that I'm transgender now, that makes no sense. It's like you calling yourself transgender and you're not. So she didn't know that I use to be (Interview: Participant D).

She further elaborated this to say:

Nobody knows that I'm transgender, nobody would even suspect it. If I actually had to tell people they would be like, huh? The people that know, know that that is the one request that I have, that I ask you to stay loyal for. You can say anything else about me, talk any other crap about me that you want. One thing I ask from my friends is that if you know, never betray me by telling people that I use to be transgender because that would probably hurt me the most out of everything. I have built up this most amazing life, my struggle was hard. You know it's not easy to get through it and get to this point and say that you're smiling and that you're happy and for one person to come along and just undo all that happiness for you in that one split second of going, oh my God did you know that "Sarah"(Participant D) used to be transgender (Interview: Participant D).

Participant F spoke of wanting to eventually live in stealth, but as before with his desire to pursue SRS, he is aware of the many challenges before doing so:

Eventually yes I would like to do that. But it involves so many processes, which I'm still learning about. It is because if you think about it you've got to go all the way back to your Matric certificate and change your name there. You've got to change your ID number, you've got to change your gender on your ID, you've got to change your name, you've got to change any certificates you had and courses you've done since you left school so it's not an overnight process. So eventually yes but clearly that's gonna take time (Interview: Participant F*).*

The aforementioned transition choices, or lack thereof, all play their part to reconcile self-identity and social identity for the participants. What the participants do share however, is the realisation that the decision to transition is not an easy one to make for all trans individuals. Some trans individuals strongly assert that transition is not a choice— either they do or they will die (Mamacos, 2016). For these individuals, physical modifications through the use of hormones and/or surgery can offer a sense of emotional comfort and security within a culture that is unaccepting of gender ambiguity (Hines, 2007).

All of the participants in this study had begun to transition at some level, ranging from experimenting with dressing in gender congruent attire, to living in stealth as a fully transitioned male-to-female (MTF). As discussed, many factors play a role in determining the options available, and were unique to each participant.

Although it may be a necessity rather than a choice to transition for some, there are many decisions to be made around the actual processes and options available. The options available for altering one's gender expression are almost as expansive as the types of existing gender identities. Every individual's reasons for transitioning, and the goals for transitioning that they pursue are personal and unique (Raypole, 2016). Many individuals only choose to begin the varying options after they have tried, and failed, to live with the identity bestowed upon them at birth. Some choices are dependent on the person's finances or living situations. Others realise that their decisions impact others around them, and that they may be subjected to curiosity, questions, judgement and possibly hostility. Other choices directly affect others, and therefore require collaborative negotiation and decision-making (Office for Victims of Crime, 2014).

Some people never transition, either due to financial constraints, as discussed, or because they accept that society will see them in a way that differs from how they identify internally; others ease into a more genderqueer or gender fluid presentation that does not necessitate undergoing any transition (Office for Victims of Crime, 2014).

On the other hand, some individuals feel strongly about maintaining a congruent relationship between their gender identity and physical appearance, and claim that transitioning is paramount to their well-being. Options can include social transitioning, where the person's

gender identity (including name and pronouns) are known in all social spheres, medical transitioning through hormonal or surgical interventions, and legal transitioning where the person has changed their identity documents legally changed to reflect their gender identity (Brill & Pepper, 2008).

After all steps have been taken to transition to their gender identity, many make the final decision to live in stealth in order to maintain a sense of privacy around their natal gender, or as a protective factor against continued stigmatisation.

Theme 8: Activism

After years of learning and experiencing within the transgender community, some of the participants became activists, helping to work on issues that affect the transgender community. Whilst in the process of aligning and disclosing their gender identity, Participant E spoke of becoming an activist so she could not only help others to de-stigmatise gender diversity, but to also meet other allies within the community:

I want to show people that it's okay, that there's nothing wrong with it. And I would love to unite the LBGT community as well. You know I was there, that's why I ran for "Trans Pageant SA" because I felt that if I do that then at least I will meet the people and see the people that was supposed to be our allies (Interview: Participant E).

Similarly, Participant A wanted to become a transgender "crusader" as a result of being pathologised:

Let's not have a pathologization of transgenderism [sic]. Where's it a disease? For me this was a condition, unquestionably. I was getting sick. It was making me sick because I couldn't accept it. But it doesn't mean being non-binary is wrong. It really doesn't. So I feel like a crusader on behalf of people who are non-binary or gender queer (Interview: Participant A*).*

Further in his transition to becoming gender-aligned, Participant F would also like to help other transgender individuals towards gender synchronicity:

Part of what I would like to do eventually is once I'm either in the process of transitioning or out of transition is get to the point where I volunteer or assist in some way with counselling with other transgender people either through NGO or PO or whatever other acronym you would like to throw at the general bunch…I think it's important for other people to know it's okay to be transgender. There's nothing wrong with you - you don't have to fix it, you can be accepted, you can be loved and you can live a normal life being yourself (Interview: Participant F).

The following participants understand and appreciate others involved in activism, however, did not feel they wanted to go public with their support, as expressed by Participant C, *"Yes it goes to inner strength and it goes to how safe that persons environment is and I think in a way sometimes activism can be very important to people. I've never been too activist"* (Interview: Participant C). Participant E described a similar sentiment, *"You know for me I think, some people are destined to transition for good for 24/7 but I don't think that's my calling"* (Interview: Participant E).

Additionally, participant D commented that:

I inspire people but I do it behind the scenes. I don't go out on the Internet and say woohoo I use to be transgender and I can help you save your life – no…Because I think a lot of the times people who have gender dysphoria need to make it public, need to show, a need to be activists (Interview: Participant D).

4.2 Conclusion

In a sample of five transgender individuals, a rich set of themes emerged that documented significant experiences they expressed whilst navigating their gender identity and expression. The seven themes identified are organised in this work, from early experiences of the participants' internal understanding of their gender identity, and the dissonance felt as a result of the disparity being embodied in their natal sex, to those experiences that led to living a more congruent gender identity. In doing so, the participants further identified both the various challenges and protective factors that assisted them whilst they developed a more genuine, authentic and comfortable gender identity and expression. The seven themes documented in this study are: (1) gender identity and dissonance; (2) gender expression; (3) challenges to gender congruency; (4) protective factors and coping strategies; (5) 'coming

out'; (6) toward gender congruent expression and (7) activism. In line with recent literature, these findings highlight the extent to which transgender individuals adjust, in order to live more harmoniously in a gender binary society that is riddled with discrimination and oppression. Furthermore, this study revealed the importance of developing new research strategies that create awareness regarding the diversity of needs and rights within the transgender community, and that reduce societal norms of gender norms that promote binary rules and restrictions.

4.3 Limitations and Directions for Future Research

In using an exploratory qualitative research design, the aim was to examine the unique experiences of transgender individuals in South Africa, and how these impact the navigation of their gender identification and expression, rather than to generalize the results to the larger transgender population. It is important to reiterate that this study focused on the life experiences of five individuals that identified themselves as transgender. This could pose as a possible limitation to this study as this study focuses only on the life experiences of the five participants linked to transgender support groups in the city of Johannesburg. Furthermore, the sample consisted of only White transgender people; including three transwomen, one transman and one individual who identified as gender fluid, limiting the diversity of the transgender community available in South Africa. The possible generalisations of these findings is therefore limited. It is important to reiterate that the core objective of this research was not to generalise, but to explore and tell the stories and experiences as a starting point for further research. Future research should endeavour to access more diverse samples in terms of ethnicity, culture and transgender identities.

Findings of this research also highlight the ever-changing and developing discourse of gender identities and sexualities within the transgender community. Due to the scope of this research, these have not been fully explored. These include agender, androgyny, androsexual, pansexual, and demisexual to name a few. By exploring the lived experiences of a larger transgender population more in depth, research could be conducted to include such populations.

As this research highlighted a number of different models and theories of identity development, future research could incorporate a larger sample to compare how the process

of consolidating one's gender identity compares to existing models. This being said however, the findings of this research highlight the uniqueness of individuals within the transgender community and the damage that classifying lived experiences has done, given that most people in the transgender community do not identify with, and in some cases vehemently reject classification. Future research needs to continue to be sensitive towards model and stage research that by nature classifies individuals, and may maintain the propensity of society to place gender and sexuality within a dichotomous construct.

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