GENDER VARIANCE IN CHILDHOOD/ADOLESCENCE: GENDER IDENTITY JOURNEYS NOT INVOLVING PHYSICAL INTERVENTION

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I would like to thank the ten participants who took part in this study. Without their generosity this study would not have been possible, and I felt privileged to hear their stories. I would also like to thank my thesis supervisor, Dr Sarah Davidson and my family and partner for their unwavering support.

Most of my memories from when I was younger are of wanting to be female, but at the time I didn't recognise it, I didn't understand the concept of transsexuality. Boys were boys and girls were girls, there was no in between, there was no grey area and there was no notion of swopping between the two. It was you are a boy or you are a girl. It was very black and white, and it's only when I kind of learnt about this that I actually looked back and said "I've been dealing with this my whole life", and I never told anybody, I just swept it aside.

18-year old natal male

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ABSTRACT

Much of the current literature on gender-variant children and young people focuses on aetiology and developmental outcomes in adolescence, whereas their developmental experiences have been neglected. Furthermore, there is little understanding about the experiences of gender-variant youth for whom gender reassignment does not offer a straightforward solution.

This qualitative study interviewed 10 gender-variant young people (Mean age = 20; range 17-27) who were not actively pursuing gender reassignment. The aim was to gain a better understanding of the developmental process of their gender identity development and how they made sense of their gender variance; the challenges that they faced; the resources that they drew upon; and what is important to them. A grounded theory methodology was adopted.

The period between the approximate ages of 9 and 14 years was identified as crucial in their gender identity development and as a significant developmental challenge. A widening social gap between male and female gender roles and an emergent homosexual identity influenced how they made sense of their gender-variant expression and their bodily development, which in turn was situated within a context of widespread social exclusion. This promoted a profound lack of social belonging, which for most translated into a sense of not belonging in their bodies. A transgender identity afforded social membership, but brought with it a variety of challenges. A range of gender identities and views on gender reassignment were identified, that do not neatly fit into current conceptions of desisting and persisting gender dysphoria. Education on gender variance within the public, educational and health domain was an important priority for the participants. The findings of this study contribute to our understanding of the developmental trajectories of gender variant youth. It also intimates a number of recommendations for future research and clinical practice.

1.0 INTRODUCTION

This study focuses on the developmental experiences of young people who used to or are experiencing gender dysphoria, but who are not currently pursuing gender reassignment. In this chapter I review the relevant terminology and lay out a multifactorial view of gender dysphoria. I also outline the treatment approach with gender-variant young people and review the relevant developmental models. [1]

I have written this thesis in the first person to reflect that what I have written is an interpretive rendering of (a) reality, not an objective reporting of it. I have placed terminology I consider problematic in inverted commas in the first instance only, to avoid causing distraction to the reader.

1.1TERMINOLOGY

The terminology in relation to gender identity is loaded with meanings that are not neutral and many remain contested. I therefore acknowledge that some of the terms used may be acceptable to some stakeholders, whilst unsatisfactory to others.

1.1.1 Identity

Identity is a modern concept that has become ubiquitous in both the lay and academic domain, yet when trying to define identity it becomes a rather elusive term (Baumeister, 1995). Much of our current understanding of identity derives from the influential work of Erikson (1968). From this perspective, identity involves a subjective sense of sameness and continuity of one's existence in time and space, which nevertheless evolves over time and requires recognition from others (Kroger, 2004; Savin-Williams, 2005). It includes the body and a social identity, which can be described as a cluster of definitions that become attached to the body, including a name, social roles and membership in various groups (Baumeister, 1995). Kroger (2004) suggests that identity often gets described, at various stages of the life cycle, as a balance between that which is considered the personal and the social, i.e. a balance between *self* and *other*. Identity development might thus be described as simultaneously exploring the questions of 'Who am I?" and 'Where do I belong?'

Whilst identity development is considered to begin from infancy and to continue throughout the life course, adolescence - at least in western societies - is considered a critical period, when young people explore and try out various identity commitments (Kroger, 2007). In addition to the concepts of *exploring* and *committing* to an identity, identity theorists often draw on the concept of *separation-individuation* (Blos, 1967) to describe the process of identity

[1] See Appendix 1 for the literature search approach

development. In its broadest sense, separation-individuation refers to a process "by which a person becomes increasingly differentiated from a past or present relational context" in order to develop an autonomous sense of self, that nevertheless remains embedded within the context of relational commitments (Karpel, 1976, p. 66). In infancy this involves a gradual differentiation from the caregiver (Mahler *et al.,* 1977). In adolescence, the young person begins to shift the focus of their relationships from their families to their peers, their intimate relationships and other social membership groups. This gradual shift towards independence from the family provides adolescents with increased opportunities to develop their capacity to evaluate, decide and take on responsibility for issues in their own lives, thereby preparing them for adulthood (Kroger, 2007).

Narrative and social constructionist theorists (e.g. McAdams, 1988; Gergen, 1991; Potter and Wetherell, 1987), on the other hand, argue for the importance of language and context in identity. They suggest that the socio-historical context we find ourselves in makes particular ways of talking and being available to us. Accordingly, we develop a sense of self by the stories that we and others tell about ourselves, which in turn is shaped by the stories that are available to us in society. Identities that are socially contested and marginalised present challenges for adolescents, as the associated shame hinders exploration of the emergent qualities of the self (Wiseman & Davidson, 2012).

1.1.2 Sex

The term *sex*, since classical times, has been used to refer to biological matters (Diamond, 2002). Sex is determined through applying socially agreed upon biological criteria for classifying people as ‘females’ or ‘males’. The consensus is that sex is determined by karyotype (a specific chromosomal combination, with 46 XX karyotype in females, 46 XY karyotype in males); gonads (ovaries in females, testes in males); external genitalia (labia and clitoris in females, scrotum and penis in males) and secondary sex differentiation in puberty (Pasterski, 2008).

In everyday life sex is most commonly assigned at birth on the basis of a child’s external genitalia and follows a binary, dichotomous model. From this perspective humans are considered a perfectly dimorphic species involving two kinds only. Critics, however, have argued that such absolute dimorphism disintegrates even at the most basic level of biology (e.g. Fausto-Sterling, 2000; Kessler, 2000). That is, people’s sexual anatomies vary considerably and the two-sex, dichotomous system embedded in western society masks such diversity and overlap between the sexes. People whose bodies are insufficiently dichotomised on a chromosomal, gonadal, hormonal or genital level are considered to have

'intersex conditions'. This group is viewed as distinct from those with a 'gender identity disorder' (APA, 2000).

1.1.3 Gender

In 1955 John Money introduced the concept *gender role* (Di Ceglie, 2000). Gender and gender role refer to the activity of managing conduct in light of normative conceptions of attitudes and activities considered appropriate for one's sex category (West & Zimmerman, 2010). The term *gender identity* was introduced in the early 1960's by a gender identity study group at the University of California, and refers to a person's subjective sense of congruence with a particular gender (Di Ceglie, 2010).

The term *transsexual* was introduced in 1923 by Hirschfeld (Cohen-Kettenis & Pfäfflin, 2003). Sullivan (2003) notes that since its introduction transsexualism has become inextricably linked with gender reassignment. Currently, transsexuality refers to individuals who desire to live or actually live in the gender role of the 'opposite sex' and who want to undergo or have had gender reassignment (Cohen-Kettenis & Pfäfflin, 2003).

In 1980 the American Psychiatric Association (APA) listed transsexualism as a 'mental disorder' in the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-III; APA, 1980). A separate diagnosis was introduced for children. In the most recent DSM editions, the DSM-IV and DSM-IV TR (APA, 1994; 2000), only one diagnosis, 'gender identity disorder' (GID) was included with different sets of criteria for children and adolescents/ adults[2]. The DSM-IV-TR describes GID as involving a strong and persistent cross-gender identification and a persistent discomfort with one's sex or a sense of inappropriateness in the gender role of that sex.

The psychiatric classification of unhappiness with one's assigned gender, a desire to be the other gender and cross-gender behaviour is shrouded in controversy. Some authors criticise the DSM for its binary assumptions of gender, which excludes the experiences of people who identify in ambiguous ways, and points to a lack of empirical research investigating the reliability and validity of the GID DSM-IV criteria (Cohen-Kettenis & Pfäfflin, 2010; Wilson *et al.*, 2002). In light of a link between cross-gender behaviour in childhood and adult homosexuality (e.g. Money & Rosso, 1979), some have argued that the introduction of childhood GID in the DSM was a backdoor manoeuvre to justify treatment to prevent homosexuality (e.g. Bem, 1993). Some authors have argued that GID is a western construct that pathologises what might be better considered

[2] See Appendix 2

as a normal variant of human experience, and argue for its removal from the DSM (e.g. Langer & Martin, 2004). Butler (2004), whilst acknowledging that diagnosis can facilitate "transautonomy" (p. 76), views it as a regulatory devise that maintains a rigid binary gender order. In her words, GID diagnosis "assumes that there is delusion or dysphoria in such people. It assumes that certain gender norms have not been properly embodied, and that an error and a failure have taken place...it assumes the language of correction, adaptation, and normalisation" (p. 77).

Elliot (2009), however, points out that Butler seems not to have given serious consideration to the transsexual narratives on which the diagnostic assumptions she cites are based. These include a deep unhappiness with their assigned gender (Prosser, 1998); an inability to embody norms within which they feel they cannot belong (Rees, 1996); and a belief in an error or a mismatch that can only be corrected by hormones and surgery (Jorgensen, 1967). O'Hartigan (1997) has argued that transsexuals and children who transgress gender norms are stigmatised regardless of whether they are diagnosed or not, and that a removal of GID from the DSM would undermine transsexuals' access to treatment and the protection of their legal rights. GID is currently being revised for the DSM-V, due to be released in May 2013. According to the APA DSM-V development website (www.dsm5.org) it is proposed that the name GID be replaced with *gender dysphoria*, which is the term I will use when referring to psychiatric nomenclature.

In addition to GID, the 1980's also gave rise to the term *transgender*. It was originally coined by Virginia Prince (1976), in order to denote people who want to or are living fully in the role of the other gender, but do not want gender reassignment. Politically, this was also a move to resist the pathologising psychiatric associations attached to the term transsexual (Sullivan, 2003). Today, transgender is often used as an umbrella category to denote any individual whose gender identification and/or external presentation either transgress normative conceptions of male and female, or mixes different aspects of male and female gender role and identity (Diamond & Butterworth, 2008). Nevertheless, some authors (e.g. Elliot, 2009; Johnson, 2012) have noted increasingly hierarchical distinctions between how 'transsexual' and 'transgender' are being conceptualised by trans, feminist and critical gender theorists, shaped by the influence of queer theory and queer politics.

Since the 1990's, transsexuality has become an attractive phenomenon to feminist and queer theorists, in that it has the potential to disrupt the heteronormative, binary gender system of meaning-making and essentialist notions that gender expression is naturally pre-determined and fixed by sex. This interest was instigated by Judith Butler in *Gender Trouble* (1990), where she used transgender subjectivities to show how gender is performatively

(re)produced. In *Bodies That Matter* (1993) - again in reference to transgenderism - she extends her argument by suggesting that the 'reality' of 'male' and 'female' is maintained through the repeated iteration and embodiment of gender norms, cemented by heteronormativity. Critiques of Butler's seemingly failure to acknowledge the limitations of the body (e.g. Martin, 1996) notwithstanding, her work inspired a wide variety of accounts of gender and sex transgression. These accounts have included critiques - both explicit and implied - that transsexuals maintain essentialist views of gender and reinforce the binary gender order. Such views have been made in reference to transsexuals' recourse to gender reassignment (Butler, 1993); their efforts to pass as the other gender and avoid 'coming out' (Bornstein, 1994); their seemingly acceptance of diagnosis (Butler, 2004); and their reliance on the essentialist discourse of a 'right' gender identity trapped within a 'wrong' body (Stone, 1991).

In contrast, the transgender figure, which has taking on the meaning of gender expression outside of the normative gender system and a refusal to be categorised as male/female, gay/straight, has been championed for its transgressive value (Elliot, 2009). For example, transgender academic Sandy Stone (1991) argues for trans people to take up the opportunity to expand the bounds of culturally intelligible gender by 'coming out', rather than 'passing' into silence and invisibility. Transgender writer Katie Bornstein, in her book *Gender Outlaw: On Men, Women, and the Rest of Us* (1994) privileges "gender fluidity", which she describes as "recognis[ing] no border or rules of gender" (p.52). The hierarchical division between the transgender and transsexual figure is evident in her distinction between "gender outlaws", who are out and appear to actively contest the gender system, and "gender defenders", who pass and appear to conform to gender rules. Transgender activist Riki Wilchins (2002), whilst arguing that hierarchical divisions is counterproductive, nevertheless states that "one would assume that preoperative transsexuals (or the increasing number of nonoperative transsexuals) would be considered as *more transgressive*, as would transgendered people of any stripe who don't 'pass' as binary males and females" (p.60, emphasis added).

Trans theorist Rubin (1996, 1998) praises the transgender movement for legitimising alternative sex and gender expressions, but argues that transsexuals alone seem to be charged with the revolutionary task of breaking down gender norms and are expected to live incongruent, unintelligible lives, whilst non-transsexuals are let off the hook. Namaste (2005) criticised the queer/transgender discourse for positioning transsexuals as politically conservative, whilst overlooking the considerable political activism transsexual groups have engaged in. Additionally, Prosser (1998) and Namaste (2005) have argued that the queer, transgender framework has failed to acknowledge the specificity of transsexual lives; has failed to further an understanding of

transsexual embodiment, in particular their experience of disembodiment; and does not adequately acknowledge the importance of identity categories in providing a sense of cultural belonging. Namaste (2005) points out that transsexuals' refusal of their assigned gender are mistakenly being assumed as critique of sex/gender congruence and the male/female categories, instead of a quest for re-embodiment to establish congruence, and belonging within the gender categories

In summary, the queer movement appears to have had liberating effects, but it also resulted in hierarchical divisions between transsexual and transgender movements. In light of these tensions, the use of 'transgender' as an umbrella term seems problematic. An alternative term that appears to gain traction is 'gender variance' (e.g. Elliot, 2009). This is used to denote a variety of practices that constitute movement across gender identities and individuals who live outside of normative sex/gender configurations (Johnson, 2012). In order to avoid the hierarchical judgement that transgender is somehow better than transsexual, I will use gender variance as an inclusive category, whilst acknowledging that this captures a range of subjectivities that have their own specificities.

1.1.4 Sexuality/Sexual orientation

The terms *sexuality* and *sexual orientation* refer to how and with whom people prefer to express their erotic/intimate/affectionate desires. Typically the term *heterosexual* is used to denote an individual attracted to a member of another gender; *gay/lesbian* to refer to a person who is attracted to a member of the same gender; and *bisexual* to refer to a person who is attracted to a member of any gender (Dragowski *et al.,* 2011). Homosexuality is often used as an umbrella term to refer to gay, lesbian and bisexual identities. Savin-Williams (2005), however, note that many young people are resisting conventional identity labels and their associated sexual scripts by either not labelling themselves at all, or by using alternative labels such as *queer, pansexual* and *ambisexual*.

1.2 EPIDEMIOLOGY OF GENDER DYSPHORIA

There are currently no published epidemiological studies providing data on the prevalence of childhood gender dysphoria in the general population (APA, 2012). However, the general consensus is that it is uncommon (Di Ceglie, 2013). Sex ratios of prepubertal children attending gender identity clinics in the UK, Canada and the Netherlands are approximately three to five boys for every girl, whilst in adolescence it approaches a 1:1 relationship (Cohen-Kettenis & Pfäfflin, 2003).

Prevalence estimates in adolescents and adults are usually based on the number of people seeking gender reassignment. In a review of ten studies from eight different countries, De Cuypere *et al*., (2007) reported a range from 1:11,900

to1:45,000 for male-to-female (MtF) transsexuals and 1:30,400 to 1:200,000 for female-to-male (FtM) transsexuals. The general trend is for more recent studies to report higher prevalence rates, which is likely to reflect the increasing numbers of people seeking care. Reed *et.al* (2009) reported a doubling of the numbers of people over the age of 15 accessing care at UK gender clinics every five or six years. Similarly, Zucker *et al.* (2008) reported a four-to-five-fold increase in child and adolescent referrals to their Canadian clinic over a 30-year period.

1.3 THEORIES OF GENDER DYSPHORIA

In this section I review I review the biological, psychological and social factors that have been proposed as contributing to gender identity development and gender dysphoria.

1.3.1 Biological theories

Biological theories generally focus on three potential pathways to gender dysphoria. The first involves anomalous prenatal hormonal influences. Sex hormones can be divided into two main classes: androgens - with the most common being testosterone - and oestrogens, with the most common being oestradiol. Typically men have more androgens and less oestrogens that operate in their bodies, whilst in women it is the reverse case (Stainton Rogers & Stainton Rogers, 2001).

Studies with girls have found a link between prenatal exposure to unusually high levels of testosterone and more masculine and less feminine interests regarding toys, clothing and make-up, infant care, sports and playmates (for a review, see Cohen-Kettenis & Pfäfflin, 2003; Hines, 2004). The effects of exogenous hormones on male behaviour and interests are less clear and often conflicting (Cohen-Kettenis & Pfäfflin, 2003).

The second path points to anatomic brain differences. For example, Taziaux *et al*. (2012) found that adult MtF transsexuals had a female-typical infudibular neurokinin B system. This is consistent with previous studies, which found a female-typical configuration in some of the hypothalamic nuclei in MtF transsexuals (Zhou *et al.,* 1995, Kruijver *et al*., 2000). In an MRI study with 18 FtM transsexuals before hormone treatment it was found that the white matter microstructure pattern in their brains was more similar to those of nontranssexual male controls, as compared to female controls (Rametti *et al.*, 2011). It is not clear how these brain differences might influence self-perception and behaviour, nor is it clear whether they are the product or the 'cause' of gender variance, or of something else altogether.

The third pathway involves genetic influences. Heritability studies have found higher concordance rates of transsexualism among monozygotic twins than dizygotic twins (Veale *et al.,* 2010). However, this could be explained by the likelihood of monozygotic twins having more similar psychosocial environments than dizygotic twins.

Whilst these findings support the view that biology influences behaviour, there is a substantial difference between ‘influence’ and ‘determine’. The limitation of a purely biological perspective on gender is that not only does it fail to consider human agency and environmental influences, but it also posits the two gender categories as ‘natural’, dichotomous and fixed, rather than as constructs created by human systems of sense-making (Kitzinger, 2004). It promotes a discourse that artificially divides gender expression into only two options and renders variation in such expression as unnatural and unacceptable. Yet these assumptions are challenged by the significant historical and cross-cultural differences in what is considered to be gender-appropriate.

1.3.2 Psychological theories

Psychological theories of gender variant identification have primarily drawn on a psychodynamic, behavioural and cognitive framework. Freud proposed that all children move through a sequence of five psychosexual stages, and that gender division happens when children reach the third stage, referred to as 'phallic', between the ages of three to five years (Stainton Rogers & Stainton Rogers, 2001). In this stage, he suggested that children become aware of their genitals, with consequent curiosity and anxiety about sexual differences. Freud drew upon the Greek mythology of Oedipus, who unwittingly kills his father and marries his mother. Accordingly, Freud proposed that in this stage children want to sexually occupy the opposite-sex parent and remove the same-sex parent. For boys this results in intense feelings of rivalry with and a fear of castration by their father. Girls, on the other hand, realising that they do not have a penis, experience 'penis envy', for which they resent their mother. Freud proposed that children resolve these overwhelming feelings by developing an identification with the same-sex parent as a defense mechanism and in the process incorporate their gender roles. He further suggested that if the Oedipal conflict is not resolved in this stage, homosexuality and a confusion regarding gender roles may arise.

Kohlberg's cognitive developmental theory (1966) proposed a three-stage model to gender identity development, according to which gender identity is achieved as part of an inherent maturation process. First, children learn to label the sexes (*gender labelling*). Next, they learn that sex remains stable over time, although their understanding of sex remains heavily influenced by external features e.g. hair and clothing (*gender stability*). It is only in the third stage, *gender constancy*,

which is usually reached by the age of seven, that they learn that sex is independent of external features (Luzt & Ruble, 1995). Kohlberg's theory suggests that the acquisition of gender-typical behaviours is the result of having developed a stable concept of gender. However, evidence for this assumption is weak, as children already show gender-related behaviours well before they reach gender constancy (Cohen-Kettenis & Pfäfflin, 2003).

Social learning theorists proposed that children acquire gender-typical behaviours through a process of operant conditioning and by learning from the modelling of important role models (Bandura, 1977). There is considerable empirical evidence that supports social learning theory (Stainton Rogers & Stainton Rogers, 2001). However, gender schemata theorists such as Bem (1981) have argued that social learning theory casts children as too passive. Bem pointed out that children's behaviour shows evidence of complex schematic cognitive categories for gender which form a framework for gaining their gender- related knowledge. Contemporary gender schema theory combines social learning and cognitive developmental features (Berk, 2003). Again, there are a variety of studies that support gender schema theory (Cohen-Kettenis & Pfäfflin, 2003).

In terms of gender variant identification, a variety of theories have been proposed. These include parental reinforcement patterns (Green, 1987); attachment issues (Marantz & Coates, 1991); maternal depression or an overly close relationship with the mother, combined with paternal absence (Stoller, 1968); difficulties in mourning an important attachment figure in early childhood (Bleiburg *et al.*, 1986); and temperamental factors, combined with the impact of early traumatic experiences and separation anxiety (Coates,1990).

Zucker and Bradley (1995) proposed that a broad range of factors may contribute to childhood gender dysphoria. They suggested that anxiety about self-worth is a core component. First, a child must be experiencing emotional distress of such an extent that they need a solution to survive. This may be related to the child's temperament, parental characteristics and/or family circumstances. Next, during a sensitive developmental period during which the child needs to develop a coherent sense of self, specific factors create a situation where the resulting anxiety induces gender-variant behaviour. This includes cross-gender preferences by the child and parental factors such as difficulties in emotional regulation; problems with effective problem-solving between parents; poor limit-setting of cross-gender behaviours; maternal fear of male aggression; and paternal feelings of inadequacy.

In a review, Cohen-Kettenis and Pfäfflin (2003) note that many of these theories have not yet been tested empirically and are based on boys only. In cases where

there was empirical research, this was often limited to particular aspects of the theory, with conflicting findings. What is noteworthy is that these theories assume a dichotomous model where gender expression can be neatly divided into male/female, normal/pathological, when there is considerable evidence of masculine/feminine overlap within individual behaviour, and variation of what is deemed gender-appropriate within families, between families and across cultures (Wilson *et al*, 2002). Secondly, these theories assume the existence of a core gender identity produced by an innate process, which is a view that is increasingly being challenged by social constructionist and queer perspectives.

1.3.3 Social theories

In sociocultural models, gender identification is seen as involving a complex and ongoing process of acquiring cultural meanings and practices and subject to variation across time and culture (Mead, 1949; Butler, 1990). In some cultures, physical difference per se is not always seen as sufficient to assign sex. For example, the Zuni tribe of North American Indians does not allocate sex at birth regardless of the child's genitalia, as there is a belief that it may change. Instead, complex rituals are used to 'discover' the sex of the child and determine sex of rearing (Herdt, 1996).

The social acceptance and status of gender-variant people also show significant cultural variation. For example, for members of the Mahu population in Hawaii it is acceptable to take on gender identities incongruent with their sex and such people are often considered creative and compassionate (Robertson, 1989). Transgender traditions among North American Indians have been documented in over 150 groups. Known as 'Two-Spirit', such people transcend male and female categories and are afforded considerable social status within a spiritual system (Newman, 2002). Peletz (2006) found historical evidence of deeply entrenched and widely institutionalised gender pluralism and transgender practices across Southeast Asia. Throughout Hindu and Vedic texts there are many descriptions of deities who transcend gender norms; this is considered to enhance rather than diminish their spiritual power.

The significance of these historical and cultural variations is the demonstration of how sex and gender may be conceptualised very differently, and that there is no fixed relation between the body, psychological identification and the social manifestations of gender (Newman, 2002). From a social constructionist perspective, gender can be described as a social stratification system, a social structure and a process (Lorber, 2010). As a stratification system, gender typically ranks men above women in most societies and defines a 'woman' in terms of what a 'man' is not. This in turn has implications for gender's structural qualities, where gender drives the division of labour, legitimates those in

authority, maintains the subjugation of those who are not, and organises sexuality and emotional life (Connell, 1987).

As a process, members of a social group learn what is expected for their gender status, behave accordingly or resist these norms, thereby simultaneously constructing and maintaining the gender order. The notion of gender as a process is influenced by the academic discipline of queer theory (e.g. Butler, 1990; Halberstam, 2005; Sedgwick, 1990), which in turn is heavily influenced by post-structuralism. Post-structuralist theorists such as Foucault (1926-84) argue that there are no objective and universal truths. Instead, they suggest that there are particular forms of knowledge or discourses, and that the ways of being that they legitimate become 'naturalised' in culturally and historically specific ways, whilst other ways of being are constructed as 'unnatural'. The implication is that dominant forms of knowledge and ways of being are contestable and open to change; by deconstructing how dominant discourses and cultural practices operate, it opens up alternative ways of seeing and being in the world.

Butler (1990), who has been credited with inaugurating queer theory, proposed that gender is the performative effect of reiterative acts. These acts, which are repeated in and through a rigid, regulatory social system, "congeal over time to produce the appearance of a substance, of a natural sort of being" (1990, p. 33). In other words, Butler challenges the ontological status of identity as an 'essence' that is the product of an innate development process, and the *cause* of action. Instead, she proposes that socially mandated acts and gestures which are learned and repeated over time *create* the illusion of an innate and stable gender core (Sullivan, 2003). Queer perspectives thus resist notions of fixed, stable identities and reject identity categories as "instruments of regulatory regimes, whether as the normalising categories of oppressive structures, or as rallying points for a liberatory contestation of that very oppression "(Butler, 1990, p.13-14). As a stance, queer is not just resistance to the norm, but resistance against "the idea of normal behaviour" (Warner, 1993, p. xxvii). Queer perspectives thus favour gender/sexuality ambiguity, fluidity and multiplicity.

The rejection of sexual and gender identity categories is a contentious issue. Whilst it may enable gender variant and sexual minorities with greater freedom and more options in how they wish to pursue their life projects, it can also disable the liberating capacity of claiming an identity. As Seidman (1993) notes: "Identity constructions are not disciplining and regulatory only in a self-limiting and oppressive way; they are also personally, socially and politically enabling; it is this moment that is captured by identity political standpoints that seems lost in the post-structural critique " (p. 134). For transsexuals, it is this enablement of identity categories that strikes at the heart of their quest for coherently embodied selves and their "yearning for 'home', a place of belonging to one sex or the other"

(Rubin, 1996, p. 7). Prosser (1998) concludes that these aspects of transsexual experience may be "irreconcilable to queer" (p. 59).

From a social perspective, it is society's response to gender variant people's yearning for a 'gender home' that constituted - and continues to do so - the transsexual identity. That is, 'transsexual' has become a socially intelligible concept because society has been unwilling to entertain challenges to the binary construction of gender, and to the idea that all members of society must conform to only one gender role. Instead, transsexualism provided a patriarchal society the means to quell these challenges and maintain the prevailing gender order. (Devor, 1997). In Kessler and McKenna's words (1985), transsexuality "is a category constructed to alleviate ambiguity - to avoid the kinds of combinations (e.g. male genitals - female identity) that make people uncomfortable...In a society that could tolerate lack of correspondence, there would be no transsexuals" (p. 120).

Another factor suggested by social theorists is the increasing availability of endocrinologal and plastic surgery treatments (Devor, 1997). As more people became aware of these technologies, those who found themselves at odds with the prevailing gender order learnt what to call themselves ('transsexual') and how to describe their psychological state (‘being trapped in the wrong body’). Transsexuality hence became a "communicable disease", in that the more publicity it received, the greater number of people who claimed it as their own (Prince, 1978, p. 271). According to this view transsexuality is better considered as a social and moral problem, rather than a medical problem. What is less clear from a social perspective is *why* some individuals, throughout history, do not conform to gender norms, despite significant social pressure to do so.

On the whole, our understanding of the factors that shape gender variant identification remains limited. In view of the available knowledge, a reasonable conclusion is that it is likely to involve a complex interaction of biological, psychological and social factors (Cohen-Kettenis & Pfäfflin, 2003).

1.4 INTERVENTION

Intervention in this area entails a holistic, multi-disciplinary approach. The overarching goal of psychosocial intervention is to maintain and improve the child/ adolescent's overall psychological adjustment and wellbeing, although currently there is no consensus on treatment approach (APA, 2012).

The APA (2012) identified three types of psychotherapeutic approaches. The first involves working with the child and care-giver to decrease the cross-gender behaviours and identification. There is considerable controversy about whether

childhood/adolescent gender dysphoria can and should be 'cured', but as this is not the focus of the research I will not go into detail here.[3]

The second approach is to have no therapeutic target with respect to gender identity outcome per se. Instead, the aim is to foster psychological exploration of the child/adolescent's gender identity from a neutral perspective and to alleviate associated psychosocial difficulties. This is the approach followed at the Tavistock Gender Identity Development service (GIDS), which is the only NHS specialist service for gender-variant youth up to age of 18 in the UK (Di Ceglie, 2013). Studies have found that children and adolescents with gender dysphoria may present with a variety of related psychosocial difficulties, including anxiety, depression, school refusal, relationship difficulties with peers and family, self-harm and suicide attempts, which typically increase in adolescence (for a review, see Di Ceglie, 2000; 2013). These difficulties need to be seen within the context of discrimination, harassment and violent assaults that many trans-youth face (Pardo, 2008). In addition to individual and family input, interventions often also include working with schools.

The third approach entails active affirmation of the child/young person's gender identification by mental health professionals and parents, and tends to include support in social transitioning to a cross-gender role, e.g. change in appearance, name and pronouns. An issue is that transitioning at a young age might limit a child's options: Steensma *et al.* (2011) suggested a cautious attitude towards social transitioning for children under the age of 10, as the girls in their study who lived in the male role from a young age, but desisted in their gender dysphoria post-puberty, found it difficult to revert back to a female role.

Physical intervention involves a cautious, staged approach, where reversible intervention always precedes irreversible intervention, and is combined with ongoing psychosocial support. This is the approach recommended by the guidelines of The Royal College of Psychiatrists (1998), the British Society for Paediatric Endocrinology and Diabetes (BSPED, 2009),The Endocrine Society (Hembree *et al*., 2009) and the World Professional Association for Transgender Health (2012). In adolescents, the first stage entails puberty-blocking treatment - commonly referred to as puberty blockers - which produces a state of biological neutrality and is considered fully reversible (Carmichael & Davidson, 2009). If the young person's gender dysphoria persists, partially reversible intervention is considered as a next step, i.e. cross-sex hormones that masculinises or feminises the body. The third stage includes irreversible intervention, i.e. surgery, which is not considered before the age of 18.

[3] See Langer and Martin, 2004, for a discussion

Historically it was uncommon for physical intervention to be provided before the age of 18 (Wren, 2000). Over the last 20 years, however, there has been a gradual international trend towards lowering age thresholds for puberty-blocking and cross-sex hormone treatment. This was first reported by the Dutch gender identity clinic for children and adolescents, where puberty blockers and cross-sex hormones were provided to adolescents from the age of 16 (Cohen-Kettenis & van Goozen, 1997). Their approach subsequently shifted to provide puberty blockers from 12 and cross-sex hormones at 16 (Cohen-Kettenis *et al.*, 2008). Since then there have been reports of similar shifts in a variety of other clinics (Cohen-Kettenis *et al.*, 2008).

Following the issuance of the BSPED guidelines in 2004, puberty blockers began to be provided from 16 in the UK. Since 2011 this has shifted to considering puberty-blockers from age 12 as part of a research trial, with the possibility of cross-sex hormones being considered from 16. The staged approach is followed regardless of an adolescent's age. That is, adolescents who attend the Tavistock GIDS from the age of 16 or over would similarly commence with puberty blockers first and the next stage would only be considered after a minimum of a year on puberty blockers. The threshold for surgery remains 18 in most countries, although there have been media reports of adolescents undergoing surgery at 16 in Germany and Thailand (Brown & Paterson, 2009; Smith, 2012).

The trend towards earlier physical intervention has generated considerable debate, with compelling arguments on both sides (see Wren, 2000; Cohen-Kettenis et al., 2008). Some of the main arguments in favour of early intervention are that adolescents often find the waiting period for physical intervention intolerable and that withholding treatment results in significant psychological distress (e.g. depression, self-harm, suicidality), whereas preliminary evidence suggest good outcomes following early transition (Cohen-Kettenis & van Goozen, 1997; Smith *et al*., 2001; Smith *et al*., 2005). Secondly, puberty blockers can provide more time for adolescents to explore their gender identity without the distress of developing secondary sexual characteristics, some of which are irreversible or only partially so following extensive surgery. On the other hand, the long-term physical and psychological effects of early physical intervention are not known (Hembree *et al*., 2009). Secondly, early intervention is offered at a fluid stage of development, when the current evidence suggests that for the majority of children their gender dysphoria does not persist post-puberty (see below).

1.5 DEVELOPMENTAL OUTCOMES

Most follow-up studies have been conducted with boys. Overall, these studies suggest that for the majority of boys with childhood gender dysphoria, this does

not persist into transsexuality in adolescence/early adulthood. Instead, the most common outcome is a homosexual orientation (Davenport, 1986; Green, 1987; Kosky, 1987; Wallien & Cohen-Kettenis, 2008; Zucker & Bradley, 1995; Zuger, 1984). Persistence rates vary between approximately 2 to 27 percent, with more recent studies reporting higher rates.

Only two follow-up studies have recently been conducted that included girls. Similarly to boys, the most common outcome was a homosexual orientation. However, whereas Drummond *et al.* (2008) reported a persistence rate of 12 percent in girls who attended a Canadian clinic, Wallien and Cohen-Kettenis (2008) reported a persistence rate of 50 percent of girls who attended a Dutch clinic. It is worth noting that 40 percent of the cases included in the Canadian study were 'sub-threshold' in terms of GID DSM-IV criteria, compared to 25 percent in the Dutch study. This might partly explain the discrepancy. Another possible contributing factor for the higher persistence rate reported in the Dutch study is that Dutch children, on average, are referred at a relatively later age, compared to Canadian children (Cohen-Kettenis *et al.,* 2003). Studies have indicated that for those young people whose gender dysphoria had not resolved by puberty or young adulthood, the majority remain gender dysphoric and seek gender reassignment (Zucker & Cohen-Kettenis, 2008).

The current understanding we thus have regarding gender dysphoric children's developmental pathways could thus be described as a 'two-trajectory, persistent/desistent model'. That is, in adolescence their gender dysphoria either persists and they most likely seek gender reassignment, or it desists, i.e. they identify with their natal sex and most likely adopt a homosexual identity.

1.6 MODELS OF HOMOSEXUAL AND TRANSSEXUAL IDENTITY FORMATION

In a review, Eliason and Schope (2007) note that there are a plethora of stage theories of homosexual identity formation, most of which derive from and are variations of Cass' six-stage model (1979; 1996). According to Cass's model, the first stage (*Identity Confusion*) involves feelings of confusion about the nature of one's sexual attractions and feelings of difference in relation to others. Eliason and Schope (2007) reported that a common experience for LGBT people is a lack of language to describe these feelings of difference. This is then followed by a period of exploration, during which the person compares their own experience with those of other LGB-identified people (*Identity Comparison*). The individual subsequently comes to a tentative commitment to a homosexual identity, but initially feels resistant about making a full commitment due to social stigma (*Identity Tolerance*). The experiences they have during this stage will either lead them to devalue or to deepen their commitment to a homosexual status, thus

propelling them to the next stage, *Identity Acceptance* (Savin-Williams, 2005). During this stage they have a more positive outlook on their sexual status, although passing as heterosexual may continue to occur. Incongruence between membership of the hetero- and homosexual worlds may lead to the next stage, *Identity Pride*. This involves feelings of pride in relation to one's sexuality and is often accompanied by considerable anger towards the heterosexual world. In this stage the individual's sexual identity may occupy a centre stage in how they see themselves. The final stage involves *Identity synthesis*. Movement into this stage brings peace, as the anger over the social stigma is no longer overwhelming and the person is more accepting of themselves and others. Individuals in this stage have integrated their sexual identity with other aspects of their identity; whilst their sexuality remains important, it has become merely one aspect of who they are.

Devor (2004) proposed a 14-stage model of transsexual identity formation, based on his sociological research with trans-people and draws on Cass's homosexual identity formation model.[4] Devor cautions that the stages are not mutually exclusive; that trans-people do not necessarily proceed through all the stages; and that they do not necessarily do so in a linear, progressive manner. Devor's model draws on two processes that run through the entire process of identity formation, which he suggests applies to the longing all people have when seeking self-understanding: *witnessing* and *mirroring*. Witnessing refers to the desire to have others, who are different from us, see us as we see ourselves. It provides us with reassurance that how we see ourselves is valid. Mirroring refers to the desire to see oneself in the eyes of someone who is similar to us and who has an insider perspective on the groups with which we identify. Devor (2004) suggests that transsexualism can enable people who feel overwhelmingly unwittnessed by society to make sense of why others cannot see them as they see themselves. Secondly, it can be vitally important for trans-people to have their experiences reflected back to them by other trans-people.

Similarly to Cass's model, Devor's model suggests that the process begins with feelings of difference and confusion in relation to the person's assigned gender (Stage 1 and 2). In children, these feelings of difference may lead them to become convinced that they are in the wrong sex or gender; however, they may temporarily abandon or hide these thoughts, due to social pressure to conform. Identity confusion prompts identity comparisons with their assigned gender, and weighing up alternative identities that are available *within* their assigned sex and gender, e.g. homosexuality (Stage 3). Devor suggests that identity confusion is likely to co-occur with identity comparisons. The discovery of transsexualism

[4] See appendix 3 for an outline of the 14 stages

(Stage 4) involves a significant event in the person's life, where they finally find a 'mirror' that reflects their experiences. This, however, prompts another cycle of identity confusion and identity comparisons (Stages 5 and 6), where they question whether transsexuality is a suitable identity for them and seek clarification by means of comparing their experiences with the transgender group. They subsequently make a tentative commitment to a transsexual status (Stage 7 and 8), followed by an acceptance of their trans-status (Stage 9). They then move through a variety of stages, which involves considering and deciding to go through with reassignment, until they reach the final stage, 'Pride' (Stage 14).

Despite their popularity, stage models have been widely criticised (Clarke *et al*, 2010). One of the main problems with stage theories is that they promote the notion that sexuality and gender is innate, and that through introspection people can come to discover their 'true' identity. This approach assumes that identity is fixed, and fails to account for potential fluidity in identities.

Secondly, the role of social context, discourse and historical processes in facilitating or hampering sexual/gender identity is typically not included. A third issue is that these models assume that identity development involves a linear, sequential and unidirectional process. Although some theorists (e.g. Devor, 2004) suggest individual variation in the degree to which people follow the sequence of the stages, the structure of the models themselves implies rigidity and that those who do not reach the 'end stages' have 'failed'. For example, people who do not come out and adopt an identity label are assumed to be in 'denial'. Savin-Williams (2005), however, notes that many young people experience no conflict regarding their same/both-sex attractions, but resist identity labels because they find them restrictive and/or of little relevance to their lives.

Another issue is that these models tend to emphasise experiences (e.g. sexual activity, transitioning). Yet anecdotal accounts indicate that many young LGB people come to identify in a particular way, without corresponding experience. Likewise, not all transgender people explore and go through the transitioning process. Yet another problem is that these models tend to construct the coming out process as inherently negative. Whilst this may be the case for many LGBTQ people, this is not universally so, and it undermines efforts to promote more positive accounts of gender variant and sexually diverse identities. Another problem is the assumption that sexual identity development applies to LGB people only, and not to heterosexual people (Worthington *et al*., 2002). Finally, most models view gender and sexuality identity development as involving dichotomous processes, without taking into account the intersections between these constructs. For example, Diamond and Butterworth (2008) conducted a 10-year longitudinal study of four women who initially committed to a non-heterosexual identity, but over time began to question their gender and eventually

explored transgender identification. None of the women, however, irrevocably replaced their female bodies with a male one, and none of them identified unambiguously as male. The authors reported that during the women's identity exploration, they found it impossible to disentangle their experience and interpretation of their non-heterosexual desires from their sense of femaleness/maleness, and that both aspects mutually influenced each other in a continuously evolving relationship.

Overall, stage theories over-simplify the complexity of sexuality/gender identity development. Eliason and Schope (2007) suggest that identity formation is a life-long, non-linear, contextually shaped process and that a way forward would be to consider the stages in stage-models as common themes that individuals may - or may not - experience at any point during their life course.

1.7 DEVELOPMENTAL PROCESS

Factors contributing to the resolution/continuation of childhood gender dysphoria are still largely unknown. An exception is the study by Wallien and Cohen-Kettenis (2008), which found that the more extreme the childhood gender dysphoria, the more likely it was to persist into adolescence.

Apart from one study, Steensma *et al.*, 2011, no other studies could be found that focussed on the developmental process. The authors compared the developmental experiences of 25 adolescents between the ages of 14 and 18 - who in childhood were diagnosed with GID - in a qualitative study. Fourteen of the participants had reapplied for gender reassignment in adolescence (referred to as ‘persisters’), whilst 11 did not and were assumed to have ‘desisted’ in their gender dysphoria.

More specifically, the authors reported that in childhood, both the desisting and persisting group experienced relatively minimal distress in relation to their gender. This, however, changed during the ages of 10 and 13 years, which was attributed to the following three factors: a) increased social distances between boys and girls; b) anticipated and actual pubertal changes in their bodies; and c) the first experiences of falling in love and sexual attractions.

For the persisters, a widened gap between male and female gender roles in adolescence intensified their perceptions of being different from their same-sex peers. Pubertal changes in their bodies were experienced as developing in the ‘wrong’ direction and increased their aversion of their bodies. With regards to sexual attraction, they all reported same-sex attractions and self-identified as heterosexual, which in their minds confirmed their cross-gender identity.

In the desistance group the social changes did not result in a striking decrease of gender-variant preferences, but they began to add gender-typical interests to their repertoire. The girls experienced initial discomfort with their breasts, but this changed to an appreciation of their more feminine shape. The boys in turn all experienced their pubertal development as positive. The girls all reported attractions to boys, which led them to question their masculine feelings. In the boys there was a mix of sexual interest in peers of both sexes. Almost all of them reported a subsequent decrease in cross-gender feelings and identified completely with their natal sex. Nevertheless, one of the 'desisters' (male-sexed) was reported to have a continued desire for a female body. However, he identified as 'half-male, half-female' and had no wish for gender reassignment. This suggests that the concept of 'desistence' is problematic, in that it conflates a 'desistence' in desire for gender reassignment with a 'desistence' in discrepant gender identification.

Interestingly, the participants' sexual attractions appeared to influence how they interpreted their gender variance. This is consistent with Diamond and Butterworth's findings (2008) of reciprocity between gender and sexuality. Whilst this study usefully highlights key developmental experiences in the lives of gender-variant young people, it is less clear how they make sense of them, particularly those in the 'desistent' group. That is, if they no longer feel gender dysphoric, how do they make sense of the shift in their identification? On the other hand, how do they make sense of persistent gender incongruence, without resorting to a biological solution?

1.8. RATIONALE FOR THE STUDY

What is apparent is that there are a plethora of competing discourses concerning the questions of why young people identify in a gender variant way, how their gender/sexuality identities - and their development - ought to be conceptualised, how healthcare systems need to respond, and how they can/should live their lives. Within such a context, the risk is that gender variant young people's *own* narratives about their developmental experiences can become lost. It is also worth pointing out that there appears to be an increasing interest in and articulation of transsexuality in the academic and public domain. Prior to 1975, few articles were published concerning gender reassignment. Since then, over 800 articles about various aspects of transsexual care have appeared (Hembree *et al.,* 2009). In the popular media, transsexuality now often makes newspaper headlines. [5] On British television there have recently been observational documentaries such as *My Transsexual Summer* (2011) and *Transsexual Teen, Beauty Queen* (2012) and online there are countless blogs and videos detailing

[5] See Appendix 4

people's experiences of gender reassignment. As transsexuality becomes more mainstream, it becomes easy to neglect the experiences of those for whom gender reassignment do not offer a straightforward solution. Studies that have included this group have primarily focussed on – what is assumed to be – the endpoints of their sexual and gender identity development, whilst their developmental experiences have been neglected.

1.9 AIMS OF THIS STUDY

The purpose of this study is to develop an understanding of the developmental experiences of gender variant young people who are not currently seeking gender reassignment. The research questions are the following:

- How have their gender identities developed?
- How have they made sense of their gender variance?
- What challenges have they faced, what resources have they drawn upon, and what is important to them?
- If they now identify with their assigned gender role, how have they made sense of this change?
- If they continue to identify in a gender-variant way, why have they not opted in for gender reassignment?

2.0 METHOD

In this chapter I will describe the rationale for selecting the research method I used and the process of recruitment, data gathering and data analysis.

2.1 METHODOLOGY OVERVIEW

2.1.1 Quantitative versus qualitative approach

One of the most long-standing debates in the social sciences concerns the relative merits of quantitative and qualitative research (Henwood & Pidgeon, 1995). Bryman (1988) identified two main strands within this debate as the 'technical' and the 'epistemological' versions.

From the technical perspective the choice between a qualitative and quantitative methodology is a pragmatic matter of deciding which approach is best suited to the research question(s) (Henwood & Pidgeon, 1995). Quantitative methods are typically seen as useful for questions of covariation and comparison, where the aim is to look for relationships between predetermined variables and to make broad, generalisable conclusions. Qualitative methods, on the other hand are considered best for open-ended, exploratory questions, where the aim is to gain an in-depth, rich understanding of a phenomenon within its context (Barker *et al.*, 2002). As qualitative methods are typically more inductive, it can be useful for exploring areas that are under-theorised and/or where there has been little research (Corbin & Strauss, 2008).

The epistemological strand of the quantitative-qualitative debate involves more fundamental questions regarding the nature and practice of science, and the generation and legitimation of knowledge (Henwood & Pidgeon, 1995). From this perspective qualitative and quantitative approaches are often seen as distinctive and possibly incommensurable research paradigms. The implication is that one needs to clarify one's epistemological assumptions, as these will not only influence one's decisions regarding a quantitative/qualitative approach, but will also have a bearing on what kind of qualitative method one chooses (Harper, 2012).

2.1.2 Epistemological position

Epistemology refers to the philosophy of knowledge (Harper, 2012). It is the area of philosophy that is devoted to describing how we have come to know what we know and believe what we know to be true or real (Barker *et al.*, 2002). Within philosophical debates about knowledge, epistemology is contrasted with ontology (Harper, 2012). Ontology refers to the nature of the world that is to be studied and what can be known about it; the question driving ontology is "What is there to know?" Epistemology, on the other hand, refers to the nature of the relationship

between the researcher and what can be known; here the question is “How do we know what we know?” (Terre Blanche & Durheim, 1999; Willig, 2008).

Epistemological positions can be viewed along a continuum between two poles: 'direct realism' and 'radical relativism' (Harper, 2012). Direct realism is the position that the data that we collect is a mirror reflection of reality and that research methods need to be designed and implemented in such a way that they facilitate 'true, objective' representations, which can be replicated. Radical relativism, on the other hand, holds that reality is not directly (and hence objectively) accessible and that representations construct the objects they symbolise and of which they speak. In other words, knowledge is a discursive construction that is partial and subjective. From this position, research methods ought to focus on discourse and its effects, and should not go beyond the text to interpret what people say. Critics, however, have argued that radical relativism leads to political and moral relativism (e.g. Parker, 1999). Secondly, that a failure to go beyond the text could mean that issues such as subjectivity cannot be adequately researched and understood (Burr, 2003).

In-between the realist and relativist poles there exists a range of epistemological positions. This includes a 'critical realist' position, which assumes the existence of a reality independent of human consciousness, yet also holds that such a reality is not directly accessible, and that it is socially constructed (Oliver, 2011). Burr (2003) describes critical realism as the view that:

"...although our perceptions and sensations do not mirror reality, and although they are often volatile and changeable, nevertheless they do reference the real world in some way; they are not independent of it, produced entirely through our symbolic systems such as language." (p. 95)

Critical realism is the epistemological position that most closely matches mine, and is consistent with a multi-factorial, biopsychosocial view of gender variant identity development, as laid out in the introduction. For example, I believe in the reality of the body and its biological processes, yet I also believe that the meaning that is ascribed to bodies and biological processes will vary across people and socio-historical contexts. Secondly, whilst I acknowledge the reality of people's experience and their sense of subjectivity and identity, I see such experience as constructed and flexible, rather than fixed and pre-determined. I therefore do not entertain Cartesian notions of a ' real self' or a 'real identity' that resides within the body. Instead, I maintain the view of an embodied subjectivity situated within material contexts, which have real consequences for how people experience themselves and their world. From a critical realist stance it follows that the knowledge produced by the researcher is a construction of participants'

constructions. Rennie (2000), in a review of the tension between realism and relativism in grounded theory, refers to this as a 'double hermeneutic', in that both participants and researchers are involved in interpretive acts (p. 483). There is thus a strong rationale for researchers to articulate the perspective from which they approach their material.

2.1.3 Implications for methodology

The desired outcome of the study was to gain rich descriptions and to inductively develop a conceptual understanding of the participants' experiences that was grounded in the data and not aimed at testing preconceived theories and hypotheses. I thus decided that a qualitative methodology was appropriate. Secondly, I wanted to use a method that is compatible with a critical realist epistemological position and a multi-factorial view of atypical gender identity development. Thirdly, I wanted to use a method that emphasises the content and meaning of participants' accounts, rather than discourse. I thus opted for a constructivist approach to grounded theory (Charmaz, 2006; Corbin & Strauss, 2008), which I describe in more detail below.

2.2. GROUNDED THEORY

2.2.1 Historical context

Grounded theory was developed by Glaser and Strauss (1967) in the 1960's as an alternative to the extreme positivism that dominated social research at the time (Suddaby, 2006). A particular manifestation of such dominance was a preoccupation with the quantitative testing of hypotheses derived from a few highly abstract, 'grand' theories, which from Glaser and Straus's perspective (1967) resulted in impoverished theory that had little empirical relevance to context-specific knowledge domains (Pidgeon, 1996). They therefore chose the term 'grounded theory' to express the idea of theory that is grounded in and generated by an iterative process of simultaneous sampling and analysis of qualitative data, with an emphasis on paying close attention to participants' own, contextualised accounts (Pidgeon, 1996) . Grounded theory thus refers to both the method of investigation and the product.

2.2.2 Developments in grounded theory

Since its original development grounded theory has evolved and no longer refers to a unitary approach. Much of the epistemological debates within grounded theory relate to the dilemma of marrying the realist and constructionist epistemologies upon which Glaser and Straus's classic version of grounded theory (1967) drew. That is, on the one hand they drew on symbolic interactionism (Blumer, 1969), according to which it is assumed that social realities and self are actively interpreted and constructed through interaction with

others and context (Charmaz, 2006). The implication for the researcher is that they similarly do interpretative and constructive work as they engage with the data. On the other hand, Glaser and Strauss (1967) talked of categories ‘emerging’ (as if data speaks for itself) and of theories being ‘discovered’ by a dispassionate researcher who must avoid imposing their own categories of meaning upon the data. The issue with this view is that critics of positivism have convincingly argued that all observations are made from a particular perspective; whilst researchers might avoid imposing their own ideas blindly by being reflexive, they cannot approach their work as blank slates, devoid of all knowledge and experience (Suddaby, 2006; Willig, 2008).

Glaser and Strauss have since parted company following disagreements over grounded theory procedures, although both have advanced positivist ideals in their subsequent versions of grounded theory (Charmaz, 2005). Whilst Glaser (e.g. 1992) promoted procedures aimed at achieving objectivity, Strauss, in collaboration with Corbin, made verification an explicit goal (see Strauss & Corbin, 1998). In a response to the increasing positivism in grounded theory, Charmaz (2005, 2006, 2008, 2009) has argued for a return to the constructivist principles in grounded theory, which acknowledges subjectivity, multiple realities and emphasises the importance of self-reflexivity by the researcher. Charmaz's constructivist approach is consistent with a critical realist epistemological stance, as can be seen in the author's description below:

“Constructivist grounded theory assumes that we produce knowledge by grappling with empirical problems. Knowledge rests on social constructions. We construct research processes and products, but these constructions occur under *pre-existing structural conditions*, arise in emergent situations, and are influenced by the researcher's perspectives, privileges, positions, interactions and geographical locations ... Constructivists view data as constructed rather than discovered, and we see our analyses as interpretive renderings not as objective reports or the only viewpoint on the topic. ” (Charmaz, 2009, p. 130-131, emphasis added)

Corbin (Corbin & Strauss, 2008) has also shifted to a constructivist view, as can be seen in her statement that "I agree with the constructivist viewpoint that concepts and theories are constructed by researchers out of stories that are constructed by research participants who are trying to explain and make sense out of their experiences and/or their lives, both to the researcher and themselves." (p.10). Corbin's approach is similarly underpinned by a critical realist epistemology, as she describes her support for Schawndt's view (1998, p. 237) that "[o]ne can reasonably hold that concepts and ideas are invented (rather than discovered) yet maintain that these inventions correspond to something in the real world."

Somewhat confusingly, the terms ‘social constructionist’ and ‘constructivist’ are used interchangeably to refer to the same grounded theory approach (see Willig, 2008; Harper, 2012; Tweed & Charmaz, 2012). Tweed and Charmaz (2012) acknowledge that in the UK there is an accepted difference between constructivist and social constructionist perspectives and suggest that constructivist grounded theory "is consistent with a contemporary UK social constructionist approach" (p. 132). I disagree. Constructivists focus on individuals' constructions of their worlds and use self-reflexivity to consider how they are constructing participants' constructions. In grounded theory the latter is typically done via the use of reflective memos, and is made transparent. Social constructionists, on the other hand, focus on how social discourses, discursive interactions and power relationships produce people's ways of being-in-the-world and seeing- the-world. Put differently, constructivists co-construct, whilst social constructionists deconstruct. As such, I wish to emphasise that the grounded theory approach I took was *constructivist,* underpinned by a critical realist epistemology, and with the aim to create an understanding of the participants' meaning-making.

2.3 GROUNDED THEORY PROCEDURES

Different versions of grounded theory suggest different sets of procedures. The following are accepted procedures in a constructivist grounded theory approach, which are drawn from Charmaz (1995; 2006; 2008) and Corbin and Strauss (2008):

- an iterative, non-linear analytical process
- theoretical sampling and theoretical saturation
- coding
- memo-writing

2.3.1 An iterative, non-linear analytical process

Data generation and analysis proceed simultaneously, as far as possible, and inform each other. Initial codes and concepts derived from the first interview are further explored and refined during subsequent interviews, whilst new concepts and ideas derived from later interviews informs one’s analysis of preceding interviews via a process of constant comparison and an exploration of similarities, differences and relationships between concepts (Charmaz, 1995). The grounded theory process thus starts with an inductive logic, but moves into abductive reasoning as the researcher seeks to arrive at the most plausible explanation of the empirical observations (Charmaz, 2008).

2.3.2 Theoretical sampling and theoretical saturation

Theoretical sampling involves sampling for theory construction - rather than representativeness of a given population - in order to refine one's conceptualisation (Charmaz, 1995). Theoretical saturation refers to the stage when gathering further data no longer sparks new theoretical insights, nor reveals new properties of one's theoretical categories (Charmaz, 2006). In reality, however, theoretical saturation is infinite, as changes in perspective are always possible (Glaser and Strauss, 1967). Dey (1999) suggests that saturation involves achieving 'theoretical sufficiency' (p. 257), which is the position I take.

2.3.3 Coding

This is the process by which concepts and categories are developed and refined. This study used four levels of coding, which were used interchangeably: open, focussed, axial and selective (Charmaz, 1995; 2006; Corbin & Strauss, 2008). In the early stages of analysis open coding involves the process by which small segments of the data are scrutinised and concepts are created to define the processes or meanings the researcher ascribe to the data segments. Open codes are provisional and should remain close to the data.

Focussed coding is the second major stage in coding (Charmaz, 2006). This type of coding is more directed, selective and conceptual than the open coding process. It involves creating and trying out categories to capture large amounts of data. By categorising, one selects certain codes as having overriding significance in explicating one's data. Whilst it is essential that focussed coding remains grounded in the data, it requires making an interpretative 'leap'.

Axial coding refers to the process of relating categories to their sub-categories and developing them in terms of their properties and dimensions (Charmaz, 2006). Whilst open coding fractures the data, axial coding reassembles the data back together in a coherent whole. During this process, analysts look for answers to questions such as why, where, when, how and with what consequences. Finally, selective coding involves integrating one's major categories in order to form a larger theoretical scheme, or theory (Corbin & Strauss, 2008).

2.3.4 Memo-writing

Memos are the written product of one's coding processes (Charmaz, 1995). Memo-writing starts with the initial analysis and continually evolves throughout the research process. It is an analytical tool where the researcher formulates their ideas and refines, questions, expands and discards their concepts and categories where necessary. This process encourages the researcher to move from working with raw data to conceptualising, whilst remaining consistent with the data. Memos also make the researcher's self-reflexive process transparent.

2.4 PERSONAL REFLEXIVITY

Personal reflexivity is important in qualitative research, as it facilitates reflection on the impact of one's own assumptions and reactions to the research process, and how these invite certain insights and understandings (Willig, 2008). I kept a reflective diary[6] and memos which encouraged me to question and remain curious about how the 'person-that-I-am' and my contextual influences interacted with the research process.

My interest in gender is shaped by my upbringing. The gender scripts in my family were atypical and I did not conform to what was typically expected of a girl/young woman in my local context. This has influenced my interest in people who do not conform to gender norms. Since adolescence I have remained curious about what makes a 'man' and a 'woman' and the emphasis during training on social constructionism and issues of power, language and culture has had a significant influence on how I think about gender.

My placement at the Tavistock Gender Identity Development Service has also influenced my views on gender reassignment. Prior to my placement I found the idea of gender reassignment very disquieting and I experienced considerable tension between a social constructionist view on gender and the idea that the body becomes the locus of change. Whilst that tension remains, I have moved to a more pragmatic stance and view gender reassignment as involving a difficult dilemma. The young people's distress and their desire to be ordinary members of society are very moving. They and their families face considerable challenges: the binary, naturalistic gender discourse is powerful and they have to weigh up the pain of stigma versus modifying the body to be acceptable. Within such a context their decision to opt for the latter becomes very understandable.

2.5 ETHICS

Ethical approval was gained from the University of East London Research Ethics Committee; from the appropriate NHS Research Ethics Committee; and the local NHS Research and Development Department[7]. The potential emotional distress of participants during interviews, confidentiality, risk and the protection of anonymity were important considerations. A set of procedures to follow in the event of participant distress was identified[8]. Two participants became tearful

[6] See Appendix 5

[7] See Appendices 6, 7 and 8

[8] See Appendix 9

during the interview but declined to take a break/stop the interview. None of the participants were considered to be at immediate risk of harm to themselves/others at the time of the interviews.

2.6 PROCEDURE

2.6.1 Inclusion criteria

The inclusion criteria were as follows:

a) They needed to fulfil criteria for a DSM -IV gender identity disorder during childhood/adolescence.
b) They needed to be able to speak English fluently, as resources were not available to pay for an interpreter and the data collection method involved interviews.
c) They needed to be at least 14 years of age. The rationale for selecting 14 as a minimum age was based on the findings of Steensma e*t al.* (2011). They reported that their participants indicated that between the ages of 10 and 13 they became increasingly aware of the persistence or desistence of their gender dysphoria. I therefore thought it was important to recruit participants who have already experienced this period.
d) They needed not to be actively be pursuing physical intervention. If they have received hormone treatment, they needed to have discontinued for a minimum of two months.

2.6.2 Exclusion criteria

Potential participants were excluded if they met the following criteria:

a) If they were receiving physical treatment (i.e. hormone suppression, cross-sex hormone treatment)
b) If they had gender – related surgery
c) If they were awaiting physical intervention
d) If they had significant social communication difficulties and/or learning difficulties, which could have impeded the interview process

2.7 RECRUITMENT

2.7.1 The Tavistock Gender Identity Development Service (GIDS)

Potential participants were identified by clinicians working at the service.[9] Clinicians came from a range of disciplines including child psychotherapy, social work, psychiatry and clinical psychology. They identified 43 potential participants

[9] See Appendix 10 for criteria given to clinicians

via a review of current cases and those closed over the preceding three years. This included cases that were closed due to non-attendance. Following this a cover letter, a participant information sheet, a parent/guardian information sheet (for the parents/guardians of those under the age of 16) and a reply slip were posted to potential participants, including a prepaid envelope[10]. If no response was received after 3 weeks, a reminder invitation letter was sent out[11]. No further contact was made after the reminder letter.

2.7.2 Gendered Intelligence

Gendered Intelligence is a national youth charity that provides support to trans-youth between the ages of 13 and 25 (see www.genderedintelligence.co.uk). Facilitators disseminated the information sheet via email to young people on their mailing list. Respondents could contact me via phone or email.

2.7.3 Screening

Six potential participants who were contacted via the GIDS and six who were contacted via Gendered Intelligence responded. I spoke to respondents about the research and answered any questions they had. I screened for participation eligibility as per the inclusion/exclusion criteria. Respondents from the voluntary sector were screened with the use of the List of Dimensional DSM -IV Criteria – GID questionnaire (DDC-GID) to establish whether they fulfilled criteria for Gender Identity Disorder in childhood/adolescence.[12] The DDC-GID questionnaire is an unpublished screening tool based on the DSM-IV criteria for childhood and adolescent GID. It was developed by Dr Cohen-Kettenis from the Amsterdam gender identity clinic for children and adolescents and is routinely used at the Tavistock GIDS.

The six respondents who were contacted via the GIDS all had their first contact with the service during adolescence, at which point they received a diagnosis of adolescent GID. Five were closed cases and the sixth respondent's case was to be closed within a month's time. All fitted the inclusion criteria. Two respondents from Gendered Intelligence were excluded: one had been referred to adult services for physical intervention and the other did not fulfil childhood/adolescence GID criteria. The four remaining respondents fulfilled criteria for childhood GID.

[10] See Appendices 11, 12 and 13

[11] See Appendix 14

[12] See Appendix 15

2.7.4. Interview arrangements

For the interviews participants were given a choice of either meeting at the GIDS, the University of East London (UEL) or their home, at a time that was convenient for them. Six participants were interviewed at their homes; one was interviewed at UEL; and one was interviewed at the GIDS. Two participants were interviewed by means of an online video call due to the remoteness of where they lived.

2.8 PROFILE OF PARTICIPANTS

The 10 participants lived across the UK. Their profiles are detailed in Table 1.

Table 1

	Pseudonym	Age	Sex	Age when first accessed the GIDS	Current Gender Identity Descriptions	Direction of sexual orientation	Ethnicity
1	Alex	27	Female	_	"Gender queer"	Both sexes	British-American
2	Paige	24	Female	_	"Gender queer"	Both sexes	Mixed British
3	JP	22	Female	_	"Gender queer"	Same sex	Black Caribbean
4	Jesse	20	Female	_	"Fluid"	Both sexes	White British
5	Sam	18	Female	13	"Just a boy"	Same sex	White British
6	Jonny	18	Male	13	"Boy with a girl's brain"	Same sex	White British
7	Drew	18	Male	16	"Feel like a girl"	Both sexes	White British
8	Jay	18	Male	15	"Androgynous male"	Both sexes	White British
9	Shaun	18	Male	17	"Transgender female"	Both sexes	White British
10	Kelly	17	Male	16	"Transgender female"	Both sexes	White British

2.9 INTERVIEWS

Data was collected by means of semi-structured interviewing. Semi-structured interviews are a popular way of gathering data for qualitative research, as they enable the researcher to explore interesting avenues that emerge in the interview and the respondent to give a fuller picture (Smith, 1995).

At the start of the interview I went through the information sheet with each participant, asked if they had any questions and discussed the issues of confidentiality. They were then asked to read and sign two copies of the consent form, one copy for themselves and one copy for me[13]. Copies of the consent form

[13] See Appendix 16

were posted to the participants who were interviewed via Skype, and one copy was posted to me. None of the participants wanted their GP to be informed of their participation. The interviews were guided by a schedule of topics and were audio-recorded[14]. The interviews ranged in duration from 49 minutes to 2 hours and 10 minutes. The average duration was an hour and 35 minutes. Each interview was followed by a debrief, where participants were given the opportunity to reflect on the interview process and to establish if they required any further support. All participants were thanked for their time.[15]

2.10 TRANSCRIPTION

All the interviews were transcribed verbatim. A simple transcription scheme, adapted from Banister *et al.* (1994) was used.[16] The transcriptions were punctuated to facilitate reading and all lines were numbered. Pseudonyms were used to ensure anonymity.

2.11 COMMUNICATION OF RESULTS TO PARTICIPANTS

Participants were sent a copy of the results section and invited to give feedback. Five replies were received; please see Appendix 23.

[14] See Appendix 17

[15] See Appendix 18 for a reflection on the interviews

[16] See Appendix 19

3.0 RESULTS

In this chapter I will discuss the analysis of the 10 interviews conducted for this study.

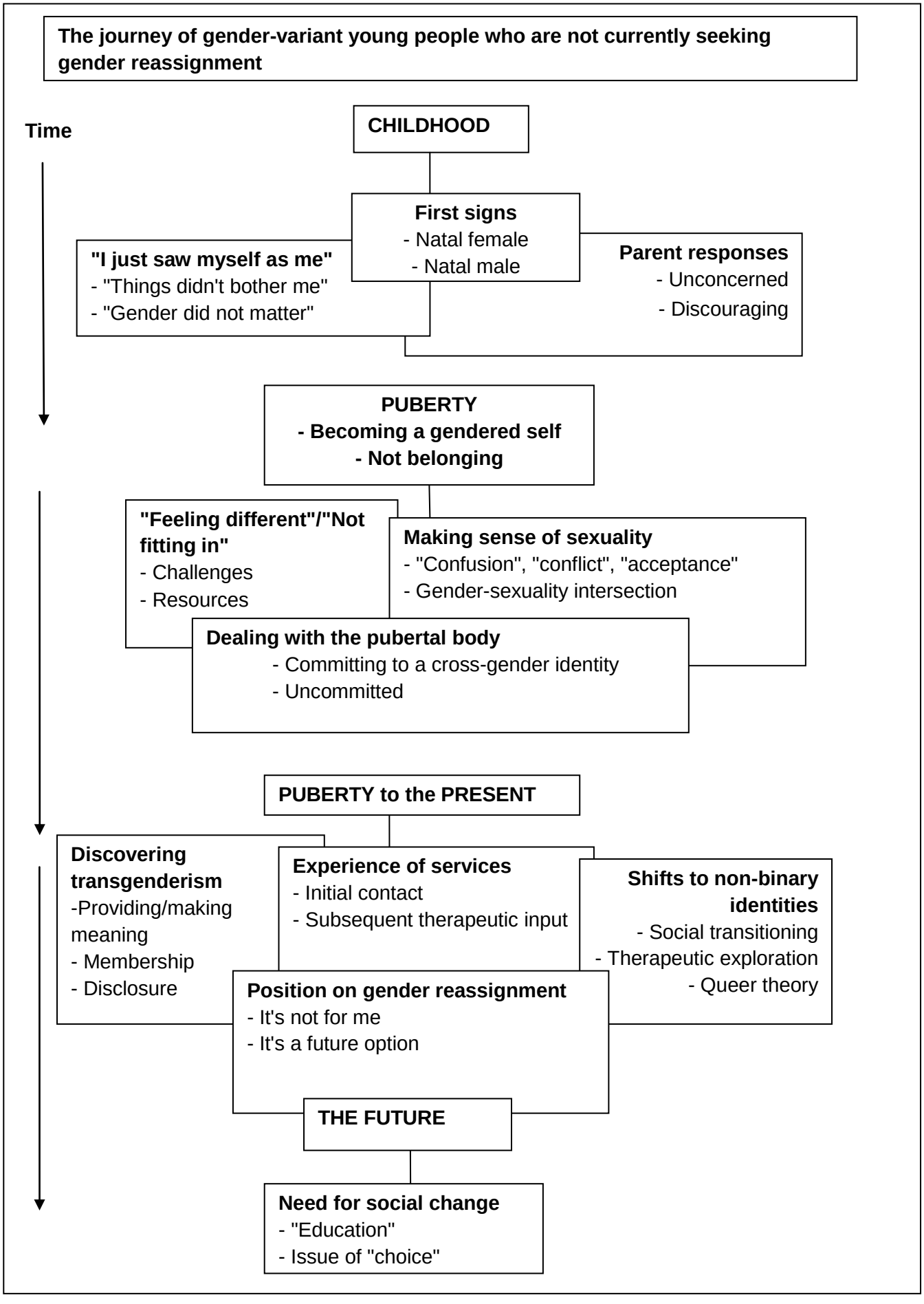
3.1 CATEGORIES AND CODES

The framework that was constructed was developed through a process of open, focussed, axial and selective coding (Charmaz, 2006; Corbin & Strauss, 2008). During the selective coding process, Corbin and Strauss (2008) suggest identifying a central category, under which all the other categories can be subsumed. This category needs to capture the essence of the research. However, none of the categories that were developed during the analysis were deemed able to do so. Strauss and Corbin suggest that if this is the case, another more abstract term or phrase is needed. I thus constructed the following category, which represented the main theme of the research: 'the journey of gender-variant young people who are not currently seeking gender reassignment'.

3.2 THE JOURNEY OF GENDER- VARIANT YOUNG PEOPLE WHO ARE NOT CURRENTLY SEEKING GENDER REASSIGNMENT

The framework that was developed is presented below in Diagram 1. Four time periods were chosen as I felt they best fitted with the descriptions of the participants' experiences. In their narratives, the pubertal period was generally seen as a 'new chapter' in their developmental lives. I have thus labelled the period prior to this as 'childhood'. 'Puberty' refers to the time when their bodies began to develop; when they began to notice social differences between themselves and their peers; and when their sexual attractions began to emerge. This involved the time period between the approximate ages of 9 and 14 years. 'Puberty to the present' refers to their experiences between puberty and the time of the interview. The 'future' refers to their views for times to come.

Diagram 1


The journey of gender-variant young people who are not currently seeking gender reassignment
Time
CHILDHOOD
First signs
- Natal female
- Natal male
"I just saw myself as me"
- "Things didn't bother me"
- "Gender did not matter"
Parent responses
- Unconcerned
- Discouraging
PUBERTY
- Becoming a gendered self
- Not belonging
"Feeling different"/"Not fitting in"
- Challenges
- Resources
Making sense of sexuality
- "Confusion", "conflict", "acceptance"
- Gender-sexuality intersection
Dealing with the pubertal body
- Committing to a cross-gender identity
- Uncommitted
PUBERTY to the PRESENT
Discovering transgenderism
-Providing/making meaning
- Membership
- Disclosure
Experience of services
- Initial contact
- Subsequent therapeutic input
Shifts to non-binary identities
- Social transitioning
- Therapeutic exploration
- Queer theory
Position on gender reassignment
- It's not for me
- It's a future option
THE FUTURE
Need for social change
- "Education"
- Issue of "choice"

3.3 DETAILED ANALYSIS SECTION

In this section I discuss the details of the categories and codes that were developed during the analysis through the use of extracts from the interviews. The quotes used will be identified by the pseudonym of the participant and the line numbers from the transcripts. For all in-vivo codes and categories I will use double speech marks, for all other codes and categories I will use single speech marks in the first instance. It is important to note that the categories within the time periods do not follow a strict linear temporal sequence. I asked the participants which pronouns they would like me to use when referring to them in writing. I have used the pronoun 'he' for Sam (natal female) and 'she' for Kelly (natal male) as per their request. The other participants indicated that they did not mind which pronouns I use; hence I have used pronouns in line with their natal sex.

3.3.1 CHILDHOOD

3.3.1.1 First signs

All of the participants reported that they considered the start of their current gender identification to have been before puberty. The phenomena on which they based their views involved their preferences in terms of clothing, playmates, play and gender wishes (i.e. wishes to be of the other gender). I have labelled the phenomena they referred to as 'first signs'. This category involves two sub-categories, 'natal female' and 'natal male', as the first signs the natal males and natal females referred to were different in terms of content.

a) Natal female

All of the natal female participants described wearing/wanting to wear male-typical clothing:

> Interviewer: What would you say are your first memories, that the gender that was assigned to you, didn't fit you so well?
>
> Paige: Around primary school, when I was basically wanting to wear boys' clothes most of the time... My mum was telling me I should wear dresses and like "why don't you wear this?" And I didn't want to...(L3-5)[17]

Secondly, they all indicated that they liked sports, rough-and-tumble play and playing with boys:

[17] Interview questions are included in certain extracts, for the sake of clarity

> Jesse: I tended to get on ok with the boys, but it tended to be a bit rough with the girls. They didn't like it when I wanted to play with like the worms, they didn't want to play fighting games, or football, things like that. (L33-36)

With regards to gender wishes, Sam, JP and Jesse described memories of wishing to be a boy/male in childhood. For example, JP described that:

> JP: Like in primary school my teacher was asking us what we wanted to be when we grew up and I said I wanted to be a dad. (L377-379)

b) Natal Male

Compared to the natal females, the natal males varied much more in what they considered to be first signs, and these were also less pervasive.

Kelly described that she liked to play with girls, exhibited female-typical play and liked female-typical clothing. She further reported that it was in the context of cross-dressing that she began to wish to be a girl:

> Kelly: Well when I was a little I used to play with dolls, girls' toys... playing ball games with the girls...I must have been about four or five. And I used to dress up as a girl, playing with makeup...I must have been around seven or eight, yeah, and I started to think well, am I a boy or should I've been born a girl. (L51-58)[18]

Similarly, Jonny also described engaging in female-typical play and playing with female playmates. Whilst he made attempts to emulate a female-typical appearance, this did not extend to cross-dressing:

> Jonny: To me, all the boys were different from me. Like we would go out for playtime, and they would go and play football and I would be sitting with the girls, making daisy chains ... We had a Wendy house in our school, so we used to pretend we were in a real house and we used to tidy our house up and things like that and all the other boys would be playing football. (L556-561)
>
> Interviewer: Alright I see, and did you have any sort of preferences in terms of your clothing at that point in time?
>
> JONNY: No, apart from putting my t-shirt on my head, pretending it was long hair... but I never wore skirts or anything. (L576-580)

[18] This extract has missing text. Please see Appendix 20 for the full extract.

In contrast, Jay, Drew and Shaun conformed to their assigned gender role in terms of their play and playmates. Jay considered a desire to cross-dress as his "official start":

> Jay: So yeah, I borrowed my sister's clothes from time to time, and I think my mum found some that I'd hidden.... But yeah, I would say I started to feel different and have desires to cross-dress from about seven or eight. That's kind of my official start. (L88-104)[19]

For Drew, the first signs in childhood were an interest in tights. However, this did not extend to wearing any other female-typical clothing until the approximate age of 14, when he began to cross-dress:

> Drew: It started with tights. I don't know what it is, I just kind of like wearing them. It started when I was a really small kid, exploring mom's dressing wardrobes and stuff...But it was kind of from there that it spiralled because [at 14 years] my girlfriend Jenny, she brought me a pair of tights and she brought with that a skirt ... and then from that it was dresses and it kind of expanded into this wardrobe. (L680-688)

For Shaun, the first signs were childhood wishes to be a girl. However, he indicated that those wishes did not persist, and throughout his childhood he conformed to his assigned gender role:

> Shaun: The only sort of similarities between now and when I was younger was I remember when I was about six or seven, I used to believe in God and I would pray every night that I could start life again as a girl. That lasted a year or so... Other than that it wasn't until a couple of years ago that I felt anything similar to this, so for the most part I was just, I'm a boy, I play rugby, do sport. (L271-278)

Similar to Drew, he also began to cross-dress from the approximate age of 14, which also began with an interest in tights:

> Shaun: For some reason it started with tights, I don't know why. And then I just bought a couple of pairs and would wear them occasionally under jeans or whatever and then it moved onto underwear and then other things. (L650-653)

[19] For the full extract, please see Appendix 21

3.3.1.2 Parents' responses

This refers to the participants' perceptions of how their parents responded to their childhood gender-variant behaviours. This related to eight of the ten participants, as Drew and Shaun indicated that they did not express gender-atypical behaviours pre-puberty. The participants' experiences of their parents' approach were grouped into two categories, which I have labelled as 'unconcerned' and 'discouraging'.

a) Unconcerned

Unconcerned responses refer to a parenting approach that was perceived to allow the child to express their gender expressions. The majority felt that whilst their parents' were not necessarily encouraging of their behaviour, they were also not discouraging. For example, Jesse described that:

> Jesse: They [parents] just generally left me to it, really. They didn't particularly try and encourage me to *not* do what I wanted to do, although they did discourage me from weeing standing up, just because of the mess. But apart from that, they were just happy to let me do whatever made me happy. (L55-59)

The general impression was that they felt their parents were not worried and that their parents may have thought that they were going through a childhood phase, which they would eventually outgrow:

> Jonny: Looking back now, I don't think she [mother] had any worries about me, I think she just thought I was like a girly child, you know once I get to secondary school then I will go over to the football cage playing football or something. (L601-603)

c) Discouraging

Discouraging responses refers to a parent approach that was perceived as having the intention to alter the participant's gender- related behaviours. JP was the only natal female who described her parents as trying to alter her behaviour, which at times involved physical punishment:

> JP: I spent most of my childhood saying "why aren't I a boy" because if I said I was a boy I would get into trouble, I would get hit and stuff, because I'm from the Caribbean, it was embarrassing for my mum.(L80-83)

JP and her family moved from the Caribbean to the UK when she was 14 years old, at which point she described herself as feeling "a lot freer" (L537). She felt that variance from the heteronormative, binary gender norm was tolerated less in the Caribbean, compared to the UK:

> JP:... the only time I ever heard people talking about gay people, or nobody even knows anything about trans-anything in the Caribbean, so the only time I would ever hear people talking about gay people would be in church, when they would be saying how wrong it is. (L304-308)

Jay and Kelly also described discouraging responses by their parents, specifically in relation to cross-dressing. For Kelly, the discouragement came in the form of beatings by her father:

> Kelly: My mom wasn't bothered, it was more my dad, he was horrible about it. He would hit me because he thought it was wrong for a boy to want to wear girly clothes. (L668-669)

Jay described that when he began to cross-dress his mother tried to verbally discourage him from his cross-dressing, although it did not work:

> J: I mean every time it was a talk that kind of went along the lines of "I don't like you doing this, it's not good that you are borrowing your sister's clothes", I'd say I'd stop and then do it again. (L108 -111)

3.3.1.3 "I just saw myself as me"

This category refers to the participants' experiences of themselves and their gender in childhood.

a) "Things didn't bother me"

The participants generally felt that pre-puberty, and with the exception of particular incidents, e.g. when their parents discouraged their behaviour, they experienced relatively minimal distress regarding their gender:

> JP: I was unhappy with some of the toys I got but I was never an unhappy child, I think. Overall things didn't bother me, except when specific things happened, like getting caught out and they would be "put your shirt on, you are not a boy, bla bla bla". I would probably say that I was oblivious then, in a way... because I was young enough to take everything as it comes. (L206-211)

b) "Gender did not matter"

Whilst some of the participants recalled childhood wishes to be the other gender, there was also a sense that at the time they did not attribute any meaning or significance to those wishes. They felt that they were simply expressing

themselves, without giving their gender or those of others much thought. For example, Alex described that:

> Alex: Quite often I was mistaken for a boy... but as a young child, gender simply did not come into my thinking. I was just playing, doing what I enjoyed. (L23-25)

A common theme was the idea that in childhood, "gender did not matter" to those in their social context and this was why "things did not bother them":

> Sam: I suppose when I was younger I didn't think about it [my gender]. Because like when you're younger it really doesn't matter. When I was like seven, it didn't matter, I would just wear trunks on the beach and nobody cares, it doesn't matter. (L342-345)

From Jonny's perspective, "what did not matter" - at least in early childhood - was the need to categorise oneself according to the binary construction of gender. He felt that as a young child he was able to simply see himself as "me" and to occupy an "in-between" position, and that it was only at a later age when the inflexibility of the gender binary no longer made an "in-between" position feel viable:

> Jonny: I would say when I was younger I didn't see myself as a boy or a girl, I just saw myself as me. It's only when you grow up and everything is organised more into boys or girls. Like everything is categorised isn't it, so you have girls, you have boys, but sitting in between there is nothing. (L561-566)

3.3.2 PUBERTY:

The pubertal stage brought a significant change in the young people's lives. I described the pubertal developmental process as 'becoming a gendered self', as the changes in their social environment and bodies meant that they could no longer "just be themselves": they had to become 'gendered selves'. The overall phenomenological theme of this period was a profound sense of 'not belonging', which for the majority of the participants also translated into feeling that they do not belong in their bodies.

3.3.2.1 "Feeling different"/"not fitting in"

The participants all described a period where they began to become aware of "not fitting in"/ "feeling different", which ranged between the approximate ages of nine to 14 years. This appeared to happen within the context of a widening social gap between the male/female gender roles with the onset of adolescence. For

example, Alex described that when she transitioned to secondary school, she became aware that adults were no longer considering her behaviour as appropriate, given her age and gender:

> Alex: In high school, I noticed adults being a bit more like, you can be a tomboy as a child, but when you are turning twelve and moving into high school? That's not ok. (L165-167)

A common experience was that, particularly in secondary school, boys and girls began to socialise in separate groups, and that there was an implicit expectation for them to socialise with their same-sex peers. However, they found themselves unable to fit in:

> Jesse: For the first two years or so in secondary school I was trying to find a group of girls and just spent a lot of time hanging out with a group of girls probably for a week and then, getting bored and sitting in the library instead and reading books, because, it just started to become impossible for me to hang out with these groups of girls. I just didn't fit in. (L180-185)

A key difficulty for them was that few - if any - of their peers expressed behaviours inconsistent with the gender binary and it seems that these feelings of difference began to prompt the identity questioning for some:

> Jonny: Secondary school just confirmed it, that I was different... You know there were no girlish boys in my school, there wasn't anyone that even, or there might have been but they never *showed* it, the boys were boys and the girls were girls. And then again I was the one that kind of felt in-between, you know, what am I really, what should I be. (L743-752)

The second key issue was that they had no means by which to explain why they were different and not fitting in with their peers:

> Sam: I didn't really know what was going on, I didn't know that this was a thing. I knew that I felt different, but I had no idea why. (L373-375)

In terms of the meaning that they made of "not fitting in"/ "feeling different", some described thinking that they would eventually outgrow it. However, the majority appeared to have come to the conclusion that there was something "weird" or unusual about them and they kept their feelings quiet or dismissed them:

> Jesse: I didn't really talk about it [feeling like a boy], because, I thought I must be...weird. I'd never heard of anyone else being different like me. (L229-230)

a) Challenges

The most significant challenge to "not fitting in"/ "feeling different" appeared to have been bullying. As Jesse observed:

> Jesse: It was one of those things that when people are different, then it seems to entitle other people to have a problem with you. (L409-411)

The bullying was invariably not only because they did not conform to their assigned gender role, but also because of a non-heterosexual orientation, and/or for being in some kind of "outsider" group:

> Drew: ... I'm a Goth, that puts me quite out there on a whole. It's not quite so prevalent and then there's the fact that I'm bisexual which means again, you know, a lot of people are accepting but there are those who will go out of their way to cause trouble simply because that's how it is ... and then there's the fact that I suppose I do consider myself transsexual as well. I'm just ticking a lot of boxes of intolerance there. (L264-269)

Four of the participants reported that they self-harmed as a result of bullying and two reported that they experienced depression. Secondly, the bullying appeared to have been an additional burden, which made making sense of their gender more difficult:

> Jonny: Like as well as trying to deal with what I am feeling in my head as well, I had other people making it harder to be in school anyway. (L760-761)

b) Resources

Factors that were described as helpful in coping with "feeling different/not fitting in" and bullying were "fighting my corner"; counselling; being in a non-mainstream school context; and finding "outsider" peer groups.

"Fighting my corner" refers to resorting to aggressive verbal and physical responses in the face of bullying. This was considered a matter of survival and as the only way in which they could get the bullying to stop:

> Alex: The teachers weren't going to fight my battles for me, nobody could fight my corner but me. And because I did that, I was alright. But that is a problem that a lot of queer kids have. If you are timid, you are fair game. (L190-193)

Secondly, Kelly, who reported that she self-harmed as a result of bullying, described counselling as enabling her to have the confidence to "fight her corner" and to stop self-harming:

> Kelly: I just thought why should I let people get me down like this, it's just me wrecking my body, it doesn't actually get rid of your emotions, it's better to talk to someone [counsellor] about how you feel. So I thought I would just tell them [bullies] where to go, tell them what I think about them. (L564-566)

Thirdly, attending non-mainstream schools seemed to make it easier to be different and to reduce the likelihood of bullying. These schools were described as contexts within which difference in a variety of forms was accepted:

> Jonny: ...I went from a normal school to a school for performing arts and when I went there they told us that they had gay people there, they had bisexual people there, they had straight people there, they had everything, even cross-dressers. I thought it was good because I thought in the secondary school that I had just come from, these people would get slaughtered, I would get slaughtered you know, it was more of an accepting place. (L773-783)

Fourthly, the majority of participants described that after a considerable struggle, they eventually found "outsider" peer groups, which provided them with friendship and a sense of belonging:

> Paige: My friends group are all outsiders in a way, which I realised recently. None of us have much in common, none of us really work in the same place or went to the same school, we're all just friends because I like them and they are great to talk to and trustworthy people. (L421-424)

This was not the case for all the participants. Sam described that he has never found a peer group where he wanted to fit in and that his family was his sole source of belonging:

> Sam: There is not like one person in my life other than my family, that I would really count as a friend... I get on well enough with the people in my classes at college and they're nice but I don’t really hang out with them outside of that. (L60-64)

3.3.2.2 Dealing with the pubertal body

The participants' experiences of their bodily development appeared to vary, depending on whether they became committed to a cross-gender identification at

the time or not. I have thus separated this into two categories, 'committing to a cross-gender identity' and 'uncommitted'.

a) Committing to a cross-gender identity

The majority of participants described puberty as the time when their dislike of their own gender and their desire to be the other gender became acute:

> Jonny: Yeah you know, some of these people would say "I knew there was something wrong from when I was little" and "I knew something had to change and "I knew this was the wrong body", some people say they felt like cutting their genitalia off or something. I didn't feel like that. Until puberty and secondary school. That's when everything started getting more drastic for me and I was panicking more because, I am getting older. I didn't want to grow old as a man. (L641-647)

Prior to puberty, none of the participants reported any bodily discomfort. However, with the onset of puberty the majority conveyed the idea that their bodies were developing in the "wrong" direction:

> Jesse: It's things like when my period started, it was the worst thing on the planet, I'm going to bleed every month for the rest of my life, and... I *hated* it. It was inconvenient, it got in the way of things. And when I started to get breasts, they just felt... *wrong*...It was just wrong. (L154-159)

The natal females all described covering up their bodies and avoiding wearing bras as long as possible. It seems that their initial coping strategy was to try and avoid the reality of their bodily development:

> Jesse: Up until it was completely unavoidable I still refused to wear a bra. That was kind of like me refusing to acknowledge that it was happening. It was like if I pretend it isn't happening I am sure it will go away, because that seemed like the only thing I could possibly do. I started wearing very baggy clothes, to kind of just cover, everything. (L163-168)

The natal males, on the other hand, became intensely preoccupied with the changes in their bodies and the implications for their future:

> Jay: I became very hairy, I gained muscle, I grew taller, my adam's apple began to protrude, my voice broke, all of that. And it was all done by about thirteen, apart from still growing. That's when I did lots and lots of research, wanting to know what I could expect to happen to my body, what I could

> expect in terms of changing it...so by that stage I already knew what to expect from surgery and hormone treatments. (L252-257)

b) Uncommitted

Alex and Paige described different experiences of their bodies and gender during puberty. Whilst neither conformed to their assigned gender role in terms of appearance, peer relationships and activities, they also did not commit to a cross-gender identification. Alex described that as a young adolescent she often faced questions about whether she wanted to be a boy, but it was not an identity that she herself committed to. Secondly, she referred to a difficulty in articulating a response to the queries regarding her gender:

> Alex: People [other children] asked me, when I was eleven or twelve, going to secondary school, “So do you want to be a boy?” And I would think, I want to be left *alone*.... Like members of the public, when I would be walking back from school would go "there’s a boy in a skirt, what is that?" So I would get all these rude and awkward questions.... and I didn’t really have the vocabulary to deal with it the way I do now. (L36-43)

Paige described that throughout her adolescence she felt unable to "fit in" with either the girls or the boys and had a pervasive sense of "not feeling right", which at the time she attributed to "teenager issues". Similarly to Alex, she referred to an inability to articulate her feelings regarding her gender:

> Paige: I just never really felt... I never really fitted in with the girls, and then obviously never fitted in with the boys. (L174-175)

> Paige: I don’t think at the time I really knew, what was going on, I didn’t really understand until I was older, what was going through my head. So I couldn't speak about it. It was just a sense of not feeling right, but I just thought I would grow out of it, because of like teenagers go through issues... (L157-160)

In terms of their bodies, Alex described some discomfort with her female body, but the idea of a male body was not appealing either. Secondly, the meaning she attributed to her discomfort was that it was not unusual, and her attitude towards her body appeared to have been one of acceptance:

> Alex: Well, I didn’t like growing boobs, it got in the way of things, I didn’t like body hair, but then at the same time boy parts aren’t nice either. I saw growing up as either as undesirable, physically, but the thing is you can’t be a hairless ten-year old forever. Everybody has to deal with this, you win

> some you lose some. Because you can't have everything you want. Perfectionism isn't possible so accept it and move on. (L224-231)

Paige described a similar view, that is, she also experienced discomfort but also did not consider this unusual and appeared to have adopted an attitude of acceptance:

> Paige: I remember hunching over a lot, when my breasts started to develop, wearing clothing that would cover up. And I hated the fact that I would have a period at some point....But I was just thinking it was going to happen, that the discomfort was normal for a teenager, trying to get comfortable with the change. (L89-93)

3.3.2.3 Making sense of sexuality

a) "Confusion", "conflict", and "acceptance"

The majority of participants described feeling very "confused" when their sexual attractions began to emerge. At first they felt confused about the meaning of their attractions, e.g. 'is it because I like the person as a friend or is it sexual?'. For example, Alex described that:

> Alex: I made all these lists in my head, thinking well I like her, but is it because I actually want to shag her, am I attracted to her or is it just because I think she's nice? Or, I like him, but is that physical attraction or just because he is a good mate? (L303-307)

The majority indicated that they either had no or very few non-heterosexual peers within their immediate context. This appears to have made it more challenging to make sense of their attractions and it also seems to have contributed to "not fitting in/feeling different":

> Paige: I just thought I am quiet. And awkward. But yeah, looking back at it, I think sexuality was a big part of why I was quiet in secondary school.... A lot of the girls were talking about boyfriends and I wasn't really interested in having a boyfriend. I couldn't really relate to them in that way. (L116-121)

Many spoke of feeling "conflicted" about their attractions. Whilst their sexual attractions corresponded with a homosexual identity and they could tentatively commit to this idea, "accepting" this aspect as part of their identity was challenging. In this regard, accepting responses from friends, support groups and parents were described as an important resource in resolving their conflict:

> Shaun: [It was] quite scary to begin with, I had a lot of conflicting feelings, because I had heard a lot about gays and everything, then I was like hold on, I'm one of them. I was aware that it was frowned upon. So I thought there was a lot of negative connotations with it so I was a bit like, oh wow, is that me? But then like fairly quickly after that I was like yeah okay, if that's me that's me. (L589-594)

> Shaun: At the time when I first started to think that [I'm gay], I told one of my friends, a girl and she was like “well that's fine, there’s nothing wrong with it” so I was like oh okay, fair enough, if that's how it is, that's how it is. (L321-324)

The time it took to accept their sexuality varied amongst the participants. Some did so "fairly quickly" once their attractions began to emerge, as described by Shaun above. For others it took years. For Paige, for example, this only happened in her second year in college. She described that she was able to recognise her feelings when she watched a TV programme about lesbians. She subsequently compared her feelings with those of others in online forums, which helped her to resolve her sexuality:

> Paige: I caught an episode of the L word on TV when I was around... seventeen. It’s like, the first ever show about lesbians in LA. That’s what made me aware, like, that's what *those* feelings are. And then I was talking to people in forums for the show, that kind of thing. I never really had any gay friends when I was younger, that I know of. So yeah, just through discovering the L word and talking to people, that was made me realise, or maybe come to terms with it. (L202-207)

For JP it took even longer. She grew up in a religious family and her mother did not accept her sexuality when she disclosed it. She described that it was only when she began to attend her university's LGBT society that she was able to come to an "acceptance" of her sexual identity:

> JP: The first thing I did at uni was join the LGBT society. I thought to myself, I'm far away enough, I don't have to worry about my mum finding out anything... and when I got to know everyone, I realised that no-one was Christian, but they weren’t bad people. Everyone was lovely, they were some of the nicest, most genuine people that I knew, and I thought, no way can this [being lesbian] be wrong. And I think, after that, I accepted that I wasn’t going to go to hell, for anything like that. (L792-804)

With regards to intimate relationships, the majority spoke about being in and out of brief relationships, and my sense was that they were still in the process of

exploring the relationships they would like. Those who have had more long-term relationships spoke of these relationships as an important resource in providing them with a sense of being accepted:

> Shaun: [Girlfriend], she just wants me to be happy and accepts me as whatever I feel I am really. So as I view myself as female she does too, in terms of gender identity anyway, not like sex. And she is just unbelievably supportive with everything. (L896-899)

b) Gender- sexuality intersection

The heterosexual norm appeared to influence how some of the participants made sense of their sexuality and gender. Specifically, four participants saw their same-sex attractions as a confirmation of their cross-gender identification, in the sense of 'I like boys because I feel like a girl', or 'I like girls because I feel like a boy'. For example, Sam described that:

> SAM: I was just straight, I was just a straight boy, it was just *normal*, for me, it wasn't like "ooh I like girls that's weird isn't it", I was like yeah obviously, because I'm just a normal boy, just a normal straight boy. It just seemed natural to me...[L803-809]

On the other hand, for some of the participants, a homosexual identity - at least initially - became an alternative identity solution. In JP's case, the heterosexual norm appeared to shape her interpretation in the other direction, i.e. 'if you feel like a boy it is because you like girls'. As a result, she maintained a lesbian identity throughout her secondary school years:

> JP: Right before I came out [aged 12], one of my friends at school asked me, "Do you just want to be a boy so that you can like girls?" And I was really shocked that she put those two things together, because I had begun to realise that I liked girls, but me wanting to be a boy, in my mind, at that time, had nothing to do with sexuality at all.... And so when she said that, that's when I thought, well, maybe that's why I want to be a boy, maybe I am just a lesbian. (L355-367).

Alex also described that during adolescence she explored a lesbian identity, which was influenced by the availability of lesbian membership within her social context:

> Alex: At that sort of time, fourteen, fifteen, I was playing for the women's football team and they were mostly lesbians, so I had plenty of influence

> from older lesbians, who were acting quite mature, quite normal to me. And I thought well, I am joining *that* clan. (L439-444)

Paige described that throughout her secondary school years she struggled to recognise and come to terms with her non-heterosexual feelings and that it was this identity task, rather than her gender, that she was focussed on during her adolescence:

> Paige: I think what was mostly in my head [during college] was that I am finally *out*, as bi or gay or lesbian or whatever. I don't think gender was really in my mind or in my thoughts at the time. (L269-272)

3.3.3 PUBERTY TO THE PRESENT

I delineated this as a new developmental period, specifically because of the 'discovery of transgenderism' (see below). This discovery introduced a new phase in their lives, as it enabled a new way of being in the world. It also introduced the possibility of seeking support from services and the potential of gender reassignment.

3.3.3.1 Discovering transgenderism

The majority of participants spoke of the discovery of transgenderism as a significant time in their life. I am using 'transgender' as an umbrella term, as the participants used a variety of concepts including transgender, e.g. 'transsexual', 'gender queer', 'gender dysphoria'. How they became aware of it varied. For most it was via extensive researching on the internet or through meeting transgender-people in LGBT groups. For others it was introduced by professionals.

a) 'Providing/making meaning'

Becoming aware of transgenderism held a number of meanings for the participants. Firstly, it validated their experience and it answered the question as to why they "felt different"/ "did not fit in":

> Jesse: It was like finally having a word and having someone else, who was experiencing it. I previously always just assumed that I was just... crazy for thinking it, and that there is obviously something wrong with me. (L430-433)

Secondly, it enabled them to make sense of themselves, their experiences, and their past:

> Drew: ...and it was as I learned about the concept of transsexuality, that I managed to label myself as transsexual, or at least transgender, that I managed to pin all these thoughts and feelings to that. That's when I started to associate with the dreams when I was a kid, the wishes, the cross-

> dressing.... This is where the pieces started to have a place and started to assemble themselves. (L1089-1095)

The meaning of 'being transgender' held different meanings for the participants. The most common meaning was the idea that they were "born in the wrong body:"

> Sam: Like for me, what I think of it is like, I was born, and there was something wrong, with my body, and that's it. (L198-200)

For others it held a different meaning. They saw gender as existing on a continuum and used the terms "gender fluid" or "gender queer" to refer to their gender. For them, their transgender status meant that they are in-between or outside of male/female:

> Paige: To me, it [gender queer] means that I don't identify as either male or female, but at the same time I'm not really fussed if you call me she, they, he, because I think I am kind of over it now. I've been through all the issues in my head. (L310-313)

b) 'Membership'

With the concept also came the potential of being part of a community, which many of the young people indicated that they valued. They spoke about how, hearing others' experiences, it helped to normalise their feelings and to reduce their sense of isolation:

> Kelly: Meeting other people who are bisexual and transgender [has been helpful]. Like their experiences of their life helped me. Before, the things I felt, I didn't know whether that was normal or strange. So I knew I wasn't the only one in the world. (L192-195)

Others spoke about the value of meeting trans-people who were ordinary, functioning members of society, in gaining an acceptance of their own identity:

> JP: The only time I have been able to accept anything about myself was through meeting other people, in *real* life... People who were normal. If the trans-guy I met at uni was one of the really radical, flamboyant people and not just a guy doing a maths degree... then it wouldn't feel normal to me. If I didn't meet people who are gender queer and also like... bankers or...teachers or like, trans-guys who are firemen, then it still wouldn't feel real to me. (L1059-1071)

Many also spoke of the usefulness of comparing their own experiences with those of others, to clarify whether transgender is the "right" identity for them to adopt:

> Jesse: I think the biggest thing that happened was me finding out that it existed and that there was a community, especially discovering that there was an online community of people.... So I started to look at the online communities and started to think yeah, that does sound right to me. (L442-448)

Comparing their experiences with those of others was not a positive experience for all of the participants. A number of participants spoke of finding a narrative of 'I have always known since I was a child' in the transgender community, and this created difficulties for those whose experiences did not conform to this narrative. Drew felt that it left him and his parents question the validity of his cross-gender identification:

> Drew: Like when you have these shows and these studies on transgender people, and it's like “yeah I've always known since I was a kid”. It's like I don't understand that, I just cannot conceive of how I could have ever reached that conclusion so young. And this stems back to the problems with my family as well, them saying “well people have known since birth”. (L1539-1545)

Jay described that it left him feeling confused and even more "isolated" and "not normal":

> Jay: Case studies were the most interesting thing to research... One of the main things I noticed was that they all started feeling they were in the wrong gender from a very early age, whereas mine started later. That gave me another confusion, in that is it really gender dysphoria or is it something else. Feeling isolated from a minority, it didn’t particularly help the depression... The main feeling I got was that I was definitely different from the already different people, or not normal. (L479-487)

It is also worth pointing out that not all of the participants found the idea of being transgender helpful. Sam described his feelings about the transgender identity as follows:

> Sam: Like I am here and I do exist, unfortunately, but I don’t think I should, because it's wrong, it's just horrible, it's disgusting. (L146-148)

He further described resisting transgender membership, as he could not associate with those who view it positively:

> Sam: It shouldn't be that you *like* this stupid being- in-the-middle, which some people do, and they make it so obvious. I don't want to be associated with people like that. (L210-213)

c) 'Disclosure'

With the discovery of transgenderism also came the matter of disclosing to parents. For some the disclosure was done on behalf of them by health professionals, or the idea was introduced to them and their parents by professionals. Of those who did raise it with their parents, the majority described that it filled with them trepidation:

> Jonny: I think she [mother] thought I was going to tell her I was gay. She was a bit shocked because I think that was what she was waiting for, but it took a *lot* to tell me mum, it took a lot of nights crying myself to sleep. (L851-853)

In terms of their subsequent relationships with their parents, five participants described what appeared to be supportive relationships with their parents. They felt that their parents were able to come to terms with their gender preferences, albeit not without some difficulty:

> Jay: My mum has always been great in making sure I got the help that I needed, she took me to all the appointments, asked questions, arranged things, but I think the reality of seeing me, cross-dressed, that was difficult for her...And I don't blame her for that. (L244-249)

The other five participants felt that it was difficult to talk about their gender with their parents and that when they did, it generated conflict and feelings of rejection:

> Jesse: When I told them when I went to university, my mother said that if I wanted to continue to identify as transgender, then she didn't want to see me again. I do see them occasionally now, but I don't see them a lot. And it is not the kind of thing that we discuss anymore, it's like the elephant in the room... (L838-843)

3.3.3.2 Experience of services

This relates to the experiences of 6 participants, as the others had not accessed services. I have separated this into two sub-categories: 'initial contact', which refers to contact with GP's and/or Child and Adolescent Mental Health Services

(CAMHS) when they first sought help; and 'subsequent therapeutic input', which was received at the Tavistock GIDS and/or CAMHS.

a) Initial contact

Three participants described their initial contact as helpful in providing them with the information that they required and in making the necessary referrals:

> Kelly: My doctor was helpful too. She talked me through it about what hormones would do, what surgery would do. And then she referred me to the Tavistock. (L197-199)

The other three participants felt that their concerns/those of their parents were not taken seriously and that it was difficult to initiate the referral process:

> Sam: My mum was the first person to mention it to a doctor... She knew what I was like and obviously thought it was a possibility, because I've been like it for so long that it was more than just a phase at that point. The doctor actually laughed at her and said no, it won't be that. (L409-413)

b) Subsequent therapeutic input

The participants expressed mixed feelings about their experiences of therapeutic input. The majority felt that individual sessions provided them with a space to explore their gender and that it enabled them to make sense of their feelings and gain greater clarity:

> Jay: Irrationality or uncertainty I think was the main cause of the depression. I had no idea of where stuff was going, why is it happening to me, why am I in this male body... So talking with someone helped me to rationalise things and make sense of it. It [therapy] was a really fantastic resource, it can't really compete with writing it down, or comparing yourself with others on the internet. Especially one person, over a long time, that's been invaluable. (L667-674)

The majority also found it helpful in giving them time to explore their decisions for the future, without feeling under pressure to make a decision:

> Jonny: It's like [GIDS clinician] said to me when we started to meet, that at any point I can say I don't think this is what I want to do or I can discus maybe this isn't the way I think is for me. That's what I liked, I wasn't obligated to go through with it [gender reassignment], I didn't feel pressure. (L1167-1171)

On other hand, there were aspects of therapy that they found upsetting, particularly family sessions. They all felt that these sessions invariably stimulated conflict, which they found difficult to cope with. For example, Shaun described that:

> Shaun: It was the first time I had properly talked about everything in detail and for two of the sessions my parents were there. It was a group discussion which was horrible. I confronted them about a lot of things, being brutally honest and they came back with things like “no that's not what happened, that's not how it happened” and sort of just contradicting what I said. (L1070-1075)

My impression was that they generally felt very reluctant to engage with these sessions:

> Sam: We used to come to the Tavistock like every month and I would come out of every meeting just like upset and usually my whole family would just like argue on the way home in the car. And I was just like well this is not helping at all is it, and so we stopped coming for a bit... (L1087-1091)

The majority also recalled particular instances during therapeutic input where they felt that they were patronised, criticised or misunderstood:

> Jonny: He would ask me questions and he would be like “But you are contradicting yourself”, "But that's not entirely true". It just felt like whatever I said, he would have some kind of problem with it... (L1136-1139)

3.3.3.3 Shifts to non-binary identities

Subsequent to puberty, five participants described shifting to non-binary, ambiguous gender identities, whilst the other five participants maintained a cross-gender identification. The following factors appeared to play a role in shaping the change in their gender identification: 'experimenting with social transitioning', 'therapeutic exploration', and 'contact with queer theory'.

a) Experimenting with social transitioning

Three participants indicated that living in the other gender role or experimenting with it had an influence on how they subsequently identified themselves.

Jay, who identifies as an "androgynous male", described that he agreed to attend a family therapy session in the female role and that his difficulty in engaging with the task clarified for him that he did not want to transition:

> Jay: So the plan was for me to go to the family session completely in the female role, to simulate the whole experience. I would say that it put good pressure on me. You know, this is the easiest bit of what it is going to be like, are you sure about it. And that experience made it very clear to me that I'm not sure. It helped me to come to the decision that I'm going to live as a male for now and move towards a new goal, working towards being androgynous... (L674-684)

JP reported that she had maintained a masculine appearance and that she switched to using her initials as a first name from about 14 years old. She described that subsequently people often thought of her as a boy, but found it very uncomfortable when they referred to her as "he":

> JP: I didn't like people calling me "she" because I would think oh, they know I am a girl. But at the same time when people thought I was a boy I felt just as icky, with being called he. It was very confusing... (L566-569)

She indicated that this discomfort influenced her adoption of a "gender queer" identity, as she did not feel she fitted in any other gender category:

> JP: So I identify myself as gender queer, because... If JP was a gender that would be me. I don't really fit in with anything else, with any other gender. Although the closest I feel is male. (L940-943)

Jesse socially transitioned to a male presentation and a gender neutral name when she started university. She described that she subsequently tried to conform to the stereotypical male gender role, but found that it did not suit her:

> Jesse: I realised that, although I wanted the male body... the masculine gender didn't quite always fit either. I felt like …before, when I came across it on the internet, all the trans-guys were like "we must work out, we must be big, beefy, heterosexual *men*" .... It's like they almost idealised this, I don't know, body builders, or having huge beards, just being the *man*, who was strong and drinks beer and likes football...It's the road that everybody seemed to go so I tried it... but it didn't work. It wasn't me. (L723-739)

She indicated that whilst she still feels that physically she should be male, she was questioning the meaning of masculinity and she now sees her gender identity as "fluid":

> Jesse: I still feel, physically, that I should be a boy, but it's like I am not even sure, mentally what 'boy', what masculinity as a whole, is anymore. (L771-773)

> Jesse: It [Gender fluid] means that you can move about on the spectrum. Or off the spectrum. It's the idea that there isn't just male or female, you can present in any way you like. (L758-760)

b) Therapeutic exploration

For Jay, the therapeutic input he received at the GIDS appeared to have contributed to his shift from identifying as female to an "androgynous male" identification. He described that during therapy he began to see gender as existing on a continuum and that this enabled him to explore his gender identity:

> Jay: I suppose what was most helpful was talking things through with [GIDS therapist]. We talked about everything really, in great detail, exploring things. For example, before I never thought of gender as on a scale. But then I developed that idea, and that one could move around it, and I could put numbers to it, which is something I find really helpful. (L660-666)

> Jay: So if you imagine it [the scale] in terms of numbers, with minus one being very feminine female and plus one being very masculine male. Now I would probably put myself as 0.3, edging more towards the feminine male. (L338-345)

c) Contact with queer theory

Alex, who initially explored a homosexual identity, described that she "always felt outside of male and female" (L513), yet for much of her adolescent life she was unable to express that feeling. However, her discovery of the online queer community provided her with the language to describe her gender and gave her a sense of belonging:

> Alex: The internet for me was a massive door opening, it was a real eye opener finding these American queer websites [aged 16 to 17 years], because I could finally speak to people who were thinking about issues the way I was, or who were stretching my thinking and respecting me. It gave me a language. And I wasn't alone wandering in this wilderness, somewhere between male and female, somewhere between straight and gay, and not fitting in any of them. (L438-445)

Paige similarly adopted a homosexual identity in adolescence. She indicated that the answer as to why she "had strange feelings as a child" (L321) and how to define her gender came at university, when she studied queer studies:

> Paige: At uni I went to the lectures on queer studies and queer cinema... And that's when it clicked in my head, about gender diversity and gender

> variance... I wrote a lot of papers, probably in the back of my head, trying to see if I was identifying as any of the people I was writing about..... And then I went to the trans-community conference... I met a lot of people, had really long discussions about gender with them. And my head rewound a bit more and that's when I realised, thinking back through my history, my childhood. (L285-314)

3.3.3.4 Position on gender reassignment

This category describes the participants' views on gender reassignment at the time of the interviews.

a) 'It's not for me'

Five participants felt that gender reassignment was not a desirable solution for them. For two of the natal males, a primary consideration was the issue of passing. Both felt that in light of the impact of their pubertal development, they would have been unable to successfully pass as female and they both felt that there is a stigma attached to not being able to pass:

> Jay: I suppose on the whole, the reason why I stopped, was because I knew that the transitioning process in itself would be extremely difficult, given all the pain and stigma. I didn't have unrealistic expectations, but given that I've been through all the puberty changes, I wasn't sure that I would pass very successfully. (L329-333)

> Jonny: You kind of feel trapped, because there isn't many routes you can go with it. The only route that most people go for is the hormone blockers and then having the sex change. But for me, the results aren't good enough for what you're putting yourself through. I don't want to look like a drag queen. (L234-238)

It is worth noting that whilst neither wanted to pursue gender reassignment, both Jonny and Jay expressed continued bodily dysphoria:

> Jonny: I hate everything about it [my body], apart from my eyes. (L475)

> Jay: I'm not happy about my body, I don't know if I ever will... (L932-933)

For Kelly, on the other hand, who has been living in the female gender role for approximately two years, the issue of passing was no longer a concern. Whilst she initially wanted to have gender reassignment, she subsequently decided that identifying as female was sufficient for her and that she felt she had accepted her male body:

> Kelly: When I first started off [living as a female] I thought well I would need to have the operation and stuff like that, I felt a bit pressured, but now that I've decided I don't need it I feel better for it. I like to live as a woman, I feel like a woman, but I don't need an operation to make me into a woman. (L37-41)

> Kelly: I've just accepted my body for what it is. I just thought I'm fine with how I feel inside, I don't need to change the outside. (L118-119)

It seems that what supported Kelly in her position was that she had come to value being different:

> Kelly: I don't want to be like every other woman, I like to be different. It's boring if everyone is just the same. (L43-44)

Alex, who never expressed a desire for a male body, similarly appeared to have accepted being different. She located the "problem" in society's lack of acceptance of diversity, rather in herself. Secondly, she related her decision against gender reassignment to her non-binary gender identification:

> Alex: Initially I thought... it would be easier for society if I was just a normal guy... Then I decided that I would be doing it [gender reassignment] for the wrong reasons, as I didn't believe I was any more a man than I was a woman, or vice versa. Plus I would be doing it because other people valued a normal guy more than an unusual girl, whereas I felt fine as I was. I don't feel that I am a problem that needs to be fixed, variation is a naturally occurring thing on some kind of spectrum and I am a part of that. (L1032-1040)

Paige, similarly to Alex, also never expressed a desire for a male body. She felt that as she does not identify as unambiguously male, she did not feel she needed gender reassignment:

> Paige: I have considered it [gender reassignment], but I kind of.... it is such a grey area. I don't think I am that far on the scale, that I want to have a sex change or anything like that. (L333-334)

<u>b) 'It's a future option'</u>

For the other five participants gender reassignment remained an option in the future. All of them faced somewhat different dilemmas, which influenced why they are not currently pursuing physical transitioning.

For both JP and Jesse, the issue appears to be that the gender reassignment procedure does not match how they perceive their gendered selves. Specifically, JP would like to have chest surgery but not cross-sex hormones, which is inconsistent with the standard NHS procedure. Secondly, she indicated that her discomfort with her chest had more to do with social perception, rather than a personal discomfort with her body:

> JP: I feel completely uncomfortable with my chest, probably because that's the most visible factor by which people gender me in a way I don't like. It's not so much about it being there, it's more about what people see. But apart from that, I like my voice, I like not being hairy, I like my female genitalia... so I don't feel I need testosterone, and I never wanted bottom surgery, I don't see the point. If I'm on testosterone, it feels like I won't be JP anymore... (L1132-1138)

For Jesse, the dilemma is that she identifies and presents as "gender fluid". She felt unsure about how gender reassignment might impact on her ability to move around the gender spectrum:

> Jesse: It's like, if when I want to identify as more female, if I have more body hair I can shave it off, but if I have top surgery and I want to wear, say a corset, then I would look a bit odd, because I would have nothing to put into the corset. But if I want to identify as male, then I would like to be more hairy, and I would like to have something there [point to genital area] and when I want to identify as somewhere in-between then everything gets complicated [laugh]...I still feel I don't have the correct body, but I think it is always going to be hard to match, because my gender identity won't sit still... it's *mostly* masculine, but not always. (L803-813)

Sam has been living in the male role for approximately three years, but expressed ambivalence about pursuing gender reassignment:

> Sam: I feel as I get older, it's going to become harder to not have any treatment done, because I'm just going to feel more and more different from the other boys my age. But then there is the issue of the unknown, it's a bit of a scary thing to do... I'm not really pushing it so I don't know if there is a part of me that actually is like, yeah, it's ok *not* to do it...I really want to be sure, and perhaps that's why I'm not pushing it, because at the moment I don't feel a hundred percent sure. (L965-983)

Sam's ambivalence might be understood in terms of his ability to successfully pass as male in his everyday living:

> Sam: Like in my daily life I can just pretend that I'm a normal boy... My family just sees me as a boy, and like I don't tell anyone, I don't need to, and no one at my college knows... (L158-160)

Both Drew and Shaun appeared to be "stuck in doubt" regarding their cross-gender identification and therefore gender reassignment. Both appeared to feel hopeless about whether they would find any resolution. Specifically, Drew reported that he doubts whether he "really" is transsexual:

> Drew: This is what holds me back the most in pursuing a sex change, the doubt. The doubt whether or not I really am transsexual... I cannot just ignore these feelings but I can't pursue them either... it just feels like there's no light at the end of the tunnel... (L625-630)

Part of his difficulty appears to be that he is grappling with the 'I've always known since a child' narrative, as discussed previously. As he cannot verify conclusively that his cross-gender identification has been a "problem" since childhood, he feels unable to establish whether his feelings are "genuine":

> Drew: People made me ask a lot of questions of myself, and they are questions I don't have answers to. You know, am I over-thinking these dreams I had as a child [to be female]... has it actually been a problem all my life, is it just me rebelling, is it just the process of growing up as a teenager, or is it something that's actually genuine ... (L1369-1374)

He felt that his doubt was primarily instigated by his parents' doubt of the validity of his feelings, and their unwillingness to support him:

> Drew: I've been given the typical parent thing of “it's just because you’re a rebellious youth, you’ll calm down, it's a phase”, or “it should have been obvious at childhood”... (L620-622)

> Drew: Things reached a head because I was there [at the Tavistock] with my dad, and I was *so* sure I wanted to proceed with things like surgery and physical intervention... But my dad just kind of pulled the plug. This is when he threatened to throw me out, he said he wouldn’t bring me down anymore and that he wanted nothing to do with me and you know this, this identity disorder or whatever you want to call that. (L1104-1110)

Shaun on the other hand, described that he is currently trying to convince himself that he is not transgender, given the challenges transitioning would involve:

> Shaun: Well I'm stuck. I just feel I'm the wrong gender and I feel hopeless... At the moment I'm going through something which I find really confusing because I'm not sure as to whether I actually *will* ever go through with anything, due to family issues...If I wasn't transgender my life would be so much simpler. So I find I'm actually trying to convince myself, not deliberately, that I'm not feeling like this. So at the moment I'm in a big period of doubt because my brain is telling me “naaw, you're not transgender, you don't have to do this it's fine.” (L1140-1149)

Similarly to Drew, he attributed being "stuck in doubt" to his parents' unwillingness to support him. He further described difficulties in coping with his feelings in the context of feeling rejected by his parents:

> Shaun: They [parents] just pointed out all the flaws that I already knew I had, saying “well you're very male, you’ve got very broad shoulders, you're musclely, you’ll never look like a woman, if you ever wanted to transition and marry and have children we won’t support you" etc. Just very negative things, which made it a whole lot harder because I was having to deal with all this stuff with *me* and was then being rejected by them. (L941-950)

3.3.4 THE FUTURE

This category involves the participants' views/hopes for the future. To some extent it overlaps with the category 'position on gender reassignment', given that for some participants this remains a future option. However, as that has already been discussed, this category focuses more on their other views for the future.

3.3.4.1 The need for social change

a) "Education"

The participants' narratives were saturated with experiences of being misunderstood and marginalised and the majority expressed a desire for greater understanding in society about gender variance. They felt that this would facilitate acceptance and social inclusion, and that the key to achieve this would be by increasing knowledge in society about gender variance:

> Shaun: If more was *known* about gender issues then I feel, not more could be done, but more could be accepted and understood and people with gender issues could feel more accepted and feel less of a minority. (L1300-1303)

Some of the participants were specific about the kinds of contexts in which they felt more education is needed. Many spoke with frustration about the bullying

they experienced in school, and some felt that there needs to be more education about sexual and gender diversity in educational contexts:

> Kelly: I think people need more educating at schools and stuff, like I think schools need to do more education on people who are like gay, lesbian, transgender, bisexual, transsexual, anything like that, they need to be more aware in schools and colleges. (L1304-1308)

Others spoke about the importance of greater knowledge within the health professional context. They felt that some of the professionals they engaged with had difficulties in recognising and understanding their difficulties, and that this made it hard to get the help that they needed:

> Jay: The first two psychologists I saw [in CAMHS] generally didn't know much about gender dysphoria at all. And I think the knowledge that people have about it, compared to what they could have, is really low. Professionals first, and the public second, could be educated better about gender dysphoria. I don't think it is *that* uncommon, especially with more people coming out now. I also saw some psychiatrists and the last one I saw had a particular uneducated view of it. I think she felt that it was some kind of choice. (L723-731)

b) Issue of "choice"

A common theme throughout their narratives was that the stigma associated with gender variance left them with few choices in terms of how they could and would like to see and express themselves. Some, for example, Alex, felt that if there was greater flexibility in how gender expression was perceived in society, their lives would be much easier:

> Alex: If you can have people with ambiguous genitalia, then surely you can have ambiguous brains or mindsets or ways of looking at the world. If society was less either-or, if it was less bigoted there would be much less problems.... And it could just be that we're all on a continuum. (L979-986)

My impression was that the lack of options was particularly an issue for the natal males. Drew felt that if society would allow more flexibility in gender expression, he would question the need for physical intervention:

> Drew: This is what I mean by like a society where it didn't matter. Because if there are no set boundaries, you wouldn't feel the need to be on one side or the other. See, then I would question the need for physical intervention. Sure, there are accepting people, but especially with the older generations

> it's as simple to them as that, it's black and white.... there's no gray area, you can't just be in-between. (L1575-1580)

The majority of participants described experiences where others expected them to change how they saw and expressed themselves, when they themselves knew of no other way of being. For example, Alex described that:

> Alex: She [girlfriend] was like, you have to give up all this being a radical queer, you have to normalise yourself, you have to dress different, keep your mouth shut when it will get you somewhere in the world. And I was just like “I can’t. I have no idea how to be anybody else, other than what I am.” (L690-694)

My impression was that the idea that their gender identification was a simple matter of life-style choice was a common, troublesome experience. Jonny felt that this idea needed to change:

> Jonny: It's not a choice to feel this way. Because if it was a choice, I think many people that will probably go for it [gender reassignment], if you could just flick a button and suddenly you feel like a boy and you feel comfortable in your skin, I think everyone would choose that, rather than put themselves through it, because it's surgery, and it doesn't just affect you it affects the people around you... It's like being gay, it's not a choice. (L1215-1221)

4.0 DISCUSSION

This chapter discusses the research findings, makes recommendations for the future and reflects on the limitations of the research.

4.1 THE DEVELOPMENTAL PROCESS AND MAKING SENSE OF GENDER VARIANCE

4.1.1Childhood

The participants all located the beginning of their current gender identities in childhood. Nevertheless, they also felt that as children they had greater freedom - compared to later in their lives - in expressing their preferences, without having to actively consider the implications for their gender status. Whilst they were different, this was more accepted. This greater freedom might be partly because a certain amount of gender fluidity in children is considered typical, whilst they progress towards establishing gender constancy (Kohlberg, 1966). Secondly, one could argue that the nature of children's bodies mean that they are gendered to a lesser extent: the visible criteria that is used to 'determine' one's sex and gender, i.e. secondary sexual characteristics and genitalia, are not on display or have not yet developed.

Although the numbers were small, there were some cultural and gender differences in the degree to which they felt they had freedom to express themselves. The natal females reported gender-atypical behaviours that were more pervasive, compared to the natal males, and it was mostly the natal females who grew up in a western context who experienced their parents as unconcerned. These cultural and gender differences are not surprising. Cultural variation in terms of what is considered gender-typical and gender-atypical is well known (Newman, 2002). Secondly, in most western societies, tomboy behaviour in girls tends to be more acceptable, whereas feminine behaviour in boys is tolerated less (Cohen-Kettenis & Pfäfflin, 2003).

4.1.2 Puberty

It was during the pubertal period, between the approximate age range of 9 to 14 years, that the participants' gender-related distress began to emerge and intensify. The changes in their social landscape and their bodies meant that they and others began to compare their self-expression against the two gender categories. As a consequence, their selves became gendered in ways that clashed with their self-perceptions, which enhanced their gender-variant identification. The distress they experienced corresponds with the findings of Steensma *et al.*, (2011). They investigated the developmental process of gender dysphoric children who either 'persisted' or 'desisted' in their gender dysphoria in adolescence, and identified the age period between 10 to 13 years as the time

when the gender-related distress of those whose gender dysphoria persisted began to intensify.

4.1.2.1 Feeling different/not fitting in

Consistent with Steensma *et al*.'s findings (2011), it was within the context of a widening social gap between boys and girls that the participants began to feel increasingly different from their peers. Early adolescence in western societies often marks a shift from the small group interactions of childhood to larger groups or 'cliques', which are generally single-sex (Brown & Klute, 2003). These feelings of difference and of not fitting in correspond with the first stage of Devor's model of transsexual identity formation, 'Abiding Anxiety' (2004). Devor states that this stage involves "a feeling of generalised discomfort around people, a sense of not fitting in or of being socially awkward" (p.47). What contributed to their distress was that they had no meaningful way by which to make sense of their difference. As a consequence, they initially kept their feelings quiet from others or dismissed them. Eliason and Schope (2007) note that many LGBT people report feeling different as children or adolescents, and a common experience is a lack of language to describe the difference.

4.1.2.2 Dealing with pubertal bodies

The majority of participants described their pubertal development as being in the 'wrong' direction. Steensma e*t al.* (2011) reported similar findings for their 'persister' group. It is worth noting that up to the pubertal stage none of the participants reported any bodily discomfort. It seems that it was at this point that their difficulties in adhering to social expectations for their gender - which is essentially a psychosocial issue - began to be located within the body. This also corresponded with the meaning that most attributed to their transgender status, that is, of having been 'born in the wrong body'. For most of the participants this belief and the accompanying body dysphoria tended to persist, even when their gender identities shifted to a more ambiguous or fluid nature and when they no longer wished for gender reassignment.

The idea of having been born in the wrong body has become a popular discourse (Overall, 2009) and can even be found in the DSM-IV GID criteria (APA, 1994). This might at least partly explain the tenacity of this belief. The difficulty with this idea is that it implies a mind-body dualism that is hard to make sense of; that is, that people are born with an innate masculine/feminine self, which due to some kind of biological error had become 'encased' in the wrong body. It is plausible that due to people's biology they may have certain innate qualities that predispose them to certain preferences; for example, an athletic ability may predispose to a preference for sport. However, the idea that a preference for sport is indicative of masculinity is a social construction. Infants are not born with

a preference for footballs over dolls - they need to learn what it means to be a boy/girl in their particular society.

The participants who experienced less body dysphoria during and post-puberty tended to be those who initially made sense of their discomfort with their assigned gender role by exploring a homosexual identity and who adopted a non-binary, gender queer identification in later life. This highlights the significance of the meaning that is made of the body and associated distress.

There were also differences in terms of how the natal males and natal females experienced and managed their bodily development. The natal females tended to cope by hiding their bodily development. The natal males' secondary sexual characteristics, on the other hand, prompted panic and preoccupation with their futures.

The participants' views regarding their bodies and their initial avoidance to disclose their feelings regarding their gender correlates with Devor's second identity stage, 'Identity confusion about originally assigned gender and sex' (2004). The author suggests that if children become aware that they do not fit in with others and they cannot find others like themselves, they may become convinced that they are in the wrong sex and gender. However, as a consequence of social pressure to conform, they may either temporarily abandon or hide these thoughts from others and themselves (Zucker & Bradley, 1995).

4.1.2.3 Making sense of sexuality

The participants' non-heterosexual attractions were another aspect of their lives that contributed to them feeling different from their peers. Their experiences of their sexual identity development broadly correspond with themes in the first four stages of Cass's model of homosexual identity formation (1979; 1984). That is, they initially experienced feelings of difference and confusion about the nature of their attractions ('Identity Confusion'). They subsequently resolved their confusion by comparing their experiences with what they know about homosexuality and with the experiences of those in the homosexual community ('Identity Comparison'). The invisibility of homosexuality in their immediate contexts, however, made this a challenging process and some participants struggled for years to make sense of their sexuality. Their experiences of conflict because of the social stigma attached to homosexuality could be seen as comparable with the stage 'Identity Tolerance', and the acceptance they achieved with the help of accepting others correlates with the 'Identity Acceptance' stage. None of the participants described experiences which might suggest 'Identity Pride'. This might be partly because of the age of the majority of the participants. Fontaine and Hammond (1996) suggest that it is uncommon for adolescents to present in

this stage. 'Identity Synthesis' is a complex concept that requires assessing the degree to which a person has integrated their sexual identity with other aspects of their identity, which went beyond the scope of this study.

How they made sense of their sexual attractions within the context of their gender variance suggested an interaction between the meanings that are commonly ascribed to gender and sexual orientation, which are shaped by the dominance of the heterosexual norm. This finding is consistent with those of Steensma *et al.* (2011) and Diamond and Butterworth (2008), who similarly reported an interaction between gender and sexuality in their participants' meaning-making.

The exploration by some of a homosexual identity as an initial, alternative solution corresponds with the third stage in Devor's model of transsexual identity formation, 'Identity comparisons about originally assigned gender and sex' (2004). Devor suggests that gender-variant people may initially commit to identities that are available to them within their assigned sex and gender, with one option being to draw on the popular discourses that lesbians want to be men and that all gay men are effeminate. These popular notions are not entirely without foundation, considering the strong association between gender-variant behaviour and homosexuality (e.g. Drummond *et al.*, 2008; Green, 1987; Wallien & Cohen-Kettenis, 2008). Nevertheless, gender-variant expression does not automatically imply a desire to be a particular gender, or that a person wants to/has to engage in all activities normatively associated with that gender.

4.1.3 Puberty to the present

4.1.3.1 Discovering transgenderism

The discovery of transgenderism was a significant chapter in the participants' lives. It enabled them to make sense of their difference from their peers and provided them with a language to describe that difference. This corresponds with Devor's 'Discovering Transsexuality' stage (2004), which he describes as 'an “Aha!” kind of moment where everything that they have been feeling finally falls into place' (p. 52). For most it offered validation and normalisation of their experiences and crucially, it provided a sense of social belonging, which previously they did not have. Devor's concepts of 'witnessing' and 'mirroring' (2004) are useful here. That is, transgenderism provided them with the opportunity to find others in whom they could see themselves reflected, and to be witnessed by the wider world for how they perceived themselves to be.

Despite the initial relief the discovery brought, the exploration of a transgender identity appeared to have been a complex process. Most engaged in extended periods of exploration in order to establish whether transgender was a suitable

identity for them and if so, what kind, e.g. cross-gender or ambiguous. This corresponds to the sixth stage in Devor's model (2004), 'Identity comparisons about transsexualism'. These identity comparisons involved a certain amount of confusion but most found identities which they felt could reflect themselves and which they could accept. Nevertheless, initial commitments did not necessarily remain stable, and some of the participants were clearly still exploring their gender identity at the time of the interviews. Also, identity comparisons evoked considerable distress for some of the participants. One participant could barely tolerate their transgender status, in light of the associations of 'abnormality' with the transgender identity. They might be described as being in Devor's 'Identity Tolerance' stage (2004). Some participants discovered a narrative of 'I've always known since a child' within the transgender community which did not reflect their childhood experiences. This resulted in increased feelings of alienation, misery and identity confusion. Mason-Schrock (1996) found that adult transsexuals commonly tell narratives of having 'always felt different' since early childhood. The author suggests that this narrative becomes essential in order to support the idea of a gendered self born within a wrong-sexed body. The difficulty with this discourse is that it promotes the notion of certainty, which invalidates the uncertainty that comes with identity exploration.

The discovery of transgenderism also raised the matter of disclosure to parents. Half of the participants felt that their parents were able to accept their gender preferences, albeit not without some difficulty. How they managed to achieve this was not addressed in this study. For others the disclosure resulted in conflict and feelings of rejection. These conflicts appeared to have prompted identity confusion for some and they felt hopeless about being able to resolve their confusion. Secondly, it also appeared to have played a role in why some disengaged from services.

4.1.3.2 Multiple trajectories and positions on gender reassignment

Following the discovery of transgenderism, the participants diverged into multiple trajectories. Half maintained a binary cross-gender identification, whilst the other half shifted from either a homosexual identity or a binary cross-gender identification to ambiguous gender identities. As none of the participants unambiguously identified with their assigned gender role, it was not possible to explore the question of how young people make sense of a shift from childhood gender dysphoria to identifying with their natal sex in adolescence. The factors that appeared to have influenced the shifts in their identification were being able to present/live in the other gender role and finding that gender role unsuitable; exploration of gender identity in therapy; and contact with queer theory.

Notably, the natal females were able to explore their gender identities much more extensively within their everyday living. The influence of feminism has meant that there is far greater room for variance in female presentations than male presentations (Devor, 2004). Masculinity, on the other hand, is much more tightly regulated (Gill *et al.*, 2005). The implication for natal males is that instead of having real-life experience of being in a female role, they are more likely to have the experience of being an object of ridicule. It is interesting that it was primarily the natal females who adopted non-binary gender identities. Whether there is a relationship between greater flexibility in gender expression and how young people identify would be worth exploring in future studies.

The matter of flexibility in gender expression also appeared to have played a role in why the participants were not pursuing gender reassignment at the time of the interviews. The issue of not being able to unambiguously pass as female was prominent in some of the natal males' decision against reassignment. Nevertheless, it was interesting that this was no longer a concern for one of the natal males. They seemed to have adopted a positive attitude to being different and were able to accept their male body. For the other two natal males the reasons why they were not pursuing gender reassignment appeared primarily related to family conflict regarding their preferred gender and their identity confusion.

Passing was less of a concern for the natal females. The one natal female who unambiguously identified as male appeared to have little impetus for gender reassignment, as they were able to successfully pass as male without it. The other natal females felt that gender reassignment would either be incompatible with their ambiguous gender identification or might limit their gender expression, or they felt that they needed only partial body modification.

4.2 CHALLENGES AND RESOURCES

The most significant developmental challenge appears to be the pubertal period. The young people had to simultaneously make sense of their gender identity, their sexuality and cope with their bodily changes. This in turn was happening within a context of peer exclusion and bullying. The latter left them with an overwhelming sense of not belonging, which for most also translated into feeling that they do not belong in their bodies. These difficulties in turn were situated within a social context where the binary gender discourse is dominant. As a consequence, they could not see themselves reflected in society and they felt highly constrained in terms of how they could identify and express themselves, in light of the stigma associated with gender variant-expression. The natal males appeared particularly constrained in their options. The participants were clear in their view that their gender identification was not a matter of choice. If one cannot

simply reinvent oneself, yet consistently receives the message that one's expression is 'abnormal' for one's sex, then locating the problem in the body may well become the only viable solution. Nevertheless, some of the participants were able to resist the binary gender discourse and its pathologising effects by developing positive attitudes towards difference; by accepting their bodies; by seeing gender as existing on a spectrum; and by drawing on queer theory. Secondly, despite their peer relationship difficulties, the majority found peer groups where they could belong, albeit not without a struggle, and intimate relationships with accepting partners was another source that provided a sense of belonging.

Therapeutic input was a useful resource for those who attended services, as it gave them space to make sense of and clarify their gender identification, and to explore their decisions regarding gender reassignment. Nevertheless, it was also clear that therapeutic exploration could be challenging, particularly within the family context. There was a general reluctance to engage in these sessions because of the conflict it stimulated. Their reports of instances in therapy where they felt misunderstood, patronised and criticised are consistent with Di Ceglie's clinical observation (2013), that gender-variant youth feel very sensitive and easily intruded upon when their gender expressions are explored. These feelings are understandable when considered within a context of widespread social rejection and their developmental stage. When people consistently feel unaccepted they become particularly sensitive to rejection cues, in order to prevent further rejection (Richman & Leary, 2009). Secondly, adolescents may be sensitive to views that challenge their strive for autonomy (Kroger, 2007).

In terms of their hopes for future resources, education on gender variance in society generally, in the health professional context and in educational contexts was identified as important. They felt that this might reduce their social exclusion; provide them with greater freedom in self-expression; and ensure that they receive help sooner. These views are consistent with the findings of Riley *et al.* (2013). They conducted a study with 110 transgender adults in order to determine their needs as children. The most common need that was expressed was for education programs and information about gender variance to be implemented in schools and in society generally. Other identified needs were to be understood and supported by the school community; to have freedom of identity expression; and to have their gender issues recognised and to be offered help by professionals.

4.3. RESEARCH IMPLICATIONS

The findings of this study share some of the themes in Cass's homosexual identity formation model (1984) and Devor's transsexual identity formation model

(2004). It also has implications for our understanding of gender-variant children and adolescents' developmental trajectories. As discussed in the introduction, the current view could be described as a 'two-trajectory, persistent-desistent model'. That is, in adolescence their cross-gender identification either persists and they most likely seek gender reassignment; or it desists, i.e. they identify completely with their natal sex and most likely adopt a homosexual identity (e.g. Drummond *et al.*, 2008; Steensma *et al.,* 2011; Wallien & Cohen-Kettenis, 2008).

This study's findings, however, suggest a more complex picture. Firstly, it suggests that models that view gender and sexual identity development as dichotomous processes and either/or entities may underestimate the complexity through which individuals interpret and experience their gender expressions and erotic desires. Secondly, for some gender-variant youth a homosexual identity might only be a temporary adolescent solution. Thirdly, a range of gender identities and desires regarding gender reassignment might be possible, that do not neatly fit into the dichotomy of 'desistence' or persistence'. Fourthly, it suggests that natal male and natal female gender-variant youth may face different challenges, which may have an impact on how they identify and how they approach gender reassignment.

4.4 RESEARCH RECOMMENDATIONS

The following areas/research questions were identified for future research:

- Our current understanding of gender-variant children and adolescents' developmental experiences are based on retrospective studies. This has various limitations, including faded memory and biased recall. This makes it difficult to understand what the early phases of their identity development involve and how they are experienced. We thus need more studies that investigate trans-youth's experiences when they are children and when they are in the early pubertal developmental phase. Additionally, we need continued longitudinal observation over the life course, as adolescent identity solutions do not necessarily remain stable.
- Some gender-variant youth are able to accept their bodies, despite discrepant gender identification. Which factors might contribute to such acceptance?
- Despite considerable challenges, gender-variant youth are able to establish positive relationships with peers, intimate partners and families. Which factors contribute to help them establish and maintain these relationships?
- Natal females in western contexts have greater flexibility in gender expression, compared to natal males. Are their implications for how natal males and females develop their identities and the identity solutions they find?

- Developmental studies typically make use of participants who present at gender clinics. However, gender-variant adolescents who identify ambiguously may be less likely to present at such clinics, as gender reassignment may not be compatible with their gender identities. It is thus recommended that future studies consider recruiting outside of gender clinics, which might facilitate an inclusion of a greater range of experiences and identity solutions. This in turn may provide us with greater understanding of the similarities and differences between those who identify completely with the other sex versus those who identify ambiguously.

4.5 CLINICAL IMPLICATIONS

The family and peer relationship difficulties that gender-variant youth face are likely to have negative implications for the separation-individuation process and their development of an autonomous self. For gender-variant adolescents this developmental task has particular significance, as they face life-changing decisions which require a level of maturity not usually expected of the average westernised adolescent. The difficulty for gender-variant young people is that the options they have for embedding themselves in relational contexts other than their families are limited. They and their families may thus struggle to engage with this process, which might hamper the young people's ability to explore their identity and leave them ill-prepared for the autonomy that is required in adulthood. On the other hand, if they simultaneously experience family rejection they may feel compelled to individuate when they are not ready to do so. Studies have found an association between parent and/or peer rejection and difficulties such as depression, aggression, low self-esteem and suicidal behaviours in adolescence (e.g. Ansari & Qureshi, 2013; Fotti *et al*., 2006; Loeber & Stouthamerloeber, 1986; Parker & Asher, 1987). Sentse *et al*. (2002) found that peer acceptance provided a buffer against emotional and behavioural maladjustment for adolescents in the context of parent rejection, whereas parent acceptance did not act as a buffer for peer rejection.

4.6 CLINICAL RECOMMENDATIONS

- Therapeutic input involving individual, family and school intervention is recommended as crucial. School intervention to promote peer inclusion is recommended as particularly important. Greater acceptance by peers may have the added advantage of acting as a buffer against the effects of parent rejection. Therapeutic groups might in turn act as a buffer against peer rejection in school and parent rejection.

- During assessments and in therapy clinicians may have to be vigilant for signs of feeling rejected in young people. It is recommended that clinicians promote a therapeutic context in which discourses such as the 'wrong

body', 'I've always known since I was a child' and the pathologisation of gender variance can be explored sensitively, without negating the young person's views and desire for autonomy. Young people may benefit in their identity exploration if they are provided with queer literature that are accessible to adolescents.

- Experimentation with living in the preferred gender role could be useful in helping gender-variant adolescents explore and clarify their gender identification. The difficulty may be that such experimentation could easily be viewed as a final solution. Clinicians may thus have to explore with the young person and their families in what ways they could endeavour to keep options open. Natal males may have more difficulties in realising such experimentation in their everyday life and clinicians, young people and their families may have to think of creative ways in which they could have such an experience without exposing them to high levels of stigmatisation.

- Young people who decide against gender reassignment may continue to experience body dysphoria. It is thus important that their relationship with their body is assessed and that they receive psychological intervention where needed.

- Clinicians may have to be transparent with young people that family sessions are likely to stimulate conflict, but also provide hope that these could be resolved. Where this is not possible and it impacts on a young person's access to care, it is recommended that the Tavistock GIDS, in conjunction with CAMHS, consider ways in which to ensure that a young person can continue to have access to therapeutic input, particularly if they are capable of providing consent.

- Services supporting gender-variant youth have a commitment to raise awareness of and to provide education on gender variance through the dissemination of research into the public domain; through training courses; and via liaison with educational contexts. In the current climate of NHS cost savings there is a risk that these activities may be viewed as less essential, compared to therapy. However, the findings of this study suggest that this commitment is fundamental to the needs of gender-variant youth. The risk here is that if such education focuses purely on promoting awareness of gender variance as a legitimate health condition, it endorses the reification of gender-related distress as a disorder and the idea that it is the individual that must be the locus of change. It is thus recommended that education includes a critical stance towards the naturalistic, binary gender discourse and the impact this has not only for gender-variant children and adults, but for society generally. It is further recommended that an emphasis is placed on engaging school

professionals in training courses, considering the impact that this context has on the lives of gender-variant youth. It would also be useful if training packages can be developed that school professionals can deliver in schools with other professionals and with students.

4.7 CRITICAL REVIEW

Below I will address some of the potential limitations of the study and examine the quality of this research.

4.7.1 Limitations

Developmental studies in this field typically use participants who had been formally diagnosed with gender identity disorder (GID) in childhood, which was not the case in this study. This may restrict the comparability of this study's findings. Secondly, the retrospective nature of the study means that our understanding of gender-variant youth's experiences as children and during the early phases of puberty remains limited. However, a longitudinal design would have been necessary to address these limitations, which was practically not possible.

The use of the List of Dimensional DSM -IV Criteria – GID questionnaire (DDC-GID) as a screening tool with the participants recruited from the voluntary sector may have primed them to introduce particular aspects of their childhood experiences in their accounts. Nevertheless, I would argue that recruitment from the non-clinical population increased the range of experiences that was captured, which is rarely found in studies who recruit from gender clinics only.

Whilst there was some cultural diversity in this group, this was limited. This may restrict the applicability of this study's findings to ethnic groups other than White British. A related limitation is that the intersection between identities and social locations other than gender and sexuality, e.g. religion, race, class, politics and subculture memberships such as Goth and Punk were not addressed. Theorists who draw on the theoretical framework of intersectionality (see Stewart & McDermott, 2004 for a review) have shown that identifying with more than one social group produces altogether new forms of subjectivities that are not reducible to the original identities that went into them. These various social memberships may have influenced how the participants' sexual and gender identities developed, how they made sense of, and experienced their gender and sexuality.

The participants were aware that I work at the GIDS and this may have influenced which experiences they shared with me. For example, when I asked them what - if anything - they have found helpful/unhelpful and what they would

find helpful, their responses were often in relation to services and professionals. Whilst most of them spoke about negative experiences they had within the service context, my professional status may have inhibited them in their criticisms. The other issue is that my professional status is associated with diagnosis. LaFrance (2005) notes that the diagnostic process subjugates narratives of grief, uncertainty and ambiguity about gender expression in favour of certainty; by association, my professional status may have had a similar effect on the participants' narratives.

Whilst a social constructionist version of grounded theory (Charmaz, 2006) recognises the active role of the researcher in the research process, a limitation is that this does not extend to an analysis of the way in which the researcher and interviewee interact during the interviews (Willig, 2008). The questions asked and the responses that were given were shaped by and reflections of an interaction between two people at a particular time, in a particular context (Rapley, 2001). In light of this, I endeavoured to maintain reflexivity on the active role I played in the interviews, transcription and analysis of the data.

4.7.2 Quality of qualitative research

Although other authors (e.g. Elliot *et al.*,1999; Yardley, 2000) have also proposed criteria against which qualitative research can be judged, I have chosen to be guided by those of Henwood and Pidgeon (1992). Their criteria were developed based on the use of grounded theory and are outlined below.

4.7.2.1 Keeping close to the data: the importance of fit and sensitivity to negotiated realities

In order to stay close to the data I followed a number of the procedures outlined by Charmaz (2006) and Corbin and Strauss (2008). These included open, axial and focussed coding, as well as memo-writing. Henwood and Pidgeon (1992) suggest that it is important to be able to demonstrate how one developed one's ideas. I have thus included examples of how I did coding in Appendix 22. I have also carried out member checks by sending the results section to the participants in order to lend verification to my interpretation of their comments. I have received five replies, which can be seen in Appendix 23. The majority indicated that they found it interesting to read others' views.

4.7.2.2 Theory integrated at diverse levels of abstraction

Throughout my analysis I was questioning and reflecting on the relationships between the codes and categories I was developing through the use of memos and axial coding[20]. I am, however, aware that there are multiple views on what

[20] See Appendix 24

constitutes a 'theory' in grounded theory. Charmaz (2006) indicates that one finds views as varied as: a) an empirical generalisation; b) a category; c) a predisposition; d) an explanation of a process; e) a relationship between variables; f) an abstract understanding; and g) a description. Charmaz (2006) proposes that in contrast to positivist grounded theory, constructivist grounded theory "emphasises *understanding* rather than explanation. Proponents of this definition view theoretical understanding as abstract and interpretive; the very understanding gained from the theory rests on the theorist's interpretation of the studied phenomenon. Interpretive theories allow for indeterminacy rather than seek causality" (p. 126, emphasis in original text). I view the account I developed as an interpretive understanding, involving rich descriptions, of the ways in which the participants in my study engaged with and made meaning of their experiences. Another researcher may have come to a different understanding.

4.7.2.3 Reflexivity

I hold a social constructionist perspective on gender and this would have influenced my interpretation of the participants' experiences. I kept a reflective diary and memo's in order to monitor my thought processes, which enabled me to explore whether my analysis became overly focussed on particular aspects, whilst neglecting others. For example, whilst writing a memo about puberty, I felt that I had become too engrossed in the challenges of this period, which made me return to my data with a different perspective.[21] Over time I began to feel that the division between a 'reflective diary' and 'memo-writing' was artificial and unnecessarily cumbersome; hence I switched to memo-writing only.

4.7.2.4 Negative case analysis

Negative case analysis involves exploring cases that do not fit one's emerging categories in order to develop a conceptually dense grounded theory (Henwood and Pidgeon, 1992). I engaged in this task extensively, as my participants described diverse views and experiences.

4.7.2.5 Transferability

Transferability refers to the extent to which the findings are considered to have more general significance. I would argue that the theory I developed contributes to our understanding of trans-youth's identity developmental pathways and what is important to them. However, a significant limitation impacting on the study was time constraints. In conducting grounded theory, it is desirable to collect data, conduct an initial analysis and then recruit further participants from a wide range of contexts in order to increase the depth and range of the theory's applicability (Willig, 2008). However, the extent to which this was possible was constrained by

[21] See Appendix 25

practical limitations and my framework is based on a small, heterogeneous sample. Nevertheless, it does highlight future ideas for research.

4.8 REFLECTIONS OF THE RESEARCHER

As indicated previously, I kept a reflective diary/memos to help monitor how my own identity, experiences and assumptions impacted on my engagement with the research process.

The turbulence I experienced as an adolescent meant that I often found myself empathising with the participants' struggles with not fitting in. Initially this led me to overemphasise the challenges they experienced and it was only with reflection that I developed a more balanced account. My empathy was enhanced by my work at the Tavistock GIDS and I felt compelled to do justice to their voices. However, what I did not anticipate was that making claims about the lives of people brought a considerable weight of responsibility, which at times felt unbearable. This difficulty was partly due to the participants' diverse views and experiences and because of my status as a novice researcher. Nevertheless, I was curious as to why this was so challenging, considering that in my clinical work I also make claims about the lives of people by means of formulations and in reports. I think the main difference is that as a clinician I generally negotiate meanings and what I write with clients. Whilst I sent the results to the participants, the product was ultimately purely my own construction. This level of power sits uncomfortably with me; for future research projects I will consider ways in which I could include participants more in the analytic process.

I am not transgender and felt genuinely naive about the nature of gender-variant youth's lives. My work at the GIDS up to now has primarily been assessments, which gave me some insight, although to a limited extent. This lack of knowledge enabled me to maintain a curious position and the participants all responded warmly when I acknowledged this prior to the interviews. Nevertheless, I am granted the status of a 'normal woman' and a 'professional' and I do wonder to what extent this power inequality prevented them from speaking openly about their experiences.

Something I found particularly challenging was the language in relation to gender. There was frequently a confabulation of sex and gender in the participants' talk, which often only became apparent to me during the analysis. Therefore, I found myself questioning at times whether they were talking about a discomfort with their sex, their gender role or both. This difficulty also extended to my writing: I often found that terms were either nebulous, too constrained or I was reinforcing gender stereotypes.

This study challenged some of my assumptions about transgenderism. I gained a better understanding of the limited options that trans-people have. I too, was guilty of assuming that it was largely a matter of individual choice. On the other hand, I also learnt that there are transgender identities spanning across the gender spectrum. This highlighted for me that the clinical population does not adequately represent the transgender community and that our understanding of the range of trans-experience remains limited. On a broader level, I gained a better understanding of the complexity of gender and sexuality, of the challenges that adolescents face in their development, and of the experience of minorities. I think this will enable me to work with a variety of client groups with greater compassion and understanding.

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Wren, B. (2000). Early physical intervention for young people with atypical gender identity development. *Clinical Child Psychology and Psychiatry*, 5(2), p. 220-231.

Yardley, L. (2000). Dilemmas in qualitative research. *Psychology and Health*, 15, p. 215-228.

Zhou, J. Hofman, M.A., Gooren, L.J.G. & Swaab, D.F. (1995). A sex difference in the human brain and its relation to transsexuality. *Nature*, 378, p. 68-70.

Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents.* New York: Guilford Press.

Zucker, K. J., Bradley, S. J., Owen-Anderson, A., Kibblewhite, S. J., & Cantor, J. M. (2008). Is gender identity disorder in adolescents coming out of the closet? *Journal of Sex & Marital Therapy, 34*(4), p. 287-290.

Zucker, K.J. & Cohen-Kettenis, P.T. (2008). Gender Identity Disorder in children and adolescents. In. Rowland, D.L. & Incrocci, L. (Eds). *Handbook of Sexual and Identity Disorders*. (p. 376-422), New Jersey: Wiley.

Zuger, B. (1984). Early effeminate behavior in boys: Outcome and significance for homosexuality. *Journal of Nervous and Mental Disease*, *172*, p.90–97.

APPENDIX 1

Literature review approach

To review literature for this study, I searched EBSCO, an international online database resource. The following databases were selected: CINAHL Plus, Education Search Complete, PsychARTICLES, and PsychINFO, and all years of publication made available. Publications were excluded if they were not written in English. Variations of the following search terms were used, in conjunction with the Boolean operators 'And' and 'Or':

- Childhood
- Children
- Adolescence
- Adolescents
- Youth
- Gender identity
- Gender dysphoria
- Gender identity disorder
- Transsexual
- Transgender
- Gender variant
- Transgender identity formation
- Psychosexual development
- Sexual orientation
- Sexual identity formation
- Gender reassignment
- Desisting
- Persisting

The abstracts of studies were reviewed and the full text of those articles that were deemed relevant was obtained. The reference sections of relevant articles were examined to find further relevant articles.

One qualitative study which investigated the developmental experiences and trajectories of gender-variant youth was identified. I discussed my study with the research psychologist in the Tavistock Gender Identity Development Service team (GIDS). Apart from conducting research, one of her remits is to appraise relevant new studies that are published and to keep the team abreast with new research developments in the field. The databases she frequents are Web of knowledge and Sciencedirect. I also discussed the study with the founder of the

GIDS, who is on the editing panel for the International Journal of Transgender Health. Neither was aware of any other studies, apart from the one identified, which investigated the developmental trajectories of childhood/adolescent gender dysphoria.

In addition, I searched Google Scholar using similar terms, which I found useful for directing me to relevant websites, articles and books.

APPENDIX 2

DSM-IV Gender Identity Disorder Criteria (American Psychiatric Association, 1994)

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantage of being the other sex).

In children the disturbance is manifested by four (or more) of the following:
1. Repeatedly stated desire to be, or insistence that he/she is the other sex.
2. In boys, preference for cross-dressing or simulating female attire, in girls, insistence on only wearing stereotypical masculine clothing.
3. Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex.
4. Intense desire to participate in the stereotypical games and pastimes of the other sex.
5. Strong preferences for playmates of the other sex.

In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live and be treated as the other sex, or the conviction that he/she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his/her sex or sense of inappropriateness in the gender role of that sex.

In children, the disturbance is manifested by any of the following: in boys, the assertion that his penis and testes are disgusting or will disappear, or assertion that it would be better not to have a penis, or aversion towards rough and tumble play and rejection of male stereotypical toys, games and activities; in girls, the rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion towards normative female clothing.

In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g. request for hormones, surgery or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he/she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

APPENDIX 3

Outline of Devor's transsexual identity formation model (2004)

Stage	Some Characteristics	Some Actions
1 Abiding Anxiety	Unfocussed gender and sex discomfort.	Preference for other gender activities and companionship.
2 Identity Confusion About Originally Assigned Gender and Sex	First doubts about suitability of originally assigned gender and sex.	Reactive gender and sex conforming activities.
3 Identity Comparisons About Originally Assigned Gender and Sex	Seeking and weighing alternative gender identities available within originally assigned sex and gender	Experimenting with alternative gender-consistent identities.
4 Discovery of Transsexualism or Transgenderism	Learning that transsexualism exists.	Contact with information about transsexualism.
5 Identity Confusion About Transsexualism or Transgenderism	First doubts about the authenticity of own transsexualism.	Seeking more information about transsexualism.
6 Identity Comparisons About Transsexualism or Transgenderism	Testing transsexual identity using transsexual reference group.	Start to disidentify with originally assigned sex and gender. Start to identify as transsexed or transgender.
7 Tolerance of Transsexual or Transgender Identity	Identify as probably transsexual or transgender, remain ambivalent	Increasingly disidentify as originally assigned gender and sex.
8 Delay Before Acceptance of Transsexual or Transgender Identity	Waiting for changed circumstances. Looking for confirmation of transsexual or transgender identity.	Seeking more information about transsexualism or transgenderism. Reality testing in intimate relationships and against further information about transsexualism or transgenderism.

9 Acceptance of Transsexual or Transgender Identity	Transsexual or transgender identity established.	Tell others about transsexual or transgender identity.
10 Transition	Changing genders and sexes.	Gender and sex reassignments
11 Acceptance of Post-Transition Gender and Sex Identities	Post-transition identity established.	Successful post-transition living.
12 Acceptance of Post-Transition Gender and Sex Identities	Post-transition identity established.	Successful post-transition living.
13 Integration	Transsexuality mostly invisible.	Stigma management. Identity integration.
14 Pride	Openly transsexed.	Transsexual advocacy.

APPENDIX 4

Examples of newspaper headlines

The INDEPENDENT

Gender reassignment: 'I always wanted to be a girl...'

Kim Petras is a model and an aspiring pop star. She is also the youngest person in the world to undergo gender reassignment.

BY JONATHAN BROWN AND TONY PATERSON

MONDAY 21 SEPTEMBER 2009

Mail Online

'Why should I hide, I'm proud of myself': Teen who had world's youngest sex change op at 16 reveals she has a boyfriend

By LUCY BUCKLAND
UPDATED: 12:07, 2 December 2011

Mail Online

Teenager who became youngest in UK to have full sex change says 'I want to be Miss England'

Jackie Green - formerly Jack - underwent surgery to become a woman in Thailand on her 16th birthday

By GRAHAM SMITH
UPDATED: 15:22, 20 January 2012

APPENDIX 5
Reflective diary extract

Gender reassignment: I really need to think about how I feel about this... It feels like such an invasive, extreme solution.... Considering how I struggled to get NHS ethics approval, I wonder if any NHS rec committee would ever have given it approval, if it was proposed as a new form of treatment today...?!? On the other hand, one cannot deny it now that it is here, and it is clear from talking with those who went through with it at the Gendered Intelligence meeting and my reading that it provides enormous relief from what can be an incredibly distressing experience. Given that it has now become part of our social fabric, would it be ethical to deny people access? And is it ethical to regulate and monitor them so extensively? Part of me thinks the extreme regulation is trying to mop up milk that has already been spilt. It's too late; the horse has bolted. And yes, the idea of physical intervention with children does seem extreme, but on the other hand the blockers provides them with a much better chance of passing and having a 'normal' life. And it buys them time. But maybe being on the blockers makes further physical intervention seem more acceptable... however given that we cannot push the toothpaste back in the tube, perhaps we should provide the best possible solution to people. On the other hand, some of the young people at the service have had pretty traumatic childhoods; I can't help but wonder what impact that might have had on their gender identities, and if transitioning to the other sex might seem as a way to reinvent themselves, to get rid of difficult pasts... But then there are young people whose histories have been uneventful. On the other hand adolescence is such a turbulent time... having to make decisions about your future, when you are trying to explore and try out various 'identities', is very tough. This is such a dilemma….!!! Ultimately it is up to the young people and their families - I feel for them. It feels like they have little options but to go for the sex change.

APPENDIX 6

NHS ethics approval

Health Research Authority

NRES Committee London - City Road & Hampstead
Bristol Research Ethics Committee Centre
Level 3, Block B
Whitefriars
Lewins Mead
Bristol
BS1 2NT

Telephone: 0117 342 1339
Facsimile: 0117 342 0445

22 August 2012

Ms Nicolien (Niccie) le Roux
Trainee Clinical Psychologist
Camden and Islington Foundation Trust
Flat 9 Parkland Court
2 Maryland Park
London
E15 1HB

Dear Ms le Roux

Study title:	**Gender variance during childhood/adolescence: gender journeys not involving gender reassignment**
REC reference:	**12/LO/0919**
Protocol number:	**NA**

Thank you for your letter of 24 July 2012, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Vice-Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Covering Letter		05 July 2012
GP/Consultant Information Sheets	1	10 July 2012
Interview Schedules/Topic Guides	1	10 May 2012
Investigator CV		

Other: Supervisor Dr Harper's CV		
Other: Supervisor Dr Davidson's CV		
Other: Thesis registrations documents		30 January 2012
Other: UEL ethical approval		12 February 2012
Other: Ethical practice checklist (professional doctorates)		12 February 2012
Other: Research risk assessment checklist (BSc/MSc/MA)		12 February 2012
Participant Consent Form: Parental/Guardian Assent Form	2	05 July 2012
Participant Consent Form	2	05 July 2012
Participant Information Sheet: Voluntary organisations	1	10 May 2012
Participant Information Sheet: Parent/Guardian	2	05 July 2012
Participant Information Sheet	2	05 July 2012
Protocol	1	10 May 2012
Questionnaire: Dimensional DSM Criteria - GID List	1	10 May 2012
REC application		10 May 2012
Response to Request for Further Information		24 July 2012

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

12/LO/0919	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

Dr David Slovick
Chair

Email: christinehobson@nhs.net

Enclosures: "After ethical review – guidance for researchers"

Copy to: *Dr Sarah Davidson*
Ms Lynis Lewis, North Central London Research Consortium

APPENDIX 7

NHS R&D approval

NHS
North Central London Research Consortium

North Central London Research Consortium
3rd Floor, Bedford House
125 - 133 Camden High Street
London, NW1 7JR

05/10/2012

Dr Polly Carmichael
Tavistock Centre, Gender Identity Development Service
120 Belsize Lane
London
NW3 5BA

Dear Dr Carmichael,

I am pleased to confirm that the following study has now received R&D approval, and you may now start your research in **the trust(s) identified below**.

Study Title:	**Gender variance during childhood/adolescence: gender journeys not involving gender reassignment**
R&D reference:	**12MHS32**
REC reference:	**12/LO/0919**
Tavistock and Portman NHS Foundation Trust	--
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If any information on this document is altered after the date of issue, this document will be deemed INVALID	

Please ensure that all members of the research team are aware of their responsibilities as researchers which are stated in page 2. For more details on these responsibilities, please check the R&D handbook or NoCLoR website: http://www.noclor.nhs.uk

We would like to wish you every success with your project

Yours sincerely,

Mabel Saili
Senior Research Governance Officer

APPENDIX 8

UEL ethics approval

SCHOOL OF PSYCHOLOGY
Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

UEL
University of East London
www.uel.ac.uk

School of Psychology

Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology

APPENDIX 9
Procedures in the event of a participant feeling distressed

Ask the participant if they would like to have a break, or stop the interview
Do a debriefing if the interview is terminated
Ask the participant if there is anyone (friends, family, GP) they would like to talk to
Ask if any of the organisations listed below could be helpful
In the event of risk phone thesis supervisor to discuss concerns
Take appropriate action following discussion with thesis supervisor

Further support

Gendered Intelligence (a voluntary organisation supporting transgender youth and their families)
12a North View Crescent London
NW10 1RD
Email: admin@genderedintelligence.co.uk
http://www.genderedintelligence.co.uk/

Gender Identity Development Service (for people under the age of 18)
The Tavistock and Portman NHS Foundation Trust
The Portman clinic
120 Belsize lane
London
NW3 5BA
Tel: 020 8938 2030 (office hours)

NHS Direct (health advice and information service)
Tel: 0845 4647 (24 hour helpline)

Samaritans (confidential emotional support)
Tel: 08457 90 90 90 (24 hours)
Email: jo@samaritans.org
See www.samaritans.org to find nearest branch

Consortium of Lesbian, Gay, Bisexual and Transgendered Voluntary and Community Organisations
(provides a directory of voluntary and community support organisations)
www.lgbtdevelopment.org.uk/consortium7

APPENDIX 10

Criteria given to GIDS clinicians

Inclusion criteria

a) minimum age of 14
b) must have a GID diagnosis
c) those who are currently not seeking physical intervention
d) those who started on blockers/hormones but have since stopped (minimum of 2 months)

Exclusion criteria

a) people who are on physical intervention
b) people who are waiting for a physical intervention assessment
c) people who have requested a transition to adult services for gender reassignment purposes
d) people who need an interpreter
e) people with social communication difficulties or learning difficulties of a degree that would impede the interview process (based on clinician's judgement)

APPENDIX 11

Cover letter

[Tavistock GIDS Letterhead]

[Name]
[Address]
[Date]

Dear (first name of young person)

We are writing to invite you to take part in a research study. We are keen to learn more about the experiences of people who have been unhappy with their gender, but who are not seeking physical intervention at this point in time. This knowledge can help organisations improve the way in which they support people who are unhappy with their gender, and it can also be helpful to people who experience such unhappiness themselves.

Participation would involve taking part in an interview, which involves an informal conversation with Niccie, the researcher, about your experiences. The interview can happen at a place that is convenient for you or over the phone.

We include an information sheet which provides more information about the study. You are welcome to contact Niccie by phone, text or email for further information; her contact details are provided below. Alternatively you can complete the enclosed reply slip and post it in the freepost envelope.

Thank you very much for reading this far. We look forward to hearing from you.

Yours sincerely,

Niccie le Roux
Trainee Clinical Psychologist

Dr Sarah Davidson
Consultant clinical psychologist
and Thesis Supervisor

telephone: 079 398 30723
email: niccie.leroux@gmail.com

Enclosed: Information sheet, reply slip, prepaid envelope

APPENDIX 12

[LETTER HEAD]

PARENT/GUARDIAN INFORMATION SHEET

Version 2, 5/07/2012

Title

Gender variance during childhood/adolescence: gender journeys not involving gender reassignment

An invitation for your child/the child in your care to participate in a research study

We would like to invite your child/the child in your care to take part in a research study. The aim of this letter is to provide you with information about the study, in order to help you consider giving permission for them to participate. We have also sent an invitation to your child/the child in your care. The researcher, Niccie le Roux, will go through the information sheet with you and answer any questions you have. You are welcome to talk to others about the study if you wish.

Part 1 tells you the purpose of the study and what will happen if your child/the child in your care takes part. Part 2 gives you more detailed information about how the study will be done.

Part 1

What is the purpose of the study?

The reason for the study is that whilst there is quite a lot of research on the experiences of people who opted for gender reassignment, there is very little research that focuses on the experiences of those whose gender journeys involve exploring alternative paths to manage their gender. The aim of the study is to get a better understanding of the experiences of people who, at this point in time, have not opted for or stopped with physical interventions in relation to their gender. This knowledge can help services and voluntary organisations improve the way in which they support people who experience gender variance. It can also be of value to people who experience gender variance themselves.

Is my child/the child in my care eligible to take part?

If they answer YES to all four statements below, then they are eligible to take part.

1. I am 14 years or older (i.e. *any* age over 13)
   YES/NO
2. I am experiencing or used to experience gender variance
   YES/NO
3. I have not used puberty blockers and/or cross-sex hormones
   or
   I used to but have since stopped for at least one month
   YES/NO
4. I have not had any gender-related surgical interventions
   YES/NO

Does my child/the child in my care have to take part?

Participation is entirely voluntary. If they agree to take part, we will then ask you both to sign a consent form. You will be given a copy of the consent form and the information sheet. They are free to withdraw at any time, without giving any reason. This will not affect the standard of care they receive.

What will happen if my child/the child in my care takes part?

Participation would involve meeting Niccie le Roux, the researcher, for approximately an hour, at a time and a place that is convenient for you. This could be at your home, at the Tavistock Gender Identity Development Service or the University of East London (UEL). The meeting will be similar to having an informal conversation, although the emphasis would be on hearing their views of what their life has been like since they experienced gender variance. With your permission and theirs the conversation will be audio recorded – this is done because it is important that the researcher gets what they say exactly right.

Expenses

If the meeting is not at your home, travel expenses to get to the meeting place will be reimbursed.

What are the possible benefits of taking part?

We anticipate that it will be interesting for your child/the child in your care to talk about their experiences. Secondly, they will be providing valuable information that can be helpful to other people who experience gender variance, as well as to gender services and voluntary organisations.

What are the possible disadvantages of taking part?

Your child/the child in your care may have had upsetting experiences, which can be difficult to talk about. Please note that they do not have to talk about anything they do not want to.

Will their taking part in the study be kept confidential?

Yes. Ethical and legal practice will be followed and all information about them will be handled in confidence. The detailed information on this is given in Part 2.

What if there is a problem?

Any complaint you have will be addressed. The detailed information on this is given in Part 2.

How does my child/the child in my care express their interest or ask for further information?

We would greatly appreciate if you and your child/the child in your care could complete the slip that is included and send it back to us in the envelope provided. This will help us know who is interested, who would like more information and who is not interested. Alternatively, you are welcome to text, call or email Niccie le Roux on **079 398 30723** or niccie.leroux@gmail.com. We look forward to hear from you.

Part 2

What will happen if my child/the child in my care no longer want to carry on with the study?

You or your child/the child in your care can let the researcher know via the contact details above. Their audio recordings and transcripts would be destroyed. The researcher would need to be notified of the withdrawal before the 1st of April 2013, which is when the thesis is due for submission.

Will their participation in the study be kept confidential?

Electronic data will be password protected, and paper files and audio files will be kept in a locked filing cabinet. The audio files will be transcribed (i.e. written out) and then deleted. All information that could identity them (or people mentioned by them) will be removed so that no-one could be identified. Only the researcher, supervisors and examiners will have access to the transcribed material. The researcher will only break

confidentiality following their meeting with your child/the child in your care in the unlikely event that they have very serious concerns about their safety or the safety of others. If this is the case, they will discuss this with you and them where possible.

What if there is a problem?

If you have concerns that you do not wish to discuss with the researcher, please contact:

Dr Sarah Davidson, Consultant Clinical Psychologist and Thesis Supervisor

s.davidson@uel.ac.uk

020 8223 4174

Or

Dr. Mark Finn, Chair of the UEL School of Psychology Research Ethics Sub-committee

m.finn@uel.ac.uk

020 8223 4493

What will happen to the results of the study?

The results will be written up for the purpose of a doctoral thesis, journal articles and presentations. Your child/the child in your care will be offered the opportunity to receive a summary of the results. Any reports or written articles resulting from the study will not reveal the identity of anyone who took part.

Who is organising and funding the research?

The research is organised and funded by the University of East London, in collaboration with the Tavistock and Portman Gender Identity Development Service and Gendered Intelligence.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee to protect your child's/the child in your care's interests. This study has been reviewed and given a favourable opinion by the City Road and Hampstead Research Ethics Committee.

Thank you very much for considering the participation of your child/the child in your care in this study. We look forward to hear from you.

Yours sincerely,

Niccie le Roux
Trainee Clinical Psychologist

email: niccie.leroux@gmail.com
telephone: 079 398 30723

Dr Sarah Davidson
Consultant Clinical Psychologist
and Thesis Supervisor

s.davidson@uel.ac.uk
020 8223 4174

For attention of: Niccie le Roux/Dr Sarah Davidson

Re: Gender variance during childhood/adolescence: gender journeys not involving gender reassignment

Name: _____ **Date of birth:** _____

Name of parent/guardian (if under 16):_____

Please tick which option applies to you:

- ☐ **I am interested in taking part; please contact me**
- ☐ **I would like further information; please contact me to discuss**
- ☐ **I am not interested**

Please indicate how best to contact you:

Telephone: _____

Email: _____

Parent/guardian (if participant under 16):

Telephone: _____

Email: _____

APPENDIX 13

[LETTER HEAD]

PARTICIPANT INFORMATION SHEET

Version 2, 5/07/2012

Title

Gender variance during childhood/adolescence: gender journeys not involving gender reassignment

An invitation to participate in a research study

We would like to invite you to take part in a research study. Before you decide we would like you to understand why the research is being done and what it would involve for you if you decide to participate. The researcher, Niccie le Roux, will go through the information sheet with you and answer any questions you have. You are welcome to talk to others about the study if you wish.

Part 1 tells you the purpose of the study and what will happen if you take part. Part 2 gives you more detailed information about how the study will be done.

Part 1

What is the purpose of the study?

The reason for the study is that whilst there is quite a lot of research on the experiences of people who opted for gender reassignment, there is very little research that focuses on the experiences of those whose gender journeys involve exploring alternative paths to manage their gender, other than gender reassignment. The aim of the study is to get a better understanding of the experiences of people who, at this point in time, have not opted for or stopped with physical interventions in relation to their gender. This knowledge can help services and voluntary organisations improve the way in which they support people who experience gender variance. It can also be of value to people who experience gender variance themselves.

Are you eligible to take part?

If you answer YES to all four statements below, then you are eligible to take part.

1. I am 14 years or older (i.e. *any* age over 13)

YES/NO

2. I am experiencing or used to experience gender variance as a child/young person (i.e. before the age of18)

YES/NO

3. I have not used puberty blockers and/or cross-sex hormones

or

I used to but have since stopped for at least two months

YES/NO

4. I have not had any gender-related surgical interventions

YES/NO

Do I have to take part?

Participation is entirely voluntary. If you agree to take part, we will then ask you to sign a consent form. You will be given a copy of the consent form and the information sheet. If you are under the age of 16, we would need your parents'/guardians' permission for you to participate. You are free to withdraw at any time, without giving any reason. This will not affect the standard of care you receive.

What will happen if I take part?

Participation would involve meeting Niccie le Roux, the researcher, for approximately an hour, at a time and a place that is convenient for you. This could be at your home, at the Tavistock Gender Identity Development Service or the University of East London (UEL). The meeting will be similar to having an informal conversation, although the emphasis would be on hearing your views of what your life has been like since you experienced gender variance. With your permission the conversation will be audio recorded – this is done because it is important that the researcher gets what you say exactly right.

Expenses

If the meeting is not at your home, you will be reimbursed for your travel expenses to get to the meeting place.

What are the possible benefits of taking part?

We anticipate that it will be interesting for you to talk about your experiences. Secondly, you will be providing valuable information that can be helpful to other people who have experience gender variance, as well as to gender services and voluntary organisations.

What are the possible disadvantages of taking part?

You may have had upsetting experiences, which can be difficult to talk about. Please note that you do not have to talk about anything you do not want to.

Will my taking part in the study be kept confidential?

Yes. Ethical and legal practice will be followed and all information about you will be handled in confidence. The detailed information on this is given in Part 2.

What if there is a problem?

Any complaint you have will be addressed. The detailed information on this is given in Part 2.

How do I express my interest or ask for further information?

We would greatly appreciate if you (and your parents/guardians, if you are under 16) could complete the slip that is included and send it back to us in the envelope provided. This will help us know who is interested, who would like more information and who is not interested. Alternatively, you are welcome to text, call or email Niccie le Roux on **079 398 30723** or niccie.leroux@gmail.com. We look forward to hear from you.

Part 2

What will happen if I no longer want to carry on with the study?

You can let the researcher know via the contact details above. Your audio recordings and transcripts would be destroyed. The researcher would need to be notified of your withdrawal before the 1st of April 2013, which is when the thesis is due for submission.

Will my taking part in the study be kept confidential?

Electronic data will be password protected, and paper files and audio files will be kept in a locked filing cabinet. The audio files will be transcribed (i.e. written out) and then deleted. All information that could identity you (or people mentioned by you) will be removed so that no-one could be identified. Only the researcher, supervisors and examiners will have access to the

transcribed material. The researcher will only break confidentiality following their meeting with you in the unlikely event that they have very serious concerns about your safety or the safety of others. If this is the case, they will discuss this with you where possible.

What if there is a problem?

If you require support and/or have any concerns, please do not hesitate to discuss with the researcher. If you have concerns that you do not wish to discuss with the researcher, please contact:

Dr Sarah Davidson, Consultant Clinical Psychologist and Thesis Supervisor

s.davidson@uel.ac.uk

020 8223 4174

Or

Dr. Mark Finn, Chair of the UEL School of Psychology Research Ethics Sub-committee

m.finn@uel.ac.uk

020 8223 4493

What will happen to the results of the study?

The results will be written up for the purpose of a doctoral thesis, journal articles and presentations. You will be offered the opportunity to receive a summary of the results. Any reports or written articles resulting from the study will not reveal the identity of anyone who took part.

Who is organising and funding the research?

The research is organised and funded by the University of East London, in collaboration with the Tavistock and Portman Gender Identity Development Service and Gendered Intelligence.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee to protect your interests. This study has been reviewed and given a favourable opinion by the City Road and Hampstead Research Ethics Committee.

Thank you very much for considering taking part in this study. We look forward to hear from you.

Yours sincerely,

Niccie le Roux
Trainee Clinical Psychologist

email: niccie.leroux@gmail.com
telephone: 079 398 30723

Dr Sarah Davidson
Consultant Clinical Psychologist
and Thesis Supervisor

s.davidson@uel.ac.uk
020 8223 4174

Reply slip

For attention of: Niccie le Roux/Dr Sarah Davidson

Re: **Gender variance during childhood/adolescence: gender journeys not involving gender reassignment**

Name: _____ **Date of birth:** _____

Name of parent/guardian (if under 16):_____

Please tick which option applies to you:

☐ **I am interested in taking part; please contact me**

☐ **I would like further information; please contact me to discuss**

☐ **I am not interested**

Please indicate how best to contact you:

Telephone: _____

Email: _____

Parent/guardian (if participant under 16):

Telephone: _____

Email: _____

APPENDIX 14

Reminder invitation letter

[Letter Head]

[Address]
[Date]

Dear

Following our previous letter, we are writing to see if you would be interested in taking part in a research study? Your views and experiences are very important, and we are keen to hear them and learn from them. Your participation could be helpful to other people who have had similar experiences. It could also be helpful to professionals and organisations that provide support.

We are looking for young people who have been unhappy about their gender, but who are not seeking physical intervention at this point in time. Participation would involve taking part in an interview, which involves an informal conversation with Niccie, the researcher, about your experiences. The interview can happen at a place that is convenient for you or over the phone.

If you would like further information, you are welcome to contact Niccie directly by email, text or phone. Her contact details are **niccie.leroux@gmail.com** and **07939 830 723.** Alternatively you can complete the enclosed reply slip and post it in the freepost envelope.

We very much look forward to hearing from you.

Yours sincerely,

Niccie le Roux
Trainee Clinical Psychologist

Dr Sarah Davidson
Consultant Clinical Psychologist
and Thesis Supervisor

Enclosed: Reply slip

APPENDIX 15

DDC-GID questionnaire

Adolescent/Adult

Id-nr ☐☐☐☐

Date: (DD/MM/YYYY) ☐☐.☐☐.☐☐☐☐

Therapist: ☐

A. CRITERION

A strong and persistent cross-gender indentification (not merely a desire for any perceived cultural advantages of being the other sex) min 1

A -stated-desire to be the other sex

☐ Never

How strong	☐ Very strong	☐ Moderately	☐ Mildly
How persistent	☐ Very persistent	☐ Somewhat persistent	☐ Not persistent
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year

Frequent passing as the other sex

☐ Never

How often	☐ Regularly (once a week or more)	☐ Monthly	☐ Occasionally
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year

Desire to live or be treated as the other sex

☐ Never

How strong	☐ Very strong	☐ Moderately	☐ Mildly
How persistent	☐ Very persistent	☐ Somewhat persistent	☐ Not persistent
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year

Conviction that he or she has the typical feelings and reactions of the other sex

☐ Never

How strong	☐ Very strong	☐ Moderately	☐ Mildly
How persistent	☐ Very persistent	☐ Somewhat persistent	☐ Not persistent
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year

B. CRITERION

Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex

min 1

Preoccupation with getting rid of sex characteristics

☐ Never

How strong	☐ Very strong	☐ Moderately	☐ Mildly
How persistent	☐ Very persistent	☐ Somewhat persistent	☐ Not persistent
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year
Complete/incomplete wish	☐ Complete	☐ Incomplete	

Belief to be born the wrong sex

☐ Never

How strong	☐ Very strong	☐ Moderately	☐ Mildly
Since when	☐ Childhood	☐ Adolescence	
How long (duration)	☐ >5 years	☐ Between 1-5 years	☐ < 1 year

Patients fulfills Criterion B ☐ Yes ☐ No Not due to comorbidity

C. CRITERION

The disturbance is not concurrent with a physical intersex condition.

☐ Yes ☐ No ☐ Unclear

D. CRITERION

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Distress/clinically significant impairment present?

Social	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Occupational	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Family	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Other, namely	☐ Strong	☐ Mildly	☐ None	☐ Unclear

Childhood

Did the adult also fulfill GID criteria in childhood?
Always to be filled out!

A. Criterion childhood GID:

A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)

(4 of 5 criteria)

1. Repeatedly stated desire to be, or insistence that he or she is, the other sex

Present ☐ Strongly ☐ Moderately ☐ Not

2. Boys:preference for crossdressing

Present ☐ Strongly ☐ Moderately ☐ Not

3. Girls:insistence on wearing only stereotypical masculine clothing

Present ☐ Strongly ☐ Moderately ☐ Not

4. Strong/persistent preferences for cross-sex roles in makebelieve play or persistent fantasies of being the other sex

Play:present ☐ Strongly ☐ Moderately ☐ Not

Fantasies:present ☐ Strongly ☐ Moderately ☐ Not

5. Intense desire to participate in the sterotypical games and pastimes of the other sex

Present ☐ Strongly ☐ Moderately ☐ Not

6. Strong preference for playmates of the other sex

Present ☐ Strongly ☐ Moderately ☐ Not

Patient fulfilled criterion A in childhood ? ☐ Yes ☐ No

Childhood GID min 1

B. Criterion childhood GID: Persistent discomfort with his/her sex or sense of inappropriateness in the gender role of that sex.

Boys: assertion penis or testes are disgusting or will disappear or assertion it would be better not to have penis OR

Present ☐ Strongly ☐ Moderately ☐ Not

Boys: aversion toward rough/tumble play&rejection of male typical toys, games and activities

Present ☐ Strongly ☐ Moderately ☐ Not

Girls: rejection of urinating in a sitting position

Present ☐ Strongly ☐ Moderately ☐ Not

Girls: assertion that she has or will grow a penis

Present ☐ Strongly ☐ Moderately ☐ Not

Girls: assertion that she does not want to grow breasts or menstruate OR

Present ☐ Strongly ☐ Moderately ☐ Not

Girls: marked version toward normative feminine clothing

Present ☐ Strongly ☐ Moderately ☐ Not

C. Criterion childhood GID:

The disturbance is not concurrent with a physical intersex condition

☐ Yes ☐ No ☐ Unclear

Patient fulfilled criterion C in childhood ? ☐ Yes ☐ No

D. Criterion childhood GID

The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning

Clinically significant distress impairment present?

Social	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Occupational/educational	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Family	☐ Strong	☐ Mildly	☐ None	☐ Unclear
Other, namely	☐ Strong	☐ Mildly	☐ None	☐ Unclear

Patient fulfilled criterion D in childhood ? ☐ Yes ☐ No

APPENDIX 16

Participant Identification Number:

CONSENT FORM

Consent form date of issue: **05/07/2012**
Consent form version number: **2**

Title of Project: **Gender variance during childhood/adolescence: gender journeys not involving gender reassignment**

Name of Researcher: **Niccie le Roux**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated **05/07/2012** (version **2**) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my care or legal rights being affected. ☐

3. I understand that my involvement in this study and particular data from this research, including audio recordings, will remain strictly confidential. Only the researcher involved in this study will have access to identifying data. Any identifiable information will be removed from all data. Any quotations used in subsequent reports will be anonymised. ☐

4. I would like my GP to be informed of my participation in the study: YES/NO (please delete where appropriate) ☐

5. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent.	Date	Signature

APPENDIX 17

Interview schedule

1. Participant Information Sheet
    a. Any questions?
2. Confidentiality and anonymity
3. Consent form
4. Ask about pronouns to be used in write-up

Current situation
How old are you now?
What is your current living situation? (parents, siblings, partners etc.)
School, college, work?
What do you do for fun?
Who do you like to hang out with?
Any partner/boyfriend/girlfriend/someone that you are dating?

Gender and sexuality
How would you describe yourself?
How would you describe yourself in terms of your gender?
What does that mean to you?
What is that like for you, describing yourself in this way?
What about other people – how would they describe you in terms of your gender?
What is that like, people describing you as …?
How would you describe your sexuality?

Chapters
So if we think of how you feel about your gender as a bit like a story, with chapters, what are your first memories, of your assigned gender not fitting you that well?
How old were you at the time?
What would be the next chapter?
What made this a new chapter? (continue)

In chapters, explore as relevant:
What kind of games or activities did you like?
Who were your friends?
Did you have any preferences in terms of clothing, appearance?
How did you feel about your gender?
How did you and your parents get on?
How did you get on with your siblings?
Did you have any thoughts or feelings about your body before it began to develop?
How did you feel about puberty, about your body developing?

How do you feel about your body now?
Could you tell me about your first attractions to others?
How did you become aware of your sexuality?
Who did you tell - if at all - about your feelings about your gender?
What was it like, attending services?

How do you feel about gender reassignment?

Has there been anything or anyone along the way that's been helpful?
If so, how come that was helpful?
What - if anything - has been less helpful?
What ideas do you have about what could be helpful?
Do you have any tips or recommendations?
Anything else, that you feel is important for others to know?

Debrief

APPENDIX 18

Reflections on interviews

I found it very moving to hear the participants' stories and felt privileged that they were able tell me about aspects about their lives that often felt deeply personal. Some engaged with the idea of moving through their gender story by means of chapters - they appeared to find a structure helpful. The idea of using 'chapters' when doing biographical interviews was derived from Crossley (2000). Others moved back and forwards in their stories in no particular order. I drew a time-line during the interviews, which I found helpful.

Some of the participants told their stories without many prompts whereas others expected me to ask them questions. As a consequence, for some of the participants I had to provide many prompts, encouragement and ask further exploratory questions, e.g. 'could you tell me more, what was that like, what do you mean, why was that' etc. I think an important learning point for me was that in my first interviews I did not do this sufficiently. Also, about one third into my first interview with a participant recruited from the GIDS, I realised that he was assuming that I would have read his file and that I would have had prior knowledge about him. He confirmed this when I asked him if that might be the case. Subsequently, (with those recruited from the GIDS) I emphasised before we commenced with the interviews that I have not read their files, as I wanted to hear their stories from them personally.

I found one of the interviews with a natal male living in the female gender role quite challenging on a personal level. He emulated a female presentation which in my mind felt very much like a stereotype of the female gender. This notion of the 'stereotypical female' clashes with my feminist values and whilst I ensured that this clash did not impact on our interaction in the interview, I left the interview feeling exhausted and somewhat vexed. However, during the return journey from the interview I reflected on the challenges that a man face when living in the female role. He has to 'convince' others constantly of the authenticity of his preferred gender and does not have the luxury as I do to present himself without being contested. This pressure to convince might leave him with little option but to overemphasise femininity. I subsequently felt much more compassionate towards him, as well as embarrassed about my initial emotional response.

APPENDIX 19

Transcription scheme

For pragmatic reasons, a simple generic transcription code was devised, to an appropriate level of detail for grounded theory analysis.

Symbol	**Meaning**
...	short pause
.	indicates stopping tone of voice
,	indicates pause, but with continuing tone of voice
[4]	Indicates longer pauses, with seconds inserted
?	indicates a rising tone of voice/reflects a question
[laughter]	words inserted by researcher
word in *italics*	illustrates emphasis
“quotation marks”	illustrates where participant is giving an example of speech
/	overlapping talk

APPENDIX 20
Full interview extract

Interviewer: So tell me, how did you first become aware that you weren't feeling comfortable about your gender?

Kelly: Well when I was a little I used to play with dolls, girls' toys... playing ball games with the girls... I must have been about 4 or 5. And I used to dress up as a girl, playing with makeup.

Interviewer: Ok and when did you do the dressing as a girl, the makeup?

Kelly: I must have been around 7 or 8, yeah, and I started to think well, am I a boy or should I've been born a girl. (L51-58)

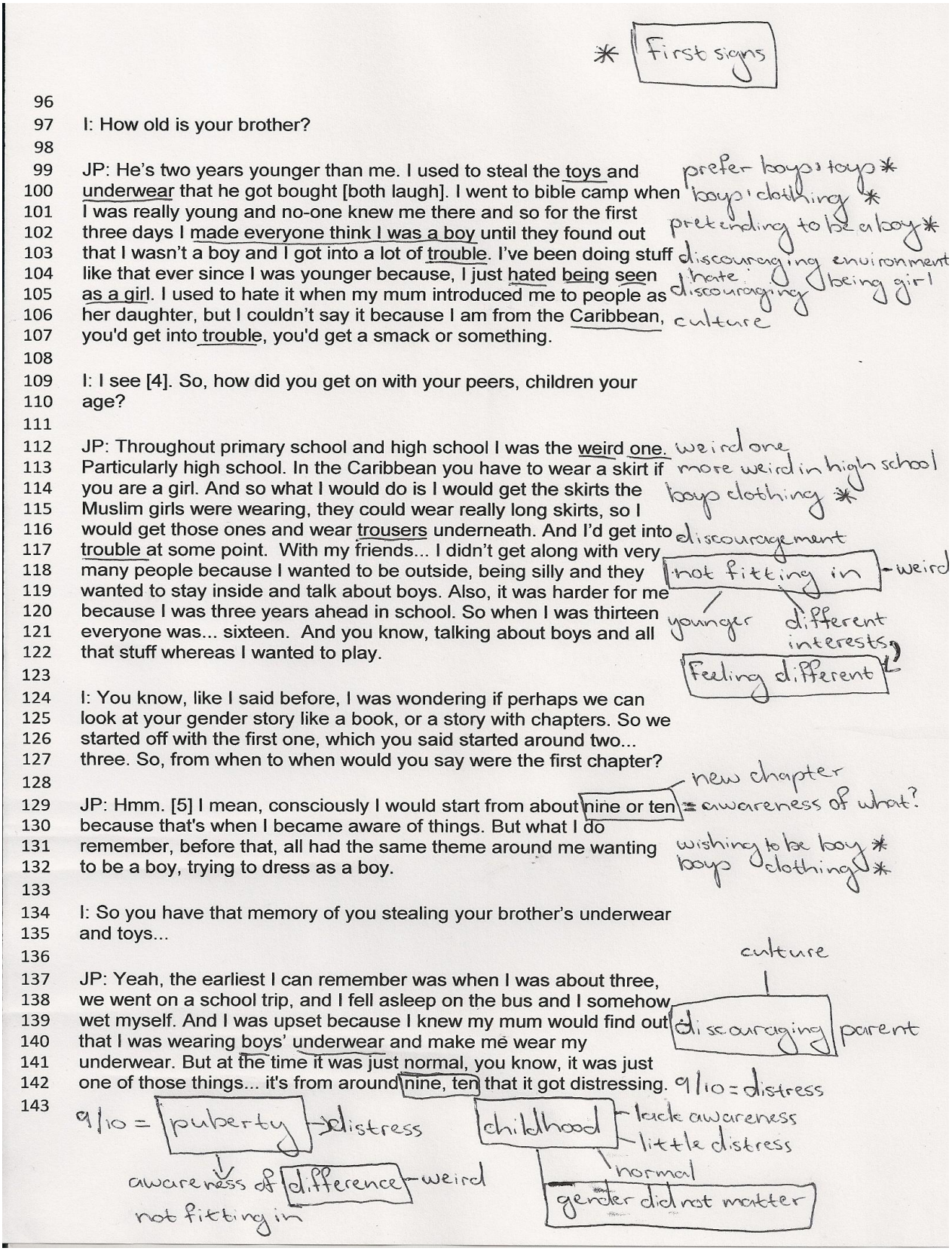
APPENDIX 21

Full interview extract

Jay: So yeah, I borrowed my sister's clothes from time to time, and I think my mum found some that I'd hidden. And a couple of times she found me wearing them. And after each one, we had a bit of a talk, but then.... I'd end up doing it again. Although I didn't do it that much. As far as I know it wasn't as much as other people seemingly have done it, I'm not sure. But yeah, when I was about 10 my mum and I went out to get me some of my own clothes so that I could do what I wanted to without needing to borrow my sister's clothes. But it wasn't often that I did that. That's kind of the early part. It wasn't like one of those stories that you might have heard from others, where they knew about it since they were very young, four or five or something like that, from really early on. Many of the cases I've read, the person said that they felt different from a very very early age, some as young as 2. I don't know how they can remember anything from that age, but apparently they can. But yeah, I would say I started to feel different and have desires to cross-dress from about 7 or 8. That's kind of my official start. [L88-104]

APPENDIX 22

Example of a worked transcript



96
97 I: How old is your brother?
98
99 JP: He's two years younger than me. I used to steal the toys and
100 underwear that he got bought [both laugh]. I went to bible camp when
101 I was really young and no-one knew me there and so for the first
102 three days I made everyone think I was a boy until they found out
103 that I wasn't a boy and I got into a lot of trouble. I've been doing stuff
104 like that ever since I was younger because, I just hated being seen
105 as a girl. I used to hate it when my mum introduced me to people as
106 her daughter, but I couldn't say it because I am from the Caribbean,
107 you'd get into trouble, you'd get a smack or something.
108
109 I: I see [4]. So, how did you get on with your peers, children your
110 age?
111
112 JP: Throughout primary school and high school I was the weird one.
113 Particularly high school. In the Caribbean you have to wear a skirt if
114 you are a girl. And so what I would do is I would get the skirts the
115 Muslim girls were wearing, they could wear really long skirts, so I
116 would get those ones and wear trousers underneath. And I'd get into
117 trouble at some point. With my friends... I didn't get along with very
118 many people because I wanted to be outside, being silly and they
119 wanted to stay inside and talk about boys. Also, it was harder for me
120 because I was three years ahead in school. So when I was thirteen
121 everyone was... sixteen. And you know, talking about boys and all
122 that stuff whereas I wanted to play.
123
124 I: You know, like I said before, I was wondering if perhaps we can
125 look at your gender story like a book, or a story with chapters. So we
126 started off with the first one, which you said started around two...
127 three. So, from when to when would you say were the first chapter?
128
129 JP: Hmm. [5] I mean, consciously I would start from about nine or ten
130 because that's when I became aware of things. But what I do
131 remember, before that, all had the same theme around me wanting
132 to be a boy, trying to dress as a boy.
133
134 I: So you have that memory of you stealing your brother's underwear
135 and toys...
136
137 JP: Yeah, the earliest I can remember was when I was about three,
138 we went on a school trip, and I fell asleep on the bus and I somehow
139 wet myself. And I was upset because I knew my mum would find out
140 that I was wearing boys' underwear and make me wear my
141 underwear. But at the time it was just normal, you know, it was just
142 one of those things... it's from around nine, ten that it got distressing.
143

APPENDIX 23

Feedback from participants

Jay: Thank you for showing me the results, it was inspiring to read through. As usual, I cringe at any look-back of my previous communications (I do this with voice, video and written text), but I found the other people included in the study to be very interesting to read about, and I'm sure it's something I'll go over again sometime soon.

Shaun: That's really interesting, thanks!

Paige: Thanks for that, it was interesting to read. If it's at all still possible, could you change the name you picked for me to something else, like Lydia or Paige? Definitely send me a publication version when you can, would be nice to see it when it's all finalised and what not.

Alex: I've enjoyed reading this. It is comforting and exciting to find other people saying similar things, but also interesting to read the very different experiences people with similar gendered feelings have had.

Jonny: Thanks for sending it to me. To be honest with you, I'd rather not read it at this time in my life. It's a part of my life that I see as the past, which I don't really want to go through right now. All the best for the future and I hope the study goes well.

APPENDIX 24

Axial coding memo

First signs, parents' responses and 'I just saw myself as me'

These categories all describe their experiences before puberty, when they were children, not adolescents. Parents' responses relates to first signs, as that is how they felt their parents responded to their behaviour, to the first signs. I just saw myself as me is how they perceived or experienced themselves and their gender at the time. They could just see themselves as 'me', because their gender did not bother them and others that much; in childhood their gender preferences 'did not matter' to others, and hence also not to themselves.

feeling different, dealing with pubertal bodies, making sense of sexuality

These categories connect. The common factor is the onset of puberty and adolescence. They are no longer children, they are becoming adolescents. Their bodies and their social environment are changing. Whilst gender did not matter in childhood, it begins to matter with the onset of puberty - to others and themselves. This sets these categories apart from the above. Gender transgression is no longer tolerated, so they do not fit in with their peers and feel different. Feeling different tended to become before their bodies developed, so the social differences were important. Puberty means they can no longer just 'be themselves', they have to become gendered selves. With puberty comes an awakening of sexuality. This was another aspect that made it difficult to fit in and made them feel different. Feeling different raises the question of why, but they do not have an answer.

Discovering transgenderism, experience of services, shifts to non-binary identities, position on gender reassignment

What sets this cluster of categories apart from the above is the discovery of transgenderism. Previously they did not know why they felt different, but with its discovery they found an answer. Discovering transgenderism and experience of services relate, as the transgender concept brings with it the option of seeking help (which not all of them did, but the option remains). The non-binary category relates to the transgenderism category, because a non-binary identity is an identity option within the transgender identity umbrella. It also relates to experience of services, because for some of them, their experience at the service contributed to their shift to a non-binary identity. The exploration of a transgender

identity also influenced a shift to a non-binary identity for some. The gender reassignment category links with the transgender and non-binary category, as identity status influence the position on gender reassignment. The gender reassignment category in turn links with the experience of services category, as therapeutic input helped some to come to a decision regarding reassignment, and had an influence on the gender identities of some, which in turn had an impact on their position on gender reassignment.

The difference between the reassignment category and the other three categories is time. The other three categories relate more to the past, position on gender reassignment relates to the present, and also to the future. So it needs to overlap with the future category.

Need for social change/society needs to change: education and choice

The difference between this category and the others is time. It involves hopes/wishes for the future. They want there to be more awareness in society about gender variance - education. Then there is the problem (issue?) of choice. They have few choices, because of the gender binary and because of the stigma... and then they also cannot just change who they are. If there is more awareness and understanding of gender variance, they may have more choices...?

APPENDIX 25
Puberty memo

This is the time when they began to 'feel different' and 'not fit in'.... which one should I choose? Feeling different is more 'internal' whereas not fitting in is more 'social'. This is also the time when they had to deal with their bodily development and when their sexual attractions began to emerge. My overall thinking of this developmental period is that this is when gender became 'to matter', this is when the 'me self' became a 'gendered self'. Also, overall, this period was all about not belonging. I feel incredibly sorry for them - this was a very difficult time in their lives. This was how I felt when I was a teenager, not fitting in with the girls, and being rejected by them and their cliques. It was very painful. I can very much relate to those feeling of awkwardness, of 'not feeling right'. Am I identifying with them and their difficulties too much? Have I become overwhelmed? I haven't really explored much if anything helped, if there was any resistance to the exclusion...maybe I've become too focussed on the negative.

The lack of social belonging was so intense, they ended up feeling that they don't belong in their bodies. It's not the gender-nonconformity that's the problem - which is a psychosocial problem - it's their bodies that are 'wrong'. What I can't get my head round is that some of them don't even identify with the 'opposite' gender that strongly anymore, but still want to have the body of the 'opposite' sex. Or just generally dislike their bodies. For example Jesse, she often wears dresses... If you no longer completely identify as male, why would you still want a male body? How on earth have we ended up in this place, where a social problem has become so located in the individual's body? I'm not denying that biology could play a role, but men and women's anatomies vary and overlap with each other. If you add to that how varied people's environments are, then surely variance in behaviour is to be expected. But the 'born in the wrong body' discourse is widely held, just about every young person I see in the clinic holds this view... you even have it in the DSM ! Perhaps it's not surprising that they continue to feel their bodies are the wrong sex, if this is such a pervasive discourse...

And then there is the gender-sexuality overlap. Some of their interpretations seem to be shaped by the heterosexual norm: the idea that boys like girls and girls like boys; that's what is 'normal'. And if you like girls, then it's really because you want to be male, and vice versa. I cannot help but wonder if this is where the whole 'gender identity disorder' and its medical solution began, in the 1930's. If you have 'feminine' interests and are attracted to men, you 'must' be a woman... the stigma attached to feminine, gay men in the 1930's must have been immense, considering it is still an issue. So you go to a doctor, confess your

problem, they give a name to it and can use you as a guinea pig to practice their new technologies... and now we have an 'illness' that you are born with, and the illness is spreading. I'm going off track here.