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Transgender Self-Attitudes: Formation and Change A Qualitative Study

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Transgender Self-Attitudes: Formation and Change
A Qualitative Study

A Dissertation Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Juliet Ezhil Meggs
August 2016

Abstract

The current study explored attitudes of transgender people about being transgender and how these attitudes had formed and changed over participants' lifetimes. Using a qualitative, grounded theory approach (Charmaz, 2003), interviews with 11 transgender adults were coded and analyzed. Two primary categories of attitudes were identified: participant attitudes regarding acceptability of being transgender and attitudes regarding how possible they believed it is to be transgender and/or transition genders. Early in life, most participants had little exposure to the idea of being transgender, and those that knew of it often initially believed that it would too difficult or impossible to transition. Many also believed they would be rejected by others if they did transition. However, after periods of introspection and experiences of acceptance by cisgender people and other transgender people, these attitudes often changed. Participants began to have more dynamic views of gender, to experience more acceptance of their own gender identities, and to often appreciate aspects of being transgender. Implications of the study include fostering more acceptance for diverse gender identities and expressions from a young age, creating space for individuals to self-determine with unconditional acceptance, and promoting more positive examples of transgender people (not just as they transition but long after) in media and activism.

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Chapter 1

Introduction and Literature Review

Introduction

Although often included as part of the increasingly common "LGBT" acronym (standing for lesbian, gay, bisexual, and transgender people), transgender identities and concerns are frequently quite distinct from those of nontransgender, nonheterosexual people. In the past decade, there have been significant advances in understanding minority stress and its relationship to psychological distress among lesbian, gay, and bisexual (LGB) people. However, far less is known about minority stress of transgender people, particularly regarding how initial negative attitudes about being transgender form and how they change among transgender men and women. The main purpose of this qualitative study will be to address this gap in the literature.

Just as there is a significant amount of diversity amongst individuals who might fit within LGB populations, there is significant diversity amongst those who identify as transgender (Beemyn & Rankin, 2011). Broadly speaking, "transgender" is an umbrella term for people whose gender identities and gender expressions are inconsistent with the gender they were assigned at birth and/or for people whose identities fit outside of the male/female gender binary. This may include individuals who identify as transsexual, genderqueer, crossdresser, drag queen, drag king, and two-spirit. Most research on transgender populations tends to focus upon individuals who were assigned one gender and identify as the other (Denny 2004). Specifically, this includes transgender women (sometimes shortened to "trans women") who were assigned male and identify as female and transgender men ("trans men") who were assigned female and identify as male. This is contrasted with individuals who were assigned one gender and identify as that gender, often referred to as "cis" or "cisgender" people. Some, but certainly not all,

transgender people decide to undertake some form of "gender transition," which can involve taking hormone supplements for the gender they identify as, changing their name, changing their gender in legal documentation, opting to undergo various forms of surgery, and more. The current study will focus upon the experiences of individuals who identify as and have decided to take some steps to transition to the binary gender identity they were not assigned at birth.

Transgender People and the DSM

Over 40 years since the American Psychiatric Association declassified homosexuality as a mental disorder, debate within the psychological community regarding if and how to classify transgender people is still ongoing. This discussion was particularly strong leading up to the release of the *Diagnostic and Statistical Manual of Mental Disorders V* (DSM V). In the DSM V, "gender identity disorder" was removed and replaced by "gender dysphoria" (American Psychiatric Association, 2013). This change was intended to emphasize the distress caused by the incongruence between the gender an individual experiences and the gender that person was assigned at birth, in contrast to the older category which implied that a transgender identity itself was disordered. This is consistent with Bockting's (2009) observation that the field of transgender mental health was moving from a *disease-based* model that focused upon transgender identity as coming from a place of developmental deviance to an *identity-based* model that sees societal stigma as the problem and instead sees gender variance as part of the broader spectrum of human behavior and experience. This approach is also reflected in the American Psychological Association's recently released guidelines for psychological practice with transgender and gender nonconforming people, which emphasize cultural competence with the population rather than treatment of a psychological disorder (American Psychological Association, 2015).

Although the current consensus appears to be that the change from "gender identity disorder" to "gender dysphoria" is a positive step, the debate over whether there should be a category in the DSM specific to transgender identities continues (Drescher, 2010; Lev, 2013). Nevertheless, the shift in transgender mental health scholarship towards investigating the impact of social attitudes and the dominant culture upon transgender people instead of pathologizing transgender identities themselves is a significant shift (Lev, 2013). These changes are not dissimilar to the ones that eventually led to the removal of homosexuality from the DSM (Drescher, 2010). This similar trajectory indicates that, in developing models for understanding how societal stigma affects the mental health of transgender people, there is much to be learned from similar approaches used in investigating societal stigma in LGB populations.

LGB Minority Stress Theory

Meyer (1995, 2003) proposed that elevated levels of psychological distress for gay men, bisexual people, and lesbians were not due to anything inherent in having same gender attraction and relationships. Instead, he argued, these elevated levels of distress were the result of the stress caused by living in an oppressive and discriminatory society hostile to LGB people. In his *Minority Stress Model*, Meyer proposed three processes through which LGB people experience elevated levels of stress compared to heterosexual populations. The first concerned actual events where prejudice occurred, including acts of discrimination and/or violence. Such events might range from housing and employment discrimination to familial rejection and physical assaults. Meyer considered these "prejudice" events objective, because any outside observer could notice them and deem them prejudicial.

The second process Meyer described involved stress prompted by the fear and anticipation of these events. This "perceived stigma" involved a heightened sense of skepticism

and vigilance directed towards dominant group members. Thus, many LGB people remain persistently aware of the possibility of rejection or discrimination when interacting with dominant group members, fostering continued stress even when no explicit prejudicial event was occurring. Such fears might prompt an individual to hide aspects of themselves which might indicate to others that they are members of LGB minority groups, prompting LGB people to change the way they dress, the ways they act, and how they might discuss their partners in social settings in order to appear more like heterosexual people. This can lead to a chronic expenditure of energy related to monitoring one's self and one's interactions around dominant group members, causing excessive stress.

The third process Meyer described was stress related to directing the negative attitudes of the dominant society towards one's self. This "internalized homophobia" often begins developing when, as children, LGB people are exposed to a variety of societal messages that reinforce *heteronormativity*, the belief that all people are heterosexual and that being heterosexual is "normal" whereas people who experience and express same gender attraction are abnormal and deviant. LGB children often take on these values as their own and feel intense shame about their same gender attractions even before expressing them to anyone else. This can also lead to denial of one's sexual orientation and avoidance or denouncement of other LGB people. A key feature of this process of internalization is not only fear of the reactions of others but also one's own negative attitudes towards one's own identity group. These attitudes can be generated by the individual and persist even when no external prejudice is present (Meyer & Dean, 1998).

There have been a number of studies exploring the extent to which internalized homophobia, sometimes referred to as internalized heterosexism, is a significant factor in LGB

psychological distress (e.g., Herek, Cogan, Gillis, & Glunt, 1998; Szymanski, Kashubeck-West, & Meyer, 2008a), including how internalized homophobia leads to ineffective coping and limits access to supportive LGB spaces (Szymanski, Kashubeck-West, & Meyer, 2008b). Internalized homophobia has been associated with higher levels of depression and anxiety in LGB people (Bruce, Harper, & Bauermeister, 2015; Frost & Meyer, 2009; Newcomb & Mustanski, 2010). Indeed, in a recent survey-based study, Plöderl et al. (2014) found that, other than social support, internalized homophobia was the minority stress variable with the strongest connection to suicide-related risk, as well as the only minority stress variable studied that was significantly positively correlated with suicidal ideation. Although these findings do not necessarily mean that the same is true for internalized transphobia and suicidal ideation, it is a compelling indication that internalized oppression may be one of the more important factors to consider when trying understanding the elevated risk of suicide attempts in transgender populations.

Transgender Minority Stress

There is growing evidence that all three of the processes described by Meyer are also present for transgender populations (Hendricks & Testa, 2012). Regarding prejudicial events, in some samples of trans people 50%-78% report experiencing some kind of harassment or violence, with 25%- 35% reporting physical violence (Grant, Mottet, & Tanis, 2011; Lombardi, Wilchins, Priesing, & Malouf, 2002). In addition to acts of violence, other studies have found that transgender people were three times as likely to be economically discriminated against than cisgender people (Lombardi et al., 2002), and in some samples 26% of participants reported losing a job due to being transgender or gender noncomforming (Grant, Mottet, & Tanis, 2011). So too, many transgender people, especially those male assigned at birth, report harassment related to their gender as children (Beemyn & Rankin, 2011). Younger transitioners (Lombardi,

2009) and trans people of color (Grant, Mottet, & Tanis, 2011) seem more likely to experience discrimination than their older or White counterparts, respectively, reflecting how multiple social identities can compound acts of prejudice.

Prejudicial events have been linked to significant mental health issues within transgender populations. Acts of gender-based violence have been found to be significantly correlated with suicide attempts among trans people (Testa et al., 2012), with trans people who have experienced such violence up to four times more likely to have one or more suicide attempts than trans people who have not experienced violence (Goldblum et al., 2012). Independent of gender related violence, rates of attempted suicide in transgender populations are quite elevated, with estimates from survey studies indicating 28.5% to 41% attempted suicide rates (Clements-Nolle, Marx, & Katz, 2006; Goldblum et al., 2012; Grant, Mottet, & Tanis, 2011). So too, some studies indicate high levels of anxiety (33.2%) and depression (44.1%) in transgender populations, even when controlled for distress which may be inherent to gender dysphoria (Bockting, Miner, Romine, Hamilton, & Coleman, 2013). Additional evidence for Meyer's second process in transgender populations is reflected in reports that 71% of transgender individuals attempted to hide their gender or gender transition, and 57% delayed their transition to avoid discrimination (Grant, Mottet, & Tanis, 2011). These findings give some indication of the significant mental health impact of prejudice and anticipation of discrimination in transgender populations.

Given that the first two elements of Meyer's Minority Stress model are present for transgender people, it can be reasonably expected that the third process, internalized negative self-appraisal, is as well. Just as there has been debate about appropriate terminology to describe the internalized oppression of LGB people as either internalized homophobia or internalized heterosexism (Szymanski et al., 2008a), several terms have been used to describe this

phenomenon in transgender people. In her book, *Whipping Girl* (2007), Julia Serano describes *transphobia* as "fear of, aversion to, or discrimination against people whose gendered identities, appearances or behaviors deviate from societal norms" (p. 90). She describes *cissexism* as "the belief that transsexual genders are less 'real' or legitimate than cissexual genders" (p. 91), and she creates her own term, *transmisogyny,* which she defines as "sexism that specifically targets those on the trans female/trans feminine spectrums" (p. 91). As such, there is a compelling case to be made that *internalized cissexism* or *internalized transmisogyny* might be appropriate terms to describe internalized oppression related to feelings of inferiority and illegitimacy compared to cis people or cis women in transgender people and trans women, respectively. This is in comparison to the more commonly used "transphobia," which focuses more upon fear and aversion rather than feelings of inferiority. However, due to the relative novelty of the term *cisgender* in academic literature and the ubiquity of *transphobia* in most other academic research about transgender oppression, the authors of this study will use the term *internalized transphobia* to describe these internalized negative attitudes*,* with the acknowledgement that it is a term of convenience that is to some degree problematic.

Few studies have explicitly examined internalized transphobia and its effects in transgender people (Hendricks & Testa, 2012). However, the available research does indicate that these negative self-attitudes have significant impacts. One recent study indicated that internalized transphobia was positively associated with greater lifetime suicide attempts (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). In another study on transgender relationships, Iantaffi and Bockting (2011) found that transgender people demonstrated significant discomfort talking about or revealing their bodies and genitals with approximately half of the transmasculine participants and 36.1% of the transfeminine participants reporting that

they preferred to have sex in the dark. Importantly, participants whom they assessed to have lower levels of internalized transphobia reported higher self-esteem and less rigidly stereotypical gender beliefs. In another study on collective self-esteem, Sanchez and Vilain (2009) found that participants who felt more positively about the transsexual community had less psychological distress, whereas fears connected to being transsexual were the best predictors of psychological distress.

Importantly, although there is a need to further explore the potentially dangerous effects of internalized negative attitudes upon transgender people, Ilan Meyer (2015) has recently called for more explorations of resilience in LGBT populations as well. Meyer makes the argument that resilience is a vitally important part of understanding minority stress because resilience only occurs as a response to an individual's experiences of significant stress. This call is echoed in other recent research as well, highlighting the value of understanding resilience and of exploring not only the hardships but the strengths of transgender people (Domínguez, Bobele, Coppock, & Peña, 2015). Together, this indicates a need to further understand not only the negative attitudes transgender people have or had about themselves but also how these attitudes may change and even turn to strengths over time.

The Current Study

Given that the small amount of available literature suggests that there is significant psychological distress in transgender populations and that internalized transphobia seems to be significantly connected to transgender psychological distress, it is important to develop a much deeper understanding of transgender people's experiences of this phenomenon. So too, it seems important to explore how these negative internalized attitudes not only form but also how individuals survive and even thrive in response. The purpose of this study, then, was to gain a

better understanding of what transgender people's attitudes are, how they form, and how they

change over time.

Chapter 2

Methodology

Participants

The target population for this study was transgender men and women who are over the age of 18. For the purposes of this study, "transgender men and women" meant individuals who were assigned one gender and identify solely as members of the other binary gender (i.e., female-assigned people who identify as male and male-assigned people who identify as female). Although people who do not identify within the gender binary have significant and relevant experiences and valid claim to transgender identities, the researchers believed their experiences were too distinct compared to those who identify as a binary gender to be explored in the same study.

Similarly, there was some concern that trans women and trans men may be too distinct from each other to be explored in the same study. In other studies on internalized oppression, researchers have argued that it is important to consider intersecting identities and argue, for instance, that lesbians and gay men may experience internalized homophobia differently due to their different gender identities (Szymanski & Chung, 2002). These are valid concerns. However, each group has fundamentally similar transition processes and identity narratives (Beemyn & Rankin, 2011), suggesting it may be reasonable to suspect there are fundamental similarities between the groups.

Recruitment

Recruitment was conducted primarily through LGBT and transgender listservs and online communities. Participation for this research was announced via messages posted on these forums (with moderator permission) or via messages sent to the list owner/contact person for various

transgender inclusive listservs. Only individuals living in the United States and Canada were eligible for this study. Canadians and Americans have similar guidelines and knowledge bases for transgender care and research. Only persons who can understand written and spoken English were included in this study.

Procedures

Given the dearth of research on internalized transphobia (Hendricks & Testa, 2012), grounded theory (Charmaz, 2003) seemed well suited for constructing new theories to better understand this phenomenon. So too, transgender people have largely been researched, diagnosed, and understood through ciscentric lenses (Lev, 2006); a qualitative study informed by grounded theory creates space for trans voices to be heard in their own words without imposing pathologizing, cissexist theoretical frameworks upon them. Such an outcome might be more difficult with a quantitative methodology that lacks the flexibility and ability to make changes during data collection that a qualitative methodology has.

Qualitative interviews were conducted through a three-step process. The first step consisted of recruiting potential participants via an online solicitation. Second, the researcher and the potential participant met for interviews, spoke over the phone, or used Skype, depending upon participant availability and preference. Third, the interviews were semi-structured, consisting of open-ended questions. Interviews were audio-taped and most lasted approximately 60 minutes. Table 1 lists the open-ended questions that were used in each interview. Follow-up questions were usually idiosyncratic based on each participant.

Given the diversity within the transgender population, a true information saturation point seemed unlikely to be reached. Each interview contributed new information and further developed our understanding of the categories. However, by the ninth interview this additional

Table 1

Interview Questions

1. To start off, I have a few demographics questions. What is your age? How do you identify in terms of race and ethnicity? How do you identify in terms of gender identity? How do you identify in terms of sexual orientation?

2. Could you start by telling the story, in your own words, of the development of your transgender identity?

3. While growing up, what kinds of messages did you receive about transgender people (if any)? For instance, these messages may have come from parents, teachers, movies, or television. How did they affect your attitude towards yourself?
Follow-up: [If participant says they didn't receive any messages about transgender people] What kind of messages did you receive about gender as a child and how did they affect your attitude towards yourself?

4. How have your attitudes towards transgender people changed over the course of your lifetime? What experiences have informed these changes?

5. How do you feel about being transgender now?
Follow-up: Where do you think your current attitudes come from and how have they changed?

6. How do you feel about other transgender people, in general? Do you have any specific experiences that have prompted you to feel this way?

7. How do you feel about telling other people that you are transgender?
Follow-ups: How have they responded? How has this affected your attitude towards yourself? How are your relationships to friends and family? How has your transition impacted your romantic and/or sexual relationships?

8. How often would you estimate that people you have not met before see you as a man/woman who is not transgender, and how has that affected your experience as a transgender man/woman?
Follow-up: How do you feel about the way you look?

9. If you had a choice, would you have chosen to not be born transgender? How might your life have been different if you weren't transgender? Would you feel comfortable dating another transgender person?

10. This is the final question, and in many ways it's the most important of all. What more would you like to tell me to help me better understand your attitudes about yourself as a transgender person?

information did not significantly improve our understanding of the overall phenomenon. As we had already completed eleven interviews, we continued to code and incorporate the final interviews but decided to halt the recruitment process at eleven interviews.

Transcription and coding was conducted by the primary investigator and her research team. The team consisted of the primary investigator (a White lesbian trans woman), two other graduate students (a White cisgender gay man and a Hispanic cisgender straight woman), and two undergraduate students (a White cisgender straight woman and a Multiracial cisgender straight woman). All interviews were transcribed verbatim. Working independently, team members identified significant themes using the process of "axial coding" and "constant comparison" (Charmaz, 2003). After independent analysis, the team met together to explore and process their reactions to the interviews, discuss their findings and to develop a more refined list of themes for each interview. Each interview was coded, discussed and analyzed fully before moving to the next one. To establish the trustworthiness and credibility of the data (Morrow, 2005) the last phase of this project included "member checks." A draft of the results was sent to all participants for their review.

Reflexivity Statement

This study was initially conceived to explore experiences of internalized transphobia. The primary investigator, a trans woman herself, experienced internalized negative attitudes about being transgender as the most significant deterrents to her transition and very costly to her mental health as a child and an adult. She hoped that better understanding these attitudes could help her and others find more solidarity and peace with them. However, when she began writing interview questions, it became apparent that creating space for positive attitudes was just as essential as creating space for negative attitudes. This was initially uncomfortable for her, as so

much of her experience as a transgender woman involved negative attitudes. However, this decision also created space for hope and change for those with more negative attitudes than positive. The research team, reflexive statements after each interview, and member checks were essential in helping the primary investigator bracket her own experiences and reactions and not projecting them onto those of her participants.

Chapter 3

Results

Table 2 presents summary demographic information and the pseudonyms used for the eleven participants in this study. Of the participants, eight identified as women (and were male assigned) while three identified as men (and were female assigned). Six were between 20 and 29 years old, four were between 30 and 39 years old, and one was between 50 and 60 years old. Four participants were interviewed on the phone, and seven were interviewed over Skype. All participants were White.

Many attitudes emerged when the interviews were coded. If negative attitudes about being transgender (internalized transphobia) are heavily linked to poor mental health, then it made sense to organize codes in ways which could help researchers and practitioners understand how these attitudes initially formed, what the attitudes were, and how these attitudes changed over time (as opposed to, for instance, purely thematic categories). Insight into these processes and the attitudes which resulted from them could help mitigate negative attitude formation, facilitate attitude change, and provide validation for transgender people and cisgender practitioners, researchers, and allies. With these goals in mind, we observed that participants tended to report two primary "periods" of attitudes. The first category involved first encounters with the idea of and initial attitude formation about being transgender: these attitudes were usually negative and usually informed by the explicit and implicit views of parents, peers, and media. The second category involved various experiences which challenged these initial attitudes and resulted in new attitudes. These new attitudes were mostly positive and based upon experiences of acceptance, introspection or contact with other trans people. If negative, unlike *initial attitudes* they were more often based upon participants' personal lived experiences during or after coming out, rather than internalizing the beliefs of others.

Table 2

Participants

Pseudonym	Current Gender ID	Age	Sexual Orientation	Race	Format (Skype/Phone)
Ariadne	Nonbinary, Agender, Trans Woman	25	Lesbian	White	Phone
Sylvia	Female	21	Ace Lesbian	White	Skype
Beggs	Female	34	Lesbian	White	Skype
Quinn	MtF Transsexual	30	Attracted to Women	White	Phone
Buffy	Female	28	Bisexual	White	Skype
Melanie	Female	29	Asexual	White	Skype
Oliver	Trans Man, Genderqueer	28	Queer	White	Skype
Stacey	Female	57	Attracted to Men	White	Phone
Erin	Female	30	Bisexual	White	Phone
Steven	Trans Man	35	Queer	White	Skype
James	Trans Man	22	Straight	White	Skype

Therefore, the Results section is divided into two broad categories: *Initial Processes and Attitude Formation* and *Change Processes and Changed Attitudes*. Figure 1 depicts these initials attitudes, how they changed, and the processes associated with this formation and change.

Initial Processes and Attitude Formation

Initial Processes and Attitude Formation primarily explores attitudes which formed when a participant was younger usually a child or adolescent. These attitudes were usually informed by participants' perceptions of the attitudes of other people. These attitudes were almost always negative and held in the past; most participants report different attitudes in the present. Broadly, these attitudes can be divided into two subgroups: *Perceptions of Possibility* and *Perceptions of Acceptability*.

Perceptions of possibility. Codes in this category refer to participants' perceptions of the possibility of being transgender and the possibility of transitioning from their assigned gender to the gender they identify as. Most participants, early in their lives, had no knowledge or awareness about transitioning or transgender identities and this *Lack of Exposure* led to many initial attitudes regarding transitioning as impossible. However, even when they learned of transgender identities and the possibility of transition, their beliefs that *Gender is Essential*, as opposed to socially constructed, led them to believe that it was impossible for them to be the gender they identified as. Similarly, some were exposed to ideas about transgender people but found their personal experiences did not fit these narratives and therefore believed they could never successfully transition (*Limited Transgender Narratives*). Finally, some participants feared that transition would lead to so much hardship that it did not seem like a realistic option regardless of its possibility (*Too Difficult*).

| Processes of Attitude Formation | → | Initial Attitudes | → | Processes of Attitude Change | → | Changed Attitudes |

Media Portrayals

Messages from Parents

Peer Reactions

Lack of Exposure

Perceptions of Possibility
- Lack of Exposure
- Gender is Essential
- Limited Transgender Narratives
- Too Difficult

Perceptions of Acceptability
- Rigid Gender Roles
- Transgender = Unacceptable

Introspection

Critical Consciousness

Acceptance from Others

Life Experiences After Transition

Perceptions of Possibility
- No Definitive Narratives
- Trans = Possible
- Still Challenging

Perceptions of Acceptability
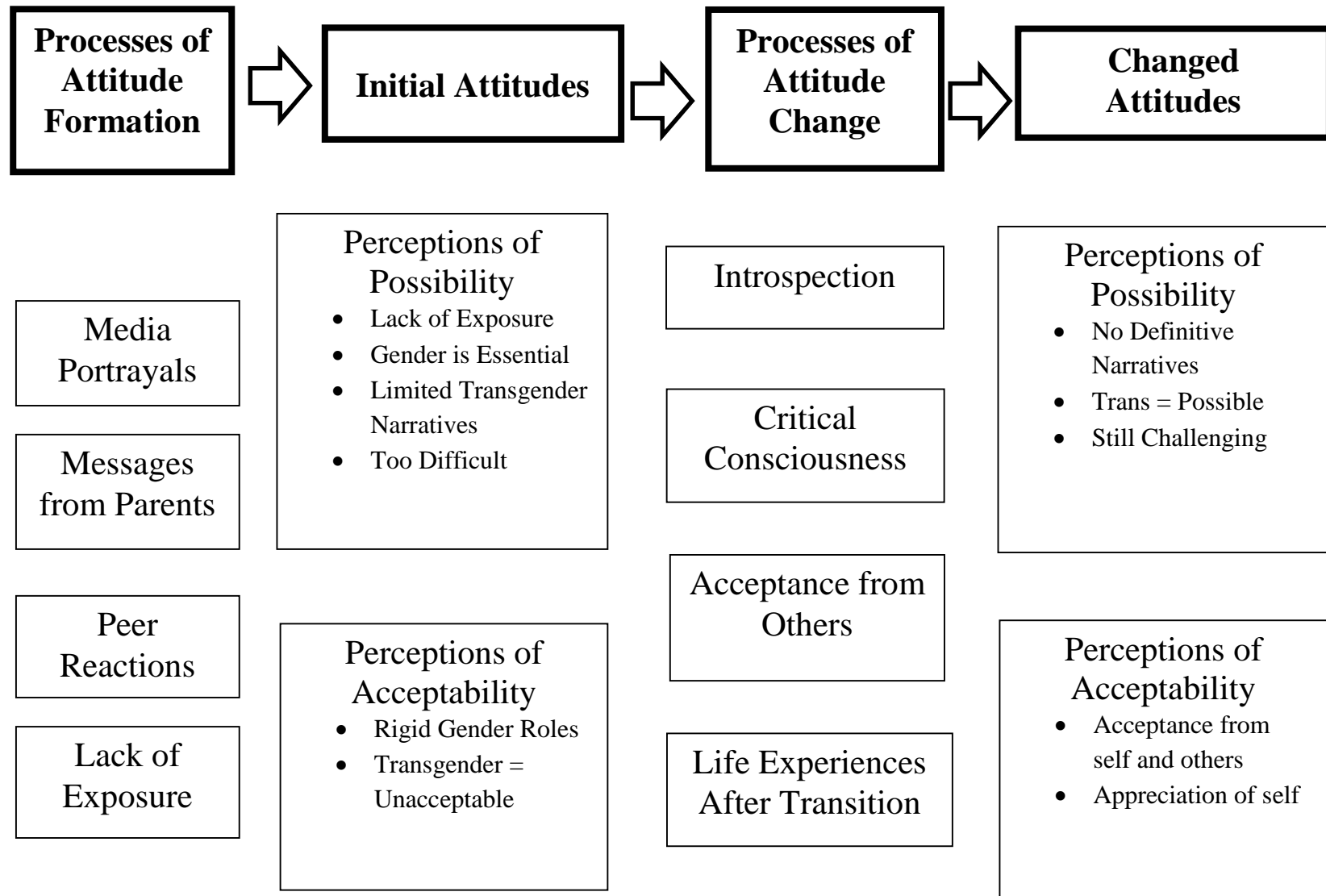- Acceptance from self and others
- Appreciation of self

Figure 1. Attitudes of transgender people about being transgender, formation and change over time.

Lack of exposure. Most participants struggled to remember any exposure to others with transgender identities when young. Beggs expressed this in response to a question about messages she may have encountered about being transgender when young, saying, "I didn't even know it existed until I was probably twelve. I didn't even know that that was even a real possibility." Similarly, Oliver said, "it just wasn't a thing [when growing up]." This lack of an answer proved to be a predominant theme in many interviews and had a significant effect on many participants. Many expressed feelings of significant isolation, as they were experiencing some degree of gender dysphoria or identification with the gender they were not assigned but had "no language" (Steven) or models for what transition might entail. Speaking further about this lack of exposure, Steven said, "I think the way it impacted me the most was that I thought I was the only one in the world who felt the way I did." Indeed, many participants dismissed the idea of transition for years despite their feelings, such as Quinn who said, "there were times when I wanted to be a girl, but I thought that there was no way that would work, so I basically ended up convincing myself that it was impossible." James also emphasized this point, saying, "I think if I had known that someone could transition to male and look like this I would have been totally on board. It wasn't until I met the first trans guy I ever met, when I was like 'wow, that's possible.'" Like James, many participants simply did not believe that it was possible to be assigned one gender and identify as another. It was not until this attitude changed that transitioning and presenting as the gender one identified as seemed like a viable option.

Gender is essential. Even when participants learned that transitioning or crossgender identification was possible, it often did not seem like a viable option. A significant element of this belief came from essentialist notions about gender itself. While one could present and identify as transgender, many participants reported feeling, at earlier points in their lives, that

they wouldn't be a "real" man/woman. Therefore they believed transition would not be authentic or worthwhile. Erin encapsulates this feeling of futility saying, "Yea, it seems like it's kind of a dead end, you know? Like you can transition, but you're never going to be seen as a woman. No one's ever going to – you're never going to get to that point." These essentialist notions of gender were echoed by Sylvia, who said, "I pretty much got the impression that gender is pretty much not a choice, it's like, it's not like you get to choose or be comfortable with what you're in, you're just sort of get it in your head and you have to live with it." Rigid ideas of gender will be revisited in *Perceptions of Acceptability*, but many participants seemed to believe that not only would they be rejected for not conforming to their assigned gender but that it was simply not possible to exist as anything other than one's assigned gender. As James expressed, movies such as *Mrs. Doubtfire* gave the impression that one could crossdress but "it was never anything permanent."

  Limited transgender narratives. Another obstacle to transition was the limited range of stories and identities about transgender people that participants were exposed to. Some participants, like Oliver, suggested that, "what made me fight the idea so hard was because it wasn't the right narrative." Indeed, many participants felt that even if transition was possible, it did not seem possible for them personally because they did not fit into mainstream ideas of who transgender people are. Speaking about even sympathetic media portrayals of trans women, Ariadne said she got the impression that, "all transwomen… had to be cis-passing and had to be pictures of perfect heteronormative cis femininity." Other participants also voiced this sentiment and, since they did not fit these specific narratives, believed transition was impossible. Believing her appearance could not fit within these parameters, Erin echoed this feeling of futility saying, "I really have no shot at this because I look like such a guy. There's no way I could ever do this."

Similarly, Stacey, who identified as a transvestite in the 1970s/1980s, believed that a more holistic female identity was inaccessible to her, saying "transsexuals were, you know, there were really high standards, you had to be…petite and short and…I'm 6 feet tall...I was kind of a marginal passer, so…it was just ehh, I didn't do it, I [didn't] think I could."

While the media did contribute to these notions, participants often had explicit awareness of historical constraints and community norms, which fostered these limited ideas of transgender identities. Sylvia mentioned seeing a television program about trans people where the trans men and trans women both behaved in very stereotypically masculine and feminine ways, respectively. "It was very Harry Benjamin," she said, a reference to the restrictive standards of transgender health care inspired by the work of Dr. Harry Benjamin which required trans people to present and behave in very stereotypical ways in order to receive access to hormones and other treatments. The legacy of these standards, which presented a narrow window of "legitimate" trans identities, can still be felt in the community (as seen above). Indeed, Oliver suggested it was "hard to not just feel crazy" in light of the narratives he found on the internet, none of which fully resonated or validated his own experiences and served as barriers towards deciding to transition.

Too difficult. Many participants also spoke of how they believed that transition and life post-transition would just be too difficult. This belief not only prevented individuals from attempting to transition but even from seeking information about it or admitting trans-related feelings to one's self. This foreclosure is evident in Quinn's account when she said, "I never really looked into what transition actually entailed, I just assumed it would never work for me." Buffy echoed this sentiment, saying, "I was just in denial. I didn't want to accept it because, I don't know, I just didn't want to. Assumed it would be difficult."

Fears about life as a transgender person after deciding to transition were often cited as reasons to deny one's identity. Speaking of the difficult struggle involved in acknowledging his transgender identity to himself, Oliver expressed fears of losing his job and all of his friends. To him, "[being transgender] seemed like the worst possible outcome." Before coming out to herself, Beggs recalled her fears of what her life would be like if she was transgender. Basing her observations upon rumors from peers regarding trans people at her college campus, she remembered believing: "jealous and angry and terrified, that's what you're destined to become. Did I want to do that and become, you know, essentially a freak? No, I didn't want to." Some participants expressed discouragement even after visiting support groups and finding no models of "success." Quinn, speaking of her difficulties finding examples of transgender people who were doing well after transitioning, said, "None of the ones at the support groups really I could look at and be like, 'oh, I want to be like you.' It was more like, 'oh god, I hope I don't turn out like you.'" Fears of becoming miserable and unloved as these other trans people seemed to be without any positive counterexamples fueled the belief that even if transition was possible, it was destined to be unhappy and, therefore, would be too difficult to undertake.

Perceptions of acceptability. Codes in this category refer participants' perceptions of how acceptable transgender identities and transgender people were and are to others. All participants reported witnessing or experiencing disapproval of either transgender people or behaviors not traditionally associated with one's assigned gender. These experiences fostered many initial beliefs about *Rigid Gender Roles* which participants often extended to their own transgender experiences and identities. Similarly, most participants reported strong negative judgments related specifically towards transgender people, leading them to believe that being transgender was wrong or unacceptable to others (*Transgender = Unacceptable*). These negative

beliefs led to significant shame in many participants, prompting them to believe that rejection and isolation were probable if not certain if they were transgender or gender variant themselves.

Rigid gender roles. Many participants reported experiences of judgment from others involving gender at a young age. Erin spoke extensively of how these rigid gender roles constrained her. Speaking of her hometown, she said most people behaved in very stereotypical ways which influenced her ideas of how she should behave. "You know, guys do this and girls do this. … I was supposed to be a guy, so I should just grow up and be a guy, right, cause that's what you're supposed to do." She told this story from her youth to illustrate how powerful these attitudes were, even if they didn't have a specific source in the moment:

I was playing with my cousin ... And there was this dress there, and I just knew, I was like, 'no, I cannot do that because I'll get yelled at for that.' I didn't even know why I knew I would get yelled at for doing that ... and I was like 5 then, and I mean, c'mon.

Sylvia discussed engaging in "girlish activities," but because she was male-assigned, she said, "people would always be like, oh, you're a fag, or, oh, you're gay… it was a lot of bullying." This harassment informed Sylvia's attitudes about the acceptability of her gender performance, but it also led to many negative attitudes about herself in general. Similarly, Ariadne said "anytime I expressed any interest in anything that was coded feminine, it was squashed." This negative reaction from others led her to feel "different" and "isolated" from everyone else.

These experiences were echoed by Steven. Consistent with other findings (Beemyn & Rankin, 2011), trans men participants (such as Steven) were allowed more freedom to engage in gender variant behavior at very young ages. However, as they approached puberty this changed, even if they did not understand why at the time. He said:

My mom, after I cut my hair too short going into the sixth grade, [took] me to the
hairdresser to get a perm so people couldn't tell I was a dyke. And I didn't know what a
dyke was, but I could tell it was not good. Um, and just like, I think it was sort of cute
when I was young and as I got older it was not cute anymore and became a really
contentious thing for us.

Similar to Sylvia's situation, homophobia fueled negative reactions to gender nonconforming
behavior. Notably, even Steven's mother was afraid of the social response to her child's
appearance, prompting her efforts to push her child into presenting his gender in a way that she
felt would be more socially acceptable. While these messages were not directly about
transgender people, the rigidity of gendered expectations and the potential social consequences
for behavior that deviated from those expectations was very evident to many participants and
informed their own attitudes about what "acceptable" gender presentations and identities were

Transgender = unacceptable. By far, the most common initial attitude participants
reported about transgender people was disapproval from others. Whether this came from
messages from their parents, television shows, movies, or peers, participants learned that
transgender people and transgender behaviors were unacceptable to others (and therefore wrong
for participants to be and engage in themselves). These negative attitudes ranged from viewing
transgender people as absurd and ridiculous to seeing them as deviant and freakish.

Some participants reported stories of reacting to transgender people as if they were
comical or absurd, impossible to be taken seriously or treated with respect. Ariadne recalled that
her initial experiences were seeing transgender people in pornography and other media. The
framing and her peers' reactions to these individuals left her believing that, "trans women were a
joke and were a thing to be mocked and hated." Quinn remembered seeing characters crossdress

or, rarely, transition genders (such as on an episode of the television show *South Park*), saying that such portrayals were, "always played up for laughs." Similarly, Stacey remembered seeing a trans woman in a pornographic magazine in the 1970s. The portrayal of the woman "was awful, and, of course, everybody was laughing and joking about it." Buffy remembered watching *The Fisher King* and seeing a portrayal of a crossdressing/transgender character which was cast as eccentric and scorned by "normal" people. This led her to believe that transition would prompt others to view her as crazy, which bothered her significantly, saying, "I don't want to be seen as crazy. I just want, I really want people to see and accept me as who I am." Based upon the film, this did not seem possible. These experiences of derision left significant impressions upon participants in terms of what to expect from others as a transgender person and even served as initial models for how they should view themselves.

Other participants spoke of how they experienced others regarding transgender people and behaviors as deviant. As a child, Sylvia recalled watching an episode of the television show *Taboo,* which featured transgender people: "Obviously it didn't shed a good light on it. So in my mind it was like, oh, people like this are freaks. I won't be a freak." This was echoed in other responses. Beggs recalled seeing a news story about a male-assigned child who wanted to use the girls' bathroom. She remembered her parents' "very hostile" reaction, saying, "just the typical 'pervert' 'queer;' … it was almost like it should be made illegal." Similarly, James also remembered his mother's "disgusted" reaction after reading a story about having more than two gender options.

These responses had profound effects upon participants' attitudes towards their transgender feelings and identities, prompting significant shame and fear. Stacey's parents' negative reaction to her (presumably) gay art teacher "made me think I was, you know, fucked

up. It made me think I was just a really bad person." Quinn and Melanie both said they thought it was a "sexual fetish," which was so shameful to Quinn that she "never talked to anyone about it." Similarly, Steven didn't talk to anyone about the ways he felt regarding his gender, saying he was "afraid that they would think there was something wrong with me." While Steven said he did not feel something *was* wrong with him, like many other participants this belief that he would be judged and rejected by others seemed well-founded and made transition or gender noncomforming behavior a threatening and undesirable prospect no matter his identity.

Change Processes and Changed Attitudes

Change Processes and Changed Attitudes explores how participant attitudes changed compared to the initial attitudes mentioned above. These attitudes changed based upon introspection, critical consciousness, experiences of acceptance, and experiences of life after transitioning. Changed attitudes were usually neutral or positive and most are attitudes participants currently hold. As above, these attitudes are divided into two categories: *Perceptions of Possibility* and *Perceptions of Acceptability*.

Perceptions of possibility. Codes in this category refer to changes in how participants perceived the possibility of being transgender and transitioning. After initially perceiving being transgender as too difficult or impossible, many participants reported changed attitudes. Sometimes these attitude changes would occur after they met or encountered other trans people as adults and sometimes they involved experimentation. Either way, most participants eventually came to believe that transitioning was not only possible but a choice they were ready to make (*Transgender = Possible*). These experiences often coincided with participants' realizations that, despite historical and media portrayals, they did not need to be confined by traditional gender constraints or transgender narratives (*No Definitive Narratives)*. However, despite being

possible, many participants encountered difficulties during and after transition. These difficulties often reflected the significant amount of prejudice and discrimination transgender people face regularly. However, while negative, these attitudes tended to be about externally imposed hardships and their consequences instead of internalized negative beliefs about being transgender itself *(Still Challenging)*.

Transgender = possible. Different experiences prompted participants to change their attitudes surrounding the difficulty of being transgender. Some found that transition was a possible and feasible outcome when they encountered other transgender people. Quinn said it "blew [her] mind" when she started seeking out transgender information on the internet and found other people the same age as her, on blogs and internet videos, who had transitioned and were living successful lives. "Suddenly I realized, this is something that's possible for me. It's something I could do it I wanted it," she said. Similarly, Steven first began to believe being a trans man was possible after reading *Stone Butch Blues* by Leslie Feinberg. Later, when he met another trans man for the first time, he said he felt as if a "whole new world opened up." These experiences helped give him a model and hope that he was not alone and that he could transition and live as a man as well.

Other participants often had to take risks and action on their own to test how realistic transitioning would be for them. Stacey, for instance, started presenting as female in the evenings. After she did this without incident, she said, "I decided, 'well shit, if this is gonna work out like this I'm just gonna go ahead and do it all the time.'" Oliver reported being "in denial" for over a year, arguing with his therapist due to his fears about being transgender. Eventually, however, he became so unhappy that he was willing to try new things despite the potential consequences. He visited his doctor, and "she wrote me a prescription that day for

testosterone and for antidepressants. I filled the one and never had to fill the other." Upon finding that many of their fears would not materialize, many participants were pleasantly surprised. They found, like Sylvia, that "being trans…doesn't necessarily stop you from living a very full, a very successful, a very productive life."

No definitive narratives. As explored in *Gender Is Essential* and *Narrow Transgender Narratives*, participants often initially believed that their identity might not be valid because of their assigned gender or their particular transgender experiences. However, many participants reported that these attitudes changed. Beggs was concerned that her enjoyment of traditionally male-dominated activities like video games, math/science, and shooting guns meant she wasn't "girly" enough to transition. However, after introspection and unconditional acceptance from others, she realized that these traditional gender roles did not have to confine her and that she "didn't have to give up being me" to transition.

Similarly, participants experienced freedom from expectations surrounding transgender people as well. Oliver found immense validation when he met another trans man whose personal narrative closely mirrored his own, even though it didn't exactly match the narratives of most other trans men he had met. Steven and James both encountered people who identified as genderqueer or outside of the gender binary, and these experiences helped them reconceptualize gender as a spectrum with many possibilities instead of a rigid dichotomy. This reconceptualization of gender often removed the need to categorize and create hierarchies of validity. For instance, instead of viewing transgender women as not being "legitimate" women, Stacey said she came to believe that trans women were, "just another kind of woman… not better or worse, just another kind." These sentiments also developed from participants' experiences with transgender literature and resources. Multiple participants cited that this "critical

consciousness" emerged from forums, books, novels, and more forms of media which presented different views of transgender people than the dominant narratives. These explosions of constraint and narrative empowered participants to believe transitioning was a valid option regardless of their assigned gender or personal stories.

   Still challenging. Although not impossible, participants still faced many challenges after transitioning. However, participants were much more likely to attribute these challenges to prejudice and discrimination from others rather than flaws of their own as they had in the past. For instance, Steven reported fears of not getting a job if potential employers knew he was transgender. Ariadne spoke of the difficulty of enduring microaggressions and feeling unsafe even with cis people who considered themselves accepting. Stacey spoke of the resentment she feels at feeling that she needs to disclose her identity to sexual partners, risking possible rejection and even her physical safety. These concerns, and many others, reflected participants' beliefs that the realities of transgender oppression continued to make their lives difficult even after they changed many of the negative attitudes they held about themselves.

   Indeed, many participants spoke of how damaging these experiences of oppression in the past and present could be. Sylvia suggested that, "being trans just magnetizes a lot of damage that's just waiting to happen to you," emphasizing that hardships many people have to go through can be made that much worse when one is transgender. Ariadne and Stacey both spoke of how many trans women they knew had poor mental health, often hurting themselves and other trans women as a result of the oppression they'd endured. Buffy went so far as to say, "This is something I wouldn't wish on my worst enemy," a sentiment Sylvia shared, not because they believed being trans was wrong but because it was so hard and painful. These hardships did not

make transition and self-acceptance impossible, but the effects and challenges, despite individual resilience, remained very real with long-lasting effects.

Perceptions of acceptability. Although most participants initially believed they would not be accepted if they decided to transition, most of those views changed over time. Whether through self-acceptance or experiences of acceptance from others (cisgender and transgender), most participants currently believed that they could be accepted and that it was not inherently wrong to be trans (*Acceptance*). Indeed, many participants believed that being transgender, despite its hardships, could even bring many positives to one's self and others (*Appreciation*).

Acceptance. Despite negative experiences in the past which informed participants' initial negative attitudes about themselves, most participants came to accept themselves and their transgender identities. After a significant amount of introspection, Ariadne realized she "was transgender the entire time" and could accept herself as she was instead of struggling against herself. Quinn, too, described "agonizing" over the decision to transition, but said that accepting herself as transgender empowered her to do what she "really wanted and needed to do for [her]self" by transitioning.

Rather than a positive or negative belief, acceptance was often neutral. "It's a thing, it's who I am," said Beggs, reflecting that being transgender is neither good nor bad but was just true for her. Beggs and Quinn believed being transgender to be a "medical condition," a framing which helped them fight the identity less. Instead of something "mysterious" or "trauma" related, Quinn described being transgender as "an almost literal, physical, biological birth defect, and we can't change the brain, so we have to change the body to put you at peace." "That helped me feel a lot more comfortable with myself," she concluded. Others, such as Melanie, viewed it as a "fact of life," a reality of their existence no matter how much they fought it. Unlearning some of

the negative messages was often helpful in reaching this point: "now I realize it's not a freak thing, it's just a thing," said Sylvia.

Acceptance from others was often integral to helping participants accept themselves and feel safer transitioning. Beggs, who spoke of being accepted by other transgender people and cisgender people, said she was relieved "Knowing that I wasn't going to be hated. Knowing that there was some acceptance from somebody, it wasn't just, you know, opening myself up to hatred from literally everyone everywhere." Similarly, Stacey found acceptance early in life in the gay community, which helped her change from "self-loathing" to feeling "more alternative." Oliver spoke extensively about positive experiences meeting other transgender people. He described going to the annual Philadelphia Trans-Health Conference, saying, "it's pretty amazing to be in a space where all the assumptions people make tend to be the right ones." These experiences were stark contrasts to the experiences of rejection participants had endured earlier in life. In each instance, they reported that, contrary to their past beliefs, they now believed they really could be accepted by others.

Although most participants reached a point of acceptance, some had mixed feelings about integrating their transgender identity as an essential part of their self-concepts. Melanie expressed fears that others still wouldn't see her as a "normal" person, saying "this isn't something that I want to define who I am, this is just something that I want to be a part of a whole." Likewise, Quinn said, "I just want to be a normal woman with no trans baggage." These participants decided to transition, but still felt that being transgender might lead others to invalidate their gender identities, prompting them to still want to distance themselves from the identity.

Appreciation. Although there was a great deal of difficulty associated with being transgender (fostering some negative attitudes about being transgender), many participants held positive attitudes as well. These attitudes went past acceptance to forms of appreciation regarding how being transgender shaped participants for the better.

One common sentiment was that transgender people, as a result of their similar experiences, could often relate to each other much better than they could to cisgender people. Sylvia said this "gives a sense of solidarity… [other trans people] sort of get it and you just sort of get it." Buffy expressed this as well, believing that other transgender people could "sympathize with [her] situation more than anybody else." Beggs echoed this, sharing how she felt she could talk to other transgender people about her experiences of oppression without question or judgement. So too, she said they could relate to some of the unique aspects of living as a trans woman that a cis woman, such as her partner, might not be able to. However, Stacey suggested that even with cisgender people the trust she displayed when she disclosed she was transgender "probably just made us closer friends." While often a source of disconnection, being transgender could also be a source of connection as well.

Many participants highlighted how transgender individuals, by virtue of being different from most of the population, often had very unique perspectives and experiences which could lead to increased empathy for others. Steven said that having experiences most men don't have was "helpful." "Being someone who was different and at times not accepted, I maybe have more empathy towards lots of other people," he suggested. Just so, James spoke of how wanting others to respect his identity and experiences pushed him to value respecting the identity and experiences of others. Ariadne put it more bluntly: when asked how her life would be different if she weren't transgender, she said, "I guess I'd be a cis person and an asshole," emphasizing how

the difficulties of being transgender had pushed her to be a better person to others (particularly those who are oppressed). Quinn even wondered if the hardships of being transgender helped her value her own experiences, saying, "yea, if I was born cis female, maybe I'd be happier, but maybe I wouldn't because I wouldn't appreciate what I had." Stacey also speculated about how she might be "a completely different person" if she had been "born female," saying that being trans "sand[ed] some of the rough edges off [and made] me a better person."

Some participants believed that being transgender also presented opportunities to help others, especially other trans people. Beggs relished the mentorship role, saying "I can be a force for change and be good for somebody else by just being a good example. Showing other trans people that, hey, you can be what you want to be still." Oliver also saw his identity and experiences as opportunities to change attitudes, suggesting that "if it's ever going to get any better people need to see and know trans people." Ariadne said she was glad she held gender nonconforming identities because they empowered her to be a change agent: "I am happy to be these things because of the strengths they have given me to confront a terribly fucked up world." Seeing themselves as potential agents of change helped these participants make a positive impact despite, if not because of, their negative experiences.

Many participants reported feeling that being transgender helped them figure out and define who they are. Buffy spoke to how being trans can prompt a great deal of introspection, saying "so many people in the world don't figure out who they are. Transgender people figure out who they are." Indeed, James called his transition process "an experience of authenticity," saying:

> Having to go through this whole period of coming out to all my friends, to my family, to everybody, made me be able to speak up a little more about who I am rather than who everybody else wanted me to be.

As a result, James was "really happy to be trans" because it had given him the chance to go through this process of finding himself. Other participants also reported an appreciation for how being transgender was an important part of how they came to be who they were. Quinn became tearful, speaking of how she wouldn't change anything about her life because it all led up to the birth of her son. Beggs also would not have changed. "Having been through what I've been through in my life, would I change it now? Hell no." she said. "I wouldn't be the person I am today if I hadn't been trans. I'm proud of being me." Stacey asserted even more strongly that if she was given the choice she wouldn't choose to have been "born female." "I wouldn't go back and do that over. It'd be like suicide." These sentiments did not diminish the pain and difficulty participants experienced, but instead coexisted with them. Being transgender can be hard, but it so often it was a vital part of being one's self that it made overcoming those hardships not just a priority but a necessity.

Chapter 4

Discussion and Implications

Discussion

The aim of the current study was to explore how initial attitudes about being transgender form, what those attitudes are, and how they change. Using these results, we constructed a model that highlighted how participants' views of the acceptability and the possibility of being transgender evolved over time. These findings are consistent with previous studies, particularly those exploring resilience and the importance of social acceptance for transgender people. These findings also provide new understandings of transgender attitude change and potential directions for interventions to improve transgender mental health.

One of the most significant themes in our results was the importance of acceptance. Participants' experiences of not being accepted, or fears of not being accepted because of their gender identities and gender presentations, heavily informed their initial feelings about being transgender. When significant people in a participant's life or media portrayals depicted trans people as ridiculous, disgusting, or shameful, participants often applied these attitudes to themselves. These internalized attitudes served as barriers towards participants feeling they could discuss their gender identity with others or take steps towards gender transition. Such feelings of unacceptability informed by other's reactions to one's difference, particularly for gender and sexual minorities, are not uncommon (David, 2013). Indeed, there is some research support which indicates that fears of rejection or stigma from others can be more impactful to one's mental health than one's own negative evaluations of one's self (Breslow et al., 2015). The current study's findings support this claim, indicating that experiences of not being accepted often precipitate the formation of an individual's negative views towards themselves.

Participants' attention to the negative attitudes of others seems consistent with other findings which highlight how important social support can be. Multiple studies have indicated the importance of social support and acceptance for transgender people's mental health (Bockting et al., 2013; Pflum et al., 2015; Singh, 2013). Being accepted by others was found to be one of the most significant protective factors in reducing suicide risk in transgender adults in another qualitative study (Moody, Fuks, Peláez, & Smith, 2015). While this finding specifically refers to the benefits of social support after coming out, the value of social support seems important to the extent that one would go to great lengths to maintain it even if it came at significant personal cost. Sexual minority participants in another study specifically cited hiding of self as a way of coping with the threat of rejection from family and others (Goldbach & Gibbs, 2015). Participants' desires to be accepted by others, even when they entail hiding or denying parts of one's self, seem adaptive when they appears to be no viable alternative.

Just so, participants' experiences of acceptance when exploring their gender identities or after coming out were often very significant in changing their attitudes. As they experienced acceptance from others and came to see their identities as potentially acceptable, their attitudes about themselves changed. Friendships with others who identify as LGBT have been connected with less psychological distress (Mereish & Poteat, 2015), as has transgender community connectedness and general social support (Pflum, et al., 2015; Herrick et al., 2013). In the current study, acceptance by others often led to increasing acceptance of self; this could indicate one potential explanation for the relationship between acceptance from others and diminished psychological distress.

In addition to perceptions of the acceptability of being transgender, participants also formed attitudes related to their perceptions of the possibility of being transgender. One

predominant theme that emerged regarded "rigid gender narratives." These narratives can be connected to early research and treatment of transgender people in the mid-twentieth century (Meyerowitz, 2002). While conceived with the intention of providing ethical guidelines to facilitate the treatment of transgender people, early "standards of care" also contributed to rigid, binary narratives of transgender experiences. As noted in the results, one participant explicitly described a television program's depiction of transgender people as "very Harry Benjamin," a reference to Dr. Harry Benjamin who had contributed significantly to early transgender research and who the first standards of transgender care were named in honor of. The "standards of care" which eventually took on Benjamin's name required psychological treatment and conforming to specific, gendered guidelines before hormones or surgery would be permitted. The current study's findings indicate that although these guidelines have changed significantly since their original creation, their legacy in popular culture (not to mention the psychological and medical community) continues to negatively impact trans people.

However, this legacy has not gone unchallenged. The "standards of care" have changed, notably with the American Psychological Association adopting a new set of guidelines for working with transgender and gender nonconforming people (American Psychological Association, 2015). Foremost amongst the recommendations of these new guidelines is the assertion that "gender is a non-binary construct." This emphasis upon the "non-binary" nature of gender is a strong step away from the narrow windows of acceptable transgender presentations and identities of the past. Instead, it is an affirmation of the varied, complex ways transgender people themselves (not the psychological or medical community) understand their gender identities. In many ways, APA's changing stance is a mirror to the process many participants have gone through, moving from rigid, traditional understandings of gender to more dynamic

and fluid understandings of gender which accommodate many different identities, experiences, and narratives.

Participant experiences of discovering that being transgender was possible were also significant in changing their attitudes. These sentiments were echoed in another qualitative study which found that its participants reported improved mental health when they realized they could take steps towards gender transition and have others recognize their identities (Moody, Fuks, Peláez, & Smith, 2015). Finding others who identified as transgender and had transitioned themselves was significant not just because it showed that transition was possible but also because it helped participants feel less alone in their own experiences. Many participants in the current study had experiences like this, leading to more self-acceptance and often steps towards transition. An addition to the research may be the importance that some participants placed on having examples of individuals who had not just succeeded in transitioning but were thriving during and after it. To these participants, seeing that it was possible to transition was important but seeing that it was possible to transition and be happy was even more important. Making contact with transgender individuals who are happy and healthy after transition could give those considering or beginning gender transition hope for the future, in addition to other important experiences such as acceptance and connection.

These experiences of connection with other transgender people tie into another important (and underexplored) area of research involving the resilience of transgender people. Although our study was initially intended to primarily explore internalized transphobia and negative attitudes, we soon realized that our work of understanding and constructing participant experiences would be incomplete if we only attended to negative attitudes and not positive attitudes as well. This is consistent with multiple calls for research surrounding resilience in the

face of minority stress and the importance of strengths-based data (Domínguez et al., 2015; Meyer, 2015). Although there is limited existing research related to transgender resilience and strengths, our findings support and add to these existing results.

Some theorists of resilience propose that there are forms of "individual mastery" which include an individual's ability to manage minority stress and forms of "communal mastery" which allow individuals to connect with and then utilize the collective resources of minority populations to manage and survive forms of minority stress (Hobfoll, Jackson, Hobfoll, Pierce, & Young, 2002; Meyer, 2015). The current study finds support for both forms of resilience. Participants utilized introspection, critical consciousness, social support and their own life experiences as part of changing many of their negative attitudes into positive ones. Introspection helped participants better know themselves and come to the conclusion that if others had problems with their identities then this was the other person's concern not the trans person's fault. Critical consciousness came in the form of reading important transgender texts, going to conferences, or acquiring resources on the Internet. Critical consciousness seemed to be an interesting mixture of using an individual's resources (such as education and curiosity) to find and critically engage with transgender community resources. And life experiences often helped participants build resilience by showing them they could survive and often be accepted even when taking significant risks (such as coming out to significant others or presenting as their identified gender in public). Social support, especially regarding acceptance from others, was arguably the most significant factor in influencing attitude change. This is supported by other findings which indicate that although individual forms of resilience are vital, social support is often equally if not more important for transgender mental health (Breslow et al., 2015).

Regardless, individual and communal sources were both found to be significant influences on attitude change for participants.

In addition to resilience, the current study's findings also provide support for strengths-based understandings of transgender people's responses to minority stress. Although there is limited research regarding positive aspects of the transgender experience, one qualitative study about transgender strengths (building upon a similar study regarding LGB strengths) identified eight positive themes (Riggle, Rostosky, McCants, & Pascale-Hague, 2011; Riggle, Whitman, Olson, Rostosky, & Strong, 2008). The current study's findings mirrored a number of those themes and provided some potential additions. Both studies found support for the ways being transgender fostered personal growth and self-confidence, increased empathy towards others, more involvement in activism, and connection with LGBTQ communities. Empathy and an enhanced ability to connect with the struggles of others was highlighted numerous times, as was participants' experiences of introspecting and finding themselves to an extent they felt was unique to being transgender.

The current study's findings provide support for elaborations upon or additions to these positives themes. For instance, some participants in the current study felt that the connections they experienced with other transgender people were often stronger than those others might experience because of both people's shared experiences of oppression. Another arguably distinct theme in the current study regarded the ways that being transgender empowered individuals to help others. While connected to activism, some participants reported feeling that they could make a larger societal impact because of the uniqueness of their identities (compared to cisgender people). Others discussed their experiences of being mentored while transitioning and

mentoring others who were beginning transition. According to the participants, these opportunities came about specifically because of their transgender identities and experiences.

A unique contribution of the current study is the synthesis of the processes of attitude formation, attitude change, and exploration of the attitudes themselves into the creation of a coherent, linear model of transgender attitude change. Many of the specific results of the study, as explored above, are supported by existing research. However, other than some identity development models (Beemyn & Rankin, 2011), there have been limited attempts to create cohesive models which integrate all of these varied elements. This model has significant implications for work with transgender populations, particularly surrounding mental health, and responds to multiple calls for more holistic approaches to understanding transgender minority stress and resilience (Herrick et al., 2013; Meyer, 2015). Despite its limitations, the current study will hopefully promote further understanding and exploration surrounding the multiple interconnected processes which affect transgender experiences and responses to minority stress.

Implications

The current study points to several implications to improve transgender mental health. The results indicate that addressing transgender individual's perceptions of the possibility and acceptability of coming out as transgender and potentially transitioning are essential to positive outcomes. Therefore, implications range from ideas to prevent the formation of negative attitudes, ideas to address negative attitudes once they've formed, and ideas to highlight positive attitudes.

One of the more common results in interviews was participants indicating that they had a difficult time remembering learning about transgender people. If they did encounter the concept of being transgender at a young age, it was usually from some form of media and the portrayal

was usually highly stereotypical and negative. Often, though, participants had very little contact with the idea at all. This lack of exposure stood out as a significant contributor to participants' perceptions of the possibility of being transgender. Without even knowing that it was possible to be transgender or transition, many participants struggled to put words to or even conceptualize the ways they felt about their gender identities for significant portions of their lives.

This dearth of exposure indicates a significant need for more information about transgender people, especially for young people. While this is changing, with the increasing visibility of transgender people in media such as Laverne Cox and Caitlyn Jenner, there is still significant room for improvement. Introducing transgender people into children's television shows or even elementary school curricula could provide young trans children with models and words for their own experiences. While some may fear that this will prompt young children to be confused about gender, it seems evident from many participants in this study that such difficulties were pervasive for them without any exposure to the idea of being transgender at all. Indeed, challenging binary gender narratives and gender essentialism could potentially benefit transgender and cisgender children, opening up significant possibilities for a wide variety of diverse ways of being in the world which could be freeing and empowering. This would be untraditional to say the least, but it would powerfully indicate to young people that they are not confined to the norms and traditions of their assigned genders. This could potentially instill a great deal of hope and a profound sense of possibility where, for many participants of past generations, none was to be found.

These efforts could be combined with others to promote the acceptability of being transgender or even presenting and acting in ways not traditionally associated with one's assigned gender. Even if participants had not heard of being transgender, they often received

distinct messages about what they were "expected" to do as male or female assigned children. Consistent with other research, these may have been more lenient for some female assigned participants at young ages (Beemyn & Rankin, 2011). However, eventually most participants reported being pressured to perform their gender in traditionally accepted ways. This indicates that creating spaces where children can explore any kind of gender expression or identity without judgment or punishment could be vitally important in fostering attitudes of possibility and acceptance. Ideally this might happen in children's homes with their caregivers, but even having space at schools or other communal spaces to experiment and play with gender and still be accepted could teach children that they can be valued and loved regardless of how they present or identify. Again, this is potentially beneficial to transgender *and* cisgender children, as they can all learn that acceptance isn't conditional upon gender performance. This could go a long way in preventing the internalization of negative attitudes regarding gender which could dramatically improve long-term mental health outcomes, particularly for transgender people.

There were a number of implications for transgender people who are currently struggling with negative attitudes as well. One significant theme was that while the dangers of living as a transgender person are very real, they are not necessarily insurmountable. This may vary based upon one's other identities (particularly socioeconomic status and race), but most participants in this study demonstrated significant resilience, striving if not thriving despite their hardships. As mentioned above, transgender resilience can often be overlooked as researchers focus upon the many important difficulties transgender people encounter. However, the current study indicates this emphasis upon hardship not only creates gaps in research but may also do a disservice to transgender people.

Indeed, many participants emphasized how important it was that they encountered someone who had "successfully" transitioned. "Successfully" usually meant that someone had steady employment, was accepted by others, and had decent life satisfaction overall. Support groups, a common "first contact" site for transgender people, were often thought of as counterproductive towards this goal because most participants tended to be struggling and unhappy. While this does not indicate that the groups, in and of themselves, are ineffective, it does imply that somehow facilitating contact with other transgender people who are no longer in need of "support" may be beneficial to those beginning transition so that they might see it is possible to transition and still be "successful."

So too, this points to the importance of positive narratives and examples in media, education, and activism. The "It Gets Better Project," founded by Dan Savage and Terry Miller in 2010, is a great example of an effort to show positive, resilience examples of LGBT people (Talks at Google, 2011). The project seeks to share narratives of strength and success from established LGBT people and allies to provide hope to those who may be in areas or situations without much support. This directly addresses the question of "possibility" that so many of the current study's participants struggled with, but is just one small piece of a larger need for more positive examples. While there are an increasing number of transgender celebrities, it is likely transgender people can benefit from stories of "people like them" who have typical jobs, relationships, and life satisfaction. This should in no way downplay the hardships transgender people face nor should it be used to create a "universal" narrative given how much transgender people's experiences and lives may vary. However, the difficulties and the successes should coexist, forming a complicated but realistic picture as part of fostering a sense of possibility while maintaining realistic expectations.

An important part of this "realistic picture" needs to be an exploration of the positive aspects of being transgender in addition to the difficulties. As mentioned, empathy, the courage to live authentically, resilience, and being agents of change were all highlighted as positive traits which arose from being transgender. Promoting and emphasizing the potential for these positive values in artistic narratives and in one's activism may help expand transgender and cisgender people's ideas of what it means to be transgender on a more holistic level. This could foster more positive attitudes regarding transgender people from cisgender people, but more importantly it could also help transgender people see being transgender as potentially something of value rather than something to be tolerated or regretted.

Another part of creating a realistic picture of a transgender person's experience may involve addressing their attributions of hardship. Many participants reported that a significant shift they experienced in the path to self-acceptance was in their ability to attribute other's distress surrounding their gender presentations and identities as a problem of the other person, not a flaw of themselves. Similarly, participants' ability to identify the social prejudices which led to their negative beliefs about themselves was often an important step in their ability to let go of those negative beliefs. Indeed, one's ability to attribute these reactions and other difficulties to sources outside of one's self (e.g. societal oppression or the beliefs of others) instead of believing these difficulties are natural expected results due to flaws of the individual seems an important part of fostering positive self-attitudes.

One way participants achieved this was through significant introspection and soul-searching. Sometimes this involved experimentation with gender presentation or significant thought on one's own. In a number of cases, participants reported developing a kind of "critical consciousness" by engaging with important transgender affirming texts or by participating in

transgender conferences or similar awareness raising events. Although this was not a substitute for other experiences, it does indicate that an important part of fostering positive attitudes may be in utilizing existing community resources, drawing upon scientists, artists, scholars, and historians who have done significant work regarding the lives of transgender people and transgender theory. Whether this is done in formal education settings or in one's own personal explorations, engaging with the broader work in the field can help transgender individuals understand the broader social and historical context they exist in so that they can more accurately attribute the sources of their distress.

Finally, much of this study has been devoted to explorations of attitudes and changing attitudes which might indicate a cognitive-behavioral understanding and approach to addressing transgender mental health. However, it is not apparent that disputing negative perceptions directly leads to attitude change (at least in a therapeutic context). While participants seemed to benefit from exposure to different ideas, they also highly valued connection with others and the ability to self-determine. Even when participants knew of the possibility of being transgender or actively discussed it with a therapist, they only took steps forward when they personally felt ready. This indicates that one of the most important things clinicians can do is to respect an individual transgender person's autonomy, not pushing them into one decision or another and not advancing any particular narrative (no matter how affirming). Providing an accepting space where a transgender client can be and explore themselves, in whatever form this may take on any given day, may be the most important thing a therapist can do. Such a space allows the transgender person to truly decide for themselves what fits for them without feeling the need to fit into any preexisting box or to worry about the reactions of others. Patience and unconditional positive regard, particularly given how little of this a transgender individual may have received

over the course of their lifetime, seem particularly important. As demonstrated by these participants, once they believe it's possible, individuals can do the work themselves of taking on transition and the many negative attitudes they've encountered throughout their lives. But having the support and acceptance of others can go a very long way in helping them persist and accept themselves, perhaps for the very first time.

Limitations and Further Research

Overall, the researchers took a number of steps to support the "trustworthiness and credibility" (Morrow, 2005) of the study's findings. Nevertheless, the study does have some limitations that may impact its findings. For instance, the research team and primary investigator implemented bracketing of their own experiences through written reflections and group discussion after reading each transcript. The team dynamic was an important part of checking researchers' reactions and assumptions in a safe, supportive environment. However, because of the bond of the team, it is possible that the similar perspectives of the researchers inhibited broader consideration of participants' experiences. The three graduate student researchers come from a program that explicitly values social justice and social advocacy. This is a benefit to the project because it allowed for participants' experiences to be explored with compassion and multicultural awareness. With that said, this multiculturally affirming lens impacts researchers' understanding of participant experiences in ways which may conflict with participants' own understanding of themselves. For instance, some participants viewed being transgender as an important part of their identity and saw trans community and activism as significant parts of that identity. However, other participants viewed being transgender as a medical condition which they were treating and viewed activism as unnecessary or of negative value. While the researchers tried to be accepting of both views, most of us, personally and professionally, value

activism and identity integration. These predispositions likely influences what participants choose to share and how researchers code these responses.

Another limitation is the relatively homogenous nature of the participant pool. All participants identified as White, most were in their 20s and 30s, and all were recruited through the Internet. This homogeneity is particularly important to consider because transgender people are so diverse. In addition to the many aspects of diversity of cisgender populations (including socioeconomic class, race, ability status, religion, etc.), experiences of being transgender can significantly differ based upon age of transition, generation, sexual orientation, binary or nonbinary gender identification, and more in unique ways. Indeed, during the member check process Quinn stated that although all of the information gathered from her during the interview process was accurate at the time it was collected, she had experienced significant positive changes over the following months in the conditions of her life and the attitudes she has about being transgender. This reflects how fluid these attitudes can be and how much they may depend upon the person's point in their own transition process. While broader surveys were outside the scope of this project, reaching diverse transgender populations and exploring diverse experiences is integral to informing a multifaceted view of any aspect of transgender life. Future research exploring how culture and various social identities impact initial attitude formation and later attitude change could be valuable not only in capturing a wider sample of transgender experiences but also providing models and alternatives for how being transgender can be possible or accepted in different contexts.

A related limitation is that all participants in this study had pursued or decided to pursue gender transition. Most had experienced some attitude changes which propelled them to transition genders. By the nature of recruitment, it would be difficult to recruit participants who

might have transgender feelings or identities but have too many negative attitudes towards these identities to pursue transition or even explicitly identify themselves as transgender. With that said, more extensive exploration related to individuals who still actively hold mostly negative internalized beliefs may present a different or more nuanced picture of how these beliefs form and influence participants. Understanding what maintains negative attitudes may be just as important as understanding how they change in developing understanding of minority stress.

The study's broad scope was an additional limitation. As mentioned above, we initially intended to primarily explore how internalized transphobia formed and manifested in transgender adults. However, we decided this would be present a largely incomplete picture of the broad spectrum of attitudes transgender people have about being transgender. This decision resulted in not just a variety of attitudes (former and current, positive and negative), but also the production of a model which explores how attitudes form and change. However, adequately exploring attitude formation, attitude change, and the attitudes themselves was quite a challenge for one study. As described in the results section, to promote the utility and accessibility of the research, attitudes were confined to two major categories. So too, attitude formation was observed (particularly the behaviors fostering initial attitudes), but the actual mechanisms of this formation was not. We also did not ask what participants would have preferred to happen or what they believe might have mitigated negative attitude formation (both of which could be foundations for entire studies). Indeed, our results and model are actively constructed with the intent to understand but also the intent to utilize; this naturally limits representations of participants' experiences which did not fit the proposed model or the time and space constraints of the questioning. Of course, these are understandable limitations and consistent with a grounded theory approach to qualitative research which uses data to actively construct a theory (Charmaz,

2003). However, a more phenomenological approach might have more thoroughly represented participant experiences of internalized transphobia without the constraints of needing to organize data in a way to make a coherent (but limited) model of change.

Finally, the current study focused upon attitude formation and change about being transgender with transgender participants. However, the current study indicates that cisgender people's attitudes about being transgender heavily impact how transgender people see themselves. Most (if not all) of participants' family members and important adults growing up were cisgender, most people creating media about transgender people are cisgender, and most people creating policy or organizing spaces such as schools and churches are cisgender. It might be accurate to say that most participants got their initial attitudes about being transgender from cisgender people. Therefore, developing a better understanding of how cisgender people perceive and understand being transgender, as well as how their attitudes change over time, might be an equally important study in addressing minority stress and its effects.

Conclusion

In this study, we explored what attitudes transgender people had about being transgender and how these attitudes had formed and changed over participants' lifetimes. We identified two primary categories of attitudes: attitudes regarding how acceptable participants believed it was to be transgender and attitudes regarding how possible participants believed it was to be transgender and/or transition genders. Broadly speaking, we found that early in life participants had little exposure to the idea of being transgender and those that knew of it often initially believed that it would too difficult or impossible to transition. They also commonly believed they would be rejected by others if they did transition. However, after periods of introspection and experiences of acceptance by cisgender people and other transgender people, these attitudes

often changed. Participants began to have more dynamic views of gender, to experience more acceptance of their own gender identities, and to sometimes even appreciate aspects of being transgender. Implications of the study include fostering more acceptance for diverse gender identities and expressions from a young age, creating space for individuals to self-determine with unconditional acceptance, and promoting more positive examples of transgender people (not just as they transition but long after) in media and activism.

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