

# UC Berkeley

## Theses

### Title

Growing Up Outside the Lines: Experiences of gender among FTM transgender youth

### Permalink

<https://escholarship.org/uc/item/5mf107gh>

### Author

Pollock, Lealah C

### Publication Date

2008-04-01

### Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives License, availalbe at <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Growing Up Outside the Lines:  
Experiences of gender among FTM transgender youth

by

Lealah Carolyn Pollock

B.A. (Brown University) 2004

A thesis submitted in partial satisfaction of the  
requirements for the degree of

Master of Science

in

Health and Medical Sciences

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Karen Sokal-Gutierrez, Chair  
Professor Douglas Jutte  
Professor Stephen Eyre

Spring 2008



The thesis of Lealah Carolyn Pollock is approved:

Chair W. A. Hall Date 4/3/08  
Stephen J. Eyre Date 4/3/08  
Douglas R. Tuttle Date 4/3/08

University of California, Berkeley

Spring 2008



### **Acknowledgements**

I would like to thank all of the participants in this study, the members of the LYRIC Youth Action Board, and the staff at Dimensions Clinic for their support of this project. A special thanks to my committee members, Stephen Eyre and Douglas Jutte, and my thesis advisor, Karen Sokal-Gutierrez, for their support and feedback. I greatly appreciate the help of Herbert Schreier, Stephanie Brill, the parents in the Bay Area Gender Variant Parents' Group, and Lydia Sausa for their essential help along the way. Finally, this thesis would not have been possible without my JMP classmates, particularly Annie Chipman, and JMP faculty and staff.



## Table of Contents

Acknowledgements.....	i
Table of Contents.....	ii
Introduction.....	1
Chapter One: Background.....	3
Chapter Two: Theoretical Framework.....	9
Chapter Three: Review of the Literature.....	22
Chapter Four: Method and Design.....	27
Chapter Five: Results.....	31
Chapter Six: Conclusions/Implications.....	77



## INTRODUCTION

When a baby is born, or frequently before, the first question asked is, “Is it a boy or a girl?” With this, the baby is ushered from the state of a hypothetical ‘it’ into the social world as male or female. The baby, generally based on its genitalia, is named ‘boy’ or ‘girl’ and expected to adhere to society’s ideas of what it means to be male or female.

Gender is one of the basic structuring characteristics of our society. On an individual level, gender is also one of the primary ways in which we recognize and interact with people. Gender encompasses the traits, characteristics, attire, social roles, gestures, and behavior socially construed as feminine or masculine, male or female, or associated with men or women. One of the most tenacious assumptions of the construct of gender is that male and female are two distinct and mutually exclusive categories, an assumption that’s challenged by transgender identities.

Transgender is a broad term for a range of identities that don’t conform to conventional notions of male and female. Transgender generally refers to people who reassign the sex and gender they were labeled at birth and/or people whose gender expression is considered nontraditional for their sex or gender. The term is often conceptualized as an umbrella, incorporating a number of different gender identities and expressions under its span. For the purposes of this study, *transgender* refers to individuals who do not identify as the gender they were assigned at birth. *MTF* (male-to-female) or *transwoman* refers to individuals who were born male but do not identify as male, and *FTM* (female-to-male) or *transman* refers to individuals who were born female but do not identify as female.

In most of our society, transgender or other non-normative gender identities elicit a great deal of fear, disgust and anxiety in response to their crossing or blurring of gender lines. Any deviation from the normative ideal of gender is met with harsh criticism, ostracism, and, frequently, violence. Transgender youth are a particularly vulnerable, high risk, and underserved population. Recent research has begun to uncover the extent of their medical and social support needs, but there has been very little attempt to understand their developmental trajectories, or how they construct and understand their genders over time. In order to provide essential services, it is important to gain a better understanding of the lived experiences of transgender youth. This study aims to understand how FTM transgender youth come to identify as transgender, and how they are affected by developmental experiences through childhood, adolescence, and early adulthood.

## **CHAPTER ONE: BACKGROUND**

### **Introduction**

Therapists, doctors, and other professionals often have a limited understanding of transgender experiences. Medical pathologization and social discrimination combine to create a marginalized and vulnerable population with potentially multiple psychosocial and health problems, including poor treatment and neglect in health care settings (Lombardi, 2001). Studies in San Francisco, Boston, Washington, D.C., and New York City demonstrate a need to increase services for transgendered communities in areas of substance abuse, HIV prevention and treatment, trauma and victimization, as well as basic medical and mental health services (Lev, 2004).

### **Transgender Youth**

As youth in our society are generally relegated to a position without voice, considered incapable of making important decisions regarding their own bodies and futures, and dependent on parents and other adults for financial and emotional support, transgender and gender variant youth are an especially vulnerable population. Israel and Tarver (1997) describe the situation as follows:

No single group has gone more unnoticed by society, or abused and maltreated by institutional powers, than youth with transgender needs and feelings... The overwhelming message from family, adult society, and youth peers says that gender nonconformity is a sick, mentally unstable condition to be feared, hated, and ridiculed... as a result of family and social abandonment, many of these young people encounter victimization through homelessness,

drug use, and prostitution. Transgender youth are a hidden and underserved population. (p. 17, 132)

This marginalization, misunderstanding, and vulnerability places transgender youth at high risk for suicide, homelessness, alcohol and drug use, violence, sex work, and HIV (Lev, 2004; Israel & Tarver, 1997). Transgender youth report a lack of safe environments, access to health care services, resources for their mental health concerns, and continuity of caregiving by their families and communities (Grossman & D'Augelli, 2006).

Unfortunately, little has been done to examine the problems and needs of this population. There is significant research purporting to be on LGBT (lesbian, gay, bisexual, and transgender) youth, but this research focuses solely on lesbian, gay, and bisexual youth, leaving the 'T' dangling at the end, excluded either because of ignorance or because they made up an 'insignificant' portion of the sample and thus were removed from the analysis (APHA, 1999; Boehmer, 2002; Israel & Tarver, 1997). Youth themselves have less access to knowledge about transgender individuals than about lesbian, gay, and bisexual people (Grossman & D'Augelli, 2006).

Reviews of literature pertaining to the quality of life and health risks of LGBT youth highlight their increased risk for violence, suicide, prostitution or survival sex, social and familial isolation, and substance use and misuse (Lev, 2004). The literature that specifically addresses transgender youth suggests that these youth experience the same risks as lesbian and gay youth, in addition to being at a higher risk for suicide and violence (Grossman & D'Augelli, 2006; Israel & Tarver, 1997; Lev, 2004; Ray, 2006).

A relatively large amount of literature, not reviewed here, addresses the disproportionate HIV risk among male-to-female (MTF) transgender youth (Sausa, 2003).

In a study of 523 FTM and MTF transgender individuals in San Francisco, 32% had attempted suicide (Clements-Nolle, Marx & Katz, 2006). Younger age was independently associated with attempted suicide, with 47% of participants less than 25 years of age having attempted suicide, compared with 30% of those over 25. In comparison, national survey data show that 9.5% of college students had ever seriously contemplated suicide (American College Health Association, 2001). In 2005, 16.9% of high school students had seriously considered attempting suicide in the previous twelve months (Centers for Disease Control, 2006). Grossman and D'Augelli (2007) found that, among transgender youth aged 15-21, factors significantly associated with having made a suicide attempt included suicidal ideation related to transgender identity and experiences of past parental verbal and physical abuse.

In a national study of 402 transgender individuals, over half the sample experienced, at some time in their lives, some form of violence or harassment, with a quarter experiencing a violent incident, and over a third reported some form of economic discrimination (Lombardi, Wilchins, Priesing, & Malouf, 2001). Close to 14% of the sample reported being raped or someone attempting to rape them at sometime in their lives. In this study, younger people were more likely to have experienced a violent incident. Additionally, a 2003 report from the Gay, Lesbian, and Straight Education Network (GLSEN) found that 55% of transgender youth report being physically harassed because of their gender, gender expression, or sexual orientation (Kosciw, 2004). In focus groups, transgender youth have reported negative reactions to their gender atypical

behavior ranging from physical assault by family members and neighbors to having their gender and sexual identity questioned (Grossman & D'Augelli, 2006).

Many transgender youth are rejected by their families or do not feel safe at home, leading them to live on the streets (Grossman & D'Augelli, 2006; Lev, 2004; Ray, 2006). This lack of housing is frequently accompanied by an absence of financial support that forces some youth to engage in survival sex or prostitution (Grossman & D'Augelli, 2006). Discrimination within the school setting, combined with lack of support at home, often leads to transgender youth to have academic difficulties and to drop out of school (Grossman & D'Augelli, 2006). Additionally, focus group research has shown that among transgender persons, lack of education and job opportunities, low self-esteem, and limited social support all contribute to drug and alcohol abuse (Clements, Wilkinson, Kitano, & Marx, 1999).

### **FTM Invisibility**

The preponderance of literature that is available on both transgender youth and adults is based on research with MTF individuals (male-to-female – those assigned male sex at birth but who identify as female). FTM individuals (female-to-male – those assigned female sex at birth but who identify as male), on the other hand, are to a large degree an invisible and marginalized population with a very different life experience from MTF youth (Bornstein, 1994; Feinberg, 1996; May'ayan, 2003; Pazos, 1999). Writers theorize that this invisibility stems from the general invisibility of women's history and experiences, greater acceptance of masculine behavior in women than of feminine behavior in men, the assumption that all masculine female-bodied individuals

are lesbians, and the tendency to attribute “male” to an ambiguously gendered person (Bornstein, 1994; Cromwell, 2003; Lev, 2004). While invisibility and ease of passing can provide a mantle of safety, it also prevents the needs of FTMs from being understood and addressed (Pazos, 1999).

### **Medical Misunderstanding**

In the eyes of much of the medical community, transgenderism remains a disease to be treated, either by “correcting” the atypical gender presentation or by changing the body to match the gender identity. Medical literature on transgender youth reiterates the overly simplistic discourse of the medical model, focusing on determining which gender variant youth will or will not go on to ‘become’ transsexual adults, in order to decide which youth merit the provision of hormone blockers and/or cross-gender hormones (Cohen-Kettenis, 2001; Cohen-Kettenis & Gooren, 1999; Cohen-Kettenis & van Goozen, 1997; Cohen-Kettenis & van Goozen, 1998; DiCeglie, 2000; HBGDA, 2001; Meyenburg, 1999; Royal College of Psychiatrists, 1998; Smith, Cohen, & Cohen-Kettenis, 2002; Smith, van Goozen, & Cohen-Kettenis, 2001; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005; Zucker, 2004). Medical discussions regarding transgender adolescents ignore youths’ experiences of their own gender and rarely acknowledge or explore the diversity of gender ‘stories’ and transition needs of these youth.

### **Conclusion/Purpose**

In order to provide the care, support, and understanding that these youth desperately need, we have to first understand how they construct their genders and their bodies and how this affects their unique developmental trajectories. In 1999, the American Public Health Association passed a resolution on transgender health issues that called for health care providers and researchers to provide transgender individuals with culturally relevant and sensitive treatment and resources (APHA, 1999). However, it is unlikely that adequate health care and other services for transgender youth will be provided without an adequate understanding of this population's needs and self-understandings (Burgess, 1999; Grossman & D'Augelli, 2006; Lev, 2004; Lombardi, 2001). A better understanding of these issues from the perspective of the youth themselves will aid providers and parents who inadvertently foster a climate of fear, isolation, and depression among this poorly understood population.

The purpose of this study is to understand the process by which youth who were assigned female at birth but currently identify as something other than female come to identify as transgender. As qualitative research, this study will contribute substantially to the limited literature on FTM transgender youth by providing in-depth descriptions of how the youth in the sample experienced their genders, their bodies, and their lives throughout childhood and adolescence.

**Research aims:**

- To understand the process by which FTM transgender youth come to identify as transgender
- To understand how developmental experiences affect FTM transgender youth

## CHAPTER TWO: THEORETICAL FRAMEWORK

### Language of Gender (Language Is Gendered)

Beginning with the works of Freud in the 1950s and continuing with the feminist movement of the 1960s and 1970s, anatomic and physiologic *sex* was distinguished from psychosocial *gender* (Milton Diamond, 2004). Within this distinction, *sex* refers to physical features that are presumed to be dichotomous and biologically divide animals into “male” and “female.” The parameters of biological sex are considered to be: 1) chromosomal sex, 2) gonadal sex, 3) hormonal sex, 4) internal reproductive structures, 5) external genitalia, and 6) “brain” sex (Zucker, 2002). While this last category is often a subject of intense debate, the first five categories are generally viewed as objective, “natural”, and somatically rooted. In medical and popular texts, these categories are presented as definitive physical signs of an individual’s biological sex.

*Gender* is historically a grammatical term that refers to the designation of nouns as masculine, feminine, or neutral. In 1955, John Money first adopted the term for its contemporary usage as a concept to distinguish the sociobehavioral characteristics of femininity and masculinity from biological sex (Bullough, 2000). If *sex* (both as a noun and a verb) is something you have, *gender* is something you do. Money further divided *gender* into *gender role*, referring to public expressions of gender, and *gender identity*, referring to a person’s private experience of their gender role (Money, Hampson, & Hampson, 1955). Stoller used the term “core gender identity” in 1964 to refer to an individual’s fundamental sense of belonging to one sex and not another (Milton Diamond, 2004). *Sex* and *gender* are further distinguished from *sexuality*, with *sexual orientation* used to mean a person’s sexual responsiveness to stimuli, or a person’s sexual

object choice, and *sexual identity* indicating the incorporation of sexual orientation into the person's sense of identity (Milton Diamond, 2004; Zucker, 2002).

### **Sex:Nature :: Gender:Nurture?**

The feminist movement of the 1960s and 1970s embraced the distinction between *sex* as immutable and biologically-based and *gender* as socially-based and culturally variable. Thus, feminists argued, the paternalistic gender hierarchy is a historical construction that can be overturned to eliminate gender inequality and free women from the subjugation that denies them basic freedom and human rights. Since the 1980s, the definitional distinction between sex and gender as, respectively, biology and culture has been questioned from within both the scientific and feminist communities. Scientists have argued that all aspects of behavior are genetically, hormonally, and/or neurochemically mediated; while social theorists have argued that, as discourse is the only way we have of accessing the material world, not only is "the social" constructed but so is "the natural." Trying to reclaim the physical body for feminist thought, Judith Butler says, "there may not be a materiality of sex that is not already burdened by the sex of materiality" (Butler, 1993).

The sex/gender distinction reflects a pervasive attempt to distinguish what is biological and essential from what is cultural and constructed. People whose *gender identity* does not align with their *biological sex* have stood, often against their will, at the epicenter of the nature/culture debate, mobilized to alternately support both the contention that gender is determined by biology and that gender is a socially compelled performance. For the 1970s feminist movement, "transsexuals exemplified the social

construction of gender... although hormones, chromosomes, gonads, and genitals are real parts of the body, seeing them as dichotomous and essential to being a female or male is a social construction” (Kessler & McKenna, 2000, para. 4). For others, the existence of transsexuals seems to confound the notion of social construction (Hines, 2004; Cohen-Kettenis & Gooren, 1999; GIRES, 2006). If a person can come to identify so forcefully with the gender that they have been socialized to identify *against*, the argument goes, there must be something innate and immutable that determines core gender identity from birth. Gender must be something more than a socially compelled performance – it must be an essential component of a person’s biology or psychology.

Many clinicians and members of the transgender community embrace the search for a physiological etiology, eschewing psychological claims about early separations, poor parenting, and psychopathology (Wren, 2000). Many see a physiological explanation as serving two positive purposes: first, it would ‘prove’ that transgenderism is less a matter of choice and more a matter of biology; second, it would justify medical interventions to alter the body to match gender identity, invalidating any support for treatment centers that utilize psychological treatments to attempt to change gender identity (GIRES, 2006).

To the extent that both essentialist and constructivist discourses seek to ‘discover’ the origins of gender or sexuality, they both run the risk of falsely and dangerously reducing the entire experience of gender and sexuality to a homogenous moment of ‘becoming.’ Judith Butler (1997), in her explanation of how gender becomes constructed, begins with a disclaimer: “I would argue that phenomenologically there are many ways of experiencing gender and sexuality that do not reduce to this equation, that

do not presume that gender is stabilized through the installation of a firm heterosexuality” (p. 136). Yet this important plurality of experience is inevitably glossed over and blotted out in the story of the formation of the gendered ego. Similarly, the authors of a review article delineating the various biomedical theories of the etiology of ‘atypical gender’ conclude, “Finally, over and above any discussion already presented, it is imperative to emphasize that attention to the needs of trans people should be extended on the basis of human rights, justice and equality” (GIRES, 2006). Yet, their focus on discovering the various biopsychological pathways toward the dual outcomes of male or female clearly ignores the complexity of transgender identifications.

Additionally, under the aegis of a society that largely desires that nonnormative genders and sexualities not exist, any search for a cause implies a search for a cure. The nature/nurture debate has been playing out in endless cycles and repetitions for decades around the ‘origins’ of homosexuality. While the promise of a biological explanation at first seemed to offer hope and promise for the cultural acceptance of homosexuality as ‘natural,’ it also incited the scary rhetoric of pathological bodies and technocratic fantasies of altering those bodies. On the other hand, the rhetoric of constructivism has been taken up as ‘proof’ that homosexuality is ‘chosen’ and therefore easily malleable (into heterosexuality). In light of this history, transgender activists and feminist theorists alike suggest that we abandon the traditional distinction between essentialism and constructivism (Sedgwick, 1990; Lev, 2004).

Anne Fausto-Sterling, a biologist and gender theorist, offers a way to reimagine the nature/culture divide. She aligns with the constructivist camp in maintaining that all discussions of materiality and biology are already steeped in culture and imbued with

social meaning. As such, she continuously challenges the validity of, and assumptions behind, any biological theories of gender. But she is also a biologist who fully believes in the 'reality' of the body. In a reformulation of the claim that 'discourse forms the body,' she argues that "as we grow and develop, we literally, not just 'discursively'... construct our bodies, incorporating experience into our very flesh. To understand this claim, we must erode the distinctions between the physical and social body" (Fausto-Sterling, 2000, p. 20). She proposes that the nature/culture binary is insufficient for fully understanding the ways in which the body interacts with its environment, arguing that the social context and experiences of individuals alter the very materiality of the body.

Although scientists are often demonized as blind biological reductionists, the idea of social environment shaping biology has become prevalent in biomedical thought, exemplified by the study of gene-environment interactions and the awareness of the influence of socioeconomic status on states of health and disease. This is not a return to the nature/nurture divide; this is a rethinking of the ability to conceive of any such divide.

In light of the collapse of the constructivist/essentialist divide, *gender* has come to stand for all of the physical, behavioral, social, and personal attributes that are imbued with societal meaning as male or female and masculine or feminine. The phenomenology of gender is so extensive and multiplicitous that it can never be explained by, or reduced to, a single factor, be it brain chemistry, hormones, family, or society. In the end, the search for an etiology can never encompass the full spectrum of meanings and experiences of identity.

### **Imposed Taxonomy**

The development of the sex/gender terminology presented above was largely motivated by the desire to label individuals who are “gender incongruent,” as defining deviance always necessitates defining normality. In 1976, John Money proposed a normative model of development still utilized today (Zucker, 2002), which requires that gender self-identification as male or female align with the gender expressed through the body, which itself must be self-identical among chromosomes and primary and secondary sex characteristics. Additionally, all public (and, to a lesser extent, private) expressions of gender via appearance and behavior must align with the gender self-identification and thus with the body (Money, 1976; Zucker, 2002). This construction also assumes that sexual desire will be directed toward the other side of the binary. The assumptions of this schema are illustrated in Figure 1. Both Money and Zucker acknowledge that the degree

<p><b>Gender Identity</b></p> <ul style="list-style-type: none"> <li>▪ Female/Woman/Girl</li> </ul> <p><b>Biological gender:</b></p> <ul style="list-style-type: none"> <li>▪ XX</li> <li>▪ Breasts</li> <li>▪ Vagina</li> </ul> <p><b>Gender Expression</b></p> <ul style="list-style-type: none"> <li>▪ Feminine</li> <li>▪ Skirts/Long hair</li> <li>▪ Sensitive/Plays nice</li> </ul> <p><b>Sexual Desire</b></p> <ul style="list-style-type: none"> <li>▪ Attracted to men</li> </ul>	<p><b>Gender Identity</b></p> <ul style="list-style-type: none"> <li>▪ Male/Man/Boy</li> </ul> <p><b>Biological gender:</b></p> <ul style="list-style-type: none"> <li>▪ XY</li> <li>▪ Penis</li> <li>▪ Facial hair</li> </ul> <p><b>Gender Expression</b></p> <ul style="list-style-type: none"> <li>▪ Masculine</li> <li>▪ Neckties/Short hair</li> <li>▪ Aggressive/Plays tough</li> </ul> <p><b>Sexual Desire</b></p> <ul style="list-style-type: none"> <li>▪ Attracted to women</li> </ul>
--	--

Fig. 1: Sex/Gender binary assumptions

of flexibility or rigidity within each aspect of gender varies across time and between and within communities, but individuals who step outside of the bounds of the boxes are considered pathological deviants to be classified and studied.

In the first half of the twentieth century, the sexologists Magnus Hirschfield, Havelock Ellis, and Harry Benjamin developed a taxonomy of “deviant” genders. Out of this medico-psychological discourse sprung the terms *transsexual*, used to denote individuals who live, or desire to live, permanently in the social role of the opposite gender, and who want to surgically change their body; and *transvestite*, used to describe individuals who wear the clothing and take on the behaviors that “belong” to the other biological sex, but do not desire to live permanently as the other gender (Cromwell, 2003; Lev, 2004). The term *intersex* later replaced *hermaphrodite* as a blanket term used to denote a variety of congenital conditions in which a person has neither the “standard” male nor the “standard” female anatomy, or in which one or more of the parameters of biological sex do not match the others (Dreger, 1999).

These labels have persisted in the psychological and medical language. In contemporary psychiatric nosology, transsexualism appeared for the first time in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM-III, the same edition from which Homosexuality was first removed as a psychiatric diagnosis (American Psychiatric Association [APA], 1980). The DSM-III contained two diagnoses, Gender Identity Disorder of Childhood (GIDC) and Transsexualism, to be used for children and adolescents/adults, respectively, and both were categorized as Psychosexual Disorders. There was another category for Transvestism, labeled as a Paraphilia. Although homosexuality had been removed, a diagnosis of Ego-Dystonic

Homosexuality remained, for “homosexuals for whom changing sexual orientations is a persistent concern.”

In the 1987 revised DSM, DSM-III-R, another diagnosis was added for use with adolescents and adults: Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type (GIDAANT) (APA, 1987). This diagnosis differed from the diagnosis of Transsexualism “in that there is no persistent preoccupation with getting rid of one’s primary and secondary sex characteristics and acquiring the sex characteristics of the other sex” (p. 76). The three “Gender Identity Disorder” diagnoses were categorized in the section labeled Disorders Usually First Evident in Infancy, Childhood, or Adolescence. Additionally, in the DSM-III-R, Transvestism became Transvestic Fetishism, categorized as a Sexual Disorder, which differed from the GIDAANT diagnosis in its erotic component. Ego-Dystonic Homosexuality was removed as a diagnosis, and someone demonstrating “persistent and marked distress about one’s sexual orientation” was now diagnosed as having a Sexual Disorder – Not Otherwise Specified (NOS).

For DSM-IV, the GIDAANT diagnosis was removed and the DSM-III and DSM-III-R diagnoses of GIDC and Transsexualism were collapsed into one overarching diagnosis, Gender Identity Disorder, with separate criteria sets for children versus adolescents and adults (APA, 1994). Along with Transvestic Fetishism and Sexual Disorder-NOS, the Gender Identity Disorders are currently classified as Sexual and Gender Identity Disorders.

Obviously, the medical model of *transsexualism*, *transvestism* and *gender identity disorder* pathologizes gender variant behavior as a mental disorder. It also creates a

fictional “truth” about the categories it seeks to define. The past four decades of medical and psychological research on transgender adults have focused on identifying “true” or “primary” transsexuals, reserving medical treatment only for those who meet the stringent requirements set forth by the medical community (HBIGDA, 2001). The medical model of transgenderism assumes that everyone fits neatly into one of the two gender boxes presented earlier, with physical intervention aimed at two, and only two, desirable outcomes: fully psychologically and physically male or fully psychologically and physically female. Arlene Lev (2004) writes, “In the past decade, it has become obvious to many clinicians, writers, and activists that many people do not easily fit into the categories that have been delineated and yet are seeking medical treatments to redefine their gender presentation” (p. 36). Despite this realization, it is still frequently incorrectly assumed that everyone who does not readily identify as the gender they were assigned at birth aims to undergo sex reassignment surgery (SRS) and ultimately live as a heterosexual man or woman. Recently, there has been greater realization that this strict binary model of gender, where individuals are either male or female, with no space in between, ignores the actual diversity of gender experiences.

### **Transgender (R)evolution**

Perhaps in part because of this history, but also simply because of the power of language, terminology plays a large role in the life of the transgender community (Bornstein, 1995; Feinberg, 1996; Gilbert, 2000). Jacob Hale argued that the medico-psychological discourse is used to “diagnose, classify, regulate, and produce transsexed bodies” and the supposed truths about their lives and experiences (as cited in Cromwell,

2003, p. 259). This language is imposed by a community of physicians, scientists, and psychologists, usually with little regard for the actual lived experience of the individuals that they are trying to classify.

More recently, the language has begun to shift, and vocabulary is rapidly proliferating to describe the experiences of individuals who do not fit neatly within existing categories. Jason Cromwell (2003) and Michael Gilbert (2000) both discuss the creation of what Jeanette Mageo (1995) refers to as a “strategic discourse,” which inverts and reframes stigmatized words and meanings, allowing a signified group to appropriate and normalize the label that originally identified them as deviant. Cromwell sees this as “a step toward the creation of transdiscourses adapted out of (or created for) transgender experiences,” which, in contrast to the medico-psychological discourse, “are nonmedical, nonpathological, and noncolonizing. They are affirming, empowering, positive, and reflective of trans experiences and the lives people choose to live” (p. 259).

The French cultural theorist Michel Foucault (1978) wrote that resistances, in as much as they are made possible by the power that they resist, can only exist within the field of power relations. It is only through subjection to the social requirement of legibility that we can gain the agency to challenge the power apparatus that structures the possibilities of identity. Judith Butler (1993; 1997; 1990/1999) repetitively insists that the subject is not produced in an instant in its totality; rather it is repetitively produced, with each repetition constituting another moment of production. For Butler, it is this productive repetition that introduces the possibility of resistance, of a repetition that fails to consolidate identity in accordance with the idealized norm. As the imaginary ideals of masculinity and femininity can never fully encompass and define the limits of an

individual, there is always some way in which the repetition of these ideals falters. By recognizing the aspects of the self that exceed or fall short of the normative ideal of gender and allowing those 'faults' to show, each altered reiteration of the norm challenges and refigures the possibilities of intelligibility.

In the introduction to *The Psychic Life of Power*, Butler (1997) writes, "Where social categories guarantee a recognizable and enduring social existence, the embrace of such categories, even as they work in the service of subjection, is often preferred to no social existence at all" (p. 20). The failure of one norm to constitute the gendered subject does not exclude that body from the force of the desire for social existence and cultural intelligibility. Laying claim to a stigmatizing label offers the possibility of saying "these are the ways in which I don't fit your definition," and through this resistance to consolidation, of resignifying the socially harmful meaning of the identity. The recent reclamation of the term "queer" within the LGBT community is one example of this phenomenon.

Butler acknowledges the power of this type of identity politics but challenges its limits. She claims that the desire to "be" a socially legible individual is itself a desire created by a normalizing power, and hence only appears to constrain the possibilities of "being." Butler wants to rethink the need for social legibility as a production of power, and, as such, a fictive requirement that is nonetheless exploited by laws of various kinds in order to ensure the subordination of individuals. Challenging the matrix of possibilities where a body either turns to the law and accepts its constraints or fails to become demands "a willingness *not* to be... in order to expose the law as less powerful than it seems" (p. 130). Unfortunately, she can't even begin to imagine what that body

might look like or how we would recognize it as such. The ungendered subject cannot grammatically be said to exist where there is no widely accepted pronoun aside from 'he' and 'she' and where 'it' definitionally excludes agency and subjectivity. Where the attempt to live without a coherent gender remains a cultural impossibility, the subordination to a law of gender remains desirable.

In *Gender Trouble*, Butler (1990/1999) offers the presence and proliferation of nonnormative gender identities as "critical opportunities" to challenge the matrix of intelligibility whereby certain identities cannot exist (p. 24). Social norms and expectations are not static. Already, in certain communities, individuals are choosing, and being allowed, to live outside of the male/female binary. This challenge to intelligibility requires a new and ever-shifting vocabulary. Sandy Stone, in her 1987 article titled "The 'Empire' Strikes Back: A Posttranssexual Manifesto" issues a challenge to transsexuals and "anyone who has chosen invisibility as an imperfect solution to personal dissonance" to refuse to constrain their intertextuality in favor of social acceptance: "I could not ask a transsexual for anything more inconceivable than to forgo passing, to be consciously "read," to read oneself aloud – and by this troubling and productive reading, to begin to *write oneself* into the discourses by which one has been written..." (p. 302, original italics).

Out of this movement for linguistic self-definition, a large, diverse, and rapidly shifting language has emerged. In addition to terms mentioned previously, some of the more common names used today include transsexual, transexual (with one 's'), transgenderist, cross-dresser, bi-gendered, Two Spirit, third sex, gender bender, femme, butch, stone butch, female-bodied man, transmasculine, drag queen, drag king,

androgynous, and the list goes on. *Transgender*, frequently abbreviated to *trans*, is used as an all-inclusive term for everyone who challenges the boundaries of sex and gender.

The term *transgender* initially distinguished individuals who choose not to medically and surgically alter their bodies from the more medicalized definition of *transsexuals* who do alter their bodies. Virginia Prince coined the term *transgenderist* in the 1980s. As she told Leslie Feinberg, “there had to be some name for people like myself who trans the gender barrier – meaning somebody who lives full time in the gender opposite to their anatomy” (as quoted in Feinberg, 1996). However, this distinction is no longer as clear. The reasons why individuals do and do not modify their bodies are varied, ranging from personal comfort and desire to limitations of cost and aesthetics. Additionally, individuals may choose to alter only some parts of their bodies and not change others (Israel & Tarver, 1997; Lev, 2004; Sausa, 2003). *Transgender* is increasingly used in its most inclusive sense, as a term to unite the many diverse communities who challenge gender borders and fight for the right to define themselves (Feinberg, 1996).

No individual can ask another to forgo the agency afforded by social recognition as a gendered human. We can, however, begin to open up a space for a different kind of social legibility. Stone’s call to “write oneself” is essential, but the cooperation of the “discourses by which one has been written” must not be discounted. We need to turn our attention away from questions of which identities are real or false, innate or constructed, and begin to accept every experience of gender and sexuality as authentic. In doing so, we can begin to open a space for the proliferation of bodies and psyches of all kinds.

### CHAPTER 3: REVIEW OF THE LITERATURE

Most of the available information regarding the experiences of FTM transgender youth is in the form of case reports, retrospective autobiographical accounts, or information reported from the clinical experience of social workers and psychologists (Burgess, 1999; Morty Diamond, 2004; Feinberg, 1993; Isreal & Tarver, 1997; Lev, 2004; Mallon, 1999; Pazos, 1999). Drawing on this literature, the following factors can be assumed to play a role in FTM transgender youth's identity development:

**Early childhood:** Youth have an early awareness that there is something “different” about them (Pazos, 1999), and/or are uncomfortable with their gender assignment as female (Lev, 2004). FTMs prefer traditionally ‘male’ activities, take on male roles in imagination games like ‘playing house,’ refuse to wear skirts or female bathing suits during the summer, and prefer male friends (Pazos, 1999).

**Puberty:** Puberty often destroys the youth's ability to envision herself as male, and precludes the fantasy in which she could soon become male (Burgess, 1999; Pazos, 1999). FTM youth have reactions to their developing sexual characteristics ranging from shock to betrayal and disgust (Pazos, 1999). They may become repelled or ashamed of their body, leading them to physical self-abuse and/or dangerous self-administration of hormones (Burgess, 1999; Mallon, 1999; Pazos, 1999).

**Family:** Family reactions to “tomboyishness” in childhood vary (Pazos, 1999). Gender non-conformity in adolescence may be punished through discipline or “treated” with therapy (Burgess, 1999; Lev, 2004; Pazos, 1999). The family's response to the child's gender variant expression has the greatest effect on the child's response to his gender issues – the more the gender behavior is repressed through punishment or

ostracism, the more intense the discomfort will be for the child, and generally the less outside information they will be able to access (Lev, 2004). Parents may respond to the adolescent's disclosure of a transgender identity with physical, emotional, or verbal abuse, or throwing the youth out of the home (Burgess, 1999; Pazos, 1999).

**Schools:** Although there are cliques where they may be accepted, transgender youth are subjected to pressure to adhere to strict traditional gender norms, as well as teasing and harassment (Burgess, 1999; Pazos, 1999). FTM youth either don't date because they didn't want a sexual partner to relate to them as either a female and/or a lesbian, or they become involved in several sexual and romantic encounters as a means of proving that they are "normal" (Pazos, 1999). Additionally, school curricula generally do not mention transgender issues and faculty and staff are rarely educated on the unique needs of transgender youth. Harassment and pressures at school lead to further isolation of transgender youth (Burgess, 1999; Pazos, 1999). The lack of friends or support and the guilt and shame associated with being perceived as a "freak" place FTM adolescents at risk for low self-esteem, depression, substance abuse, self-mutilation, and/or suicide (Burgess, 1999; Lev, 2004; Pazos, 1999).

**Social/medical services:** With the exception of LGBT youth-specific agencies, these institutions continue the path of ignorance and neglect and exert pressure on transgender youth to conform and suppress their identity (Burgess, 1999). Focus group studies have shown that transgender people of all ages have a difficult time accessing competent and respectful health care (Hussey, 2006). While LGBT youth-specific agencies do provide important support for transgender youth, many youth experience

rejection even in the lesbian, gay, and bisexual community based on their gender identity (Grossman & D'Augellia, 2006).

**Isolation:** Except for some references to male to female cross-dressers, FTMs do not see themselves represented, and thus do not have the language to express the emotions they feel (Pazos, 1999). It is difficult to know if this isolation is similar to or more severe than that experienced by MTF youth.

Currently, review of the literature reveals only one study that addressed the gender identity development of transgender youth utilizing interviews with transgender youth themselves. In 2006, Grossman and D'Augelli used focus groups to explore factors that affected the experiences of both FTM and MTF transgender youth ages 15-21. The authors found that for most youth, the awareness that their gender identity did not correspond to the gender they were assigned at birth occurred around puberty, although for a few it was at an earlier age. Most of the youth began to identify as transgender or to live in their preferred gender role between ages 11 and 18. For the youth in this study, attending school was the most traumatic aspect of growing up. Most indicated that they gained knowledge about the existence of transgender people either from the media, from transgender adults in their neighborhoods, or when they moved to New York City, where the study took place.

One qualitative study addressed the school experiences of adults aged 18-54 who were female-bodied but had masculine gender presentations during their middle school and high school years (Ma'ayan, 2003). Although none of the participants identified as male while they were in school, and not all of them identified as male or transgender at the time of the study, it is possible that their experiences are generalizable to FTM

transgender youth who either express masculinity or identify as male. Ma'ayan found that masculinity in female children, framed as tomboy behavior, is accepted and even celebrated in the pre-pubertal period. Later in adolescence, girls face compulsory femininity, with shame used to pressure girls into conforming to female gender expectations. Participants also reported a sense of loneliness stemming from feeling that they didn't belong to either group when students were segregated into boys and girls, and not having role models or references to their experiences. Many of the participants experienced explicit verbal and physical harassment in school related to both their masculine gender expression and the perception that they were lesbians. Overall, Ma'ayan was impressed by the participants' "incredible resiliency, resourcefulness, and strength of character," resisting social pressure and utilizing a variety of strategies for negotiating their social worlds (p. 131).

Ma'ayan's study retrospectively examined school experiences for participants from over a forty-year period, and found that the two youngest participants (high school graduates of 2000 and 2001) stood out from the others because they received more teacher and community support for their gender difference. Still, it is important to note that for each of these two participants, support was linked more to lesbianism than to transgender identity or masculine gender expression. Pazos (1999) found a number of other generational differences in her work with FTM transgender individuals. She found that younger FTMs reported that their gender difference was, for the most part, ignored or tolerated by their families, especially in childhood. In contrast, FTMs raised fifteen years earlier remembered daily battles with their parents over their masculine clothing and behavior. Younger FTMs have much more exposure early in life to transgenderism and

FTMs, largely thanks to the Internet. Pazos describes the power of the Internet: “The ability to gather information about one’s identity, to communicate with others who share your experience, and at the same time to remain anonymous, has liberated thousands from the gloom of the closet” (p. 71).

The literature lacks any systematic quantitative or qualitative investigation of how FTM transgender youth construct their own gender over time, how they come to identify as transgender, or how experiences such as puberty, peer interactions, and gender segregation in school affect their views of themselves and their gender. This study aims to contribute to this literature by examining these issues from the perspective of the youth themselves.

## **CHAPTER FOUR: METHOD AND DESIGN**

### **Data Collection and Analysis**

Based on the paucity of the literature on FTM transgender youth and the phenomenological quality of the research aims, qualitative methods were used for this project. Qualitative research methods can be used to make sense of or interpret phenomena in terms of their meaning to the people experiencing them. Based on the theoretical background, the emphasis of this research was on how the participants themselves experienced their gender and their world. In order to address the research aims, in-depth open-ended qualitative interviews were conducted with a convenience sample of 13 self-identified transgender youth, ages 18-23, who were born female but do not identify as female. Approval was obtained from the UC Berkeley Committee for the Protection of Human Subjects before any research activities began (CPHS #2006-11-48).

### **Population/Recruitment**

The target population for this study was youth ages 12-25 who self-identified themselves as having been assigned female at birth but currently identified as FTM, transman, transgender, genderqueer, male, or another identity other than female. Participants were excluded if they were not English speaking or if they were unable or unwilling to give consent. Participants were recruited through a lesbian, gay, bisexual, and transgender-youth oriented clinic in San Francisco. Participants were offered \$20 cash for study participation.

In the clinic, flyers were hung with information about the study and the lead investigator's contact information. In addition, participants were directly recruited. With

the help of staff, the lead investigator identified potential participants. Once identified, potential participants were first approached by a member of the Lavender Youth Recreation and Information Center (LYRIC) Youth Action Board (YAB). If the individual was interested in participating, he was directed to the lead investigator.

The YAB member and the lead investigator made it clear that participation in the study was optional and would not influence the participant's care at the clinic. Informed consent was obtained by the lead investigator. The lead investigator was not involved in any way with the participant's medical or psychological care. Participants were assured that information revealed during the interview would not be shared with their provider, although it was made clear that information about abuse or suicidal ideation would have to be shared with the provider for the patient's safety. Throughout recruitment, consent, and interview processes, it was made clear that participation was optional and that subjects could choose to withdraw from the study or terminate participation at any time.

### **Consent**

Immediately preceding the study interview, consent was obtained by the lead interviewer, who ensured that all participants fully understood the risks, benefits, and voluntary nature of the study. Resources were in place at the clinic if the participants wished to speak to a trained counselor after the interview, or if information emerged during the interview indicating that the participant was at risk of harm by others or self-harm. Extreme care was taken to ensure protection of participants.

### **Data Collection**

The lead investigator conducted open-ended interviews with each study participant, ranging in duration from 35 minutes to two hours. The interview was largely unstructured, meaning that the interviewer had a clear plan of what should be covered in mind, but maintained minimal control over the participants' responses, allowing the participants to discuss topics they found relevant. Unstructured interviewing is useful for understanding the lived experience of participants (Bernard, 2002). The interview consisted of three broad topic areas:

- 1) Tell me the story of how you came to identify your gender as you do now, starting with the first time you noticed that your gender identity or gender expression was different from those around you.
- 2) Tell me about your experience of going through puberty. If you can, start with the first time you noticed your body changing.
- 3) Have you started taking hormones? If not, why not and do you plan to? If so, how and when did you decide to start and what has the experience been like for you?

Interviews were conducted either in a private room in the clinic or in a café if the participant preferred this and felt comfortable speaking privately in a public place.

Interviews were digitally recorded, and all potentially identifying information was removed from the audio file prior to transcription by a paid transcriptionist. For the purposes of analysis and publication, participants were assigned a pseudonym. No record was kept linking the participants with their coded pseudonym. Recordings were destroyed following transcription, and transcripts containing no identifying information were retained in a secure locked cabinet. No one other than the lead investigator had

access to the transcripts. Because the transcripts could contain information that was identifiable within the relatively small community of transgender youth in the Bay Area, great care was taken to ensure that all quotes included in this paper and any other publication are not identifiable.

## **Analysis**

The interviews were analyzed using an adapted grounded theory methodology, using interview data to develop theory. Grounded theory is an inductive and analytical methodology used to develop a theory of the phenomenon being studied, with a focus on the social processes that compose the phenomenon (Strauss & Corbin, 1990). Grounded theory is explicitly *emergent*, with theory generated from the interview data using an iterative process of coding and comparison. In this method, the data is privileged over everything else. The purpose is to generate theory, not to verify other theories or to test a hypothesis.

Through close reading of small segments of transcript called “open coding”, provisional analytic categories were developed. The relationships within and among these categories were explored in analyses of subsequent data. A model was developed and tested against each transcript for its completeness and explanatory power. According to one of the pioneers of grounded theory, Barney Glaser (1978), a good theory must have fit and relevance. The criteria of *fit* requires that “data should not be forced or selected to fit pre-conceived or pre-existent categories or discarded in favor of keeping an extant theory intact” (p. 4). Rather the theory should be continually modified to encompass the data. Grounded theory arrives at *relevance* by allowing core problems and processes to emerge.

## **CHAPTER FIVE: RESULTS**

### **Demographics**

The final study population was composed of 13 participants, ranging in age from 18-23 years old. Information was collected on self-identified race/ethnicity. Six participants identified as White/Caucasian, three as Black/African American, one each identified as Hispanic and Asian, and two identified as mixed race. The majority of participants grew up in California, but others were raised in diverse regions of the United States. Although demographic information was not systematically collected from participants, it is accurate to say that the participants represent a range of socioeconomic and family backgrounds.

### **The Model**

Figure two shows the model that emerged out of the interviews conducted for this study, illustrating the process by which the FTM transgender youth in this study came to identify themselves as a gender other than female. The model describes a series of steps that occurred among the participants during their evolution towards recognizing, understanding and incorporating a transgender identity. This section will present the model, as illustrated below. Although there are similarities in the ways the youth moved through the stages of the model, their experiences of the stages are surprisingly diverse. This section, while highlighting the universal aspects of the model, will emphasize the great variability within the model and among the participants.

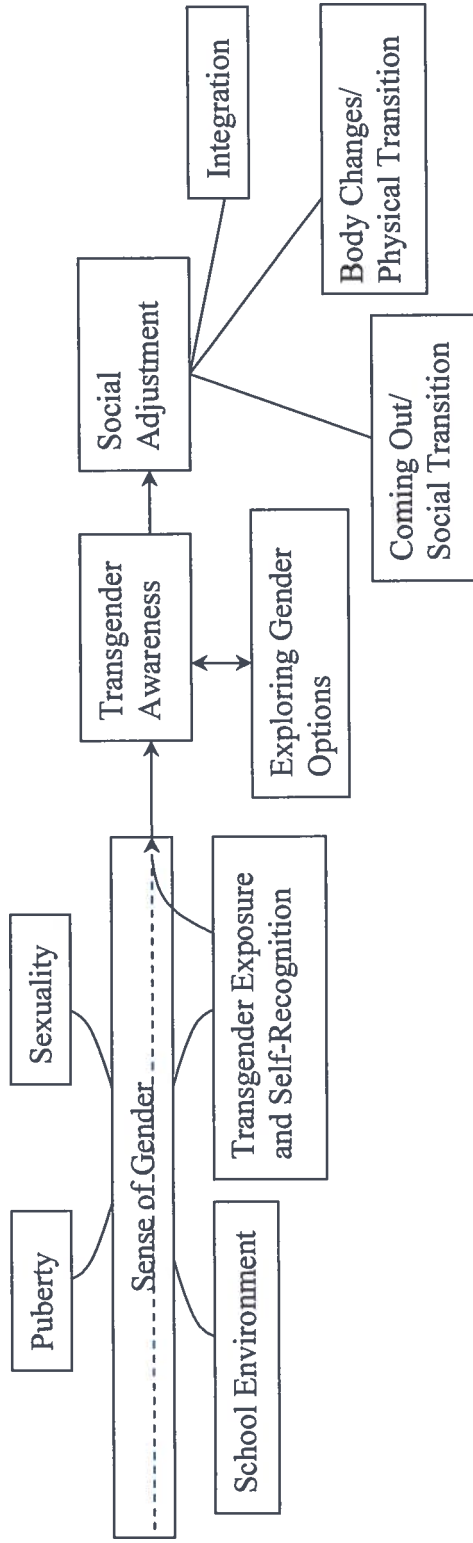


Fig. 2: Model illustrating the process by which the youth in this study came to identify as transgender

## Overview of the Model

### *Stage 1: A growing sense of gender*

At various points in the trajectory of childhood and adolescence, each of the participants began to actively think about their gender, before eventually identifying themselves as something other than female.

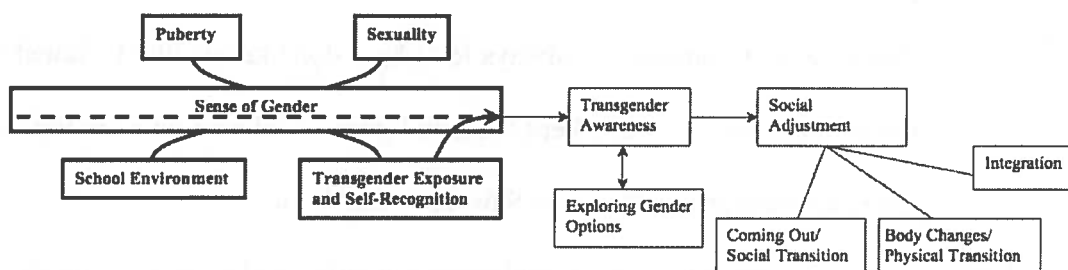
### *Stage 2: Recognition of transgender identity*

After becoming aware of themselves as transgender, youth explored the gender options available to them, adopting one or more identities to label themselves and their gender.

### *Stage 3: Social adjustment*

Movement was made towards coming out as transgender, integrating this identity into their social fabric, and transitioning, both socially and physically, to a gender other than female.

### Stage 1: A Growing Sense of Gender



With a few important exceptions, most of the youth recall a time when gender was not something they thought about and they felt no aversion to being labeled “female”. Young children, especially young girls, are largely exempted from the social structures of gender. This gives them a great deal of freedom in their behavior. While

some parents may refuse their four-year-old daughter's request to cut her hair short, or may dress their female child in a skirt to go out and play, most female children are given flexibility to play with Barbies or GI Joes and are allowed to have primarily male friends. Thus, it is possible to both behave "like a boy" and have a female body without this presenting a problematic contradiction, and without having to reconsider one's gender.

Almost all of the participants recall some affinity for clothing, appearances, or social roles generally considered masculine or aversion to those considered feminine, while still thinking of themselves as female. Solomon, who is now 20 and began asking his friends at college to refer to him as male last year, eloquently reflects on his early childhood, describing feelings shared by many of the participants. I will use him here as a case to illustrate these feelings.

Like others, Solomon used to consider himself a "tomboy." Solomon recalls that from the age of six, he behaved like a stereotypical boy:

... growing up I was always playing the boy character in like the house, playing house with my girl friends... And I had this one friend who I would always want to protect... I always felt like, I don't know, like I wanted to be the person who was - like kept her safe I guess... Played with GI Joe's a lot. Climbed trees and stuff. Tom Sawyer - good book.

Reflecting a common rebuttal of traditional gender binaries, Solomon went on to say, "But then I mean, I also, that's not to say that I never felt like a girl cause there were times when I did, which is interesting in itself." The lack of a strictly enforced gender binary in early childhood allowed Solomon to not have to pick a gender, "I don't think it

ever felt natural to me to be dressed as a girl, but when I was younger it was more, I really didn't feel like I was either gender. I felt like gender-less.”

Although Solomon never really felt wrong as a girl, he was unable to imagine himself fulfilling female roles as an adult:

I never like imagined being pregnant, and I couldn't imagine getting married in a white dress. You know what I mean, just those things just never - I couldn't imagine them. Like I would try and try. And I just, I remember talking to my mom about it and she's like, "Oh you know in time. You're so young. Of course you can't imagine them." But I knew that there was like, I really couldn't imagine them because I knew it wasn't gonna happen.

It wasn't until much later that Solomon began to think about his gender, but he seems to see this failure to share common female childhood fantasies as foreshadowing his transgender identity.

This foreshadowing sense of being somehow different or wrong is another frequently mentioned aspect of childhood. For Alex, 21, “It's really simple. When I was a kid I just knew that I was depressed. Does that make sense? I just knew that.”

However, most participants did not connect these feelings to gender until later. Solomon discusses this fact:

I don't think that I could have predicted that this was going to happen to me at the age of like maybe 10 or 11. But I, I knew that something was off. I don't know. But I didn't necessarily know it was gender-related. I didn't think about gender the way I do now when I was younger.

A few youth, however, felt more keenly that they were transgressing the gender binary. For Steve, "I never felt like I fit one or the other [girl or boy]. It was kind of like I was always just in the middle. But I thought I always wanted to be a boy." The feeling that Steve describes of not fitting into a category feels more alienating and less liberating than Solomon's feeling of transcending gender categories.

While most of the participants described ways in which they transgressed gender norms in childhood, only a small number of participants felt early on that they were a boy or wanted to be a boy. Sam recalls tomboyish behaviors similar to the ones described by Solomon and other participants, but while other participants embraced the term 'tomboy', Sam balked at describing himself thus based on the strength of his conviction that he did not want to be a girl: "No, never thought of myself as a tomboy. I just didn't like the term. It implied girliness. I didn't want to be a girl. That was never an issue with – like that was never a question."

Sam was also unique in reporting an early desire to have a penis. When his two best friends could pee in the woods and he couldn't: "I remember I was like, 'When I grow up and I'm going get a cock and I'm going to be able to pee standing up.'"

However, when asked if he thought of himself as a boy, he responds, "No, I knew I wanted to be a boy and that people didn't process me as a boy all the time."

In contrast, Bob is the only participant who has always considered himself male and has socially presented himself as such throughout his life. When asked to describe his gender, Bob said:

I'm... a thousand percent male, yeah, it's kind of weird cause I wasn't born male, so it's kinda hard to tell people that you're a thousand percent male when you weren't really born in that body. So you know it gets weird sometimes cause some people like to question many things and it's like, why do you have to explain yourself? You're that and, you know, you don't really need all the questions.

However, even for Bob and Sam, who could not recall ever being comfortable with *she*, gender did not become an issue that they actively thought about or considered until they entered the social milieu of school.

### **The role of the school environment**

In response to a question about whether he ever thought of himself as a boy, Steve said, "Yeah, until I was corrected... there's a time where it's okay and then there's just a certain shut off time where it's not okay anymore." Up until a certain age, acting like a boy or even declaring yourself to be a boy is acceptable, but this acceptability decreases with the polarization of gender that begins in elementary school and continues throughout childhood and adolescence. Although a few participants recalled their parents pushing them into more traditional female gender roles or discouraging their masculine behaviors, all focused mainly on the reactions of their peers to their masculinity.

In preschool, children often first become aware of gender differences and begin to demand that everyone identify as 'boy' or 'girl'. In school, students are often divided along gender lines. This policing of the gender binary poses problems for youth who don't immediately feel right answering "girl" to constant inquiries about their gender. Steve felt confused when people around him first expected him to recognize himself as female:

I always wanted to be a boy when I was a little kid... And then when I got around first grade - well even younger than that other kids would come, "Are you a girl or a boy?" And I'm like you know you don't know what to say to that. People tell you you're a girl, so I'm a girl, and you're supposed to get defensive, but are you really?

Around this age, Bob began to realize that his gender was fundamentally different from his peers:

...everybody knew they were either a girl or a boy, and it's like you would be called a 'he' or a 'she'... and that's when I knew that I wasn't like the other people -- I wasn't what I was... physically.

For most other youth, elementary school brought occasional criticism from peers and adults for not behaving in the correct "feminine" way. However, at this point, "acting like a boy" was still pretty much accepted, as long as you didn't claim to be a boy. The majority of youth did not experience any change in their sense of gender in elementary school.

The polarization of gender roles becomes more severe and explicit in middle school and high school. Students begin going through puberty and romantic and sexual

relationships take on great importance. With these advents comes an increasingly rigid separation of 'the boys' from 'the girls'. At the same time as it becomes more difficult to cross gender lines, gender categories become more rigidly proscribed. Teens who transgress the strict social rules of gender are met with teasing and ostracism. In these years, popularity becomes increasingly important, and youth feel a strong pressure to conform.

A few of the participants began to think about their gender in association with the social pressure to act more feminine. Tyler felt completely disconnected from the social conventions of femininity:

I didn't really start becoming conscious that I was like different from other girls or other people with female bodies until I was probably around like 11 or so maybe. I don't know, I'd read articles about gender differences or especially articles talking about what a woman is supposed to be like or what kind of qualities a woman would have and I'd be like, 'that's not me.' It's like 'I don't have that type of personality or anything like that'.

Some youth found that, when forced to come down on one side of the gender line, female just felt wrong. Instead of conforming to female expectations, Sam began to reconsider his gender:

A couple years down the line is when I first started thinking about being male instead of just being genderless, which is when it started - the reason that that started, I think, is because people started pressing me to be female and so I pressed back and I was like, "No, okay if you're not going to let me sit on the line I'm certainly not going to be a girl."

Within a binary gender system, with limited gender options, if female doesn't work, male often seems like the only viable alternative.

For the rest of the participants, the pressure to act more feminine did not change their sense of themselves as female, but it did affect many of them. The middle school and high school environment punishes masculinity in women and impacts the self-esteem of gender non-conforming youth. In high school, Alex was frequently criticized for acting like a boy: "...everyone made fun of me. It was guys and girls or whatever, everybody was making fun of me anyway, except for the few." Even youth not directly subjected to verbal or physical abuse felt anxiety over the constant threat of abuse. Daniel describes why he left school in 7<sup>th</sup> grade to attend a home schooling program:

And I mean school was just incredibly boring for me. I hated it. And I wasn't bullied myself, but it was a thing that I - I saw it happen and it was always something I was always worried about avoiding... So it's like the tension was there even though it wasn't directed exactly at me. I felt like it could be. So I just sort of avoided the whole thing.

The constant ridicule they faced led some youth to conform to feminine norms of dress and behavior. Alex describes this impulse:

Well it was just a constant, like after about a couple of months and everyone you know expecting you to do these things that I didn't even expect of myself at all and I was just like, "Man when you're in high school you want to be accepted. You want all this." So that's when I started to... just fem it out. Wearing the short skirts and the tiny tops and the ridiculously tight pants and all that. I overdid it.

Dressing and acting more feminine often came across as strange and unnatural, paradoxically highlighting the youth's masculinity. Liam described his period of trying to "be a girlie girl":

I had like six months of trying really hard to be a really feminine, you know, popular pretty type girl. And actually I got the weirdest looks afterwards. That was when people were like, "what the hell are you doing?" So I found that amusing.

For some youth, this attempt at conformity was accompanied by increasing depression. Around the same time as Alex began doing "the super girlie thing," "everything just started to go psst, go down from there. My grades, attendance. I started doing drugs, I started drinking and all that." Eventually, Alex stormed out of a classroom and dropped out of school.

Not all participants gave in to the pressure to conform to expectations of femininity. Youth in this study were not asked specifically about how the school environment affected them, but rather how their gender changed through these years. Thus, it's impossible to draw any clear conclusions about what factors allowed some youth to fare better while others became depressed or dropped out of school. Many were able to find a peer group that accepted their tomboyishness or masculinity, primarily composed of other marginalized youth. By remaining largely invisible or participating in traditionally non-gender-normative activities like sports, many youth were able to make it through high school alive, if not unscathed.

### **The role of puberty**

Every participant was asked about how they felt experiencing the physical changes of puberty, specifically developing breasts and beginning to menstruate. It would seem that puberty, with its physical manifestations of womanhood, would present a potential crisis for every youth who has or will come to identify himself as something other than female. However, I found great variability in the youth's reactions to their changing bodies. Interestingly, the onset of puberty was not as pivotal in every youth's life as one might expect.

For a number of participants, puberty was a point at which they could no longer deny their biological gender. In addition to being, in themselves, markers of female gender, developing breasts and menstruating also entail a new necessity to adhere to female behaviors. Buying bras, using tampons or pads, and no longer being allowed to run around shirtless are all rites of passage into womanhood that feel oppressive to a girl who may be uncomfortable with her new role as a young woman. However, the source of the discomfort was not always linked in the participant's mind to gender.

But in the case of youth who had never identified as female, puberty *did* present a crisis. Their femaleness became something they could no longer ignore, and became difficult to hide. For Sam, who was already uncomfortable with anyone or anything that referenced him as female, puberty was extremely difficult. Growing up, Sam clung dearly to what he calls his "Peter Pan myth" that gender didn't actually exist and therefore he could out-think puberty and stay genderless forever. He describes his reaction when he began to menstruate:

I started changing and not being a kid anymore. And that scared the shit out of me so I was like, "God I gotta figure something out. Obviously I'm not who I

thought I was so I have to figure out who I am." And I was like, I don't know. I told people I really trusted, like close friends that I didn't have a period... And I never used sanitary products, whatever you want to call them, pads or anything... I had this like delusion like I would like try really hard to focus my mind and stop the next period from coming... I couldn't deal with any evidence that I wasn't succeeding, which there was a lot of... I would have this complete mental crackup when I started bleeding, just boom! Ego out the door. Like no basis for reality... And then I would get myself back together once it stopped... The first couple years I bled for 5 to 7 days and so [for a week] I'd like be suicidal and like crazy. And I'd get through this week by being like 'I'm going to deal with this somehow. I'll figure out a way.' But I couldn't do it while I was bleeding cause I was too crazy. And then I'd spend the rest of the month instead of figuring out a way to deal with it trying to get myself back together. Like put the pieces back together to be a functional human being and then crack up again. And I went totally crazy... If I had not gotten a period I would have been stoked. If I had missed one it wouldn't have happened. Honestly I think if I had missed one like in two months I might have been able to put myself all the way back together but for some reason one month was not enough time.

Clearly, Sam felt both a strong investment in his lack of gender and an aversion to being labeled female, both of which were stifled by menstruation.

Breasts and menstruation also provide physical cues of gender to others. At the time that he went through puberty, Bob identified and presented himself as male. As

such, he remembers thinking, "I'm a guy, this shouldn't be happening." Bob's experience of puberty as "hard as hell" was mainly associated with the incongruence between the gender he was presenting himself as and the gender his body was beginning to represent. Although he grew used to his body's changes and maintained his ability to pass by wearing baggy clothing, he found puberty scary:

There were a lot of emotions involved, cause it was, it just, it confuses you and kind of scares you, cause it's like, what if you can't do anything about it, you know? It's like, how can you change yourself so that you'll show yourself as what you identify by?

This focus on others' perceptions implies that Bob did not feel inherently uncomfortable with his female body parts, but more with the biological gender that they exposed to others.

While Steve did not yet identify as male, the increasing focus during puberty on his developing body and femininity led to a new feeling of discomfort in his own skin. He describes his reaction to the mismatch between his self-perception and his actual image:

When I was younger I used to walk down the street with the sun above me, and you cast a shadow. But I used to always slick my hair back in a ponytail, hella tight ponytail and I was standing there and I just had this guy build. I've always been like really strong. And I would see no hair and I'd be like, "Alright." Like I felt, for the two seconds I looked down it was good. Like that's who I was. But I never saw that. Like sooner or later you'd stop

wanting to look in the mirror cause you see yourself but it's not yourself and it just kills you. So you go through depression.

In all of these accounts of puberty, the body comes across as being problematic due to its representation of a particular gender. Breasts and menstruation hold meaning as markers of femaleness that confirm the youth's discomfort with himself as female.

Many of the other participants felt uncomfortable with their body as they went through puberty, but still didn't really know why or didn't connect these feelings to gender. Tyler noticed that his puberty "didn't feel right":

When I first started I hadn't really become conscious about my gender issues at that point when I first started going through puberty but I definitely was very uncomfortable about going through it, like I didn't like it. I didn't quite know why I didn't like it but I just knew like this is not something I wanted to happen to me. And getting physical qualities associated with being female something didn't feel right. But I didn't quite think about why it didn't feel right.

For Jo, more than Tyler, his discomfort around puberty was connected to gender. With puberty he says, "I guess I started facing the fact that like I was a female or whatever and I had to get used to the changes and stuff but I didn't like it." Similarly, other participants reflect that puberty forced them to acknowledge their femaleness, but, like Tyler, did not force them to begin to think about gender. Most of these youth came to an uneasy truce with their bodies and their female gender.

Perhaps most surprisingly, many of the participants do not recall any negative feelings about puberty, and a few even report that they enjoyed and appreciated their

female body at the time. Solomon remembers that he “didn’t have extreme feelings about what was happening to me being really wrong.” Daniel thought menstruating was “kinda cool.” For these youth, puberty brought the occasional menstrual cramp, but no changes in self-image or gender identity.

### **The role of sexuality**

Much more than puberty or school, sexuality can have a powerful impact on a youth’s sense of gender. As Solomon says:

“[Gender] wasn't really present in my mind very much until like high school and puberty. And then I started to think more about it. When relationships began, it's interesting to think about the relationship between like the beginning of your like sexual relationships and the beginning of thinking about your gender.”

Individuals frequently feel a strong sense of gender during sexual interactions. Solomon describes the first time he kissed a girl, as the first moment he felt male:

I think the first time that I really kissed a girl was the first time that I felt that I was male, in - truly. Which is scary but also I don't know really raw.... I just kept persisting until she agreed it was okay to like kiss and then we did and it was really nice. And then, um, I don't know, I think that was, I just felt so male in that moment of– It was a really powerful moment... But I mean ever since then, the maleness has always been there, inside, I mean really conscious - consciously there.

Sexual roles are often enacted as gendered roles. Before Steve thought of himself as a male, he took on a male role in relationships, to the point of being unable to become sexually aroused when trying to play a female role:

I think - like I know that I'm a female but like I feel like - when I'm dating somebody I'm the male in that relationship. I'm the man in that relationship...

Like now I only have sex with women. And when I was with a man I tried to be a woman. Like I was like, "What would a girl do in this situation?" It didn't come naturally. I had to think about it and I couldn't get wet. You know what I'm saying? Like nothing was going on so it was kind of like nothing could happen unless you'd lube that way up and it ain't happening.

I'm telling you it wasn't working. And it wasn't that I wasn't attracted to the person, it wasn't working; it wasn't right. Like, you know, when it's not right; it's just not right.

The gendering of sex allowed youth to explore their gender through sexual interaction. After beginning to identify as male, Tyler realized how connected his sexuality was to his gender:

I definitely like sex to sort of like confirm my sense of gender for sure. And I definitely try to avoid stuff that threatens my sense of gender... if I'm going to let someone penetrate me they have to see me as a guy and they have to respect my boy self and like 'you're fucking a boy; you're not fucking a woman. Like you're not fucking a girl'.

Even when participants did not identify as male, being desired in a masculine way was important and empowering. Tyler was uncomfortable with his attraction to men

before he identified as a man, because sex with a man implied a heterosexual man with a heterosexual woman, something that did not resonate with his sense of himself:

And I actually had attraction to men but wasn't comfortable with that at all. Cause I couldn't - the idea of being with a man as a woman just didn't work at all. That didn't work. And I really couldn't accept liking guys until I sort of like saw myself as guy cause then it was like, 'alright if I'm a guy with another guy then that works'.

Sexuality thus becomes not just a moment that brings gender to the surface, but also a moment that feeds back on the youth's sense of gender, confirming or validating it. At the same time, this exploration of sexuality can be all-consuming during adolescence, overshadowing or forestalling or even becoming a way to avoid thinking about gender itself.

Although he didn't yet identify as male, having multiple girlfriends provided Steve with validation as a male that he couldn't find elsewhere:

I had to have 5 girlfriends at a time in high school; one that brought this out in me and one that brought this out in me and ones that would make me make up for where I felt I lacked. I don't know if that makes sense. But I just dated a lot to make myself feel better... I guess the fact that like a lot of different girls wanted me cause I was sexy to them. And that I could be the dominant male. But I could also be a player. Could be like every other guy out there. And having that made me feel better just to be like every other guy. But I got way more ass than every other guy.

Likewise, Sam uses relationships both as validation and as distraction:

I had all these girlfriends and boyfriends and I was a total player or whatever you want to call it. I had 8 or 9 girlfriends at that point. (Laughs) And this whole shelter and just surrounding myself by what people thought of me so that I didn't have to process what was actually going on with my body, which worked. Got me through. Didn't slit my wrists, right?

It is interesting to note that both Sam and Steve had early feelings of wanting to be a boy or not feeling female. Neither thought of themselves as male at the time, but both viewed their adolescent sexuality as a way to feel masculine, while distracting themselves from potential feelings of maleness.

Not all of the participants came out as lesbian before coming out as transgender, and many are not, and were never, sexually attracted to women. Interestingly, not all the participants who did come out as lesbian in middle school or high school continued to have relationships with or be attracted to women after they began to identify as transgender. These participants felt a general feeling of "queerness" or affinity for the queer community, which they could only describe as being a lesbian. Alex came out to his mother as a lesbian in middle school:

And then in middle school I was like, 'Mom would you love me if I were gay?' That's the only thing I could say. I didn't know what else to say... Because I didn't know how else to describe what I was feeling at the time... That's why I always say 'it' or 'that stuff' because at the time it was just a feeling. It wasn't like necessarily an identity or anything.

Likewise, Josh felt that his attraction to gay men and his comfort around other lesbian and gay identified individuals must mean that he was a lesbian. Once the possibility of

being transgender emerged out of the LGBT scenery, these participants began to reconsider whether these feelings emerged out of sexual desire or out of something gender-related. This struggle of defining sexual identity and gender identity highlights the important, but often complicated, distinction between gender and sexuality.

### **The role of transgender exposure and self-recognition**

All of the participants talked about important moments of clarity emerging from exposure to transgender identities, either in the media or through meeting transgender individuals in person. Solomon discussed the importance of this exposure in transforming vague, unnamed feelings about gender into a nameable identity:

I think when I started to really think about gender in terms of like what I really thought I might be, it was in high school. I think before that I had like subconscious inklings that I could talk about but I think high school's the first time I found out about what transgender actually was.

For some youth, this was the first time they started thinking about gender. Being exposed to transgender identities may elicit feelings about their gender that had previously gone unnoticed or unexplored. TJ had never thought about his gender at all until he was exposed to other transgender youth:

Around 14, like, maybe 16 when I started thinking about gender... I started going to these LGBT youth groups... and they talked about a lot of gender identities and they talked about like coming out and stuff.

Through attending these meetings, TJ began to realize that he “didn’t feel comfortable... being a girl.” Although these feelings were new at the time, in retrospect, TJ says he thinks he “saw himself as male all the time.”

Exposure to a more diverse set of gender options also allowed Aaron to explore his feelings about his gender:

I mean, I didn't know what the fuck - I knew I like dig chicks and like they were fucking hot. And I knew I wasn't like going to be dating, like married or having children. I knew I wasn't going to be like my family with like husbands and shit like that and just like living their life within that. I knew I wasn't going to be like that from the get-go. But, um, I didn't know what that was until I moved out and got into a society that was more realistic to how I was going to live my life.

These narratives imply an ongoing sense of non-normativity, only named as or associated with transgender feelings once that possibility entered the youth’s field of awareness.

All of the youth experienced a moment of self-recognition in association with an exposure to transgender identities, which was exhilarating or terrifying or both. The youth recognize themselves and their feelings in the stories of others. Solomon’s first exposure to transgender possibilities was when he saw the movie, “Boys Don’t Cry.” He discussed the impact this movie had on him:

... that movie really changed me or at least brought up some issues that I had been maybe having and not knowing about. I remember going home after the movie and binding<sup>1</sup> for the first time just to see what it was - I just had to, I

---

<sup>1</sup> Binding is the act of creating a male-appearing chest by compressing one’s breasts using ACE bandages, sports bras, or commercial binders.

don't know, it was really an intense moment when I saw it so - I don't know... I just remember being so enthralled by Hillary Swank... something about it struck me in a way that nothing had before that... something rang true to me just to see that kind of identity being portrayed on the screen. And I guess honestly I'm not sure what was going through my head exactly but I, I just felt akin to this character and I just, I guess I felt like maybe it was me also.

Without any awareness of the existence of others like them, youth, especially participants who grew up in conservative or rural areas, had no context for understanding their feelings about their gender. Sam, who struggled with his gender identity throughout high school, said, "I wish I had known that there were trannies in the world. I had no idea at that point." Sam spent years struggling with his feelings of alienation from his body, unable to accept himself as female. He described his reaction when someone finally told him that there was a health clinic for people just like him:

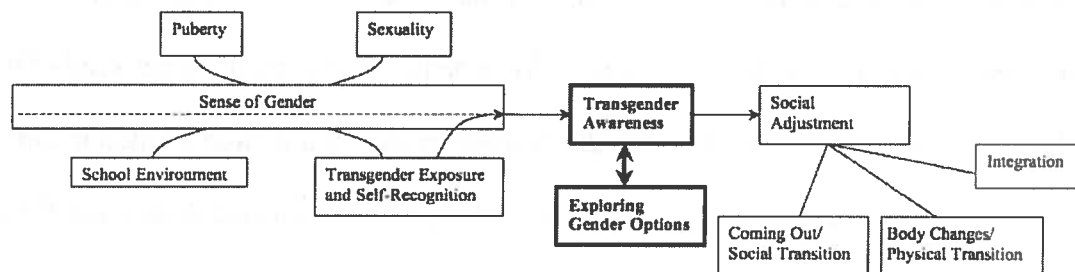
And I was like, "Oh, that's out there? Wow! People who care. Amazing concept. Like there's an actual medical system for this?" Totally broadened my consciousness for the first time. Like people actually just exist and do this as a normal part of their routine. I don't know how to really explain that, like small town mentality.

Even youth in relatively progressive and trans-friendly environments are affected by the invisibility of transgender men. Alex had extensive exposure to the MTF transgender community, but he didn't recognize himself as transgender until he found a community of FTM individuals:

I never had heard anyone's stories and I started reading more books. And I saw a few documentaries and I'm like, "Oh that was it the whole time!" I finally made that connection of the stuff that I had wondering about for so long... like, "I understand exactly what this person is saying. Holy damn!"

Some youth find this moment of "That's me!" to be exciting and liberating and almost immediately begin to identify themselves as transgender. However, this is not always the case.

## Stage 2: Recognition of Transgender Identity



Even after experiencing strong feelings of being male or recognizing oneself as potentially transgender, it can take a period of time for an individual to acknowledge these feelings. Youth frequently feel a great deal of shame associated with their feelings of gender difference that is exacerbated by the realization that they may actually be transgender.

The lack of exposure to positive portrayals of transgender identities coupled with society's general abhorrence of people who cross gender lines often make these youth feel "not normal" and wrong. Steve, who "always wanted to be a boy," never seriously thought about his gender until high school. When he first met a transgender person, he adamantly denied any possibility of sharing that gender affiliation:

I was like, "I don't know. I'm just a lesbian. I don't know what you're talking about. I don't know about all that." ... I was just like, "No that doesn't happen. That's not real." But I wasn't from the city... they don't talk about it in high school. And I think they should but they don't. That's one thing they don't talk about... And so I knew nothing about it. I thought they were like different, like dirty. Like cross dressers, like I just thought of guys who like dress up in women's clothing.

Solomon's identification with Hillary Swank's character was followed a few years later at age 16 with a fascination with pictures of transitioning bodies on the internet, although he says, "I was still in my like 'this is really unnatural and what if it's me' kind of thing." He goes on to describe the fear that this possibility of identification elicited in him:

It was really scary to think those thoughts and I pushed them away for a long time. Even when I saw those photos online I, I thought that they were really unnatural and wrong and that these people were selfish to push their families away from them and ask their families to accept this new thing. Why couldn't they just be gay, and I really like, I really hated those people. Cause - now I think it's because I, I was just scared but I don't know... I always knew that it was, there was something about it that was - the photos I guess, even looking at them was, um, I don't know, scandalous but deeper than just scandalous, just - I don't know. I hoped that my gender identity wouldn't come to that. I always hoped that it wouldn't get to that point, like get so bad that I would have to mutilate my body parts and it just, that seemed like such an extreme to me.

Steve talked about how even after he “figured out” that he was transgender in college, he had a lot of trouble coming to terms with it:

College for sure is when I finally decided that I was, and I wasn't okay with saying that to myself or out loud. I wouldn't say it out loud to anybody or I wouldn't say it period... until like a couple months ago I was like "I can't even say that I'm transgender. It's taboo. It's not normal." And I do not feel like I'm not normal. I'm a normal person but society makes it - it's just not normal to be transgender. That word is not normal. I don't like the sound of it... It's not normal and I don't feel like I'm not normal... I don't feel like there's a disability with me. And I tried... if I could change and be like every other female out there and be normal, societal normal, I would do it in a heartbeat. Cause my life has sucked.

While a large part of Steve's inability to acknowledge himself as transgender was related to his feelings about normality, he also felt unable to come out in an environment that was not accommodating to transgender individuals. He describes this period of struggling with his gender identity in a place where being transgender is “taboo” as “four and a half years of just hell, just feeling like I was living out someone else's life...”

These participants recall experiencing a period of increasing intensity of discomfort with being female or awareness of themselves as male before reaching a critical breaking point where they said to themselves, “I am transgender.” In this period, some youth experienced a changing relationship to their gender and its expression, describing having more negative feelings about their body, experimenting more with a masculine sexual identity, and feeling increasingly averse to being referred to as female.

At the same time as Solomon was struggling with his feelings about his gender, he began to “experiment with sex mostly as a guy”:

And I think around that time I started to have like sex differently, like penetrative sex... And that was when I started feeling really uncomfortable with people touching me um sexually as a woman. And when I started to just close off to those areas of my body that are female. I wasn't thinking too much about it. I just, I knew that I didn't want people touching me there.

Solomon went on to describe how “since high school when I was aware of the gender thing in myself,” being referred to as female began to feel wrong: “[It was] always like this reminder when someone would say hey, like 'girls'... I would always be like, 'What?' Like, 'Me?' That really just was an out of body experience.”

This period can be exceedingly difficult and lonely. Steve identified his drug use in high school as a way to avoid thinking about his gender:

I did drugs; I did all that typical stuff just to get it out of my mind. And probably because I did so much drugs like that's probably why it took me longer I think. Cause I just suppressed everything, like I just smoked pot every second that I could of the day. And I took Dimetapp... about 7 a day... I just was out of it all the time; didn't want to be there... And I feel like that was kind of like my life at that point. Like I just suppressed everything and I just played it off...

Although he still did not think of himself as transgender, Solomon began binding his breasts during his senior year of high school, which he described as “really hard for me because I felt really alone and isolated... I just felt like really wrong.”

In college, Solomon finally reached a point where he felt that he just could not be female any longer: "I don't know, I think it was just one too many "lady's" or "girl's" and I just snapped and I just couldn't do it anymore." College was also an important period of self-discovery for Steve. He "went to college and it even more progressively was just more, pointed towards the fact that you know I identify like a man. I feel like a guy." Steve attributes the ability to finally reflect on his gender to the fact he stopped doing drugs: "I think that my head was clear and I just grew as a person and figured out what worked for me and what didn't."

### **The role of transgender exploration**

After realizing or coming to terms with oneself as transgender, there is often a period of gender exploration. Some youth identify in a rather uncomplicated way as heterosexual men. Most cycle through different transgender identities at their disposal until they find one that fits them, or feel comfortable defining their own terms and naming their own gender. Like male or female, each transgender identity has a certain set of social expectations attached to it by the community who uses it. Navigating, and sometimes rebuking, these expectations is part of the youth's journey toward his own unique masculinity, a process of self-definition that continues throughout life.

Alex took a somewhat circuitous route to his realization that "the man that I feel that I am is gender queer, so I really don't feel like I have a gender":

Well I actually went through a few different phases with it. I went through the straight up "I'm transgender. There's no other thing. That's it." And then I was like... I never fit into any of that anyway. And then I started researching more

and I was just like, "Yeah whatever. I don't need to have a gender." And I think maybe in a way I've chosen to not have a gender but I still identify as a trans dude that just doesn't happen to have a gender.

Some youth don't feel that the terms "transgender" or "female to male" capture their gender. For some, this is because they identify simply as male and prefer to disavow any reminders of their prior femaleness. Others, like Daniel, find these terms to be too simplistic and exclusionary:

The whole female to male thing, cause I feel like I was never female and I'm not male now, so I don't like that... I don't even like that word [transgender] because it means between genders... I mean just because it [my gender] doesn't have a name, it's not something that's in between. It's not something in the spectrum. It's its own discrete thing. It's a real thing.

Beyond finding the appropriate label, or eschewing labeling, part of taking on a male identity is figuring out what aspects of masculinity or femininity to take and which to leave. Indigo refuses to change in order to conform to masculine expectations:

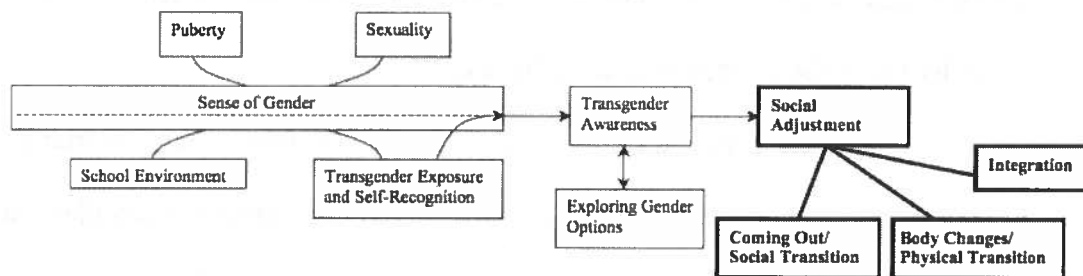
It's like when I was a girl they wanted me to be a certain kind of girl and I was like, "Uh, no." And then I became a guy. And then these people, the same people they were like, "Okay if you're going to be a guy you have to be like this and this." And I was like, "No actually I don't."

Interestingly, some participants felt more comfortable with their feminine qualities once they began to identify as male. Solomon wants to find a way to appreciate his femininity as a man:

It's really interesting to like think back to what I liked about myself as a female person and try and keep some of those things, but still be male the way that I want to be male. I'm still struggling with that. I don't know how I'm going to hold onto those things.

The range of transgender identities represented just by this sample of 13 reflects a diversity of ways to be transgender. A small selection of these identities includes: heterosexual male, with no “trans” attached, transgender, genderqueer, gender bender, gay dude, dyke boy, and “I am my own gender and it's not male and it's not female.” These participants also represent a diversity of sexual identities. Some of these youth are attracted to men, some to women, some to both, some to transmen or transwomen. Some youth see their sexuality as an important component of their gender, identifying as a straight man or a gay man. Others do not feel a need to label their sexuality, either as part of their gender or at all. The main commonality is that all of these youth prefer to be socially received as male.

### Stage 3: Social Adjustment



After becoming aware of or coming to terms with their transgender identity, youth experienced an ongoing period of social adjustment, integrating their non-female identity into the fabric of their everyday lives. This period entails three distinct, but overlapping

processes: (1) coming out and social transition, which involves adapting a publicly male or transgender identity; (2) body changes and physical transition, which involves creating a more male or androgynous physical appearance; and (3) integration, which involves consolidating the transgender identity into a larger sense of self.

### **The process of coming out and social transition**

As the participants explored their gender options, they were also adjusting to a predominantly male social identity. Some youth openly defy gender boundaries and enjoy the confusion this elicits. Most, however, just want to blend in and move on with life.

“Coming out” is an expression developed within the gay and lesbian liberation movement and is now used generally to describe the process of revealing to others a self-acknowledged, generally stigmatized identity. For the youth in this study, however, coming out is not so simple. Coming out as transgender differs from coming out as gay or lesbian, because it often entails a physical transition and almost always entails a new way of being addressed, with a male name and pronouns. Solomon felt that coming out and transitioning created an uncomfortable confusion around an element of identity that is generally taken for granted as uncomplicated:

... it makes people question you... I don't know there's like a barrier between you and everyone else just because this very like basic primary element about you is confusing and it's like it screws people up... it's like this hurdle that you have to overcome and then you can see who they really are... it's a shame that the hurdle exists but it's just, it's part of our culture.

While gay, lesbian, and bisexual people have the option of remaining closeted, transgender individuals who physically transition or who are no longer comfortable being referred to by their old name and pronoun do not have this option. These changes frequently speak for themselves and do the work of “coming out” to individuals whom the youth has known as a female. Once someone begins to pass as male in all contexts, he no longer has to come out as male. However, he then begins the process of balancing the desire to blend in with the potential desire, and in some cases, need, to expose himself as transgender.

Coming out to one’s parents can be a very difficult aspect of transitioning. Many of the participants had already left home and were living independently when they began to identify as transgender. Thus, they did not have to worry about the risk of being kicked out or losing financial support. However, the pain of being rejected by a parent is still acute. Alex has been transiently homeless and traveling the country since dropping out of high school. On one of his stops at home, he told his mom he was transgender: “She flipped. She was just like, ‘I don’t want to know it. I don’t care. Go away.’... So that hurt.” Liam, who still lives at home, hasn’t told his parents that he identifies as transgender, because “I don’t feel like if I told them it would be a good thing; I get the odd feeling I’d be kicked out.” Solomon spoke eloquently about the difficulty of coming out to his parents and facing their disappointment:

They're both having a hard time with this transgender thing. It wasn't like, they didn't kick me out of the house or anything. They weren't pleased... It's strained. It's sad. I mean it could be worse. I know it could be a lot worse but it's one of the things that I hate about this... I just feel like it's a burden on

them. It's like a huge burden and I just don't like being a burden. I want to make them proud, not sad.

Through family therapy, his parents have begun to cope with having a transgender child, but their relationship remains strained.

A number of participants have not told their parents that they are transgender, but are just waiting for them to notice the physical effects of testosterone. Many of the participants' parents remained surprisingly unaware of something so obvious yet so difficult to acknowledge as a daughter transitioning to "he". Josh, now 23, has been going by a male name outside of school or home for seven years and has been taking testosterone for almost four years. While he never outright told his parents, they are now fully aware of his male identity. Still, though, his mother rarely acknowledges his transgender identity and both of his parents refuse to call him "he" or use his male name. By not initiating a conversation with their parents, youth can avoid the disappointment or rejection that they fear will be their parents' response.

Although rare, having supportive parents can be an incredible asset in the difficult process of coming to terms with a transgender identity. While he was in college, Steve describes his parents as "my only comfort zone, like my only [source] of love and support." Their acceptance helped him to come to terms with his identity:

I just remember calling home crying "I can't live like this. I feel like I'm a man; I feel like I'm a guy. This isn't right." Blah, blah. And my mom would be like, "Okay just make it through." ... And I just called home and they were regular parents. They were just, "You'll be fine. It's fine. Don't worry." They listened and they did the research. My mom did her research and learned

more about it and kinda helped me navigate the way through it and made it feel like it was okay. And they still make me feel like it's okay.

Steve recognized both the importance and uniqueness of his parent's acceptance: "I'm very lucky. I'm like one of the most fortunate transgender people that I've ever met."

At an age where peers provide important support and validation, and in lieu of family support, youth frequently make their own families. Finding transgender friends and a queer community makes transitioning easier, in terms of gaining acceptance and learning about the process. Aaron talked about the importance of finding this support:

That's the reason I came out queer; in the community it was really cool to be queer and like just be whoever you wanted to be because of this little collective... Would I have developed into the person I am today [if I hadn't met those people]? I don't think so. I don't think I would have been able to do that.

Because many of the participants came out as gay or queer, sometimes years before identifying as transgender, most of them were already a part of a supportive LGBT youth community that accepted their coming out as transgender. Other youth found an accepting community, sometimes by moving across the country to San Francisco, before coming out and beginning their transition. For many of the participants, the LGBT youth health clinic from which they were recruited from this study offered an important site for building community and finding supportive peers.

Part of the social transition to male is asking people to call you by a new name and use new pronouns. For some, being addressed as male feels like an inarguable right. Others found this to be an uncomfortable aspect of transitioning. Gender is usually seen

as an immutable and innate quality – something that is given by nature and can be immediately ascertained just by looking. Thus, it can feel “unnatural” or wrong to name one’s own gender and ask to be addressed as such. Some youth felt they didn’t have a right to be called male because they didn’t have a penis or didn’t externally appear to be male. Part of Solomon’s struggle to accept himself as transgender involved overcoming this sense that “it was unnatural to ask people to call me by something other than what I was.”

Once someone decides to take on a new name and gender pronoun, there are a number of bureaucratic barriers that stand in the way of full social recognition of these identifiers. In school, names and gender markers used aloud in class by teachers and in print on enrollment rosters and report cards hinder an individual’s ability to choose a name and gender marker fitting his adopted category. A youth who is able to present as male in many ways will be thwarted in his attempts to be fully received as male by these constant reminders and exposures of his biological reality. Bob was actively trying to pass as male in middle school: “Yeah, I mean I looked like a guy, but I had a girl’s name, and so how was I gonna explain that... I mean, I can’t tell them it was just a mistake, after awhile it catches up to you.” Navigating name and pronoun changes within a school system is difficult regardless of the education level. This obstacle led participants to drop out of high school, college, and GED programs, because of the constant threat of exposure and the frustration with not being able to present themselves as they desired.

The confusion of keeping a female name on a school roster compounds the curiosity and insensitivity of classmates. When Bob was actively trying to pass as male in middle school, he was constantly subjected to harassment from boys at school

aggressively pursuing 'the truth' about his gender. Clues that pointed to his female biology were sought out and used as points of exposure:

I guess he just wanted me to talk, cause you know, my voice wasn't as deep back then, and I was like a squeaky little girl, and so, after he talked to me, he would go up to friends nearby and be like, "Hey, you know that's a girl." And it'd be like, why would you, what would make you say that, you know? ... it's like, damn, why you gotta be fucking with me like that, I mean, I don't need your shit right now, I already have too much going on in my own life, you know.

Although he expresses an incredible resilience and ability to brush off this harassment, Bob dropped out of school shortly before entering 9<sup>th</sup> grade.

### **The process of physical transition**

The body is a major social cue of gender, and something that can be controlled and adapted in order to be 'read' socially as male, although that control is limited, especially in youth, by cost, parental control, and medical access. Twelve of the thirteen participants in this study had started on testosterone at the time of interview. FTM individuals take testosterone in order to create a more masculine appearance. For a number of reasons, not all transgender individuals take hormones at all.

Some, but not all of the participants decided to start hormones immediately upon identifying as transgender. For some youth, taking testosterone is a given component of the transition to male. These participants frequently find it difficult to explain why they decided to start taking hormones. Steve describes his physical transition as a necessary

part of his male identity: “Even hearing myself say that it's kind of weird to be like, ‘I'm a man.’ Cause, dude, I'm not. Like I'm not... yeah I think mentally I'm a male but physically I'm not.” These youth may feel that they have to look more masculine in order to ask people to address them as a male, or may only feel comfortable taking on a male identity when they are immediately recognized as male.

Many of the participants initially decided that they did not want to take testosterone, or went through an extended decision-making period before deciding to start. For these youth, the ultimate decision to start taking testosterone was mainly motivated by a desire to pass more consistently as male. Many youth felt uncomfortable with the social response to their blurring of gender lines – they were seen as female when they identified as male; they were unable to predict what gender they might have been seen as; and/or they were greeted with confusion regarding their gender. Taking testosterone was a way to alleviate this discomfort by creating a more consistently male appearance.

Being persistently perceived as female after beginning to identify as male was frustrating and motivated some youth to begin taking testosterone. This frustration played a large part in Alex's decision:

I spent like two years or a year and a half studying and deciding whether or not I wanted to do it... and I decided that I was so sick of the “she's” and the “ma'am's”... and I was becoming more and more depressed and stuff like that so I was like, “I gotta do this.” For my life's sake you know... I'd pass off on the world as a man, which is what I feel like I am, so why not?

As Alex says in the above quote, passing allows an individual to be perceived as male and alleviates the need to correct people. Thus, passing provides personal comfort in social interactions and prevents the feeling of discordance associated with being referred to as female.

Because of their atypical or non-normative gender presentation, a number of youth were used to being received with confusion even when they identified as female. A desire to no longer face this constant confusion motivated some of the participants to begin taking hormones. Steve articulates this motivation:

I feel like my life has been one uncomfortable situation after another. And I don't think I'll ever escape that unless I change. So that's pretty much why I'm doing what I'm doing, I think, cause I just want be normal. I just want to not get any static through society.

For these youth, taking testosterone and appearing more consistently as one gender allows them to blend in a way they never have before.

When someone who identifies as male is constantly received as female or with confusion, it keeps gender uncomfortably at the forefront of his mind. Starting to pass as male allows him to relax and let gender fade to the background of everyday life. Starting hormones also provides a sense of relief and greater control over one's life and gender presentation.

At first, taking hormones exacerbates the blurring of gender boundaries and the confusion it creates. The changes driven by testosterone are gradual, and there is an intermediate period when the body is transitioning from more feminine to more masculine features. During this period, youth may not look quite male or quite female

and are frequently using female identifiers in some contexts, usually school or work, and male in other, usually more social, contexts. Although somewhat frustrating, this confusion is acceptable, because it means the youth is on his way to achieving the appearance he desires. Liam does not yet always pass as male, yet feels that starting on testosterone has helped him to relax:

And so now it's kind of helped me, you know, calm down about 'Am I passing? What's going on?' Because I'm on hormones. There is not really much else I can do at this point. I just have to wait. So it's helped me to not think about it all the time.

Leading up to the decision to start taking hormones, thinking about gender and figuring out identity frequently takes a large investment of time and energy. Tyler felt consumed by his gender issues: "I was like, 'I need to get this worked out so I can have like an actual life again.' I was kind of like obsessing about gender stuff all the time, cause, I don't know, I couldn't ignore it anymore." When this is the case, starting testosterone relieves some of the tension and frees up mental space to actually work through some of the all-consuming gender issues.

At this point, and frequently before, youth consider what other changes they may want to make to their bodies. The most common changes to consider are chest surgery, or "top" surgery, to reduce the breasts and create a male-appearing chest, and genital reconstruction surgery, or "bottom" surgery, which includes multiple options to construct a penis.

The traditional discourse used to argue for medical interventions to masculinize or feminize the bodies of transgender individuals is that these individuals were "born in the

wrong body” or feel like they are “in the wrong body.” While one participant, Bob, describes himself using these words, most of the participants don’t use language that suggests that they feel this way. Many of them have much more complicated relationships to their bodies. Solomon talked about his alienation from the “wrong body” discourse:

I don't know if I would say that I felt like I was in the wrong body... I wouldn't want to call my body wrong. It's mine. I love my body... But I guess it's, in all honesty there are things about my body that I need to change and that's why I'm doing this. I don't want to say that I hate those things though... I don't want to have breasts. That's really not something I want in life. So I want to change that and I need to cause if I don't - it's just, it's interesting to think about what would happen if I couldn't or didn't... that's not a possibility to me now, it's like this is happening and I know that I won't have them in the near future and that's like really, really exciting. I can't think of many things that are more exciting than that. For me, personally.

This desire for surgical interventions in a transgender youth who also expresses no dislike for his female body seems inconsistent and illogical, yet Solomon is not alone. Although Daniel did not really view himself as female, he also did not feel alienated from or betrayed by his female body: “I mean, I always felt if I was a girl I would like this body... Cause I mean, you know, I looked good.”

Still, for these youth, surgical interventions hold a great deal of importance. Aaron likes his breasts, but has grown more uncomfortable with his female body throughout his transition:

I've always liked my body... I have more issues with it now just because of the point I'm transitioning I'm in. I don't have top surgery and wouldn't it be cool to have it. It would be like the highlight of my life.

Despite their struggle to explain why, it is clear from the words of Solomon and Aaron and others like them that the significance of surgery is such that they cannot envision a future in which it is not a possibility.

This is not to discount the experience of the youth who do view their body as innately wrong and foreign. Many of the youth did feel extremely uncomfortable with their bodies – some because of its meaning as female to society and some because of its many meanings to them. But the results of this study highlight the many different ways in which transgender youth relate to their bodies. Tyler identifies as a “boy with a cunt”:

I think you can be whatever gender, it doesn't matter what kind of body you have... I don't view it [my body] as like female. I call it, like, my 'boy cunt' sometimes. No, having a cunt doesn't mean I'm female, it means it's a boy's cunt.

The relationship that each youth has with his body impacts what surgeries he may or may not want to have done. Some youth desire both top and bottom surgery, although most feel more strongly about one or the other. Some youth do not feel any need for one, or the other, or either surgery.

Given the strength of many of the participants' desire to pass as male, it is not surprising that many of them are considering top surgery. Breasts are very visible markers of femaleness. Steve has a problem with this visibility:

It has nothing to do with you know, right now there's not an issue with having a vagina. Like that doesn't bother me. It's my chest. It's what society sees; it's what I look in the mirror and see. And I feel like that will decrease all the uncomfortable situations that are to come.

As Bob puts it, "two things are there that just shouldn't be there."

Steve also sees a male-appearing chest as an important part of how he sees himself:

I like to wear ties and stuff; I like to go out and look nice. And my ties don't lay flat and it drives me nuts. I can't handle it and I feel like I don't look as good as I could if my tie would lay flat. And it's going to be a world of a difference and I can't wait. It's going to be so much different. I think I'm just going to wear a 3-piece suit every day.

The reasons Steve gives for wanting top surgery are consistent with his feelings about the gendered aspects of his body: he feels frustrated that the person he sees in the mirror does not match the person he envisions himself to be, and that the female contours under his clothing suggest femaleness to others.

Many other participants, as well, desire a male body that fits their self-image as male. Daniel identifies as androgynous, and his gender identity has always been intimately connected with his image of himself as male-bodied:

I've always imagined myself as a young man in a coffee shop... I don't even think I thought of it as male or female. I imagined this straight up and down figured person in a little T-shirt with shortish hair. But mainly the body type that I imagined myself was a male.

Accordingly, Daniel felt very strongly about getting top surgery, which he did at age 18.

Steve and Daniel do not feel that their self-identity as male requires having a penis. Many youth do not view lack of a true male penis as detrimental to their sexual interactions or self-image. Testosterone causes significant growth of clitoral tissues, which many participants find to be satisfactory. Other youth see having a penis as more central to their identity as male. Unlike Steve, Liam does not find social visibility to be the most distressing aspect of his female body:

It's actually not so much - the body doesn't really bug me, because most everything that bugs me I can hide. What bugs me the most is the lack of the penis... So at this point it's pretty much just that the one thing I want I can't actually have... And that's partially for my own self-image and partially because I am gay and that is a big deal in the gay circle.

Sam desired a penis from a very young age, "way back before I was anything like I am now even though I was really similar." He currently is "definitely going to have bottom surgery if the opportunity presents itself," but is not so sure that he would have top surgery.

Just as some youth begin to feel more uncomfortable with their female body as they transition, others find a new comfort. As Tyler became more comfortable with his masculine identity, he found new ways to relate to his body:

And then the breasts, I'm pretty okay with them now, but for a long time I didn't really like them. When I first got them I hated them. I didn't want them at all. I remember just like looking at guys' flat chests and be like, damn it, envying them basically... But then I think I was like 15 or 16 or something

like that I was like, 'well these really don't make me any less masculine or any less butch...' That's one way I kind of like handled my body for awhile sort of just like kind of viewing it more as like my own body other than like a female body and being like, "This is my body." ...I think you can be whatever gender, it doesn't matter what kind of body you have.

Coming to terms with the body you have and the body you want is part of each youth's ongoing process of redefining his gender and finding his own masculinity.

The body is something that an individual has some control over, but that control is limited by cost, parental control, and medical access. Despite the participant's frequently strong assertions regarding what kind of surgical changes they would like to have done, actually getting the surgeries is not nearly as easy. The main barrier is cost. According to Hudson's FTM Resource Guide (<http://www.ftmguide.org>), chest surgery costs \$1,500 to \$8,500 and bottom surgery ranges from \$2,000 for the simplest procedure to \$150,000 for the most complex. Whereas testosterone is available on a sliding scale from many clinics and is covered by some insurance companies, there is very little aid available to help transgender individuals afford surgery. Many of the youth in this study were saving up money for top surgery or had some parental financial support. Most, however, did not foresee being able to accrue enough money to consider bottom surgery. Additionally, genital reconstruction surgeries frequently have very poor aesthetic and functional outcomes. Despite Bob's desire for a penis, he was deterred by these poor results: "I heard all these unsatisfactory results and you don't really wanna do that if you're ultimately, in the end, you're not gonna be happy with it. So, maybe later on when things are more advanced." Bob is among the many participants who are holding out hope for

future surgical advances. Sam, on the other hand, wants a penis now: “And I’m like the other thing is everybody is like I’ll just wait until they come up with a better surgery. Well I’d rather not wait with a cunt.”

For both surgical and hormonal interventions, youth under 18 need their parent’s consent. After Daniel’s mother told him at age 12 that he absolutely could not “get a sex change,” it took another four years to reassert his desire to be male:

...I remember thinking like at that time, "Okay I just can't do that. That's just not acceptable to be that way." But then when I was 16 I was like, 'Fuck it. I'm going to.' and I told my mom, 'Fuck you. I'm going to do that if I want to.' And then she was you know she didn't really like it but she wasn't going to, you know – she helped me.

The acceptance that Daniel’s mom offered him at age 16 allowed him to come to terms with his gender and begin transitioning while still living at home.

There is also an ongoing debate in the medical community regarding the ethics of providing transition care to minors. None of the youth in this study took hormone blockers to halt their development, one option frequently discussed in the medical literature. The reluctance to prescribe hormones or perform surgery on a minor compounds the difficulty in some communities of finding sensitive transgender medical care providers at any age. A number of youth came to San Francisco, often leaving school or family, in order to find therapists, clinics, doctors, or surgeons.

### **The process of integration**

Part of the whole gender transition, both social and physical, is integrating the new identity and undergoing something of a personal transformation. Becoming “he” entails new ways of interacting with the world and relating to oneself. Solomon says, “Like even as much as I felt male inside, being called he is like a totally different world and I really had to get used to it.” This transition involves renegotiating social spaces and social relationships. In some ways, it also involves starting over and reassessing who you are and who you want to be.

Some participants see transitioning as a brand new start, and have tried to distance themselves from people who knew them as female. Sometimes this is for practical reasons, such as, being unable to transition while keeping the same job. Steve finds these practical barriers frustrating but feels liberated by the prospect of starting over:

Like I'm going to have to quit my job once I start like physically changing and that's gonna suck. And then I'll go to grad school and I'll just have a clean slate and I'll start over... And that's really all I want; I just want to start over and start my life the way I want my life to be. Because this whole time I've just been playing how I'm supposed to live my life, or how it's socially accepted and screw all that now. Now it's my life... The rest is up to me.

Like other youth, Steve feels that part of the time he spent being female or being consumed by gender was time lost that he's trying to regain: “I feel like I wasted a lot of like my life being like how I had been... like being a female, like just being a lesbian. And that's not me. That's not me at all.” A few participants describe transitioning as a rebirth or “giving birth to myself.” Other participants feel that they are experiencing

puberty or adolescence over again, this time as a male, and are “growing up into manhood.”

For some youth, transitioning finally allows them to imagine the future. Steve was literally unable to envision a future as female:

I've always said this, "I won't live past 25." That was always my thing, I'm not going to live past 25. And even if I did I would kill myself, because I can't do it anymore. It's like unbearable. Like if I knew that life was gonna be this way the rest of my life, no, what's the point?

Bob felt a similar sense of dread toward the future:

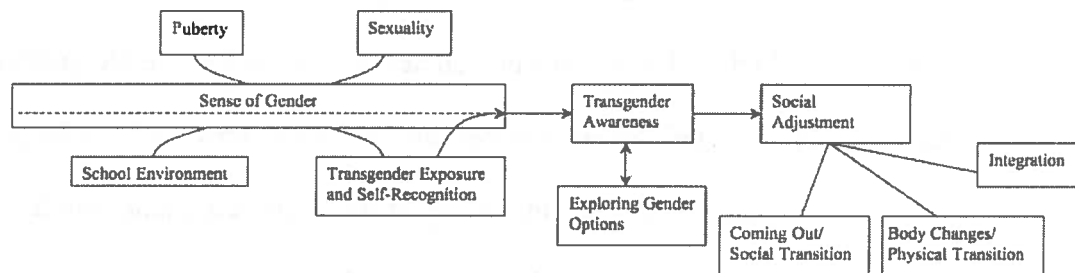
At least I see myself living longer than 25 now, you know, cause back then... I didn't really wanna live past 16. I mean I already knew all this stuff was gonna come up, and the money, I mean, money makes the world goes round, and what if I didn't have the money, what if I can't afford any of this, how can I even start? ... You know, I see myself living a long healthy life now.

Starting hormones changed Bob's perspective: “That's when I ultimately, that's when I started looking toward the future.”

## CHAPTER SIX: CONCLUSIONS/IMPLICATIONS

The model that I have presented demonstrates how the FTM transgender youth in my study came to identify as transgender and how developmental milestones impacted this trajectory. Perhaps the most striking conclusion to draw is the very different ways each youth experienced the stages of the model, and the fact that all of the participants went through each of these stages at different times in their youth, adolescence, or young adulthood. As one participant said, “Everybody is totally different. I haven't met one person who has anywhere near the same story as mine.”

### Summary



### *Stage One: A Growing Sense of Gender*

Most of the participants did not think about gender at all until their teenage years. The youths' early sense of gender ranged from no feelings about gender, to vague undefined feelings of difference, to feelings of wrongness as a girl, to strong feelings of maleness. This sense of gender evolved throughout childhood and adolescence. At various points in the trajectory of childhood and adolescence, each of the participants began to actively think about their gender, before eventually identifying themselves as something other than female.

- The role of the school environment: In preschool, children often first become aware of gender differences and begin to demand that everyone identify as boy or girl. Some youth became aware at this point that their gender is different from their peers and they do not feel female. The polarization of gender roles becomes more severe and explicit in middle school and high school. Some youth began to think about their gender in association with the social pressure to act more feminine. At this age, masculine girls often face constant ridicule from peers, which led some youth to conform to feminine norms of dress and behavior. This ridicule and attempt at conformity is often highly psychologically distressing.
- The role of puberty: There was surprising variability in the reactions of youth to their changing bodies. For youth who had never identified as female, puberty presented a crisis. Their femaleness became something they could no longer ignore, and became difficult to hide. Many of the youth felt uncomfortable with their body as they went through puberty, but still didn't really know why or didn't really connect it to anything about gender. Most of these youth came to an uneasy truce with their bodies and their female gender. Perhaps most surprisingly, many of the youth did not have any negative feelings during puberty, and a few even liked their female body at the time.
- The role of sexuality: Much more than puberty or school, sexuality has a powerful impact on a youth's sense of gender. Youth frequently felt a strong sense of gender during sexual interactions. They felt male when kissing a woman, or were less satisfied in relationships in which they were the less masculine partner. In addition, youth frequently explored their gender through sexual interaction. Even

for participants who did not identify as male at the time, being desired in a masculine way was important and empowering. Sexuality thus becomes not just a moment that brings gender to the surface, but also a moment that feeds back on the youth's sense of gender, confirming or validating it. At the same time, this exploration of sexuality can be all-consuming during adolescence, overshadowing or forestalling or even becoming a way to avoid thinking about gender itself.

- The role of transgender exposure: All of the participants talked about important moments of clarity emerging from exposure to transgender identities, either in the media or through meeting transgender individuals in person. For some youth, this was the first time they started thinking about gender. They experienced a moment of self-recognition, which was exhilarating or terrifying or both. Without any awareness of the existence of others like them, youth, especially those who grow up in conservative or rural areas, have no context for understanding their feelings about their gender. Some youth find this moment of "That's me!" to be exciting and liberating and almost immediately begin to identify themselves as transgender. However, this is not always the case.

#### *Stage Two: Recognition of Transgender Identity*

Even after experiencing strong feelings of being male or recognizing oneself as potentially transgender, it can take a period of time for an individual to acknowledge these feelings. Youth frequently felt a great deal of shame associated with their feelings of gender difference that is exacerbated by the realization that they may actually be transgender. The lack of exposure to positive portrayals of transgender identities coupled with society's general abhorrence of people who cross gender lines often made these

youth feel “not normal” and wrong. These participants recalled experiencing a period of increasing intensity of discomfort with being female or awareness of themselves as male before reaching a critical breaking point where they said to themselves, “I am transgender.” In this period, some youth experienced a changing relationship to their gender and its expression, describing having more negative feelings about their body, experimenting more with a masculine sexual identity, and feeling increasingly averse to being referred to as female. This period can be exceedingly difficult and lonely.

- The role of transgender exploration: After becoming aware of or coming to terms with themselves as transgender, youth explored the gender options available to them, adopting one or more identities to label themselves and their gender. Youth cycled through different transgender identities at their disposal until they found one that fit them, or felt comfortable defining their own terms and naming their own gender.

### *Stage Three: Social Adjustment*

As the participants explored their gender options, they were also adjusting to a predominantly male social identity. Movement was made towards coming out as transgender, integrating this identity into their social fabric, and transitioning, both socially and physically, to a gender other than female.

- The process of coming out/social transition: Coming out to one’s parents was often a very difficult aspect of transitioning. A number of youth did not tell their parents or other family members that they are transgender, but were just waiting for them to notice the physical effects of testosterone. Friends and other LGBT peers provide an important source of support, easing the transition in terms of

gaining acceptance and learning about the process. Part of the social transition to male is asking people to call you by a new name and use new pronouns.

- The process of physical transition: For youth who desired it, starting hormones provided a sense of relief and greater control over their life and gender presentation. The results of this study highlight the many different ways in which transgender youth relate to their bodies. Many of the youth felt extremely uncomfortable with their body – some because of its meaning as female to society and some because of its many meanings to them. However, many of them had much more complicated relationships to their bodies than the popularized notion of “being in the wrong body”. Whatever the youth’s relationship to his body, the physical changes that he desired always held a great deal of importance in making his life more livable.
- The process of integration: In some ways, transitioning involves starting over and reassessing who you are and who you want to be. A few participants described it as a rebirth or “giving birth to myself.” For some youth, it allowed them to imagine a future they could never envision as a female.

## **Limitations**

### *Generalizability:*

Like all qualitative research, this study has a small sample, and its results might not be generalizable to a larger population. This sample is unique in a number of important ways: they were recruited from an LGBT-youth clinic, so they all have some access to a queer community and medical care. Also, although a number of the youth grew up in

other parts of the state or country, San Francisco is a unique environment for transgender youth.

*Recall Bias:*

The participants were asked to think back and talk about their lives, which is always subject to bias. People shape the narratives of their experience based on where they are now. This may have colored some of the participants' memories.

*"Snapshot" Bias:*

Participants may have told a slightly different story at a different point in time.

## **Discussion**

The stages of transgender realization that emerged from the interviews are in many ways similar to the stages that Arlene Lev enumerates in her book, *Transgender Awareness* (2004). From her extensive experience working with transgender individuals as a social worker and therapist, Lev formulates emergence as a transgendered person as a six-stage process: (1) awareness, (2) seeking information/reaching out, (3) disclosure to significant others, (4) exploration: identity and self-labeling, (5) exploration: transition issues/possible body modification, and (6) integration: acceptance and post-transition issues. There are a number of significant parallels between Lev's stages and the model presented here. However, the narrative accounts of the youth in this study also differ from Lev's collected accounts, most notably in terms of the *awareness* stage. Many of the differences can potentially be explained by geography, generational differences, or this study's focus on FTMs, but more work is needed to thoroughly explore the ways in which various transgender populations differ from one another.

The *awareness* stage of Lev's model is roughly equivalent to the culmination of the first stage of this paper's model, *growing sense of gender*. In Lev's *awareness* stage, "gender discomfort comes into consciousness or increases in a way that is psychically and emotionally dysphoric" (Lev, 2004, p. 236). This conceptualization of awareness necessitates a period of time in which a person has been aware of his or her gender issues, but suppresses or represses these feelings. While this repression and subsequent awareness did occur for some of the participants of this study, many of them experienced a more gradual transition into recognition of their transgender identity than the "floodgate of emotions" that Lev describes (p. 236). This difference is likely in large part due to the young age of the participants. Lev acknowledges that not all transgender individuals ever suppress their gender issues and thus do not come into a sense of "awareness" as she describes it (p. 237). However, the results of this study show that even individuals who do not ever "suppress" their gender issues take time to come to the realization that their gender is different from the "female" they were labeled at birth.

Lev's second stage, *seeking information/reaching out*, has no precise equivalent in the model presented here. For the youth in this study, seeking information about transgender identity and reaching out to others like them is part of every stage of development. In particular, the self-recognition that frequently accompanies exposure to transgender identities figures heavily into their growing sense of their own gender. While for Lev's clients this stage involves making sense of their awareness of themselves as transgender, for the participants of this study information seeking also played a pivotal role in developing their awareness of themselves as transgender. This finding could have some generational basis, as the youth in this study all had access to the wealth of

information on the internet during their adolescence. Ringo (2002) looked specifically at the impact of media on identity formation among FTM transgender individuals. He found that media impacted the recognition, acceptance and development of the self throughout every stage of transgender identity formation, a finding that is supported by the results of this study.

Lev's fourth stage, *exploring identity and transition*, is similar to the second stage that emerged from this study, *recognition of transgender identity*, in that this stage involves exploring the meaning of the individual's transgenderism and "search[ing] for a label or identity that best explains who they are" (Lev, 2004, p. 254). For Lev's clients, this exploration frequently involves appearing in public for the first time as their adopted gender, and exploring the "roles, clothing, and mannerisms" available to them (p. 254).

Lev mentions that individuals in this stage become aware of the diversity of labels they can use to define themselves, but in her model this stage seems largely to be about exploring what type of woman or man the individual wants to be. In contrast, for the youth in this study, the stage of recognition and exploration involves questions regarding what gender label they see as appropriate to their self-definition. This difference may in part be rooted in the female-to-male demographic of this study's participants. Some youth in this study did discuss the emotional significance of binding their breasts in public for the first time, which is an act that is similar to wearing makeup or carrying a purse in public. For the most part, though, for individuals who have always dressed in a manner that could be perceived as male, going out in public dressed as a male has little impact on the development of their self-definition. Additionally, San Francisco is a unique place for gender, with a relatively visible transgender population and a number of

therapeutic and social support networks that allow transgender individuals to explore gender options beyond 'male' and 'female'.

This stage highlight the important finding that there are many more ways to experience gender than most people assume. It is often assumed that "coming out" as transgender involves transitioning from one gender to the other. In reality, things are much more complicated. There are as many different ways to be a transman as there are to be a biological man, probably more, and definitely more ways to name your gender. There are a spectrum of masculinities and a spectrum of identity names. The youth in this study ask not only, "What kind of man do I want to be?" but also, "Does 'man' feel right to me?"

Lev's three remaining stages are all roughly parallel to the components of this models stage three, *social adjustment*. Lev's descriptions of these stages are strikingly reflective of the experiences of the youth in this study. She discusses the range of physical transition and body modification options utilized by both MTF and FTM individuals. Lev's stages culminate with transgender individuals emerging with an integrated sense of self, with a feeling of comfort and pride that the youth in this study clearly aspire to and many have already achieved.

Lev specifically addresses the incongruence between the medical field's idea of transsexuals as people whose primary aim is to alter their genitals and the assertion of many transgender individuals that their genitals are "just not that big a deal" (Lev, 2004, p. 261). FTMs, especially, "are choosing to live as men without normative male genitalia," content with the testosterone-induced enlargement of their clitoral tissue and comfortable in their status as male without the supposedly requisite phallus (p. 261). The

youth in this study have a diversity of feelings about their bodies, which affects the medical interventions that youth seek. Whatever their relationship to their body, these medical interventions hold a great deal of importance, to the extent that youth who desire them cannot envision a future in which they are not a possibility.

This study adds to Lev's stages by describing what could be called *pre-awareness*, or what is referred to in this model as *a growing sense of gender*. It is often assumed that transgender individuals identify their cross-gender feelings in early childhood, and then suppress them. However, many of the youth in this study did not begin to think of their gender as "wrong", or even think about gender at all, until their teenage years. Grossman and D'Augelli report a similar finding from their focus groups with transgender youth in New York City. The youth in their study first became aware that their gender identity or gender expression did not correspond to their biological sex ("even though they might not have labeled their feelings") at ages ranging from 6 to 15, with an average of 10.4 years old (Grossman & D'Augelli, 2006, p. 121). Like the youth in this study, many of those youth experienced early feelings of difference that evolved into gender atypical behavior, while others did not start to think about gender at all until adolescence.

Grossman and D'Augelli's also found that the youth in their study focused on the school experience and the responses of their peers and teachers to their gender atypical behaviors and requests for name and pronoun changes (2006, p. 122). This finding supports the findings of this study, but contradicts other authors who have emphasized the importance of the family's response to a child's gender variant behavior (Burgess, 1999; Lev, 2004). Other studies have found that families are surprisingly tolerant of

masculine behavior in girls, providing one explanation for the relative lack of emphasis youth in this study placed on the reactions of their parents to their “tomboy” ways (Pazos, 1999). The results of this study do suggest that parents can play a pivotal role by providing support for their child during the often excruciatingly difficult process of coming to terms with a transgender identity and beginning to transition.

### **Implications**

Medical and psychological treatment of transgender adults has moved toward a trans-positive model rooted in the belief that “transgendered people represent natural and healthy expressions of the diversity of humanity and that they suffer extraordinary pain because of repressive institutions” (Lev, 2004, p. xxv). In contrast, clinical interventions aimed at children and adolescents are still largely geared toward correcting the “pathology” of gender deviance (Lev, 2004; Wren, 2000; Zucker, 2004). The youth in this study benefited from support for their gender feelings and space to develop their own sense of gender. For the youth who desired physical interventions, these interventions provided them with an immense sense of relief and made life seem worth living.

Professionals, parents, and other people who work with transgender youth should understand that transgender identification is a process that often occurs over the course of many years. Confronting transgender identity can be very scary for young people and the adults who care for them. It’s important to provide a supportive environment where youth can work through their gender at their own pace.

## BIBLIOGRAPHY

- American College Health Association [ACHA]. (2001). *National College Health Assessment: Reference Group Report, Spring 2000*. Baltimore: American College Health Association.
- American Public Health Association [APHA]. (2000). Policy statement 9933: The need for acknowledging transgendered individuals within research and clinical practice. *American Journal of Public Health, 90*, 483-4.
- Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and quantitative approaches, 3<sup>rd</sup> ed.* Walnut Creek, CA: Alta Mira.
- Boehmer, U. (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health, 92*(7), 1125-1130.
- Bullough, V. (2000). Transgenderism and the concept of gender. *The International Journal of Transgenderism, 4*(3), Retrieved November, 2006 from <http://www.symposion.com/ijt/gilbert/bullough.htm>.
- Bornstein, K. (1994). *Gender outlaw: On men, women, and the rest of us*. New York: Routledge.
- Burgess, C. (1999). Internal and external stress factors associated with the development of transgendered youth. *Journal of Gay & Lesbian Social Services, 10*(3/4), 35-47.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of "sex"*. New York: Routledge.
- Butler, J. (1997). *The psychic life of power: Theories in subjection*. Stanford, CA: Stanford University Press.
- Butler, J. (1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge. (Original work published 1990)
- Centers for Disease Control and Prevention [CDC]. (2006). Youth risk behavior surveillance -- United States, 2005. Surveillance Summaries, June 9, 2006. *MMWR, 55*(No. SS-5).
- Clements, K., Wilkinson, W., Kitano, K., & Marx R. (1999). HIV prevention and health service needs of the transgender community in San Francisco. *International Journal of Transgenderism, 3*(1+2), Retrieved January, 2008 from [http://www.symposion.com/ijt/hiv\\_risk/clements.htm](http://www.symposion.com/ijt/hiv_risk/clements.htm).

- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69.
- Cohen-Kettenis, P. T. (2001). Gender Identity Disorder in DSM? *Journal of American Academy of Child & Adolescent Psychiatry*, 40(4), 391.
- Cohen-Kettenis, P. T. & Gooren, L. J. (1999). Transsexualism: A review of etiology, diagnosis and treatment. *Journal of Psychosomatic Research*, 46(4), 315-33.
- Cohen-Kettenis, P. T. & van Goozen, S. H. (1997). Sex reassignment of adolescent transsexuals: A follow-up study. *Journal of the Academy of Child and Adolescent Psychiatry*, 36(2), 263-71.
- Cohen-Kettenis, P. T. & van Goozen, S. H. (1998). Pubertal delay as an aid in diagnosis and treatment of a transsexual adolescent. *European Child & Adolescent Psychiatry*, 7(4), 246-8.
- Cromwell, J. (2003). Transsexual discourses and languages of identification. In L. Alcoff & E. Mendieta (Eds.), *Identities: Race, class, gender, and nationality* (pp. 259-268). Malden, MA: Blackwell Publishing.
- Diamond, Milton. (2004). Sex, gender, and identity over the years: A changing perspective. *Child and Adolescent Psychiatric Clinics of North America*, 13(3), 591-607, viii.
- Diamond, Morty. (Ed.). (2004). *From the inside out: Radical gender transformation, FTM and beyond*. San Francisco: Manic D Press.
- DiCeglie, D. (2000). Gender Identity Disorder in young people. *Advances in Psychiatric Treatment*, 6(6), 458-66.
- Dreger, A. D. (1999). A history of intersex: From the age of gonads to the age of consent. In A. D. Dreger (Ed.), *Intersex in the age of ethics*. Hagerstown, MD: University Publishing Group.
- Fausto-Sterling, A. (2000). *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York: Basic Books.
- Feinberg, L. (1993). *Stone butch blues*. Ithaca, NY: Firebrand Books.
- Feinberg, L. (1996). *Transgender warriors: Making history for Joan of Arc to RuPaul*. Boston: Beacon Press.
- Foucault, M. (1978). *The history of sexuality, volume 1*. (R. Hurley, Trans.). New York: Random House.

- Gender Identity Research and Education Society (GIRES). (2006). Atypical gender development – a review. *The International Journal of Transgenderism*, 9(1).
- Gilbert, M. (2000). The Transgendered Philosopher. *The International Journal of Transgenderism*, 4(3), Retrieved November, 2006 from <http://www.symposion.com/ijt/gilbert/gilbert.htm>.
- Glaser, B. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: The Sociology Press.
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51(1), 111-128.
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behaviors*, 37(5), 527-537.
- Harry Benjamin International Gender Dysphoria Association (HBIGDA). (2001). *Standards of care for gender identity disorders, 6<sup>th</sup> version*. Dusseldorf: Symposium Press.
- Hines, M. (2004). *Brain Gender*. Oxford; New York: Oxford University Press.
- Hussey, W. (2006). Slivers of the journey: The use of photovoice and storytelling to examine female-to-male transsexuals' experience of health care access. *Journal of Homosexuality*, 51(1), 129-158.
- Israel, G. E., & Tarver, D. E. (1997). *Transgender care: Recommended guidelines, practical information, and personal accounts*. Philadelphia: Temple University Press.
- Kessler, S. & McKenna W. (2000). Who put the "trans" in transgender? Gender theory and everyday life. *The International Journal of Transgenderism*, 4(3), Retrieved November, 2006 from <http://www.symposion.com/ijt/gilbert/kessler.htm>.
- Kosciw, J. G. (2004). *The 2003 National School Climate Survey: The school-related experiences of our nation's lesbian, gay, bisexual and transgender youth*. New York: GLSEN.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: The Haworth Clinical Practice Press.
- Lombardi, E. L. (2001). Enhancing transgender health care. *American Journal of Public Health*, 91(6), 869-872.

- Lombardi, E. L., Wilchins, R.A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101.
- Mageo, J. M. (1995). The reconfiguring self. *American Anthropologist*, 97(2), 282-295.
- Mallon, G. P. (1999). Practice with transgendered children. *Journal of Gay and Lesbian Social Services*, 10(3/4), 49-64.
- Ma'ayan, H. D. (2003). Masculine female adolescents at school. *Equity and Excellence in Education*, 36, 125-135.
- Meyenburg, B. (1999). Gender identity disorder in adolescence: Outcomes of psychotherapy. *Adolescence*, 34(134), 305-13.
- Money, J. (1976). Differentiation of gender identity. Abstracted in the JSAS *Catalog of Selected Documents in Psychology*, 6, 93.
- Money, J., Hampson, J. G., & Hampson J. L. (1955). An examination of some basic sexual concepts: the evidence of human hermaphroditism. *Bulletin of Johns Hopkins Hospital*, 97, 301-19.
- Pazos, S. (1999). Practice with female-to-male transgendered youth. *Journal of Gay & Lesbian Social Services*, 10(3/4), 65-82.
- Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.
- Ringo, P. (2000). Media roles in the female-to-male transsexual and transgender identity formation. *The International Journal of Transgenderism*, 6(3), Retrieved January, 2008 from [http://www.symposion.com/ijt/ijtvo06no03\\_01.htm](http://www.symposion.com/ijt/ijtvo06no03_01.htm).
- Royal College of Psychiatrists. (1998). *Cr63: Gender Identity Disorders in Children and Adolescents: Guidance for Management*. London: Royal College of Psychiatrists.
- Sausa, L. A. (2003). The HIV prevention and educational needs of trans youth: A qualitative study (Doctoral dissertation, University of Pennsylvania, 2003). *ProQuest Dissertations & Theses database (PQDT)*.
- Sedgwick, E. K. (1990). *Epistemology of the closet*. Berkeley and Los Angeles, CA: University of California Press.
- Smith, Y. L., Cohen, L., & Cohen-Kettenis, P. T. Postoperative psychological functioning of adolescent transsexuals: A Rorschach study. *Archives of Sexual Behavior*, 31(3), 255-61.

- Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage Publications.
- Wren, B. (2000). Early Physical Intervention for Young People with Atypical Gender Identity Development. *Clinical Child Psychology and Psychiatry*, 5(2), 220-31.
- Zucker, K. (2002). Intersexuality and gender identity differentiation. *Journal of Pediatric and Adolescent Gynecology*, 15, 3-13.
- Zucker, K. (2004). Gender Identity Development and Issues. *Child and Adolescent Psychiatry Clinics of North America*, 13(3), 551-68, vii.