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**TRANSSEXUALISM AND IDENTITY:
PROCESSES OF
FEMALE TO MALE TRANSITION**

STEPHEN MICHAEL DIXON
September 1998

**Thesis Submitted for the Degree of
DOCTOR OF PHILOSOPHY**

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UNIVERSITY OF DURHAM

**Department of Psychology
&
Department of Sociology**



24 AUG 1999

Transsexualism and Identity: Processes of Female to Male

Transition

Stephen Michael Dixon - Ph.D. Thesis 1998

Abstract

This thesis reports an interview-based study of thirty female-to-male (FtM) transsexual individuals. These participants were divided into three groups of ten according to their transitional status: 'pre-transitional', 'transitional' and 'post-transitional'. Interviews were carried out utilising an extensive semi-structured interview schedule and were recorded. Tapes together with field notes from each interview were then transcribed. The thirty transcripts were then subjected to a detailed review and analysis. A range of issues were identified in relation to the notion of FtM transsexual identity as this was experienced through the processes of FtM transition. The conclusions drawn identified a number of substantive areas of insight into the FtM transsexual condition, each of which have implications for an understanding of: coping with a threatened identity; passing; trust; factors relating to and effects of disclosure following these individuals' decision to embark on transition; issues pertaining to transition, and attitudes of the medical profession toward transsexualism, among others. Some policy issues were also identified indicating scope for interventive measures geared at facilitating the life circumstances and transitional passage of FtM transsexual people.

Contents

Chapter One: Introduction

1. Identity	1
1ii. Sex- and Gender Identity	3
1iii. Gender: Social Construct or Biological Phenomenon?	4
1iv. Gender Identity and Gender Role	5
2. Gender dysphoria	11
2i. Transsexualism	13
3. Sexual stories	18
4. Female-to-Male (FtM) Transsexual Men	20
5. Narrative Revisited	27
6. 'Truth'	31
7. The Present Study	33
8. Overview of Chapter Structure	35

Chapter Two: Methodology

1. Differential Approaches	41
2. Justification of Methodology	43
3. Interviews	44
4. Framing Interviews	47
5. Method	49
5i. The Participants	49
5ii. Design	51
5iii. Development of Interview Schedule	53
5iv. Administration of the Interview	54
5v. The Transcription Process	57
5vi. Analysis	57
6. Criteria of Evaluation	64
7. Validity	65
7i. Data Collection	65
7ii. Data Analysis	67
8. Reliability	68
8i. Data Collection	68
8ii. Data Analysis	70
9. The Notion of Truth	70
10. Writing texts	73
11. Reflexivity	74
12. Writing Research Texts	76

Chapter Three: Early 'Pre-Transsexual' Experience

Overview	79
1. First Awareness	79
2. Earliest Memories	81

3. Female Gender Role Expectations	83
4. Isolation and Silence	88
5. Self-Attribution	90
6. The Onset of Coping	91
6i. Aloneness	92
6ii. Prayer	93
6iii. Fantasy	94
6iv. Denial/Avoidance	94
7. 'Tomboyhood'	95
8. Play-Mates	101
9. School	102

Chapter Four: Pre-Transitional Crises

Overview	108
1. Adolescence	109
1i. The Dawning of Sexual Awareness: Peer Pressure	110
1ii. Coping with Peer Pressure	112
1iii. Mid Adolescence	114
2. Body Crisis: Puberty	115
2i. Mirror-Image	122
3. Academic Performance	123
4. Familial Sensitivity	124
5. Coping in Young Adulthood	126
6. Social Interaction: Separate Paths	128
7. Strained Familial and Personal Relationships	129
8. Passing	131
8i. Flight into 'Femininity'	136
9. Breakdown: Failure of Coping	139

Chapter Five: Treatment

Overview	141
1. Identification	141
2. The Decision	143
2i. Immediate	143
2ii. Resistant	144
2iii. Delayed	144
3. Information-Seeking	146
3i. 'Flyers'	146
3ii. 'Planners'	147
3iii. 'Crawlers'	147
4. Approach to Medical Intervention	147
5. The Gender Identity Clinic (G.I.C.)	149
5i. Reception	151
5ii. 'Playing the 'Game''	152
5iii. 'Gate-Keepers'	154
5iv. Alternative Routes	155

5v. Antagonism	157
6. Gender Reassignment Surgery (GRS)	159
7. Hormone Therapy	162
8. Appraisal of Mastectomy	163
8i. Motivation	164
8ii. Post-operative Results	164
9. Appraisal of Hysterectomy	166
9i. Psychological Discomfort	167
9ii. Practicality	168
9iii. Ambivalence	168
9iv. Regret	169
9v. Not intended	169
10. Appraisal of Phalloplasty	169
10i. Not Intended	171
10ii. Resignation	171
10iii. 'Incompleteness'	172
10iv. Metoidioplasty	172
10v. Social Perception	173
10vi. Sexual Relations	174
10vii. Motivation	174
10viii. Post-operative Results	174
Chapter Six: Aftermath	
Overview	176
1. 'Taking Stock': Retrospective and Prospective Views of GRS	176
1i. Anticipated Consequences	177
1ii. Realised Hopes	178
1iii. Negative Aspects	178
1iv. Aftermath of GRS	179
2. End Point	180
3. Accomplishment	182
3i. Perceived Psychological Benefit	183
3ii. Perceived Physiological Benefit	184
4. Perceived Social Perception of the Self	184
5. Integration: Difficulties	186
5i. Residual Wariness	186
5ii. Difficulties of Male-Male Interaction	187
5iii. Adapting to New Gender-Specific Behavioural Norms	189
6. Coping with Problematic Situations	190
6i. Male Changing Rooms	190
6ii. Feedback	191
6iii. Avoidance	191
7. Integration: Ease	192
8. Dual Insight	192
8i. Shared History	193
8ii. Male Privilege	193

8v. Gay/Heterosexual Social Etiquette	194
9. Making Sense	195
9i The 'Conundrum'	195
9ii. Purpose	196
9iii. Functional Impairment	196
9iv. Physiological 'Mistake'	197
10. Always 'Transsexual'?	198
10i. Anticipated 'Forgetting'	199
10ii. Retrospective Recall	200
11. Regret	201
12. Future Hope	203
13. Encore?	204

Chapter Seven: Body Matters

Overview	205
1. Enhanced Passing	206
1i. Confidence	208
1ii. Context-Dependent Confidence	210
1iii. Aspects of Successful Passing	211
1iii. a) Physique	212
1iii. b) Apparel	212
1iii. c) Voice	213
1iii. d) General Demeanour	214
1iii. e) Personal Assets	215
1iv. Main Difficulties in Passing	216
1iv. a) 'Revisited' Youth	216
1iv. b) Residual Anatomical Problems	217
1iv. c) Absence of a Penis	219
2. Self Acceptance	220
2i. Conscious/Unconscious	221
2ii. Self-Esteem	221
2iii. Perception of Self by Others	222
2iv. Improved Self-Appraisal of Anatomical Appearance	223
3. Partnered Bodies	225
3i. Fears of Rejection	226
3ii. Existing Children	231
3iii. Trust in Partner	232
3iv. Ideal Partner	234
4. Partner's Perception of Participant	235
4i. Mastectomy	236
4ii. Hysterectomy	237
4iii. Phalloplasty	238

Chapter Eight: Differential Management of Social Identities

Overview	240
1. Ease in Relating to Aware/Naive Others	241

2. The Aware	244
2i. Family Relationships	244
2i. a) Familial Toleration	245
2i. b). Familial Response to Partner	249
2i. c). Response of Partner's Family	250
2i. d) Familial Opposition	251
2ii. Existing Friends	254
2iii. The Neighbourhood	255
3. The 'Naive'	256
3i. Encountering Former (Naive) Friends	259
4. Openness with New Acquaintances	262
4i. New Friends	264
4iii. New Neighbourhoods	266
4iv. Work Colleagues	267
Chapter Nine: Discussion	
Overview	270
1. Aims of the study: Reflections	270
2. The Three Groups	272
3. Main Findings	273
3i. Transsexual Identity	274
3ii. Emergence: Nurture vs. Nature	280
3iii. Guilt/Shame	282
3iv. Coping	283
3v. Passing	287
3vi. The Decision	293
3vii. Expositional and Transitional Fear	296
3viii. Trust	298
3ix. Attitude of Medical Profession	300
3x. Transitional Issues	303
4. Problems with the Study	307
5. Policy Issues Arising from the Research	311
6. Future Research	316

Acknowledgements

I dedicate this thesis to Robert Richard Dixon, my beloved father, whose untimely death prevented him from seeing its completion, and to Lilian Dixon, my dearly loved mother, who has so bravely endured solitude, pain and chronic illness throughout its writing. My posthumous and heartfelt thanks will remain eternally with George Masters, whose abiding kindness will never be forgotten and whose painful death abruptly robbed me both of my mentor and a very dear Friend. I also here honour the memory of Kenneth and Vera.

I am wholly indebted to a true gentleman of the ESRC whose most gratefully received kindness and empathic understanding made the actual completion of this work possible in the midst of ubiquitous hostility.

To Dr. Jo Nash of POPAN, for her expert advocacy and guidance, I owe a great debt. I also wish to thank Gerry Steinberg (MP) for his tireless efforts toward seeking relief on my behalf. My profound gratitude is reserved for the Reverend Ruth Howe who, through her generous extension of time and support, was the human being who listened to and heard me. Many thanks also go out to countless unknown Samaritans who were 'there' when needed to provide some degree of support through the deep and chronic distress. Thanks are also due to Dr. Peter Whewell, whose professional integrity and patience made the seemingly impossible possible by enabling me to venture again to trust one member of his profession, himself.

My thanks are also due to my supervisors, Robin Williams and Jim Good, for their academic expertise and helpful guidance, with particular appreciation to Jim for his time and help in finalising the thesis.

Sincere thanks are extended to the thirty sterling men who generously gave up their time to participate in this research, and by whose kind extension of warm hospitality and trust I was both honoured and deeply moved. My thanks also to Stephen Whittle, co-ordinator of the FTM Network, for his kind co-operation.

I pay tribute to my friend, Frankie Paino of Cleveland Ohio, for his poetic expertise, and to my Pal Tony ('Tigger') Flach of San Diego California, whose humour made me laugh and whose regular electronic morning greetings boosted flagging spirits. Together, these two men have been the very best American buddies an English guy could have.

Lastly I extend my love and thanks to Patsy, my birth mother, for her re-entry into my life in my fortieth year with restorative unconditional love, acceptance and, through her gift of life, for making this thesis possible.

Grateful thanks to ESRC for funding this research

He is made one with Nature: there is heard
His voice in all her music, from the moan
Of thunder, to the song of night's sweet bird;
He is a presence to be felt and known
In darkness and in light, from herb and stone,
Spreading itself where'er that Power may move
Which has withdrawn his being to its own;
Which wields the world with never-wearied love,
Sustains it from beneath, and kindles it above.

From *Adonais* (Percy Bysshe Shelley, 1821).

It is a modest creed, and yet
Pleasant if one considers it,
To own that death itself must be,
Like all the rest, a mockery
That garden sweet, that lady fair,
All all sweet shapes and odours there,
in truth have never passed away:
'Tis we, 'tis ours, are changed; not they
For love, and beauty, and delight,
There is no death nor change; their might
Exceeds our organs, which endure
No light, being themselves obscure.

From *The Sensitive Plant* (Percy Bysshe Shelley, 1820)

I am alive because of you.
I am alive all night, and in the morning,
like a penny's worth of fever, the sun is alive,
one colour, then another: lily, chrysanthemum, dew.

From *Two Moments, For My Mother* (Stanley Plumly, 1983)

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Declaration

I hereby declare that this thesis has not been submitted, either in the same or different form, to this or any other University for a degree.

**Transsexualism & Identity:
Processes of Female to Male Transition.**

Chapter One: Introduction

1) Identity

Gender is a reality, and a more fundamental reality than sex. Sex is, in fact, merely the adaptation to organic life of a fundamental polarity which divided all created beings (Morris, 1975).

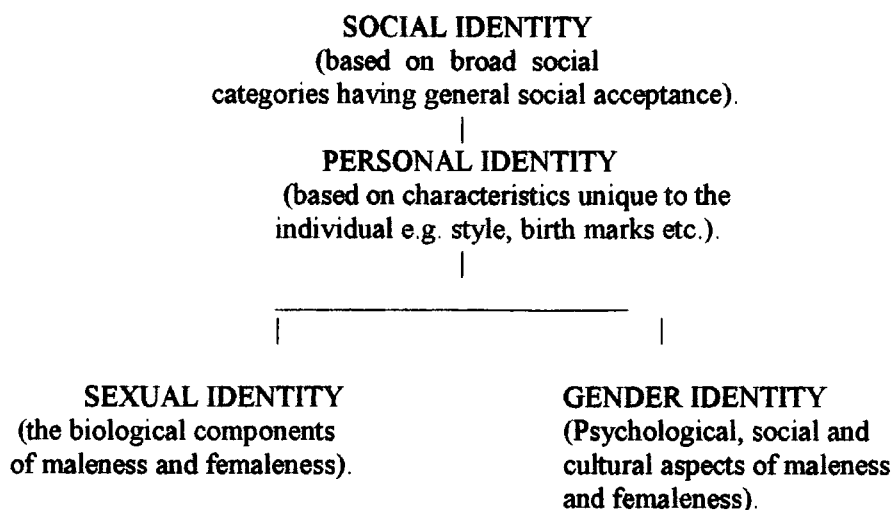
The term 'identity' has been used in English since the 16th century and has been associated with the philosophical 'Mind-Body' problem since the time of John Locke. The concept of identity was brought into circulation in the social sciences in the 1930's by Erikson (Gleason, 1985) and has since become a broad, operationalised term which has been used in a variety of broadly inclusive ways and now covers so many disparate areas that it eludes precise definition (Breakwell, 1986; Weigert et al, 1986). In its widest sense, identity has been said to encompass everything that a person may legitimately and reliably say about him or herself: status, name, personality, and past life. Identities are also labels, names and categories through which persons address each other and themselves, all of which critically bear on interpersonal relations involving patterned ways of speaking, thinking, feeling and performing. To be human necessarily requires that one is defined as a sustained meaningful 'object' or identity, toward which other humans symbolically organise their responses, thus giving that identity its meaning. Identity itself, therefore, mainly following from the theoretical work of symbolic interactionists, has been defined as a socially constructed reality (e.g. Weigert et al, 1986). Breakwell (1986), points out both that the self-concept is culturally relative and suggests that the very notion of an identity may be meaningless in certain cultures.

Identity is self-consciousness at successive moments in a given individual's life history and is contingent upon the part played by that life history in a social history and vice versa. As the individual explores the environment, his or her actions are made meaningful by confirmations or denials from others in response to which new exploratory action ensues from what has been confirmed or denied (Abrams, 1982). Other peoples' responses to the self serve as gauges of self knowledge, self-consciousness and enable an appreciation of the mutuality of

experience. Through interacting with others individuals determine the accuracy of their self-knowledge, modifying this in its course. By gaining greater knowledge of and reflecting on the other, internal contradictions are overcome (Breakwell, 1986). Identity is a moment in this continuous process. Each stage of the life cycle involves trying out what one has been enabled to learn of oneself beforehand in the context of what has yet to be confirmed or denied' (Abrams, 1982).

James (1890) distinguished four features of the self as being: the Spiritual Self (entailing thinking and feeling); the Material Self (entailing one's material possessions); the Social Self (entailing reference to those individuals and groups whose opinions matter), and the Bodily Self (entailing the Physical Organism). He perceived these features as distinguishing people from each other; how each thought about the world, their important social connections, and their physical entity. The process of knowing these features, he considered, was bound up with each individual's evaluation of them and that this constituted the value dimension of identity. James claimed that the value of any one feature could be understood only in relation to the individual's aspirations and expectations, which in turn determine personal criteria of success or failure. Potential harm to self-esteem arose, however, where personal characteristics were recognised as deficient toward meeting such aspirations (Gleason, 1985).

Cohen (1966) suggests that Erikson made a useful contribution to the discussion of the concept of identity by viewing the notion not only in personal and social but also in behavioural terms. Indeed, when talking about identity there is a need to focus on all three aspects; with regard to what a person is (which identifies individuals as being uniquely different), what he or she says (the selection of the totality of facts about themselves which are of subjective significance), and does (the socially presented self) (Money et al., 1957). The relationship of these components of identity can be schematically depicted as in the diagram below:



1ii. Sex and Gender Identity

Sex and gender identity, respectively, can be understood as elements of a given individual's personal identity. Although often erroneously used interchangeably - or worse, conflated (sometimes by researchers themselves) - the two terms 'sex' and 'gender' are in fact very distinct. A simplistic way of distinguishing between these terms has traditionally been to think of gender as 'located above- and sex below, the belt' (Benjamin, 1966).

The sexual identity of a given individual has been defined as referring to the biological components of his or her maleness or femaleness respectively (e.g. chromosomes, genital anatomy, secondary sexual characteristics, hormonal balance). There are, with few exceptions, two sexes; male and female (Stoller, 1968) and generally (but not always), people are either one sex or the other. The sex categories ('male' and 'female') are thus primarily bipolar (Harre, 1991). In turn, it tends to be assumed that there are corresponding genders; masculine and feminine. The existence of a genetic mechanism suggests, for some, that the distinction between XX and XY chromosomes reflects the 'real essence' of what it is to be male or female. 'Sex', however, covers quite diverse aspects of behaviour in animals as well as humans (Hoenig, 1985). Naturally occurring biological phenomena can, however, challenge common-sense assumptions of the existence of a sex-gender link since the sexual genotype is not always expressed in the phenotype. This discrepancy is exemplified in the clinical condition of testicular feminisation where, due to a congenital inability to utilise androgens, the male

genotype is obscured by a female phenotype. In addition, some genetic females have a male musculature and some genetic males a smoother, softer skin than many females. Such phenomena point to the fact that gender, unlike sex, is not bipolar, but bimodal (Harre, 1991). Moreover, a complex relationship exists between biological and cultural factors in the production of gender difference.

1iii. Gender: Social Construct or Biological Phenomenon?

A good deal of attention has been focused on questions of origins and differences in gendered (and sexual) behaviours of the sexes. Generally, most theorists agree that there is a social component to the development of gender, hence transsexual, identities. Devor (1997) points out that the social context must have within it a set of shared meanings for sex and gender that direct people in interpreting the circumstances of their lives. These shared meanings, whether in overt or implicit form, constitute an essential part of the process of socialisation through which the infants and young children of a given social culture come to understand the rules and customs of everyday social interaction to which their society subscribes. By these means also individuals learn the criteria of membership of either gender and sex status. In this sense, Devor asserts, the notion that certain people are viewed as 'transsexual' is a social product - a notion that makes sense only in the context of a series of historically specific ways of understanding gender and sex.

Because of our interpretations of the meanings of particular physical insignia (which, as Devor demonstrates, have not always been so interpreted), we are accustomed to considering human beings as comprising two distinct sexes (female and male), each with corresponding genders (women and men). Associated with this dichotomous gender schema are two discreet sets of gender behaviours. Thus, children are customarily taught which behaviours that are deemed 'appropriate' (and 'inappropriate') for each of these two genders, respectively.

A number of theorists believe, nevertheless, that in order for such social training in gender norms to 'take root' and grow to fruition this must be planted in the fertile soil of biological predisposition. Some have compared the brain morphology of transsexual and non-transsexual people and have reported differences between certain hypothalamic nuclei and the

sizes and shapes of the corpus calloso between these two groups. A genetic basis for transsexualism has also been sought. From the findings of one such study, for example, it was claimed that H-Y antigen (which is normally found in the bodies of genetic males but not those of genetic females) exists in most female-to-male transsexual people. Such claims, however, are controversial since the findings upon which they are based have yet to be replicated. At best, therefore, these claims can only be viewed as being speculative. The basis of many of these approaches is formed by John Money's theories of gender (Devor, 1997).

Money argued that nature provides the biological parameters within which developing humans grow. Parts of these parameters are critical periods during which people are biologically primed to respond to a variety of stimuli from both internal and external sources. If particular stimuli from the environment impinge upon a person during critical periods, they will instigate permanent changes. The same stimuli at other times will have little or no effect. Money pointed out that according to a principle he termed 'developmental determinism', the results are immutable. His position was that biological, psychological and social learning influences all leave lasting imprints on the brain.

Money proposed that the interpretation that best explains the development of gender identity and sexuality is one of 'nature/critical period/nurture'. Most theorists agree with this model although the precise nature of the influence responsible for sex gender and sexual orientation still remains unclear. What seems unquestionable, however, is that the relationship between the components of this model is one that is highly complex.

1iv. Gender Identity and Gender Role

Gender has traditionally been used to distinguish the psychological, social and cultural aspects of human maleness and femaleness. Gender identity, the indefinable *sense of being* male or female, is seen as comprising: genetic hormonal influence; assigned sex; and multiple influences impinging on the individual as a consequence of the sex as which he or she is reared. Collectively, these factors produce a subjective sense of masculinity, femininity, or sometimes, something that is not quite either. In other words, gender identity and gender behaviour are not always in accord; there are effeminate men and masculine women who are, nevertheless, usually

in no doubt as to their male and female gender identity respectively (Hoenig, 1985). Gender identity is the private experience of one's 'gender role' (which Money defined as the things a person says or does that reveal that he or she has the status of boy or man, girl or woman) - which itself, is the public manifestation of one's gender identity (Money & Ehrhardt, 1972).

'Roles' have been defined as expectations initiated by validated identities, which are manifested in and associated with certain attitudes or appearances (Weigert et al., 1986). Since most people also display their perceptions of themselves in dress, manner, and activities, others perceive these tokens to denote the 'gender role' of the other (Stoller, 1968; Bullough & Bullough, 1993). Much human behaviour is dimorphous. Similarly, the concept of gender role(s) refers to two clear, distinct sets of expectations as to which particular overt behaviour pattern is considered 'appropriate' for masculine or feminine gender roles respectively, to which they are thus customarily attached. People in most cultures have assumed such a 'mapping' of (stereotypical) gender roles onto biological sex, thereby taking these roles to be natural. In our society gender roles are treated as if they were ascribed roles (such as Italian, or black). Thus certain gender role expectations are assumed to be expressive of an 'essential' biological foundation of gender (Hoenig, 1985) such that people speak of 'masculine' or 'feminine' gender behaviour.

The primacy of gender roles is demonstrated in dictionary definitions of woman and man, often by listing gender role behaviours e.g. man: courageous, and strong; woman: gentle and nurturing. The assumed norms of gender behaviour, however, are dynamic, differing both across cultures and historically within the same culture - even within a given historical era (Kessler & McKenna, 1974). These norms, which have many components; including interests, activities, skills and sexual partner choice are also the means by which gender identity is expressed.

Members of a given society share the same taken-for-granted methods for gaining a sense of 'objective facts' (biological phenomena being taken to support the 'fact' of there being two genders) which underlie 'reality' for that society (Stoller, 1968; Kessler & McKenna, 1974; Harre, 1991). Within Western culture, physical and biological reality is often regarded as the

ultimate 'reality'. Most of the time the existence of two sexes, male and female, is thus perceived as a given, and it is assumed that there are only two corresponding genders.

This well-entrenched cultural acceptance of a given reality has been termed the 'natural attitude' of a given culture (Garfinkel, 1967). However, an examination of anthropological accounts of the 'realities' of other cultures demonstrates that it is possible to construct the world in many ways (Kessler & McKenna, 1974). Rituals which initiate children into adulthood emphasise the gendering of the social world and of those aspects of nature which are culturally appropriated (Cohen, 1994). In other words, gender behaviour and gender differences are partly culturally determined (Hoenig, 1985; Harre, 1991); masculinity and femininity are not direct reflections of biological imperatives, they also depend on time, place and culture (Benjamin, 1966; Stoller, 1968).

Nevertheless the social and cultural norms of gender are perceived to match biological, sexual correlates and hence, to be mutually exclusive; 'a binary code...which admits of virtually no mediating instances' (Giddens, 1992). These categorisations are loaded with non-biological significance since they are accompanied by expectations of what is deemed appropriate behaviour, accompanied by severe sanctions for its violation. Sexuality and gender identity, however, do not have clear points of cohesion (Epstein & Straub, 1991).

Indeed, animals of both genders, across all species, exhibit both types of sexual behaviour. It is the ratio (and not exclusivity) of such behaviours that varies within genders, and between species. Such 'new' findings, Kessler et al (1974) suggest, serve to illustrate the social construction of science itself: rather than the possibility that animals might be becoming more androgynous, they reason, it is more likely that as society constructs new ways of seeing the world so scientists seek, and therefore find, 'new' behaviours in animals, '...yet we still generally treat gender...as dichotomous' (Kessler & McKenna, 1974). They argue that social construction is primary in all aspects of being female or male, use the term 'gender' to refer to those aspects of being a woman or man that have traditionally been viewed as 'biological' (they reserve the term 'sex' for referring only to lovemaking/reproductive activities). For these

authors, gender identity incorporates a person's judgements about his or her level of conformity to the societal norms of masculinity and femininity. (Kessler & McKenna, 1974).

However the picture is yet more complex since there are at least eight separate 'manifestations' of sex; chromosomal, genetic, anatomical, gonadal, germinal, endocrinal, psychological and social, the most flexible of these being psychological 'sex' (Benjamin, 1966). Given this fact, then, any presumption that gender is something that is exclusively biological requires further qualification. Moreover, as Bullough and Bullough (1993) point out, many people are not clearly and/or absolutely masculine or feminine; they have elements of the opposite gender identity in their make up. Only a minority (10% or so, depending on how rigidly societal rules are interpreted), however, are sufficiently cross-gendered to invoke comment or punishment by this society.

Beyond the difficulties surrounding the present legal definition of 'sex', i.e., that this is determined by the chromosomes (tests of which, not least those used in Olympic competition, have proven to be non definitive), if sex is associated with biology then this begs the legitimate question: what part of biology?, and which specific biological indices (if any) should be deemed specifically relevant in determining sex?

More seriously, other arguments surrounding the perceived fixity of 'sex' and biology have more recently arisen which question the influence of biology itself. Moreover, in the latter half of the twentieth century the very categories of sex and gender have become so agitated that traditional essentialist notions of femaleness and maleness have become challenged by a growing consciousness of the elasticity of sexuality and of a diversity of sexual practices. The effect has been that of throwing the overly neat traditional distinctions of ascribed sex into confusion. Nor is this a recent phenomenon. Rather, the notion of a 'natural' continuum along which sexual differentiation subtly occurs derives from the earliest systematic biomedical explanations in western discourse. From these texts it is evident that there is space for ambiguity. Historical research into the discursive functions of gender ambiguity reveals the arduously maintained force (and periodic failure) of rigidly oppositional categories such as male and female. In addition, the 'tyranny of this binary sex opposition' in relation to the gender-

ambiguous body challenges rigidly opposed categories in its defiance of ideologically produced gender boundaries (Epstein & Straub, 1991).

Epstein and Straub (1991) present a selection of essays, from diverse disciplines, which investigate the 'unsettlingly fluid' boundaries demarcating biological sex, gender identity, and erotic practice. These writings address the tensions that exist between social and legal views on the absolute binariness of male and female juxtaposed against the biological, cultural, and psychological instabilities inherent in the sex/gender system. They do so through examining cultural constructions of masculinity and femininity and the often-blurred lines between normative conceptions of sex and 'so called transgressive gender identities and behaviours' within this tension. The clear point arising from such works, Epstein and Straub suggest, is that concepts of 'normative' or 'transgressive' are always historically and culturally dependent, massively unstable, and indicate threatened ideological positions (Epstein & Straub, 1991).

Sexual difference, Butler (1993) points out, is often invoked as being a matter of material differences, these being always somehow marked by discursive practices that are not, themselves, responsible for sexual difference. Butler argues that the category of 'sex', as a bodily given - upon which the construct of gender is artificially imposed - is a normative, 'regulatory ideal' (Foucault, 1978) construct which then functions as a norm and forms part of a regulatory power (i.e., of heterosexuality). This regulatory power then produces, demarcates and differentiates the bodies it governs. Rather than being a simple fact or stable condition of a body, Butler reasons, this ideal construct is a process that is materialised through time via the forcible reiteration of regulatory norms that function in a performative way - a reiterative and citational practice through which discourse produces the phenomena it names - to regulate and constrain the materiality of differentially sexed bodies. This materialisation thus effectively establishes the imperative of heterosexuality. Other identifications it consigns to the domain of 'abject' beings whom, since they do not enjoy the status of the subject, represent the unnameable terror residing in 'uninhabitable' areas of social life. This process, for Butler, is a kind of psychologisation of threat and deviance (Kristeva, 1984, cited in Butler, 1993). The exclusion of the abject serves to exert a normalising effect upon binary gender categorisations (Shapiro,

1991) by forming the constitutive 'outside' to the domain of the subject (albeit being contained 'inside' each subject as a systemic repudiation rejecting certain other subjects). The regulation of the subject by this reiteration of the norm of 'sex' centrally entails, in turn, the regulation of identificatory practices, such that identifying with the abjection of sex will invariably be condemned. This exclusion of the abject, Butler suggests, serves to exert a normalising effect upon the dominant categorisations of gendered behaviour and identity which are supportive of a heterosexuality that is deliberately constructed in opposition to the realm of the abject Other. 'The politics of gender...are everywhere visible in the social production of Otherness' (Shapiro, 1991).

Butler (1993) reasons, however, that the very fact that reiteration is necessary indicates that materialisation is never complete such that bodies never quite comply with the norms that dictate their materialisation. Instead, she argues, instabilities open up possibilities for the re-materialisation of bodies within this process and also designates a domain in which the force of the regulatory law can be turned against itself, thus giving rise to rearticulation, as an effect of the dynamic of its own power, which challenges the ideal potency of the regulatory law. Hence, Butler predicts, there will be a rethinking of the process by which a bodily norm is accommodated by virtue of the subject having undergone that process in assuming a sex. This process will be linked with the issue of identification and the discursive way by which the heterosexual imperative permits certain sexed individuals but excludes identifications of the abject Other. The fixity of the body; its contours and movements, will still be material but this materiality will be one from which it will be impossible to understand 'gender' as a cultural construct inscribed upon the surface of either 'the body' or its given sex.

'Sex', therefore, Butler (1993) concludes, is not merely a static description of what one is or has, but is a norm that bestows viability upon persons and this in turn provides access for bodies to live within the domain of cultural intelligibility.

Because the 'real' sex of a human being is judged according to hidden differences in body form and genitalia this is necessarily read from overt manifestations of sex differences, secondary sexual characteristics, or, manufactured 'tertiary' ones (e.g. makeup, shoe type,

hairstyle etc.). These indices are then taken to denote one's sexual category for all practical purposes. Sex is, then, determined by a variety of markers which include cultural emblems. The application of a biological characteristic that cannot be changed (e.g. 'gender chromosomes') ensures that the dichotomous conceptualisation of gender itself continues to be invariant. While the major theories of gender roles vary in the emphases which they place on biological and environmental factors, all nevertheless assume that dichotomous gender roles are a 'natural' expression of the dichotomous nature of gender. This use of dichotomous criteria for 'corresponding' gender attributions is, nonetheless, questionable, and the assumed dichotomous nature of gender itself, problematic (Kessler & McKenna, 1974; Hoenig, 1985). Moreover, the blurring of gender behaviours has a long pre twentieth century history and a wide cultural distribution which has attracted a variety of explanatory narratives (Epstein & Straub, 1991). On this basis, they argue, there is nothing remotely new about 'gender dysphoria' except the official professionalising and medicalisation of the term.

2) Gender dysphoria

Gender identity development itself has been shown to involve a long term process throughout childhood that, although generally corresponding with physiological sex in some individuals, may be reversed in others such that sexual identity may be masculine, but gender identity, feminine (or vice versa)(Green et al., 1961). Such gender dysphoric individuals suffer from a confusion of male and female gender identity. However, a more serious potential dilemma for the sex = gender logic acutely arises with the increasing incidence of gender dysphoric people who have their genitalia surgically transformed. By the early 1980s there was a fairly stable 'recruitment' of over 200 new patients each year for 'sex reassignment surgery' (SRS) or 'gender reassignment surgery' (GRS) (each of these labels carrying its own conceptual and analytical presuppositions, neither being completely satisfactory) (Tully, 1992). There are, today, an approximate 150-200 such operations per annum in the UK.

Gender dysphoria (Fisk, 1973) denotes a 'discordancy between the natal sex of one's external genitalia and the brain coding of one's gender as masculine or feminine' (Money, 1972), a generic underlying psychic experience which characterises any of a wide,

heterogeneous group of gender identity 'disorders' that are suggested to range along a continuum, only some of which lead to a request for such 'sex reassignment surgery' (SRS) (Steiner, 1985). It is widely accepted that at the extreme pole of this continuum lies the phenomenon of 'transsexualism' (Cauldwell, 1949). Although further distinguished in 1973 by the alternative term 'gender dysphoria syndrome', use of the latter term as a specific referent to transsexuality had been justly criticised on grounds that transsexual people are 'dysphoric about their sex, not their gender' (Money, 1972). Gender has been theorised as being the dominant determinant of subjectivity in transsexualism (Hausman, 1995).

In our lifetimes, a number of identities become available for the first time. However, only those kinds of identities which are socially available to an individual during his lifetime can be realised. Thus, who we can be is limited by the times in which we live (Weigert et al, 1986). Individual identity is confronted by a social context of potential and contradictory actions and beliefs at any moment in time. That which is assimilated is determined by the interaction between available possibilities, and the particular structure of any given identity. Within this matrix, the individual shifts from one interpersonal network membership to another, either due to external forces (e.g. being made redundant), or volitionally. In doing so the relationship between the individual and the ideological milieu changes therefore requiring new contents and values to be processed for identity (Breakwell, 1986). Tajfel (1978) argues that individuals who initiate movement from one network to another are seeking self-esteem or a more positively valued identity since their self-evaluation has led to an unsatisfactory result. People who become postoperative transsexuals, Weigert et al (1986) suggest, are pioneering a new identity. In former times the body was considered a 'given' aspect of nature that was fundamentally governed by largely autonomous processes. In the latter part of the twentieth century the material body has become emancipated and fully available to be 'worked upon' by the influences of high modernity through which its boundaries have altered. By this means the body has become 'more immediately relevant to the identity the individual promotes' (Giddens, 1992). Medical technology brought the identity of a 'postoperative transsexual' into the institutional order of contemporary society (Kessler and McKenna, 1974, Hausman, 1995). Hence, what was

fantasy in an earlier period became a socially available identity in a later one (Weigert et al, 1986).

2i. *Transsexualism*

Transsexuals are among the most miserable people I have ever met. They rarely find any sympathy or understanding and no empathy except from one of their own (Benjamin, 1964).

In our society, few people think of their gender as anything else but 'naturally' obvious. For the relatively small sub-section of the overall population who are afflicted by transsexualism, however, a severe antagonism exists between their apparent and experienced gender identity such that the latter is completely at variance with the former (Bullough & Bullough, 1993). Transsexualism raises questions about what it means to consider sex as the 'basis' for systems of gender difference (Shapiro, 1991). Transsexual people (Cauldwell, 1949) thus represent a particularly interesting group with regard to issues of identity. Moreover, because identity is such a fundamental problem for this group of people they serve as the locus for a number of theoretically interesting questions pertaining to the relationship between; minds and bodies, persons and collectivities, and that of the symbiosis between the individual and a non supportive environment in terms of experienced (self) and perceived (social) identity. For transsexual people all such issues involve interpersonal dilemmas.

Transsexualism has been studied only since 1953 (Stoller, 1975), yet this is an informative area of research because it raises the possibility not only that gender is an accomplishment but also that something can be learnt about what is normally taken for granted by way of studying what happens when there are 'violations' (Garfinkel, 1967; Kessler and McKenna, 1974). Transsexualism first entered the medical vocabulary after an early paper by Benjamin (1953) (Hoenig, 1982), following which the modern approach to studying the phenomenon began (Tully, 1992). The DSM-III-R (1980) definition of transsexualism as being: 'a persistent sense of discomfort and inappropriateness about one's anatomic sex and a persistent wish to be rid of one's genitals and to live as a member of the opposite sex' has been generally accepted as an adequate operational description (particularly of female-to-male (FtM)

transsexual individuals, who are regarded as a more homogenous group relative to their male-to-female (MtF) counterparts (Lothstein, 1983). It has been suggested, however, that the nature of this condition is such that rather than being classified as a mental disorder transsexualism is essentially something that verges on the borders of *intersexuality* and should be recognised as such (Hausman, 1995). Nevertheless the term 'transsexualism' signifies both a diagnosis and, more importantly, a method of rehabilitation for a condition that would otherwise be an untreatable (Ramsey, 1996).

The story of transsexual people is a strange and very rare story, of sadness, struggles and defeats in a desperate search for survival (Lothstein, 1983). The phenomenon crosses all cultures and societies, classes and races (Hodgkinson, 1987; Brown, et al., 1996), although an accurate estimate of its incidence is impossible, partly due to disagreement over diagnostic criteria and hence who shall be called 'transsexual' (e.g. Steiner et al, 1985; Stoller, 1975; Kessler & McKenna, 1974; Green, et al., 1972). Estimates of the prevalence of transsexualism range from 1:30, 000 of the general male population and 1:100,000 of the general female population, respectively, to 1: 50, 000 for both men and women (DSM-IV, 1994). Since these figures are obtained from clinical numbers of individuals who receive GRS however, they cannot be viewed as precise since the system does not account for transsexual people who are undiagnosed or who for various reasons do not seek any kind of hormone treatments, or surgery and it has been estimated that there are scores of unoperated cases for every operated one (Brown & Rounsley, 1996).

While it must be acknowledged that there are other groups within society (such as lesbians, homosexuals and transvestites) for whom problems of identity may also arise, the problem for transsexual people is qualitatively different in that it stems from a fundamental schism between the mind and the morphology of the material body (Brown, et al., 1996; Rees, 1996). Furthermore, it is arguably the case that the biographic history, nature and pervasiveness of the problems that are characteristically confronted by transsexual people (during the course of their pre and post-treatment states as well as in their everyday lives per se) distinguishes this group as being unique. Indeed, some current views in circulation which point to parallels

between the above four groups fail to do justice to the essential complexity of the phenomenon of transsexual identity (e.g. Pauly, 1965; Stoller, 1968, Heiman, 1975) which represents a very unusual social position to be in. It is also an identity that is impossible to accomplish independently. Only by surgical intervention can transsexual people achieve that which is, for them, their 'true' identity.

Transsexualism is a unique condition in which the gender identity of anatomically normal people is aligned with that usually associated with members of the 'opposite' genetic sex. These individuals have a deep and passionate lifelong conviction that nature has 'made a mistake' in that by *nature* they actually belong to the category which is diametrically opposite to that in which they are socially classified as belonging (Heiman, 1975). This conviction is coupled with a wish to change to their 'true' (the opposite) sex thus bringing their bodies into accordance with their psychological gender. Transsexual people can appreciate why others may find this difficult to understand (as do they themselves) since, as they are only too aware, they possess all the visible attributes that people normally use to assign people to either natural category and which suggest that the attributed classification is appropriate (e.g. Pauly, 1974a). Such an attribution, however, fundamentally conflicts with their sense of self-identity such that they feel they are imprisoned within the wrong body (e.g. Stone, 1991). This conflict has been said to correspond with their obsessive disgust with their sexual organs (Pauly, 1974a; Heiman, 1975). Few people (if any), however, ever believe them, yet the condition is experienced as being no less real than the awareness and effect of any serious illness or physical malformation (Taitz, 1987). Indeed its apparent immutability has led some to perceive transsexualism as a biological anomaly.

It is now well known that efforts to reverse this cross gender identity by any known form of psychotherapy or somatic treatment are at best, quite futile and at worst, harmful (Pauly, 1969a). Indeed, years of analytical therapy aimed at cure have been rendered impotent by this phenomenon. Massive positive and negative reinforcements have, similarly, been seen to wash over the transsexual's psyche like so many drops of rain (Ramsey, 1996). Pauly, from his (1974a) review of the world literature on female transsexuals between 1922-1970, points out

that while it has been stated by psychoanalytic writers that a recommendation for the cross gender status is 'collaboration with the psychosis' (e.g. Meerloo, 1967; Socarides, 1979), this completely ignores the beliefs of (many) others that transsexuals are fixed in their cross gender identity and cannot be treated by any known form of psychotherapy or somatic treatment to accept the biological sex and gender role that are considered by others to be consistent with it. While its advocates maintain that intensive psychoanalysis would be reliably successful in curing the transsexual 'of his delusional gender identity' (sic), one such critic was obliged to admit defeat after six months of attempting to treat a MtF transsexual patient by classical psychoanalysis, reporting his discovery that the patient had surreptitiously been on female hormones for most of the time (Pauly, 1974a).

By contrast, most researchers in the field of gender identity largely concluded that without viable alternatives, sex reassignment seemed the only therapeutic modality of treatment available (Money, 1972; Pauly, 1968, 1969a,b; Stoller, 1968; Baker, 1969 Green et al., 1972), although many viewed this treatment as being still experimental and requiring further longterm follow up and evaluation of post-surgical patients.

Prior to treatment, when these individuals try to live as the people they feel themselves to be, they experience great difficulties both because of conflicts within themselves and because they are living in a hostile culture which fails to recognise their 'true' nature: they are confronted with incomprehension and/or hostility from parents friends, peers, strangers and society at large. This causes them a great deal of suffering. Their lives consist of a constant struggle to resolve the dilemma created by the sense of a mismatch between their psychological and anatomical sex (Steiner et al, 1985; Kuiper et al., 1988; Belli, 1978) and to cope with their life situation, the private frustration that it elicits, and the negative reactions that its manifestation can often provoke in others, but no matter what they do they are unable to achieve recognition as legitimately belonging in the body that they feel is rightfully theirs. While some may think of transsexual people as exercising 'choice' in their gender identity this is usually experienced by transsexuals themselves as something that is in no way subject to their own will (Shapiro, 1991; Brown & Rounsley, 1996). Many such individuals report suffering guilt

feelings, self criticism, and a sense of existential anxiety as a result of their circumstances 'because of the 'wrongness' thrust upon them' by nature's forces (Stoller, 1975; Steinbeck, 1986). This, in turn, causes them to experience intense personal anguish, suffering, and humiliation. They feel as if they are stuck in a time (or gender) warp, and as though they are dismissed as being freaks (Lothstein, 1983), a perception shared particularly by many female transsexuals since they are even less well understood than their male counterparts (Lothstein, 1983).

There seem to be only two possibilities open to them: some may perhaps resolve to try to come to terms with the way in which they are perceived by others; alternatively, others will attempt to make their appearance conform to their 'true' nature.

For the first of these two groups, various means may be tried by which to adjust to their circumstances and attempt to make these more tolerable by way of making only superficial changes (e.g., clothes and hairstyle). While such changes may convince others, however, they do not convince the individuals who adopt them since, although they may perform their 'rightful' gender role with remarkable aptitude on a social level, this social role is undermined by and cannot be fully played out due to the material existence of an opposite sexed body. Moreover, on a private level, whenever they observe themselves naked in the mirror or hear themselves speak they will be made strikingly aware of the dreadful inconsistency (Heiman, 1975; Hodgkinson, 1987).

Alternatively, those who opt for the second, more radical route, feel that a much more adequate and permanent solution is necessary by way of medical intervention (the administration of hormones, and surgery) in order to alter their secondary sexual characteristics and anatomical appearance from that of assigned to acquired sex.

Before being permitted access to this ('sex-reassignment') treatment, however, they may be required to undergo certain 'tests' (primarily, psychiatric interviews, and the Real Life Test (RLT)) which are designed to ascertain suitability and so determine eligibility for treatment (the question of who is judging (and on what grounds) what constitutes 'success' or 'failure' in such tests, however, is problematic). Some such tests may perhaps be perceived by the reassignment

candidates as a personal means of exploring the possibility that they may, after all, simply be fooling themselves, nevertheless through each test their conviction about themselves remains solid and unwavering. By this time, they are also invariably committed to seeking, through hormonal and surgical means, to rid themselves of their problem for good (Pauly, 1974a). Whether this state is actually achieved remains largely open since few have been questioned on this issue by anyone other than those who also hold the 'key' to the 'gate' of access to the treatment that these individuals seek.

Irrespective of the lack of reliable (non skewed) evidence, however, most transsexual patients are prepared to sacrifice healthy organs, take high dosages of 'sex' hormones - (the potential longterm effects of which have yet to be assessed), risk losing their family social status and career, and undergo prolonged physical pain which can be equivalent to torture in order to achieve an ultimately unsatisfactory and only partially functional approximation of their 'true' sex (Hodgkinson, 1987).

3) Sexual stories

Anxieties over variant sexualities in the face of the right wing emphasis on traditional family values have encouraged debate surrounding 'multivalent notions of 'decency', 'morality', 'dignity', and 'degradation' and have returned the centrality of the body to cultural discourses. Epstein & Straub (1991) argue that bodies are signs which are 'guarded' by institutions. This institutional control (and purification) of these material signs is, nevertheless, in various ways subject to resistance via the cultural fluidity of sex and gender systems. Moreover, medical technology has brought the identity of a 'postoperative transsexual' into the institutional order of contemporary society (Kessler and McKenna, 1974, Hausman, 1995). What had been fantasy in an earlier period became a socially available identity in a later one. People who become postoperative transsexuals, on two counts, are thus pioneering a new identity. (Weigert et al, 1986). In a related sense, Plummer (1995) points out that certain kinds of stories can only be told, and flourish, at particular social moments when they will be heard. Thus, Stories change socially. Simultaneously, stories are also context dependent, hence they are part of a sociopolitical argument within which the emergence of new communities of discourse and

dialogue present rival languages. The rights and responsibilities of these languages tender a new set of claims - around the body, relationships and sexuality - a new politics which Plummer (1995) terms 'intimate citizenship'.

One major pattern in the latter period of the present century, he notes, has been that of a plethora of stories of 'sexual suffering and survival', sexual behaviour, sexual identity, sexual desires, owning bodies, claiming visibility and establishing new kinds of relationships, and stories of opposition to the desires of others. The analysis of sexual stories, he argues, is not simply strange or voyeuristic, it is central to understanding the workings of sexual politics in the late modern world.

Sexual stories perform the important task of providing information, establishing contested territories and clarifying boundaries. On a parallel with Butler (1993), Plummer points out that through marking out identities and distinguishing differences, sexual stories define 'the other', which, in turn, helps to structure the moral life of the individual, group, and culture. Moreover, sexual narratives both reinforce the dominant culture and subject it to question all at the same time' (Miller, 1988). They can thus be examined for the roles they play in lives, contexts, and in social order.

Bruner (1987) proposes that to be human is to engage in the capacity to tell stories. One consequence of this, he suggests, is that such human stories have a number of common features. For example, the stories people tell are made up of different elements. These elements consist of a disparate collection of events that are linked together (a process he terms 'emplotment') in some way. These events are incorporated like 'ingredients' into a particular kind of temporal structure comprised of a beginning, an end, and which develop in certain kinds of ways that make the overall 'package' (the story) meaningful.

Different storytellers, talking about the same events at the same time, and/or the same storyteller talking about the same event at different times may, however, end up with different types of emplotment because they will connect the various elements in different ways. When such stories, or narratives, have been used as a tool in qualitative research therefore, the purposes of

the narrator have tended to exert the major influence in the way the research material is presented. Hence, narrative is also constrained by the nature of the audience as well as context.

One key to understanding sexual storytelling is that of grasping their underlying motivational plot. Their ultimate function is to make the world safe for us, by keeping the threat and terror of life at bay (Plummer, 1995). In these stories of personal experience, particularly those of transsexual people, the narrative plot is driven by an acute suffering, the need to break a silence, a 'coming out' and a 'coming to terms'. Transsexuality is a narrative of essentialist constructionism which aims to reconstruct the fleshy body so that the subject might feel more comfortably embodied (Prosser, 1995).

These are always stories of significant transformations. They record the deep pain, frustration and anguish that is endured in silent private isolation as a consequence of immense guilt and shame (Plummer, 1995), until 'slowly, the 'true' nature of the individual is revealed: "I am transsexual".

Although perhaps previously unrecognised, Plummer (1995) argues, 'sexual' stories (such as those of transsexual people) may now need to be acknowledged since they allude to a need for action. This need is represented by a call for significant change from isolated suffering and felt victimisation, toward aid, 'survival, recovery and/or 'coming out', alongside a radical shift in consciousness. The task, Plummer (1995) argues, is to make the inner being increasingly external: despite the difficulties involved the fortunate individual will arrive home, take on a strong identity, link both with his or her culture and become part of a shared sense of community with others of a similar identity. Rather than simply recounting the lived life, the story surrounds that life, provides routes into it and lays down a plan for it to follow.

4) Female-to-Male (FtM) Transsexual Men

The phenomenon of female transsexualism can be seen as challenging traditional ways of thinking about and also implying a revolutionary understanding of, maleness, femaleness, and societal sex roles. Some people envy and revere women who wish to change sex (perceiving the FTM as liberated from traditional stereotypical sex roles), others have viewed female transsexuals as psychotic. Yet others report that these individuals are less psychologically

disturbed than transsexual males (Lothstein, 1983). These diverse views of the female transsexual, Lothstein (1983) suggests, reflect society's confusion about, and fascination with, bisexuality (a confusion that is couched in a male centred cultural paradigm). On the other hand, Pauly (1974a) suggests that the historical incidences of female gender role and identity disturbances provide a glimpse into what appears to have been a more common medical-psychological problem.

Female transsexualism has been described as a unitary psychological disorder of unknown aetiology (Money and Brennan, 1968). It cannot simply be seen as an alternative lifestyle given that transsexual 'females' experience an urgent, compulsive and unrelenting wish to be rid of their breasts and internal female organs. Most are driven to have surgery - including, ideally, the acquisition of a penis (although Lothstein (1983) suggests that many different variants of female gender dysphoria conflicts exist which eventuate in a request for GRS, and as such that each individual diagnosed as an FtM transsexual needs to be evaluated separately). They are only comfortable when dressed in men's clothing, enacting a male role, and wish to be socially accepted as men. They do not identify as being homosexual, rather, most perceive themselves as straight men whose sexual object choice is feminine heterosexual women (Devor, 1993). None of this is a matter of choice (Lothstein, 1983).

Although Westphal (1870) is credited with the first complete description of a case of 'contrary sexual feeling' in a female, there is considerable historical literary and mythological evidence suggesting that women have successfully impersonated men, cross-dressed as men, and wished to change their sex (Hodgkinson, 1991). Yet it was not until 1922 that the first report of female transsexualism was published in which sex reassignment surgery was mentioned (Hirschfeld, 1922). By 1953 it was clear, however, that female transsexualism was not isolated to a few rare cases: after the much publicised Jorgenson case, Hamburger et al., (1953) reported that 108 women, of an age distribution ranging from 15-55, had sent him letters from all over the world requesting SRS. The ratio of females requesting information being 1:4 to that of males (Pauly, 1969).

Despite the fact that the phenomenon of transsexualism exists for both genetic males (male-to-females) and genetic females (female-to-males), however, the predominant tendency among researchers has been to focus almost exclusively upon the former sub-group (Cauldwell, 1949; Ball, 1967; Pauly, 1974a; Shapiro, 1991). This bias is reflected in the imbalance in estimated figures of the relative ratio of incidence drawn from Gender Identity Clinic (G.I.C.) records, which range from a high of 8.6:1- to as low as 2.3:1 MtF predominance (Laub & Gandy, 1975). It has nevertheless been suggested that as advances are made in surgical techniques for FtM conversion the ratio of FtM patients will increase (e.g., Hoopes, 1968; Edgerton et al, 1969). The estimated prevalence of FtM transsexualism as 1:130,000 for the general population of genetic females is generally considered reasonable.

By the early seventies it appeared that female transsexualism was less prevalent than male transsexualism by a ratio of approximately 2:1 yet, Pauly (1974) suggested, most data indicated that this was approaching 1:1). Pauly (1974a) notes that formal interest in female cases of transsexualism has lagged about a decade behind that for male cases. Indeed, until 1959 transsexualism was thought to be exclusively a male disorder (Benjamin, 1966; Stoller, 1968). This poses the question as to why there should have been so much resistance to learning about female transsexualism (Lothstein, 1978).

Two connected reasons suggested for this unequal balance of interest have been: firstly, that Gender Identity Clinics (from which estimates of relative incidence are primarily drawn) were specifically set up for MtF patients due to the androcentric cultural salience of maleness creating more difficulty for males exhibiting variant role behaviour, hence leading more men than women to demand surgical intervention in order to diffuse the tension (Grimm, 1987; Lothstein, 1983); secondly, that there is a lower demand for FtM surgery due to the relative unavailability of appropriate surgical technology (Hausman, 1992).

Hodgkinson (1991), by contrast, suggests that FtMs may simply avoid publicity, fitting more smoothly into society as 'ordinary' members of the opposite sex. Indeed, in 1966, Benjamin stated his belief that the prevalence of female transsexualism was greatly underestimated, partly due to a reluctance by female transsexuals to openly avow their problems. Given also the often lengthy delays imposed by the Clinics in which this sub-group, especially, are subjected to particularly distressing prerequisite trials before surgery is made available to them, they may seek alternative routes to obtaining treatment which would effectively result in their omission from clinical enumeration. Lothstein (1983) suggests that the lack of information on FtM transsexualism 'probably stems from society's male centred paradigms (in which femaleness is devalued and degraded)', and that in relation to this it may reflect society's 'unconscious hostility towards and confusion at female transsexualism' wherein the female transsexual represents 'a serious threat to a male centred society by implying that one solution to female subjugation would be to change sexes!'. On a similar theme, Pauly (1974a) speculates that the lack of interest in female gender identity disturbances probably originated from a pervasive homocentric bias among (predominantly male) historians and researchers. Alternatively, Lothstein (1983) suggested that male researchers may have ignored the topic because they view a woman's desire to become a man as 'natural' and therefore a trivial phenomenon to investigate. Beyond such disagreement, however, the more serious point is that until more is known about the phenomenon of female transsexualism these individuals will continue to experience intense personal anguish due to being stigmatised by segments of their society (who mislabel them as homosexuals), and neglected and misunderstood by mental health practitioners' (Lothstein (1983)).

The relative lack of available information on FtMs, in association with the underlying research bias, has sometimes led to suggestions that little insight into the phenomenon would be gained from studying FtMs as an independent group. Irrespective of the precise reason(s) for the apparent unequal incidence of transsexualism in either sex these suggestions, either implicit (because of their relative exclusion from the formal literature) or explicit, imply that issues of

relevance to either sub-group share such similarity as to make these issues virtually identical (Vogt, 1968).

Basic consideration of a range of factors points to the fact that issues peculiar to FtM and MtF transsexual people, respectively, are, in fact, quite different. From the differential rearing styles typically experienced by boys and girls, to the non equivalence of advancement and the differential nature of the surgical techniques required by and available to either sub-group mark the respective groups as being mutually discrete.

In addition, with the apparent increase in numbers of 'females' requesting sex reassignment surgery the moral, religious, and bio-ethical issues of female transsexualism are becoming an important source of social debate (Lothstein, 1983). The ground is therefore fertile for more in depth studies to be conducted into the phenomenon of FtM transsexualism.

In particular, Lothstein (1983) points out, female transsexualism is worthy of investigation since this might lead to a better understanding of diverse clinical phenomena such as: how 'normal' gender role and identity may develop (and also go awry), and how issues such as femininity, female core gender identity, and female sexual identity are established.

A review of the modest literature that exists, however, reveals that studies into female-to-male transsexualism have tended to be of restricted range either through focusing only upon specific aspects of the phenomenon or by concentrating purely upon single case studies (which cannot therefore be viewed as representative).

The first of these two forms of approach has included those studies - particularly psychodynamic - that have concerned themselves simply with theorising over questions of aetiology and/or categorisation (e.g., Stoller, 1975; Lothstein, 1983; Volkan et al, 1989). Typically such theorising has largely consisted of labelling and/or has led to lively (sometimes-hostile) debate, often with little consensus, the prevailing interest typically being that of attempting to establish cause (and hence, the most 'appropriate' treatment for) the condition (Devor, 1997).

Such theorists, however, have only muddied the waters. They do not offer data nor do they make any effort to appreciate the phenomenological experience of transsexualism. In neglecting to attempt to gain some understanding of the experience of *being* a transsexual person these writers have thus contributed little if anything to our overall understanding of female transsexualism. Rather, they have instead effectively thrown out the baby with the bath water.

The present research, by contrast, seeks to avoid simply adding to this confusion through similarly devoting itself to speculating about elusive issues that are also of questionable value in relation to that of living with the reality of a female transsexual identity.

Other studies dealing with single aspects of female transsexualism have relied upon clinical and statistical data in order to explore issues such as; relative incidence, prevalence (Blanchard, 1990), diagnosis, treatment (Baumbach & Turner, 1992) and/or surgery (Green, 1995). The conclusions of such studies should, however, be treated with caution, not least in the light of claims that female transsexual individuals are less inclined to present themselves at Gender Identity Clinics. It may well be that those who do present to GICs represent only a fraction of those members of the FtM community who seek reassignment. Should the remainder of this group also have been included the findings of these studies may have been quite different.

Rather than focusing purely on treatment-related issues with which clinical data (invariably obtained via structured methods) is associated the present research sought much richer data from a broad range of both clinical and non-clinical participants alike. In so doing the objective was to acquire a much more comprehensive understanding of the state of being that female transsexualism constitutes.

Among studies that have not limited themselves to working with clinical data, have been those addressing issues such as the sexual orientation(s) of female-to-male transsexual people (Devor, 1993) or compared and contrasted this group with lesbian women (e.g., McCauley et al, 1978; Ehrhardt et al, 1979). Such researchers have thus also pursued a narrow gauge of enquiry as if viewing female transsexualism as a given thereby leaving a vast range of important issues that surround the phenomenon still awaiting address. Furthermore, given that the phenomenon of female gender dysphoria is, by definition, associated with gender (and *not* sexual) identity (and the fact that the sexual identity of FtM individuals is as varied as is the case for non-transsexual females), the merit of this type of study is unclear. Partly for these reasons the present study did not entail specific consideration of the sexual orientation of the research participants.

The second form of approach to studying female transsexualism is exemplified by the case study (e.g., Coleman et al., 1988; Sabalis et al, 1974) and the autobiography (e. g., Martino, 1977; Rees, 1996). The authors of these works, unlike those of the above studies, have tended to view the phenomenon in a more developmental and holistic manner. Nevertheless, through concerning themselves only with individual cases they have tended to produce person specific accounts that cannot be seen as particularly informative with regard to the sub-community from which such individuals are drawn. In sampling a number of female transsexual participants of differential treatment statuses and backgrounds the present study attempts to present a rather more representative picture.

Other researchers have explored the possibility that psychological factors are associated with the childhood and teenage years of female transsexual individuals (e.g., Bradley, 1980). Still others have considered such factors in terms of the nature of

female-to-male transsexualism per se (Pauly, 1974) or through cross-cultural studies have explored and compared differential treatment regimens and attitudes toward this sub-community (e.g. Tsoi, 1990). These researchers have thereby considered longer-term psychological and social aspects of female transsexualism in their attempt to gain a more in-depth appreciation of the phenomenon. Such studies, however, have seldom allowed space for the individuals who serve as their subject matter to tell their stories in their own words. Rather, these have typically been described in the voices of the researchers themselves (which have also been informed by their own non-acknowledged perspectives and impressions).

As is demonstrated in the brief review above, then, the limited literature that so far exists on female transsexualism has generally been characterised by two essential forms of study, each approaching the phenomenon in a somewhat piecemeal fashion. Simultaneously, both such approaches have generally failed to acknowledge both the multifaceted nature of the female transsexual identity and that the authoritative voice to describe the experience of such an identity should be that of female transsexual people themselves.

The present research set out to help reverse this trend by viewing the female transsexual identity in terms of a number of levels and to do so through the eyes of the research participants.

5) Narrative Revisited

The self and its purposes (are) variously constructed and reconstructed in the context of time, place and power, each in constant flux. Social identities are constituted through narrativity, social action is guided by narrativity, and social processes and interactions are narratively mediated (Somers, 1994).

Over the last few decades, Somers (1994) points out, a number of social science disciplines have begun to employ a new reconfigured version of the concept of narrative. In terms of increased

psychological and sociological attention to identity formation, she argues, the particular relevance of this development is the concurrent linking of action and identity research to narrative analysis. A consequent shift in emphasis has also occurred. The direction of this shift has been from a discursive rendering of narrative as simply a non explanatory representational form of knowledge that people extract from a 'chaos of lived experience' (as traditionally employed by historians) towards a new ontological dimension of narrative study. Ontological narrative views people as unconsciously locating themselves in social narratives, rarely of their own making, which serve to enable them both to construct their social identities and to know, understand and make sense of the self in the social world. More recently, Somers notes, scholars have postulated that social life is *itself* storied, hence, that narrative is an ontological condition of social life (e.g. Bruner, 1987). We tell stories about ourselves in order to constitute our selves. Indeed, when talking about any phenomenon, people draw on such shared meanings (e.g. Potter & Wetherell, 1992; Burman & Parker, 1993; Plummer, 1995).

On a cultural level, identities are formed by the temporal and spatial place of each individual in culturally constructed stories which are themselves composed of '(breakable) rules, practices, institutions, and the collective plots of family, nation, and economic life'. Narrative therefore makes comprehensible a social network of relationships of symbolic, institutional, and material practices such that all that we know is at least partly the consequence of 'numerous cross cutting relational storylines in which social actors find or locate themselves' (Somers, 1994).

Bruner (1987) proposed that people conceptualise in accordance with the ways in which they tell stories. This practice, he asserts, becomes so habitual that these stories finally become recipes for the structuring of experience itself, for 'laying down routes into memory and for guiding the narrative of their lives up to the present as well as directing it into the future. Indeed, Somers (1995) notes, social science research is increasingly indicating that stories guide actions and that 'experience' is itself constituted through narratives. Thus people are viewed as making sense of what happened and is happening to them by an idiosyncratic process of

'emplotment'; assembling and integrating these happenings in some meaningful way within one or more narratives. Rather than attempting to explain 'episodes' separately, the concept of 'ontological narrativity' requires that meaning can only be perceived from the temporal and spatial relationship of independent events relative to each other (Somers, 1995). Emplotment involves the selective appropriation of these events within a temporal and sequential plot, in accordance with a given theme, in the process of narrative construction (Burman & Parker, 1993; Somers, 1995). In short, people construct their identities by locating themselves within a repertoire of emplotted stories.

This new ontological narrativity is distinguished from the former simpler representational form by virtue of enabling 'plot hypotheses' to be tested against actual events as well as the examination of when and how events intersect with such an hypothesised plot. Ontological narrativity thereby enables a more flexible relational and historical approach to be brought to the study of identity formation emphasises the embedded nature of identity and self in overlapping, multilayered networks of relations that shift in the dynamic context of time and place. Thus narrative identity is both processual and relational.

Narrative production is, then, a practical activity. It is not, however, one that is wholly autonomous. Rather, people are assumed to act in certain ways and not in others. They do so according to the context in which such narratives are constructed as well as the actual nature of the 'building blocks' of narrative itself. These components consist of an incremental combination of internal phenomena. These phenomena include; thoughts, expectations, reflection, creativity and internalised elements which themselves are taken from a broad but limited repertoire of available public, social and cultural narratives (or discourses) from the surrounding social milieu that are generated from newspapers, books, media, and from the recollections of significant others. Were things otherwise this would fundamentally violate peoples' sense of being at a particular time and place.

The activity of telling (and hearing) stories, Plummer (1995) asserts, is grounded in social processes that go beyond speaker and audience to the surrounding empirical world. Stories may thus be one of the most important means available for understanding lives and the wider culture they are part of, through the nature of their links to the life upon which they are based. As part of this new narrative stories have become more recursive in the ways in which they employ ideas and trends both from the mass media and from social science. The actual forms stories take are becoming increasingly self-conscious and reflective elaboration as opposed to simply a description of people's identities (Plummer, 1995). It is unlikely, Somers (1994) points out, that we can interpret social action without also emphasising ontology, social being, and identity. The reframing of narrative, she argues, allows that enlargement by magnifying our analytical focus to include social ontology and the social constitution of identity.

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One important strategy of storytelling is that of achieving an ordered present continuity by means of deriving a sense of a past as antecedent (Bruner, 1987). This process is facilitated and organised by way of memorising. A second strategy, particularly for transsexual people (alongside other sexual minority groups), is that of seeking and making their 'own' the published stories of other, similar individuals that reflect and present as normal their (personal) life experience(s) of anguished suffering (Butler, 1993; Stone, 1991; Hausman, 1995; Ramsey, 1996). The telling of the story may thus help them explain the self and hence, 'come to terms' with their lives as well as who and what they are (Plummer, 1995).

When listening to stories, Plummer (1995) argues, generic elements can be discerned by focusing on the underlying patterns, functions and structures of narrative, e.g., with regard to texts, transsexual autobiographies have been described as:

Narratives of essentialist constructionism centring on the sexed body, which are 'driven by the individual's sense of not being at home in his/her body', and which promise to achieve resolution following hormonal and surgical reconstruction of the body in line with gender identity 'whereby the body is finally made into home' (Prosser, 1995).

6) 'Truth'

People turn themselves into socially organised biographical objects. They construct, and even invent...tales of the intimate self which may or may not bear a relationship to the truth (Bruner, 1987).

Social scientists and academics generally have, hitherto, favoured causal explanation tending to distance themselves from narrative or storied accounts, which they implicitly perceive to be the epistemological, other. Hence they have conceived terms such as 'narrative' or 'story' as representational methods of presenting social and historical knowledge that are not quite the truth. Since, for example, when an event is being described (either by the same storyteller on different occasions or by different storytellers) the elements of the story are expressed in different ways, at some point questions arise about 'truth' or 'veracity'. Social science approaches to agency and action have therefore been concerned with replacing ontology (the theory of social being) with justification comprising: standards of acquiring knowledge about the world and the grounds upon which such explanations and foundations of knowledge are deemed legitimate and viable. These concerns are then seen as requiring validation through being subjected to competing methodologies. Issues of social being and identity, by contrast, have been perceived as being beyond the boundaries of appropriate social science concern and have thus been excluded from mainstream sociological investigation. Instead of exploring expressions of social being and identity, therefore, social sciences have instead focused their attention on action and agency by studying primarily observable social behaviour.

Plummer (1995) believes that such methodological debates over what counts as valid explanation are dangerous and that they hold very serious consequences for any analysis.

Maintaining such a stance, he argues, denies social scientists the deeper analysis that would be afforded by linking the concepts of action and identity since, rather than being 'just' narratives or abstract texts, stories are important sociological phenomena. Plummer's (1995) stance reflects that of an increasing number of theorists who have recently begun to argue for an alternative stance to traditional methods of validity testing. They reason that since no one is a privileged commentator on his own actions in such a way as to guarantee their truth, stories must be taken seriously in their own right - not as historical truth but, more valuably - as narrative truth. This is done by focusing on the narrative fit of what people say and upon the work such of 'stories' in their present lives (e.g. Hammersley & Atkinson, 1987; Somers 1994; Plummer, 1995). To this end, separating questions of the truth or falsity of people's beliefs from the analysis of those beliefs as social phenomena allows us to treat participant knowledge as both resource and topic (Hammersley & Atkinson, 1987).

The term 'post-structuralism' comprises an array of approaches that are wary of claims either that a world is being revealed or that we can experience any aspect of ourselves, externally to language. Reality, behaviour and our sense of ourselves are always in a text. Thus, post-structuralism elicits a destructuring of the 'truths' that we take as given. Two important characteristics of the postmodern trend in culture are the shift from depth to surface and from belief in truth to an appreciation of the impossibility of truth in the face of uncertainty (Burman & Parker, 1992). Hammersley & Atkinson (1987) reason that one difficulty with seeking the 'truth' value of accounts or stories is that we cannot assume that people are consciously aware of the rules of their own decision making. Worse, the meanings of people's actions can only be grasped retrospectively, necessarily, on the basis of memory. The narrative concept makes these issues less problematic since what is important is not so much whether or not accounts are 'truthful' but the way in which people make sense of their actions.

Through a perspective he terms 'the pragmatic connection', Plummer (1995) conducted a symbolic interactionist analysis of storytelling which, rather than matters of 'truth', is more concerned with consequences under given circumstances. He argues that story telling, story reading, and the multiple stories around us are, by definition, socially constructed fictions.

People also invent stories (Bruner, 1987). This does not, however, mean that personal narratives are mere fictions and/or that people are being *untruthful*. People adhere to stories whereby these become their lives yet which may later be modified. Stories may be true momentarily, but none are true for all time and space. They may take on a particular style or elaboration, which may not really resemble what actually happened. Some may be close to what was experienced, others less so. Still others may carry an ulterior motive as a deliberate attempt to create a particular impression on an audience by framing the story in a certain way. Narratives will, in turn, be constrained by the nature of the narrator's audience, or by the context in which they are heard. Moreover, different individuals will hear the story in different ways. Plummer (1995) suggests that we therefore need tools so as to distinguish layers of stories or even layers of truth. He contends that abstract arguments and dense detail cannot substitute for 'human interest stories, behind which are real active, embodied, and impassioned lives. The academic arguments surrounding transsexualism or transvestism can be very dry: but personal narratives can give flesh and blood back to the issues.

7) The Present Study

Here, then, are a collection of issues that bear relevance to the present study. There are a number of ways in which it is possible to explore transsexualism, from reviewing a range of existing documentary material of clinical or psychiatric case histories to autobiographical-biographical, writings. Another possibility, however, is that of collecting new data in the form of an empirical (rather than conceptual) study of narrative, at the level of how people make sense of their lives.

From their review of recent literature on the topic, Altheide & Johnson (cited in Denzin & Lincoln, 1994) noted that gender theorists have tended to perceive transsexual people as having less than agency. Such people have thus been infantilised, considered too illogical or irresponsible to report true subjectivity, or have been clinically erased by diagnostic criteria; or defined (by some radical feminist theorists) as being an alien army of an insidious patriarchy, designed and constructed to infiltrate, pervert and destroy 'true' women. In all of this transsexual people have been complicit by failing to develop an effective counter discourse.

Partly in view of this the approach deemed most conducive to the purposes of the present study was that of tapping accounts of otherwise sensitively guarded personal feelings involved in living with a transsexual identity by means of one to one unstructured interview. The choice of utilising an interview schedule (as opposed to questionnaire) was based on the reasoning that the more flexible nature of this format would likely yield more expansive responses – which would also be in the participants' own words - by contrast to most other types of sampling device. Furthermore, unlike a great number of former studies of members of the transsexual community (and other patient groups) the present study was in no way connected with any specific clinical population. Hence, the nature of responses given were known by participants to bear no direct association to their eligibility for or access to treatment.

My own immediate interest and involvement in exploring the issue of transsexualism and identity arose, partly, in the context of my work on a previous study of gender dysphoria. In the course of this former enterprise it became clear that the overwhelming majority of previously published material with which I was working was written in the voice of the 'disinterested' researcher(s) with little (if any) space being given over to the voices of the individuals under study. Rather, in almost every case, the agenda of the researcher (especially in terms of what he or she wished to convey) was treated as sovereign. My aim, therefore, was to engage in a project that would enable my participants to literally 'tell their own stories' in their own words of their experiences of living with a transsexual identity. This research would also be timely, given the current literary backdrop of an increased interest in 'sexual' stories (albeit the term 'transsexual' being a misnomer with regard to actual erotic practice). Since my intention was to allow broad scope to narrative accounts of the thoughts and feelings of my participants, individual extended qualitative interview was deemed the most conducive research tool. This itself meant that this would be the first study of its type (at least in British research) to date.

A second major reason for my choice of participants was that I also had the benefit of privileged access to the sub-section of the population that the transsexual community represents, this relatively unique advantage being by virtue of the fact that I myself have been a lifelong member of this community. As such, my research participants were aware that I had shared

many of their collective experiences and may perhaps have viewed these through a similar perspective to their own. In turn, this common identification aided the formulation and wording of the questions that I put to the participants in terms that seemed likely to yield expansive responses to the issues being addressed.

While this latter reason might also be perceived as a legitimate basis for the claim that an inherent bias may therefore have been present and that this may perhaps have coloured the way in which research findings were interpreted, it could equally be contested that the reflexivity

of this (if not all) research was not only acknowledged throughout it was also perceived as fundamentally necessary both in enabling the design of the research and for the interpretation of the actual data obtained. Indeed, were it not for the fact of the identity of the researcher, it is doubtful that this type of research would have been possible, hence the data might have remained inaccessible.

In this thesis, therefore, I shall explore issues pertaining to transsexual identity through the concepts of narrative, and narrative identity (Somers (1994), as these pertain to the retrospective and prospective accounts or 'sexual stories' (Plummer, 1995) told by a sample of transsexual respondents of their life experiences. Illustrations will be used to draw out issues exemplifying concepts of narrative, identity, coping, both in terms of personal views of the self per se and in relation to a variety of spheres of familial, partnership, work and social interactional relations. Consideration will also be given to the coping strategies that are generated and employed in the participants' endeavours to overcome the individual crises that arise in their lives so as to preserve and maintain a sense of identity in the face of threat.

In an additional attempt to restore some of the balance absent in the existing academic literature on transsexualism, the study presented in the present thesis focuses exclusively on female-to male transsexualism.

8) Overview of Chapter Structure

The chapter structure both reflects the tremendous amount of work participants did in striving to harmonise their social with their private sense of identity. This work was done irrespective of

their awareness that, to others (as, participants admitted, often to themselves), their story seemed quite ridiculous. It is also illustrative of how their struggle to live with their transsexual identity is, for them, an experience that creates a whole series of personal, interpersonal, existential and phenomenological, problems. In so doing it attempts to convey how theirs is a reasonable story to tell. The notion of 'transition' itself implies a move of location or change, from one state or point in time to another. What remains to be addressed, however, is the question as to what it is that is 'moving'; what, precisely, is 'changing'?

Chapter one opens with a discussion of the notion of identity. It goes on to distinguish between notions of sex and gender leading then to the more generic phenomenon of gender dysphoria and its most extreme form - transsexualism. Plummer's notion of 'sexual stories' in society is then briefly outlined. The following section addresses the phenomenon of female transsexualism. An outline of narrative analysis as an empirical tool and a consideration of questions about the status of notions of 'truth' in social research lead to a brief description of the background to the present research.

Chapter two opens with a discussion of the possible approaches which might have been adopted in the current research. It goes on to provide a justification for the qualitative methodology adopted in the current study, focusing in particular on issues connected with structured interviews. The following section outlines the method employed in the study, the nature of the participants, the design, the nature of the interview schedule, the administration of the interview, the transcription process and the analysis. The chapter goes on to discuss the notions of validity and reliability in relation to interview based research. It concludes with a consideration of some issues relating to reflexivity and writing in research texts.

The third chapter addresses the experience of being a young pre-transsexual child, focusing especially on the nature of gender dysphoria in terms of its first manifestations and different dimensions and also on the other people (e.g. family members, friends etc.) involved in the impact of its emergence. It draws upon Plummer's (1995) five 'evolutionary' phases through which gay people pass when coming out to themselves: Devaluation: 'Am I wrong; Am I bad/mad?'; Secrecy: 'Dare I tell anyone?'; Solitariness: 'Am I the only one in the world?'; Self

Consciousness: 'What's all this about?'; Identity: 'What kind of person am I?'. These phases are seen as broadly paralleling the types of questions that participants in the present study recalled having asked themselves in childhood when attempting to understand the nature, origins and make sense of that which they were to subsequently learn was termed 'gender dysphoria', as will become evident below. Methods of coping that emerge at this time are also discussed, as is the phenomenon of tomboyhood. The chapter ends with a discussion of their experiences with playmates and at school.

Chapter four deals with the magnification of the interviewees' problems which arose with the onset of adolescence and the maturational bodily changes of puberty. The sudden awakening of sexual awareness, characteristic of adolescence, both changed the nature of the participants' relations with their peers and brought with it new demands to cope with increased and oppressive peer pressure for conformity to the heterosexual norms of feminine behaviour. This seeming 'double cross' on behalf of their formerly accepting and tolerant 'play mates' was, for the interviewees, nevertheless dwarfed in its significance by that of the betrayal of their own bodies represented by the onset of puberty (Brown & Rounsley, 1996). The chapter notes the effects of these difficulties on their academic performance and on their familial and personal relationships became increasingly strained. The chapter ends with the discussion of two essential forms of coping with these circumstances.

The fifth chapter traces the course followed by the participants through the treatment process from the point of identification as a transsexual person, the differential ways in which the decision to proceed is made and the three basic styles in which information was sought. Their approaches to medical intervention are outlined. The discussion then moves to perceptions and experiences of a Gender Identity Clinic (or its alternatives) are outlined. The discussion then moves to the process of FtM gender reassignment itself, from the start of hormone therapy to the appraisal, and it identifies considerations pertaining to and feelings expressed in relation to each of the three major surgical procedures involved.

The next chapter addresses the nature and significance of some of the after effects of gender reassignment surgery (GRS) for the lives of the present participants as transsexual men.

A comparison of prospective and retrospective assessments by the three study groups of GRS as the recommended treatment for FtM patients leads to a consideration of the nature of perceived accomplishments facilitated by this treatment. Moving the focus to the social sphere, the ways in which participants perceived how they were perceived by others are considered as are the problems and ease that were reported to have been experienced in the participants' endeavours simply to 'blend in' following their reassignment. The anticipated (and actual) types of social situation that presented particular difficulties in this regard are also discussed.

At the personal level, consideration is then given to some areas of unique insight that the interviewees felt were afforded to pre and post-transitional participants by way of a special shared understanding, as transsexual males, both with others of their birth sex as well as of gendered behaviour per se. The 'developmental' pattern to the storied and philosophical ways in which each of the three study groups made sense of their transsexual disposition and motivation(s) for proceeding to transition are then weighed against issues such as the possibility of leaving these related experiences behind in the wake of reassignment. The chapter concludes with a consideration of the issues of post-transitional regret and perceptions of the future.

Chapter seven explores how the combined effects of advanced material transformation and associated superficial disguise decisively diminished the body problematic for post-transitional participants relative to their recalled pre and (early) transitional experiences. On both a personal and social level, the attenuation of these problems of their pre-transitional materiality afforded them the ability to present and act 'normally' in social contexts while simultaneously facilitating a growth of self-confidence and comfort with their identities as males. The notion of 'ease' as described in the previous chapter, relates to successive stages in this aspect of the transition process. This confidence in their self-presentation is shown to have turned passing into an increasingly unconsciously performed activity for the participants. Specific aspects of differentially weighted importance, in terms of both potentially undermining areas of material difficulty as well as residual features idiosyncratically perceived by the interviewees as 'assets', are considered with regard to this presentation. In addition, their

progressive masculinisation is shown to have exerted positive and ameliorating effects on their feelings in relation to the self.

The focus then shifts to the body in relation to the intimate significant other. In this context the interviewees' remarkable capacity for passing as genetic males became irrelevant. Hence at the onset of a partnership many of their otherwise ameliorated concerns again arose to confront them. Primarily, these concerns related to their bodies, their degree of attractiveness as males and the relative importance of the surgical procedures that they had or had not undergone and their fears of rejection in accordance with this. The chapter concludes with consideration being given to the participants' views on marriage and the issue of children within a relationship.

The eighth chapter addresses some of the difficulties that arose for the interviewees in their everyday interaction with those who were aware and those who were naive that the gender role of the transitioned participants had changed. These difficulties were compounded by the necessity, in many areas of interaction, that the participants 'played by ear' in order to negotiate their way through situations that could be problematic because of their changed role. An outline of some of these problems, in terms of the relative sense of ease experienced by the participants when interacting among members of either (aware or naive) audience, is followed by consideration of the nature of the interviewees' continuing relationships with those groups of people with whom they had also regularly interacted when in their former social gender role with whom they had no option other than to be 'out'. The issues discussed surround degrees of acceptance of and accommodation or opposition to the changed social presentation of the interviewees. This is considered first among their families (viewed in terms of notions of 'toleration' and 'opposition') which is followed by a comparison between these families responses to the partners of participants and that of the families of their partners to the participants. These differential patterns of acceptance and opposition are then considered among friends and neighbours.

Turning to the second of the two audiences, the naive, some of the issues entailed in the participants' decisions about if and when to tell naive others of their background and the

relative advantages, disadvantages and sense of ease experienced in either case are considered. These issues are perhaps most saliently demonstrated in situations where members of both audiences were simultaneously present and specifically in the context of the encountering of former (naive) acquaintances. In discussing the extent to which the participants were open about the fact of their biographical history and transition with those acquaintances made in the aftermath of reassignment different styles of approach are considered. These styles are noted to have been dependent upon a number of situational and interpersonal variables and to have been differentially adopted by the participants in their interaction with groups of people of which this naive audience was comprised: new friends, new neighbourhoods and work colleagues, all of whom had become known only during or after the participants' transition.

The final chapter begins with a reflection on the original aims that the present study was designed to meet. A retrospective review of the recruitment, composition and reasoning underlying the allocation of participants to each of the three study groups then precedes a resume of the main findings of the present research. Issues discussed include: transsexual identity; emergence; nurture vs. nature; guilt/shame; coping; passing; the decision, expositional and transitional fear; trust; attitude of the medical profession and transitional issues. Following acknowledgement of some unforeseen problems that arose in the course of the research policy issues arising from the study, including issues pertaining to socialisation, prerequisites for gender reassignment treatment and the general absence of counselling provision for transsexual people are considered. The focus then turns to future potential vistas of research (both of micro and macro form) that have the potential to further broaden and enhance knowledge of the phenomenon of gender identity, its functions, importance and purpose in western society today.

Chapter Two: Methodology

The researcher of human behaviour is subject to utilising the same means of understanding the world as the individuals who are his or her subject matter (Glaser & Strauss, 1967, cited in Schwartz & Jacobs, 1979). We are obliged to rely on common-sense and must work with the knowledge we have, while recognising that it might be erroneous, and subjecting it to systematic enquiry where doubt seems justified (Hammersley & Atkinson, 1993). For quantitative researchers, the solution to this problem is the standardisation of research procedures, whereas for qualitative researchers it is 'direct experience of the social world'.

1) Differential Approaches

Qualitative research, it has been suggested, has come of age (Denzin & Lincoln, 1994). It is a versatile methodology which is carried out in ways that are sensitive to the nature of human and cultural social contexts. Such research is commonly guided by an effort to remain loyal or true to the phenomenon under study, rather than to any particular set of methodological techniques or principles (e.g. functionalism, looks at the functions of social institutions, symbolic interactionism focuses on how we attach symbolic meanings to interpersonal relations, while personal document research has become linked, through theory, to any substantive topic).

A complex and competing discursive field has developed through the distinctive ethnographic approaches to social research that have been differentially adopted in numerous disciplines and applied fields involving a variety of theoretical and/or epistemological positions, none of which can legitimately claim fundamental sovereignty over ethnography as a methodological approach. Most ethnographers focus on the processes that people use in constructing or creating their activities, and on how they establish order in these activities. They are concerned with defining situations by orienting to the meanings and interpretations of people who live in specific historical, social, and cultural contexts in the face of numerous practical challenges and limitations. They base their reports on descriptions (including that of language, nuances, and routines) 'to grasp the native's point of view, his relation to life, to realise his vision of the world' (Nader, 1994, cited in Denzin & Lincoln, 1994).

The history of ethnographic research has been one of tension, primarily between attraction to and rejection of the scientific positivist model (that characterised by the rigorous testing of hypotheses on data obtained via quantitative measures in a search for correlations between variables) which quantitative research was perceived to represent. Among the major debates that have arisen in the ambivalent history and diverse characterisation of modern ethnography has been the question of whether ethnographic methodology is or can be scientific - and indeed whether a science of social life is a feasible notion at all. Since all research (whether quantitative or qualitative) necessarily involves the dual activities of selection and interpretation, however, all descriptions are based on inferences. Thus, a position that negates the 'scientific' status of ethnography holds no real currency.

The social sciences are now confronted by an interpretational crisis given that the former sovereignty of positivist and post-positivist criteria have come under a 'challenge of sensibility' (Richardson, 1994, cited in Denzin & Lincoln, 1994) from poststructuralism and postmodernism, which disputes the legitimacy of any given method or theoretical approach exercising pre-eminence over others with regard to social texts. Richardson (1994), for example, doubts that any new set of criteria could or should be developed that could be shared by all points of view. Rather, he argues, each should carry an equivalent epistemological status to that of the dominant discourse (Richardson, 1994). Qualitative or interpretive methodology seeks data that refers to people, objects, and situations and is concerned with observation, description and generating hypotheses. Essentially, a role experience is converted into words that are typically compiled into extended text (Huberman & Miles, 1994, cited in Denzin & Lincoln, 1994). The words of this research text are based on observation, interviews, or documents gathered in a local setting over a period. These modes of data-collection may be largely open, unstructured and event driven or more tightly defined, structured, and researcher driven.

Several methods and traditions of ethnographic research, more recently employed, have presumed narrative causality to document what occurs in the real world (Denzin, 1994).

2) Justification of methodology

The approach taken in the present study was a qualitative one that was based on interviews. The interviews themselves largely called for a narrative of the participants' lives, only their references to certain kinds of areas being specifically prompted.

In order to study personal experience researchers study the stories people tell that are made up as they go along and which are mediated through language, speech and thought so as to describe their experiences. The epiphany, or life experience, told in the participants' stories both incorporated their personal character and effected monumental change in the nature of meaning that they attributed to themselves and their life trajectories.

As previously stated, stories of lives consist of a combination of internal phenomena (thoughts, etc.) and external elements from the world (e.g. media information, internalised fragments of the published stories of similar people to themselves and the recollections of significant others), alongside 'personal props' (letters, etc.). Story production is, thereby, a practical activity.

Plummer (1995) suggests that in a climate of change in the character of politics the workings of these stories indicate the existence of a growing zone of political and moral activity. One product of this changing political climate has been that of a cluster of emerging concerns over the right to choose what we do with our bodies, feelings, identities, relationships, genders, eroticism, and representations (Epstein & Straub, 1991), a development which Plummer (1995) terms 'intimate citizenship'. These radical developments have been, over recent decades, concurrent with the appearance and steady rise to prominence of a new wave of sexual stories within the public domain. Plummer (1995) points to two essential conditions determining the forms of stories that can be told. These conditions are increased advertising and marketing leading to the expansion of an individualistic 'therapeutic/ expressive culture' which promotes the telling of self narratives, and the growth of mass media leading to the rise of new cultural intermediaries. In this cultural context, he argues, more and more stories can be told.

The narrative form of the fairytale is fundamental to storytelling. This form is structured by the functions played by characters that appear in the plot. These functions are limited in

number because reality is a simple underlying structure that is repeated in different ways (Silverman, 1993). The narratives of different cultures share common themes, each comprising a number of functional features that are essentially associated with development through the completion of a difficult task. (The same argument applies equally to the narrative structure of qualitative research texts, the aim of which is to communicate a particular understanding to readers).

Interviews, like other narratives, demonstrate cultural aspects that are made more powerful by the connections that people make between them (Silverman, 1993). The problem is one of grasping and establishing the ways in which a particular person constructed and made sense of his or her life at a given moment. Yet, should we be satisfied simply with the notion that participants are 'telling stories' when issues of validity and reliability are also important considerations? It must be acknowledged that dealing with narrative accounts is problematic (as will be apparent with regard to the participants' claims about the 'naturalness' of their condition which seemed to be reinforced by the 'story' of transsexualism). Such considerations may also present a difficulty with regard to the retrospective nature of this material, a matter to which we will return in the concluding section of the thesis.

3) Interviews

The subject matter of qualitative social research is spoken and written accounts of human experiences. Such accounts are now considered not simply as representations of the world but as part of the world they describe (Hammersley & Atkinson, 1983). Personal experience consists of the flow of thoughts and meanings occurring within the lives of persons who immediately bring these to any given situation. Such experiences, when related, take on the form of a story, or a narrative. Interviews can be perceived as a means of access to the repertoire of narratives that people use in producing accounts (Gilbert & Mulkay, 1983, cited in Silverman, 1993).

People's accounts are important, both in terms of what they tell us about the particular individuals or categories of social actor producing them; and in relation to the perspectives of the world that these individuals hold which themselves are shaped by context. Moreover,

researchers can exploit (rather than perceive as a source of bias) the reactivity of their subjects since the way in which people react to the researcher's presence may be as informative as their reactions to other situations. As a qualitative method of enquiry also, ethnography utilises the capacities of its human objects of study (as social actors) for learning new cultures and the consequent objectivity of this process. For example, where the object of study is a familiar setting or group the participant observer must treat these as 'anthropologically strange' in order to render explicit the assumptions he or she (as a culture member) would otherwise take for granted.

Since Charles Booth first implemented the first comprehensive study to be based on interviewing (on the economic and social conditions among Londoners) early in the present century, the interview has been widely used as a data-gathering tool in qualitative or interpretive research. Booth's American contemporary, W.E.B. Du Bois, emulated the example of the former in the same year (with his study of the black population of Philadelphia). Thereafter interviewing was the basis of a flurry of survey research of cities and towns both in England and America. Most notably, with its collection of ethnographic community studies, in the 1920s the sociology section at the University of Chicago (under the direction of Robert Park) became known as the Chicago School (Denzin, 1994). Researchers from the Chicago School employed a selection of research practices including participant observation, personal documents, and informal interviews. In the same decade the interview technique was further utilised by social psychologists for the study of attitudes. A phenomenal increase in qualitative interview survey research continued during World War II by way of a large-scale sampling of the emotional experience of American servicemen (Young, 1966, cited in Denzin & Lincoln, 1994). Publication of this four-volume study prompted a general application of survey research and, in 1940, quantitative survey research began a 30-year reign in academia (Denzin & Lincoln, 1994). Despite some vehement opposition from humanist and other sociological researchers who were dissatisfied about this form of research gaining academic recognition, strong allies and the availability of government finance ensured the continued growth of sociological survey research and publications within American Universities in the 1950s. This ascendancy lasted

throughout the next two decades, albeit in competition with other methods which also began to challenge the dominance of survey research.

The form of interviewing, the techniques used and ways of recording information all bear on the results of a given study (Denzin & Lincoln, 1994). Interviews may be structured, semi-structured or unstructured. In a structured interview context, the interviewer is required to play a neutral role and to take care to avoid influencing the respondent's answers. He or she interviewer is aiming to capture precise and codable data so as to explain behaviour. He or she asks each respondent a set of pre-determined questions to which only a limited set of response categories are available. In doing so he or she must strive to be friendly but detached and to maintain a position of 'interested listening' so as to encourage but must not judge the respondent's participation (Converse and Schuman, 1974, cited in Denzin & Lincoln, 1994). All interviews, nevertheless, occur in a context of social interaction which exerts influence, hence additional problems arise from the fact that the structured interview assumes that if questions are worded correctly, participants will supply truthful answers. This assumption also fails to adequately allow for the contribution of emotional factors that can, potentially, elicit or retard responses.

All forms of interview, however, can never completely eradicate the effects of the researcher and the interview situation on the participant. Data must also be interpreted and the researcher tends to have a great deal of influence on which aspects of the data will be reported and how it will be reported (Denzin & Lincoln, 1994). Social interactionists tend to reject standardised interviews preferring instead open-ended interviews which allow participants to use their own idiosyncratic ways of defining the world. This response freedom enables people to raise important issues that may not have been covered by the interview schedule. No kind of data is intrinsically better than another; everything depends on the status which we accord to the data gathered in interviews (Silverman, 1993).

Unstructured interviewing has been succinctly described by Spradley (1979) as: '...the establishment of a human-to-human relation with the respondent and the desire to *understand* rather than to *explain*'. In order to achieve this goal it is critical that the interviewer establishes a good rapport with participants. By so doing it is assumed, to some extent, that the interviewer adopts a more 'familiar' role in order to attempt to see the situation from the participants' perspective. Although still maintaining some distance between the interviewer and respondent(s) unstructured interviewing (particularly the traditional ethnographic open-ended form) allows greater breadth than other interview types in its attempt to understand complex behaviour without recourse to constraining a-priori categorisation.

A further consideration is that of the comparative status of the two individuals involved. More recently, the emphasis has begun to shift toward minimising status differences by dispensing with the former hierarchical (superordinate-subordinate) relation between interviewer and respondent, thus allowing an even closer relation between them than that which had been typical in traditional interview research (Denzin & Lincoln, 1994). Also, unlike the past, interviewers can now show their human side, respond to questions and express their feelings. This devotion to preserving the perspective of participants and their everyday language both reflects the aims of post-modern ethnographers and is similar to phenomenological and existential sociological concerns.

4) Framing interviews

There are techniques involved in interviewing (whether one is just being 'a nice person' or following a format) which can be varied to accommodate different situations. Traditional techniques dictate that the researcher is involved in an informal conversation with the respondent, thus s/he must maintain a tone of 'friendly' chat while trying to remain close to the guidelines of the topics of enquiry. This is achieved by first 'breaking the ice' with general questions then gradually moving on to more specific ones while, as inconspicuously as possible, asking particular kinds of questions designed to check the veracity of the respondent's statements. The rationale underlying these traditional techniques is that the researcher should avoid getting involved in a 'real' conversation in which s/he answers questions asked by the

respondent or provides personal opinions on matters discussed. One avoids 'getting trapped' by shrugging off the relevance of one's opinions (e.g. 'it doesn't matter how I feel, it's your opinion that's important') or feigning ignorance (e.g. 'I don't really know enough about this to comment - you're the expert'). A set of tactics is employed, where necessary, in order to break down resistance and encourage participants to speak (Plummer, 1983).

A growing number of scholars feel that most traditional in-depth interviewing is unethical (Denzin, 1994) since the techniques and tactics of interviewing involved are really ways of manipulating participants (whether wittingly or unwittingly) while treating them as objects or numbers rather than individual human beings. This view begs the question as to whether the quest for objectivity should outweigh consideration of the human side of those whom we study. In response to this argument some researchers have rejected the more outdated techniques in order to 'meet' the participant on an equivalent level and engage in a 'real' conversation with more give and take dialogue and empathic understanding.

Language, beyond its importance in delineating the type of question (broad, narrow, leading, probe, instructive, and so on) together with the specific terms used is also very important for creating a 'sharedness of meanings' in which both interviewer and respondent understand the contextual nature of the interview. Unstructured conversation, chatting and listening to others without taking notes or trying to direct a conversation, is also important in order to establish rapport and immerse oneself in the interview situation while gathering a store of 'tacit knowledge' about the person(s) and/or culture being studied.

Non-verbal elements are also part of the interviewing process, e.g. using interpersonal space to communicate attitudes (proxemic); using speech-pacing and silence-length conversation (chronemic); any communicative body movements or postures (kinetic); and variations in volume, pitch and quality of voice (paralinguistic). All of these factors are very important for the researcher and the researched alike because non-verbal communication both informs and sets the tone of the interview. Looks, body postures, long silences, the way one dresses are also significant in the interactional interview situation. Goffman (1959) has explored in detail the importance of non-verbal features as well as their consonance with verbal features

in interaction. Denzin & Lincoln (1994) suggest such considerations make the interview more honest, morally sound, reliable and allows the respondent (through treating him or her as an equal) to express personal feelings, which thereby presents a more 'realistic' picture than can be uncovered through the use of traditional interview methods.

5) Method

5i. The Participants

The sample recruited as participants for the present study comprised three groups of FtM transsexual volunteers, ranging in age from 22-73 years old. Participants were recruited by way of supplying fifty loose leaf invitations for individuals to participate in a research project on transsexualism and identity (see appendix 1), to the co-ordinator of the FTM Network (a nationwide support-group for FtM transsexual individuals which then boasted a membership of some 400 individuals, each located in disparate geographical regions of Britain). At the same time the co-ordinator was given a brief verbal description of the desired surgical/treatment status for those participants who were to be allotted to each of the three research groups. The invitations were then individually enclosed with an accompanying S.A.E (for returning the consent, address and telephone number slips) in envelopes alongside the current quarterly copy of the Network newsletter ('Boy's Own') as part of the total batch being distributed to members of the Network. The envelopes containing invitations were sent to the first fifty names of members who, according to Network records, potentially met the pre-requisites that qualified them for inclusion in one of each of the three research groups. This method of distributing the invitations according to the officially recorded order of eligible individuals was viewed as a reasonable way in which to ensure that participants would be representative of the overall membership. The first ten participants who, following return of the consent slip and reciprocal initial contact (followed by telephone contact or, where no telephone number was provided, in writing)(see appendix 2) were found to satisfy the criteria for inclusion in one of each of the three research groups were recruited. The sample was therefore likely to have been biased in terms of those who were less private about their transsexual status (Devor, 1993) and more concerned to tell

their story and/or educate non-transsexual people about FtMs. While this study did not involve a random sample of all FtMs they were a relatively diverse group (and, given Lothstein's (1983) view of the variance of female gender dysphoria conflicts which eventuate in a request for GRS, perhaps such a sampling was as acceptable as any other).

The first contact, beyond ensuring that a given volunteer met the inclusion requirements of the research, served as an opportunity to provide assurance regarding confidentiality (regarding personal identificatory details) - of which there seemed to be an implicit taken-for-granted awareness. This contact also served to reinforce the individual's willingness to participate in the study and to familiarise them with the nature and procedure of the interview situation. Appropriate contexts, dates and times throughout the year for the interview to take place were then arranged with each participant and a contact telephone number provided should later difficulties arise with these provisional arrangements.

According to the experience of the Network co-ordinator, members were characteristically disinclined to agree to be involved in research, tending instead to value their privacy. The researcher's own membership was thus deemed potentially advantageous toward gaining access to this sub-section of the transsexual community. This membership also served to minimise wariness or defensiveness in relation to the possibility of being perceived as a potential 'threat' (as might have occurred toward other researchers of either gender who were external to the community). Instead, the members' identification with the researcher was found to facilitate his virtually automatic acceptance and the extension of sufficient trust to conduct research among them. This acceptance was likely to have been promoted by the unusual non-clinical nature of the study. The individuals knew that the researcher had no influence over their treatment. It therefore seemed reasonable to believe that their responses were less inclined to be prone to being deliberately distorted (as might have been the case with clinically based research).

It was apparent that most participants had little or no knowledge of social research and indeed that some degree of mismatch existed between their expectations of formality with regard to the research and the relaxed outline that was conveyed to them. (This mismatch was

evidenced by the adoption, by some, of a subordinate stance). In the early days of negotiating co-ordinating and scheduling the actual interview (and over the months following its occurrence) it was therefore found to be advantageous to establish sociable relations with the participants by telephone/letter and to maintain general interest in ongoing events in their lives. Doing so was found to reinforce familiarity and help dispel any doubts that the researcher was a 'regular' empathic and trustworthy person. Preceding and during the interview itself some space was also given over to casual conversation about current events in the participants' lives.

It was either overtly stated or became apparent, on one or two occasions, that the topics of enquiry and visitations by the researcher had been subjects of some interest among those participants living in proximal geographical regions relative to (thus being in contact with) one another. The existence of such a communal 'grapevine' was evidenced by the fact that certain participants seemed to have been 'clued in' - prior to the first meeting - on; the appearance (and personality) of the researcher, the interview-associated equipment that he would use as well as a vague grasp of the topics to be covered in the interview. On such occasions also, the welcome awaiting the researcher was even warmer than usual and, since much of his preliminary reassurance and explanatory work seemed already to have been done for him(!), it was possible for the researcher to get the interview underway fairly promptly following his arrival. Before the interview ensued it was stressed that no real advantage was to be gained by participants from attempting to produce 'right' answers to questions since these were both open-ended and (in accordance with their designed contingent relationship to any given participant's responses to other surrounding questions) participant-specific.

5ii. Design

The apportioning of each participant to one of the three groups was done, firstly, in accordance with the view that there are three stages of transsexualism (needing to cross over; crossing over, having crossed over) (Wells, 1986). Each stage is viewed as having its own inherent problems, thereby making different demands upon individuals in any one of the three groups. Secondly, a three-way distinction seemed a particularly appropriate representation of FtM 'transition'; the process of switching from one social and anatomical gender identity (female) to the other (male)

- which itself can involve a basic three-stage treatment process for FtM transsexual (or 'transsexual male') individuals. Each group thus represented one of these three stages of the transition process:

Group 1: Pre-transition (pre-surgical, and either awaiting onset of or having begun hormone therapy);

Group 2: Transitional (post-mastectomy, and intending/awaiting further transitional surgery);

Group 3: Post-transition (post-mastectomy, post-hysterectomy and/or post-phalloplasty/genital surgery).

Wherever possible, home-based interviews were deemed preferable to their alternative: that of given participants travelling to the researcher's base at the psychology department within the University. The alternative venue was an option extended to those (three) who had no other available confidential location (due, say, to the likelihood that non-supportive or naive parents or partners might be present). Since, however, unfamiliar formal surroundings were inclined to exert an intimidating effect (for one participant) thus stifling relaxation which, in turn, threatened to jeopardise conversational flow, this alternative was generally discouraged.

For each of the (twenty-seven) visited participants, the procedure leading up to interview was virtually identical. Upon his arrival at the railway station the researcher located the other from among the crowd on the platform (all post-treatment participants being quite impossible to distinguish from other men were it not for a self-description being obtained beforehand from each. The consequences of failing to acquire such a description were soberly discovered when, on one occasion, the need to request this pre-requisite had been inadvertently overlooked). After an exchange of greetings the researcher was usually ushered to a waiting car then driven away to the participant's home.

The most notable feature of such first meetings was the almost complete absence of any need for superficial 'ice-breaking' conversation and/or effort at establishing rapport. Although virtual strangers to each other just a few moments before meeting the repeated experience, at each successive first encounter, was markedly akin to renewing a formerly established close acquaintanceship. So completely relaxed were the circumstances surrounding each successive meeting that, more often than not, an unprompted potted synopsis of the participant's entire life

story was relayed to the researcher during the journey en route between station and home. It was thus often necessary for the researcher to request that the participant repeat aspects of what had been said in the car again in the interview context where appropriate.

In order to achieve the goal of understanding participants' circumstances it is necessary to attempt, as far as possible, to assume their perspective on these and to establish a good rapport. While such a rapport is essential to facilitating open talk, however, there is a fine line between this and the risk of becoming too closely affiliated with research participants - perhaps even to the extent of the researcher losing his or her identity and 'going native'. Some degree of distance is therefore best maintained. This distancing can be achieved by way of preserving at least some suggestion of the existence of a hierarchical (superordinate/subordinate) relationship between researcher and participant. Establishing such power dynamics thereby minimises the risk of potential pitfalls by ensuring that the interview context and pattern of questions remains controlled yet balanced by way of the relative freedom afforded by allowing open-ended responses (Denzin & Lincoln, 1994).

5iii. Development of Interview Schedule

Since all interviews are unavoidably structured both by researcher and informant (there is no such thing as 'pure' data) in order to minimise, as far as possible, the influence of the researcher upon what was said a non-directive interview style was utilised. The objective of this strategy was to encourage each participant to talk freely, at length and in his own terms, of his own perspective in relation to his circumstances. To this end (in preference to using a simple questionnaire) a semi-structured interview schedule (see appendix 3) was employed for purposes of data collection, thus avoiding the constraining nature of closed forced-choice type questions (which tend to yield simple 'yes' or 'no' monosyllabic replies). This far less rigidly structured format comprised, instead, primarily open-ended questions designed to encourage participants to talk more at length about broad issues, thus yielding extended and elaborative responses (as proved to be the case).

The questions asked, which were worded such that these would aim to capture the lived experience of the participants, were drawn from a combination of the researcher's own

personal experience and his intuitive notions about specific issues to be addressed. These issues covered eighteen substantive areas all pertaining to FtM transsexualism and identity (biographical; family; school relations; neighbourhood; friends; partners; everyday situations; social interaction; work; passing; mood; body-image; religious belief; GRS; hobbies/interests; self-help groups). Questions relating to each substantive topic were organised to address a coherent succession of points, starting with a fairly broad general question then increasingly narrowing down to queries about specific feelings associated with the particular issue being addressed. In keeping with typical open-ended interview studies participants were encouraged to offer their own definitions of particular experiences and activities (e.g., the utilisation of 'pants stuffers').

Beyond additional questions associated with basic biographical life history issues of general relevance other issues raised were specific to participants within only one or perhaps two of the groups (e.g., only the transitional and post-transitional groups shared certain experiences that arose following the onset of hormone administration). A hard copy of the questions was held by the researcher during each interview and used as a checklist (and was described as such to the participants) to ensure that all relevant issues were addressed by each participant (see appendix 3). Field notes were written prior to and as soon as possible after the conclusion of each interview.

Siv. Administration of the interview

Due to time constraints, no pre-testing was carried out. After the first ten interviews were completed it was felt that since the existing schedule was satisfactorily yielding all the information sought there was no need to modify the questions. (One minor exception being dispensing with a query about 'experimental' sex prior to transition due the perceived irrelevance of sexual behaviour relative to gender identity). Some issues of interest, on the other hand, were not directly addressed at all. Instead, it was presumed that other questions implicitly bearing on the issue would themselves draw the required information without the necessity of prompting (as indeed proved to be the case. For example, one such issue of interest for which no specific question was asked was that of the experience of puberty). By this means, a more

unconstrained and spontaneous nature of response was yielded. If, on the other hand, a given issue failed to be mentioned, then the participant would be asked at the end of the interview if they thought this issue to be important in any way.

Once seated in the living room (with a customary mug of tea) casual conversation ensued while the researcher set out the interview equipment. A relaxed and leisurely atmosphere to the interview situation was maintained during the initial briefing by way of engaging the participants in light conversation so as to dispel any nervousness or dwindling motivation. Participants were informed that in response to each question asked they should say as much as they wished to say since there were no 'wrong' answers or any constraints on time. They were also told that they were not expected to attempt to respond to any question(s) that they might feel uncomfortable about answering and to simply relax and perceive the situation as being one of a friendly 'conversation' in which they would be doing most of the talking. Given the spontaneously volunteered outline of their lives and current circumstances often conveyed to the researcher following his arrival the interviewees were asked to 'forget' having previously imparted any information about themselves and to respond to the interview situation as if this were their first encounter with the researcher. To this end they were asked, where relevant, to repeat points that they may feel they had already mentioned in that initial conversation. Since one of the objectives of the research was to generate a wider public understanding of transsexualism and identity, participants were asked to attempt to regard the researcher as an interested but wholly naive listener with regard to their experiences as FtMs except for the definitions of associated terminology. They were assured that he would not feel offended should they be telling him anything that they might assume he 'already knew'. This request thereby encouraged the participants to refrain from allowing any issues that they might otherwise have assumed were common knowledge to a fellow member of their community to remain implicit and to talk in a 'public' way as if the researcher was unaware of their experiences as transsexual people. They would therefore be expressing overtly information which, in any other context (where revelation of their transsexuality would be to expose a potential stigma), was likely to be

instantly self-discrediting (Goffman, 1963). The data itself was subject to the same distortions that might affect all retrospective accounts.

To reduce the risk of distraction by overt note taking the interviews were tape-recorded. Consent to their words being recorded was given by the interviewees once it was explained that the recording would simply be an aid to note-taking and that if desired the tapes would subsequently be returned to them upon completion of the research. They were also assured that all real names, locations and identifying terms that might be articulated would be changed. The use of tape-recording also extended the range and precision of observations that could be made, enabled a more detailed analysis which would also be open to public scrutiny and helped to minimise the influence of personal preconceptions or analytical biases (Silverman, 1993). When the researcher was satisfied that participants understood what was required of them the recording device was made operational and the interview commenced.

An initial brief outline of the substantive areas to be covered was followed by some simple routine closed questions, then a potentially open enquiry (which, if not itself eliciting a more expansive reply, was accompanied by a probe question that 'demanded' one such that the question would be properly addressed). The nature of the first closed and subsequent open-ended question(s) invariably elicited a departure from a given participants' initially tentative and faltering start to a more satisfactory pattern of broad and elaborative responses. It was as if the interviewee had been struck by the realisation that here there really was an unconstrained space for them to just tell their story to a sympathetic (and, they could be sure, understanding) listener, without the danger that their responses might invoke negative or judgmental conclusions. The participants' entire non-verbal orientation toward the interviewer suggested their confident acknowledgement that the private experiences of which they spoke had been intimately shared by the interviewer, which thus appeared to have qualified him to be granted privileged access to their verbalised private thoughts. Thenceforth, an atmosphere of ease was established within the interview context. Talk was facilitated by the researcher maintaining a non-opinionated stance and utilising a repertoire of encouraging and agreeing utterances designed to convey the impression that he shared the same attitude and perceived the world in

accordance with the perspective of each successive participant. For the researcher one great benefit was that he was personally familiar with many of the issues mentioned by the participants. This meant that where a participant addressed a given issue this response could be judged against the gauge of the researcher's own experience. Thus, should an account seem 'incomplete' (possibly due to participants lapsing into thinking it unnecessary to voice what they assumed he already knew) the interviewer could ask for further elaboration, e.g., 'Can you say more about that?'

Each interview lasted between three and seven hours (including breaks if and when required). As a safeguard against the possibility that awareness of the presence of the tape-recorder might act as a deterrent to their flow of speech the device was placed out of the interviewees' field of vision. Only a (flat) microphone remained visible on the floor between interviewer and interviewee. C120 tapes were used so as to minimise disruption from the necessity of having to pause the proceedings for the tape to be changed.

5v. The Transcription Process

All verbal interview material was transcribed in full soon after each interview was completed. In accordance with similar work, it was decided not to time pauses nor to highlight intonation but simply to notate pauses and stressed utterances (via italicising words that had been emphasised by any interviewee) but nothing further. Although not all of the material was transcribed by one person, all of it was later cross-edited and marked (for pauses, stress etc.) by the researcher. An alias name was given to each participant for transcription purposes as well as all person and place names cited therein. Where the tape recording could not be heard clearly this was marked in the transcript (by the symbol: []). For ease of analysis and reference each extract was coded according to: alias of participant; age; group number; and page number(s), e.g.; Brian: 39 (g3, p.40).

vi. Analysis

The positivist position holds that a single set of criteria should govern all scientific research: internal and external validity, reliability and objectivity, a principle which it applies to both qualitative and quantitative research. The post-positivist position, by contrast, insists that

qualitative research - which it views as 'an alternative paradigm to quantitative social research' (Hammersley, 1992) - requires its own unique set of criteria (although precisely what these should be is subject to considerable debate). Postmodernism is similarly sceptical of attempts to restrict textual authority to those which meet with positivist criteria such as traditional foundationalist topics like reliability, validity, and generalisability. Rather, Hammersley (1992) suggests, this perspective favours taking a more immediate, personal, and political stance, maintaining that because of the nature of qualitative research its products cannot be judged by any criteria at all. The present research, nevertheless, does not embrace such an extreme stance. Rather, it utilises triangulation and/or consensus as criteria of validity and reliability.

The further other positions lie from positivism the greater weight they place on factors relating to psychological, subjective and reflexive factors. These positions acknowledge validity via other means than that of pure knowledge, or claims to 'truth', recognising this concept instead as denoting a process fashioned by cultural phenomena. For purposes of the present research the author adopts a theoretical stance similar to that of post-positivists.

Following the rejection of the criteria of the positivist perspective for objective knowledge Altheide & Johnson (1994) argued that there must be some means of judging ethnographic products and assessing and identifying the interactive processes by which researchers obtained their information. Such tools are necessary, these authors reasoned, if the desire is to extrapolate claims from research findings and apply these to social life. Moreover, Denzin (1994) predicts, evaluative criteria will increasingly depend not upon a singular authoritative methodological tradition but on various issues that will ensure that text production will provide a more free and involved stance upon human life and its improvement.

Historically, there have been three main social science approaches to analysing textual accounts. Each of these approaches is part of a long theoretical and research tradition: Content analysis (primarily dealing with qualitative media studies), semiotics (which searches for textual oppositions, categories, and linguistic structures), and narrative analysis (in which the researcher seeks the temporal and dramatic structures of a text from its close interpretive reading) (Strauss & Corbin, 1994).

The assumption, by early researchers, that words were simply a window on 'reality' was later refuted by twentieth century scholars. This assumption has now been replaced by the view that the meanings of words largely derive from their use (Wittgenstein, 1968, cited in Silverman, 1993) and that this meaning gains significance from the place of such words in relation to other signs.

Positivist researchers, rather than acknowledging the social construction of meaning, prefer instead to define, count, and analyse variables by means of ad hoc procedures (Silverman, 1993). Embracing the 19th century model of science-as-the-physical-sciences, positivist methodology seeks to explain events in the world in a deductive fashion by way of the development of universal laws that assert definite and unproblematic relationships between such events. Using techniques that produce numerical data that is presumed to reflect 'true' measures of objective categories positivists favour empirical sense-directed data, adhering to the assertion that 'reliability', or the stability of methods and findings, is an indicator of 'validity' - the accuracy and truthfulness of the findings. By contrast, most qualitative research aims to describe and demonstrate the existence of a meaningful social world in terms of the interpretive paradigm. It avoids attempting to prematurely impose theories 'which may exhibit a 'poor fit' with participants observations' (Hammersley & Atkinson, 1983).

Differences in stance between these two research perspectives are illustrated by their respective approaches to analysing texts. Quantitative analysis proceeds by way of tabulating precisely coded categories of text by using a uniform system that enables two different researchers to arrive at the same conclusions and hence, reliable knowledge to be obtained about a large sample. A key part of the qualitative method, on the other hand, is either first-hand ethnographic observation or, alternatively, asking informants and others for their recollections, viewpoints and interpretations, by means of interview. The predictability sought by positivists is not the issue for qualitative researchers whose approach provides knowledge as understanding, rather than control. While ethnographers realise that the contextual nature of their work makes

precision beyond a reasonable expectation impractical, they nevertheless relate their accounts authoritatively to their audiences.

The nature of ethnographic contexts, goals, perspectives and relevant audiences has recently been questioned, however, on grounds that ethnography is conducted by human beings who witness numerous contexts, layered one upon and through the other and that as such, time, purpose, approach, language and styles are all influential. In this sense the degree of objectivity of ethnographic research has been challenged since researchers' accounts of their findings are now perceived as constructions, none of which accurately represents reality (Denzin, 1994; Richardson, 1994). Thus the production of these research accounts is seen as reflecting the presuppositions and socio-historical circumstances of their authors who themselves are thus perceived to be effectively contradicting the goal of social science - that of producing valid knowledge which captures the nature of the social world.

A small but growing number of critics have therefore argued that the essential reflexive character of ethnographic accounts renders them not only 'non-objective' but also inextricably bound to the contexts and rationales of the researcher (albeit unknowingly), and that flawed ethnographic reports are manifested and presented through rhetorical genres. The structure of qualitative accounts or stories can also be analysed in terms of types of genre into which they fall. Alternatively, researchers may opt for straightforward and coherent accounts or (as in the present study) vignettes. While these stories may perhaps be subject to ambiguity or uncertainty claims can still be made since we cannot assume that stories misrepresent claims that incorporate tacit knowledge. Rather, narrative analysis has been described as a process that works through examining the nature and sources of the 'frames of explanation' used by the interviewee (Glassner & Loughlin, 1987, cited in Silverman, 1993).

Because of the inductive and reflexive nature of ethnographic-type research there follows a constant interplay between indications of findings and the generation of analytic categories. The process of analysis involves the simultaneous development of these two

interdependent factors so as to arrive at a 'fit' between both. Often a multiple set of tactics, drawn from a large range, are used for this aspect of the analysis; from comparisons and contrasts to confirmatory tactics such as triangulation (wherein several methods may be used in different combination), seeking negative cases, and checking results with participants. The data becomes transformed as information is condensed, clustered, sorted, and linked over time (Huberman & Miles, 1994).

Good storage and retrieval systems are vital if data is to be readily available and accessible. To this end the practice in the present study, was to reduce the data according to a conceptual framework derived from the emergent categories via noting patterns and themes and deciding which research questions were to be addressed. Field notes were summarised and tapes transcribed, coded and thematically organised. The data was then further selected, clustered, condensed, recorded and cross-referenced on (hand-written) index cards. Finally, meaning was drawn, verified and interpreted from the coded contents of the index cards.

The initial step in the analysis involved the careful, intensive and systematic reading of the transcribed data (all responses to each of the questions in all 30 transcripts) in order to gain a thorough understanding of it. The researcher then engaged in; making notes, pondering, re-reading, making new notes, matching notes up, re-reading etc., (Plummer, 1983). In the course of the in-depth reading process any identifiable, interesting or recurrent patterns contained in the transcripts were sought, as was anything that stood out as surprising or puzzling. Different types of talk or particular 'ideologies' were examined and contrasted with each other and different types of general category identified.

Interview data, like any other, must be interpreted against the background of the context in which it is produced (Hammersley & Atkinson, 1987). With regard to the present study, consideration was given to how the data related to what the researcher might have expected. These expectations were based on: tacit knowledge of the FtM transsexual condition, official accounts, regularly appearing story-lines or 'threads' among the membership of a substantial self-help/support email list and 'favourite' topics featuring in the FtM Network's Newsletter topics. Any apparent inconsistencies among the views of the participants were then weighed

against these indices. From this process of reading, categorisation and cross-referencing, the central focus of the analysis was the 23 emergent category-concepts distinguished (see appendix 5). These categories were collectively perceived to be the best means of interpreting the data in that they satisfactorily summarised the more substantive themes arising from reading the texts without losing any of the data.

Once derived, the list of categories underwent remarkably little change as the analysis progressed save that of being increasingly refined in order to become more theoretically relevant. For example, the concept of 'disclosure' was developed to incorporate the manner in which any given discloser modified the level, form and extent of revealing his identity and reasons underlying his felt necessity to transition according to his estimate of how likely this would meet with acceptance from the other. Construct validity and the inferences linking data and concepts was ensured by maintaining constant recourse to the data. Extracts that seemed associated with each concept were then taken out, identified, placed under broad headings and cross-referenced. Attention was also given to how the selected extracts were being used and what functions they served.

As for issues of reliability, since all the coding had been self-generated and organised by the researcher alone, a check of inter-rater reliability was not a feasible option. The objective, however, was not that of precise enumeration but of identifying substantive issues in the participants' talk, illustrating such issues with instances of the ways in which these issues were talked about and arriving at an interpretation of how those issues might each be understood.

The author acknowledges the possibility that some different interpretation of the same material might have been made by a different researcher. There are, clearly, various ways in which researchers can interpret and write their texts since they use their own experiential knowledge to make sense of data. Indeed, all interpretations - drawn by both researchers and readers alike, are a direct consequence of given situations (or texts) having struck a salient chord in us such that these became associated with our own experience (as is equally true of scientific research and products). This, together with researchers' awareness of the influence of their own reflexivity in the process of sense-making itself serves as a fundamental resource which furnishes

ethnographic research with validity (and hence, legitimacy) as a generic methodology of enquiry in exploring understandings. Thus, in-depth awareness of the issue (and culture) at hand provides a knowledge resource which informs the interpretation of the meaning of a message.

In relation to everyday contexts, researchers analyses of talk are based on their own tacit or taken-for-granted knowledge about how to understand everyday conversation. This (universal) characteristic is part of the 'reflexivity' that the researcher brings to his or her study. On this basis, validity depends upon the goals of the research as well as the audience (Denzin & Lincoln, 1994). The notion of validity is quite different for different audiences.

In terms of the present study, beyond this general reflexive resource was the additional reflexivity afforded by the researcher's insight into the participants' experiences given his own membership of the same transsexual community. This 'double-reflexivity' could be claimed to be a source of potential problems arising from the researcher's experiential proximity to the study topic of interest. Nevertheless it could equally be argued that the nature of questions necessary to satisfactorily tap the experience of the FtM transsexual condition would have been less apparent to a non-transsexual researcher. Moreover, in the absence of this very experiential insight the possibility of carrying out this form of study at all would have been far less certain.

As a gauge of internal consistency, comparisons were made either between different points in the temporal cycle of transition (as represented by the three independent research groups) or between different parts of the same accounts of given participants. This process of triangulation was undertaken in order to avoid reliance upon a single piece of data for each participant as a control against the danger of undetected errors in the data acquisition process threatening the validity of the analysis. If these disparate pieces of data led to the same conclusion then there was scope for greater confidence in the accuracy of that conclusion. In response to potential criticism of the validity of this reflexive mode of enquiry, Hammersley and Atkinson (1987) point out that since all knowledge is a construction that is built only on the basis of available evidence it is, by its very nature, fallible.

Confidence in the triangulation process, they argue, is legitimate to the extent that different kinds of data have different types of built-in error.

6) Criteria of Evaluation

Although statistical analysis has tended to be viewed as a foundation of research, dissension with purely quantitative methodology began in the 1950s. Attempts by quantitative researchers to discover correlations between variables were noted to rely upon non-attention to how such variables were defined by the people being studied (Blumer, 1969). They also acknowledged that using mathematical logic could lead to overlooking common-sense reasoning by both participants and researchers (Cicourel, 1964, cited in Denzin & Lincoln, 1994).

In order to discover direct links to the independent factual reality about the world they deem their interview data to contain (which would also, inevitably, contain both biographical and belief statements) positivists would ensure that their material was obtained via valid and reliable means. Distrusting data yielded by unstructured interviews (since they would view its flexible nature as precluding satisfactory cross-data comparisons), positivist researchers instead employ structured interviews - containing standardised questions and multiple-choice answers - administering these to randomly selected samples as a means of ensuring reliable data. These structured interviews would proceed according to standard and precise rules, researcher-influence thereby being assumed to be minimal. Participants and interviewers, however, use language in many different ways and standardised questions are derived from readily available notions about behaviour, hence their 'scientific' content is built upon shared common-sense knowledge about the world (Baker, 1967, cited in Silverman, 1993).

Structured quantitative forms of data collection and analysis have been utilised in qualitative work but their positivist rationale has been rejected together with the notion that such methods are the only legitimate research methodology. However, the credentials of traditional ethnography itself have not entirely escaped criticism, e.g., in relation to its not facilitating the study of past events and, in particular, its apparent claim to a privileged expertise concerning

the lives of those whom it studies. In short, it has been acknowledged that all forms of data collection have their own intrinsic limitations.

7) Validity

Validity has traditionally been viewed as representing the objective of ensuring that the technique employed by a researcher actually accesses that which is under study; whether the interview material reflects what it is the researcher seeks to understand. Theoretically, on this basis, the closer one is to the phenomenon one wants to understand the nearer one usually is to validity.

7i. Data Collection

Grounded theory (associated with American social theorists such as Althusser, Strauss and Barnett) represents a naturalistic research perspective on observation, open-ended interviewing, naturalistic interpretation and inductive theorisation. This methodological approach retains principles of the physical sciences in its criteria for the evaluation of a given study and is, at present, the most popular qualitative interpretive approach in the social sciences. Strauss and Corbin, 1994, cited in Denzin & Lincoln, 1994) for example, as proponents of 'grounded theory', argue that, given comparable sets of conditions, if identical theoretical perspectives and rules for data gathering and analysis are followed different researchers should produce similar theoretical explanations of a given phenomenon. While there is no pretence that the observations of grounded theorists are objective measures of reality per se, there is a belief that its observations and its vocabulary of sensitising concepts are nonetheless meaningful in some way. Nevertheless grounded theory is subject to criticism on a number of bases, not least that of its allegiance to positivist principles.

In social psychology, the supremacy of the experimental or 'scientific' method has recently come under challenge on grounds that attempts to draw general inferences from this method of data collection give rise to serious problems - particularly with regard to 'ecological validity'. This is because when people are given more freedom beyond that afforded when administered with standardised question-response formats (e.g. Burman & Parker, 1993) they respond differentially. Simultaneously, similar problems may affect the results of research

conducted in 'natural' settings, perhaps as a consequence of the influential effect on the setting by the presence of the researcher (as participant-observer) such that findings may differ between two comparable settings (Hammersley & Atkinson, 1993). In addition, while in interview research fairly constraining guidelines are followed (the goal being to conduct the ideal interview), errors are inevitable. These errors arise from three sources: the respondent's behaviour (e.g. omitting information so as to conceal this from the interviewer); the type of questionnaire used (e.g. structured, unstructured) or wording of the questions; and imperfect interview technique or changes in the wording of the questions asked by the interviewer.

As an attempt to minimise potentially disruptive influence arising from such errors gauges of validity were employed in relation to the data collection stage of the present study. These controls included; monitoring whether participants were selectively omitting information (deliberately or otherwise). This was done by including certain forms of 'hidden' probe questions in the interview schedule that were designed to lead the interviewees to retrace over ground that had already been covered by the more obvious open questions. The responses yielded by both forms of question were later compared during the process of triangulation that was carried out during analysis. In addition, wherever possible the researcher used referents that carried precise meanings with which he (as a member of the same community) knew that the participants were familiar understand. The wording of the actual questions asked (these being based on the researcher's own experiential perspective), was intended to relate to specific experiences. A fair degree of confidence that such experiences were effectively being tapped was ensured through designing the questions according to the ways in which similar issues were actively discussed by members of an Internet FtM mailgroup. (Since all (bar one) of the participants were completely unversed in e-mail/electronic communication the researcher concluded that they were unlikely to have ever had access to such group discussions. In the subsequent analysis stage of the research the participant's responses were found to demonstrate strong parallels to this source material.

Critics of qualitative social research have nevertheless contended that the authors of personal accounts can engage in deception (either deliberate or unwitting) and hence that such

accounts are untrustworthy (Blumer, 1979, cited in Plummer, 1983). Silverman (1993) argues, however, that 'we must learn to conceive of error not simply as evidence of poor reliability but also of 'normal' interpersonal relations'.

Sociological approaches to social research stress the degree to which functions, meanings, and understandings become evident through interaction (Denzin & Lincoln, 1994). The actual composition of interviews reflects the same basic properties of social interaction given that either individual within the interview context utilises their own common-sense knowledge of social structures. It therefore makes sense to investigate such factors as opposed to perceiving these as problematic.

7ii. Data Analysis

Denzin (1994) suggests that the positivist's criteria are now generally acknowledged to have serious shortcomings in being unable to produce valid results through quantitative-based methods and that the notion of validity has contributed to current 'major reconsiderations' even by the staunchest supporters of the positivist approach. (In psychology, however, wherein the experimental method is dominant, many researchers would have problems with such a statement which itself might have currency only among social psychologists).

In relation to social research most formulations have also abandoned any pretence of linkage within a broader context. Instead, the general model seems to be that validity should be relevant and serviceable for some application of knowledge, i.e. is the knowledge useful? Such questions are useful arguments to clarify issues and to caution researchers, participants, and readers (Denzin, 1994). According to some perspectives (e.g. constructionism, post-positivism), triangulation (looking for internal consistency between different kinds of data) can be perceived to be credible, confirmable, and thus, dependable. The triangulated information may thus also be deemed transferable and hence, trustworthy (Lincoln & Guba, 1985, cited in Denzin & Lincoln, 1994).

The issue of validity very much depends on what researchers are seeking to study and that it is not always appropriate to classify and standardise everything beforehand since this would yield a distorted (hence invalid) account (Plummer, 1983). Humanistic approaches (such as feminist and anthropological research), for example, embrace 'depth interviews' wherein interviewer and interviewee(s) become 'peers' or even 'companions' (Rowan, 1976, cited in Denzin & Lincoln, 1994) and maintain that both the type of knowledge obtained and analytic validity are grounded on deep mutual understanding.

In the present study, the question of validity fundamentally rested with that of whether the interview material reflected what the researcher sought to understand about the nature of the experiences of transsexuals under certain circumstances. This was checked by means of assessing the data against a number of gauges (e.g. comparing the transcript of one with those of other participants (Plummer, 1983); and comparing the data with personal accounts of the same or similar issues of salience from an FtM mail-group).

8) Reliability

Reliability demands a uniform and replicably consistent means of data gathering, through standardisation and control, such that should a given study be conducted by someone else similar findings would be obtained. Such standardisation and control is rendered problematic in relation to qualitative research where the objective is that of gaining an understanding of the categories that participants have derived for themselves in their own lives as well as of how they use these in telling their stories (e.g. Ditton, 1977). Greater weight is devoted to discovering these 'local practices' through which the stories or descriptions are constructed rather than whether or not the stories are themselves reliable. Of more relevance for qualitative researchers, is the reliability of the interview schedule itself and the representativeness of the sample of interviewees (Silverman, 1993).

8i. Data Collection

The present study involved a sample comprised of three small groups of individuals from disparate geographical locations. The method selected for data collection was that of one-

to-one (extended) interview. The setting, for most, was that of each participant's own home, both for their convenience and - by virtue of the familiarity of the surroundings - in order to maintain as far as possible relaxed conditions that might facilitate a sense of ease conducive to their being interviewed.

A single standardised interview schedule was first developed then used with each participant. Minor modifications were made to certain questions only to change their tense thus making these questions more appropriate to any given individual's particular transitional stage. For example, in asking for the same information retrospectively and prospectively, a given question posed to individuals in the pre-transitional group might relate to the expected results of some surgical procedure or to expected changes in certain relationships as the individual concerned underwent physical change. Individuals in the post-transitional or transitional group(s) (who had already been through such experiences) would receive the question phrased in the past tense, while for those in either the pre-transitional group would receive the question phrased in the future tense:

(Question to transitioning/post-transitional participant about undergoing GRS): 'Do you feel a greater sense of peace?'

(Question to pre-transitional participant about to undergo GRS): 'Do you think you will feel a greater sense of peace?'

The representativeness of individuals within each of the three sample groups was evaluated by comparing the nature of their responses to given questions with those of other participants within the same treatment-stage group. Ethnographic research is sometimes criticised as being limited since, typically, only a small number of cases are studied, thus raising questions as to the representative degree of its claims. On the other hand, theoretical claims depend upon specific conditions that are non-representative of real life contexts, therefore studies involving large randomly selected samples also have their drawbacks relative to small groups of critical cases.

8i. Data Analysis

Reliability of the analysis was sought by way of attempting to standardise the procedure as far as possible. To this end all responses from the participants to each question were analysed in serial order. Where referents from different participants had been made to the same substantive issues these were coded as was the nature of the context in which such issues were reported to have been situated. Similar codings were then grouped together in preparation for their differential interpretation to be made. While this process was ongoing a small number of ambiguities in meaning became apparent. These anomalies were checked by way of contacting the participants concerned directly by telephone in order to seek their clarification of the intended meaning that had lain behind the words that they had used when issuing such (ambiguous) response(s). This clarified data was then coded in similar manner to the rest of the response material prior to interpretation.

9) The Notion of 'Truth'

Interviews are a means to acquiring a rich yield of data that provides access to how people account for their troubles and good fortune, as well as (like any account) serving as a link with moral realities. There is, however, an unresolved debate over the status of interview accounts. At the heart of this debate are questions about whether such accounts are true or false representations of attitudes and behaviour, or whether they are merely 'accounts' per se whose main interest lies in how they are constructed rather than their actual accuracy (Silverman, 1993). One important distinction (dividing positivists and ethnomethodologists) is the way in which interviews are treated: either as straightforward reports on a reality or as merely expressing the interpretive procedures present in both the interviewer's and interviewee's action through their talk and non-verbal actions. Late twentieth century researchers (unlike their early predecessors who assumed that the words comprising the accounts of interviewees were simply a 'window' on 'reality') now appreciate that words are signs which derive meaning largely from their use (Wittgenstein, 1968, cited in Silverman, 1993) and from their relation to other signs.

Silverman (1993) emphasises the value of focusing on how interviews rely on the modified use of certain properties of everyday conversation.

Plummer (1983) proposes that all data is selective and that despite perhaps purporting to 'tell it as it is' and let participants simply tell their own stories these tend to be shaped by the researcher's theory. The problem with using theory in this way, however, is that it can 'force the data' such that the key problem is that of interpretation. This process of 'interaction between theory and inductive material has been described as 'the essence of the methodological problem with personal documents' (Allport, 1942). A feature of many qualitative research studies is that there is no specific hypothesis at the outset but hypotheses are produced (induced) during the early stages of research (Silverman, 1993).

It is thus important to resist attempting to treat accounts as revealing an essential 'truth'. This is a matter that cannot usefully be dealt with by a simple affirmative or negative for there is a wider range of possible answers. Interpretation, rather than being a route to a single 'truth', lends itself equally to different perspectives which themselves apply their own interpretive form (Denzin 1994). Silverman (1993) recommends that we should therefore instead treat accounts as being historically situated. Researchers perceive interview statements as being distorted reports of reality that are only potentially accurate - a 'distortion' that has been seen by some as indicative of moral failing (in the form of 'concealment' or 'lack of intelligence'). Silverman (1993) argues, however, that rather than adhering to the notion that the social world is replete with moral forms, interview accounts should be treated as compelling narratives in their own right.

The main concern about this form of data is that of examining possible sources of bias which can potentially prevent the researcher from obtaining what is wanted, hence techniques are customarily employed in order to reduce the possible effects of these. In social science research, such biases may arise from three sources: the participants, the researcher (or their interaction), or the nature of the research itself.

Participants may either inadvertently or deliberately mislead researchers. For example, by attempting to present a positive self-image or produce a coherent account (to try to impress or

'help' the researcher, respectively) or through their assuming and taking for granted the researcher's prior knowledge. On the other hand they may be evasive and/or simply lie. Alternatively, the researcher may bring biases to the research situation as a consequence of, say, his or her age, class, gender, demeanour, background, or pre-existing theoretical orientation (Plummer, 1983). The interaction may equally be influenced by a prior interaction, by verbal behaviour or non-verbal communication. Lastly, the research being conducted may contain inherent prejudices that come to structure the questioning, or the setting may be non-conducive to fostering satisfactory responses. Such potential sources of bias cannot be completely eradicated in research dealing with the human condition. Nevertheless, it is important that precautions are taken so as to attenuate their effects, without compromising the fact that it is precisely because of their very existence that a 'truth' actually comes to be assembled at all (Plummer, 1983). Rather than attempting to eradicate these biasing variables, therefore, the task of the researcher is to remain aware of them and to describe and suggest how they assemble such a specific 'truth'. Even the interview itself represents a distinct setting that elicits certain participant understandings which may not be those that underlie the social interaction observed elsewhere (Hammersley & Atkinson, 1987). The question is how it might be possible to derive knowledge about the nature of the social world without *some* method of enquiry being employed.

With regard to bias arising from the nature of the research itself, it has been suggested (in relation to case histories) that there may be reason to doubt the significance of information obtained within the clinical context. This contention is based on grounds that the content of such information may have been influenced by patient motivation toward achieving the goal of accessing gender reassignment surgery (GRS). Such motivation has been proposed to underlie the 'selective recall or omission of aspects of the past' which the patient feels will best serve his or her purpose (Pauly, 1974a). There were less grounds for presuming the operation of a similar biasing influence in the present study since participants were aware that the researcher was neither a clinician nor in any way involved in the decision-making process regarding their treatment. It was acknowledged that participants' own apparent general wariness and general distrust of similar research projects into their lives (by non-transsexual researchers) might

perhaps exert some influence upon their responses, thereby affecting the nature of the data obtained. Nonetheless, the purpose of the present study was that of obtaining accounts of a particular issue. Such accounts were themselves viewed as informed (if subjective) statements that were true for that instance in which the individuals whose experiences were being studied were interviewed (Brown & Sime, 1981, cited in Silverman, 1993). These expressed experiences were seen to be demonstrative of these individuals' processes of knowing (i.e. how they came to claim what they knew) rather than their 'true attitudes', per se. As opposed to a singular truth, the object was that of offering a version of the truth to the reader about the situation studied, as the researcher understood this. In these terms, the notion of validity, per se, was of no currency given that other researchers might equally present different interpretations (in a similar way to novelists). By the same token, readers themselves would be likely to perceive and interpret researchers' accounts in different ways, generating their own everyday theories and generalisations according to common-sense and the affect that the text evoked in them (Denzin & Lincoln, 1994).

10) Writing texts

Sociologists have begun to tackle the issue of the influence of the researcher-as-author in terms of his or her biases and taken-for-granted assumptions, an issue that has recently been subject to examination (e.g. Van Maanen, 1988).

Among the key issues for qualitative researchers are those pertaining to the people studied and there has been ethical acknowledgement that research participants must be treated as human beings as opposed to being perceived as faceless 'others' to be categorised and quantified. As a consequence it has become recognised that interviewers can themselves no longer be perceived as objective and faceless, that each as a human being brings their own history and idiosyncrasies to the interview setting and that such researchers learn about themselves as they try to learn about the other.

With regard to the relationship between interviewer and interviewee, traditional ethnographic texts clearly demarcated between researcher and those whom he or she studied.

Ethnographic studies were reported solely in the voice of the researcher, that of the epistemological Other was not allowed to speak but instead remained 'an absent presence without voice'. hooks (1990, cited in Denzin & Lincoln, 1994) points out that when the Other is allowed to speak researchers are still taking over their voice. To partially remedy this situation she advocates multi-voiced in place of single-voiced texts. Indeed, studies have become increasingly methodologically committed to this goal and efforts made toward producing more balanced ethnographic studies and texts supporting a multiplicity of 'voices' (Marcus and Fischer, 1986, cited in Denzin & Lincoln, 1994).

More recently ethnography itself has become more diversified, different approaches being adopted for different concerns and in different areas (e.g. applied work in the service of policy makers and toward furthering political emancipation). Such diversification has been driven by different goals which have thus been associated with differential forms of ethnography: condensed fieldwork or in-depth unstructured interviews being substituted for more traditional, long-term investigations.

11) Reflexivity

Altheide & Johnson (1994) have defined reflexivity as tacit knowledge of unutterable truths that lie between and join the meanings and actions of human intentionality to more concretely focused symbols of practice. In the 1960s and 70s as a result of significant work carried out into reflexivity by symbolic interactionists, ethnomethodologists, and phenomenologists, a 'reflexive turn' occurred within qualitative research. This reflexivity involved scrutinising the ways in which researchers produced, demonstrated and defended the facts they claimed about the social world and showed how, by their activities, they develop a picture of the world and such facts. A self-critical shift took place within ethnographic practice in relation to the content, practice, procedures and form both of the qualitative method and its relevance to the knowledge database. This involved scientific observers analysing their intimate relationship with (perceiving themselves as integral to) the settings, context, and culture that they sought to understand. There followed formal acknowledgement by qualitative social researchers that they themselves were part of the social world they studied, in the process of which they could not avoid the necessity of relying on

common-sense methods. Accepting their own role within the focus of the research and taking advantage of their participation, as researchers, within that focus of study facilitated the development and testing of theory without recourse to empiricism.

The consequence of this self-critical acknowledgement was the enhancement of an understanding of how qualitative research is performed and the rendering of issues of representation, voice, and the ethnographer's role problematic (Altheide & Johnson, 1994, cited in Denzin & Lincoln, 1994). This process of self-reflection also caused qualitative researchers to change the way they perceived and conducted their research, from the acquisition of data to the interpretation of their findings. Because of this much more is now known about issues relating to the qualitative research process and on how these bear on other important issues relating to ethnographic research and the validity of its findings.

The meanings of things are not always contained in what is communicated in a text (Silverman, 1993). All knowledge and knowledge-claims are reflexive of the assumptions, location, history, and context of both the knowing and the knower, and cultural messages gain meaningfulness within comparable situations of their use. Denzin & Lincoln (1994) argue that such meanings are not always conveyed in communication. Rather, contexts and people's tacit awareness and experience therein dictate which meanings they draw upon. A non-verbal private awareness of feeling and mood exists without recourse even to a noticeable symbolic body-language shift. Instead, context, awareness, and experience as tacit knowledge set the tone of the emergent interpretation wherein people may describe themselves in a multiplicity of ways.

Methods for making sense of experience, Denzin (1994) believes, are always personal, and they reflect the way in which one makes sense of one's own life. In this sense, ethnographic researchers have acknowledged, we all 'tell stories'. The focus of ethnographic interest, rather than that of the sociological experience of sense making per se, is thus upon the more invariable issue of *how* we tell the stories.

This more humanistic ethnomethodological approach to studying groups of individuals as they encounter or undergo a particular set of circumstances would thus seem to be enhanced where researchers have personally experienced such circumstances. On this basis the

opportunities for informal observation presented could provide insight that would greatly improve the researchers' analytic and interpretive performance with data relating to similar experiences to their own.

12) Writing Research Texts

Writing and reading are integral to interpretation. Writers operate on experiential moments, using their intelligence and writing skill to demonstrate how they alone perceive the world to really be, by way of clear language, which illuminates and animates that which he or she seeks to describe. There is a complex relation between 'truth', reality and the text: the text tells its own truth by way of writers extracting and revealing the underlying central reality of the data, interpreting this via clear description - without which interpretation and understanding would not be forthcoming (Denzin, 1994).

Attempts toward 'objective' description have been superseded by the generation, by writers, of their own inscribed accounts of real events from the discourse gathered which they richly describe and derive the truth of the text. By this means a 'thick' interpretation of the implicit theories structuring people's lives (which enable them to make sense of their sometimes problematic experiences) occurs which, in turn, facilitates their ability to realise meaning from their experiences (Geertz, 1983). Researchers engage in a reflexive interpretation of the subject matter which represents their self-understandings in the experiences of those studied, so providing the context for the experiences of readers which they themselves employ in order to derive their own understandings of the text.

The post-modern tradition urges writers to thus locate themselves in their texts so as to write creatively of their enquiries and discoveries. This process, in the present study, was executed similarly to the most common strategy for writing up life document research. Specifically, this consisted of grasping the participants' own words from the inside and turning these into a structured and coherent statement that employs the words of both the participants and those of the researcher in a manner that preserves the authentic meaning of the former (Plummer, 1983). Further illustration was provided by way of vignettes of actual talk. It is acknowledged that these joint interpretations, by both writer and reader, may still not reach the essence of the

content as this was understood in the everyday world but may only have been 'second order' understandings (Geertz, 1983). Nevertheless, the fact of the researcher's own identity and his reflexive appreciation of the issues at hand were viewed as grounds for holding a satisfactory degree of confidence in the manner in which the material was presented.

Interpretation, by those under study (the 'local' story-tellers) who have actually experienced the events involves using their experience, words, and meanings in order to state why things happened in the way that they did and provide the events with some essence of chronology, causation or continuity. The object is one of seeking to realise understandings of situations and then perhaps further modify the 'story' to make it tellable (Silverman, 1993).

Done by the researcher, or 'well informed scientific expert'/story teller, interpretation of this same set of (thickly inscribed) events and/or experiences commonly generates different, experience-distanced and non-situational meanings. However, the inscribed nature of such meanings as are written in research texts is, simultaneously, a basis on which their authority may be challenged. This is due to the very fact that different researchers write differently, hence rendering such meanings subject to various biases (thus calling into question the interpretive criteria employed). In addition, researchers' writings may be at odds with the meanings of the events and experiences as these are understood by those whom they studied. Despite this existence of various writing styles, each with their own inherent modes of arriving at an interpretation of reality, some form of realist attempt to animate and make apparent the world of those studied must prevail.

Intrusion on the data can legitimately occur at the writing stage where the researcher may intervene to a variable degree along a continuum if they openly acknowledge the extent to which the data is being thus 'contaminated'. Often, researchers impose their own organisational scheme upon the data instead of allowing participants to talk for themselves. In a manner which Plummer (1983) terms 'verification by anecdote' or 'exemplifying', the researcher's own story is supported by means of examples from those of the participants interviewed with scant justification from the researcher as to his or her particular choice of quotations used. Alternatively, in a 'systematic

thematic analysis' style the voice of participants may be allowed more space. From this the researcher amasses themes which are partly based on participant accounts and partly on theory.

Intrusion can also occur in the editing process, so as to 'clean up' the data, as well as in its interpretation. At the most minimal it is necessary to change the names of all persons mentioned in the narrative, as well as that of the narrator, in terms of confidentiality. This is the minimal interference usually found in personal document research.

There are some issues that, it is acknowledged, are likely to be problematic and these are worth discussion in relation to the choice of method used in the present research. These problems concern the truthfulness of the information obtained and thus reliability of the interviews. It was not possible to check the accuracy of the accounts. However, in relation to this fact two important points should be noted about them. The first of these pertains to the sheer degree of similarity that existed between the accounts. While it could be claimed that some of this similarity may have been the result of a generally shared understanding of the phenomenon of transsexualism this understanding must itself have derived from the experience of the phenomenon. It would also be questionable as to why the group of individuals interviewed should *wish* to tell stories of such comparability had they not experienced the phenomenon or not experienced this in the manner described in their accounts. Secondly, while the accuracy of the participants' memories may be questionable, this is perhaps less important than the fact of the way in which they told their stories. In this sense, therefore, they were accounting for events that had happened to them. That these events had happened in some cases many years before was less important than the fact that they were telling the interviewer the story of these events in the present and it was the story that they were telling that was important.

Chapter Three: Early 'Pre-Transsexual' Experience

Overview

This chapter deals with what it feels like to be a young pre-transsexual child, focusing especially on the nature of gender dysphoria in terms of its first manifestations and different dimensions and also on the other people (e.g. family members, friends etc.) involved in the impact of its emergence. Plummer (1995) argues for five 'evolutionary' phases through which gay people pass when coming out to themselves: Devaluation: 'Am I wrong; Am I bad/mad?'; Secrecy: 'Dare I tell anyone?'; Solitariness: 'Am I the only one in the world?'; Self Consciousness: 'What's all this about?'; Identity: 'What kind of person am I?'. These phases broadly parallel the forms of questions that participants in the present study recalled having asked themselves in childhood when attempting to understand the nature, origins and make sense of that which they were to subsequently learn was termed 'gender dysphoria', as will become evident below.

1) First Awareness

Identity, as stated in the previous chapter, is the moment-to-moment summation of the continual establishment of self-consciousness and self-knowledge through gaining greater knowledge of and reflecting on the mutuality of experience via social interaction. There is a dialectic between selfhood and socialness (James, 1993, cited in Cohen, 1994). For participants in the present study, however, the process of identity formation was very different.

Four-year-old children can answer the question: 'Are you a boy or a girl?' accurately, yet they may not be sure whether they will be a man or a woman when they grow up. Kessler & McKenna (1974) have suggested that this observation strongly supports the general consensus that children experience the world differently to the way of adults and perhaps have a different understanding of reality. They go through a process of developing and honing their own sense of what gender is and how they, and those around them, fit within its parameters (Devor, 1989). Children who are gender dysphoric, by contrast, show a paradoxical gender identity which, from its first emergence, remains 'permanently and virtually irreversibly established'. For the participants this situation would, in time, create immense problems of social integration for

such individuals, from parents, siblings peers as well as their social surroundings (Hoenig, 1985).

Nevertheless, with only one exception, all participants recalled from their earliest awareness (around the age of 3-4 years) being conscious of a fundamental inner 'wrongness' about themselves (Green et al, 1966; Brown and Rounsley, 1996). (Brown (1995) reports that approximately 85% of the transsexual patients she had treated over two decades recognised their gender dysphoria by the time they began junior school). Simultaneously, some reported a hopelessly frustrated inability to understand the nature of the problem - far less identify its underlying cause, rather, that all such efforts characteristically led to a mentally impenetrable 'grey fog'. Given the immaturity of their cognitive structures, vocabulary and reasoning abilities at such a young age, were such a psychological enigma to have presented itself difficulties of comprehension would not perhaps be surprising. More salient, however, was the marked similarity of each participant's account to those of others, the apparently overwhelming force and disturbing nature of this sense of 'wrongness' and the degree of self-consciousness (Plummer, 1995; Brown & Rounsley, 1996) that these individuals had apparently had as young children (Pauly, 1974a). All they were aware of was an overwhelming feeling of not fitting in (Brown & Rounsley, 1996).

Colin: 41 (g3, p. 40) ...I was *wrong*...I *cou- wasn't able to think* about it at *all*...in the terms that I'm able to think about it now, this is completely *internalised* when you're young...You don't *understand the words...or anything*...

John: 38 (g2, p.8, 22, 35) ...[I]t *still bugs me now that I don't understand why*. I just...don't even *question* it any more, *because it just drives you- I mean - I don't think there is an answer...I knew...that I was different*, but I didn't know...*how I was different*. ...I just didn't know *what to think*...[I]f I stopped to *think* about it, then I *couldn't understand...the magnitude of the thought*...

In accordance with the claim that female transsexualism emerges in early childhood (Lothstein, 1983), confirmation that the nature of these childrens' problem was that of having a male psychological gender identity (that was, hence, diametrically at odds with their material body-type) was claimed to manifest during the 'oedipal period' around the age of 4-5 years (Benjamin, 1966).

Sam: 29 (g3, p.5,6) ...I've got some *pictures* upstairs, of...when I was *three*, I was dressed in a *dress*, sitting by granny's *pond*...and then...*twelve* months later, family *snaps* from *Skegness*...I'm just *looking*...like a little *lad*, ...[I]n *that* particular...*year*, something *happened* and I was transformed from this *girl* to this *boy*.

Leslie: 38 (g3, p.33,34) ...I *think first* of all you're *aware* that people are treating you as a *girl*...you think: Well *why* don't they just treat me as a *boy*? - I *am* a *boy*- And you *don't* really articulate it any more than *that*, 'cause you just think...*they've* got it wrong - they...*don't realise* the kind of person I *am*. Then...you *realise* that there's this *big difference* between boys and *girls* - *hh!*, *anatomically*..

Within each age group of children there is a striking trend toward conformity to the perceived norm such that unflattering attention is drawn to manifest difference (James, 1993).

James argues that the aspiration to 'sameness' or to 'normalcy' must proceed from awareness of difference.

Difficulties seemed to have begun to arise in childhood for the participants both at their failure to achieve such 'sameness' and upon their realisation of the way in which others were perceiving them; as 'female(s)'. The threat posed by chronic reminders of their 'difference' alongside familial pressure against expressing their identity demanded changes to the content or value (or both) dimensions of their identity, which thereby contrasting with its integrity (Breakwell, 1986). Their experience of frustration and anger that their felt gender identity simply failed to be acknowledged had, in turn, led to private fear and confusion about their dysphoric feelings (Stoller, 1968).

Dale: 47 (g3, p. 37) ...I was angry at *everything* - *basically*. I became a very angry...young *person*...*But* basically stemming from *fear*...of - not understanding what was *happening* to me.

2) Earliest Memories

Most participants reported that some early event from this time had left a lasting impression in their minds. This memorability was an apparent consequence of the extent of discomfort and negativity said to have been experienced in association with the nature of the surrounding circumstances within which such events had taken place. The key common feature of these circumstances and source of this discomfort was that of their having been required to function in a stereotypically female role (Stoller, 1968).

Despite such events having occurred when interviewees were very young, surviving photographs (often despised) of these occasions were sometimes claimed themselves to evoke recollections of feeling awkward and inappropriately dressed (Brown & Rounsley, 1996). This, for some, even occurred prior to the oedipal period of gender awareness (Money, 1972).

Wally: 50 (g3, p. 4) ...there's a *favourite photograph* that mother had when I was about...two or three - and I'm *standing in...this window with...a pretty little dress on and wee ankle socks and my hair was...quite long - it was shoulder length and quite wavy and curly, and I'd been tarted up ...I can...go back to that...memory...that photograph jogs and hate the feeling of the clothes that I was in.*

In addition to the existence of internal conflict, some participants' accounts of their early childhood experiences suggested that the negative feelings they reported had extended to marked resentment of male peers whom they observed to be perceived and related to by others as they themselves wished to be but were not.

The privileged status that interviewees had observed, at this time, to be granted to boys seemed in retrospect, according to one interviewee, to have elicited their jealousy with regard to the culturally symbolic status afforded to those who possessed male genitalia. Because of this, also, they seemed quick to privately issue condemnation of any boys whom they considered were failing to maximise on their access to such privilege e.g. by voluntarily participating in activities more traditionally associated with femininity.

Jim: 40 (g3, p.3) I was at *kindergarten...and I...vividly remember, (there) was an orange flask (with) squash in...[A] lad who was a friend of mine, wanted a drink...and I wouldn't give him a drink...[A]t the time I didn't know why I did it, but...I understand why now...I just poured this squash all over his shorts. [A]nd actually aimed for his genitalia. - [G]ot into a lot of trouble for it - heh heh...! [W]hen I was asked why I did it, I didn't know.*

Leslie: 38 (g3, p. 2, 3, 4) [T]he *first...recollection that I've got...of being aware...of some kind of identity problem was probably about age four...being sent to ballet lessons...and...I didn't want to go...(and) even less...to wear anything associated with normal ballet clothes... I'd insist on going in...my shorts and...not wearing the proper ballet shoes.... [T]here were a couple of...small boys in the ballet class...the rest were girls and...I felt really...despising towards the boys - for wanting to be in that class and actually taking part... I just...felt really uncomfortable. ...I wanted to be a boy - therefore it wasn't appropriate to do ballet...*

By far the most distressing memories from the interviewees' childhoods seemed to be those social- and/or family occasions where the culturally traditional and very overt demonstration of female gender expectations had been imposed on them in a context where they

were central or prominent objects of public attention, e.g. being bridesmaids. One of two basic forms of response to such events was reported: either a tantrum-like protest, or resigned endurance toward the circumstances with which the interviewees found themselves confronted.

Owen: 28 (g1, p3,4) ...[M]y mother was trying to get me into this *dress*. This little pink- and I just *wasn't* going to have it. No way! ...I remember feeling so distressed, that I refused to have my...*photograph* taken. They had to *drag me* out from behind a *tomb-stone* - because I'd...*run off*. I was *three*. ...I remember...that my *cousin* - who's a little bit *older*...he was in this...*suit*, and I just *couldn't understand* why I *wasn't* in a *suit*. I was in this...*dress*...

John: 38 (g2, p.2) ...I was asked to be a bridesmaid...when I was about eight...[T]hat wasn't a very comfortable experience - because that's the most overt sort of expression of femininity, and obviously, little girls want to be bridesmaids and enjoy all that goes with it - dressing-up...I went through it all because partly because of the nature of my father's profession, and the set-up...and the family...I was sort of caught up in an expectation of how I was supposed to behave.

3) Female Gender Role Expectations

People actively accommodate to and assimilate notions of themselves from the social world through moving through a collection of social roles (sometimes, layering these one on top of another) each of which commands an appropriate social identity which, in turn, enable self-description or personal identity. Social values are associated with such social roles generate self-evaluation. (Breakwell, 1986). Powerful cultural mechanisms also operate to ensure that boys will be boys and girls will be girls (Shapiro, 1991). Pre-transsexual children, however, have difficulty integrating their emotions and cross-gender inclinations into the narrow parameters of our culture's rigid two-gender system (Brown, 1996). In their daily lives, in childhood, the interviewees were regularly (if not constantly) being confronted by attempts to encourage (or coerce) them into conformity to the societal norms of dress reserved for and normally expected of, female children. They not only found it difficult to contemplate themselves performing in an appropriate way for their biological sex, they also found it repugnant (Garfinkel, 1967).

Pauly concluded that, given the forces operating on FtMs, their preference for a gender identity that is contrary to their biological identity was therefore rational and understandable, such that by early adulthood, when medical attention was sought, they were invariably 'committed to an irreversible course' (Pauly, 1974a). What they were told they should do and pressure to dress in a manner that was, due to their gender dysphoria, fundamentally aversive to

them since it didn't feel right (Pauly, 1974a; Brown & Rounsley, 1996). The irony was that the more female gender role expectations were used as constraints on the inclinations of the interviewees, the more likely their alienation from that gender identity (Tully, 1992). Since the limited behavioural styles facilitated by such modes of dress were reported to have been perceived with equal negativity, these conditions, from the outset, were unlikely to have been conducive to fostering the accommodation and assimilation of feminine social roles. This might therefore have resulted in a failure, by these individuals when children, to secure a robust sense of personal identity, which could perhaps account for the their gender confusion beyond the age when gender identity tends, in non-transsexual children, to have stabilised.

Irrespective of the cause of the problem, however, this situation was often reported to have led to strained familial relationships, tension and frustration in the domestic context of the participants' childhood lives. Continuous repeated verbal admonitions (perhaps even punishment) by the child's frustrated family in response to what they perhaps perceived as their child's 'stubborn unwillingness' to behave 'normally' like their siblings or other children could lead to occasional explosive and heated arguments and hence, hurtful remarks, unhappiness, and many tears (Benjamin, 1966).

Relatives and friends can often be more sensitive to the break with social expectations, and many well meaning parents respond to their child's 'difference' by attempting to rectify his or her behaviour with remedial measures designed to force or coerce the child into 'normality' and so, reinforce the messages that s/he will already be receiving from the outside world about her 'aberrant' behaviour, 'as if something in the socialisation process has 'gone wrong'' (Breakwell, 1986). Hodgkinson (1987) warns, however, that such actions, although well-intentioned, carry the danger of actually destroying an otherwise promising life since, as Ramsey (1996) notes, 'if the child is truly a transsexual, all the king's horses and all the king's men will not make him otherwise'.

Such successively reinforced recriminations seemed to have become internalised by many interviewees who reported having experienced shame at their inability to feel that they wanted to engage in the form of behaviour that was being required of them (Prosser, 1995).

Most had been conscious that the (masculine) behaviours and interests with which they felt comfortable were (at best) frowned upon, and that any attempt to win positive regard entailed the humiliation and misery of adopting, if only temporarily, the much loathed feminine style that made them feel they were wearing 'drag'. For the most part, therefore, accounts of their experiences when young evidenced great domestic conflict over the issue of clothing.

Brian: 39 (g3, p.23) ...I used to have terrible *tantrums* if...I can remember specifically, being in the *middle* of Marks & Spencer's and *really* throwing a *wobbly* because...my mother wanted to buy me a vest with a bit of a pink...*something* on it - round the shoulders, and I said I would *not wear it*... Not *wanting* to put a dress on to go...out for a special occasion - I wanted to wear *trousers* or my *shorts*... [T]here was an *awful lot of that*. All connected with - *not* so much the *behaviour*...as *such* - because...she couldn't *see* me (when) I was out playing football... - but just...to do with *dress*.

Again, a deep resentment of male peers was apparent, not only for their ability to take for granted their form of behaviour and dress, but also of their licence to engage in the sort of activities that the interviewees would themselves would have preferred but in which they had not been permitted to participate.

Owen: 28 (g1, p.6) ...I was *told* that I was going to join the girls' brigade, so I had to *go*. ...I *just* felt an absolute...*idiot* in this *uniform*...I just wanted to be in the *boy's* brigade - because they were *boys*, and I wanted to *be* one. The activities that they did seemed more *appealing*...I *didn't understand* - *why*...all the things that I *wanted to do*...I was told: "Well you *can't*, because *women*...don't...*do that*".

Further difficulties were reported where differentiated sets of gender-related expectations between siblings had been reified within the home, e.g., in the apportioning of household chores; girls being allotted domestic- and boys, practical (or outdoor) chores. Similarly, where male siblings of similar (or younger) ages to given participants had been preferentially accorded roles of responsibility purely by virtue of being male this had tended to result in feelings of bitter rivalry. In response, some parents, who were perhaps more sensitive to and experienced concern about their child's 'difference', applied strategies (e.g. regularly admonishing them about their appearance or mannerisms, or extolling the virtues of femininity while ignoring masculinity) or sanctions in a bid to force the 'wayward girl' into normalcy. Such parental actions reinforced the social opposition experienced by these children in relation to their 'aberrant' activities and thus the message that they had failed to learn the socialisation process correctly (Breakwell, 1986; Ramsey, 1996). This often served only to magnify the potentially

damaging effects further by giving rise to feelings of persecution, 'scarring' self-esteem and diminishing their sense of self-worth (Breakwell, 1986; Brown & Rounsley, 1996). Other parents, alternatively, seemed to have remained quite flexible.

Owen: 28 (g1, p.61) ...It was *always*: "Oh...you'd look *really nice* in that" and "Why don't you get your *hair permed*?" - *Always*...being really *positive* about me...looking *feminine*...I *couldn't* get it *across* to them that I *found* the thought absolutely *abhorrent*. ...I *remember*...when I was *very young* - my mother *took* me to the hairdressers and...the hairdresser...*curled* my *hair*. ...I *just remember* feeling so *bloody awful* that I ran all the way *home*, and *stuck* my *head under the tap*.

Colin: 42 (g3, p.53) ...I *think*...my *parents* were frustrated on several *counts*. My *dad* was just...*Appalled*. He *constantly* wanted me to grow my *hair* and be this...*stereotypical daughter*....*Sorry dad - hhhh!*

Sam: 29 (g3, p.4) ...I wasn't *expected* to play with dolls...they never tried to make me conform to *anything*.

Constant awareness of their problem could lead to feelings of desperation alongside intense generalised resentment in those pre-transsexual children who experienced chronic opposition to their masculinity and relentless expectations of femininity. This seemed to have been exacerbated by the gradually increasing growth of melancholia at an associated sense of 'loss' in relation to what these interviewees accounts suggested had been the sense of being denied a normal childhood. Because the problem tended to remain unarticulated, the consequent unexpressed anger reported often turned inwards, becoming focused upon the self, where it continued to undermine these individuals' self-esteem.

Owen: 28 (g1, p.6) I - felt *very angry* about it. I used to get *upset*...because people were...*forcing* all this...*femininity* on me. ...I just *couldn't handle it*...I was *beginning* to *hate* myself, and...to get angry with *other people* as well...

Leslie: 38 (g3, p.18) ...I had a *massive resentment*...because I was *losing out* on a *large* part of my...childhood, there was *so much* talk about...childhood supposedly being the *happiest* time of your life, that time of *freedom* to *explore* and *play* and *enjoy* so many things... I felt a *double* resentment - 'cause it was *all taken away* from me and yet...*none* of my *family*...*friends* - *nobody* around me - at that time, was *aware* that that's how I was *feeling*... - just *desperate* sometimes about...the *unfairness* of it all...

Responses from the community were not overtly critical of these gender dysphoric 'tomboys' who would often be seen only in the company of boys of a similar age. Exceptions to such general tolerance tended to occur if, say, the behaviour of the group was perceived as troublesome (e.g. if caught; scrumping apples, climbing trees, fighting etc.), whereupon the

masculine 'female' child was sometimes specifically targeted as being somehow 'un-natural', the child being shamed for failing to behave in a more feminine manner and/or set a better example to 'her' male companions.

Owen: 28 (g1, p.6,7) ...I was *discouraged* from...*playing football* out in the street. By my mother...And *various other people*... [S]omebody...bought me a *football strip* - and it was *great* - I'd *never got it off*. ...I *wasn't actually allowed* in this lady's house with a *football strip on*, because...it was: "Oh - you're wearing that *football strip* again". ...[E]verybody...*discouraged* me from *wearing* it.

Some pockets of opposition invariably came from those individuals with an intransigent attitudinal- or perhaps religious, bias in their views as to how they think the world should be.

Hector: 73 (g3, p.32) ...*one of them*...a *Catholic*...she'd known me since I was...*nine*. ...[S]aid to me: "[I]f God had wanted you to be a *boy*, he would have *made* you a boy". ...I thought it was awful, but I didn't say: "Yes, but...god wanted me to be as I am, and - this is how I *am!*".

The interviewees reported that in childhood they had found it impossible to reconcile their future aspirations with the typical range of behavioural roles and opportunities available to people of adult female anatomy (i.e., marriage and motherhood) which, for them, fundamentally conflicted with everything they felt themselves to be. For example, one participant spoke of his then inner frustration with the sorts of light-hearted questions typically asked of children, by humouring adults, as to their future intentions, and of the way in which he felt such conversations required careful handling in order to avoid possible problems.

Colin: 42 (g3, p. 44) ...[W]hen you're a *kid*, that kind of thing usually comes up...: "How many *children* are you gonna have?", or "What are you gonna *do?*", and so on. ...I *said*...the *sort* of things that...people say, [that] I might have a couple of *kids*...but I was *never* gonna be their *mother*, I would be their *father*... - I *didn't* say that because...not even I wouldn't say anything *that* crazy. But that was *there*.

The clarity with which these individuals, as children, had seemed to have perceived the gravity of their seemingly hopeless circumstances seemed remarkable for such tender years. The notion that such a future life, as a woman, might lay ahead for them, was reported to have seemed at once preposterous and disturbing in that being told that they would be *like* such women was said to have given rise to a sense of impending doom. The strong sense of identity confusion demonstrated in the excerpts below is reminiscent of Plummer's (1995) 'identity' evolutionary stage.

Jim: 40 (g3, p. 26) ...I was...seven or *eight*...[D]ad was in the *army*...*posted abroad*, and we used to go for the *holidays*...(to) a *desert island* - It was...*paradise*. ...I said to my mum: "I never ever want to grow up". [M]um says she *remembers* it because *most* children say: "I want to be *grown up...now*"...and I'd said... "I *never* want to grow up", because...I was at the *age* when I could *see*...that there was gonna be...a long hard struggle - *ahead* of me, but I was young enough not to have any *responsibilities* - I could be *carefree*, and...it was *almost* as if I was saying: "I don't want to go through this"- even though I *didn't* know what it was...that's how I *felt*.

Often they sensed that the family and their peers thought they were strange and may even have begun to believe this themselves. Some seemed to have been consumed with shame at feeling like freaks (Prosser, 1995; Brown & Rounsley, 1996).

Leslie: 38 (g3, p.6) ...(in the) *earlier* stages I wouldn't really have *known how* to commit suicide - I *certainly* wouldn't have had the *courage* to even *then*...in *that* desperate state...I...(had) *many* stages of...feeling *desperation inside*, and feeling *totally isolated* and...*overwhelmed* really, with the *frustration* and...*more than anything* the *sense* that I was the only person - I was *actually* a complete freak and nobody *knew* that I was...

Nevertheless, in these early years the full significance of the participants' situation was still to have its major impact since they were still able, to some extent, to function in spite of it. It only became a problem when they wanted to do some activity that was exclusively reserved for the opposite sex (Wells, 1986).

4) Isolation and Silence

Young children are normally preoccupied with a quest for knowledge, generating an incessant barrage of questions, to significant adults, which are designed to elicit answers that will satisfy their search for enhanced understanding of themselves and the world. With regard to pre-transsexual children, Hodgkinson's (1987) claim that such children will also actually verbalise this conviction to others, however, or that mothers are more likely to be chosen as confidantes by pre-transsexual children of either biological sex (Ramsey, 1996) was not borne out by the present interviewees' accounts of their childhood, which evidenced a marked absence of demands for others to elucidate the acute poignant and confusing private experience reported to have caused them constant daily distress. By contrast, many claimed to have been aware - even at this young age, that a revelation of their distressing 'problem' would not be well received by others, and so, they remained silent (Brown & Rounsley, 1996). Plummer (1995) points out that personally and socially, secrets can perform vital functions: secrecy may create necessary social

boundaries and personal autonomy. They may help build boundaries, protect us from dangers and regulate intimacies by creating a distance that is sometimes necessary. This 'silence' about the phenomenon responsible for exerting such a potent and ubiquitous influence upon their thoughts may partly be explained by a reluctance to talk about their feelings lest they were considered crazy (Brown & Rounsley, 1996), partly because they lacked an adequate linguistic repertoire to convey their feelings (which Wells (1986) has compared to 'trying to describe a new colour that no-one else can see') as was exemplified by their references to experiencing a fundamental sense of 'isolation', throughout childhood, from everybody and everything around them. This seemed to have been due to the implicit assumption, based on their observations of the behaviours of peers and siblings (and being uncertain quite why they did not behave in the ways that similar aged females did), that their experience of the phenomenon was unique to them alone. Under such circumstances many such children have been reported to be likely to have internalised their conflict and feelings, thereafter remaining moody, withdrawn, and despondent. Despite their being affected in such a significant way, however, no-one knows what they are going through (Brown & Rounsley, 1996).

This sense of uniqueness and disinclination to tell anyone about their reportedly 'nightmarish' private experiences can be seen to map onto Plummer's (1995) 'solitary' and 'secrecy' evolutionary stages that he claims are experienced by young gay children.

The participants' reluctance to convey the nature of their unhappiness, while curious (since children usually tend to perceive adults, especially parents, as potential helpers from whom to seek aid in overcoming their difficulties) might be seen as understandable, given the obvious weight of opposition by which they were often confronted. One major deterrent to telling others was also the fear of being rejected or taken for psychological 'treatment' because of being 'different' were their feelings to become known. Thus they remained silent, keeping the problem a 'secret'. Furthermore, incredibly, no parents were reported to have *asked* their child what the problem was with regard to their behaviour, even in (few) cases where more disruptive behavioural problems arose.

Leslie: 38 (g3, p. 17, 18, 35) [I]f I ever made any *comment*...it would *always* have been *tongue in cheek*... (I thought)...if *other people* know I'm screwed up *inside*- I *must* be the *only person in the world* to think like this...so I'd *better* keep quiet...-

Joe: 24 (g1, p.3,4, & 23) ...I *couldn't* really *explain* it, and I was...*terrified* to tell *anybody* - even me *closest* friends, because...the *initial reaction*...at a very young *age*...(was)...*obviously*, you can't *tell* them something like *that* - *can* you?, because you'd be *straight off* to the child *psychologist*...and then *brainwashed* into thinking it was *something*...in the mind lying *dormant* - or something or other.

Kristian: 24 (g2, p.21) ...I was *very* rebellious...[G]ot into all sort of *trouble*. I *think*...on *purpose* - because I wanted someone to *sit down*, and say: "Why are you *doing* this?"... Because I wanted to *tell* someone. But no-one ever asked *why*... So I just carried *on*.

As adults, they would continue to suffer in silence and isolation for a long time before letting anybody know about their gender conflict (Brown & Rounsley,1996). The frequency and predominant influence of dysphoric thoughts upon their minds, as pre-transsexual children, meant that they were chronically prone to depressed mood states (Benjamin, 1966). (From his review of the world literature, Pauly (1974b) reported the most prevalent psychopathology, by history or psychiatric examination, to be depression). The effects of their problem was experienced as so far-reaching that it tinged the stream of thoughts flowing though their minds, thus tainting almost every area of their lives.

Joe: 24 (g1, p.25) ...It's just an *awareness*, it's always *there*, it's...*there*.

Leslie: 38 (g3, p.36) ...Oh - all the *time*. ...I would say...*not* more than an *hour* would go by without *something* coming into my head - *because*...you're in a *situation* where...*gender* is a *fundamental* part of the way that you *behave*, and the way you're treated by *others*...it was...- a *horror*...

Under these circumstances some means of 'switching off' from the resulting background level of despair, was required to obtain a measure of respite sufficient to enable them to function on an everyday basis. This, together with external constraints which demanded that the expression of what these children felt were their natural selves was suppressed, required the generation of strategies that would allow them to cope.

5) Self-Attribution

Despite continuing attempts, by these individuals, to ascertain reasons for their aberrant gender identity all such efforts were recalled as having remained thwarted. Nor was there any relief from the problems that this posed for their childhoods which, as the years passed, simply

continued to grow in magnitude. The simultaneous awareness that they were not like other children led these individuals therefore to believe that the cause of their plight was inherent - that something was wrong with them, and if so that they must have done something wrong to be as they were. Such reasoning, for a substantial number of interviewees at this time, seemed to have fostered a profound underlying sense of self-blame, thus guilt, as a consequence of their appraisal of the frequency of familial unrest- unhappiness and disruption that clearly surrounded the issue of their behaviour (Brown & Rounsley, 1996). This can be seen to parallel the evolutionary stage of 'devaluation' said to be experienced by gay children (Plummer, 1995). The normal human response to guilt is to reduce its punishing effects by seeking some cause to which to attribute responsibility. Since the only potential target available for these children's guilt was their own behaviour, they blamed themselves. Moreover, the guilt was not simply experienced in relation to the fact of their behavioural preferences, rather, they felt 'fundamentally guilty of *BEING*' - seized by an 'existential guilt resulting from the self-perceived existential 'crime' of existing (Schaefer, 1992).

Leslie: 38 (g3, p.7, 18, 27, 34, 35) ...I had an element of blame with *myself* - ...*Why* was I born like this?, am I *some* kind of freak?, is it *anything* that I've *done*?, is it...some kind of *punishment*...? - I *never* blamed my parents...I *certainly* felt very angry with God...I *didn't* see it as a *medical* condition, I thought I was *psychologically*...*extremely* *disturbed*...my *mind* started to think: Well...OK, I should have been a *boy*, but *why*...am I *saying* (this)...'*cause* *clearly*, when I take my...*knickers* off - I'm *not* a boy...At *that* *age*...you haven't got *enough*...*knowledge* to start...*reasoning* *out*...what makes your body the *way* it *does*...and *things* that can go *wrong*, so I thought: Well, it *must* be my *mind*...I'm *crazy*!- I'm *screwed up* *inside*...

The narrative of discomforting shame suggests that the desire for a different body (or 'gendered home') has been present at least since childhood. The eventual shift is in the literalisation of this desire through the body (Prosser, 1995).

6) The Onset of Coping

Breakwell (1986) suggests that attempts to cope in the face of chronic threats to identity, such as those which confronted these interviewees as children, demand that their self-definition and evaluation, are re-worked thus throwing identity into a state of flux. Since the process of assimilating and accommodating ideas about the self from the world are unable to operate in an principled way thus stability breaks down.

To retain some sense of equilibrium, therefore, these children responded by creating a protective vacuum about their identity through withdrawal at one -of four possible levels: Socially, by alienating themselves from any gauge against which to evaluate identity (thus rejecting all social norms); physically, by total withdrawal (sometimes even suicide); psychologically, by breaking all conscious links with the outside world; and temporally, denying recognition to past and future threats to identity.

These forms of withdrawal (each respectively exemplified below) were semi-automatically generated strategies for coping in the face of external social expectations of 'appropriate' gender role behaviour based on biological sex, was necessarily conducted on an ad hoc basis. This process would, intuitively, have demanded degrees of effort that far exceeded that required of non-transsexual children who, at the same time, would have been collectively engaged in the relatively straightforward task of learning to become 'appropriately' gendered members of society. Therefore, by generating and applying some effective means of coping that could be generalised across different contexts, the interviewees' problem may have been sufficiently masked to have been consigned to the subconscious, albeit perhaps threatening to break through should the mask lose potency (e.g. as when the child was under emotional duress) or resilience (e.g. during moments of self-doubt). Transsexual children know they are deviating from the norms of society; they hear the admonitions of parents and the taunts of peers, but they are unable to cope in a better way (Bullough & Bullough, 1993). The relatively vast imaginative resources available to children's minds meant that coping strategies employed in childhood were qualitatively different from those that would later be employed in adolescence. Also, they seemed to be interchangeable, and of varying degrees of effectiveness according to context, idiosyncratic cognitive style, and age.

6i. *Aloneness*

Constantly attempting to live up to the perceived expectations of others can be very demanding. Under such circumstances these children often found that the best solution to this threat to their identities was social withdrawal, thus removing themselves from the threatening position (Breakwell, 1986). Since a great deal of the discomfort of gender dysphoria arose when these

individuals were interacting with others (wherein their 'difference' was most keenly felt), being alone provided both an opportunity for attempting to briefly 'forget' about the problem and for seeking to find some level upon which it was possible to experience 'unity' with the natural world while distanced from having to deal with the painful practicalities of everyday life. They therefore alienated and removed themselves from reminders of their discomfort such that, through periods of solitude, there was no gauge against which to evaluate their identity (Breakwell, 1986; Ramsey, 1996). Being seen to be without friends, however served only to intensify their sense of isolation (Garfinkel, 1967; Roth & Ball, 1964).

Simon: 30 (g3, p.67) ...I would say, *probably* about the age of *ten - twelve*...I used to *take* myself off, and...go for *miles - on my own*, and just...see what wildlife I could see- I...used to *enjoy...just getting away*. It...was a *breather*. - Because I *had* to come back and start *pretending* to be a *woman*. - But *out there* on my own walking, it *didn't matter* what I was. [I]t was *just...a respite*...

Kristian: 24 (g2, p.27) ...I've *always preferred* to be on my own, 'cause I never liked anyone to get *close* to me in *case they...found out*, I suppose, what I was *thinking*.

6ii. Prayer

A belief often held by these children was that, in creating them, God somehow mistakenly put them 'in the wrong body'. A source of hope, therefore, was provided by the reasoning that when He realised what had happened God will put things right by changing them, physically, into the boy that they felt they were *inside*. Total withdrawal from the external world was sporadically engaged in by way of compulsive-obsessive forms of prayer (Brown & Rounsley, 1996). These prayers, typically lengthy and repetitive in nature were composed and thereafter repeated, word perfect, every night without fail before sleep throughout (and sometimes even beyond) their childhood years:

Leslie: 38 (g3, p.7) ...on...*many nights...through years of...growing up as a child* I would *pray* at night. ...I *wasn't* brought up as a *Christian*, but I *had some...Christian teaching* at school - and I...*always felt* there was a God there - *somewhere*... I would...*pray* to myself: Oh...God - *make me...wake up a boy*... And I'd...*smash my pillow...!*, - in *frustration* at night as *well!*, to try and get *rid* of that...*the pent up feelings*...

Owen: 28 (g1, p. 5,6) ...I *remember* going to *bed* at night...and I would...*pray* or *wish*.. I would...*seriously think* ...I was going to wake up...and...be a *boy*...I would *usually*...cross my fingers, and *wish...please* let me wake up a *boy* tomorrow, and make it...that I *wouldn't* have this *problem*.

6iii. *Fantasy*

Children's minds, normally, are the source of an often prolific generation of a wonderland of make believe and fantasy. The same was true for the interviewees when children. Therefore they would often turn to fantasy, either in response to or as a means of attenuating, the psychologically debilitating effects of their dysphoric state which was, for them, a cruel reality (Brown & Rounsley, 1996). Particularly where actual 'escape' was not an option the power of fantasy could be employed in such a way as to make events occurring in the external world more tolerable through psychological withdrawal. Pre-transsexual children typically behave and fantasise as if they were of the opposite gender (Hodgkinson, 1987). By so imagining that they were taking part in the role of a male, the participants recalled that daily events had been made more tolerable. Only in their fantasy life could they 'drop the unnatural shackles of their bodies' and become the gendered individual that they perceived themselves to be (Ramsey, 1996). This means of escape was nevertheless often associated with long periods of isolation and loneliness (Green, 1986; Tully, 1992).

Donn: 25 (g2, p31) ...When I went *home*, I...used me own...*room* for my own *life*...- in me *mind*. I just used to lie on me bed and think how things...could (be)...and...*tried not*...to let it...*get* to me...

Neil: 37(g2, p.18) ...I *used* to have a...*very rich fantasy-life-hh!*... It wasn't...remarkable, but...I would be...doing *day-to-day things*, and...- in my head I was having a *parallel* conversation with...*imaginary characters*.

Joe: 24 (g1, p.3,4) ...I was about *twelve*...at me cousin's...*wedding*...(as) a *bridesmaid*... I didn't *mind*, I must admit... [I]t had something to do with *uniform* - because there was *four* of us, *all dressed* in the same sort of stuff.

6iv. *Denial/Avoidance*

For mostly younger (but also some older) pre-transsexual children the (short-term) solution to coping with their situation was afforded by their ability to convince themselves that nothing seriously wrong as a means of temporally withdrawing from the outside world. This belief was reported to be so firm that they were not unduly concerned by the fact of their physical form. Sustained by this unquestioned 'certainty' that their gender dysphoric feelings would somehow sort themselves out in the future they openly insisted that they would be males when they became adults. Although perhaps experiencing some degree of incomprehension as to precisely

how the future metamorphosis would occur (this being outweighed by that which arose in response to any suggestions being made to them that this would *not* happen), they did not, therefore, recognise their problem as being insurmountable nor as something to be unduly concerned over, thus managing to block it out of consciousness so remaining seemingly oblivious to it

Wally: 50 (g3, p.32) ...I saw (the future) as *bright...and sunny...[L]ooking back now, I...see that I saw with my...inner self if you like - and that inner self was male - so everything I was doing - I was looking at the world through masculine eyes, but not equating it with the fact that I had a female body. So...from the inner point of view I was looking out, and everything was very positive...feeling that I could do anything that I wanted to...*

Joe: 24 (g1, p.27) ...I knew...one day, that I would *not...have to suffer* being in this *body* any more, so...I couldn't even *contemplate* how you went *about it...Having breasts removed, and mastectomies and...phalloplasties and stuff...*

Some indication as to how the gender identities of how these children may have coped with their dysphoric feelings in the context of familial expectations had their parents enforced their harsher forms of sex-gender 'appropriate' behaviour (as might have been advocated by behaviourist dogma) was suggested by the account of one participant whose parents had been exceptionally strict:

Robin: 29 (g1, p.3) ...*What I was aware of was that...they said I was supposed to be a little girl - and I couldn't be one of those, but it was what I was supposed to be, so I couldn't be a little boy...so...I wasn't anything...I just opted out altogether, and...stayed that way.*

The generation of coping strategies, then, went some way toward alleviating the psychological impact both of the participants' dysphoric state and its social and familial effects, in childhood. Nevertheless the universal experience reported by interviewees one that was impervious to attenuation and so remained constant throughout the whole of their pre-transitional years was a feeling they were living in a chronic state of 'limbo'. This oft cited term referred to a sense of waiting, in hope, for the time to arise at which they could simply be 'themselves' and at last feel 'comfortable' in the sense of being a unitary (mind-body) whole. Then, and only then, they felt, they would thus be able to lead full- and worthwhile lives.

7) 'Tomboyhood'

Female-to-male cross-dressing usually began in pre-pubertal adolescence (Lothstein, 1983). On balance, relatively little objection had been expressed to the participants' preference for

masculine dress at this time relative to that which would likely have confronted attempts to cross-dress by male children. This freedom was partly a consequence of the fact that dressing in the clothes-style usually associated with the opposite sex tends, generally, to be far more socially tolerated in female (as opposed to male-) bodied individuals (provided that the practice is not too often indulged) (Brown & Rounsley, 1996). Another major reason for familial toleration of the cross-dressing habits of interviewees at this age was the Western cultural phenomenon of the 'tomboyhood' (Lothstein, 1983). This culturally condoned 'time-out' period of relief (from toward age ten- to the mid-teenage years) from otherwise constraining social-mapped biological sex-to-gender-role expectations, is one in which some young pre-adolescent girls, should they be so inclined, go through a phase of dressing like boys and engaging in rough masculine games and adventure play (by contrast, no comparable phenomenon exists for boys, gender dysphoric or not).

The participants had made full-utilisation of this socially legitimised option to 'be themselves' by indulging completely in a 'tom'-boyhood which itself represented *the* major coping tool for them in their late pre-adolescence (and beyond).

Many families perceived the masculine-style clothes and behaviours of a pre-transsexual 'daughter' no differently from numerous families of non-gender dysphoric tomboy daughters; simply as an unremarkable feature of a young girls growing years from which, it was implicitly assumed (often correctly for non-dysphoric tomboys) that they would emerge from the phenomenon as appropriately gendered young women.

Leslie: 38 (g3, p. 17, 18) ...I was *frequently* mistaken for a boy *anyway* - and I *always* wanted to have short *haircuts* and choose boys' *shoes*, and *whenever* I *could* I would wear...male *clothing*. So I *think* my *parents*...*weren't* *unduly* concerned...[T]hey just thought I was a *tearaway tomboy*.

Brian: 39 (g3, p.21) ...I was quite *happy* with myself in a kind of funny- 'cause...(there) was nothing *sexual* - and everyone...called you a '*tomboy*', you could go *out* and play cricket and *football* - and *nobody* would say... - *you* were just a '*kid*'

Perhaps because the tomboy 'phase' is usually a finite period, and would also have been a readily observed feature of the lives of a number of other families, the parents of these tomboy gender-dysphoric 'girls' tended not to feel seriously concerned about the fact of their child's

continuing masculine behaviour (albeit with some indication of being prone to periodic frustration at its stubborn persistence) so long as this was within perceived 'reasonable' limits (Brown & Rounsley, 1996). For example, while a severe hair-cut might have been resignedly accepted, the purchasing of commando-style boots might be adamantly vetoed (much to the child's chagrin). Female gender-related Christmas and birthday presents that are typically given to young girls, whenever presented to the participants, had been sources of private dismay. Since these in no way compared to the male-gender related gifts for which the participants had privately hankered such presents invariably remained untouched.

Parental leniency in this regard was perhaps reinforced where mothers could identify with the child's wishes with regard to their own childhoods and/or where fathers welcomed the opportunity to engage in male pursuits with their 'substitute son'.

Colin: 42 (g3, p.40, 41) ...[M]y dad was going...to London (and) said that...he would bring us a present, and we were to tell him what we would like. ...I was a...spear-throwing, bow and arrow-...cowboy-...Red Indian-type...I said...I would like a cowboy gun, and he hit the roof...! There was a major argument about this...one of those...huge things ...[H]e did come back with a cowboy gun... Heh huh-huh!! -...Which was damn decent of him....

Damien: 25 (g1, p.11) ...They tolerated 'tomboy'...I think...my mother was a bit of a 'tomboy', when she was younger - but not to the same extent....[T]here were times when she put her foot down. -...she wouldn't...get me a punch-ball, 'cause...: "...[T]hat's for boys" - which wasn't usual for her - I was actually quite annoyed at her...I'd assumed her to be more tolerant...

The degree to which the interviewees were allowed to play with toys normally associated with the opposite sex (Benjamin, 1966; Green, 1986) varied according to circumstance (e.g. where older male siblings had discarded a ready selection of play things in the home), parental attitude (e.g. being wise to the folly of wasting money on gender 'appropriate' toys that were likely to be rejected), and approach to child-rearing (perhaps believing that toy type was less significant relative to the child's happiness).

Dale: 47 (g3, p.85) ...[M]e dad...bought me a big...red plastic car...[I]t had a blue engine in it...bright vivid blue, and...everything opened on it...I always remember that...! [T]hey did buy...me and me sister...a pram each with a doll for Christmas. Out went the doll...-outside went the pram, all me mates...all in it...having rides...

The responses of siblings toward a gender dysphoric 'tomboy' tended to vary according to age and sex. Younger siblings who had always known their 'sister' to engage in masculine

behaviour might therefore, expect nothing else. Elder brothers were reported to have responded positively, relating to given participants as if they were younger male siblings and to view their little 'sister's exploits with mild amusement. Older sisters, by contrast, whose interests usually depart considerably from those of younger masculine siblings, were more inclined to simply ignore the younger 'tomboy'.

Colin: 42 (g3, p.44) ...*She was five years behind, so if I play football, throw spears...bow and arrow, hike around a...scramble track, on a...bike...climb trees, fall out of them, make her...bookshelves, all sorts of things out of...wood...[M]y sister has always lived with that, and she would expect nothing else of me...*

Participants with sisters reported being conscious that these siblings did not feel the same as themselves. Some appeared to have experienced some degree of jealousy of the apparent fact that their siblings seemed to be at peace with their own gender identity with no comparable material discomfort to their own. This knowledge served to intensify their own insecurity and anxiety.

Male siblings were more likely to be regarded with resentment in relation to issues surrounding their masculinity (such as physical development and freedom to be themselves). Older brothers tended to be admired, but primarily because of a fervent wish of the younger 'tomboy' to be embodied as the brother rather than as they were. Envy of younger brothers was also experienced in relation both to their automatic relative freedom to behave as boys per se and further being afforded preferential privileges and male responsibilities (by contrast to their older 'female' sibling) by parents - purely by virtue of their biological sex.

Joe: 24 (g1, p. 25) ...*I was quite envious of (him)...because he was male. And I knew that's the way I should have been - and (was) fascinated by...him as...that sex. ...[I]t was almost like a famous...actor or a film star...not wanting to be like them, but actually be that person. I can't say I'd liked to have been him, but I envied...his physical appearance.*

John: 38 (g2, p.20) ...*We went off for a week...and - my father gave my brother the responsibilities of checking-out accommodation...the male responsibility for doing this...[H]e's younger than me...and I remember a...feeling of intense anger...I had a row with my brother later and...explained to the family (but) nobody understood...*

From comparing the respective accounts of either form of home life, it was apparent that the parents of those who were single children had shown greater concern about their 'tomboy' child's behaviour than had parents of those from larger families. These parents also seemed to

favour either of two rearing styles: either in having exerted pressure against the child's 'tomboy' preferences in order to foster more (stereotypical) feminine behaviour; or alternatively, having demonstrated an even greater degree of tolerance of 'her' masculine behaviour than that which shown by some parents of larger families (who themselves sometimes used the behaviour of other same-sex children in the family as a standard for their expectation of that of their 'tomboy' child.

The 'tomboy' phenomenon was not, however, plain sailing for all interviewees. A comparable number of participants to those reporting general familial tolerance recalled continuing familial opposition to their boyish behaviour. Some parents, apparently worried that their child might otherwise develop 'abnormally', had adopted a rigorously sustained attempt to eradicate 'her' masculine tendencies. Thus, in families with children of either sex, strict distinctions were imposed with regard to both the gender-'appropriate' behaviours that these children were required to adopt which extended to the toys and games in and with which they were permitted to play.

Wally: 50 (g3, p.35) ...I was told I was *not* allowed to play with the catapult because it was a *boy's* toy - (which was) the first *real...grind* that I *had*, because to *me* it was *normal* to play with this *catapult*...I couldn't see the *justification* in why it should be *deemed* to be a *boy's* toy when I wanted to *play* with it: "You're not going to play with it, and that's *it*" ...!

Kristian: 24 (g2, p.17) ...I was very bitter towards my *brother* - because he had all toys that I *wanted*. He had... *Action Men*, and...*cars*, and all that. And I wasn't allowed to *have* them.

From these interviewees recall of the verbalised views of such parents the latter appeared to adhere to a perspective that was diametrically opposite to the actual experiential reports of their children by assuming that *consequence* of failing to enforce feminine gender-appropriate behavioural demands on their 'daughters' would be that of adult gender identity dysphoria!

Grant 22 (g1, p.14) ...[I]t's always been her biggest *fear*...I *always* remember - my mum said to me...: "I *hope* you won't be one of those people that has a *sex change*".

Robin: 49 (g1, p. 18) ...[S]he used to give me...*dire warnings* as a child - she used to *point* people *out*, and...say...: "*That's* a *himshee*"...I guess...she was *worried* about it, and...*wonder* whether...she *knew*. ...[S]he's *quite* intelligent...

Beyond some variation in accounts, members of interviewees' wider families more often demonstrated tolerance toward the individual's 'tomboy' behaviour, where visits to them were not among those where the boyish child was required to dress 'smartly' (as a female) for the occasion.

Adult members of the wider family were perhaps less likely to share parental concerns about the dysphoric child's behaviour, nor to perceive this as suggestive of a failure of their own child-rearing aptitude. The greater relational distance between cousins also tended to lend a positive quality to their relationship with the child that differed from the rivalry characteristic of the relationship between siblings. Because of this greater level of acceptance these interviewees often reported feeling better understood by- and so, valued opportunities to holiday with such relatives, sometimes preferring this to life at home.

Jay: 29 (g2, p.22) ...[T]he *auntie* who I'm *closest* to...had a lot of...*older* children, and...used to *give* me...their *shirts* and things - which was *great*. ...[S]o *obviously* she knew...I didn't quite *fit* in - (and that) I preferred to wear men's *clothes*...but she never actually *said* anything to me...

Jim: 40 (g3, p.33) ...I'd play with my *cousins*- (who)...were *boys*...so...I was in my *element* there... [W]e...*went* off climbing *trees* and...*playing* all the game...that *boys* do. ...I *think*...my *cousins*, took it *much easier*, than their *parents*...because they'd only *seen* me as a *tomboy* - never...as a *girl* - *except* on the odd occasion where I had to...dress up and...be feminine.

For many of these pre-transsexual 'females' then, the 'tomboy' years were the most comfortable of their childhood. During this period they, like other (non-dysphoric) tomboys would typically hear the assertions of 'knowing' adults that they would eventually 'grow out of' the tomboy 'phase' that they were assumed to be going through which, for the interviewees at this time (as for all tomboys), seemed totally inconceivable. Such hopes were also always groundless (Hodgkinson, 1987). One radical difference between the participants and non-gender dysphoric tomboys, was their retrospective recollection that they *knew* even at that time, and with unquestionable certainty that they would *never* grow out of their masculinity. This knowledge, however, was generally reported not to have been experienced as being particularly problematic at this (pre-pubertal) time.

8) Play-Mates

Patterns of friendship with the young childhood peers of the interviewees were recalled as having been qualitatively diverse in nature, both in terms of the sex- and number of play-mates. Most would never play with girls, only with boys, which they recalled as having felt to be 'more natural'. They often played an active, sometimes leading, part in the outdoor activities of a local group of young boys, who were reported to have accepted these young dysphoric 'girls' as equals, and to have perceived them no differently to any other amongst their number.

Simon: 30 (g3, p.3 & 66) ...I happened to play with the little *boys*. ...I *do* remember...that the(y)...thought I *was* a little boy...because they came knocking on my door and...*said* to my *mum* one morning: "Oh - is [*female first name*] in? - Can he come out to *play*?" ...I *never played* with girls. It wasn't a *natural* thing to *do*. ...I *didn't like their games*, I'd *much rather be running round with a bow and arrow in my hand...playing cowboys and Indians...than...bathing dolls - hhh!*

For a lesser number of participants their most constant companion was one other child. In most cases, activities with this friend (often a girl) tended to be divided unequally between make-believe fantasy play in which the gender dysphoric child customarily assumed a male identity (e.g. when playing house). Most typically participated in a more peripheral sense in boyish pursuits with boys. This role-play, for a number of participants, extended to standing before the mirror engrossed in their reflected image while dressed in clothes items belonging to older male relatives and imagining how they would look as males. Such activities thus served to reduce the degree of disparity between the subjective- and objective self.

Wally: 40 (g3, p.34) ...[T]his...*girl friend* that I had...used to like playing mummies and *daddies*, I was *always the daddy*...(and) had the *strop razor*...the *cut throat*...and I'd be *shaving away*... - [M]y *father* used to stand at the kitchen *sink* on a night...with his...*cut throat going*...and of *course*... that's...what I had to *do*...emulate what my *father* did. [T]here was no *question* I was going to emulate *what my mother* did...

Others had tended to remain 'distant' from other children, either by preference (lest their 'difference' should become apparent) or necessity (having failed to be accepted by either sex as a playmate). Some, alternatively, were shunned by boys for being biological females, and by girls for their lack of femininity. These individuals reported that their childhood had been a painfully lonely period. While on the one hand, childhood represented a relatively more relaxed period of relief from later oppressive and constraining gender-role expectations (so greatly facilitating



their ability to cope), on the other, the very fact of their utilisation of this socially sanctioned period of respite to act in a manner that they found comfortable served to promote their ostracism by peers of either sex, whose unconscious sense of 'wholeness' they envied (Wells, 1986).

Owen: 28 (g1, p.5, & 7) ...*(From) a very young age...I didn't fit in with friends. - 'cause the boys didn't want to play with me 'cause I was a girl And I wouldn't play with the girls, 'cause they were playing with...dolls - and...other...girls sorta games. ...I became an expert at playing on my own...[A]ll my friends just fizzled out - I didn't really have much to do with them.*

These circumstances were further compounded by the participants' impaired capacity for comfortable interaction among peers as a consequence of having long endeavoured to cope with their trauma alone. Despite their yearning to be accepted by other children, they were simultaneously aware that they were not perceived by other children as suitable for inclusion in their pursuits.

Colin: 42 (g3, p.43) ...*Desperately* wanted to be accepted by them. ...*Desperately. - But...as a boy.*

Grant: 22 (g, p.48) ...*They thought I was odd - they did think I was odd, but they accepted me, just the same. ...They used to call me...basically, "the hermit"...because I always kept myself on the edge of everything.*

9) School

Following the relative freedom of their pre-school years, the first experience of school is quite a shock to children. This was especially so for the participants who, throughout their school career (particularly at secondary level) were to meet with increasing difficulties. Amongst the earliest of those recalled were the initial feelings of discomfort at primary school at the segregation of boys and girls for given activities such as assembly, fire drills and sports. Experiences such as this were recalled by all as having been a source of embarrassment and resentment since they entailed both being publicly categorised as 'females' and having to actively distinguish themselves as such by lining up in the opposite queue to that in which they felt they actually belonged.

Kristian: 24 (g2, p.25) ...*I didn't like school because it puts...separations between the sexes - ...it was boys outside, girls outside - especially (for) sports. - I hated sports, because I couldn't be with the boys. I couldn't play football and cricket...I had to play netball, and rounders...*

Jay: 29 (g2, p. 33) ...I can *remember* me brother having a school *cap*, ...and...I *wanted* a school *cap*, I used to say: "Can I *have* a school cap like Duncan?" "Little *girls* don't wear *caps*- they have a *bonnet*-" ...- *Aw gawd!*

Interviewees also reported having felt woefully out of place in sex-distinguished subjects (home economics and needlework) and sporting activities rather than participating instead alongside male peers who were elsewhere engaged in male-related activities (such as wood and metalwork classes) where they themselves would have much preferred to be. One way of coping with this problem (which also served as means of winning esteem among peers) was that of laying the role of a 'daring' or 'fearless' rebel. For a minority, however, such imposed gender-specific activities were too much to cope with. They became unruly and simply dropped out.

Alan: 51 (g3, p. 19) ...- I *hated* things like *needlework* - and I *made that...very* obvious. [*R*]eading through some of my *reports* now - *hhh!* - [*I*]'s quite *interesting* - I must have been a *right little bugger* - *hhhhh...*

Kristian: 24 (g2, p. 25, 26, 28) ...I had...*very much* of an *attitude* problem, so I was...*shunned* (by)...*pupils*, and *teachers*...'cause of the way I *was*...I couldn't concentrate...because of the things that I was forced to *do* - like *cookery* and *needlework*...I would, *really*, just...*play up* and...*not* take any interest at *all*, (I) wanted to do *metalwork* and *woodwork*.....[*I*]t was *like* the will to live had *gone*...I just couldn't be bothered to do *anything*.

A second (major) source of trauma, from junior school level, was that of school dress code. Very few schools attended by participants had practised more liberal policies regarding dress (one of which enabled one interviewee to overcome the problem of parental insistence by customarily leaving for school wearing jeans rolled up beneath a hated dress, then promptly removing the latter when safely out of view). Most, however, were officially obliged to wear skirts at school. Their very awareness of and acute self-consciousness about what was, for them, compulsory *cross*-dressing heightened their chronic feelings of humiliation to such a level as to effect detrimental distraction from the actual process of learning, their study-abilities continuously marred by pre-occupying wishes for days' end whereupon they could rush home and change into clothes in which they felt more comfortable.

Owen: 28 (g1, p.17) ...I felt totally...*wrong*...(and) *very very aware* that I was wearing it - *hated* wearing it, - and *desperately* wanted to wear *trousers*. It was *all the time* - because you were *in* it *all the time* - and you were just *aware* of it all the time. But everybody *else* thought you were normal because you were *wearing* it. People were *totally unaware* of

how...*alien* you felt *in* it. [T]he first thing I used to do when I got home from school was take the bloody thing *off!*

A further blow effected by the dress code, to those participants whose male playmates had attended the same school, occurred in the school playground where these gender dysphoric children (beyond private embarrassment) found their ability to participate in games typical of those customarily played outside of school with the 'other' lads was severely constrained by their being in a skirt. The feelings of awkwardness elicited by being thus dressed instead of in their more familiar masculine clothes tended either to lead to the child unhappily declining to participate in these otherwise enjoyable activities pursuits when at school, and/or worse, 'her' actual rejection by the others (who may, until this point, have accepted 'her' without question as a regular member of their number) because of the statement of 'girlhood' (hence 'opposite sex') made by the dysphoric child's forced dress style. Both outcomes entailed the same disadvantage; the weakening of former friendship bonds and hence, because the notion of alternatively playing with girls was wholly alien for these children, the likelihood of isolation.

Brian: 39 (g3, p.31) ...*in* the school, the boys wouldn't let me join in - when they were with their *other* friends..I *didn't* get on with the girls *either*...I found *very* often, I was roaming round the *playground* just on my *own*...not really...interacting with *anybody*. ..[S]omehow I...never got a *chance*. I *think also*..I...wore *skirts* to school...they wouldn't let you wear *trousers*...and I *don't think* I felt...*right*, playing *football* with the boys - I just *couldn't* bring myself to do it wearing a *skirt* - it just *seemed* wrong.

The way in which participants had met the challenges of junior school turned upon a combination of two factors; the flexibility and efficacy of the coping strategies generated in response, and personality variables of each individual. Where participants had attended single sex schools, specific forms of coping were necessary that would preserve the pre-transsexual individual's sense of self in such unfamiliar circumstances (e.g. two participants in such a context had each fantasised that they were the sole- or 'token boy' amidst the other pupils. Their respective dilemmas were thus made more tolerable through taking the nature of their mutual inner convictions to the imaginative extreme).

Donn: 25 (g2, p.30) ...I had to...go to - a *girl's* school. I only went there for a *year* and a *half*, 'cause we *moved*. [I]t was *alright*...I just used to think of it that I was the *only lad* in the *school*...and...what good fun it would *be*...

For those at mixed schools, the dynamics of peer relations called for different coping methods. Least suitably adapted were perhaps the loners - either by design, in wishing to keep their problem to themselves, or because of the interaction difficulties it posed (thus creating difficulties for attempting to make friends). Always being seen to be alone, however, carried the unfortunate likelihood that these children's 'differentness' would be more conspicuous, thus rendering them at risk of being potential targets of bullying and/or unkindness from other children. Those with just one or two friends, where these were children known since the individual's pre-school days, or perhaps themselves potential loners due to being somehow different from the norm, fared only slightly better (unless such friends happened to be absent from school on any particular day).

Joe: 24 (g1, p.24) ...*people* did used to *pick* on me - a lot. - I used to get bullied in every single school I'd go to, and I *tended* to be a bit of a *loner*. And...they *picked up* on this of course - *straight away*.

Despite their young age at that time interviewees (sometimes stating that such recollection had, in interview, just come back to them for the first time in years) recalled their extreme unhappiness at encountering, everyday, a continual sense of being perceived by teachers, fellow pupils, and the world in general, as someone that they *knew* they were not. Moreover, alongside such feelings, there had also begun to emerge, for participants, the increasing daunting suspicion that their circumstances would not change. Upon such reasoning the only effective means, for some, by which to attenuate their consequent heightening of their distress (as others were later to reason) was that of becoming (and remaining) aware should things become intolerable that there was, at least, a reliable 'get-out' clause' available to them:

Leslie: 38 (g3, p.5,6) ..I...*expected*...I would reach the point when I'd commit *suicide*. ...[I]n a way that...*probably* gave me more peace than anything *else*... I...*remember* a number of *occasions*...there was...somebody in my *junior* school...(with)...some *very serious* illness...*this*...little boy was *dying*. ..I...*remember thinking*: This is *ridiculous* I don't want to *live*...- I'm just *not* interested in facing a *life* with this *problem* - *this* little boy's *dying*, I'll *swap*... I would have *gladly* stepped into *his* shoes and let him have...*my life* ..(I)...*thought*...I'm facing something that's *intolerable*, I don't *care* whether I die tomorrow...I...*remember* praying to *God*...*saying*..."*Take me*"...I *needed* to *have* that get-out clause...(as)...an *acceptance*...I knew that I couldn't *live* the whole of my *life* with this...*condition*...if...*nothing* could be done then *suicide* was an *option*...that was like a...*pressure* release within my *mind*.

Entry into secondary school and simultaneous adolescence, saw not just the continuation of existing problems, it heralded the onset of many more. Firstly, for most participants the dress rule was more formalised by the requirement of a school uniform (consideration of which was sufficient for one individual to forfeit a grammar school education in favour of a local school with no such dress code).

John: 38 (g2, p.3) ...uniform at...secondary school, and at...part of primary school was...ties, and jumpers...clumpy shoes and that sort of thing - I could *sort* of handle that.

Although less appealing than that reserved for boys (specifically, because of its incorporation of the much loathed skirt), school uniform at least included a physically-neutralising pullover and blazer. Most importantly, it compulsorily legitimised the donning of a *tie* which, alone, made the requirement less of an ordeal if the presence of the skirt was blocked from conscious awareness. While the opportunity to a shirt and tie often made the winter uniform a relatively welcome option, however, the summer 'option' (a uniform dress) was invariably shunned by all. One individual reported having stolidly persisted in donning the winter uniform (including its thick blazer), throughout the school year, having felt this to be more psychologically tolerable (if physically uncomfortable) in its affordance of a more 'masculinised' appearance. After school and at weekends they reverted to tomboy style of dress (Pauly, 1974a).

Leslie: 38 (g3, p.85) ...I went in a *uniform*... I hated it, but...*didn't* mind the- *actually* I enjoyed wearing the tie and shirt and *blazer* - but I *hated* the *skirt* bit. Those *horrible* box pleat skirts...!

Jay: 29 (g2, p. 33) ...I can *remember* - I *used* to like *staying* in me school *tie*...*Probably* because I *felt* sort of...*male* wearing a tie...

While being (and being seen) in the uniform was an unpleasant experience because of the customary skirt this was nevertheless endured by the majority of participants as the sacrifice made in return for gaining a worthwhile education. Thus, they were forced to live a dual existence. At school they complied, wore the uniform and attempted a more 'feminine' disposition, but after school invariably reverted to their preferred 'tomboy' role (Pauly, 1974a). Donning the uniform every morning was thus an automatised act, awareness of which was

pushed out of immediate consciousness thus alienating themselves to the extent that the act became automatic and failed to register.

Jeff: 54 (g3, p. 93) ...I had to *be* in school uniform during the *day* - which I *hated*, but...I *didn't actually...have* a lot of time to *think* about it, because I *liked learning...so...that* was one way of...*shutting* out the fact that I had to wear a bloody *skirt...in* order to *get...that knowledge*.

As has been shown, then, the experience of gender dysphoria had exerted an acute and majorly significant impact upon the participants' young lives from their earliest recollected awareness. This experience which, for most, had been felt to have systematically and overwhelmingly denied them the opportunity simply to enjoy their childhood years was to become progressively more oppressive with their increasing maturity.

Chapter Four: Pre-Transitional Crises

Overview

Beyond the early difficulties of coping at home at the institutional level of secondary school, as well as in the wider social sphere, the interviewees' problems had become magnified by further problems. These problems were further compounded by simultaneous experiences driven by maturational bodily changes that were not subject to volitional control, and the resulting transformed nature of the social interactional relations of the participants. The sudden awakening of sexual awareness, characteristic of adolescence, both changed the nature of the participants' relations with their peers and brought with it new demands to cope with increased and oppressive peer pressure for conformity to the heterosexual norms of feminine behaviour. This seeming 'double-cross' on behalf of their formerly accepting and tolerant 'play-mates' was, for the interviewees, nevertheless dwarfed in its significance by that of the betrayal of their own bodies represented by the onset of puberty (Brown & Rounsley, 1996). With their hopes of becoming male in ruins, they were confronted by the necessity of having to deal with concrete evidence of being female. (Pauly, 1974a). The devastating impact of the heightened difficulties, social and private traumas and practical problems thrown up by such experiences was evidenced, for a number of individuals, by the consequent significant effect on their academic performance because so much of their energy was focused on their gender confusion (Brown & Rounsley, 1996). Furthermore, their familial and personal relationships became increasingly strained. Collectively, these problematic circumstantial developments took the form of successive crises that posed profound and severe threats to the participants' identities.

Their final pre-transitional efforts to cope with the magnitude of these circumstances took two essential forms; the majority attempted to 'pass' as members of the opposite genetic sex, while a minority took the alternative approach of a last ditch attempt to force themselves to meet with societal expectations (Brown & Rounsley, 1996) via 'flight into femininity'. Both these (and all other) strategies employed by the participants in their attempts to come to terms

with their unhappy situation were, however, destined to fail, resulting in the ultimate and complete breakdown of their ability to cope.

1) Adolescence

Erikson proposed that identity involves an interaction between the development of the personality and the growth of selfhood that arises from interacting in society, internalising its cultural norms, acquiring different statuses, and playing different roles (Gleason, 1985).

A climactic turning point in this process is typically represented by the occurrence, in adolescence, of an identity crisis as a normal occurrence of adolescence (significantly, such crises can also result, in circumstances of unusual difficulties, later in the life-cycle). Adolescence is, for any individual, a difficult time during which they have to tackle and overcome issues pertaining to personal, sexual and gender identity (Steiner, 1985). The potential hazard of this unique 'time-out' period before the solidification of adult behaviour expectations is that of identity confusion (Tully, 1992). In their examination of the problems facing the adolescent identity, Sherif and Sherif (1965) focused on the vital role of group membership and peer influence. They pointed out that during this period peers become more vital as potential referents to be emulated and used as models for behaviour. Normally, in order to cope with and chart a path through the chaos, distinctive forms of social play, youth culture and ideological attachments are created (Breakwell, 1986). As gender dysphoric adolescents, however, the participants' play evoked no satisfactorily emphatic confirmation of any experimentally tried self. Thus, since no sense of direction had accrued from past confirmations and denials the task of stabilising their identities became 'an odyssey without destination' (Abrams, 1982).

The most acutely distressing period of the interviewees' young lives was that which spanned the ages of 11-17 years, wherein their statuses changes from that of child to young adult. For these gender dysphoric individuals adolescence was a period in which all previous traumas were to be dwarfed (therefore severely testing their abilities to cope) since it was the period in which the meaning of all former ways of making sense of their experiences became ineffective.

As a consequence of this devastating realisation the participants consciously experienced profound doubts in relation to their identity (Breakwell, 1986). Because of the intrusion of such doubts into their attention, their lives became uneasy, their decisions difficult and disappointment and frustration began to gnaw at their hearts (Weigert et al, 1986).

Their accounts implicitly demonstrated their ability to appreciate why others might have found their problem difficult to comprehend since all the visible attributes normally used to naturally categorise suggested, they knew, the opposite category to that in which they felt they 'rightfully' belonged. Yet no matter what they did they could not get to the situation in which they felt they 'should' be, hence there was constant struggle (Brown & Rounsley, 1996).

1i. The Dawning of Sexual Awareness: Peer Pressure

Around the second and third year of secondary school the participants' peer relations became notably strained upon the latter's burgeoning emergence and growth of an avid sexual awareness which, to the interviewees, had seemed to border on the obsessive. As is typical among girls at this age, alongside this new sexual awareness there had occurred a preoccupation with self-presentation and a (sometimes merciless) critical appreciation of each other in terms of perceived attractiveness to the opposite sex (who themselves became increasingly perceived less as 'friends' and more as potential dates). Hence, the interviewee's degree of deviation from the norm, in relation to their appearance, behaviour and perceived interests (which had previously been largely considered unremarkable) was now brought home to them with their increasing exclusion from the general teenage culture because of being 'different'.

Leslie: 39 (g3, p.16) ...I found as I went through...*puberty* and *adolescence* - I ceased to be able to have...*close* friendships...with *men*, whereas *before* that...(I)...had...*naturally* gravitated...to...*male* friends rather than *female* friends, and *suddenly* that was taken away because...people become a lot more conscious of *sex*....

Simon: 30 (g3, p.36, & 67) ...I looked *different*. I *wasn't*...into wanting my hair *long* and...*trying* make up and...*not* in a *mini skirt* and *all this*...That just *wasn't* happening, and of course...*kids* being *kids*, they *pick up* on it *straight away*...So I was *picked on* - *because* of it I was *different*...*By older girls*... The *lads* had *no problem* with it at *all*. It was: "*Oh* [female first name] - ...*she's* one of the *boys*".

Classroom conversations became much more narrow in scope and dominated by the subjects of dating, make-up, the discotheque, boys and sex, to the accompaniment of a veritable

'witch-hunt' of speculation on the sexual orientation of fellow peers who showed little interest in these favourite concerns of the majority. The interviewees had also felt forced to be defensive when attempting to respond to the onslaught of questions to which their peers began to subject them (sometimes directly) concerning the reason(s) underlying their noted lack of femininity, lack of a boyfriend and/or failure to participate in teenage night-life. This was recalled to have served not only to further entrench their own private concerns about and incomprehension of their problem, but also - if no satisfactory answers were provided to the other, to be taken by their peers as 'evidence' of the individual's suspected 'homosexuality'. Because of such suspicions and their obvious difference from their female peers because of their affinity for activities and mannerisms more typical of the opposite gender, some became targets for abuse in the form of unkind jibes, or worse, actual threats or bullying (Brown & Rounsley, 1996). Being singled out and ridiculed for their masculinity and subjected to persecution and hostility added to their inner distress and helped make adolescence one of the most unhappy periods of their lives.

Owen: 28 (g1, p.10) ...[T]he first time I was called a "lesbian", I didn't *actually* know what the word *meant*! ...I *didn't really understand* the *concept* of what that meant - 'cause when you're *eleven*, or *twelve*, you don't...I was...*ostracised*...And...*I just became more...and more depressed*.

Moreover, some participants were themselves aware of their feelings toward certain females (if not certain males) which seemed, to them, very unlike those that seemed to be experienced by others of their genetic sex. This awareness invariably led these participants to question their own sexuality and to further convince them of the veracity of their worst fears; that they *were*, essentially, 'wrong'. A minority, nevertheless, managed to succeed in remaining relatively free of this form of 'inquisitional focus' through always removing themselves from positions of danger to remain instead on the periphery in a kind of non-conformist isolation.

Alan: 51 (g3, p.20) ...in my *teens* I spent a lot of time alone...I was in the situation of...*not feeling* I could be friends with girls as they were friends with each *other*. Their *interests* were so different - they were starting to go out with boys (and) to wear *make-up*, and...*pushed* themselves into *bras...that sort of thing*. And...I was the very *opposite*, they wanted to *conform* with each other, and I wanted to...*not conform* with *any* of them.

Brian: 39 (g3, p.28,29) ...I felt quite *insecure* about myself. ...[G]irls...at that sort of *age* (are) very *nasty*. And I think...I just wanted them to *like* me. ...I used to get very *hurt*. That -

they made comments...I can *remember*...being *excluded*, 'cause I *think* they always felt - *they* could sense, I was...a little bit *different*...[I]t was...*something* - that I gave off.

1ii. *Coping with Peer Pressure*

Since being taunted and bullied poses a serious threat to the identity of the target, this situation called for the establishment of some effective means of defusing such potential threats and (ideally) in their place through cultivating positive regard from peers toward the self. Most of the various strategies that were employed by participants in order to achieve these ends each involved some degree of personal sacrifice.

Those with some aptitude for team sport or games found that presenting an impression of preoccupied dedication toward these activities was their salvation by way of its provision of a recognised 'legitimate reason' to be excused both from academic dress as well as break-period gender/sex-related classroom discussions.

Wally: 50 (g3, p.47) ...I was *very* interested in sport...and even just in the *playground* I would *pick* those people out (who) were in *teams* with me...and...we'd be *practising* during *playbreak*... [O]n the *field*...I was into *track* stuff and *that* sort of thing...(which) was *great* 'cause I could wear *shorts*, so...I was *very comfortable*...

A similar effect was achieved by those interviewees who had chosen, alternatively, to bury themselves in their academic studies (perhaps even in combination with sport). This served equally well to enable the same avoidance of the potential difficulties of interaction, albeit still necessitating that they presented and acted in accordance with expected gender role behaviour in other comparatively less aversive ways which they recalled doing in hope of establishing some measure of popularity (one such individual also reported having perceived academic success as a means of 'compensating' parents for 'her' being a 'weirdo'). A small minority of participants, by contrast, simply continued to endeavour simply to ignore the taunts and labels levelled by others.

John: 38 (g2, p.3,4, & 19) ..I tried very hard to play the female role for a long time... I remember...wishing that I could...be clear in my mind as to what I was. But...there was a growing seed of confusion...[I]t was very important to be popular at school...I threw myself into school life...and academic expectations...[A]s for...relationships...I had a good excuse - ...my father was moving around (job locations), and I was...distanced from my friends in terms of going out...it was quite convenient...

Chris: 24 (g2, p.86) ...I *wasn't* really interested in boyfriends...(I) *f anyone* made any *comments* I would just...*deflect* them...I never *associated* with the sort of girls that would *have* those

sort of conversations...if all of a sudden (I) *found* myself in a group of girls (having)...(that) sort of conversation, then I would...go and find somebody *else* to talk to, or wander *off*...

Others, having failed to find an effective means of coping, had instead developed a defensive but disruptive attitude 'problem' and/or inclination toward truancy. Alternatively, and by far the most common coping strategy reported, was that of seeking to deflect negative animosity by becoming the class 'joker' and/or entertainer, whose 'oddball' appearance and behaviour seemed to be considered by peers to somehow be fitting to this comic role (thereby enabling such individuals to win tolerance instead of ridicule). Both of these 'solutions' were, however, not without potentially high costs with regard to educational performance.

Simon: 30 (g3, p. 35) ...I was *bullied*, because I *did* look *boyish* and *masculine*. I *did* grow *facial* hair from the age of *sixteen*...(B)eing dark it was very *prominent*. And so...to...*get away* with *being* a *woman*...I felt I *had* to shave. [T]o *get over* the *bullying*...I used to make a *prat* of myself. ...I *just used* to *play* the *clown*...the *fool*. - And...*found*..I (got) away with *anything*.

Those participants most able to cope seemed to have been the few who had - even in their teens, already become informed, through some source of public discourse, of the possibility that of gender reassignment might ultimately become available to them. They recalled being therefore able to perform to their 'audience' in reasonable contentment that, at some time in the future, they would achieve peace.

Sam: 29 (g3, p.38) ...I've just *got on* and I've made the *most* out of all the situations...[W]hen I was at *school*...I played in the *hockey* team...had lots of *friends*, and I was quite *happy* - but, at the back of my *mind* I was...going to go *through* a *gender reassignment*..

By contrast, for at least one individual, years of coping through patient endurance bolstered by a firm belief that the long private struggle would eventually be somehow alleviated came to an abrupt end in the classroom when this passionate belief was abruptly and severely rocked.

Jim: 40 (g3, p.2, & 39) ...[W]e'd *had* a...*sex education* class...[T]he teacher...said that...*nobody* in the class could change their *sex*...[T]hat's when...it *hit* me like a *thunderbolt*. I'd...grown up thinking...I was going to be a *man* - somehow it was going to *happen*. ...I...*must have cracked up* I...got very *angry*...I-...remember waiting until everybody had gone *out*, and then I just picked up chairs and desks and threw them around...I can *remember* saying: "*It's not fair*...I'm *not* going to be one - I'm *not*"...

1iii. *Mid Adolescence*

In the years leading toward the close of the finite period of relative freedom from rigid gender-role constraints pressure toward conformity began to further increase (Brown & Rounsley, 1996). Starting with the above qualitative change in female peer relations, this pressure was reported to have steadily gathered pace and to have closed in from various sides. The staging of sex role prescriptions is not symmetrical across the sexes. Boys are brought up to avoid girl's activities, far more than the other way around (Archer, 1982). This has been claimed to illuminate why boys who are perceived to behave in a 'masculine-failing' manner are seen by professionals so much more frequently than 'feminine-failing' girls (Tully, 1992). Failure to achieve the masculine stereotype far more readily prompts concern or hostility. After adolescence this strictness as to role expression is almost reversed. Mid-adolescence was, for the interviewees, marked by a wistful nostalgic yearning for the childhood that was now behind them since, despite its many painful traumas, childhood had at least included days graced by the seemingly infinite possibilities available by virtue of the beliefs-and imaginative resources characteristic of a child's mind. The coping potential that had, thus, facilitated an inner fantasy world was instead now replaced instead by harsh reality.

Female peer pressure for conformity to female gender-role behaviour was not initially reinforced by male peers who largely continued, as always, to relate to the dysphoric 'female' as a 'mate' (in friendship terms). Nevertheless, these male peers' perception of the participants also began subsequently to change whereby they began to treat the interviewees as members of the opposite genetic sex, and to distance themselves from these 'females'. Such exclusion from the group within which they had formerly been 'legitimate' members had been decimating to the participants who had thereby felt rejected, hurt and isolated.

The participants' responses to such changed peer relations took either of two different forms: some cajoled themselves, dejectedly resigning themselves to active participation in the behaviour patterns of female peers so as to regain acceptance; others felt able only to compromise by way adopting a unisex dress style yet conceding to wearing some facial makeup (uncomfortably) so as to 'fit in'. However, while enabling these participants to be included in

the youth culture of their peers the awareness that such measures were merely a superficial 'mask' only added to these participants' unhappiness. Their accounts revealed that beneath this superficial veneer lay confusion: they continued to wrestle with their fundamental internal conflict in the midst of ongoing external activities and feeling awkwardly 'out of place'.

John: 38 (g2, p. 70, 71) ...I got by because I was attractive...as a female...[F]rom what I can see, people who are fairly attractive seem to get accepted...[M]y inner...self was aware that it was a superficial existence ...[F]riends...didn't really know me and what was going on inside...[B]ecause people were attracted to me - boys...and it was quite expected for me to capitalise. ...I *did* try to...experiment as best I could, because...I was still trying...to work out...what I *was* (and)...to fulfil those expectations...(but) wasn't convinced...that it was right.

Leslie: 38 (g3, p. 35) ...[I]t was just so good for a *while*...to be able to go along to *normal* social...events. [*D*]ances and *discos* - what a *nightmare*...(but) just for a *little while* you've got a taste of what it's *like* except...it actually makes it worse because it brings home to you even *more* how...*different* you are and how...*desperate* you are to address the problems and break out of it all...I *didn't* think I'd ever *think* any differently...(but)...I *always* thought I could *pretend*...in order to...*be accepted*...

The anguish created by the chronic experience of feeling like a perpetual 'square peg in a round hole' was further exacerbated by their sense that the future held no promise of the alleviation of their circumstances. Faced with the prospect of leaving school (which despite all the struggles therein had been a predictably familiar and secure microcosmic context) for a world in which the problem of their dysphoria would obviously become yet more magnified, had filled the interviewees with dread.

Lee: 24 (g2, p.3) ...*Very specifically*. I *knew very strongly* at that age that...I *wanted* to be a man...it just was *very very* strong, you had...that...*panic* of thinking: I've got to live the rest of my *life* as a woman and *this isn't right*...

2) Body Crisis: Puberty

The pubescent years of these children were extremely troubled (Kessler & McKenna, 1984). Sources of trauma with which participants were typically confronted in this period of young adulthood were, then, by this time occurring with regular frequency. While such traumas were sporadic and of transient duration, the stress to which they gave rise was, nevertheless, continuous. Beyond the effects of these largely situation-contingent difficulties, however, the onset of puberty - the period of biological change from 'girlhood' to 'womanhood' - was by far, and universally, the most fundamentally devastating experience of the interviewees' lives.

Indeed, at its onset the desperate hopes, prayers and beliefs to which, in age-related modified form, they had clung through preceding years since early childhood: intensive mental effort toward effecting spontaneous ('Superman'-style) volitional sex-change; the timelessly yearned for Christmas present from Santa Claus; the array of compulsive-obsessive superstitious little behavioural routines; the generation and tireless thousands of repetition of the same long and earnest prayer for divine anatomical transformation; years waiting for evidence of the firmly expected hermaphroditic 'miracle', etc., shattered (Pauly, 1974a; Tully, 1992).

Owen: 28 (g1, p.25) ...I *honestly believed as a child*, that it just wouldn't *happen* - I just *wouldn't...reach puberty* - I thought - that this *dreadful mistake* would somehow *rectify* itself - but...*during and after* puberty I realised that I was definitely *stuck*.

Bert: 40 (g3, p.86) ...[W]hen mum dragged me *almost...kicking and screaming* to the shops to get - *bras*, - I *hated* that, because it was a sign that I was growing up into this...*thing* that I didn't *want* to be..-

Brown & Rounsley (1996) have noted that while only a small percentage of male transsexual patients thought they would actually become female at puberty, almost all female transsexual patients reported that they believed they would develop male bodies at puberty (Brown & Rounsley, 1996). In the wake of the long succession of innumerable aversive experiences in their young lives that which was recalled by all participants as having been the ultimate horror was the sense of their very bodies 'betraying' them. As the features of female physiological maturation began their irreversible encroachment, the conscious consideration of which before this time had seemed unthinkable, there occurred to the participants the realisation that things would never be the same; that it was time to leave behind the games that they had enjoyed when anatomical differences girls and boys had not been so salient. Instead, their own bodies became perceived both as a 'threat' (Breakwell, 1986) and simultaneously a physical 'trap' in which they were caught (Ramsey, 1996).

Colin: 42 (g3, p.41,42) ..[Y]ou're *aware* that *changes* are taking *place...- you are deeply and traumatically shocked...by what is happening to you...to the point where...: It can't be happening... What is actually happening is something else*.

Jeff: 54 (g3, p. 82) ...[A]s a *child*, it didn't really make an awful lot of *difference*, 'cause I *still* ran around on the beach *naked... (with) my...brother...when we were small*. But...as my *body* began to *develop*, I *hated* it. ...And when my *period* started, I could have *slit* my throat *then...I could have been bleeding both ends*.

The degree of similarity between these individuals' retrospective reports of the nature of feelings experienced in relation to their overall anatomical appearance at this time were striking (Money, 1968; Pauly, 1969). For example, the first budding then swelling growth of breasts on what had formerly been a greatly prized flat chest was described in terms that suggested that this experience had been as traumatic for them as would have been the case if a similar experience had somehow occurred to the average male peer of similar years. (Pauly (1974a) has likened this revulsion toward breasts in the female pre-transsexual to the abhorrence of the protruding penis in the male pre-transsexual). Most of Lothstein's (1983) patients reacted with phobic disgust to their developing breasts. These overt symbols of 'womanhood', often eagerly anticipated by ordinary girls, were fundamentally absolutely and wholeheartedly loathed by all participants who had perceived these 'useless appendages' as condemning them to suffer chronic embarrassment and humiliation. Worse, beyond their own awareness of their despised presence their breasts were also a focus of unwelcome and highly discomforting sexual attention from others. For less fortunate participants who had been 'blessed' with an 'ample' chest (typically, in association with a curvaceous female figure), such problems were greatly amplified.

Donn: 25 (g2, p. 44) *I hated it. Just...felt...awful.*

Owen: 28 (g1, p.9) ...[W]hen I found out that my...auntie had breast cancer, my god - I wanted it. ...I'd bandaged my chest up...in the hope that they would...stop growing...Unfortunately they didn't. ...[I]t sounds totally crackers - to...want to inflict something like that on yourself, but - it was the only way at the time that I thought that I could get rid.

On a par with the impact of breast development, the second major devastation recalled was that of the onset of menarche (Money and Brennan, 1968; Christodorescu, 1971, Pauly, 1974a). Despite the relative social 'invisibility' of this previously dreaded event (from which, without exception, each participant had prayed to be spared), its occurrence was experienced with a comparable repugnance to that felt in relation to their development of breasts. Moreover, the interviewees reported having been filled with utter disgust at this experience which they had perceived to be 'filthy' and aversive.

Jeff: 54 (g3, p. 158, 159, 160) ...[M]y periods were abhorrent to me...I was totally nauseous at the fact...I was only eleven...which is a quite normal age to start one's periods, but...it was...a sign of my femininity which ...up until then, I'd been able to ignore...

Furthermore, upon such maturation their bodies had become both non-compatible with any aspect of their private sense of identity as well as totally repugnant to them. The fact of their embodiment within something that was, for them, a wholly inappropriate material form appeared to have greatly enhanced their apparent cognitive dissonance at this time between their psychosexual concept of themselves as being masculine and their anatomical physiological femaleness (Pauly, 1974a). This, in turn, invoked a deep sense of self-disgust and hatred that could become generalised to create difficulties in their ability to express physical affection toward others. Despite the very source of the participants' distress being their painful awareness of and disgust for their anatomical sex, the intensity of their conviction that they should be male (as demonstrated by other female pre-transsexual patients') has been considered by some (primarily psychoanalytic) authors to be indicative of a psychosis (e.g. Meerloo, 1967; Socarides, 1970, 1979). Those authors favouring gender reassignment surgery (GRS), however, find that there is no psychosis and that the transsexual person cannot be dislodged from the incongruent gender identity, the reversal of which is invariably impossible by the time the problem is brought to medical attention (Money et al, 1972; Pauly, 1974a).

Darren: 29 (g2, p.14, 15) ...I used to...*wake up every morning*, and...*check* in the hope that...it had all been a *nightmare*... *Every morning* they (breasts) were *still* there...[I]n a way they were *worse* than...the *internal* things... - nobody *sees* that...

Joe: 25 (g1, p.20, 26) ...you're *supposed* to be *proud* of your body, ...[T]here's *always* this...*argument*...that if you are...*Christian*...you should be happy with what God's *given* you... But you *can't* be...[E]*very day*...it's *always* there...I'm just...*constantly aware* of it...I *always* feel quite *distant* from people...almost *cold-hearted*. And I *feel*...I *don't*...have a great deal of love to *offer*...I'm *great* with *cats*, *pets*...(but) to *hold* someone *close* to your *chest*...is - at the *moment*, *physically repulsive*, 'cause...the *breasts* are in the way. It's...like...something *stuck* in the *middle* that *shouldn't* be there...

Alongside the occurrence of these and associated physical changes the interviewees had also been struck by the sobering realisation that they would now have to function as 'females' if they were to avoid intensified social problems, disapproval and criticism. Moreover, that the time had come for them to forever abandon the small source of relief that they had, until this time, managed to glean via male camaraderie, masculine pursuits and sports. The resulting sense that they had to lose all the familiar behaviours that had felt so 'second nature' to them effected feelings of panic and despair. The horror of such realisations was, however, dwarfed by the

implications of having sexually mature female bodies. Situations involving single-sex communal showers and changing were recalled to have thenceforth been dreaded for the discomfort and humiliation that they elicited. Moreover, despite their anatomical sameness with others in such situations the participants reported having experienced the overwhelming and equally distressing sense that they just did not belong and were 'not supposed to be' in such contexts. Because of this they had often generated a variety of excuses in hope of being excused from the requirement that they should be present.

Simon: 30 (g3, p.17, 19, 20, 21) ...**(I) realised: *Oh my God, you've got to...behave like a woman to survive now...to get by in society, you have got to be this - girl - and...make your parents proud of you, you've got to behave...in this way. ...[T]hat was a very conscious thing - and very difficult to do. Very...***

Dale: 47 (g3, p.39 & 41) ...**[W]hen the boys reach *puberty* - and...*push you out, ...you can't understand...why you still can't join the gang...you've had your fights like the best of 'em...you've been through all that...then suddenly you're...not wanted...they...want nothing to do with girls...***

Simultaneously male relatives and peers were and bitterly resented for their own smooth acquisition of the pubertal changes that these dysphoric 'females' so desired themselves. Instead, they were obliged to look on as these males' bodies took on the very physiological appearance that the abhorred changes that they themselves were undergoing unequivocally confirmed that they would not acquire.

Simon: 30 (g3, p.21) ...**I felt *jealousy* - over my brother. I felt so *jealous* - at times...Because he'd been *born* male - he was growing up being male...I watched him go through puberty...growing up - tall, and strong - getting *big feet*, getting *hairy* - his voice was *deepening*, - he was going out with *girls*. That used to *infuriate* me! ...I (also) felt that way about *other* boys.**

Some interviewees expressed that they had difficulty recollecting the nature of their feelings from the time of these physiological changes as if, while these were occurring, the mental record of such feelings had been consciously (or perhaps subconsciously) erased from memory given the psychological shock, pain and distress that was recalled by less 'amnesiac' participants. If so, then this 'wiping' process could be seen as having represented an attempt to block unpleasant memories from their minds (an effect that may have previously been achieved through straightforward denial). The level of devastation experienced at the impact of such material changes seemed to have reduced others to a state of 'learned helplessness' (Seligman,

1967), cited in Gleitman, 1991) because of the anatomical and physiological events which they themselves could do nothing either to prevent or alter.

These occurrences, as the material symbolisation of 'womanhood' had, thereby, both underlined the gravity of the participants' plight, for them setting the seal on the likelihood that a bleak future lay ahead, which some decided they wanted no part of. For this minority, the unprecedented crisis posed to their felt identity by female puberty caused the breakdown of their capacity to cope thus eliciting extreme behavioural reactions, such as the development of eating disorders, which may perhaps have been perceived as an unconscious means of retaining a some semblance of control over their bodies.

Owen: 28 (g1, p.9, 54) ...I started to *build* towards a crisis point... (At)...sixteen, I...*became so depressed that I became anorexic...* [I]t had been *hammered home exactly* what I was. And I...*couldn't* entertain it...I found that...the more *weight* I lost, the more my *body shape...* disappeared - and of course it also stopped those...*monthly* problems...

Concomitant with this period of physical development the interviewees had invariably experienced a profound sense of 'loss' as they bore witness to those occasions and events which, for others, represented the normal and unique cultural milestones and traditional rites of passage that occurred in life which they knew they themselves would never be able to fully celebrate and could only experience in a superficial sense, if at all (for example, eighteenth- and twenty-first birthday events, engagement, marriage) (Brown & Rounsley, 1996). This was both recalled as having left a profound sense of loss and reflected the pattern that was to characterise the nature of these individuals' lives in which, rather than participating in events, they were to become perpetual observers residing always on the periphery in a detached 'limbo' state. This experience was reported to have felt like they were perpetually awaiting the time when they could begin to live their lives in the same ordinary and straightforward terms as others around them - as 'themselves'. Before this time was reached, however, more pain and discomfort would be endured.

Coincident with yet quite distinct from the traumatic after-effects of physical maturity itself and an associated baseline sense of humiliation the interviewees recalled that there had been a heightening of their continuing internal conflict. Arising from the state of dissonance

created by necessarily acknowledging their now materially overt 'womanhood' yet privately identifying with its absolute opposite this conflict was, for some, evidenced by distinct behavioural coping strategies, a preoccupation with which was reported to have virtually filled their days at the time. These mediating strategies, generated to defuse the psychological impact of this dissonance, ranged in their degree of effectiveness, complexity and hence demand that they placed on these individuals.

For example, a simple, minor (and by its nature, context-dependent) measure was that where having changed out of daily apparel for example, in preparation for sleep, many participants 'hid' the despised trappings associated with the possession of a female physique under the pile of other discarded clothes such that, while the private sensory evidence of their bodies remained constant, these items of apparel, through being 'hidden' from view, did not serve as visual reminders to the interviewees (or anyone else) of their abhorred anatomy.

More context-generalised strategies were those aimed at disguising that anatomy (e.g. via wearing gender-ambiguous hairstyles and clothing) in public. One drawback of thus appearing androgynous, however, was the increased risk of embarrassment thereby incurred of being challenged - say, in a public toilet (Prosser, 1995).

Owen: 28 (g1, p.55, 56) ...*I just...felt totally...- despairing...I thought I was stuck like this forever...[P]eople...weren't too sure. ...[T]he number of times...I was challenged in the female toilets... (I) had to get quite...defensive about this...*

When external threat becomes overwhelming 'self-negativism', an abnormal coping strategy, could also occur. This targeting of the self has been noted to sometimes manifest as masochism, asceticism, self-sacrifice and self-damage, ranging in severity from nail-biting to suicide (Tully, 1992). For pre-transitional transsexual individuals total withdrawal, disappearance, and suicide attempts, are not uncommon (Benjamin, 1966; Breakwell, 1986; Hodgkinson, 1987). Indeed, it is often depression and anger at their circumstances that maintain their focus and, in time, the attaining of a positive resolution of their dysphoria (Ramsey, 1996). The desperation of some participants had led them even to consider drastic self-mutilation in the form of the self-amputation of breasts. Their awareness, however, that such an action (beyond the actual pain involved) would have been life-endangering ensured that such extreme

fantasies were not followed through (while a few cases did inflict some form of deliberate injury to themselves this consisted solely of superficial minor wounds to the arms). Another less common but potentially harmful tendency was that of developing an eating disorder.

Kristian: 24 (g2, p,39) ...(As)...the breasts *developed*, I thought: Well - if I *eat* a lot more and...become *overweight*, then (they) won't *show* as much... ...Before I (saw) the *psychiatrist*, I wanted to cut ...the breasts *off*. ...I'd *thought* about it...I used to...*think* about sitting outside the *General Hospital* an'...cutting them *off*, then walking into *casualty* and saying: "Look what *I've* done, you'd better *help* me now"...

2i. *Mirror-Image*

In relation to the physiological/anatomical self-aversion exacerbated by the effects of puberty, the majority of interviewees reported having experienced a repulsion to their reflected mirror-image. Beyond acting as an unwanted reminder to themselves of their female appearance (which they failed to recognise as reflecting themselves) their mirror-image also reinforced their frustrated awareness of how they were perceived by the social world. The obvious means of reducing their consequent distress was therefore to reduce the frequency of looking in the mirror to just the basic minimum required in order to ensure that their appearance was tidy for purposes of interaction. Other than this, in marked contrast to the habitual tendency of females of similar years, the unpleasantness of seeing the image of a *girl* staring back at them who, they felt, bore no relation to their male self-identity was sufficiently strong to deter them from even glimpsing their reflected image(s) at all. They saw, in the mirror an *other* - a body and face that was not them, not the gender they imagined themselves to be and were (Prosser, 1995). This gendered contradiction and disidentification with the body is at its most powerful at this pre-transitional stage (Prosser, 1995). Such disassociative affect in relation to body-image is one area taken into consideration in the assessment and diagnosis of transsexualism (Fleming et al, 1982). Derogatis et al (1981), however, reported that the elevation of interpersonal sensitivity for FtM patients in their sample group was not within a clinical range but was comparable with that of obese patient groups with body-image problems. These authors concluded that the data from their study suggested little evidence of dramatic symptomatic psychopathology among female applicants for gender-reassignment surgery.

Brian: 39 (3, p.53, 54) - I always *avoided* mirrors...*especially*...in my teenage years...[T]here'd be all the girls *preening* themselves...*as they do*...But *once* I'd got myself ready to go out, that was *it*. I went to the toilet to go to the *toilet* and that was *it*. ...I felt very...*intimidated* by these women - who thought they were wonderful - they were *there* doing their *hair* and everything. And...I just *didn't* want to look at myself.

3) Academic Performance

A serious effect of heightened everyday trauma and unhappiness invoked by the dual sources of hormonally-induced changes as these ravaged their bodies, and the associated critical atmosphere generated by teenage school peer pressure toward femininity, was that many participants had descended into a depressive mood state (Pauly, 1969). In Ramsey's (1996) view, have good reason to feel depressed. Indeed, he suggests that were they not depressed, they would most certainly not be displaying a normal transsexual pattern (Ramsey, 1996). This depressed mood, in turn, had tended to exert a detrimental knock-on effect on the academic work of the participants that had been far from conducive to scholarly success and therefore carried ominous implications for their educational performance. Their preoccupation with self-analytic attempts to understand their situation (reported to have rarely left awareness at this time) could seriously undermine these participants' efforts to sustain the levels of concentration required for their studies. Efforts toward academic achievement were further strongly compromised by their intense motivation to leave the school (hence the need to run the daily gauntlet of problems posed by this environment) far behind them which, for some, resulted in a downward trajectory of grades.

The accounts of some indicated that the despair experienced at this concluding stage of their school career was sometimes externalised in the form of an abrasive or 'difficult' attitude toward school authority (Hodgkinson, 1987). Their words, on the other hand, suggested that this overt behaviour had been merely the 'tip of the iceberg' relative to the extent of their private torment.

Chris: 24 (g2, p.41,42,43) ...I started...going off the rails. ...I *didn't* enjoy anything at *all*...I used to...*skip* most classes, and gave attitudes to...teachers...(It was) a *complete* turn around...I was...a *real* achiever. *Lost* it at A-levels...I...*saw* how all these girls were reacting with the lads, and...*started*...realising that...I had *more* feelings for them than I did for...members of the opposite sex. - And *then* being *extremely* frustrated that they would never...re-act...in the same way with *me*...then thinking: Well *stuff* this...(and)...*getting*

into rows...I lived for about a year and a half with...a Walkman in my ears -...I...couldn't talk to anybody.

Opting out of classes provided temporary (albeit partial) respite for some such individuals. Others, alternatively chose to reduce the stress of external reality through seeking solace in their own private fantasy world, as in their childhood, where they could freely 'live' as the identity that they felt was truly theirs.

Colin: 42 (g3, p. 62) ...*Certainly in...secondary school...I...saw myself as a romantic person...and saw...some of the girls...as... possible...girlfriends... [T]his (was) all in my imagination... So...I used to imagine proposing, and...role play(ing)... because I was...not one jot interested...in achieving anything.*

4) Familial Sensitivity

Concurrent with the difficulties of school and peer interaction the perseverance of their masculine behaviours within the home had also led to additional problems for many interviewees. Their failure to show any indications of relinquishing and emerging from their assumed 'tomboy phase' (particularly if they had similar aged female relatives who had themselves formerly been genuine tomboys but who had since left such behaviour behind and become more feminine) now lay at the heart of much familial conflict (Devor, 1989). Even where parents might formerly have held a relatively liberal attitude toward their 'daughter's' unconventional mannerisms perceiving these as being 'just a normal part of childhood' when this same behaviour persisted into mid-teenage years, a bone of contention and the source of an increasing number of heated arguments (Brown & Rounsley, 1996) as they tried to encourage the adoption of a more feminine style in hope of returning their 'daughter' to the 'right' track in preparation for 'her' rapidly approaching womanhood.

Grant: 22 (g1, p. 10) ...[W]hen I came to...twelve-thirteen-fourteen, I was *still the same*, an'...my sister just seemed...*miles* away from me, because she was doin' her round of *discos* and *boyfriends*...And I identified much more with my *brother*.

As the normative constraints of gender socialisation are more strictly imposed, at this pubertal time, the interviewees' sense of genderised attribution that they were being denied the status of being 'one of the boys', was matched by a hatred for their expected feminine fate (Brown & Rounsley, 1996). Some who, since their schools had no specific dress code, had habitually worn male attire in which they feel more comfortable were also subjected to parental

rebuke. Beyond major disputes at home, naive assumptions by strangers that they were males, in that this was rarely tolerated by their parents (who had tended to immediately correct such mistakes) had also frequently resulted in social humiliation for these individuals.

Jay: 29 (g2, p.67) ...[M]y mum...it used to be terrible...if I'd go for a...meal with her or anything...: "...[W]hat do you want young man?"...my mother would say: "*This is my daughter!*"...you'd just feel like *dying*, and crawling under the *table*...[T]hey'd say: "Oh sorry" and you'd say: "Oh, it's *alright*", and... think: *God*...!

With no parental support, pre-transitional transsexual teenagers often become more difficult and rebellious than the average teenager (Hodgkinson, 1991). Such familial tension was likely to become internalised in the form of self-blame and guilt. Knowing that they could do nothing to change the way they felt the shame these interviewees experienced often led them simply to further withdraw into themselves. Some nevertheless, out of a sense of duty, endeavoured to suppress their discomfort sufficiently so as to present as expected for purposes of attending (and enduring) special family occasions.

Dale: 47 (g3, p.51) ...[B]ecause you...love your relations...you felt that you should be there...I...used to *compromise*...trousers and a jacket, (which) had to be *women's*...and...have me hair done the way me mum *wanted* it done...and...smack a bit of...*lipstick* and that on...just to *please* them... And soon as I got home it was *whua!* (rubbing face with arm)...!

Familial conflict seemed also to have partly been fuelled by parental fears about possible connections between a given participant's masculinity and the nature of that individual's sexual orientation, specifically, that 'she might be becoming a lesbian'. Such suspicions tended to exacerbate the deterioration of familial relations (for example, in one case mother and 'daughter' ceased to be on speaking terms for six months). Some parents had even gone so far as to actually organise (unwelcome) dates for these participants. Those who succumbed to such pressure made a half-hearted attempt toward meeting their parents' expectations by reluctantly going through with the date. In other cases parental pressure met with fierce resistance (Hodgkinson, 1991).

Jim: 40 (g3, p.11) ...[B]ecause of...*pressure* from my parents, I decided on *one* occasion that I would...*go out* with a boy - just to see what *happened*. And I tried. ...[W]e went to a *dance*...and he walked me *home*...and...*kissed* me - and I...just-...I *hated* it. I *did not* feel comfortable at *all*...[T]hat was the only time...I ever *tried* it.

Alternatively, one or two participants had sought to appease their parents by arranging their own dates. For one, this had involved deliberately selecting an escort who would fail to

match parental ideals hoping that this would put an end to the issue. Such measures had served only to reinforce these dysphoric adolescents' despair over the felt inappropriateness of the gender-role expression that seemed to them likely to be forever demanded of them by the social world because of their 'wrongful' birth sex. By the same token, however, such circumstances simultaneously served to reinforce these individuals' sense of being a failure. Their characteristic reaction is one of rejection of the new expectations that had been erected around adolescence for which their pre-adolescent socialisation had not prepared them. The pressures of puberty, therefore, rather than easing the transition into young womanhood (as with non-transsexual females), become a psychic battleground (Tully, 1992).

A minority of participants, on the other hand, recalled that such feelings had not been an issue since they had completely denied themselves any overt expression of their personal identity. This supreme sacrifice had been able to be made only by the balancing of a 'dual' personality comprised of an outer facade of a carefully monitored projected a 'normal' (artificial female) persona that masked a private inner world within which the personal identity of the individual 'safely' resided and observed the external world in which, as themselves, they could not therefore participate. For other cases, any denial that occurred seemed to have been on the part of parents who had negated that there was any problem about the individual's behaviour for a defeated acceptance, instead, that the individual's apparently perseverant 'tomboy phase' was yet to reach completion. In retrospect, when reflecting upon this time, after the 'rebirth' of her son, one mother was recalled to have experienced great remorse over such denial, reproaching herself for having failed to be sensitive to her child's unhappiness.

Simon: 30 (g3, p.16) ...[M]y mother, *did* have an *inkling* - that *something* was - *quite* wrong. But *never* said anything. She *does* regret that... *certainly* when it all came out, she *regretted* - *not* having spoken to me *earlier*, because she felt responsible that...my *life* had been that miserable and *awful*, and - *blamed* herself, she's *told* me - because she *thought* it would *all* go away.

5) Coping in Young Adulthood

In early adulthood participants continued on with their private struggle to cope with their sense of self-identity that seemed, to them, so at odds with the manner of gendered behaviour that the

external uncomprehending (and sometimes hostile) society deemed 'appropriate' for their genetic sex. Due to their adulthood these masculine 'females' were now confronted both by the realisation of the future fears of their childhood years and an expansion of the series of practical and social problems that had arisen in adolescence, all of which required yet more demanding strategies for coping (Breakwell, 1986).

One immediate and general problem of adulthood was that the participants were increasingly addressed not 'just' by their first names (which were universally disliked - particularly if not able to be easily shortened to more masculine or androgynous-sounding names) but also by female titles. Whenever such referents had been used they were reported to have given rise to psychological anguish, and overt annoyance or embarrassment. In familial contexts, and with friends, participants sometimes expressed the preference of being addressed only by their preferred name alone (especially by younger relatives), with varying degrees of success.

Neil: 37 (g3, p.78) ...[M]y...nieces and nephews ...my parents used to say to call me "aunt". I said: "Look - don't...call me 'aunt' - just call me by my name" - I didn't want any...female title attached to me.

Special family events were, by this time, recalled as having largely involved a more straightforward and independent choice between participation or, irrespective of the possible desirability of attending the event in itself, opting out (as, for example, for older participants for whom, during the decade in which their own young adulthood occurred, the dictates of fashion had been more constraining). For the majority of interviewees, therefore, the 'choice' made was generally that of non-participation (Brown & Rounsley, 1996).

Alan: 51(g3, p.10) ...Life was a lot more difficult then... ...[W]hereas now...you can get away with...wearing anything, at that time, you were expected to dress in a certain way - and behave in a certain way. [V]ery conscious of it. In fact...I turned down an invitation to Covent Garden, because I just hated the thought of having to dress up to go there - ...I would have loved to have gone of course...!

Some such situations were, nevertheless, unavoidable. These circumstances (such as a parent's funeral) which had often been foreseen with dread, inevitably meant, for interviewees, that an awkward and self-conscious ordeal was in store for them knowing that they would invite disapproval should they risk acting on their preference for dressing in a masculine style, yet

simultaneously knowing that a 'more acceptable' female style would be intolerable. On both counts these daunting fears were reported, more often than not, to have proved valid.

6) Social Interaction: Separate Paths

In the late teens and early twenties of the majority being confronted by the social requirement that they present and function as young adult 'women' in a world that, for them, was oblivious to and uncomprehending of their relentless private ordeal the everyday experience of living and coping with gender dysphoria became progressively more difficult, arduous and distressing, not least since the shame felt by these individuals began, in some cases, to be experienced by family members.

Grant: 22 (g1, p. 42) ...[W]e've actually got new neighbours...and...quite recently one of the(m)...said to my mum: "Oh - what age is your *son* - I see him goin' to school every mornin'?"! And...my mum...got - totally embarrassed - and said: "Ohh! - That's my *daughter!*" ...she's *ashamed*...of me.

Furthermore, the number and range of practical problems encountered in the course of the average day continually increased. For example, receiving mail bearing the humiliating title and name that broadcast, to all who saw it, a gender identity with which these masculine-gendered 'females' do not identify; being objectively perceived and related to, by complete strangers as legitimate 'owners' of such a female identity (where possible, therefore, correspondents would be encouraged to address mail in neutral terms using only initials and surname. If this had led strangers to assume that the individual was male and thus employ a male title, this 'mistake' was a source of pleasure and would not be corrected unless face to face encounter was likely). Another form of humiliation often arose where, because of a given participant's androgynous appearance, social uncertainty about the individual's identity occurred and others saw no wrong in making an embarrassing direct enquiry as to the nature of the interviewee's sex. Worse, for some, was that their sexual maturity had sometimes led to their being approached by certain males in a manner that was distressing (in the same way as would have been the case for the average genetic heterosexual male).

Joe: 24 (g1, p.12, 26) ...It was *getting...unbearable*. ...[T]he way the outside world looked *at* me - 'cause you only see...the *outside*... I was getting *taunted*...(and)...each time someone *did*...ask me if I was a woman or a *bloke*, it *upset* me...

Particular problems emerged with regard to two specific areas; the quality of the participants' relationships with significant others, and their (now almost exhausted) efforts to function in a female material form. For many, from the earliest time of their observed disinclination to fall in with expectations of how individuals of their anatomical sex 'should' behave to their continued failure to demonstrate the more mature stereotypical behavioural 'norms' in their early adulthood, uneasy and volatile relations between themselves and their parents had prevailed within the home environment. The distancing sometimes reported to have resulted due to the mutual frustration of both sides was likely to have only reinforced these interviewees' sense of isolation from the world.

Kristian: 24 (g2, p.63) ...*I think it's...down to - my parents... 'cause they- I think they sometimes still try to see me as their little girl - which, obviously I'm not. ...I think....that's a kind of a mental blockage for them.*

Owen: 28 (g1, p.22) ...*[T]hey made me very angry, because they were...trying to force me into...a way of life and...way of thinking that I just could not accept. They just...told me.: "Oh - you'll grow out of it". ...[W]henver I would talk about the things that I was interested in, they...wouldn't encourage the conversation - they'd start to talk about something else. They'd shut it out - didn't want to know...*

7) Strained Familial and Personal Relationships

During early adulthood a fundamental disjunction seemed to have existed between the private perspectives of the participants and those of their families. For the former, the sense of their ubiquitous and oppressive persecution because of their behaviour (which, to them, was necessarily constrained anyway) was reported to have effected alternating mood states of general irritability and extreme depression, while for the latter the prominent issue appeared to have been that the individual was simply 'going off the rails' and should have been behaving 'normally'. The consequent domestic atmosphere was recalled to have often given rise to heated debates that had frequently ignited the potentially explosive tension which had then erupted into emotionally charged argument (even occasional violence) from which no-one was to emerge as 'victor'.

Chris: 24 (g2, p. 26) ..*As I got...to...seventeen, eighteen...nineteen...some of the biggest rows we had were sparked off...by the initial: "You're not wearing that to go out?" - or, "Can't you just...wear something else?"...[I]t would then open up the whole...thing, and...I would...go to pieces - I don't think I ever remember a big row - with my mum, without getting so overwhelmed by the nature of the situation, that I'd just end up in tears, and*

not being able to *talk* to her...I remember *one* time, yelling:...."- but I'm *not* a girl - I'm *not*..." - and *just*...*hiding*...and not coming *out* for a long *time*. [W]e had some pretty *major*...*fights*... It got very *fraught*...

The interviewees' accounts suggested that these situations of domestic deadlock were often due to the exhausted patience of parents and their almost constant criticism of these individuals' 'rebellious attitude(s)'. For their own part, the interviewees recalled having experienced feelings partly of inner anger at the ceaselessly hounding disapproval of any expression of their private identity, partly of their own concern and misery in the knowledge that they simply could not nor would they ever feel comfortable in the female role.

Some self-sacrificial measures were nevertheless sometimes employed by some participants (even those who were already seeking medical intervention) in hope of achieving some kind of truce that might enable them to negotiate their way around these conflicting understandings. Such manoeuvres carried different implications for the resulting nature of familial relations which could sometimes represent serious setbacks for the individual concerned:

Owen: 28 (g1, p.26, 27) ...there was *tension* in the house...for...*months*, until...my *mother* had...*driven* me to the point where I...said: "Alright - I *didn't* really mean what I *said*..." - I...*denied* how I *felt* about myself!! - And everything got *alright* again...I...*stopped* seeing...doctors at the *hospital* - and...*suppressed* it... [M]y...problems went from *bad* to worse. - I...ended up...*nearly four months* in a *psychiatric hospital*...I just...couldn't cope any *more*...

Levels of frustration also arose for those interviewees who had, at the time, been involved in intimate relationships with (either male or female) partners who either failed to acknowledge or understand the daily difficulties that their dysphoria created for them. Under such circumstances, the remaining days of the relationship were often numbered.

Brian: 39 (g3, p.120, 121) ...when I got my *job*...I couldn't wear jeans *there*...I had to...buy skirt-suits... *Lauren* (lesbian partner) *loved* it... (It) used to make me *angry*...that she loved seeing me in something that she must have *known* - in fact I *told* her...when it all piled *up*. (She)...*knew* how I felt. - And yet *she* loved *seeing* me-...she loved it *for her*. [S]he...*should* have understood...how it was *creasing* me *up inside*...[T]hen...(after) maybe a year...I started to wear *trousers*...with a *blazer*...*socks*...and *flat shoes*. ...Lauren would say: "[T]hat's...not gonna do your *business* any good". ...I said: "I *don't* care - I feel *comfortable*".

8) Passing

Displays do not merely communicate identity to others, they also communicate it to the self. We construct ourselves as we display ourselves to others. We become what we show ourselves to be to others and self. (Weigert et al., 1986). Such displays are nevertheless dependent on social feedback. Transsexual people are able to successfully 'pass', i.e., be socially accepted as a possessor of their preferred gender identity with an associated gender role that, while conforming with expectations about gender identity, is nevertheless inconsistent with his or her biological sex. In this regard the phenomenon of transsexualism is considered to be the richest source of information on gender as a social construction (e.g., Garfinkel, 1967; Kessler & McKenna, 1974).

Festinger's Social Comparison Theory (Festinger, 1954, cited in Gleitman, 1991) is based on the proposal that people have a basic drive to assess their opinions and abilities, thus minimising the likelihood of acting inappropriately. If such assessments cannot be gauged against objective non-social criteria the comparison is made with others and their abilities. Those people and/or abilities chosen as a gauge, are likely to be similar to the individual's own opinions or ability, the aim being to achieve greater uniformity and hence, stable and precise self-assessment. Beyond providing information about opinions and abilities, Festinger (1954) argued, such comparison also enables the individual to estimate his or her social value (the self-enhancement function of social comparison). Where neither objective nor social comparison is feasible, however, the theory predicts that self-knowledge becomes unstable and behaviour erratic (Breakwell, 1986).

In terms of this theory, one major problem for participants in young adulthood (particularly if not yet affiliated with a representational group) was a dearth of appropriate social role models against which to gauge their own sense of self (especially if still feeling that their gender dysphoria was unique to them alone). When people's opinions or abilities are under attack because their own identities are thus threatened, Breakwell (1986) suggests it to be consistent with Festinger's (1954) perspective that they would seek to barricade these through seeking potentially enhancing comparisons. But, she warns, when all available comparisons tend

to be negative and derogative social comparison is not inevitably used since its continuation would simply be masochistic. While this may be so for individuals in similar situations, however, it was not the case for most participants in the present study in one important sense; that of the more extreme, demanding and comprehensive coping strategy of 'passing'. Passing; to be seen and accepted as a member of the other gender (Brown & Rounsley, 1996), represents a stylistics of the body involving performative gender; the enactment or impersonation of the identity that the body purports to express (Watts, 1995). Each moment of peoples' lives can be interpreted as involving an identity display. These displays of identity can be probed for the meaning they contain which are relevant for knowing the identities of the displayers. In this sense we are all passers (Garfinkel, 1967, Halberstam, 1994). For transsexual people, Prosser (1995) suggests, passing is a step toward 'home', a release: it aligns inner gender identity with social identity such that one is 'taken' in the world for who one feels oneself to be physically, internally. The problem for the participants was that their passing perpetually entailed the problematic knowledge that they were 'living a lie'. Worse, that by engaging in the daily performance of gender identity they were attempting to conceal two levels of stigma; externally, from (potentially) visible physically discrepant anatomy, and 'internally', from potentially discrediting aspects of their biography (Goffman, 1963; Lothstein, 1983; Harding, cited in Walters & Ross, 1986). The degree of societal stigma for cross-gender behaviour varies widely; behaviour that is acceptable in one culture is punishable in others (Brown & Rounsley, 1996). In Europe and the United States there is a fairly strict dimorphic gender pattern and cross-gender behaviour has been stigmatised and punished in various ways (Bullough & Bullough, 1993). Thus, the participants' goal was to present an appearance of masculinity that was largely uncontradicted by any obvious femininity (Devor, 1989). In their passing they therefore strived to be coherently gendered. By being read, by contrast, they would embody gendered incoherence (Prosser, 1995).

Since the (female) social gender role that the participants had been constantly pressured to express was aversive to them the solution, for them, was to instead be 'themselves' through adopting the social gender role that 'felt right' (Brown & Rounsley, 1996). This objective

required that they concealed, as far as possible, was the reality of their female secondary sexual characteristics (so as to deter assumptions that their gender identity was female), while attempting to promote assumptions that they possessed male characteristics (thereby maximising the likelihood of being perceived as males in accordance with their male gender identity). Through taking such an action and, importantly, successfully achieving the desired effect (being perceived by others to *be* male), these individuals were, effectively, 'passing'. By this means, in order to attenuate or reduce the magnitude of the psychological discomfort of being socially perceived as females, the majority of participants thus presented, via 'cross'-dressing, as males (which had usually begun before puberty (Lothstein, 1977)), thereby vanquishing their sense of being cross-dressed - as 'females' (Pauly, 1974a). They were experts at impersonation, an illusion that would be over once the participants were able to signify their true gender identity via surgical and hormonal treatments (Hausman, 1995). For now, however, their management of the achievement of the right to live in their felt sexual status necessitated vigilance because of the participants' awareness that disclosure or discovery of the fact would result in immediate status degradation, psychological trauma and the loss of such material advantages (Garfinkel, 1967).

Jim: 40 (g3, p. 72, 73) ...*[V]ery self-aware...very self-critical, always looking at myself to see if I was doing as the other guys were doing...[I]t was conscious...social learning, rather than...self-conscious...I wouldn't say it was actually trying to pass - it was doing things that I thought I could get away with, like...using...gent's public loos. [A]nd...if anybody...called me "he", not putting them right...It was...just basically doing as much as I could...to get away with - using barber's instead of hairdressers...that sort of thing. That was conscious. I used to be very aware of it - very conscious.*

Alan: 51 (g3, p. 53) ...*That was the worry wasn't it - 'Am I passing?'. Yes...it was...in my mind...But...once one realised that one was passing, then obviously, the stress decreased.*

The likelihood of being able to pass convincingly was critically dependent upon these individuals' abilities to conceal, as far as possible those female features that would have been instant 'give-aways' as to their genetic sex (some being more fortunate than others in this regard). Such difficulties had tended to lead these interviewees to experiment with various ways and means of altering their appearance to be more male-like. The most problematic source of (intense) psychological discomfort was reported to have been the objective presence of breasts,

the physical experience of which, in terms of weight, sensory and tactile qualities, was a constant feature of these individuals' ongoing conscious awareness (e.g., Lothstein, 1981). Because breasts are the most prominent indications to the world of the individual's genetic sex they were therefore invariably the first targets of attempts toward physical self-modification (Money et al, 1968). Binders of various forms were either purchased specifically for the purpose (e.g. lycra sports tops, or surgical binders) or improvised (tight T-shirts, crepe bandages or home-made 'bodices') and, when worn under a bulky shirt, were said (and noted) to have produced a remarkably flat-chested effect. While often a physically uncomfortable (particularly in Summer), respiratively restrictive (especially for the larger chested), and potentially deforming practice (upon prolonged use), these issues were of little concern relative to the primary relief of rendering the breasts 'invisible' (Pauly, 1974a).

The only reported grievance was that the binder constraints not only restricted the type of respiration necessary but also the need for outer clothing to mask its being worn denied the interviewees the freedom to swim (an activity that also, obviously, precluded not wearing a binder).

Creating the appearance of a masculine 'bulge' (to suggest the possession of male genitalia) was effected through using any of a range of materials as 'pants-stuffers'. These again could either be custom-made (flexible prosthetics fashioned and weighted to appear like a 'realistic' penis and scrotum) or home-made (e.g. gel-filled condoms, foam-stuffed fabric, rolled-up socks worn in Y-fronts or jockey shorts). The predominant means of gauging success was unanimously reported to have been that of monitoring the way in which strangers reacted to these individual's passing performance.

Owen: 28 (g1, p.53, 54) ...I feel...happier with my physical appearance - now (i.e. 'cross-dressed').[O]bviously - a lot of my...feminine features are tucked...right out of the way - so...you're not aware of them. [B]ut having said that, out of sight certainly doesn't mean out of mind.

Of all external areas of difficulty, however, the singularly most problematic - that of having a female voice, was reported to have been the greatest. The sound of a less than masculine voice, in carrying the most attention-drawing potential, could effectively shatter an

otherwise reasonably convincing passing performance (e.g. Kessler & McKenna, 1974). The voice was also recalled as being the most difficult feature for the interviewees to modify, and (particularly if heard in the 'absence' of the improvised masculine visual cues of gender, such as when talking on a telephone) would invariably 'give them away' (unless they were unusually fortunate enough to own a naturally low-pitched voice). By the same token, any aspects of their physique that tended more toward the masculine rather than feminine average (e.g. arm-length and appearance) were cherished.

Brian: 39 (g3, p.93) ...I *knew...everyone* was - as soon as they *heard* my voice, they thought: It's *female...I dressed exactly as I'm doing now*. It was *just* how...the public...were *perceiving* me...still, as *female* because...I s'pose, the *face* had not changed *that* significantly.

Chris: 22 (g2, p.64, 65) ...I was pretty *lucky...I was quite...androgynous*. [B]ecause I'd been a *swimmer* I had quite broad *shoulders*. So, it was quite *easy* for people who didn't *know* me...to mistake me as *male* - ...that was *great*, but...I *hated* the fact that...I wasn't *anything* in particular. I *hated*...what was on my *chest*. ...I *can't* even *describe* how *bad* I felt about *those*, (I) was *working out*...trying to get *muscle*...but...frustrated because the *muscle* content was not...*much at all*...(because)...I was *female*.

Nevertheless, irrespective of the extent to which these and similar measures were taken (e.g. using male cloakrooms) and the potentially remarkable result and sense of relief afforded by this extreme form of 'cross'-dressing (Brown & Rounsley, 1996), two basic internal problems had remained constant. These intractable problems, reported to have always threatened to undermine any passing performance were: firstly, the participants' ongoing awareness of the fact of their female form and acute consciousness of those female cues that could not be easily modified (i.e., their vocal range, and their smooth complexion), and these individuals' consequent lack of self confidence in their passing performance as males, and secondly, (in turn) their anxiety and trepidation about the risk of their potential discovery and/or exposure of their unchanged 'female' physical state (and if in a context that was exclusively male could entail - at best, embarrassment, at worst, even danger) (Pauly, 1974a, Brown & Rounsley, 1996).

Jeff: 54 (g3, p.4) ...I had to accept the fact that...I was a "Ms"...*except* when I was *called* "Sir" - and if I was *called* "Sir", I *played up* to it. It was very rarely *discovered*. - Because *once* they've *called* you "Sir", if you *play up* to it,...then...*they* don't think any more of it.

While in one sense these individuals could, through passing, preserve the continuity of their private sense of identity, in another sense passing only further compounded the disparity

between the subjective and social self and was likely to create a schism between the two (Breakwell, 1986). In addition, private uncertainty about the effectiveness of their passing performance had left these interviewees perpetually self-conscious, anxious and fearing that, despite their efforts toward disguising their physique, it might still convey their genetic sex to naive others (Kessler & McKenna, 1974). Moreover, they had an uneasy awareness of the possibility of being perceived as masculine women, or 'dykes' by those with whom they were familiar and who already knew of their genetic sex.

Kristian: 24 (g2, p.70) ...I used to *hate* the fact that...I'd *dress* as a *bloke*, and people would see me as a bloke, then they'd be *corrected* - by someone...saying: "Well that's actually a *girl*".

Passing, as practised the participants at this time might therefore not have acted so much as a coping strategy that protected their identity from threat but as a fairly radical force toward self-revision. However, in so far that passing was a public affair that was contradicted by private actions self-revision was less feasible (Breakwell, 1986). Moreover, passing entailed living with the continual fear of discovery and exposure of an identity that nevertheless remained potentially discreditable. Ironically, therefore, while designed to protect their threatened identities passing itself could constitute a threat (Garfinkel, 1967). Pauly (1974a) has noted that passing tends to precede the time that medical intervention was sought by female pre-transsexuals by 5 or 6 years, but that the gap between the two events was narrowing because of the increased inavailability of the procedure and the fact that it was more well known. The lag, for the present participants, averaged out at approximately three years.

8i. Flight into 'Femininity'

At some point one or two participants had attempted to force themselves, apparently in a final all out effort, to conform to the gender-role expectations of others, in hope that by so doing they might somehow begin to feel more positive about living in a female role and so succeed in shaking themselves out of that which they tried to think might be only a stubbornly fixed way of perceiving themselves in relation to the world. Thus, they made a concerted effort to be *ultra-feminine* in both dress and behaviour. Breakwell (1986) argues, however, that such compliance is unlikely to bring about changes in identity structure. Particularly if it is perceived as being

Neil: 37 (g3, p.17) ...I became quite *desperate* about it. 'Cause I *thought* that I was *never going to fit in or belong anywhere...*

In relation to this major watershed (preceding, as it had, their final 'decision' to undergo anatomical transition), two atypical cases are worthy of comment. Both are of interest in terms of the overwhelmingly consistent general finding (also reflected in the present study) that the average age at which female-to-male transsexual individuals first become aware of their dysphoric state is between 3 and 5 years (e.g. Pauly, 1974a). In the first of these two cases, contrary to the majority of interviewees, one interviewee reported an abrupt onset of dysphoric feelings at the relatively late age of seventeen (claiming to have been free of discomfort throughout preceding years). The reason for this apparent anomaly seemed to have been that before the age of seventeen this participant had remained largely sheltered from the oppressive force of similar gender-related constraints to those reported by other participants. The second case was that of the unfortunate individual whose childhood had been characterised by parental abuse. Half a lifetime had been spent in circumstances and the after-effects of extreme trauma before the nature of the underlying dysphoria and identification was eventually made (with the help of a therapist) when the interviewee was forty-four years old.

irrelevant to the experienced self, and/or, if it conflicts with the continuity of identity, the individual's distinctiveness or self-esteem. More seriously, she points out, the energy required to keep the felt self suppressed is so great that there is little left over for anything else. Such efforts were also invariably futile and their frustration only worsened since their gender dysphoric situation came between them and everything (Wells, 1986).

Dale: 47 (g3, p.40) ...I used to be with a *group*, and...*sing* actually...but...I was *really leading...a double life*, 'cause...can you *imagine me* in a black lurex *dress* and *silver sandals*? - ...I *felt* like I was in *drag*...

This self-sacrificial attempt at self-reform by way of immersing themselves into full-time adoption of the very behaviour that, to them, felt so foreign could be made only at great personal cost. The pre-requisites were the strict suppression or denial of everything that they felt was 'right' for them. For these individuals, however (similar to the 'flight into masculinity' formally observed in pre-transitional gender-dysphoric males), while the relief that this provided might have been sufficient to enable some other gender dysphoric 'female' peers to proceed with their lives in this manner (albeit perhaps unhappily), this coping strategy was destined to ultimately fail. It could also lead to a 'double-bind' situation for the individual whose own identity is threatened since either compliance or non-compliance could generate social rejection (Breakwell, 1986).

A few interviewees reported having maintained a continual string of 'boyfriends', in early adulthood, who were either the types of male that they themselves wished they had been (had they been born genetic males) or the types that they would have chosen as friends (under such circumstances). A small minority of interviewees had actually gone so far as to enter a marriage in the hope that by doing so and having children they would come to accept their expected gender role (Ramsey, 1996). The nature of such 'unions', however, more often seemed to have literally been that of a 'marriage of convenience' (e.g. Levine et al, 1981; Tully, 1992) with a spouse whose role within the marriage was more often that of friend and companion than that of a sexual mate (except for the case of one transhomosexual participant). Such marriages, beyond maintaining appearances of 'normality', often served as a readily available source of

training in the practical occupational skills of spouses' jobs, and all but (but one) had ended in divorce (Pauly, 1974a; Steiner, 1985).

Brian: 38 (g3, p.72, 73) ...I tended to have *boyfriends constantly* - at twenty-one...and I think the reason for that was, although I was *never* attracted to them, I always picked blokes that I probably would have picked as *mates*...thinking of myself as *male*... [T]hey were nice *blokes*...to mix with... [I]t was just the 'sex bit' I didn't want. ...I actually...did lots of things with *them*. ...I found...generally...I got on better with *men*.

Wally: 50 (g3, p. 12, 13) ...[A]fter several...*liaisons*, I eventually met someone when I was twenty-one and we were married within six *months*. ...[I]t was a *useful* marriage - I don't *decry* that marriage. [W]e...became *very* good friends...he (was)...*not* what I'd call an excellent lover - by *any* means. [B]ut he was a good *provider*, he *taught* me my *trade*...and a lot more *besides*. ...[A]s a person he was a nice *man*. ...I feel *sorry* for him...because he...would have *made* somebody an *excellent*...husband, ...unfortunately...he's *never* married again.

For others, such an action, even as a short-term coping measure, was deemed too great a sacrifice to make. Thus, rather than attempting consensus with customary behavioural expectations associated with the female role they continued to tread their own independent path in the fruitless search for alternative solutions to their problem. Where these participants were not well-informed about available treatment (especially if their early adulthood had occurred in the initial aftermath of the innovative availability of gender reassignment treatment), this chosen path had been an un-enviable one.

Alan: 51 (g3, p.12) ...I knew...I would probably *never* be able to have...marriage and a family - I *certainly* wouldn't have done in the *female* role. ...And...realising that part of my life was a non-starter, I...decided...to be *totally*...*totally* - *neuter*. ...I wanted a career where I would get *respect*...a worthwhile *vocation*. And live a *virtually*...*sexless* life. ...*(as)* somebody who was...not quite *right* - *sexually*, - I would have to *work* for this respect. ...[I]f I were - say, a *doctor* - people would respect me as a *doctor* - and they would...overlook my - *oddness*.

The mother of one such interviewee had responded by attempting to decide the issue of her 'daughter's' dysphoric state by entering into a financial transaction to arrange for the individual to be raped.

Jeff: 54 (g3, p.14) ...[B]ecause I'd *said* that this man was good *looking*, my mother *decided* that she was going to *try* and...*get* me...*fixed*...- 'cause she always was under the *impression* that...one good *fuck*, and I would be *cured*. ...[L]ittle did she *know* (that) I'd tried bloody *hard*...to get experience with men, and found it quite *utterly* loathsome... [B]ut...*apparently*, my mother had taken Imre to one *side*, and said...could he try and *seduce* me, and that she would make it worth his *while*. [W]e...went to a *couple* of *clubs*, and I had *quite* a lot to *drink*. [A]t three o'clock...I *woke* up, and I was in *Imre's* bed, I had *no* clothes on and I knew...what had happened. And as a *result* of that one and *only* time, I became *pregnant*...

9) Breakdown: Failure of Coping

At some critical point in early to mid-adulthood, with the exception of the few interviewees who reported always having known that at some time and by some means they would eventually acquire a male physical form that, they felt, was more appropriate to their psychological gender identity, the participants were to reach a point of absolute impasse. In association with their chronic private conflict, the culmination of these individuals' relentless struggle merely to cope with their dysphoria sufficiently to function in a satisfactory manner in the social world (with its constant demand that they played a role that they experienced as fundamentally alien to their gender identity) was recalled as the direct cause of ultimate breakdown. Their gender dysphoria came to dominate their lives to such an overwhelming extent that mere daily functioning became difficult, if not impossible (Brown & Rounsley, 1996).

Brian: 39 (g3, p.16, 107, 108, 109, 112, 113) ...[M]y whole *body* turned completely...*alien* to me...I was...*angry*...at *everybody*. ...I've *always* got on fairly well with people - but...it...got to a point where it was *irritating*...I *really* just didn't care anymore. ...I just didn't want to talk to people.- *couldn't* be bothered to make the effort...because I had to accept...I was basically *female* - that's it. ...It made me *angry* 'cause it made me realise that another *day* of my life had gone by and I still hadn't done...(what) I needed to *do* - which was *change*...[I]t got that bad...I was *really* on the *verge* of a *breakdown*. ...[I]t was just like (makes rattling noise in throat)...

These individual crisis points experienced by the participants respectively, although subject to wide variation in their context, timing and nature, were nevertheless all of a common central theme: these individuals' experienced inability to continue 'living a lie' via the perpetual and fruitless coping strategies that had been generated in their attempts to resolve their conviction that they were 'trapped in the wrong body'. The occurrence of these major precipitating crises seemed to have exerted a triggering effect wherein the interviewees had taken stock of their lives; reflecting on the chronic stress-filled ordeal that had characterised the years, the history of their successive mobilisation of (thwarted) attempts to cope with their situation and the eventual full realisation of the bleak implications that their dysphoric state looked likely to hold for the future. Collectively, all of these factors finally and forcefully struck home thus provoking their descent into profound depression (Benjamin, 1966).

Chapter Five: Treatment

Overview

Giddens (1991) argues that the body is less and less an extrinsic 'given', but becomes itself reflexively mobilised. What might appear as a wholesale movement towards the narcissistic cultivation of bodily appearance is in fact an expression of a concern lying much deeper; to actively construct and control the body. Individual change, personal growth, or self-actualisation, was the very essence of the participants' sexual stories (Plummer, 1995). From a long and slow gradual build up toward arriving at this realisation, having reached critical point, identification as FtM occurred in a largely opportunistic manner. After a variable period of time spent deciding to do something about this and discovering what would be involved the participants had then become focused upon the goal of gender reassignment. Taking active steps toward acquiring access to medical intervention involved encounters with different agencies that facilitated movement along and (for most) pre-requisite institutional controls that obstructed the path that would, they hoped, finally enable them to acquire a sense of unity and peace within themselves through their material form being made congruent with their felt identity. They were then confronted by the reality of what this process, of gender reassignment, entailed. This chapter traces the course followed by the participants through this process, from the point of identification as a transsexual person and the differential ways in which the decision to proceed is made and the three basic styles in which information was sought. Their approaches to medical intervention and perceptions and experiences of a Gender Identity Clinic (or its alternatives) are outlined. The discussion then moves to the process of FtM gender reassignment itself, from the start of hormone therapy to the appraisal, considerations pertaining to and feelings expressed in relation to each of the three major surgical procedures involved.

1) Identification

Interviewees unanimously reported the immense relief they had experienced when they had discovered both that there was a recognised name for the phenomenon with which they had struggled throughout their lives from earliest self-awareness and, importantly, that the phenomenon was not unique to them alone. Only the actual manner in which this discovery occurred had varied between them. The motley collection of sources of elucidation had included: direct provisional formal diagnosis (either from an

appropriate institution or the family doctor); relevant magazine or newspaper articles that had been stumbled across; and enlightenment by a close friend.

Irrespective of the precise mode of the discovery, however, the nature of the euphoric state which accompanied this realisation of an *identity* was, for most, uniform. The discovery, in some sense, paralleled the 'coming out to self' process described by Plummer (1995) as experienced by gay individuals upon the self-acceptance of their sexual orientation whereas, for the participants, the discovery process had involved the self-acknowledgement of their 'true' nature (Brown & Rounsley, 1996).

Gary: 22 (g1, p.2, 3) ...I was...seventeen...we'd gone out with a load of *friends*, an' there was one in particular that I really *fancied* - ...I got really frustrated and upset that I couldn't *do* anythin'. And...I burst into tears, an' Jennifer...got it out of me that I wanted to...change sex - but I didn't know...anythin' about transsexuals...[A] *few* months (later) she saw this article in the magazine and said to me "Read *this* - there's an address at the bottom - get in *touch* with them". ...Soon as I read that article, I went "That's *me*"! ...it was about a female to *male*.

Owen: 28 (g1, p.10) ...When I was sixteen...I was...*told*...by - the doctor...that there is such a thing as...transsexualism... [H]e wanted to refer me...to a gender panel *then*, but *they*...said: "I'm sorry we don't start *seeing* people 'til they're at *least* twenty-one"...I thought...*Christ*...they know that I'm not *mad*...- there's a *name* for this. *Because*...I'd *seriously* questioned whether or not I was *actually* going...mad. [I]t *did*...give me a ...*spark* of *hope* - that there...*actually* are other people like *me*.

For a small minority, however, the discovery was perceived to be a 'double-edged sword'. The elucidation of their situation, while personally relieving, had simultaneously been accompanied by trepidation about the potentially negative (perhaps even devastating) effect(s) that their transsexual identity and the implications that this carried might incur for their families and/or other significant people in their lives.

Under such circumstances, fear of the negative outcome that might directly follow their perceived 'selfish' pursuit of their own peace had sometimes led these interviewees to try to deny or suppress their seemingly impossible situation as if in hope - still, that it might simply 'all go away'. By that stage, however, such a coping strategy, at best, was likely to be of brief duration since a forced and soul-searching choice was soon to follow.

Colin: 41 (g3, p.6,7, 22) ...I was shown an *article* by my *mother*...(which)...identified ...*particularly*, *female-to-male* transsexuals... [M]y *mother* was very *upset*...she was on the *point* of crying, she.. *stuck* this in my *hand* and said: "I want you to *read* this", and...*threw* me in my *bedroom* with this...*article*...I *read* it and *instantly* recognised myself, but...on *two* counts...I *could not*...admit...to (it). *One* was...my *mother* was...very *upset*...and the *other* was...(the) *reference*...to

absent...fathers who weren't very understanding... So...I was going to cause significant pain...to my parents... - But I realised...that I wasn't the only one. And that...was a relief...I suppose there was a certain...degree of fear, and...not really knowing what the next step would be...[B]ut (it)...was...basically me or them...and I chose them...I completely buried (it). ...I did not think about it at all...until...things reached...a head and...it...came back to me from the depths... [T]he whole thing was very frightening. ...I knew nothing about all this...neither did I really want to know anything about it

2) The Decision

Rarely did identification occur without the almost immediate onset of a search for some degree of subsequent treatment that would effect permanent physical change toward the acquisition of the physique and secondary sexual characteristics typical of members of the opposite genetic sex. Most participants, nevertheless, reported that their ideal preference would have been not even having to have contemplated undergoing such drastic procedures had there been any other way either to have felt comfortable in and able to live with their unchanged body-state, or to have physically become the genetic sex that they felt they should have been born as.

Once identified as a transsexual person, the time lag between this identification and the decision to proceed with physical transition took one of three basic forms which could be termed: immediate, resistant, and delayed.

2i. Immediate

For some (especially those fortunate enough to have been able to afford private treatment, whereby the procedures involved had tended to follow fairly promptly) the delay was relatively short.

Jay: 29 (g2, p.10) ...[A]s soon as I found out...*what I was*, and I could do something about it, I had to have it *done*. [M]y life just couldn't have gone on *without*...it. ...I wasn't one thing or *another*...I just had to be...a *male*. I wanted to...*look* more male - *have* a...*male build*... - just *look* normal, and to fit into *society*...

Derek: 42 (g3, p.11) ...I was on such a *high* at *making sense* of it all, that I just...*breezed* through...to me there was no *problem* - "OK, we've got it sorted out - we go with it" ...there was no *question* about it...

Colin: 41 (g3, p.9, 10) ...I wrote to...*one* of those *agony* people...from one of my mum's *magazines*...and said: "I can't *stand* this any longer, what do I *do*?" [S]he wrote *back*...and said..." [T]he *surgery* can be *painful*... [Y]ou have to...*consider*..for instance, that it's difficult to go *back*" - I wasn't *even* *remotely* interested in going back, and...*realised* that...it was *crunch* time, I had to go *forward* - I couldn't...*operate*...

Indeed, for one or two, that there was an actual name for their condition was itself irrelevant: they reported having 'always known' that they would one day succeed in achieving material transformation.

Jim: 40 (g3, p.10, 11)...I *didn't decide*...as *such*. I *knew* it was going to *happen*...[I]t had *always* been an intention - ...as soon as *possible*. There *wasn't* even the...question of..."*When should I do it?*" - it was *always* ..."I want to do it *now*".

2ii. *Resistant*

By contrast, others recalled having attempted to fight their conviction and to have stolidly pressed on in their unhappiness for as long as they could bear it before ultimately, after a great deal of soul-searching, admitting defeat and pursuing reassignment.

Lee: 24 (g2, p.7) ...I'd have been *twenty*...I spent *that year*...shut up in my room, not...*working*, not doing *anything* - not having a *life* basically. The *decision* was one *hell* of a one to *make*, and *in* the end I...*thought*...*right* or *wrong*...to go ahead with the *sex* change...I thought that *some* shot at a life would be *better* than not *having* any...

John: 38 (g2, p10, 13, 14, 15) ...I (was)...very undecided about what to do...I had a clear choice in front of me - ...to stay as I was in a successful career and to...hang on to a *lot* of friends I'd accumulated over the years, and just...carry on - *but*, lead quite a bland, unfulfilled...life, or...take my courage in my hands, and...step out...into the unknown...I(t)...wasn't sensible to lead a lie any more...deceiving myself by...pretending. [I]t was *definitely*...a conflict within me...But - I thought that it was time, that I put myself first - my own needs - before other people's...needs and expectations of me. ...I was giving myself...freedom to *be* myself...[G]iving myself permission...

Two such individuals, on deciding to proceed, had opted also for perhaps the most radical and difficult mode of change by closing the door on everything and everyone associated with their lives prior to that time such that their new lives literally began anew.

2iii. *Delayed*

More frequently, however, the delay had involved a few years between identification and actually beginning treatment (Pauly, 1974a). Often, this was due to either administrative delays or (unlike private or other forms of elective NHS medical procedures) because of prerequisite 'diagnostic' requirements, neither of which were subject to individual choice. Beyond this, delay was sometimes necessary because of unavoidable responsibilities and commitments or social and/or familial difficulties.

Colin: 41 (g3, p.9, 10) ...[I]t had *taken* me a *long time* - waiting for *appointments*...I went to see...my GP...I don't think I'd ever *met* him before... *Went in*...and said: "Look-...I've got this-" - and *then*, couldn't *cope* with it and...went *out*... [H]e realised that I was *clearly upset* - and I...stomped up and down the high street a couple of times and smoked a couple of fags and thought: You've gotta *do* this. [T]he *pain* was that I *knew*...it was going to affect my *parents*. Because *once* I'd got the ball *rolling*, I would go with that - There was *never* any *question*...that I would be put *off*. But I *knew* that once I'd *taken* that *step*, it was going to cause my family *pain*. And...I *did cry*...for *them*. ...I went *back*...(and)...they showed me *straight back* to him. ...I *finally* managed to get it *out*... [H]e said there was a...chap in *Lincoln* who had...a lot of *experience*...[T]hree months later I went to see *him*...[H]e then arranged for me to see *Jordan* at *Charing Cross*...probably...six months later.

Another case of extended delay was that of the participant who had been a victim of rape. This event (engineered by his mother by way of a financial transaction apparently made as a radical attempt to force the individual to accept the female role) had resulted in a pregnancy that was made to continue to full-term by the medical establishment which had failed to recognise (far less empathise with) the individual's dysphoric state. Following the birth of a daughter, for her sake alone, this interviewee had waited until the child was of sufficient age to be able to understand the reasons for her 'mother's' transition.

Jeff: 54 (g3, p.19) ...When *she* was *twelve*...I'd got to the point where...if I *didn't* do something, I was going to go *either off my rocker*, or - *cut my throat*...hhh! ...I...just *knew* I had to *do something then*, because...*time* was *marching on*, I was *thirty-five* - if I *didn't* do something *then*, it was going to be too *late*...

A further factor in delaying (which itself was to be a cause of great regret in later years) was hesitation borne of the apprehension that some individuals had felt about the possibility that their undergoing transition would automatically entail forever losing all the comfortably familiar aspects of the life that they had come to know - notwithstanding its inherent heartache. For others such hesitation had stemmed from their fears about potentially negative reactions from significant others should they transition. Such concerns, given the importance in their lives of the way in which they and (hence) their families were perceived by others, had often involved great emotional anguish for these participants.

Owen: 28, (g2, p.16, 17) ...[O]nce I actually...made the *decision*, I...*felt some* degree of inner peace - because I *felt* as if the *conflict* within myself had *stopped*...[T]hen (came) *concern* over...how people would *react*. ...[M]y *mother*...*sister* and...*society*...I thought: [A]re people going to *ostracise* me...or...*be nasty* to me. I *think* what- *probably*...*delayed* it, was...the way my *mother* reacted when I was *eighteen*. She...was...*very very* upset. In fact...there was some talk of *suicide*. [H]er...*partner at the time*, was *very*...*aggressive*. He actually threatened to go, and er...*sort* this psychiatrist *out*...[H]e was actually *banned* from the department of *psychiatry*. ...[T]here was a...*lot* of - *animosity* - a(nd) *tension*. ...I *couldn't* live with the *thought* of...*making* my *mother*...*commit suicide*...

Given such emotional complexities, the eventual resignation of such individuals to proceed with reassignment suggested that for others who might have alternatively decided not to do so, the prospects of their nevertheless enjoying a peaceful life may have been very bleak.

Dale: 42 (g3, p.12) ...I'd *reached*...*forty* years of *age*, and everything happens when you're *forty*...[Y]ou're *not* old but you're *not* young - you're at that...*age*, and I thought: ...I'm *fed up* with *lying* - I'm *fed up* with the *pretence*...I've *always* been...*true to myself*, and I wanted to take that *forward*.

3) Information-Seeking

The necessary pre-requisite to seeking medical intervention was that of acquiring a sufficient level of knowledge on the issue that would afford the participants autonomy and control over their own lives by enabling them to make informed choices when deciding which options they wished to pursue and the relative costs and benefits involved. Their preliminary concerns were to learn how to go about seeking treatment, then to find out about the choices available to them, what was likely to be entailed and the results that could realistically be expected. This information was gained in piecemeal form and without very much help or guidance from the medical profession itself.

Unlike most forms of established medical treatment a general deficit of available information had soon become apparent to the participants. Most of the information that they did obtain was anecdotal and usually obtained from such sources as: fortuitously found magazine articles, possibly a chance meeting and/or consultation with other FtM individuals (if any were known) who were already receiving treatment, or perhaps, if some were fortunate enough to find one, advice from one of the few (and not widely publicised) transsexual support groups. This state of affairs tended to reinforce the interviewee's views that people like themselves were largely a forgotten minority (particularly so the FtM community since much of the information that had been found was mainly designed for MtF transsexual individuals).

Leslie: 38 (g3, p.8) ...*Fortunately...my girlfriend (had)...seen an....article in a woman's magazine...(and) there was an address at the bottom.*

Three basic styles differentiated the participants in terms of their approach toward treatment: some had demonstrated a selective and focused urgency ('flyers'); others adopted an unhurried and comprehensively evaluative strategy ('planners'); while a third group had gone about finding treatment in a more haphazard and opportunistic manner ('crawlers').

3i. 'Flyers'

The preparatory 'research' of some had been strictly confined to their most immediate and pressing consideration - simply getting started on the process of change, by the quickest means and with little concern for the details of whichever procedure would follow which or about any possible risks that might

arise. Rather, their focal interest had been purely the acquisition of relief, with little concern for any in-depth comprehension of what would might be involved.

Owen: 29 (g1, p. 15) ...I think I probably *know*...enough *about* it now. [A]s far as I'm concerned ...I just *want* mastectomy, and I *don't much care*...about *what* it entails.

3ii. 'Planners'

Those who had adopted the second general approach had, by contrast, seemed to have held a perspective on their possible future as well as immediate circumstances. Once having decided on the course they wished to follow, these interviewees had spent considerable time tapping as many sources of information as they could find in order to thoroughly explore the options available to them (or, if intending to seek private treatment, working out what they could afford), and meticulously planning and organising their lives to allow themselves space in which to transition by pre-arranging time away from work for hospital stays, convalescence, etc.

Leslie: 38 (g3, p. 8, 9, 25) ...I'd *found out* about the Gender Identity Clinics, *found out* you had to *live* in...*changed role*, and...about *hormone* treatment. So I *went* there with...a kind of a *programme* of what I would like to *achieve*...[O]nce I was aware- (of) the...*publications* and...*bibliographies* available..I started *reading* everything...I could get hold of and...*talk(ing)* to people.

3iii. 'Crawlers'

The remainder of the sample, after initial determination to secure access to hormones via their GPs (usually following a referral for psychiatric interview), thereafter tended to have pursued the continuation of their transition in a random opportunistic and non-directive manner. Once past this first hurdle, they simply went about seeking referrals to independent surgeons as and when they felt motivated to do so and at a more leisurely pace.

Gary: 22 (g1, p.9) ...I *did(n't)* really consult any (books, only) about hormones and the way you're supposed to go about *things*...

4) Approach to Medical Intervention

Armed with acquired knowledge, the first step toward seeking to find the means to realising what they perceived to be their 'true' selves via medical intervention was often the hardest for the participants, since this initial and major step was invariably taken alone and without support. The significance of this onset which Prosser (1995) terms 'the journey', is that it represents the act of leaving the familiar. This action, she suggests, is accompanied by the recognition that the body and identity is made up, a construct,

and is to be relinquished alongside the narrative of gendering. The process usually began with an appointment with the family doctor. This simple action seemed relatively straightforward, even trivial, when viewed in terms of the greater enterprise that lay before them. Yet for all but the most single-minded and determined, this first consultation carried enormous implications for the interviewees. This encounter was an extremely difficult and harrowing event in itself, quite apart from its also entailing the necessity of actually vocalising their problem to a comparative 'stranger' (and their apprehensive uncertainty as to the likely response that their request would elicit).

Only two interviewees reported having met with a negative reception from their general practitioner. For one, the acute humiliation caused by this experience had resulted in a prompt retreat, some time elapsing (and thus prolonged misery) before sufficient resolve and courage could be amassed to try again with another GP (Franzini & Casinelli, 1986). The second case had encountered the doctor's moralistic recrimination in relation to parenthood.

Lee: 24 (g2, p.4,5) ...[H]e *looked* me up and down, *saw* that I had all the female parts...in the proper places, and...said: "You're being *daft*. *Goodbye*". [Y]ou're made to feel like a total *prat!* [I]t was in *front* of my *mother*, I'd...built up the *courage* to tell my *mum* that I *didn't* feel *right*. *She* took me to the doctors the next *day*...after I explained to *her* half the night...*how* I *felt*, just to be dismissed like that...I mean it takes courage to...*do* that...

Wally: 50 (g3, p. 10) ...I had a *hard* time with my *doctor* - *very*...hard time with *her*, because she knew my *daughter*...as she was growing up (and)...when she *became*...*pregnant*...and...kept throwing *this* at me...

More often than not, however, if at first somewhat nonplussed GPs had responded with empathy and sensitivity, yet most were reported to have been at a loss as to whom to refer these patients for appropriate help (Lothstein, 1978; Huxley et al, 1981b; Franzini & Casinelli, 1986). Hoopes et al had argued in 1968 that 'misinformation and a general lack of information in this area characterise both the medical profession and the lay public'. According to the experiences of the participants little seemed to have changed almost two decades hence.

Leslie: 38 (g3, p.8, 9) ...[M]y...GP...(was)...*totally gobsmacked*...(but)...*very kind* and...*always* prepared to *listen* - ...(He)...*didn't* just dish out a prescription after you'd been there five *minutes* - he always *tried* to find out what was really *bugging* you...I'd...*got respect* for him...[I]t *took* me a long time to pluck up the *courage*...(and) when I *did* go to see him...he was *fine*, but...had *absolutely no idea* what to *do* about it.

Unlike the average doctor-patient consultation the irony for these gender dysphoric patients was that the course of action followed for their treatment was most often that suggested by themselves. The

general deficit of knowledge, among G.P.s, on the treatment of transsexualism contrasted with that of the participants who, by the this first appointment, had often amassed considerable information on the issue.

The advisability of ensuring that they were referred to the 'right' people, i.e. those professionals experienced in treating transsexual people, was underlined by the apparent general lack of comprehension (and absence of empathy) within the medical profession per se of and toward gender dysphoric patients (particularly in relation to sexual orientation, for two participants, where, if this did not fit with stereotypical expectations (i.e. where patients were the same biological sex but homogendered in relation to their sexual object choice) this might invoke disbelief as to whether they were actually gender dysphoric (Hodgkinson, 1987; Devor, 1993; Ramsey, 1996).

Joe: 24 (g1, p.30) ...If you don't fancy...*men*, you must be (lesbian) - ...that was as far as me mum's...*mental capacity* can take her...[M]y *psychiatrist* struggles...to work *this* one out...Even...*basic 'transsexual'* she has *problems* with...And when you get *gay* transsexual, that's *it* - *then*...she has to ...have a cup of *tea* and a sit *down*...

Indeed, the possible consequences of not ensuring that they were reasonably self-informed as to the people to whom they should be referred could be at best, disappointing, and at worst (in relation to the actual surgical procedures involved), potentially disastrous for the interviewees.

Kiefer: 27 (g1, p.11, 12, 13, 14) ...(I was) put...in touch with...an...*endocrinologist*...(who) was...*totally...ridiculous*, he *didn't* want to know...anything about...what me *problems* were. I *knew*...as soon as I *went* into the...office, that he *wasn't* going to...be helpful. He said: "You'll never be...male, you'll never get what you *want*...You'll always be a *freak* as far as *society's* concerned...If you *reconsider* and want to be...*female*, come *back* to me"... I...*walked* out of the office....I (was)...very...*upset*, *tearful* and...fairly *suicidal*...

5) The Gender Identity Clinic (G.I.C.)

Following their emergence in the 1960s Gender Identity Clinics, such as that at Charing Cross Hospital, became the established 'gateway' to the gender reassignment process (King, 1993). The first gender reassignment surgery was performed in 1965 in the United States at the University of Minnesota Medical Center (Brown & Rounsley, 1991). The British version is far from the conceptual image that may have been suggested by the notion of such a 'Clinic' (e.g. as being an independent institution, specifically geared to providing holistic treatment and care for the benefit and well-being of transsexual people). More often these amount to a small wing within a general hospital, the purpose of which is merely the diagnosis and management (hormonal and surgical treatment) of transsexual patients with little (if any) consideration given to supportive counselling or therapy provision. They are typically staffed by a small

team or panel of professionals: psychiatrists, a psychologist, an endocrinologist, surgeons, etc., all of whom claim some experience in the field (Mehl, 1973; King, 1987).

British G.I.C.s typically adhere, to some degree, to the Standards of Care (SOC) (The Founding Committee of the Harry Benjamin International Gender Dysphoria Association, 1979). These standards were originally devised to be applied in relation to the (genital) reassignment of MtF patients. This being so, the applicability of these standards to FtM patients has sometimes been called into question by the FtM community. For example, one requirement of the SOC is that a six-month 'trial' period of hormone therapy should precede surgery. The reasoning underlying this requirement was that if, after having actually experienced the reality of hormonally-induced feminisation, MtF patients were then to 'change their minds' about undergoing reassignment then (since the effects of female hormone therapy are largely reversible), it would not be 'too late' to do so. This logic does not lend itself well, however, to FtM patients for whom many of the effects of (male) hormone therapy are irreversible. Hence, the insistence by NHS (but less so by private) Clinics on observance of the SOC across the board of their transsexual patients has given rise to continuous appeals that these standards should be re-written in a way that takes into account the distinctions between gender reassignment surgery (GRS) for MtF and FtM patients (among other things) (Walker et al, 1984).

Approximately two thirds of the sample following referral had undergone transition under the auspices of such a clinic. The remainder had obtained transition either through private treatment or via some alternative independent NHS route. Unlike the case in America where the course of gender reassignment is largely dictated by the SOC originally proposed by Harry Benjamin (1966) as an instructional guide, e.g., on 'diagnostic' criteria, waiting periods and guidelines for clinic professionals involved with gender dysphoric patients who were seeking reassignment) such that prior to any treatment a period of therapy is mandatory (access to treatment being facilitated by virtue of a letter of referral from the therapist), no such strict adherence to the SOC applies in Britain. Instead, British G.I.C.s tend to adopt their own idiosyncratic interpretations of the SOC. However, there are no universally accepted standards of care for the female transsexual (Lothstein, 1978) and alternative routes to treatment (where these can be found) are more of a possibility. Jonas (1976) notes that such diagnostic criteria for transsexualism are strictly behavioural, requiring patients to prove their determination for gender reassignment. Yet, he

reasons, since such proof is not fully possible without society's active participation (i.e. via the activities of lawyers, physicians, cosmetologists, etc.) it is questionable as to how far society reinforces or even produces some of the symptoms of the phenomenon (Jonas, 1976).

5i. Reception

A substantial number of participants had requested referral to a G.I.C. Since British clinics will not seriously consider a patient to be a potential candidate for reassignment treatment before they are twenty-one, however, bitter disappointment was in store for some young hopefuls. Such regulations were often deemed justified on grounds that, before the age at which it is generally recognised that the individual is an adult, medical intervention that would effectively 'disrupt' the 'natural' hormonally-induced development of the body would be unethical. This reasoning had conflicted with the experience of some interviewees who, having been referred as minors, had felt that clinic staff had shown cold insensitivity to their plight. Given the history of misery and despair that had been reported by the participants, together with the general absence of retrospective regret among post-operative FtMs as a group (e.g. Lothstein, 1983; Bocking & Coleman, 1992; Ramsey, 1996) such insensitivity as well as the perceived wisdom underlying enforcement of such regulations might feasibly be considered unjustifiably harsh.

Jim: 40 (g3, p. 2, 4) ...I was thirteen...I saw...the family GP...who referred me to...the child psychiatrist, who...referred me to the Gender Identity Clinic at Charing Cross...David Jordan (former head of G.I.C.)...in fact ...never ever helped at all... [B]asically...he kept on telling me that it was a phase and I would grow out of it... [H]e told me that for...five years...I was...eighteen before I was allowed to start on any hormone tablets...and I was put on a very low dose...they actually said...: "If you change your mind...the effects are not...irreversible". That just angered me...I'd got really...unhappy because...nobody was...going to start me off on any hormone tablets, ...And I'd...tried to top myself. ...[I]t was a genuine call for help - (not) a...serious attempt at suicide...but I'd ended up in the...psychiatric hospital...and...spent...many months there.

As for older interviewees who had entered through their doors clinic staff, far from offering the relieving reassurance anticipated, were often recalled to have been unhelpful, dispassionate - even (for some cases, negative in their attitude toward these patients (Jonas, 1976). Given their reports of a long history of social non-comprehension, opposition and/or hostility in relation to their circumstances this type of attitude, when encountered from the very people granted with the power to effect (or withhold) the permanent attenuation of their dysphoric state, had invariably been experienced with shock then despondent frustration. Franzini & Casinelli (1986) measured a random sample of 202 health professionals' (23 GPs, 17 obstetrician-gynaecologists, 30 urologists, 42 psychiatrists and 90 clinical

psychologists) knowledge of, and attitudes towards the syndrome of transsexuality and transsexual patients, by means of a three-part 77-item postal questionnaire. These authors found that there was a more positive relationship between both the attitudinal disposition of medical professionals towards transsexual patients and procedures involved in their management and knowledge of the transsexual syndrome than that reported from a similar study 20 years previously (i.e. of the attitudes of randomly selected subgroups within the medical profession (Green et al, 1966) and that this directly affected the practice behaviours of such professionals. Nevertheless, as Lothstein (1979) suggested, many clinicians had little understanding of the complexities of transsexualism.

5ii. *'Playing the 'Game'*

Rather than compassion and understanding, the participants invariably found themselves confronted by a series of 'tests' (e.g. psychological interviews, psychometric- Rorschach and Real Life Tests (RLT)) designed to ascertain self-diagnostic accuracy. For the participants, however, the nature of and questions asked in such 'tests' suggested that these were more related to the issue of stereotypical classification than purely that of 'diagnosis'. The use of such psychological 'diagnostic' tests was also of doubtful value, since the very possibility of a clinical diagnosis of transsexualism has been questioned (although they may provide psychological material not generally accessed by clinical interview alone) (Lothstein, 1983). Furthermore, both the content and atmosphere surrounding the clinical interviews were sometimes experienced as intrusive and demeaning respectively.

Thomas: 29 (g2, p. 4, 5, 10) ...I think...they were a bit too...stereotypical in their *expectations*...[T]here's all these *clichés* like..."When I was a little *boy* I used to wear my mother's clothes", or "When I was a little *girl* I used to be a *tomboy*"...and *sometimes* it seems that that's what people want to *hear*, so that's what TSs *say*, and...(it) gets perpetuated. ...I had to go for all these...psychometric *tests*...which I really *resented* 'cause...I *couldn't* really see...the *connection*... I *sometimes felt* that I was dealing with *them* rather than them with *me*... [L]ike it was *me* in control, not *them*...

Nevertheless, each test with which they were confronted was reported to have been confirmative of the presence of a male gender identity - despite the contradictory 'evidence' of anatomical 'appearances' of those tested (although Lothstein (1983) states that his experience suggests that the female transsexual is likely to be given only minimal psychological evaluation and to be served inadequately by almost all of the clinics, depending on who evaluates and eventually treats them). When

eventually a specialist actually appeared to believe a given individual, the relief was enormous in that this represented hope in being able to resolve their predicament (Wells, 1986).

The best source of knowledge to consult in preparation for undergoing reassignment was generally regarded as that of reading about or hearing the experiential knowledge of individuals who had already passed through the system. Having utilised this pooled knowledge participants often found themselves in the awkward position of knowing more about their situation than did many of their medical managers themselves (Stoller, 1975). Such pooled knowledge also included advice on how to deal with requirements that the pre-transitional individual was likely to encounter within the clinic. The imposition of these 'diagnostic' procedures by the clinicians, these having been thus rendered invalid by the patients, therefore seemed to these individuals to have represented needless additional duress. This was particularly so for the 'planners' who reported having been made aware of the typical sorts of questions they would likely be asked and primed with the 'right' answers. For them, the experience of such interviews seemed comparable to their participating in some form of surreal 'game'.

Leslie: 38 (g3, p.9) ...I had been warned...and...felt...I had to prove...a greater level of sanity...than...average...in order to get anywhere at all. ...[T]he onus was to give the right answers - not my personal true answer...i.e....it was a bit like playing those games on PCs - where you've got to unlock the door to get into the next...level...I...had fortunately been groomed by...the...contacts I'd made with transsexuals who'd already gone through the process, that I somehow...had access to the right keys - and...went through...the process more quickly than I'd expected. But only because I was...playing the game - not because...there was any sensible...evaluation of what I really needed... It was only after that...that I got any human...warmth - or...acknowledgement...as a person....it was cold and clinical - the whole process.. And...I was going through it in isolation...so it was extremely difficult...

The most unpopular of all pre-requisite 'tests' was the Real Life Test (RLT); the requirement that patients lived full-time in their preferred gender role for a designated period of at least one year. The medical rationale for the RLT was that it provided patients (and doctors) with the opportunity to examine the individual's ability to function successfully in the preferred gender role before undergoing irreversible medical treatment. Thus, the opportunity of reconsidering their commitment to transition would still be open to them. The accounts of those participants who had been obliged to experience the RLT in their pre-transitional state, however, demonstrated that this experience was often acutely stressful and uncomfortable. This was because of the continual fear that their genetic sex (because of their possession

of female secondary sexual characteristics that were wholly incompatible with their presentation as males) might, at any time, be discovered.

Owen: 28 (g1, p.3, 15, 16) ...*I feel neither one thing nor the other...[I]f it was up to me, I would have had mastectomy - ages ago, but because they are making me do this...two year trial...it is quite stressful, 'cause because the outside world...see me as...(female). I've got to bind my chest up, and it's a right...carry on. I just wanted to get totally rid of these (breasts), but...they put me on this...(RLT)...from the date...I changed my...name.*

Dale: 47 (g3, p. 21) ...*I find (it)...unfair...because OK -...you can put a suit on, but...you're still perceived as...a woman...wearing a man's suit, because...your facial...features haven't changed - you've still got that soft look...your voice is still...too high, and...you just don't come across...visually - no matter what you're feeling inside. [Y]ou might...feel one hundred percent masculine, but...other people's...perception...[Y]ou can see the quizzical look because they're not quite sure...*

Despite the absence of any definitive test by which a diagnosis of transsexualism can reliably be made (transsexualism being unique in the sense that it is the patient who tells the doctor what the diagnosis is, and how their condition should be treated (Stoller, 1975; Lothstein, 1983, Grimm, 1987)), the collective results of such evaluative procedures are perceived by clinic staff as enabling them to make an objective 'diagnostic' judgement. Rather than confirming the original self-diagnosis, therefore, such tests might more accurately be perceived as attempts to prove these patients' convictions *wrong*. Moreover the issue of who decides what will be perceived as a 'successful' test performance remains unaddressed.

5iii. 'Gate-Keepers'

The effect of the imposition of such requirements seemed often to have established a non-constructive and implicitly antagonistic 'them and us' atmosphere between patients and medical staff. The nature of this apparent thinly veiled mutual animosity was that the participants reported feeling that their autonomy and dignity had been removed by clinic staff whom they felt that, rather than being seen as saviours, had generally become their tormentors. The clinicians were perceived as 'gatekeepers' who stood between the participants and their goal, and the evaluative tests as being tantamount to a series of 'hoops' through which, like performing seals, the interviewees had necessarily had to jump if wishing to be 'rewarded' with eventual access to the treatment that they felt to be their only means of salvation. Hence the interviewees had tended to hold negative attitudes toward the medical professionals responsible for making the ultimate judgement as to whether and (if so) when treatment could commence.

Jeff: 54 (g3, p.19, 20, 21) ...[T]his guy Jordan at - Charing Cross...thought he was God...[H]e was God - wasn't he? - I mean he was the one who made the final decision...[W]hen I first met him, I didn't like him...but...I didn't walk in there and say..."I don't like you"...because I thought: ...I've got to keep on the right side of this man, because...hopefully, he's going to come up with the answer...

The exceptions were the 'crawlers', who had tended to adopt a more passive approach to seeking treatment (this group being characterised by a marked lack of assertiveness). They seemed to have demonstrated remarkable tolerance, patiently awaiting consent to begin hormone therapy and falling in with the dictates of the clinic in relation to arrangements for their surgery.

Siv. Alternative Routes

The substantial number of participants who had accepted or requested referral to a G.I.C. had done so partly through lacking the necessary finances to opt for private treatment partly on the presumption that the clinic was therefore the only (NHS) route through which they could to realise their goal. Therein delay (primarily due to pre-operative 'diagnostic' requirements) became a familiar experience for all but the most fortunate. The average time-lag between first presentation and treatment by a clinic had been upward of two years.

Joe: 24 (g1, p. 7,8) ...[I]t's painstakingly slow. ...It's almost as if they're waiting for you to say: "...Perhaps I'll just give up and not bother- I really wanted to be a woman anyway - it was just to test you..." ...I always get that...impression from...doctors, psychiatrists - that...slow part...seems (that) they're giving you enough chance...to repent!...and say: "...I really didn't want to...- I made a mistake" - and they'd absolutely love that, but...nobody seems to do it...

For three interviewees the frustrations of the G.I.C., after their having already spent years of unhappiness in the body that they felt was 'not meant to be' their own had been too much to bear. Being fortunate enough to have access to (familial sources of) the necessary funds they had either dropped out of or avoided the NHS clinic programme and instead began their surgical journey of material change virtually immediately via private treatment. Here, a nominal psychiatric interview (but rarely if ever psychometric or 'diagnostic' testing) was conducted in a relaxed amicable atmosphere, before hormones were prescribed and operations scheduled. After thus getting their transition underway these individuals then reverted back to the NHS and their GP to continue their prescribed medication.

Simon: 30 (g3, p. 6) ...I stopped going to Charing Cross, because they weren't...forthcoming enough... [T]hey said: "Yes - we recognise it...we've confirmed it"...(But they) weren't going to do anything about it. And...so in the end, short of - topping myself, I went privately. And my parents helped.

Lee: 24 (g2, p.3, 4, 5) ...I couldn't be bothered to wait...to be seen on the NHS for...getting hormone treatment, so I paid...some of my student grant to go and see someone private and get myself

sorted on that. (The psychiatrist) ...saw me very briefly - it was just an hour thing, and afterwards he...said that I was one of most...straight minded person(s) he's met, and just wrote me out a prescription...

For some others too, the delays and indignities of the G.I.C. were not an issue. Indeed, most alternative routes to gender reassignment other than the G.I.C. were, by comparison, relatively straightforward if fortuitous. For example, one participant who had been in the army was referred by a military psychiatrist to a civilian gender specialist who both diagnosed and arranged (fifteen months later) for the individual, following an honourable discharge, to undergo reassignment.

By contrast, those interviewees who had taken the clinical route to transition had endured many more months of discomfort and waiting alongside satisfactorily completing the humiliating RLT. Even then, there was disappointment for some who, having finally received clear-cut diagnosis after fulfilling the lengthy preliminary qualifying requirements of the G.I.C.s (especially those under the control of NHS trusts) were sometimes then informed that no funding was actually available for their surgery(!). On this issue, the unanimous views of the sample were eloquently expressed by one interviewee:

Leslie: 38 (g3, p. 13) ...*I think that...the operations should be available on the NHS...there should be no discrimination...[I]t should be openly available. ...[I]t is a medical condition - ...we don't know the aetiology...(but) we know that...before treatment...the person is not able to function as a whole person...and...after treatment, most...become fully functional. In fact often I think...transsexuals - particularly...put a lot more back into their...communities and...relationships and so on - after...treatment. [T]hat to me, is...healing as healing...should be...in a medical...quote "care system"... Quality of life...because...there's no other way of treating that person. [T]hat should be...the appropriate care programme for somebody with...gender dysphoria... [T]hat...is enough justification...(no) different from other medical conditions where...appropriate treatment is...available...*

When viewed in retrospect, the long delays that they had experienced were viewed more positively by some post-transitional interviewees. With transition behind them they seemed able to step back from and (with the benefit of hindsight) view the phenomenon through a philosophical perspective through which they valued the natural 'braking' effect on the mind that the delays built into the G.I.C. treatment programs were likely to impose upon over-impatient pre-transitional individuals. They therefore acknowledged such delays as serving as a protective measure that effectively prevented some patients from careering headlong into transition without adequate consideration, thereby potentially making the biggest mistake of their lives (Tully, 1992).

Wally: 50 (g3, p. 9) ...*(They) seem to dither. But they make you come away and...question yourself, and that...process makes you question whether you are doing the right thing - over and over and over*

again...[I]f you *keep coming back with the same answer*- then you know you're on the right *path*...but if you start having...*question marks*, then...you've got to *go back and...reassess* what you're doing. [T]he delay is...*a very frustrating thing*, and it's *hell* to go through, but I think it's a *good thing*.

Colin: 41 (g3, P. 20) ...[T]o be *quite honest*, if somebody came to *me* and said...*they thought they were transsexual*, I would try and put them *off*. [I]n *doing* that I would be trying to...*ascertain...how serious* they were...about it... [S]o in a *sense*, I would do exactly what has been done to *me*...

5v. Antagonism

Beyond the general lack of empathy reported to have existed among the clinic staff by participants who had taken the G.I.C. route to transition, the negativity that they recalled encountering in response to their requests for help was viewed to have been unnecessarily unpleasant. Despite appreciating, with hindsight, some of the likely reasoning underlying the reluctance of clinicians to present gender reassignment as an 'attractive' option, they generally felt that the deterring attitude of the clinic staff had often been carried too far.

Jim: 40 (g3, p. 10, 19) ...I can...*see* the reasons why psychiatrists...*put people off*, and that they *explain* how *difficult* it is, and how *hard* it is...But I *think* they're *still* too far...towards the *putting off* stage. I *think* what they *should* do is spend the first six *months* maybe, saying: "No - this is too difficult...we don't *believe* you" *After that*, then should give *all* the support that they *can*. What's *actually happening* is that they're just saying: "No...it's *too difficult* - we can't *do it*". ...and there's no support *anywhere* along the *line*.

The process of transition itself required that the participants' prior cultural indoctrination as 'females' was broken down and shed once and for all - a task that is far from easy (Plummer, 1995). Additionally, the general deficit of psychological support (if only just to have had someone to talk to about their feelings as they went through transition) as well as the complete absence of any provision of some form of basic training in life skills to enable the interviewees to fully function in their externalised felt identity was lamented. Indeed, such matters would intuitively seem to be among the most important requirements of transsexual people (Harding, cited in Walters & Ross, 1986; Pauly, 1974b).

A number of participants expressed their disappointment in this shortfall in relation to their awareness that other forms of trauma were socially recognised as sufficiently disruptive to daily life that some form of long-term counselling support was required to promote recovery, yet that this was denied to them in dealing with their own gender dysphoric trauma (Money, 1972; Pauly, 1974a,).

Dale: 47 (g3, p. 76) ..[I]t felt like the *world* was against- ...when your...*family's*...against you, and...*people* at work are against you.. [Y]ou...*go through* that phase when you are *totally...alone*...there's *nobody* there to *turn* to...

They perceived this support deficit in the G.I.C. treatment programs to be a major oversight. Many felt that a more holistic approach from such clinical programs was a reasonable expectation. Ideally, for them, this would have included acknowledgement of the needs of patients who, having satisfied the 'diagnostic' criteria of the clinic, were in need of quality advice and reassurance in relation to the many anxieties involved in the major treatment process that they were about to undergo. Indeed, the truth is that most people in these patients' situation receive very little if any help from any source at all (Hodgkinson, 1987).

Leslie: 38 (g3, p. 25, 26) ...[T]he *only*...source of information that I...*didn't...find* helpful was probably the most *obvious* - which is *medical*. There was...*never really...anybody...*in the medical field that I found...*knowledgeable...and helpful...- empathetic enough...to be of any real use to me - I was always...playing it their way to get what I wanted out of them, but it was never a matter of them helping me in my treatment process.*

Colin: 41 (g3, p. 19, 20) ...[W]hy the hell shouldn't they...try and...help...you...come to terms with your...*existence...* I am *not suggesting* that they say: '*We think you're a transsexual - would you like to have this operation?*'...I'm suggesting that they say:..."How do you *feel...*about life at the *moment?* ...[I]s there anything that's causing you...*difficulty, or...awkward for you?*"...I *think* that that would be *reasonable...*But then *perhaps* they don't understand quite how...just downright *painful (the) experience is.*

For the clinical team, on the other hand, their job was an unenviable one. Not only was their work unlikely to win professional acknowledgement (given the existence of an implicit transphobia within the medical community (Baker, 1969; Stoller, 1975). Their achievements similarly remained largely without formal acclaim (if even recognised). Involvement in such work, therefore, rarely enhanced a medical career (King, 1987). The nature of this work was also continuously subject to negative national and moral criticism. The few interviewees who were aware of the historical stigma associated with their condition and its treatment held a more balanced perspective than others:

Leslie: 38 (g3, p.11, 12) ...Dr. Hersey...to be *fair...*was *doing...the best he could* where he...was getting a lot of...*criticism* from other *medics...*who felt that the whole process of gender identity treatment was...*inappropriate...*[W]e *did...*get onto much more friendly *terms later on...*and he...open(ed) up a *little bit...about(t)...why he'd come into the field...*[H]e *never justified* the treatment *programme,* but...we *did* talk about it a bit more openly..I *think* one of the *reasons* that it was *such a...a clinical and cold process* was...*protection - for him, and the Gender Identity Clinic...*

Responsibility for the selection of gender reassignment candidates was also a heavy and demanding one since, should 'mistakes' be publicly seen to have occurred (i.e. through the treatment of 'unsuitable' candidates), the potential condemnation of their work within the profession was a constant

threat. This condemnation (alongside the public scandal that would likely follow) could well jeopardise the future existence of the clinics (Meerloo, 1967; Pauly, 1971).

Since their introduction G.I.Cs have developed an increasingly enhanced understanding of female transsexualism with a corresponding improvement in their 'diagnostic' efficiency. Nevertheless, despite this improvement, some interviewees held the view that tension still surrounded the practice of gender reassignment. This tension, together with the perceived arms' length approach of some clinic staff toward patients, they felt, had been due to the influence of public attitude which had caused the general tendency among clinicians to be too apologetic about their involvement in the reassignment process.

Jim: 40 (g3, p. 9) ...[T]wenty-five years ago - when I...started...changing over, it wasn't understood, and there were huge...barriers to fight your way through. [M]ainly...disbelief - (and)...not understanding the problem...not doing anything to help. [A] lot of...the so-called help I was given - (was for) treating the symptoms... They were treating depression - instead of getting to the cause of the depression. ...I was told I couldn't have surgery or hormones because I was depressed. And I was depressed because...- they wouldn't start me on the hormones - and...wouldn't do the surgery. ...[I]t becomes a vicious circle...I think it's better nowadays, but...in those days it was...bloody hard.

6) Gender Reassignment Surgery (GRS)

Transsexual people have undergone various forms of psychological and psychiatric treatment including daily psychoanalysis, hypnosis, aversion therapy, and even shock therapy. Each with little, if any, change in their internal feelings (Brown & Rounsley, 1996). In the 1960s gender reassignment surgery (GRS) (Benjamin, 1966; Green & Money, 1969) became recognised as an acceptable procedure for treating people whose natal sex was not ambiguous or hermaphroditic but discordant with their psychological sex (Pauly, 1969; Money, 1972; Hausman, 1995). However, some clinicians have themselves chastised physicians who seek to ease the agony of transsexuals by granting their request (Green et al, 1966). Despite the further stipulation that without the operation the patient would probably commit suicide the percentages were barely affected, 54% of the psychiatrists still opposed such an act. Thus they would rather see the patient dead than grant his request. Interestingly this was in spite of the fact that 25% of the physicians asked thought that the procedure would improve the patient's mental health, and only 25% saw it as definitely harmful. Baker (1969) concluded that theoretical bias as well as what appear to be purely subjective negative attitudes have created a climate of misunderstanding and confusion that has resulted in promoting and prolonging the suffering of fellow human beings. He felt that the opposition to

conversion operations was predominantly emotional (Lothstein, 1983) despite there being an indication for such an approach for transsexual individuals. By 1984, Hurley (1984) observed that medical science had generally recognised that GRS, for both MtF and FtM patients, seemed to offer an improved living situation, and that physicians attitudes had become more positive than was the case when Benjamin (1966) wrote, at which time, most physicians generally opposed it, due to a 'woeful ignorance' and misinformation that characterised medical and public understanding about gender problems (Franzini & Casinelli, 1986; Hoopes et al, 1968). Such attitudinal problems, according to the experiences of the participants, would nevertheless sometimes still seem to be in evidence today. King (1987) cautions that the degree of provision for GRS, should not be exaggerated, nor should the existence of complete consensus for it be assumed.

Most people would never consider undergoing GRS. Moreover, despite whatever difficulties and problems that they perceive in their lives, few would seriously contemplate such a transition even if this were achievable without surgery or lengthy medical treatment (Hodgkinson, 1987). Gender-reassignment is undertaken for the relief of suffering (Ramsey, 1996). It also serves as the mandate pre-requisite before a person is able to change his or her personal documentation (with the exception, in Britain for the last 30 years, of the birth certificate) to reflect the preferred gender. Most transsexual patients are prepared to sacrifice healthy organs, take alien hormones and risk losing everything; their families, social status and career, and undergo prolonged pain - all to achieve an ultimately unsatisfactory, and only partially functioning, version of what they perceive to be their 'true' sex (Green et al, 1966). Despite the definite medical-surgical limitations of GRS there is insufficient evidence to warrant its termination (Lothstein, 1983).

In describing their perceptions of GRS in terms of it's actual remedial effects upon their dysphoric state, the interviewees unanimously expressed profound gratitude that this form of treatment had been an option available to them. This was in line with Pauly's (1969) conclusion that gender reassignment surgery is the only known means of alleviating the suffering of the transsexual.

Wally: 50 (g3, p. 9) ...[I]t's the *culmination* of...mind, body and *spirit*, and if *those three things* are at *odds* with one another..then there's no *peace* for that person.

For some pre-transitional interviewees, nevertheless, intermixed with this view seemed to be an implicit apprehension surrounding the prospect of actually embarking on their irreversible process of change in relation to the associated but unknown implications that this would carry for the more significant facets of the life that they had known up to that time (Athens, 1995). This concern was simultaneously overridden, however, by their conviction that if that life was to hold any potential for quality or peace there was no choice for them other than to proceed.

Owen: 29 (g1, p. 11) ...If 'at the *end of the day*', it *enables* me- allows me to be *myself* - to *live with myself* ...[I]n view of the fact that I will *have to accept* that I will *never* be a biological *man*, cause that is just not going to be *possible*. ...[I]f...I will feel more...*normal*, and more at...*peace* with myself, then...*yes*. ...I believe that people who've had the *surgery*, on the *whole*, *feel*...that they can cope with themselves quite *alright*. ...[P]eople I have *seen*, seem to...*feel happier* with themselves.

Those interviewees already in the process of transitioning when interviewed were noted to be confronting such fears but to have become rather more preoccupied with the day-to-day practicalities of their ongoing physiological change. Due to this, perhaps, they tended to view their transition in terms of comparing the experience of FtMs with that of their MtF counterparts in relation to the relative advantages and disadvantages of GRS.

Jay: 29 (g2, p. 10) ...I *think* the...*operations*...(are) a *lot*...*harder*...for us than ..for - male-to-female...[T]hey can *have* ...a...*vagina* made where we can't have *phalloplasty*. ...[O]ur advantage is...the ability for our voice to *break*, whereas females have to have a lot of *training* - (and) *electrolysis*...I think...*surgery's*...a lot easier *for* them. I'm not saying *psychologically*, but...*physically* - they don't have to go *through* as much.

Only the post-transitional interviewees seemed able to appraise the phenomenon holistically and from a more objective position of hindsight, in the wake of their own experience of transition. Rather than being fixated on any one particular aspect of the process they were therefore able to define its differential aspects in terms of their relative personal and social significance.

Colin: 41 (g3, p. 26, 27, 29) ...[Y]ou have to *see* this on *two* levels. *One*...the way the person *looks*...*out* from the *inside*...and *two*...the way they *socially interact*. ...[Y]ou *can't*...*ignore* either of those...[T]he *drugs* and the *mastectomy*...*deal with that*.- If you *deal*...with...the way the person looks out from the *inside* - and *how* they *feel* about the whole issue, *then*...you're *looking* at...the...*hysterectomy*... [F]urther along...into...*less*...*superficial*...aspects of...*interaction*... you...*get into phalloplasty*...

Three main types of operation typically associated with FtM transsexual transition, which often leave disfiguring scars (Brown & Rounsley, 1996) are bilateral mastectomy, hysterectomy (partial or total; incorporating the removal of ovaries (oophorectomy)), and phalloplasty, or metoidioplasty (genital

surgery). These procedures are listed in the order that they were customarily undergone by the sample, albeit with some variation (in some cases hysterectomy preceded mastectomy, while in others mastectomy was the only operation undergone). The surgical experience of most of the sample had also ended short of genital surgery, while mastectomy was, invariably the primary, most urgently desired operation of all and was usually undergone after a minimal six months of hormone therapy (except for two non-clinic cases where this operation had itself marked the start of transition) (Hausman, 1995).

7) Hormone Therapy

Reassignment tended, for most, to start with the onset of hormone therapy. FtM hormone treatment entails the exogenous administration of androgens which, after a two year regular dosage regimen, should thereafter be maintained for life (as a safeguard against the increased risk of their developing osteoporosis) (Gooran, 1992). The physiological effect of just a few months of androgen therapy is the manifestation of male secondary sexual characteristics, incorporating: the cessation of menses; the (permanent) growth of facial and body hair in the male pattern, the redistribution of body fat; increased cardiovascularisation; increased muscle mass; clitoral growth, increased libido and lowering of the voice to the male range (Lothstein, 1983; Steinbeck, 1986). Such changes, which are usually complete within 1-3 years (depending on age of onset and genetic constitution), effectively produce a very male appearance in transsexual men. Benjamin (1966) had reported that the psychological effects of such changes in FtM patients were 'greatly beneficial'. His recommended method was a series of androgen injections to suppress menstruation and maintaining such suppression with the minimal possible dose. He then recommended 2 injections per month I.M. of between 150-200 milligrams Delatestryl. Then, three years later, that increased dosages of between 200-250 milligrams were needed to maintain the desired effects, with X-ray treatments to destroy ovarian tissue (Benjamin, 1966).

Getting started on hormones had been a primary objective for the participants. Their accounts, however, suggested that there had been a reluctance by the clinics to allow access to the full effects of androgens too rapidly, the frequent practice having been to prescribe a low (oral) dose of testosterone derivative (usually, Restandol tablets), as opposed to the full regimen (via intra-muscular injections; dermal patches, or capsule implants). All transsexual people must maintain hormone treatment for the rest of their lives.

Some transitional and post-transitional participants reported having been told that this practice was in order that the elevated androgen levels would have a more gentle impact on their bodies. Others suspected that the 'real' reason underlying this claim was that clinicians had still been being over-cautious on grounds that should a given patient reconsider the desirability of transitioning the effects of hormone therapy would not be too extreme to be reversed. Given that a 'safe' low dosages was invariably insufficient to have effected any changes at all, however, it had seemed to a number of these individuals that rather than offering any real relief these ineffective dose levels had simply constituted the imposition of further delay. Here again there was a general deficit of substantive factual advice or guidance (and, in the experience of many cases, appropriate medical knowledge). Thus some participants were dependent upon their own resources to find out about the optimal frequency of hormone dosage and, very importantly, the advisability of regular blood tests to monitor hormone and blood lipid levels, kidney and liver function (the latter organ being responsible for hormone metabolisation), as well as bone density scans (to monitor for indications of osteoporosis).

Wally: 50 (g3, p. 10, 11) ... (I was put on) *Restandol*... which, is a load of *rubbish*... I can understand why they *do* it - because... in case you change your mind, it can be *reverted* but... I *don't* think it needs to be as long as it *is* - (before) they could put you onto. There *must* be some *people* who... they probably *have* question marks against - but there are *others*, who they *must* know, are... *positive* in their mannerisms - their *mental* attitude... *everything*, that they could say: "Right - well... go ahead"...

8) Appraisal of Mastectomy

The most urgently and passionately desired procedure of the transition process, for the participants (albeit somewhat less pressing for those of modest breast-size), was that of bilateral mastectomy (Benjamin, 1966; Money and Brennan, 1968; Pauly, 1974a). The administration of androgens causes only moderate breast atrophy. If complete breast agenesis was to occur male hormone would have to be administered during puberty. However this rarely occurs (being medically unethical) (Lothstein, 1983). The eradication of the breasts, these being the most prominent insignia of femaleness, was deemed by all post-operative interviewees to have been, by far, the highlight of their entire transition both in terms of greatly improved social presentation and, most importantly, the immediate private sense of relief, comfort and massively enhanced self-esteem that this procedure had facilitated.

Chris: 24 (g2, p. 14) ... [W]ithout doubt. It's *one* of the... most necessary - operations there *are*... for *transsexuals*. - Because... there's *no* way-... you're... *supposed* to have them. [E]very *minute* of every

day you're aware of the damn things...all the time - you can't get away from them....from the moment you wake up, 'til the moment you go to sleep - you've got these stupid things stuck on your chest that everybody is judging you (by)...

Leslie: 38 (g3, p. 22) ...[A] mastectomy is absolutely vital...I was desperate for that. [T]he breasts - more than anything are such a tangible...sign. ...[Y]ou're not as you want to be...as you feel you should be...It highlights the dichotomy...more than anything, 'cause you're always conscious of them...[P]sychologically that was...a massive barrier gone...I can't imagine any other FM being able to have...any peace of mind until they've had a mastectomy.

8i. Motivation

The desire to obtain a flat chest was such that, while no actual self-mutilation of the breasts was reported, some accounts revealed that an extreme level of desperation to eradicate the breasts had sometimes been experienced.

Jim: 40 (g3, p. 6, 7) ...I'd...kept on getting fobbed off...[I]n the end I...threatened to do it myself. I had the equipment - I knew where the incisions were supposed to be, and...if I started the job...I hoped that somebody would continue it...I think it was the threat of doing it myself that finally persuaded them that...I was serious. It's so frustrating...trying to get it across that you are serious. That it's something that you have to have. People have said to me that I've been very brave making...a choice like that. - There isn't a choice. - You just...have to do it. It's either...change and become...the normal person that...you can be...or top yourself..

The operation had also been deemed by the participants to have played a key role in promoting their social acceptance as men, although this was felt to have been outweighed by the phenomenal personal significance of being finally free of the imposition of a great constraint upon their daily lives. For some, both considerations were mutually contingent; their new-found post-operative sense of ease enabling them to participate in social activities that they would have shunned in their pre-operative state.

Donn: 25 (g2, p. 15, 16) ...[Y]ou can wear...what you want, and you're not...constricted...I go swimming now...and I wouldn't...have dreamed of (that)...before... [I]t gives you a new lease of life...I'm...not a...sporty person, but when I had my mastectomy, I started playing badminton...I thought: - I can run at last without having to hunch up...I love it...I can...walk around the house with no top on...and...I...feel more comfortable...and at ease with myself..

Lee: 22 (g3, p. 8) ...It was major. [I]t made...a huge...difference to my life. I didn't have to wear an overcoat in the summer, (or) be worried about...people touching me in case they felt anything...

Leslie: 38 (g3, p. 23) ...[I]t's...very important. ...[O]bviously if you're walking around with a deep voice and - to all intents and purposes - male, and...you take your coat off and you've got a pair of breasts...- you can't possibly hope to integrate into society (as) the kind of person you wanna be...[I]t's vital.

8ii. Post-operative Results

The accounts of those participants who had had this surgery evidenced that the immediate impact of unveiling a long yearned for flattened chest had clearly been one of profound and unforgettable relief.

Beyond the fact that its being performed had, instantaneously, forever removed the source of their compulsive need to bind their chests and swathe their bodies in excess clothing, the operation was recalled to have also had the effect of lifting the participants' mood state from its former gloom to one of euphoria.

Darren: 29 (g2, p.14) ...[T]he *sense of freedom* that I *felt* when I...took the *bandages* off in the *hospital*...in front of the *mirror*, and...saw for the *first time*...there was *nothing there*, that was...*one of the best times of my life*.

Colin: 41 (g3, p. 31) ...*Mastectomy*...is...a *huge door*...that opens - and when you've *gone through*...it's like *stepping into daylight* ...[I]t's *just unreal*...how *real* you're able to *be* - *suddenly*, after all that *time*.

Satisfaction with the actual physical result of the operation, however, crucially depended upon the surgeon's skill (in re-contouring the chest, and reducing and relocating the nipples) in creating a male-like appearance which could be exposed in public without attracting undue public attention.

Simon: 30 (g3, p. 9, 10, 11) ...I'm *happy* with it. ...[I]f you look *closely* - somebody would *easily* be able to tell I've had an *operation*...*Not*: "Oh - there's a *transsexual*...look...he's...quite *obviously* had *breasts* removed"...[I]t's *very good*...[T]hey...*literally*...*cut away*...the *nipple*, *reduced* it in *size*, and *took out*...the tissue inside. So the *only* scarring I have - which is *very slight* and *very*...well *done*, is just...a *stitch* mark around the *reduced nipple*. - *That's* now covered in *hair*, and...you...*wouldn't* really *know*. There are *positions*... if I *sit* in a certain way...I get *indentations* - which I am *conscious* of - but when I'm out *swimming* - or...*sunbathing* - it's *not noticeable*...I *tend to just keep a straight back*... But...*only* because I'm *conscious* of it. I *don't think* other *people* even turn their *heads*.

Some pre-operative interviewees seemed to consider that the aesthetic appearance of their chests following surgery a low priority issue relative to their urgent concern just to be rid of breasts. The accounts of post-operative interviewees, however, strongly suggested that the appearance of the surgical result would subsequently be found to be of primary importance to these participants since the initial euphoria of some among this latter group had become tinged with disappointment upon the removal of their surgical dressings whereupon the surgeon's skill was found to have been lacking (Tully, 1992; Brown & Rounsley, 1996).

Colin: 52 (g3, p. 28, 29) ...[I]t's *not* just a question of *lopping off* bits, but...of...*creating* a more male *torso*...[T]hat *is*...*very important*. ...I was *never advised* by...*any*...consultant connected with...*reassignment*, that...*exercise*...would be needed...to...*promote* that... [T]here's a *tendency*...to believe that...you will be dealt with by the consultant that you see...*then* you discover...that *actually* the person who has (operated) is a *student*.. [M]astectomies...have *frequently* been done on women who...have *had to have*...breasts removed.. (and) I *suspect* that they (weren't) *left* with results that were...*particularly attractive*. I *don't think* that there was...*much* consideration given to *them* - which is...*probably very traumatic*... What...surgeons *don't realise* is that it's *actually* even *more*

traumatic for us...because we expect to be able to *show* our chests... [T]hey need to be *acceptable*...- *As a male chest*.

Mastectomy either preceded or was accompanied by hysterectomy (Money, 1972). Extirpation of the offending organs responsible for menstruation tended to take precedence over that of phalloplasty, for which there is no completely successful surgical technology.

9) Appraisal of Hysterectomy

While less immediately important than the mastectomy operation (Pauly, 1974b), the excision of the womb (often, but not always accompanied by oophorectomy; excision of the ovaries - the major source of endogenous female hormones), for transsexual males, most crucially means the termination of menses (thus the 'reversal' of the second of the two major traumas of the participants' puberty). In medical terms total FtM hysterectomies are preferable since exogenous androgen dosage can then be reduced following extirpation of the ovaries (thereby diminishing the risks associated with high level androgen therapy, e.g., hypertension, heart attacks and stroke, but maintaining the reduced level as a defence against osteoporosis). If the ovaries are retained, on the other hand (partial hysterectomy) the maximal dose of male hormones must continue, so as to offset their potential hormonal influence). Nevertheless, the hysterectomy operation is now not deemed medically necessary for FtMs (unless complications should arise) until the age that menopause would have occurred had hormone therapy not been introduced. (In an increasing number of cases this operation is performed simultaneously with mastectomy, (Pauly, 1974a) although this was not the case for any participant in the present study).

Unlike the case for mastectomy the opinion on this second operation, among the interviewees, was divided between those who wanted to have this procedure carried out as soon as possible due to their abhorrence of internal female organs, and those who were intending to undergo the operation in due course and for a more varied set of reasons pertaining to personal social and functional considerations. Since this operation had, for most, rarely preceded the onset of androgen therapy (one effect of which is the inhibition of ovulation), the issue of whether (or not) to elect to undergo the surgery (which, for many non-transsexual females, would be an emotionally devastating prospect), tended to be subject to practical considerations and/or relating to the immediate function of the offending internal organs.

Unlike the case for mastectomy, the interviewees reported that the views of others in relation to whether or not they had undergone hysterectomy, was not a major issue for them. This was essentially because of the absence of any objective indication (save the visibility or otherwise of an abdominal scar) that the procedure might- or might not, have been carried out should onlookers have even considered the issue given the masculinised appearance of these individuals. The participants therefore seemed very conscious of the cultural weight attached to assumptions about the presence or absence of certain organs when people attributed gender to unknown others (Kessler & McKenna, 1974). Opinions were mixed, however, as to whether those others who were aware of these individuals' past and knew that they had not had hysterectomy, might feel less able to perceive them as males.

Owen: 28 (g1, p. 13) ...I think...other people would probably think...what's the point of having a...hysterectomy, when it's something you can't see? ...[H]ysterectomy, (where) women are concerned, is quite traumatic, because they take the *womb* (hence) half of their...womanhood away...[I]f other people knew...then...it might...make them realise just how...being a woman is not eternal. ...Because...a *womb* is...more or less associated with being a woman.

9i. Psychological Discomfort

Irrespective of the androgenic arrest of fertility-related activity, this was insufficient to eradicate the discomfort of a substantial number of participants due to their awareness of the continued presence of internal female reproductive organs. Their knowledge that these organs remained was an anathema that, for them, detracted from the way in which they deemed their bodies should 'rightfully' be. For this reason, perhaps, as with the general tendency in relation to breasts, these organs were discussed in detached terms (the definite article replacing any possessive referents) as being unclean and 'foreign' to these individuals' sense of self. These individuals invariably underwent or intended to have, this operation, quite unemotionally.

Simon: 30 (g3, p. 11) ...I could have just as well been having my *appendix* out. A kind of feeling - attitude to thinking of it...I didn't think: *Oh my God* -...as a woman - I'm losing all my...reproductive...organs an' - *this that* and the *other*. ...[I]t was just...a job that had to be done.

Donn: 25 (g2, p. 14, 15) ...I'm...waiting for a hysterectomy. I definitely want (to)...get all the...bits out of the way...I don't...want any-...well they're not reminders, 'cause you can't see them anyway...but just...cause they're...there and they're useless...I'd...rather...for my own sake, so they don't go cancerous or anything...just get rid of them.

9ii. *Practicality*

With the exception of one report (that the operation had facilitated the acquisition of a more satisfying masculine scent), the remaining participants had appealed to a practical reason for undergoing hysterectomy. Primarily, they had perceived the surgery as a means of avoiding the potential risk of pathology from retaining organs that, due to the influence of androgens, had been rendered largely non-functional. The operation was thus viewed as a rational precautionary measure. Again, the most striking aspect about the participants' remarks about electing for this procedure was the complete absence of any emotional content associated with the loss of organs which, for many non-transsexual women, would have represented the loss of a fundamental aspect of their womanhood. One interviewee even perceived his post-operative scar in a heroic sense; as a 'wound of battle' *against* physical femaleness in his progressive process of material change.

Owen: 28 (g1, p. 14) ..it would just mean...that you're just...getting rid of something that...means nothing to me, and could create problems at a later point in my life...

Wally: 50 (g3, p. 17) ...[A]s you get older - ...there are *many...female problems* in the womb area...which - if *all* that is removed...will...*eliminate...ninety-nine percent* of any female problems that are going to incur.

9iii. *Ambivalence*

A small sub-group displayed some degree of uncertainty about the operation. For example, one individual lamented the inconvenience of the convalescence necessary, subsequent to the removal of something that was not externally visible, infringing on the pursuit of other life trajectories that he felt had opened to him following mastectomy and with hormone therapy underway. Another interviewee had experienced some dissonance about having a hysterectomy in relation to the relative importance of his retaining a conscious sense of 'fertility'. A third participant with chronic poor health (being asthmatic) was concerned about the advisability of a second exposure to general anaesthetic following the respiratory problems that he had experienced during previous (mastectomy) surgery.

Chris: 24 (g2, p. 12, 13, 16, 18, 19) ...It's something that I will *have* - but... My life's now too *full* of things...I *know* I'm not doing my *liver* any *good* with all the testosterone that's going *in* there... [W]hat I'm *bothered* about (is) the fact that it takes *ages*. ...[T]hen you've got this great big...*scar* ...[T]he *only* reason I'm hanging *back*, is because it's such a big - *operation*...[N]obody can see it, *nobody* knows it's *there* - *who isn't aware*...And *anybody* who *is*...the *last thing* they're thinking about - *is* - what I've got inside...

9iv. Regret

Only one post-operative interviewee experienced regret (having been persuaded by doctors, against his own preference, to undergo total as opposed to having a partial hysterectomy). Sporadic post-menopausal symptoms (possibly invoked through his irregular self-administered hormone dosages) together with signs of receding scalp hair were attributed to this fact.

Sam: 29 (g3, p. 10) ... (nasal sigh)... I certainly wouldn't have the *ovaries* removed, because.. I have *quite* a lot of *trouble*...controlling the *hormones* - [I]t's me *own* fault, 'cause I don't take 'em regularly like I *should*...but, I get a *lot* of hot flushes and....me hair's *thinning* and...I'm...*frightened* of going *bald*... I do *regret* the...*oophorectomy* - that's ...something that I just...wouldn't have done if I had me time again.

9v. Not intended

For various reasons the remaining interviewees considered the operation either unnecessary, or unwise (due to the increased risk of osteoporosis (particularly following oophorectomy) should it have become necessary to discontinue androgen therapy, for medical reasons). Beyond this major operation being perceived as far less important compared with mastectomy, and since androgen administration had eradicated menses anyway, these individuals felt that they could live with their not having had a hysterectomy. They felt able to tolerate the continued presence of the organs (so long as these caused no problems) without feeling that doing so compromised their sense of malehood. For some the prospect of being admitted to a gynaecological ward for the purpose was itself a sufficient deterrent against undergoing the operation.

Dale: 47 (g3, p. 19) ...I...decided...that it would be an *asset* to *keep* it, *regarding*...affecting your *bones* and...extra scarring on your *stomach*, if it's not necessary - *according* to my *age*. I can cope with it *psychologically* but I can understand those that *wouldn't* be able to. It *doesn't* make me feel *less*...masculine.

10) Appraisal of Phalloplasty

Whereas mastectomy and (particularly) hysterectomy are fairly standard procedures, the number of participants who had further opted to undergo a phalloplasty operation (the surgical creation of a neophallus and scrotum), was comparatively small (Fleming et al, 1982). Only four members of the post-transitional group (most of whom did not intend to undergo further surgery) had experienced this operation and just one transitional interviewee intended to do so. The remaining participants, although ideally wishing to have a penis (Steiner, 1985), remained ambivalent, preferring to keep an open mind in

relation to future possibilities should post-operative expectations improve (Devor, 1993). Indeed, the reluctance of the majority to proceed with this surgery (where any had succeeded in obtaining any information on the procedure at all) pertained exclusively to the generally unsatisfactory post-operative expectations of phalloplasty due to the primitive state of current medical technology with regard to genital surgery for the transsexual male (Fleming et al, 1982). This situation being in marked contrast to the near perfected state of genital surgery for the transsexual female (Money, 1972).

Leslie: 38 (g3, p. 22, 23) *...I'd see it as a major step forward for the treatment of transsexuals if there (was) a...phalloplasty technique that worked, (i.e.)...sexual function and urinary function and the kind of look...that would mean you could have showers...an anatomically normal penis. But...even the best techniques available don't give you that... I can't see any point in it. ...[W]e...have to recognise that unless surgeons go on...doing the work, then...we're never going to get to the point ahead..If someone wants to go ahead because to them...what is achievable now is worth it. And...they're going in with their eyes open about the risks, and...complications that might occur - and (are) willing...on that basis...that's fine -...that's their right...to have that choice...[W]hat I object to is where people are...attracted...into a situation and...don't know what they're walking into... - we've all heard the horror stories...*

Although sometimes available through the NHS, phalloplasty tends more often to be performed privately (and at a cost of £10,000 upwards at a sum beyond the means of many). The surgical techniques involved entail a number of distinct complicated procedures, each separated by intervals for recovery and healing, the entire procedure requiring a minimum of eighteen months to complete (before allowing for the (frequent) likelihood of complications; leaks, fistulas, urinary incontinence, etc.) (Devor, 1993). In terms of function, the result is often less than ideal and comparatively poor relative to MtF genital surgery. In sensory terms, the neo-phallus itself is devoid of erogenous quality (tactile contact at best comparing with the nature of that experienced when a finger is touched).

In addition, unlike vaginoplasty which (in the utilisation of the penis and scrotum for the creation of a neovagina) leaves no scars phalloplasty, in requiring a donor site from which suitably vascularised and relatively hairless tissue can be taken in order to construct a neophallus, entails major extensive disfigurement due to depleted tissue and scarring skin grafts. Two traditional techniques that have been frequently used are; the radial forearm free flap, and the abdominal flap methods (each identifying the donor site used in the procedure). Post-operatively, while a neo-vagina is virtually indistinguishable from biological female genitalia, the appearance of a neophallus is rarely that of a normal penis. In functional terms, the post-operative individual may be able to urinate from a standing position but cannot achieve

erection without additional aids (e.g. a removable splint inserted into the neophallus prior to intercourse, or a built-in hydraulic system that creates an erection when a bulb implanted in the neo-scrotum is squeezed).

10i. *Not intended*

The majority of participants, then, dejectedly declined to elect for phalloplasty. Their accounts about their views of this operation demonstrated that while retaining hope of the future development and improvement of techniques (Fleming et al, 1982) they were nevertheless aware of and had come to terms with the possibility that this improvement might not occur in time to make the operation a feasible option in their lifetimes.

Robin: 49 (g1, p. 11) ...[I]t's- like...*something* out of a *horror* film...I *appreciate* they've got to practice on *somebody* - and...*hopefully*, as years go by, their techniques would *improve*. But it *doesn't* do a lot for the people who are getting it done *now*...I've *seen*...the pictures, and...read the books. It *doesn't* look *good*. I *wouldn't* want it...[I]f...*somebody* came *along* with a *wonderfully* successful, *non-disfiguring* operation...that might be *different*. As it stands at the *moment*, no.

Derek: 42 (g3, p. 23) ...It's *so complicated*, and it's *not*...*good* enough to have a *surgeon* that's interested. You've got to have an *artist* who is *also* a *surgeon*...I *wouldn't* dream of letting *somebody* invent...a *penis* for me...when I was out *cold*...!

10ii. *Resignation*

Coming to terms with the unlikelihood of realising the surgical completion of a lifelong conviction, for most interviewees, had involved a philosophical appraisal of their identity as (transsexual) men in relation to *not* undergoing phalloplasty. This process entailed a reconsideration of priorities which, for these individuals, had involved juxtaposing and questioning their perception of the social definition(s) and personal meaning(s) of what it meant to be a 'man'. Invariably, this resulted in a recognition of the divergence of these two sets of criteria to the extent that the former apparent magnitude of the feeling that they were 'incomplete' had diminished to more manageable proportions. Through this means some had seemed even to have succeeded in resolving such feelings to the point where, for them, the issue had simply ceased to be of further relevance (at least on a conscious level).

Owen: 28 (g1, p. 14, 15) ...I've...been *discouraged* from...contemplating it...[A]s far as-...I'm concerned...*does* having *phalloplasty* make you become a *man*? - I'm *not* *sure*...I *think* it's *probably* more the way you *feel* in *yourself* - ...(FtM) *transsexuals* look...like a man. It really *just* depends on...what that individual *wants*.

Derek: 42 (g3, p. 24) ...[Q]uite *honestly*...I think there's...a *point* at which you...think...*What* have I got to *prove*? - I haven't got anything to prove.

10iii. *'Incompleteness'*

Some accounts, however, testified that others continued to experience profound ongoing sadness and a personal sense of 'loss' about the significant missing part of their anatomy that they believed rightfully was but would never actually be theirs. They were aware of the constraints that would continue to hold for their daily lives (beyond their incapacity for penetrative sex) in that, through lacking a penis, they would be perpetually excluded from all-male situations involving undress and would always need to be on their guard in these and similar situations where the potential danger of discovery was magnified. The absence of a penis was also keenly felt by those participants who, in identifying as gay men, viewed their future sexual lives as destined to remain acutely compromised. Others, despite this sadness, were nevertheless able to weigh the relative costs and benefits of the operation in terms of the practicalities and improved overall quality of their lives through their having transitioned.

Leslie: 38 (g3, p. 20) ...[T]he *only* way I'd do that is...*privately* (and) *abroad*...which would *mean* any *hope* of...just having a *nice place to live* and *enjoying the quality of life* would go 'cause all the money would have to - *hhh!*, *go*...on a *willy* - and the *willy*...wouldn't *really* be worth it. ...I *think*...*that belittles*...the frustration that I still am...*sometimes* conscious of - and...it's a...it's *kind of a bereavement*...*there*, that - I've never had a *penis* and never *will*-...I'm *conscious* of a big *loss* still, and there's still times that I... *dwell* on the unfairness of it all...but I *think* less and *less* so, and I think now *having*...a *long term relationship* with *Val* - and her acceptance - ...*preference* of me *not having* the surgery because of...the *problems*...has...helped me get to a *position* of being *peaceful* about it.

10iv. *Metoidioplasty*

One participant, rather than refraining from genital surgery at all, had opted instead for what he considered a rational compromise by way of the relatively recent innovation of metoidioplasty:

This two-stage operation involves first freeing-up or 'releasing' the androgen-influenced (hypertrophic) clitoris from its 'anchoring' tissue, vaginectomy (closure of the vagina) and the insertion of expanders into the fused labia majora to create a scrotal sac. Second (optionally), extension of the urethra to the tip of the ascended clitoris (urethroplasty) is performed to enable the patient to urinate when standing. When the expanders are later removed testicular implants may be inserted into the neo-scrotum. Post-operatively, the clitoral 'micro-penis' is located at the site where a penis would normally join the body. The operation for this interviewee, although not an ideal option, had nevertheless enabled him to participate more fully in those all-male spheres of interaction which, for him, were also integral to his occupation.

Colin: 41 (g3, p. 24 32, 33) ...It's important to *me* to be able to *operate* in the society of men in...as much of a male...way as possible...It undermines me...to be cut off...from them...[A] penis (that) enables you to have the *length* to cope with...your average *urinal*...- is very important. [I]t's *functional* nature...will enable...more social interaction...I'm not talking about...*flaunting* - ...just...to have an everyday *existence*...as other *fellows* do.

10v. *Social Perception*

Beyond their personal feelings about declining phalloplasty none of the participants (with the exception of the above individual) felt that their lacking a penis posed any particular problem in terms of their being perceived as males socially. However, in their person to person interactions many considered it important that they should be perceived to be anatomically *whole* (rather than 'incomplete') men - irrespective of whether the other was naive or aware of their transsexual status. This was reflected in the expressed views of one or two that should some people know that they lacked a penis (or had not undergone phalloplasty) this could both undermine their being accepted as men and perhaps change the way in which they were perceived by the other (e.g. as being 'honorary men' or as 'someone who used to be someone else') (Kessler & McKenna, 1974).

Neil: 37 (g3, p. 10, 11) ...[I]t's so important - ...any *natural* born man who for some reason didn't have a penis, would be viewed...as not being a complete man. ...[I]t's just a social and *cultural* thing.

Where difficulties were thought likely (e.g. when swimming), most had either improvised- or acquired a custom-made form of genital prosthetic or 'pants stuffer'. Wearing this padding in their underclothing (and swim trunks) effectively created the impression of the possession of male genitalia, an effect which was thereby reported both to greatly diminish these individuals' fears of discovery or being 'read' thus facilitating confidence.

Wally: 50 (g3, p. 19, 20) ...[T]here are areas where a *bulge* in the *pants* is...*preferable* - than *not*...having a bulge...[T]here are *other* areas where...*depending* on the type of...*swimming* costume you wear, you can get *away* with...*not* having a bulge in your pants. ...[F]ully *clothed*...[M]ost...get away without having...phalloplasty without anybody ever knowing.

Nevertheless, there remained some situations where no such improvisation was available and which thus remained perpetually excluded to them. The necessity of having to avoid these contexts (e.g. open showers) was thus a perpetual source of dismay to many - particularly those whose customary activities and pursuits made their inability to participate in such contexts highly inconvenient.

Leslie: 38 (g3, p. 24) ...I can't...go into an ordinary *gym* and...*shower* and *change* with people ...[L]ots of things...are barred to *me*, and...if I said: "*Sod* that - I'm gonna *do* them *anyway*", then it would be quite *apparent* to other people...there's a *problem* here...!

10vi. *Sexual Relations*

As for sexual relationships, feelings about the importance of genital surgery were mixed. Some post-transitional group members were not involved in a sexual relationship having had resigned themselves to celibacy because they had not undergone genital surgery. By contrast, for those already involved in a partnership reported that their lack of a penis posed no real problems in this context (due to variations in lovemaking, with or without the use of various aids) (Hodgekinson, 1991). Instead they acknowledged that the issue of their lacking a penis was primarily a personal one, for them alone.

Jeff: 54 (g3, p. 29, 30, 110) ...I've been...*nearly* nineteen years now a *man*...[M]y physical relationships with *females* have *never ever* depended on me having a *penis*. And they've always been *good*. In a way it's *more* of an important factor to me than it is...to my *partners*. It's a *personal* thing. It's a *part* of my body that's *missing*...I think *women* would *actually* prefer to see a *person* like...me...*without* the operations that I've seen...*rather* than with them, because - they're *horrific*.

10vii. *Motivation*

Given the participants' overall views about the issue, the primitive nature of the surgery involved and general appreciation of the incumbent risks therein, the question became that of why the relative minority who had chosen to proceed with the operation had done so. Each participant in this small group accounted for his decision in personal idiosyncratic terms. Such reasons included: noble self-sacrifice; the perceived practical requirements of an outdoor occupation and simply the private desire to achieve a sense of 'completeness'.

Kristian: 24 (g2, p. 10, 11) ...[S]urgeons can't...improve the *techniques* unless they've got people to *work* on. [I]f no-one's *willing* to come *forward*, then they're never gonna...*improve*...[I]f there's gonna be *problems*, then if the surgeon's...any good, he'll sort them *out*...[F]or *me*, as long as I can stand...and...*urinate*...it's going to be worth (it)...[P]*psychologically*, it would make me feel...*physically* complete. And...*hopefully*, a stepping-stone for someone *else*.

Jim: 40 (g3, p. 16) ...It was *very* important...[P]robably...because...I *didn't* want to run the risk of being *discovered*..I *used* to live...in a *very*...*male* orientated *world*. [A]nd...the jobs... were *all*... *masculine* orientated...[P]robably for myself as *well* - so that I could *look* in a mirror...*without* feeling *disgust*... (as) I *had* done for...*many* years, because it was the wrong *body*...[S]*illy* things, like when I was working on the *farm* - blokes would nip off the tractor and have a *pee*. I couldn't *do* that, I *either* had to...*cross* my *legs*, or go and hide in the *woods*... [N]ot being able...to act *naturally*...I didn't want to sit down and have a *pee* - I wanted to stand up and have a *pee*...It was *important*...

10viii. *Post-operative Results*

The outcome of phalloplasty, for those whose strength of commitment was sufficient for them to have chosen (in full awareness, or otherwise, of the risks) to undergo this operation, was very much dependent

upon the skill of the surgeon. Those interviewees who had gone into the enterprise mindful of the limitations of the available surgical technology were prepared for possible complications and had chosen their surgeons carefully (on the basis of good evidence of his or her previous work) tended not to be overly disappointed with the results.

Wally: 50 (g3, p. 20) ...*(He's)...always upgrading his own work...on what he's done on previous people...[H]e's a caring surgeon, very mindful of what looks right and what doesn't look right, and what is functional and what isn't functional. ...[A]s time goes on - I'm sure their appearance will get better. As far as I am concerned, it's not perfect, but it's...not as bad as others that I've seen.*

The experience of one participant, on the other hand, was demonstrative of the perils (and expense) that could be incurred through failing either to choose a good surgeon and to appreciate the dangers that might arise as a consequence.

Jim: 40 (g3, p. 11, 12, 13, 16) ...*The...first surgeon...was incompetent, and made a right mess...of the whole procedure...and I ended up...going through...two or three years...in a lot of pain...micturation problems - and just not being happy - at all...with the look of what he'd given me. I had lots of...operations to try and correct what he'd done wrong... That was privately... [I]n the end I ran out of money and asked him to transfer me to the NHS - which he did...[A]fter that I...heard of another surgeon, who...had a good reputation... [H]e only took me on...providing I didn't sue the first surgeon.... [H]e's now taken over... [T]hey are improving matters...[S]ince 1979 it's been at least one (operation) a year - two, maybe three. It's been horrendous...I lost my job, I lost an awful lot...through this-...(first) surgeon's...incompetence. ...I wish that I'd had the courage to say..."I don't think...you're doing a good job". But, I thought he was the...only chance I had, so...I carried on...*

Chapter Six: Aftermath

Overview

The regularity with which (often sensationalised) stories of individuals undergoing gender reassignment surgery (GRS) have featured in the popular press demonstrates that this phenomenon is captivating the attention of a curious public. Consideration of the circumstances and after effects of GRS upon such individuals' subsequent lives (like the antecedent experiences that led to this drastic action), however, tends to be largely neglected. This chapter addresses the nature and significance of some of these after-effects for the lives of the present participants as transsexual men.

A comparison of prospective and retrospective assessments by the three study groups of GRS as the recommended treatment for FtM patients leads to a consideration of the nature of perceived accomplishments facilitated by this treatment. Moving the focus to the social sphere, the ways in which participants perceived how they were perceived by others are considered as are the problems and ease that were reported to have been experienced in the participants' endeavours simply to 'blend in' following their reassignment. The anticipated (and actual) types of social situation that presented particular difficulties in this regard are also discussed.

At the personal level, consideration is then given to some areas of unique insight that the interviewees felt were afforded to pre- and post-transitional participants by way of a special shared understanding, as transsexual males, both with others of their birth-sex as well as of gendered behaviour per se. The 'developmental' pattern to the storied and philosophical ways in which each of the three study groups made sense of their transsexual disposition and motivation(s) for proceeding to transition are then weighed against issues such as the possibility of leaving these related experiences behind in the wake of reassignment. The chapter concludes with a consideration of the issues of post-transitional regret and perceptions of the future.

1) 'Taking Stock': Retrospective and Prospective Views of GRS

Perhaps the most integral consideration in any comprehensive debate over whether GRS is to be seen as a legitimate standard treatment for transsexual people should be the results shown by

follow-up studies. However, such studies have neither been carried out regularly or systematically (Stoller, 1975). Moreover, findings have sometimes been influenced by the nature of the samples chosen (e.g. unrepresentative pathological clinical groups) which have then sometimes been written into texts for potential 'caregivers' and/or used as both leverage for condemning GRS as a mode of treatment as well as its hapless recipients (e.g. Lothstein, 1983; Tully, 1992).

By contrast, the present sample, given their broad age range and relative stages of transition (having accessed treatment via various routes), were deemed to have provided scope for a fairly systematic consideration of this issue. A gauge of anticipated expectations of transition was thus obtained from pre-transitional participants in order to make a comparison between the accounts of both transitional and post-transitional participants with the view of ascertaining whether or not such expectations were likely to be perceived, subsequent to GRS, as having been fulfilled.

1i. Anticipated consequences

The pre-transitional interviewees, as a group, expressed a confident optimism that the procedures they were hoping soon to undergo were both right for them and the 'only' solution to their plight. Their accounts demonstrated a reasonably informed grasp of what was feasibly possible, given the current state of available medical technology, and the nature of results that they could likely expect. The knowledge that informed such feelings was largely derived only from the anecdotal reports of others who had gone before them. Hence, they looked forward to beginning the process with some apprehension.

Robin: 49 (g1, p. 4, 5) ...I view the *process* with *trepidation* because it's so *difficult* to find out the *information* you need to *know*. The *actual*... "*This is how it is*"...[G]enerally I think it's a good thing...I *have* thought about the fact that...*thirty or forty years ago* it wasn't *possible*...I know *full well* that...people lived in the *opposite gender*...*anyway*, and...*presumably* coped...[W]hat I *don't* know is whether society *accepted* them better...I *feel* there are *degrees* of *transsexuality*, and for some people (transition) has to be a *life saver*...[I]t's a good thing for *me*...the doctors keep telling me I'll feel *better*...I *don't*...have any *doubts* about the way I'm *going*, it has to be the *right way* - it *feels* OK.

By the same token the forthcoming transition of one individual was anticipated with mixed feelings. The event itself, while greatly welcomed was simultaneously perceived as the likely forerunner of major anti-climax, having been for so long the focal goal toward which all energies had been channelled. After the years preceding its eventual accessibility, arriving at the state where

reassignment was actually within one's grasp was similarly reported to have been experienced with trepidation by others, for reasons of the unknown implications that the process might carry.

Damien: 25 (g1, p. 19) ...[O]utside *doing* the transition - I have had *little* sense of purpose. *In a way, I find that disturbing because for the first time in my life, I have been extremely highly motivated to achieve a goal. It is a very powerful driving force. And when that has been dealt with, I'm gonna have to find something else - heh! - to motivate me.*

1ii. Realised hopes

Overall, the hopes and aspirations expressed by pre-transitional participants of the positive improvements to their lives that transition would enable seemed to be feasible according to the nature of retrospective reports from transitional and post-transitional interviewees.

The general opinion of those viewing the process from the other side of the fence was that the general effect of transition, for them, had meant that its undertaking had been well worthwhile. Indeed, the striking impression from positive reports of a range of benefits (including mood-enhancement, the cessation of depression, and the greater appreciation of life in general) was, in each case, that of the unshackling of the 'true male' person from its lifelong encasement in a 'prison of biologically-enforced feminisation'; as if transition had given rise to a 'freeing up' of a formerly repressed and, by virtue of the fusion of an approximation to the ideal material reality with gender identity, a greatly enhanced sense of 'real' self.

Leslie: 38 (g3, p. 26) ...I changed *so* much as a *person*...I was...*very repressed* - everything...*all* my real *personality* was really jammed up inside...and there was this *outer shell* which was *very...lively, and...extrovert...really* sometimes...quite *obnoxious* - ...*certainly* to my *family*...because I was protecting...*who I really was*. [A]s I started to go *through* the transition I was able to...*start to be me* - and...*now* I feel...*I like myself and I think...I'm liked by other people now for who I am*... [I]n a way, *that's more important and more thrilling*... [W]e tend to focus...on...*having the surgery and...having the hormones*...! - *Actually, that is just the means...to an end - to enable you to be you, but...getting to know...and being yourself is actually what it's all about.*

1iii. Negative Aspects

Some areas of lesser satisfaction were also cited both by transitional and post-transitional interviewees. While many of these concerns were reported to have been anticipated prior to the onset of transition, however, others were admitted to have been unforeseeable at the pre-transition stage.

Nevertheless, given the otherwise marked improvement to the quality of their lives through reassignment, it was felt that these concerns tended not to be perceived as presenting insurmountable difficulties. This was particularly so when such concerns were viewed in perspective relative to the seemingly intractable difficulties which had preceded transition and which, by virtue of this process, had been largely eradicated.

One such issue concerned the relatively unsatisfactory nature of FtM genital surgery, especially when compared to that available to MtFs individuals. This situation had meant that some participants perceived their transition to have left them 'uncompleted'.

A second (idiosyncratic) issue was that cited in the context of social relationships; although improved from the comparative self-imposed solitude that had prevailed in the former unchanged state, the fact of their having gone through transition had, for some, led to a previously unforeseen qualitatively different sense of existential isolation due to difficulties that their 'unfinished' state presented for establishing and maintaining social contacts.

Chris: 24 (g2, p. 60) ...*Sometimes, it gets-...I do have a bit of a problem with the fact that I'm not complete...I'm sure a lot of transsexuals do. I do have a problem with the fact that- I've got a lack...of anything in the trouser department. But most times I can laugh about it...but I think- I've too many other things to side-track...me now...[M]y life is actually, extremely good.*

Colin: 41 (g3, p. 19) ...*[T]he loneliness that...previously existed...is a different kind...Before you change over, it's a different kind of loneliness (to that which) you have afterwards. And you can't guess at that, because you're...all systems go. (But) once you've...got through that - once you've got used to it, then...almost immediately... [L]ife is so much better. [B]ut...I think...I would certainly want anybody who was considering it to understand what they were getting themselves into.*

1iv. *Aftermath of GRS*

Retrospective accounts of the phenomenon of reassignment itself, as viewed by the transitional and post-transition groups were generally realistic and reflected critical appraisals of this drastic form of medical intervention. No interviewee questioned that this treatment should continue to be available to transsexual people. Rather, despite a general acknowledgement of the difficulties involved, including risks of post-operative complications and disappointing surgical results, the predominant consensus was that hormonal and surgical reassignment was the only satisfactory means of attenuating the gender dysphoric condition.

The collective views of pre-transitional interviewees with regard to reassignment being the optimal treatment for their circumstances was thus deemed likely to be maintained throughout their transition and to be borne out, on the balance of the relative 'costs' and 'benefits' involved in this process, in real terms.

Leslie: 38 (g3, p. 12, 13) ...I don't think there *are* any other options that work...I *have* talked to people and...read...quite a few *papers*...of different...styles of *treatment*...- electric *shock* treatment has been one...And...*various* types of psychoanalysis that people have undergone... *all* sorts of...*psychological* type treatment - *working* on...*your mind*, as opposed to working on your *body*. To *me*, it's a...*dichotomy*...you've gotta work on one or the *other*...I think...the *suicide* rates...speak for *themselves* for those people that don't go *forward* for treatment. So...if *treating* the mind doesn't *work*, then your only *option* is treating the *body*...I don't *see* how my condition is any *different* than say somebody being born *blind*, or...with *some* kind of physical *disability* that needs proper *care*. I see it as a *medical* condition, and...the *gender* identity *treatment* as being fully *justified*...as the best type of *medical care*.

Lee: 24 (g2, p. 6) ...(It's) *not* something you would do unless you really *had* to...what kind of life is it? ...[O]*bviously* you pull out the positive *aspects* but...*nobody* chooses *this* kind of lifestyle...It's *not* so *hot*. (But) I'm *glad* it is (possible), 'cause it gives you the option *to* have a life...

Derek: 42 (g3, p. 19, 20) ...I think it's *completely* *crazy*. [I]t's the *maddest* *thing*...anyone can ever do...But that's not the *point*!...I *never* stopped to...consider *not* doing it. As *far* as I was *concerned*...I *only* *wished* I could have had it done at *twelve*, so that...I'd have been *taller*...and...wouldn't have had all this *grief*... [I]f you're *male*, why the bloody hell shouldn't you go round *looking* male...? [M]y...*mind* is the most important *thing*...[I]t was a *commitment* to myself as a *person*.

2) End Point

Given the unsatisfactory nature and great technical problems posed by FtM genital surgery most participants had been disinclined to elect for such procedures. It therefore seemed pertinent to enquire as to when these interviewees might individually have perceived their transition to have been concluded. Since it has been acknowledged that FtM hormone therapy, after two years' regular administration, should continue for life in order to maintain physical health (Gooran, 1992), there could be no absolute 'end state' in this sense (Hausman, 1996). In that the maintaining a hormone regimen was viewed as simple routine, however, this factor was omitted from the issue.

Colin: 41 (g3, p. 122) ...*Run* of the *mill*, boring maintenance...[L]ots of people *do* it. Even the *cat* has tablets. *Hhhh!*

The concept of an 'end state' in relation to anatomical transformation was therefore largely defined in terms of the stage at which each individual considered his surgical reassignment to have reached a conclusion.

The accounts of pre-transitional interviewees demonstrated an overriding and marked pre-occupation with the goal of relieving themselves of the most immediate source(s) of their discomfort (namely, the breasts). So intense was this pre-occupation that it tended to obscure a more far-sighted perspective of the definitive 'end' of their surgical intentions.

Gary: 22 (g1, p. 6) ...[A]s far as I am concerned once I get the mastectomy out of the way, with being on the hormones, I'll be happy at *that*.

Views about the 'end' of transition as expressed by those interviewees who were in the midst of the process, in-between surgeries (having undergone mastectomy) and still experiencing the transformational effects of testosterone, tended to take one of two broad forms. For most, the effect of their surgery and increasing hormonally-induced masculinisation had invoked impatience to skip the less personally urgent aspects of the reassignment process behind in order to get on with the more active life that, they felt, their existing changes had facilitated. Others were resigned to seeing the process through to its (and their) 'completion'.

Chris: 24 (g2, p. 13) ...I *don't really perceive* an *end-point*, -...I'm *still* developing from the...*testosterone* ...I'm...*not satisfied* with my *facial hair* at the moment...[T]he *hysterectomy* - *yes* - I'll have, and *maybe* if the *phalloplasty* improves...then *yes* I would consider that...but it *seems...a hell of a hassle* for something that I'm managing...*reasonably well without*.

Kristian: 24 (g2, p. 7) ...I *suppose* the *end point* - *really*, would be...*physically*. ...when I've had the *final operation*, I will then...*see* myself as being...*completed*.

The remainder of the sample had essentially self-defined themselves as being 'post-transitional'. This group comprised a more varied selection of interviewees, each at different stages of the reassignment process. They had no immediate plans to progress further in the process of reassignment, either because they had actually undergone full transition or because they had gone as far as they considered necessary/or were prepared to go (at least at the time of interview). As previously mentioned, a number of those who had stopped short of genital surgery reported that they had not discounted the possibility of proceeding to undergo this surgery should future innovative technological advances improve post-operative expectations.

Simon: 30 (g3, p. 8) ..I would like to complete...- hhh!...(looks at interviewer as if embarrassed/half-amused, apparently struggling for words) - the *whole job* as it were, - but the *phalloplasty operation*, is really...*not good enough*. And I *don't want to...suffer* from the consequences - of a *bad job - bad surgery*. ...I *accept* (this) - to be the end. *But*, a *little thing* in the *back* of my mind - if things get better, then...*get me in*, and I'm on the *slab*. ...- I'm *open* to the *possibilities*.

Leslie: 38 (g3, p. 21) ...I'd say I've *finished* the transition - ...the end point was the *hysterectomy operation*...I know that I'm still...changing as a *person*...but I *think now* that that's...*probably* no different than any other *person*...there's...not any *specific* steps I want to take that will make me say: 'Yes, I've now reached...my *final goal*, I'm *fully male*'. (since)...I'm *also* aware that I'm *not* fully male and *never can* be - I don't delude myself about that. ...I know that I *haven't* got a penis, and...probably...other...things *about me*...*aren't* fully male...but I can *live* with that - and it doesn't make me feel any *less* of a *person*...I've got...*respect* for myself.

Only those who, while aware of its limitations, had nevertheless still chosen to risk proceeding with the phalloplasty operation demonstrated the greatest sense of 'finality'. Despite the less than ideal outcome of their surgeries, each expressed varying degrees of contentment in their collective sense of having reached 'completion'.

Wally: 50 (g3, p. 113) ..I've achieved *everything* I wanted to achieve except an *erection*. [M]y *first* priority...like *most* transsexuals I would think (is)...*one*; they want to pee, and *two*; they want to be able to *penetrate*.

3) Accomplishment

One of the major outcomes of their future reassignment anticipated by pre-transitional interviewees was that of finally acquiring a sense of unity in place of the private turmoil that they had endured as a consequence of the chronic gender dysphoria that had dominated their conscious awareness since earliest memory. The time constraints of the present study did not, however, allow for following these individuals through their transition in order to establish whether (or not) their hopes would be borne out. Nevertheless, since the transitional and post-transitional groups had recalled experiencing virtually identical feelings to those expressed by the untreated group their reports on the issue of whether they felt their own pre-transitional hopes were being or had been fulfilled were deemed indicative of the possible post-transitional experience of those who had yet to experience transition. Inquiring of the interviewees as to the extent to which reassignment had facilitated the realisation of an ultimate sense of previously elusive 'harmonisation' between the anatomy and psychology of the treated groups was found to yield two essential features of response, one or both

of which were emphasised by each interviewee, which appealed to transition-associated psychological and physiological benefits respectively.

3i. *Perceived Psychological Benefit*

Enquiries as to their general frame of mind, in the aftermath of treatment, yielded almost unanimously positive responses from the transitional and post-transitional interviewees. A homogeneous variety of descriptions from these two groups attested to the steady growth of marked self-enhancement upon the external realisation of their felt 'true' identity, the removal of the source of their duress being reported to have finally enabled them to 'just feel 'me''.

These accounts centred around an increasing experience, following the onset of treatment, of the emergence of a hitherto suppressed sense of 'self' as if this had been somehow liberated or 'released' from its previously inhibiting material constraint. This 'freeing up' of the self via the amalgamation, through medical intervention of gender and self-identity was reported to have facilitated an enhanced collective sense of: self-liking, self-esteem, self-confidence and hence sociability, in real terms.

Also apparent in the participants' accounts was a general reversal of attentional focus from introspective self-preoccupation toward greater motivation to participate more fully in everyday social interaction which, in turn, enhanced the quality of their lives.

Neil: 37 (g3, p. 14) ...I feel like a stable *personality* now. ...I('ve) *got* the mental space now, to think about *other* things...than *myself*...I can do a *lot of things* that I could not do before. ...I was free to do them - *before*, but I just didn't feel...correct in the role I was *in*... I would be so *self-conscious* that I *didn't do* a lot of things...

Chris: 24 (g3, p. 22) ...I don't feel like I have to...*shrink* into the *shadows* so much. ...I *still*...*don't* like drawing *attention* to myself. (But)...I'm *much* more *willing* to-...*just*...*live* without *hiding* all the time - and...*not* have to *look* at *everybody*...and think: I *wonder* what they're thinking I *am*...

Simon: 30 (g3, p.14) ...I'm *ten times happier*. Much more comfortable with *myself*, - *more* comfortable with the *world*. It's just a *whole*...*weight* lifted off my *shoulders*...*now*, the freedom of...going out walking, and *meeting* people, and chatting, it's *just*- because it's *right*, people are seeing...the *ordinary* bloke, *in* the street, who does *ordinary* blokey things *around* his house, *with* his mates, *down* the pub. - *Mr. Ordinary*...I've *now* managed to blend *in*...

Robin: 49 (g1, p. 14) ...I *have* an identity now.

3ii. Perceived Physiological Benefit

Beyond the psychological relief effected by the removal of the physiological hallmarks and functional internal processes of womanhood, transition was also reported to have afforded a qualitatively different sense of material 'freedom'. The experience was likened, by one or two transitional and post-transitional interviewees, to a 'miraculous' restoration of the physical state of a child in which they had once wished to remain in preference to experiencing female physiological maturation. This, coupled with the second experience of (male) puberty and associated initial youth-like appearance that, in the initial stages of androgen therapy, belies the actual age of many transsexual men (e.g. Pauly, 1974b), thus made their transition comparable with a 'replay' of the tape of life, this time with their physiological development being in accordance with their psychological gender identity.

Thomas: 29 (g2. p. 10) ...[J]ust - not having *periods*, not having *breasts*...it's...like being a *child* - I suppose not exactly,...but...(with) *female puberty*. It was like your *life* was being *restricted* in a really *serious* way, and now it's *not*.

Sam: 29 (g3, p.13) ...[G]enerally *speaking* - I've always known what I *was*...I mean *I'm* the same *me* that I was when I was *twelve*, and I'm the same *me* that I was when I was *fifteen*. - ...I'm just the *same*, it's just the *shell* that's...changed.

4) Perceived Social Perception of the Self

The second most important consideration for these interviewees was that the way in which they were perceived by others would match, for the first time, their self-perception, i.e., as male (as opposed, perhaps, to continuing to perceive them as masculine females and therefore in a way that was at diametric odds with the self-perception of the interviewees). Weigert et al (1986) argue that society makes attributions of gender according to biological and/or gender cues, pointing out that a dialectic exists among the impressions an individual hopes to foster, the expressions he or she gives off (Goffman, 1959) and the perceptions and interpretations of others, all involved in the situated meanings within the context of interactions. Given their experiential conscious awareness of such cues the participants, with the benefit of their hormonally-induced physical changes, actively engaged in artful impression management in order to warrant the attribution of a male gender. The consensual validation of this presentation, indicated by a multitude of subtle and involuntary

aspects of other people's behaviour toward them (such as, for example, duration of eye-contact, facial expression, physical space, etc.), seemed to have been of far greater importance to interviewees than their own appraisal of their reflected mirror images as a means of gauging the effectiveness of their masculine presentation. Their accounts evidenced that feedback on the way in which others perceived them was customarily read and assessed from both verbal and non-verbal factors (Birdwhistell, 1970; Kessler & McKenna, 1974). They seemed sensitively attuned to verbal style, to intonation as well as to the actual content of the expressions of others (either made directly to them or overheard) but also to the (often more revealing) non-verbal behavioural style of those with whom they interacted.

Simon: 30 (g3, p. 105) ...*phwww!*...I think I'm perceived as -...*just a...fairly nice chap*. Quite ordinary...

Hector: 73 (g3, p. 27) ...[A]t *this* age - they think I'm...a dodderly old *man* - probably! But...at *least* they think I'm an old *man* - not an old...*woman*.

This sensitivity seemed to have been functioning so continually and automatically at a subconscious level that a great deal of these participants' time was devoted to vetting and monitoring the nature and features of person-person interaction in given social situations. They thus remained vigilant, while passing, for indications that their identities might potentially be under threat (Breakwell, 1986) as a consequence of the observation, by others, of an unwitting demonstration of residual female indicators.

Jay: 29 (g2, p. 72) ...*Carl...at college*, - I've been out with...once or twice for a *drink* and...he said to me once: "You're a bit of an *oddball* - ...*aren't* you?", and I thought: Oh God - he's *worked something out* about me. But...*putting it into perspective*, I thought: ...[I]t's *not* really *that*, because if I *told* him he'd probably...be *totally shocked*.

Androgen therapy tends to effect exceptionally successful masculinisation in transsexual men (Pauly 1969). However this follows only after a variable time-lapse between onset of administration and the subsequent manifestation of a male appearance. In association with the emergence of this masculine appearance an additional slower developmental growth of confidence was suggested in the participants' accounts as that appearance became established. Integral to this growth of confidence, the crucial concern of the participants was that of knowing the point at which their steadily increasing manifestation of male secondary sexual characteristics had become

sufficiently convincing for them to be unquestioningly perceived as being males (Lindgren & Pauly, 1975). An overly long perseverance of this concern beyond the time when such secondary indications of malehood had become manifest suggested that the adjustment of the participants' mental image of their appearance to reflect the reality of their changed material appearance was subject to lag in the event of physical change.

5) Integration: difficulties

Adolescence, the period of time in which most individuals normally embark on the adoption of their social adult role as men or women had, for the participants, long past when they came to begin their process of hormonal and surgical transition. No socially acknowledged designated time period therefore existed in which they could temporarily withdraw from everyday life for purposes of negotiating their rite of passage into the male gender role. Instead, the entire process of experiencing, accommodating and adjusting to their external (and associated internal) changes effected by their transition necessarily had to be undertaken 'alone', under public gaze, and often without guidance of any sort (save perhaps that which may have been found within occasional FtM support-group newsletters). The simultaneous requirement of functioning, on a social level, as if 'all was completely normal' while the process was ongoing made transitioning a particularly demanding task (Brown & Rounsley, 1996). The main areas of difficulty reported in relation to social integration were: residual wariness; male-male interaction; and exchanging (exclusion from one and acceptance into the other) gender-specific groups:

5i. Residual Wariness

The immediate problem for many transitional interviewees, had been that of relaxing the robust arsenal of defences that they had built up over the years preceding reassignment as a means of preserving and protecting their formerly carefully hidden vulnerable personal identity from the constant threat of external challenge and/or harm (Breakwell, 1986). Since such defences had invariably been specifically designed to facilitate avoidance of social situations as far as possible rather than that of noticeably participating in such situations, dismantling these defences immediately gave rise to a need for their opposite; social communication skills. Without the benefit

of some form of guidance (or manual) to instruct them in such skills (e.g., Benjamin, 1966; Hoenig et al, 1970), however, the interviewees frequently recalled the daunting experience of having to acquire these skills 'on the hoof' while simultaneously attempting to perform them in a 'polished' and appropriately gendered matter-of-fact style that effectively masked a severe confidence deficit.

Progress was sometimes slow, as was evident from comparing the difficulties experienced by one pre-transitional individual's attempts to pass in an untransitioned state, with those of a transitional individual whose appearance, at interview, was already unquestionably male.

Owen: 29 (g1, p. 66) ..I'm *inclined to...back off* in the *initial* instance - until I start to feel at ease with the situation...until I've sort of *sussed people out - a bit*, before I will...*engage* in any socialising. I'll *usually* spend a few days just *seeing* what people are *like* - and how they *behave* and what they...get up to before I...start to socialise. (I'm)...very *wary* of people.

Chris: 24 (g2, p. 66, 107) ...I *sometimes* have to *struggle* to get over my...*dislike* of all strangers...*new* people, because I've spent a *long time* on the *defensive* and get ready to *attack*. ...(There's) a *complete...turnaround*. I'm *OK...once* a few *words* have been said, I'm usually *fine - unless* I dislike them *intensely...I used to spend so much time...keeping an eye* on people. [G]oing out in *public* is quite stressful *still* because I...*always*, out of *habit*, *watch* people just to see if they *will* look at me...

Siii. Difficulties of Male-Male Interaction

A second set of persistent difficulties for most post-transitional interviewees were those which tended to arise in all-male spheres. That others of their gender group of identification treated them as legitimate members and their attempts to relate to these others on a social level that was, for them, biographically unfamiliar (without allowing this biographical naiveté to become apparent to the extent that they might be considered 'strange') was reported to be sometimes unnerving. At the same time, some participants reported experiencing a sense of resentment that other members of this gender group had themselves always been able to enjoy and take for granted full membership of this group and had developed fully integrated lives because of this very fact.

Chris: 24 (g2, p. 106) ...*Men* are still quite a *mystery* to me in their social behaviour. I feel inept at *socialising* with (them) a *lot* of the time...*probably* (because) I don't *drink* - all these things that take away your *masculinity* in a *lot* of men's eyes. [T]he fact that...I could not tell you *two things* about *football*, or *cricket...sometimes* it can get a bit *awkward*...

Simon: 30 (g3, p. 55, 69) ...I *can't* make conversation...as *easily* with males- as I can with females. ..Because I...*keep* thinking...*I'm not totally male*. ...[H]ere I am talking to this male: 'Aren't you?' ...*That's great, aren't you lucky? I wish...I was...you...*(looks fixedly at interviewer). [I]n *other words* I start thinking about *that - more* than I am about the conversation...it...*just...hits me between the eyes...- don't get me wrong*. I really *enjoy* going out with my male *friends...but...(when) just meeting* people...that I don't *know* very well - this is the kind of

thought process I'm having...I have a greater sense of ease in an all female company...than all male...I feel vulnerable in...all male...surroundings. Now that's probably just...hhh!...paranoia -...with all male...situations... [I]nside, I will often...think: Gosh - I'm transsexual...I'm not really a male...

The level of unease experienced by the participants was recalled as having been sufficient to invoke self-doubt in relation to their identity as males (despite their having had a satisfactory male social appearance). Instead, as demonstrated in the above extract, they had been inclined to view themselves not as fully 'legitimate' members of the single-sex group but as transsexual males. That this tendency should have specifically occurred in such a context where the source of such unease - having an incomplete anatomy - was irrelevant, begged the question as to the precise social meaning of the concept of 'masculinity' in these and similar single-sex situations. This, in turn, raises the question as to whether social notions and criteria of 'masculinity' and 'femininity' are labile for non-transsexual individuals according to context. It will be necessary to discuss the issues of the interviewees' expressions of doubt about their identities in a later chapter.

Beyond an incomplete anatomy being the primary consideration in all-male situations in terms of gauging their degree of 'masculinity', on a purely practical level the absence of a penis could sometimes be perceived by these post-transitional participants as a major disadvantage to their ability to be fully involved in a variety of occupational roles. This perception was partly indicative of the sense of what some defined as their socially 'disabled' status. Unlike the case in specific all-male situations, however, this 'disability' did not tend to be perceived as actually devaluing their masculinity, nor was the problem viewed as being necessarily unique to transsexual men.

Colin: 41 (g3, p.26) ...I am still...cut off...from being able to *operate comfortably* in the company of men in *activities* which...one might describe as 'intimate' but are very *casual* - very *everyday*...to men. ...I work in a(n)...environment, where...the *changing room...scenario*...is...[p]art...of everyday life. [A]s a *man*...I am *socially disabled*...by my *lack of...ability to...appear* - and *function*...as a normal *man*. ...[A] *lot of men*...have all sorts of...*other difficulties*. There are *men* who have...*problems* with their...*penis size*, - (and) *men* who have - *accidents*...*who*...*previously* had penises, and then...became *damaged*...[T]hey...*understand*...what that does to their *sense* of themselves as *men*.

Collectively, such problems served as evidence to the participants that, as anticipated, having successfully managed to extricate themselves from one constraining set of stereotypical

(female) gender-specific expectations they sometimes felt themselves then plunged into an another (male) set, albeit these being more tolerable.

In this regard, transition did not mean the end of their problems per se. Rather, through this process, they had effectively 'swapped' one (intractable) set of difficulties for another set, the latter being nevertheless more tolerable since these were concerned with expectations of the participants as *males*.

Derek: 42 (g3, p. 27) ...*The way society treats.....both genders, has got nothing to do with reality. It's nothing to do with individuals, and individuals is what it's really all about.*

Siii. Adapting to New Gender-Specific Behavioural Norms

A further set of issues for the transitional interviewees could be viewed as constituting a valuable exploration of the very frontiers of gendered behaviour itself. Such largely unexpected and sometimes difficult issues, which had seemed to these participants to have arisen as if some form of 'invisible line' had been traversed, were reported to have called for a qualitatively different form of adjustment.

Such potentially problematic issues included, for example, the dramatic discovery that the very fact of their transition had effectively incurred their own exclusion from the familiar taken-for-granted 'closeness' of female-female interaction, and entry into the comparatively 'colder' more 'distanced' nature of male-male interaction. Where these participants were unprepared for this marked change in the degree of same sex 'intimacy' specific to either gender group this realisation was often striking. Having also been socialised as females and for most of their pre-transitional lives primarily familiar with the company of females, the gender-specific familiarity taken-for-granted by other members of the gender group to which they had been newly assigned was largely absent from the participants' biographical experience.

They also found that a radically different set of implicit meanings were attached to similar patterns of behaviour that they may have performed when perceived to be female from those that were associated with such behaviour when they were perceived as males. One or two individuals commented on the fact that this had meant that the limits of what was behaviourally acceptable in

person-person interaction sometimes had to be re-negotiated and re-learned in order to avoid giving off the 'wrong' signals to others.

Derek: 42 (g3, p. 87, 92) ...[I]t's *funny*...because I (am)...now *slightly* beginning to *resent* the fact that I am...*semi-ostracised* from female company. Because it is *assumed*...you'll do this...with a *guy*, and if it's *female* then it's *obviously*...*potentially sexual*. ...[Also]...not knowing what the parameters *are* in dealing with a *potentially explosive* situation. - [H]ow far you can...*knowing* that what I could get away with as a *woman*, I can...*possibly* not get away with as a *bloke* - you've got to be *more* careful.

6) Coping with Problematic Situations

The very real danger for respondents who found themselves in similar social difficulties to those outlined above was that of potential situation breakdown, where the uncustomary absence of certain social norms of (in this case, gendered) behaviour usually taken-for-granted by others and which sustain a given situational scenario cause the scenario to break down (Goffman, 1959) with all the incumbent associated risks (at 'best' great embarrassment; at worst, the discovery of their history).

A number of strategies for the purpose of dealing with such problematic situations were thus utilised in order that such danger could be safely defused or, preferentially, avoided. Sometimes these measures were spontaneously generated according to: situational variables; immediately available resources; and an appreciation of the ways in which people interpret experience.

The crucial pre-requisite for success in employing such 'situational repairs' was that irrespective of whichever strategy was mobilised it was done smoothly and, ideally, as automatically as possible in order that its use was rendered 'invisible' to observers.

Given the many considerations involved what may have appeared to others as an unremarkable and 'laid back' performance, was reported to have been, in reality, highly stressful. The use of such strategies is demonstrated below in relation to three specific situations of difficulty most often reported: male changing-rooms (i.e. exposing the post-operative body in public); feedback; and avoiding uncertain contexts.

6i. *Male Changing Rooms*

Participants who had not undergone genital surgery necessarily had to take practical precautions if wishing to participate in sporting activities, since such action typically involved the use of a

communal male changing room. This experience, until it became familiar, required maintaining a steady nerve in order to behave in a manner that suggested to the onlooker that all was 'as normal'.

Jay: 29 (g2, p. 70) ...[W]hen I go *swimming*...I worry about...*getting undressed*...[A]ll the guys...(are)...stood there...*showing everything they've got*... [O]bviously I can't *do that* - so I *try* and get a cubicle that's got a *door*... But...(I) *take a towelling dressing gown*...and put *that on* while I'm getting dressed. ...[T]here's *always* a way round it somehow.

Under the same circumstances, those who had had phalloplasty were (depending on post-operative appearance of the neo-phallus) able to exercise somewhat less caution, albeit still feeling it necessary to avoid attracting undue attention to themselves.

Wally: 50 (g3, p. 111) ...[I]t doesn't *worry* me. *Obviously* I'm aware that...*my penis is a man made object* rather than a...*genetic object*, and it...*is therefore* likely to...*appear to be different*...I *don't expose myself*...*unnecessarily*, ...I'm *conscious*...that I *don't have testicles*, and...therefore I am...*not complete* as yet. So...I...*don't look* for awkward situations, but I'm *not embarrassed*...in...*male company* - I just keep myself wrapped up.

6ii. Feedback

Those with assuring partners or friends, whom they trusted to offer an honest and objective opinion, sometimes found that such reassurances, when recalled from memory during moments of insecurity, served to reinvigorate flagging confidence in relation to their passing performance when amidst others who were naive of their circumstances.

Chris: 24 (g2, p. 107) ...I have to *remind* myself that Dani says: '*Look, you would not be able to tell*' when I first showed her my *chest*. ..."*Are you pulling my leg? - Is this a big joke* about having sort of *sex-change*?"...[S]o a little *confidence slack* (and) I think: No - *come on, don't be stupid* - I'm OK, I'm alright. ...I'm *worrying* myself about something that isn't even worth *worrying* about, and I tend to *back it up* with...the way *Dani's* reacted...I'll *ask Dani's opinion* on how I *look*. ...I *probably ask* her *millions* of times about the same *thing*...[I]n the *swimming pool* on *holiday*, I just...*remind* myself that I'm probably *unduly* bothered...*people* don't pay *that much attention* anyway...

6iii. Avoidance

Some situations, nevertheless, remained 'out of bounds'. This was sometimes due to the individual's lack of confidence in a given context, sometimes the impracticality of attempting to participate within it, or perhaps some combination of the two. Such situations tended either to involve a number of uncertain variables that could each equally prove problematic (thereby placing too heavy a demand on the individual's strategies for coping), or nakedness in the company of others.

Derek: 42 (g3, p. 48, 89) ...[O]ne of my new friends...has suggested we play badminton... - he didn't know I played...I didn't know he did. ...[A]nd although I'd really like to do this, I'm a little bit unsure about it...'cause he doesn't know, and I don't think it's appropriate that he should...(T)here's just...too many unknowns...going to a sports centre that you've never been in, you don't know the layout, you don't know how the whole building works, you don't know where things are - plus, the person you're going with, doesn't know about you - which might or might not be a problem. ...but there's just too many don't knows.

Simon: 30 (g3, p. 41) ...[T]he only thing that I don't do - of course, is team games with the lads...- because of the shower situation...I stay well away from that...well away.

7) Integration: Ease

Juxtaposed against these isolated situations of trial other situational areas were reported to have become generally and substantially more comfortable for transitional and post-transitional interviewees following their transition. This was felt to be partly due to the enhanced self-perception (hence, improved psychological state) of these interviewees as a consequence of the way in which they were perceived by others.

Chris: 24 (g2, p. 108) ...I...pass the time of day with...shop people, old blokes who want to have a chat to somebody, old...women, men with dogs. ...In the past I wouldn't have...I would have avoided...chattering to people, like the plague. One of my mum's friends...I would have been about seventeen - must have seen me walking through the village, and said I looked as if I hated the world...so...my attitude has changed. Instead of avoiding everybody...I relish just...chatting to people...[I]n the past...(Before) it was just ...too much of a hassle to talk to people.

8) Dual Insight

One of the unique social consequences of reassignment, for a number of interviewees within the transitional and post-transitional groups, was that of the privileged opportunity that this experience afforded for viewing the peculiarities and sex-linked experiences and expectations differentiating the two genders from the advantageous position of their successive exclusive inclusion in each. Their progression from one gender group to the other was generally felt to have also enabled greater insight into gendered behaviour per se. One or two individuals expressed the strong view that this invaluable asset possessed by post-transitional transsexual people should be recognised. They felt that this insight held the potential to facilitate a more critical examination of personal, social and cultural realms of human experience and so offered a valuable contribution to the enhancement of insight on understanding human relations.

Such insight appeared to have taken on an increasingly deep and qualitatively different form through successive stages of these individuals' transition in line with the specific considerations that each stage had made most salient for them, the most revealing and informative of these being the final post-transitional stage. Four exemplars of such insight were: the potential for greater understanding with female partners by virtue of the existence of a 'shared' history; the largely unanticipated experience of male privilege; and gay and heterosexual social etiquette.

8i. Shared History

Accounts of the views of the female partners of heterosexual participants showed that these were broadly distinguished by two opposite stances with regard to the fact that their FtM partners had been socialised in a similar style and shared the same physiological developmental history as themselves. One such stance was that of those partners who did not wish to be reminded of (sometimes even 'resenting') the fact of this shared history. The remainder were reported to feel that by virtue of the nature of their partner's past, there was an implicit and more profound level of understanding in the partnership than had been the case with their previous genetic male partners.

Chris: 24 (g2, p. 23) ...[S]ometimes when Dani's...not feeling well...there are *certain* things that...I can say: "Yeah - I know *exactly* how you feel"...[I]t's *quite* a unique position to *have* the two...*views* on life, even though...the view of being *female*...wasn't...*a good*...*representation* - of what it *is* to be female...

8ii. Male Privilege

By the same token, becoming a member of the male community following years of perceived 'membership' and experience of the female community seemed also to have afforded participants the ability to compare and contrast the respective gendered behaviours peculiar to these two communities which were thereby thrown into relief. The immediate awareness reported was that of a sense of the greater social respect, perks and relative freedom afforded to men on an everyday level (such as, for example, feeling less anxiety in being alone on a street late at night). On the other hand, some unexpected parallels were noted to exist between the comparative behaviours of men and women.

Wally: 50 (g3, p. 111) ...the only thing that *surprised* me, in all male situations, was *how bitchy*- I never thought of *men* as being *bitchy*. [O]bviously, being a woman - I've *experienced women* being *bitchy*...about each other, but...*men* can be *just as bloody bitchy* when they wanna be...

A source of disappointment for some was the realisation that, as had been the case when they were perceived to be females, there were also some (albeit far fewer) behaviours expected of them as males, that they felt to be based more on unrealistic stereotypical notions than on personal nature. Furthermore, that it was sometimes necessary to conform to such expectations in order to succeed in gaining social confirmation of and respect toward their identity.

Neil: 37 (g3, p. 31, 32) ...[S]ometimes I feel that I have to...*appear* to be less understanding, and...*appear*, to be more *aggressive* - ...just to *do the job* that I do *properly*. Because (of) the expectations of...being a *teacher*, and working with *children*. The *children* have come to expect certain...*reactions* from certain *people*. [Q]uite...*distinctly* - *especially* in a *working-class* area - which is where I teach. They *expect* men to behave in a certain way - and *women*...to behave in a certain way - and *sometimes* you cannot get the correct responses from the *children*, if you don't behave in the way that they *expect* you to behave. So *sometimes* it's *artificial*. - I *don't agree* with *sex stereotyping*...but *sometimes* it *is necessary* if you're going to do...the job.

8iii. *Gay/Heterosexual Social Etiquette*

A few transitional and post-transitional interviewees remarked on their discovery that their changed gender status had influenced the nature of their social relationships with both heterosexual and lesbian women. In particular, it was noted that their social relationships with women per se were somewhat less likely to be socially perceived simply as 'friendships' since, given that they were now viewed as males, it was assumed that their relationships with women carried vague sexual overtones. Some also reported that there had been some initial awkwardness from existing female acquaintances in relation to whether the nature of their previous habitual manner of greeting these individuals, when they were apparent females, was still appropriate in relation to the latter having 'become' males. Lesbian female friends were similarly reported to have experienced initial problems about whether they should any longer consider given participants as friends since they were now perceived to be men.

Simon: 30 (g3, p. 43) ...When I *first* changed over, the *women* in *particular*...didn't know if it was *quite alright* to touch my arm. [I]t's this *body-language* thing - "*Oooh!* - *Do I?* - *P'raps* he'll get the *wrong idea*"...*Until they realised*...of *course*, underneath it all- the *outward* appearance has changed (but) the *inside*, the *real guts* of my *personality* - are *still there*. They *always will be* - I *am* who I *am*...

Wally: 50 (g3, p.77, 78) ...[A lesbian friend], who I was quite close to, had...*very bad sexual...experiences...with...men* - prior to her gay relationship, and so *me* changing over to be a *man* was...*quite a big thing* for her to have to *overcome*. She *has* overcome it...but...the *closeness* isn't there any more, *because I'm a man*.

9) Making Sense

The issue noted to pose the greatest challenge for all participants, without exception, was that of addressing the question as to how they would account for being gender dysphoric and explain the reasons underlying their decision to proceed with transition, to someone else. Being thus presented with the problem of attempting to elucidate that which they had reported having experienced as an indecipherable enigma that was of sufficient strength to have led them to take the extreme action of radically changing their physical identity was observed to give rise to exasperation and frustration.

After a number of initial false starts some form of substantive response nevertheless usually emerged, however the obvious struggle that had preceded the eventual production of such accounts suggested that most interviewees had strived to generate their way of making sense of their circumstances as opposed to a simple repetition of the stories of celebrity transsexual individuals in the public sphere or the hackneyed clichés and forms of discourse about the phenomenon typical of the tabloid press (King, 1993).

Examination of these narratives revealed a number of basic types of account which could be viewed in terms of the participants' developing comprehension of their circumstances according to the particular transitional stage they had reached by the time of interview. This suggested that their ability to make their experiences more intelligible and meaningful was facilitated as a function of increasing transition.

These types of account fell into four broad categories: those who still perceived their circumstances as being an impenetrable enigma; those who had felt driven by a sense of purpose; those who had primarily experienced their dysphoric state as an impairment to the quality of their lives; and those who viewed their transition as rectifying physiological 'mistake'.

9i *The 'Conundrum'*

Attempts made by pre-transitional interviewees to locate the reason(s) for the intensity of their feelings were reminiscent of those recalled in relation to their early childhood. For them, the problem seemed still to be too emotive and overwhelming such that they were unable to make very much (if any) sense of this at all. They seemed instead to have simply reached a point of accepting

the fact of their situation and no longer concerned themselves with struggling to discern the underlying source of the material thus private and social interactional difficulties reported to have characterised their lives. For them, this acceptance of their 'core gender identity' served as part of their feeling justified in seeking medical treatment in similar terms to the way in which the notion originally served as the basis for the medical treatment of intersexed people (Hausman, 1995)

Damien: 25 (g1, p. 49) ...I don't think I can expl- I don't know...*why this is*. I don't think I ever will. ...[S]ome people *do want* a definition an' I *can't give* them one. I can tell them the *theories*, but I *can't*...put my finger on it: "This is...*why I feel* like this - an' this is-..."...(*impatiently shifts position*)*uhhhh!* I'd just *tell* them that...I *can't function* as a female - I've *tried*, an' it's not *working*...I just don't *recognise* the body I'm *in*, an'...the *only thing* I can *do*...is to do something *about it*.

Owen: 29 (g1, p. 16) ...I've *stopped* trying to question *why* I feel like this, because you...*drive yourself round the- round the twist*...I've just *accepted* that I *feel* like this...and that's *it*...

9ii. Purpose

By contrast, the two remaining study groups seemed to have generally advanced to having achieved a way of 'comprehending' their circumstances (albeit still without arriving at a satisfactory reason for these). This tended to be done in one of two ways: reasoning that there was some as yet unknown purpose for which they had been somehow 'destined' to have a transsexual identity (the negative variation on this theme being that of the possibility of 'Divine retribution'); or a more practical, functional or physiological account. Alternatively, some accounts incorporated both threads of reasoning:

Kristian: 24 (g2, p. 72, 73) ...I think it was done for a *reason* -...to either help other *people*, or - make *society* more *aware*...of *something*. ...I used to always be *very*..."*Why-me?*"...But now, I think: Well, *why not* me? - ...[I]t's made me a...*stronger*...*more caring* and *understanding* person. [S]o I think *really* it's all done for the *better*. ...[I]t...*definitely* shows...I *wouldn't* say...*courage*, but...*strength*. And...it *proves* a *belief*...in *yourself*... (I went) through...*reassignment*, because I *had* to. ...[I]t was just something implanted in the *brain*, ...I *had* no choice...*If* that makes any *sense*?

Jim: 40 (g3, p. 86)...I *sometimes* wonder if - this is a *reincarnation*, and I'm being punished for...something I did in a previous *life*...I think there has to be a *reason* for it, but I don't know what it *is*. *Maybe* it's just that I *hope* that there's a reason for it...because I think...if there wasn't a *reason*...it makes it more difficult to *cope* with..

9iii. Functional Impairment

Some interviewees offered more holistic accounts, the focus of which had shifted from endeavouring to ascertain 'cause' to the overall effect of the transsexual condition. In describing the

reasoning that had precipitated their action of proceeding with transition they spoke of the constraining handicapped state that their gender dysphoria had imposed on their lives such that irrespective of however ostensibly 'successful' these were (in terms of career status, lifestyle, social circle etc.) they had been fundamentally lacking in a sense of contentment. Thus these individuals had felt that they 'had to do something' to make their personal lives 'whole'.

Neil: 37 (g3, p. 83) ...if I *could* have stayed in the situation I was in before, *that* would have been my *first choice*... But *given*...the *circumstances*, and the way I *felt*...it *wasn't* an *issue*...[[It was *impossible* - I couldn't *do* that - so I *had* to do *something*. I would *either*...be *dead*...right? - or...*here*, as I am just *now* - and so I'm here...because I was...*so uncomfortable* in the role I was in, in the *first* place. And *could* no longer *cope* with that. So I *had* to change myself over to a role that I *was* comfortable with - and...*could function* in.

Leslie: 38 (g3, p. 15, 150) ...I *knew* that I couldn't go on...*living with*...the sheer...*nightmare*...I *knew* - I *wasn't myself*...it was like *living on stage* the whole time... You...can never really *appreciate* ordinary *experiences* because that was *always with* me, and...it *coloured everything*...So I *had* to do *something*...I'd say that I was...*living*...a *pretence* - of a life *beforehand*, and I *wasn't functioning* - *properly* as a *human being*, and that was -...*destroying my* happiness and peace of mind, and it was...*having a detrimental effect* on the people around me as *well*...so I went through a *process of treatment*, that has enabled me to become...a *whole human being* - able to *function properly* - as I'm meant to *be*...I *wasn't depressed* - I was *transsexual* - and I needed to go through...the *appropriate treatment* for a *transsexual* - which is to change the *body*...to fit the *mind*.

9iv. *Physiological 'Mistake'*

Others viewed their identity as symptomatic of some form of intrinsic physiological pathology or a 'mistake' of nature that had resulted in a basic mismatch of the self with their objective material form. (A perspective that thereby seemed to reflect social assumptions that gender was mapped onto biology). The basis of their motivation for reassignment had thus been that of clear-cut practical reasoning and justified rectification in order to achieve a sense of 'unity' between their psychology and material reality.

Wally: 50 (g3, p. 122, 123) ...I...kept *questioning* myself...and no matter how many *questions* other *people* put at me, (or) how many *times* I went back and *thought* about it, and weighed up the *pros* and *cons*, I *still* came out with the same *answer*...That (what) I'm doing what is right for *me*...my *inner* being was *masculine*, while my *outer* being was *feminine*... [O]ne of them had to be *changed*. I cannot change the *spiritual* being, so I *changed* the *flesh* to match up with what I was *inside*.

Jay: 29 (g2, p. 78, 79) ...I know it's *certainly not psychological*...as a lot of people would *try* and *say*...[[It is something that *just*...goes *wrong*...I just see it as...a *physical disability*. [L]ike *having diabetes*...we have to take...*hormones*, whereas (diabetics) have to take *insulin*...we have to have operations...

Robert: 76 (g3, p. 72) ...[I]f you need it, you *need* it. And that's all there is to it. It's a *case* of a *must*...I *should* have made male hormone...And I *wasn't* making any - that's *it*.

Derek: 42 (g3, p. 27) ...I was *sitting*...in my *flat* - a couple of *days* ago, and I...thought:...I *don't* feel male...or female...I just feel *me* - *which* I never did *before*. And to *some* extent, (I) was actually establishing *not* where I...am or *might* be, but...where I'd *come* from...[I]t *quite* *intrigued* me how...*comfortable* all my *memories* were, if I just *changed* that one single item. ...[M]y sense of *self*...*altered* *completely*... [T]o a *large* extent...*creating* the *right* *foundation* stone...is *really* what it's been about.

10) Always 'Transsexual'?

Similar claims to that expressed above, each emphasising that given post-transitional interviewees had experienced a novel level of material comfort and hence psychological pacification following the event, begged the question as to whether, after transition, the transsexual identity of the participants ever became attenuated to the extent that they could perceive themselves as having 'ceased to be transsexual', such that this state was thereafter replaced by a self-referential *non-transsexuality* identity. In particular, given the residual physiological legacy of their former assigned identities as well as the shortcomings of FtM genital reassignment surgery, could the participants eventually achieve a psychological sense of 'completion'.

The tendency of memory is to selectively 'forget' (or repress) painful or traumatic events (Schacter, 1989; Loftus, 1993). Thus, it might seem feasible that, upon reaching a state of experiencing anatomical congruency between material reality (in the form of the closest possible approximation to the type of sexed body which, they maintained, should 'rightfully' be theirs) and their 'true' identity the participant's ability to eradicate their unhappy gender dysphoric biographical memories might have been facilitated. On the other hand, recollection of the medically invasive means by which this congruency was established would have been preserved in memory and be regularly remembered by virtue of the routine necessity of continuing the administration of exogenous hormones for life.

Having achieved transition, therefore, with their presentation problems behind them and facing the future as members of their gender group of identification, the interviewees were asked if they felt (or anticipated feeling, when they reached that point) able to put aside the fact of their

gender-dysphoric past. Two basic response-types were forthcoming which could be subsumed under the descriptive terms of anticipated forgetting and retrospective recall.

10i. *Anticipated 'Forgetting'*

Perhaps because of the immediate acuteness of their (then as yet untreated) dysphoria the majority of pre-transitional interviewees expressed strong doubts that they would ever reach a point where they would be able to cease defining themselves as being 'transsexual' and forget the enormity of the experiences both of their desperate situation and the overall detrimental effect of gender dysphoria upon their preceding lives.

They unanimously looked upon the presence of the condition as a seemingly pointless and inexplicable form of malevolent 'curse' by which they had been afflicted, the residual 'scars' of which were believed likely to remain with them - irrespective of transition, throughout their lives. There was also a concerned resignation that others who knew them would but continually remind them of the fact of their transition, whether unwittingly or through an inability to accept these individuals' self-identity.

Owen: 28 (g1, p. 18, 19) ...I think there's too much...*anger there - to forget it...[P]robably because...I'm so angry with the fact that I was born female...- and not...being able to find an answer to that - there's no biological reason why I should think like this...[P]erhaps...I'll never totally get over it... (and) the way that people have treated me for so many years...because of it.*

Robin: 49 (g1, p. 16) ...I suppose...there'll *always* be an *awareness* - ...that...*thought* at the back of your mind, that you might bump into somebody you knew *before*, and...*this frightens* me a lot, because I *tend* to refer to myself by my own name, and I worry about coming out with the wrong *one*. So I try not to *do* it. So I think *that awareness* will probably stay *with* me.

If this predicted likelihood of being unable to leave behind unpleasant experiences and if the effects of those remaining following transition were to be borne out then the rationale underlying gender reassignment itself might perhaps be called into question. Specifically, the post-transitional perseverance of such negative features might suggest that the process of reassignment was no more effective as a treatment for acutely gender dysphoric 'females' than perhaps some other (non-surgical) treatment. This issue would clearly be partly determined by the actual experience of such individuals when at the post-transitional stage. Given the time restrictions of the present study, however, only an approximate estimate could be made of the likely perspective of

these pre-transitional participants by means of sampling the views of others who may once, perhaps, have shared the same prospective outlook of the former but who had since progressed either further into or through the transition process.

10ii. Retrospective Recall

When post-transitional participants were asked if they had been able to put behind them the fact of their transition and the negative experiences and difficulties that had partly precipitated this, their responses were found to confirm the prospective views expressed by pre-transitional interviewees that such memories would remain. However, while post-transitional interviewees could recall the nature of their original difficulties (which corresponded to those reported by pre-transitional individuals), recollections of the conscious experience and content of such memories appeared to have undergone a qualitative change. The nature of this change was that these recollections were now viewed in perspective relative to other aspects of the post-transitional interviewees' lives (rather than remaining at the forefront of consciousness) and had also substantially diminished as a function of their markedly improved psychological state.

Simon: 30 (g3, p. 20) ...I *do* think about it, because...having *changed* sex, it is something that is with you for the rest of your life...- *yes*, you're *happier* - you don't have to worry...about people's perceptions of you, and having to *pretend* you're this *woman* that you're *not*. So *life* is a lot more *relaxing* - *sure*. But...the *point* that you have *changed* sex, is *always* there. ...[D]ay to day, *always* something will *remind* you...

Alan: 51 (g3, p. 26) ...One can't...*totally* forget...[I]t can *stay* very much in the *background*. I was asked by a *television* interviewer once: '[Y]ou're *thinking* about this every day...? I said: "Well let's put it *this* way - when I wake up in the *morning*, I don't think: I'm a transsexual. I think: Oh *crikey* - I must remember to get some *potatoes*".

Furthermore, while in one sense lamenting their memories both of transition and former pre-transitional difficulties, many were not desirous of 'losing' these memories which they also perceived as being of value, recognising them as constituting a psychological record of a substantial and integral part of their developmental history as well as being fundamental to the people that they had become. Moreover, they seemed to have selectively forgotten the perpetual predominance of and traumatic frustration created by their former unpleasant experiences that had since become subject only to volitional reflection (whereby they served as a standard by which to judge their post-

transitional progress) yet which, at other times, could be simply 'put away' thereby enabling these interviewees to get on with their lives.

Chris: 24 (g2, p. 23) ...[I]t's like serving a *prison sentence*...you *always* have to be reminded of it when you go for *jobs* and stuff. *Things* are *always*...coming up - that remind you, and...there's *no* way I'll ever get away from it, but...to be *honest*...why would I *really* want to, because *what* I am *today* is *what* I was. [I]t's been *comprised* of...*everything* that I've gone through so far...

Leslie: 38 (g3, p. 29) ...- I *wouldn't* want to (forget), because...*looking back*...*now*, I *know* that...*having* to go through it, has made me a *much*...*better person*. - I'm *sure* if I'd have just been born anatomically *male*, and gone through the same *life* - ...*the same education* - the *same job* experiences, I think...there would be a *lot* of *elements* in me that'd...that I'd be *quite* a *male*...*chauvinist pig* actually...a *lot* more self-centred than I *am*. I'm *still*...aware of...*aspects* that are self-centred...but...I *think* it's actually *made* me...a *nicer person* to *know*

In short, while memories of their reassignment and of the difficulties preceding it persisted for post-transitional interviewees these memories appeared to have undergone a qualitative change in the aftermath of their transition. This suggested that an attenuation of reflective experience had occurred as a function of GRS and that the ways in which the pre-transitional group would come to view their own circumstances might become subject to similar modification when these were viewed with hindsight following their own transition.

11) Regret

A second key consideration that similarly related to the issue of reassignment being the treatment of choice for transsexual people was that of the possible incidence of post-transitional regret. Should substantial numbers of individuals with surgically and hormonally transformed anatomies discover that they had 'made a mistake' in undergoing transition and wish to return to their former state serious moral and ethical questions would be raised (the reversal of the full effects of GRS being impossible).

Uncertainty about this very issue led to the closure of many of the American Gender Identity Clinics that had opened in the 1950s and 1960s, with an associated winding down of the treatment programmes that remained. (The unsatisfactory nature of much of the scant follow-up research that has been done leaves the reliability of the reasoning underlying such decisions unclear, however an examination of such studies is beyond the scope of the present thesis).

The unperfected state of surgical procedures, hence their continuation for FtMs as a specific group was nevertheless considered potentially relevant with regard to the possibility that these individuals might experience regret in the wake of transition (Lothstein, 1983).

Despite the difficulties experienced by the sample mentioned in previously discussed substantive areas (including some of their views of reassignment as a phenomenon), only two individuals expressed any feelings of regret in relation to their respective transitions. These feelings were not, however, sufficient to have resulted in these interviewees wishing to remain in their pre-transitional state (e.g., Money and Brennan, 1968).

Sam: 29 (g3, p. 14) ...[E]very now and *again* it's hits me...I feel *incredibly...regretful...that...I've missed out on so much...because of what I've done. [W]hilst I was at school I was very very sporty. I played hockey, football...and athletics at quite a high standard...it was me one passion in life... [I]t really did mean so much to me...all those things I can no longer do. [S]ometimes I...think: Well, if I hadn't have done this...I'd have probably stayed in the army, and...might have been a sergeant or a warrant officer- I might even have gone for a commission. ...I think...I'd have had...a better standard of living...*

Robin: 49 (g1, p. 13) ...I *don't* have any *regrets*. Yes I *do* - I should have done it *years* ago. I've *no regrets*...I do have *fears* about it. It *isn't* that it wipes out all your *problems*, you just get a *new set*...I faintly *worry* (that)...I might have a stroke or a *heart attack*, but I can *counter* that...by the knowledge that I might have one *anyway*.

Dale: 47 (g3, p. 12) ...I've *not* looked *back*, I just keep looking *ahead*. I've now got a *future*.

In addition to the patients' unanimous report of improvement after hormone and surgical treatment, Pauly (1974a) has noted, virtually all authors have evaluated their patients to be considerably improved. For the present participants, such concerns and difficulties as were incurred as a consequence of being reassigned seemed to be thus acknowledged and accepted as the 'price' necessary in return for benefits for which these interviewees expressed profound thankfulness. Moreover, some went so far as to state that they felt satisfaction that they had had the opportunity to know the experience of changing from the material form of one sex to that of the other.

Chris: 24 (g2, p. 22) ...*No regrets*. [F]ears that *one day that- perhaps...I'll get run-over or knocked down, and have to go to hospital...and they'll take all my clothes off and then be a little confused as to where to put me. - Fear that when I die that-...because you still can't change your birth certificate...I'll be buried as-(a female)...but I won't give a damn then...(it) just...winds me up.*

Hector: 73 (g3, p. 63) ...I *feel* that *all my life*, up to now, has been in a way, leading...to *this*. And *therefore* - I *don't* ever *regret* what happened - I *feel* in a way...I'd *rather*...have been born as I *was*, and - be a *transsexual*, than be born...a *boy*. [I]f you're a *boy*, you don't appreciate being a *boy*...But, if you're a *transsexual*...you *do* appreciate (it) - when you get to where you want

to go...- and it's taken the *whole* of my life to *get there*, it's been...an interesting *journey*. I nearly didn't *get there*! [I]t *doesn't matter*...that it took so *long*.

Hence, the majority of participants reported that they had no regrets whatsoever about undergoing transition. Rather, the general feeling was that had they not done so they would no longer have been alive since they could not have tolerated the continuation of their lives in their former pre-transitional state. The accounts of the present sample thus suggested that the notion of 'regret' following reassignment was more often one that should not be accepted without further qualification.

Colin: 41 (g3, p.35) ...There is *no way*...that I would go back...*at all*. ...*Phwww!* - ...If *somebody* said to me: 'I'm *sorry* - you're gonna have to go...back' that would be *it*...(draws index finger across throat, emitting a guttural sound).

12) Future Hope

Looking forward to life beyond transition, the accounts of pre-transitional participants generally demonstrated anticipations of improvements to their life-circumstances. This solidity of faith that the general outcome of their transition would be positive far outweighed any accompanying trepidation about the practicality of actually undergoing the process in order to attain such an outcome. Beyond acknowledging mild to intrigued apprehension as to the nature of their likely post-transitional appearance, however, the most urgent and focal issues of concern were both the degree to which their external masculinisation would be convincing and whether this would be immediately and unquestioningly persuasive to others.

Gary: 22 (g1, p. 65, 66) ...[I]'s the *only way* I feel I'll ever...have any peace of *mind*. ...I *can't* go *through* life...being *one* thing on the *inside*, an' *another* thing on the *outside*, an'...*although I know*...*as a male*, my life's gonna be *limited*...it's better than...the way I am *now*. - I just *can't* look at myself in the *mirror*. [I]'s the *only way* I'm ever gonna be...*reasonably happy*. ...An' *people* will relate to me as a *guy*, an'...*treat* me as such.

A substantially more broadened outlook was apparent in the accounts of the remaining two study groups. Among these, rather than a pre-occupation with the physical effects (and their social implications) subsequent to reassignment there was a greater tendency to project further forward toward contemplating the quality of their future lives, as men. This widened focus suggested that a possible 'psychological transition' had co-occurred alongside the objective material transformation of these interviewees. It seemed as if their awareness of moving toward a state of bodily and mental

congruency, of their chronic lifelong private conflict was nearing decisive pacification, had enabled them to shift focus from fixation on the self toward assessing the place of that self in a world beyond transition, as a unified whole.

Brian: 39 (g3, p. 123) ...I think the *aspect...I wanted to concentrate on now*, is learning to live a life without having to concentrate on being *transsexual*. [I]t's *ruled my life long enough*. Now I just want to be a normal human *being*, who...has different relationships - i.e. has relationships with *friends - (and) lovers - or a lover*. ...[J]ust like people do. And I know my life is gonna have *difficulties - because everybody does - no matter what they are*. [Y]ou've gotta have the 'rough and smooth' patches - but just *.hhhhh - I'd just like the second half of my life now, - hitting forty - to be a complete contrast to the first half!*

13) Encore?

Perhaps the real 'acid-test' of their feelings about gender-reassignment was the question as to whether those who, at interview, were experiencing or had experienced gender reassignment would elect to undergo the process again if they were somehow returned to their former state but with the benefit of hindsight. Without exception, the response to this query was unanimously affirmative, albeit with some important qualifications. In particular (especially for those who had suffered poor surgical results and/or other unpleasant experiences as a consequence), a number of interviewees reported that they would wish to be better informed about hormone treatment, the operations and the potential risks involved. Had they been armed with such knowledge of reassignment itself and able to discuss this with the medical staff, some felt, they might have made different decisions about aspects of the treatment that they had received.

However, while the majority viewed the prospect of a repetition of the delays, difficulties, frustration and anxiety that they recalled as characterising the process, others looked back on their entire transition as having been a privileged experience which they greatly valued.

Jay: 29 (g2, p. 15) ...*Ahh...definitely*. [I]f the worst *come to the worst*, and for *some reason...I grew breasts again*, I'd...be in *tomorrow* if I could, and have the...*things taken off again...!*

Simon: 30 (g3, p. 16) ...[Y]es...*I would! .hhh! - Thank God I don't have to, but yes - I would*. Because...it's the right...*thing*. ...[I]t's *do, or die*.. There are *no regrets - no. No regrets at all*.

Derek: 42 (g3, p. 28) ...I was *going to say it would have been nice not to have to have done it - but I don't even feel that*, because *quite honestly*, I have *learnt so much...[T]hings that...I couldn't have learnt in any other situation*.

Chapter Seven: Body Matters

Overview

Giddens (1991) argues that the body is a visible carrier of self-identity and is increasingly integrated into the lifestyle decisions that an individual makes. The body also acts as a sign that is used to understand social relationships, including that between ourselves and our bodies in which we find ourselves enclosed (Armstrong, 1988). There is a fundamentally important relationship between how a person perceives his or her own body and the relation of this perception to that which he or she perceives to be the socially approved bodily form for their gender role (Featherstone, 1991). At the very heart of the participants' gender dysphoric experience was the problem of the sexed body into which they had been born. While their FtM identity rendered the interviewees unable to achieve comprehensive transformation (not least given the limitations of medical intervention), the circumstances of their embodiment were nevertheless reported to have become substantially attenuated through reassignment. Mainly because of this very focus of on the body and alternative embodiment, Prosser (1995) argues, the transsexual narrative cannot be figured as primarily or solely performative.

This chapter explores how the combined effects of advanced material transformation and associated superficial disguise decisively diminished the body problematic for post-transitional participants relative to their recalled pre- and (early) transitional experiences. On both a personal and social level, the attenuation of these problems of their pre-transitional materiality afforded them the ability to present and act 'normally' in social contexts while simultaneously facilitating a growth of self-confidence and comfort with their identities as males. The notion of 'ease' as described in the previous chapter, relates to successive stages in this aspect of the transition process. This confidence in their self-presentation is shown to have turned passing into an increasingly unconsciously performed activity for the participants. Specific aspects of differentially weighted importance, in terms of both potentially undermining areas of material difficulty as well as residual features idiosyncratically perceived by the interviewees as 'assets', are considered with regard to this presentation. In addition,

their progressive masculinisation is shown to have exerted positive and ameliorating effects on their feelings in relation to the self.

The focus then shifts to the body in relation to the intimate significant other. In this context the interviewees' remarkable capacity for passing as genetic males became irrelevant. Hence at the onset of a partnership many of their otherwise ameliorated concerns again arose to confront them. Primarily, these concerns related to their bodies, their degree of attractiveness as males and the relative importance of the surgical procedures that they had or had not undergone and their fears of rejection in accordance with this. The chapter concludes with consideration being given to the participants' views on marriage and the issue of children within a relationship.

1) Enhanced Passing

Implicit rules are involved for members of society when assigning gender according to characteristics relevant to the maleness or femaleness of an individual (Kessler & McKenna, 1974). As has been shown, while the participants may have presented reasonably well as males for much of the time prior to their receiving hormone treatment, this was not without cost. This forfeit included: varying degrees of physical discomfort (primarily, through breast-binding); constraints in clothes choice (in order to mask the female form); maintaining social distance (so as to reduce the need to speak, thus avoiding revealing a female-sounding voice); and the pre-articulatory monitoring of intended words (through fear of unwitting verbal self-revelation). This post-pubertal pre-transitional time was reported to have entailed a daily ordeal of difficulty and stress that effected acute self-consciousness. Accounts of pre-transitional interviewees demonstrated that without the benefit of objective feedback on their performance their experiences of passing in social contexts tended largely to be analogous to 'running the gauntlet' while necessarily and surreptitiously attempting to gauge the effectiveness of their presentation through analysing non-verbal behavioural reactions to themselves from strangers (Cooley, 1902). Self-conscious awareness of their own super-sensitivity to such behavioural signals when associated with their inclination toward self-criticism, however, often gave rise to self-doubt about the validity of such analyses. Such doubts, together with their knowledge of their tenuous ambiguity in the

eyes of those who knew them, sometimes led these interviewees to fear that they were deluding themselves in assuming that they were passing successfully.

Grant: 22 (g1, p. 44, 55, 56, 57, 58) ...I can pass for a male...*most* of the time - with...the public, - but, it *limits* me, because...they *couldn't* get to *know* me, before they would realise - that...there was *somehin'* - *hhh!* -...not quite right...I'm *very* self-conscious of it. - I'm *always* tryin' to...*cover up*, an' *hide* it. - I *don't know* if I *need* to...I don't know...how *well* I actually *do* pass - or if that's all just in the *mind*...[I]t's *difficult* because...I feel I'm in *no man's land* at the *moment*. [W]hen I'm *introduced* to people - my *friends* get...*confused* as well, because they don't know what to introduce me as, because *I'm not one thing...or the other*... [I]t's a bit of a...'*sticky area*'...

Alan: 51 (g3, p. 53) ...[T]hat was the worry... - Am I *passing*?...[I]t was...in my *mind*...But...*once* one *realised* that one was passing, then...the *stress decreased*.

The knowledge that these pre-transitional interviewees had managed to amass from various sources had nevertheless provided them with a basis of hope for the future. Their optimism focused on the forthcoming onset of androgen therapy and the relatively immediate hormonally-induced physical changes that would follow. Their anticipation of the associated effects on the form and function of their bodies, primarily the changes in their actual appearance, gave rise to certainty that the anxiety of passing would thus be attenuated for them and also a firm belief in a more general improvement(s) in the overall quality of their lives (Brown & Rounsley, 1996).

The reports of transitional and post-transitional interviewees, whose accounts of their own pre-transitional experiences had mirrored those of participants who were yet awaiting the start of hormone therapy, suggested that the hopes and anticipations of this pre-treatment group were not unduly optimistic. Effects such as a broken voice, the sprouting of facial and body hair, coarsening skin texture and the redistribution of body fat (whereby the body increasingly approximated to a more masculine form) (e.g. Benjamin, 1966, Lothstein, 1983; Gooran, 1992) were recalled to have had the effect of substantially attenuating the stress and anxiety associated with passing. The very presence of these male secondary sexual characteristics, which took them past 'the invisible fuzzy line that divides men from women' (Devor, 1993) were reported to have afforded these interviewees the ability to feel relaxed instead of constantly concerned with creating and maintaining the 'right' presentation in order to promote the likelihood of being socially perceived as males. Nevertheless, the traumatic effect of

the difficulties that had preceded these improvements seemed to have been indelibly recorded in memory, even for those pre-transitional passing experiences were some years behind them.

Gary: 22 (g1, p. 47) ...*I've just reverted back to being myself - instead of acting... all the time - ...I felt I had to act...when I was female. I had to think about everything before I actually said it...You get people wonderin' why it takes you so long to answer a question!*

Jim: 40 (g3, p. 50, 56) ...[B]efore I *changed...very self-aware, - very self-critical of...how I acted...dressed...walked...spoke...sat - whatever...whereas now I just...do things...naturally.*

In everyday interaction the gender cues that people give off are ordinarily and sub-consciously monitored by others (Kessler & McKenna, 1974). It is only when something happens that jars against the social presentation that a person is putting across then it will be a cause for observers to feel that there is something a little 'odd' about that person, whereupon they may stare at the individual and the individual may feel that he is being surreptitiously talked about (or perhaps children will audibly ask their parents questions about the individual) (Goffman, 1959; Birdwhistell, 1970). The above extracts thus suggested the possibility that these interviewees were *hiding* their identities as transsexual people behind a *false* identity that was less problematic in a similar way to someone who was attempting, by way of monitoring their bodily activities, to conceal an otherwise stigmatised aspect of themselves (Goffman, 1963).

A general and recurring view among transitional and post-transitional interviewees was that reassignment had enabled an underlying 'natural' form of behaviour to emerge once they were without fear of unwittingly revealing that they had been born female. This essentialist perspective also seemed to underpin reports of the psychological benefits that had co-occurred alongside the social benefits that were associated with their hormonally-induced (and surgical) changes which had facilitated these participants' ability to 'just act normally' and be 'themselves' (King, 1993).

1i. Confidence

Fleming et al (1982) sought to investigate the relationship between degree of surgical reassignment of 22 FM transsexuals, and body image, in order to assess the degree of these patients' self-esteem. Among the main significant effects on interaction reported was surgical status. Beyond this, for the

present participants the steady increase of external indicators of manhood that had resulted from just a few months of androgen administration was reported, by both transitional and post-transitional interviewees, to have exerted a phenomenally uplifting impact upon their sense of comfort in social contexts. Comparisons of the accounts of individuals within all three groups also revealed that alongside this increasing sense of comfort, transitional interviewees had also begun to experience a growth of self-confidence in place of their previous anxiety about and deliberate self-detachment from others (Pauly, 1974a).

Change in their self-image to reflect their outward appearance, however, appeared to have been out of kilter and to have lagged behind the reality of their masculinised outward appearance. Such a change also seemed to have been highly dependent upon the receipt of external verification and considerable reassurance from others of their credibility as males. This lag effect in the transformation of their self-image to one that was more representative of the self-acknowledged improvement in their appearance suggested that the negative feelings associated with the formerly (female) self-image were so established in their minds that these were resistant to change. The resilience of this negative self-image may have been partly attributable to the possible effects of the chronic conflict between their anatomical sex and gender identity reported by these individuals, which, it has been suggested, is accompanied by an inability to establish a clear and stable self-concept (Fleming, 1982).

Leslie: 38 (g3, p. 133) ...I'm fully at *ease* as a *male*...I've *grown* in confidence. I *think probably* the *most* significant period is the *first* five years after changing over. It did take *quite* a long time to...feel *fully* at ease. Now I do.

A fortunate few had received additional help from trusted and sympathetic others who, while acting as sources of support, encouragement and rescuing them from difficult situations had also served as a form of verbal 'looking glass' (Cooley, 1902), providing honest (thus useful) feedback on how given participants appeared to observers (as opposed to simply saying what they assumed the individual 'would have liked' to have heard). The availability of such constructive aid could also effectively reduce the delay before the interviewees' self-confidence became fully established (Fleming et al, 1982).

Robin: 49 (g1, p. 58) ...I'm *more* confident...I've got *better* at it...because...I'm not so *surprised* to be taken for a man...[I]t...*depend(s)* where I *am*... [I]n *London* it's a lot *easier* - because *nobody* looks at you *twice*. (The) *first time*..I went (there)...I was *trying to demonstrate* to *Michael* (FtM friend)...how *difficult* it was...I *got myself ready*,...*stood* in front of him and...said: "Look...this is the *problem*, I'm going to *London*, I'm going to be there *all day*, and I'm *not* going to be able to go in the *Ladies*, and I *don't* know what to do"... [H]e couldn't *see*...*why* it was a *problem*. - I went in the *Gents* and I was OK...!

By contrast, the consequences of offering inaccurate or untruthful feedback to these interviewees could prove detrimental to and ultimately exert a reversing effect upon the growth of their confidence.

Brian: 39 (g3, p.104) ...John (FtM friend) said..."[Y]ou look really good - ...come down to (the pub) tonight" - this is *two months* after the start of the *injections*. I went to the gents toilets...two or three *times* - with John *escorting* me - ...I was *quite nervous*...I didn't *feel* as though I was *passing* - particularly - 'cause I *knew* my voice was...still *female*. (We) - *did this* all evening... Then I got my *taxi*, John went to the bus station... [T]he guy...*HHHhhh*...said: "Where *to*, my love?"...An' as soon as he said *that*..I thought: there's *me*, been in the gent's toilets all night!...*Christ!*

1ii. *Context-Dependent Confidence*

All but a very small minority of participants had been administered androgens for an average six months before undergoing 'top' surgery (Lothstein, 1978). During this period of awaiting such surgery, however, the continued presence of breasts (whether already having started hormone therapy or otherwise) tended to undermine potential confidence in the new persona and compromised these individuals' sense of identity in leading them to avoid certain social contexts.

Owen: 28 (g1, p.87) ...I *do feel* confident about going into the gym. ...I *wouldn't* be seen *dead* in a *swimming pool* - *hhh!*

This situation was such that transitional interviewees who had been some months on hormones (and thus, already looked more male than female) were in a no more advantageous position than their pre-treatment fellows in contexts which involved changing their clothes. Thus, although male secondary sexual characteristics substantially enhanced the participants' sense of ease (Benjamin, 1966), only the addition of chest surgery enabled them to feel significantly more confidence in the social sphere (and reportedly euphoric in themselves).

Wally: 50 (g3, p. 97) ...Before the *mastectomy*...*thirty percent*, *after* the *mastectomy* it went up to about *seventy-five percent*....

Chris: 24 (g2, p. 10, 11) ...[T]he psychiatrist- it was...*Summer...getting warm...June...* He was asking me how I was getting *on*, and...said that he really thought it was *unfair* to make me...*wait...* for the *mastectomy* - ...”in *this weather*”. I was *walking round* in a black leather *motorcycle* jacket. ...I *spent* my life *melting*. I *didn't* (bind) - because I was fairly *small anyway* - and *no way...*[I]t was just *too* near to *female underwear...*

Most transitional (and many post-transitional) participants had been required to have received hormone therapy for six months before commencing with gender reassignment surgery (a contentious requirement deriving from the Standards of Care (1979). There is also some debate as to whether or not surgical results are enhanced for FtMs through preliminary hormone therapy). Medical opinion continues to be divided on the issue of hormones preceding FtM surgery (Pauly, 1974b). This issue was particularly salient for the participants since the experience of having beard growth, a male voice and (possibly hairy) breasts, while grudgingly accepted by those for whom this was made necessary as part of the lead up to surgery, was reported to have been a source of trauma.

1iii. Aspects of Successful Passing

Notwithstanding their overt display of masculinity, responses to the query as to which aspect(s) about themselves they deemed most important in passing suggested that meticulous effort was devoted by the interviewees to presenting an overall ‘naturalistic’, convincing, and (importantly) unquestionable appearance of maleness (Devor, 1989). This level of attention to self-presentation was, clearly, far in excess of that customarily engaged in by most people. As such this pre-occupation with appearance might, for some observers, suggest the existence of some difficulty in the participants’ ability to live overtly in the identity that they had claimed they had ‘always been, inside’. It might equally be argued, however, that for individuals who (by virtue of their birth sex) had been doubly disadvantaged both anatomically and by their form of socialisation, such concerns about passing were inevitable and a necessary compensatory measure. Nevertheless, there was some divergence of opinion as to the relative weight of importance attached to each of the variety of considerations mentioned. The nature of these considerations related to external, internal, or to both factors together.

1iii. a) *Physique*

For some, the promotion of masculinity centred on further enhancing and building upon the effects of androgens on their overall musculature (primarily through physically working out at the local gym). Such weight-bearing exercise, as well as being medically advisable in order to maintain a healthy skeletal structure and to offset the slightly increased risks (due to the depletion of female hormones - especially if post-hysterectomy) of later developing osteoporosis (Gooran et al, 1992), also afforded the opportunity to participate in a largely male-oriented world, which became an increasing possibility with the masculinising effects of hormones. There was, nevertheless, an appreciation (as with dress-style) that taking such an activity to an extreme was inadvisable if the objective was to 'blend in'.

Kristian: 24 (g2, p. 60) ...I don't think we should...try and *muscle* out like...*Schwarzanegger*...(and) I don't think *walking* down the street in a *shirt* and tie and a suit...makes any *difference*. [Y]ou can *overdo* it - which then makes it...*too* obvious - that you're *trying* to *hide* something.

1iii. b) *Apparel*

The heights of the participants ranged between 4ft 11" and 6 ft. In relation to passing considerations, those interviewees who were of smaller overall physique therefore tended to perceive themselves as facing greater problems with regard to appearing 'convincing' than did taller FtMs, as well as being less able to wear off the peg clothes. Interviewees of smaller stature were therefore more inclined to emphasise the importance of the superficial aspects of their presentation as males, paying greater attention to camouflaging small or moderate height and build (Garfinkel, 1969; Kessler & McKenna, 1974). Consideration was customarily given to footwear and clothing as being the most important passing considerations, specifically, the choice of fabrics and styles that would accentuate chest and shoulder-width, and arm and leg length, in order to create the impression of more male-like proportions, the aim being to achieve a 'regular' masculine look. The interviewees were therefore very conscious of aspects of their physique which were did not appear 'typically' male-like. To this end individuals in the position of the following interviewee refrained from wearing unstructured male clothing styles since aspects of these were insufficiently defined to be able to emphasise a masculine appearance (for example, the outlines of the shoulders would have been too 'soft').

Colin: 41 (g3, p. 128, 129) ...I'm not...very *narrow* across the shoulder - but I'm not all that *broad*... So I...*exaggerate* that..by *wearing...cloth* which is...*quite thick*, so it *almost stands up for itself*...[T]hat's a...*personal choice*...the *same way* that *people* make choices on *footwear*...well I certainly do...

1iii. c) *Voice*

The consensus among the interviewees as a whole was that the possession of a male voice was the most salient aspect of all in the presentation of a male identity. Prior to their transition the possession of a female sounding voice had invariably shattered the potential effect of a visual appearance that may otherwise have achieved the objective of their being perceived to be males. A masculine-sounding voice, in terms of its pitch, intonation and ways of speaking (e.g. the female voice tends to rise at the ends of sentences whereas male voices tend to lower) was deemed by all to be more important even than the presence of facial hair. This was particularly so in the absence of visual cues (as when the interviewees were talking to others on a telephone) (Kessler and McKenna, 1974). Only when not speaking was the voice considered to be of secondary importance to the visual cues provided by their overall appearance in terms of the immediate impact that this effected on the perceptions of themselves by strangers.

Brian: 39 (g3, p. 109, 110, 111) ...[E]ven if you look slightly effeminate, as soon as you open your *mouth* ...they hear a *male voice*...but...*obviously* what you *want*..is to...*visually* be good, because you want people to see you - from the *split second* they set *eyes* on you - to be *male*. [I]t's no good just having...a *male voice*...You want someone to *look* at you and say: "Oh yes - that's a *man* there". ...I think...looks - the face. ...[A]ctually...you can get away with a *lot*...if the face is right - ...the *hairline* - and then...(if) the voice is right...there can't be any *doubt*, can there? ...[B]ecause that's what people look at *first*.

The actual acquisition of a masculine sounding voice involved the interviewees' voices breaking in the same manner as would occur for any pubertal genetic male (albeit at a later age). This experience was, however, accompanied by certain unforeseen problems. These problems included that of voice projection. The relatively sudden transformation of a formerly female vocal tone into a deeper male tone entailed the need to articulate the voice from a completely different area of the throat/chest in order to be effectively heard. Beyond the actual sound of their voices, as demonstrated in previous chapters, a number of interviewees considered it necessary to maintain caution with regard to the

conversational topics in which they should engage in different situations of interaction (Kessler & McKenna, 1974).

Simon: 30 (g3, p.94, 95, 96) ...[O]ne of the most *important* things - to me, is *voice*. ...I *always*...(thought), if I can pass the *telephone* test...*pick up* the phone to someone, and he says - or her: “[I]s that Mr *Williams*?” - Ah...I thought: Yes - I'm *there*. But...*other* things all come into *play*.. [T]he *whole...thing*, is important...*really*.

1iii. d) *General Demeanour*

While all of the above aspects were each, to a varied extent, viewed as important considerations toward the objective of successful passing, the view of a number of more experienced post-transitional interviewees was more Gestaltian in nature. For them, the decisive factor in passing was not one or any of these aspects in isolation so much as their collective orchestration and, importantly, their appropriate manner of presentation. Ideally, this presentational style was that of a relaxed normality whereby the various features of passing might achieve optimal effects.

The point would seem obvious: one is less likely to stand out and draw attention to oneself if perceived to be demonstrating (giving off) signs of apparent ease and a pre-occupied indifference to the perceptions of others, as opposed to acting in a self-conscious manner that conveys apprehension (Goffman, 1959).

Neil: 37 (g3, p. 73) ...[T]he most important thing...is being able to go about your daily business without being *conscious* of it. [T]he *minute* you are *conscious* of it, it's distracting you from the *other* things you have to be doing...

Derek: 42 (g3, p. 81) ...If you're *comfortable*...with *however* you are...*presenting* yourself, then nobody will question it...[N]othing...gives your gender away *more* than how you *feel* about it.

This 'all is as normal' performance (Kessler & McKenna, 1974), while sometimes necessarily having been carried out in situations of stress (e.g. when being the focus of public attention, as when delivering a speech to a group), nevertheless required considerable time, advanced masculinisation and self-reassurance in order to become smooth and semi-automatically executed. One or two transitional and post-transitional interviewees felt that this point should be noted by some younger FtMs whom they reported having observed to have tended to present a more 'pristine' male appearance. Although perhaps in one sense such a tendency could be understood in terms of such

individuals' desire to fully exercise their newly acquired 'legitimate' ability, facilitated via transition, to adopt a long-idealised (if sometimes somewhat narcissistic) masculine style (including colour co-ordinated designer-label styles of male clothing), such practice seemed to be generally frowned upon by the interviewees who were inclined to view such behaviour as indicative of a female past.

Chris: 24 (g2, p.100, 101) ...One thing I noticed, (at) the (FtM) *conference*...was that a *lot* of them had their *hair so perfect* that...they looked like *gay males*..(If) you *grow up*..female, you're *bound* to get a few things *rubbing off* on you. And *attention to detail*...follows *through* when they...*changeover*.[T]hey were *brilliant* -...You *really couldn't* tell, but you *could*, because...they had perfect *hair styles* -. (and) *earrings*, *excellent sense of dress*...they looked *really good*.[B]ut... *perhaps* I would be inclined to say...*relax* a little bit with...being quite so *perfect*.

The above extract was demonstrative of a broad trend of opinion among the more longer term transitional and post-transitional participants. This general view indicated both that there were other, more subtle, issues involved in presenting a masculine appearance and that these more experienced interviewees had developed a far more in-depth awareness of exactly what was entailed if the objective was simply to 'blend in'.

1iii. e) *Personal Assets*

A more idiosyncratic collection of responses was offered by the participants' descriptions of aspects about themselves that each felt was advantageous to their own passing performance (Lothstein, 1983). Most often cited were physical attributes (including the possession of: 'more masculine features' than other FtM individuals; greater height; the possession of an Adam's apple; a short neck; and a good moustache). Ironically, those aspects valued by some individuals were dreaded by others who did not themselves desire such attributes, thus suggesting that the interviewees' notions of 'masculinity' were amorphous.

Hector: 73 (g3, p. 53) ...I'm *lucky* - I'm... losing my *hair*, which is an *asset* that...with the beard (too)...most...people would be very rude if they thought I was *female*. So I don't really worry...

Other aspects cited were perceived as advantageous in contexts of social interaction. These ranged from: the possession of a sporting background and knowledge of football and rugby (considered useful when interacting in some male contexts) to an ability simply to generally get on

with people. The presence of a supportive significant female other was also considered an asset who served as an 'accessory' to a given interviewee's potential for effective passing by affording him the ability to present as the male partner of an 'ordinary' (Levine et al, 1981), thus removing social attentional focus from himself per se to the partnership as a 'unit'.

Chris: 24 (g2, p. 100)...I've got *Dani* (partner), and *that* is also a *huge*-...for people...just for-
...*stranger passes you on the street* - to have *Dani* with me is very *much* a-: "This person is *male*".

1iv. Main Difficulties in Passing

Where some of those aspects deemed most important for passing were thought to be less than adequate by interviewees these were obviously likely to be perceived as major problems. Beyond this, other more transient difficulties might occasionally arise, some of which had not entirely been unanticipated by the participants, however others were less expected. Some such difficult areas were consequences of hormonal influence, others were of a more residual nature, thus their severity and duration was also subject to variation. Three frequently cited problematic areas included one transient and two more permanent issues of concern.

1iv. a) 'Revisited' Youth

One early effect of exogenous androgen influence that was often unexpected by the participants was the relatively brief (approximate three year) period in which their facial appearance had been that of a teenage youth. This period tended then to be followed by one of rapid 'ageing' as their skin texture took on a more rugged look whereby they returned to an appearance which more accurately reflected their actual age. Transitional interviewees reported (and post-transitional interviewees recalled) that while in the 'youthful' phase, they had often experienced some problems in the social sphere where they had been assumed by others to be underage (and perhaps asked to produce identification to confirm their adulthood) when, say, attempting to buy drinks for friends in a pub or stopped by police for driving a car. While causing some embarrassment and frustration, however, knowledge of the underlying reason for the problem (i.e. that of actually receiving hormone therapy) had the effect of

diminishing the angst that might otherwise have been experienced upon such occasions such that these were often recollected with humour.

Simon: 30 (g3, p.94) ...I was *very conscious* of looking very *boyish*,...and...*being twenty-five*...and looking like a fourteen year old...and at *times*, quite *irritated* - because I was *treated* like a fourteen year old...! But I *can't* blame people for *doing that* - because I *looked* fourteen!

Donn: 25 (g2, p.65) ...I...*still* get hassled when I go into *pubs* sometimes. I *haven't*- ...*touch-wood* - for a *while*. But...*when* we went to...*Reading*... (we) decided we'd go for a *drink*, and...*went* into this *pub* - to the *lively* side...they...*said*: "*He's not getting in*"...I thought: They're *not* gonna believe me when I pull me provisional *licence* out - and it says...*twenty - three*...

1iv. b) *Residual Anatomical Problems*

The most idiosyncratic range of attitudes were expressed with regard to the more general residual female-type physical features which (similar to those perceived as problematic by interviewees of smaller build) remained unaffected by gender reassignment. These features included; height, foot and hand size and pelvic girdle width. Most participants were gratefully aware of the fact that they were in a somewhat more advantageous position than some of their MtF counterparts with regard to such real (or imagined) residual physical characteristics (since tall genetic females with very large feet and hands tend to be more the exception than the norm whereas short men with smallish feet and hands are not). This appreciation, nevertheless, failed to diminish the dissatisfaction reported by those individuals for whom awareness of the perpetuation of aspects of their former feminisation continuously served to compromise their self-confidence in their passing since they perceived these features as being particularly disadvantageous to them (Tully, 1992). The remainder reassured themselves as to the relative unimportance of the problem by viewing themselves as falling within the proportional diversity of material shapes and sizes that existed in the world among people who were classified as 'men' or as 'women'.

Alan: 51 (g3, p. 54) ...I don't think *height's important* so much - ...there's quite a lot of short men around...[O]ne of the *saving graces* for transsexuals...is *variety*. The fact that...*not* all men are six foot, and *hairy*. And not all *women* are small, and-...very...*fragile-looking*, is our *salvation*...

Derek: 42 (g3, p.81) ...I used to *sit around* in the *bar*, and *look* at people. And for *every* characteristic...that was *considered overtly male* or *overtly female*, I could find one of the *opposite sex* who *had that* - *in extreme*, - ...a *woman* who had a *very masculine jaw*, or a *very masculine face* or *hands* - or *whatever*.

More lasting sources of concern were those remaining hallmarks of anatomical femaleness for which no available medical intervention existed (Tully, 1992). Those participants who considered themselves less fortunate than other FtMs in this regard felt it necessary to employ self-devised solutions or compensatory measures for the purpose of ameliorating these anatomical aspects which they perceived as potential 'give-aways'.

Irrespective of the radical redistribution of body fat that occurs under the influence of androgen administration the average hip-width of FtMs is usually greater than that of genetic males of comparable anatomical build (since the skeletal frame of genetic females has a wider pelvic girdle than does that of the genetic male). Some participants of larger hip width (unlike many others whose body mass redistribution reduced the relative emphasis of their narrower hip-width through the loss of their waist contour) were somewhat more constrained in choice of the style and cut of trousers that they could wear. However, rational reasoning that the problem was likely to have been more magnified in their minds than was realistically justified, enabled these larger framed interviewees to reassure themselves and so reduce self-consciousness to a minimum.

Derek: 42 ... (g3, p. 81) ... [I]t *pisses me off* that my hips are a lot bigger than they *would* have been if I hadn't ever had female *hormones*. [B]ut...there's *other* - guys who've been guys all their *life* with *much* bigger bums than I've got...

Similar psychological remedial measures were utilised by others in relation to other areas of their physical frame that they perceived as too reminiscent of their pre-hormone female anatomy.

Simon: 30 (g3, p. 59, 60, 93, 94) ...I dunno...*clothed*, and walking down the *street* -...*fine*. No problem at all. I feel confident about *that*, that's *fine*...I'm *conscious*...but...*not worried*. [I]t *gets less and less as the years go on*. [F]or example, I walk into a room...and I might look to see...Am I the smallest man?...But...as *life* goes on, it just...goes *away*... - I'm *not* going to look out of *place*. ..So I *am conscious*, but it's *lessening*... [I]t's *not* a worry for me.

Some individuals had been acutely self-conscious about their smaller foot and hand size. Neither of these problems was easily remedied. For example, those who perceived the proportional ratio of their hand/finger size to be a personal problem reported having habitually suppressed hand gesticulation when in social situations. Others, conscious of having very small feet (sometimes barely

above a children's' shoe size) tended to compensate for this through purchasing shoes two sizes larger than usual then padding these out so that they could be worn comfortably.

Simon: 30 (g3, p. 95) ...[S]ize of hands is *quite a conscious thing to me - particularly when I'm shaking hands with other men - or colleagues. I'll notice...and I might - at times, feel my hands are...rather small, and...wonder if they notice...*

Colin: 41 (g3, p. 128) ...[S]ometimes shoes...are...designed...to be *supple and light...but they actually look...small. ...If you've got small feet...and...you're...hyper aware...of that...then you tend to go for shoes...that look chunkier, without...looking ridiculous.*

1iv. c) *Absence of a Penis*

The singular most definitive problem for all participants was that created by the fact that medical technology had not progressed sufficiently to be able to provide them with an aesthetically satisfactory and fully functional penis (Steiner, 1985). Of the four who had undergone a phalloplasty operation this choice had been made primarily in order to resolve either the need for some sense of anatomical 'completeness' or practical requirement of standing to urinate. Only one of these four interviewees reported feeling comfortable enough with the appearance of his neo-phallus to chance the possibility that it might be glimpsed by others (i.e. in male changing rooms). The remaining twenty-six participants (with the exception of the only other individual who had undergone genital surgery), had resigned themselves to awaiting improvements of the surgical techniques employed in the procedure of a form that that would convince them that this operation would be more personally satisfactory (Fleming et al, 1982). For them, the lack of a penis posed no undue difficulties during the course of the average day but became an acute problem under certain circumstances (e.g. effectively denying them the option of taking a shower in the context of sporting activities). The manner in which such occasions were reported indicated that these had involved the resurgence of feelings reminiscent of those reported by pre-transitional interviewees in relation to passing (i.e. frustration, self-consciousness and apprehension) particularly fear of the possibility that others might notice that something was strange about their appearance compared to that of other men around them and of the perceptions that might consequently be formed about them.

Neil: 37 (g3, p. 12)...[W]ell...for example ...I was *riding*, and I had to do a number of *exercises* on *horseback* with the instructor standing very *close* to me. ...I was *conscious* that I might not *look* right...in a pair of *riding breeches* - I think I would feel a *lot more confident* if I *did* have...the *phalloplasty*. ...I would *bulge* in the *right places*!

Alan: 51 (g3, p. 32) ...It *depends* on the *circumstances*. [W]hen I'm sitting in the *council chamber*, I'm not thinking: *Oh my dear!* - *I 'aven't got a prick!* - But I *am* thinking that when I'm in the *swimming pool*...[W]hen people say: "...doesn't it *worry* you - not having a *prick?*", I say: "Well *how often* are you sitting looking at people's genital area on the *train?*" *You just don't do that sort of thing!*

Derek: 42 (g3, p. 51) ...I am *conscious* on *occasion* that I don't have a *penis*...which is...*partly* a reason why I *wear a belt bag*. I feel more *comfortable*. [I]t's *not*...a *constant*...*worry* - just *every now and then*, something will *happen* and I'll suddenly think: *Ooh* - does it *matter?*, and...the answer is no, it *doesn't matter*. (It's) *inevitable* for one to be...*aware* that...to *some extent* you fall short of 'the *norm*'... *Ninety-nine percent* of the time it's...*not relevant*...just...*every now and then* I...think...that *somebody* might have *noticed*...

Compensatory measures were often taken so as to minimise the likelihood of experiencing the crisis of confidence that such situations might invoke. These measures usually involved the use of some form of 'pants stuffer' designed to suggest the presence of male genitalia beneath the participants' clothing.

2) Self acceptance

By virtue of their reassignment the interviewees reported their experience of self-denial (which they had recalled to have been associated with past attempts to meet or compromise with former constant external expectations of how individuals of their material sex 'should' behave) to have been replaced by an ability to instead openly express the 'natural' behaviour that they felt was more germane with their 'true' identity (Devor, 1993).

Owen: 29 (g1, p. 80) ...(Now) I *just*...*get dressed* and wear *normal clothes* - I'm *not really aware*, that much, of exactly what I *am*...*wearing*. Basically 'cause...the *confusion* of having to wear *women's clothes* is *not there* anymore.

Ubiquitous chronic feelings of low self-esteem and (mutually antagonistic) pre-transitional humiliation and guilt, however, seemed less easily diminished. These feelings were recalled to have almost become part of the personalities of the participants as a consequence of their former inability and thus failure to be as others wished them to be.

The accounts of the interviewees suggested that for such feelings of self-negativity to be attenuated and self-acceptance facilitated, a number of steps had necessarily to be consciously taken. Among these was that of the need, recalled by some, to *unlearn* those 'feminine' behaviours that they had formerly deliberately adopted and demonstrated in the hope of gaining acceptance and thereby defuse opposition, which had subsequently become semi-automatic.

Brian: 39 (g3, p. 113) ...[I]t's *natural* to me - I had it knocked *out* of me. ...I've had to relearn *everything* that I forgot at the age of *fourteen*... (Because of) ...my *mother*. "You walk like a *farmer* - you mustn't walk like that - throw your shoulders back- *duh duh duh*" I... *even* went to *modelling classes!*...[T]o *please her*. ...I must have been...*eighteen*...I felt it was important that...I wasn't as *feminine* as I needed to be. And...I just *did not* want *anyone* to know what my inner feelings *were*. Because I was *so frightened* of it *myself*. ...I *also* didn't want *her* to know - 'cause she might throw me out of *home*, and...there were all these *terrible feelings*. So I was gonna make sure that I became the *perfect-female* - if I *could*.

2i. Conscious/Unconscious

Contingent on the growth of confidence and hence, decreased anxiety about the possibility that they might be 'read' (i.e., should their 'passing' not prevent others ascertaining their sex identity), interviewees reported that they had begun to take for granted that their presentation was reliably convincing such that their otherwise customary practise of self-monitoring diminished. Passing as an unconscious or automatic process, however, tended to be far from immediate. Moreover, the extent to which this practice could become automatic seemed to be linked to the participants' ability to resolve a number of key issues of concern. These concerns pertained to three fundamental and related areas: self-esteem; perception of the self by others and an improved self-appraisal of their anatomical appearance.

2ii. Self-esteem

For many interviewees, integral to their reported long suppressed sense of self had been a deep inner feeling of shame (Prosser, 1995). This feeling had, since their childhoods, become a backdrop to these interviewees' ongoing conscious awareness. Simultaneously they had perceived themselves as being the source of familial disapproval (Breakwell, 1986). This, together with their receipt of continually reinforced messages pertaining to their 'difference' or 'oddness' relative to others (and being the

targets of peer ridicule and semi-ostracism) had, over the years, exerted a detrimental effect upon their self-appraisal. With the additional ongoing private aversion that the participants had reported experiencing in relation to their own bodies (Brown & Rounsley, 1996) this set of circumstances had, more often than not, resulted in a seriously diminished sense of self-esteem. As a consequence, perhaps, some found it difficult to refrain from or relax their apparent tendency toward self-criticism of their appearance.

Leslie: 37 (g3, p. 133) ...[W]hen I...first...changed *role*, I was *painfully conscious* of *passing* - very *very* aware of what I *looked* like. [M]y *voice* hadn't *broken* when I...went back into work, so I was *consciously* trying to make the best - thinking...was I...*walking* OK, was I...*dressing* OK...did my *hair* look alright.. [M]any things.

2iii. Perception of Self by Others

Perhaps because monitoring the reactions of others toward themselves had for so long taken up a major part of the interviewees' everyday experience, their accounts generally demonstrated a magnified (sometimes acute) concern about the way in which they might be being perceived by others. (This itself also had a substantial bearing on each of the two above considerations with regard to self-acceptance). Their self-conscious fear of the others assumptions that they were 'females' was, on occasions, sufficiently extreme to remove such confidence as they had managed to gather in the initial years following onset of hormone therapy. The issue of how the participants were appraised by others tended to preoccupy their conscious awareness. Moreover, this fear of discovery might serve to deter them from participating in and/or their avoidance of such situations altogether.

The predominance of this concern about other people's reactions to themselves was apparent from the frequency with which the interviewees cited such reactions as being the gauge used in order to assess their credibility as males. Indeed, this benchmark of passing success was reported to have been a crucial basis of self-assessment. This was especially so for transitional individuals as they underwent the brief initial period of hormone therapy wherein, because of their androgynous appearance, they were either regarded with suspicion as to their true sexual identity or alternatively perceived by some as young males while others presumed them to be masculine females. Under such

circumstances, given interviewees recalled that the relative number of 'sirs' and 'miss's' that they received (which determined whether their mood was positive or negative, respectively) had been tallied as a useful yardstick of their steadily progressing masculinisation.

The acute nature of this problem was inclined to recede (primarily through the participants' repeated experiences of being 'ignored') eventually to slip from immediate awareness to remain thereafter subject to re-emerge only under circumstances of exceptional stress (e.g., in single-sex situations, or where, for reasons other than their identity, these individuals were the focus of public attention). The accounts of those who were over a decade past transition indicated that this direct feedback mechanism had, by that time, largely been dispensed with.

Gary: 22 (g1, p.42) ...I'm *not*...conscious when I'm around *friends*. - If I'm around people I *don't* know...I *tend* to be *slightly* conscious of it, but...not to any great extent. If I'm in a group (of men, then *yes* - I am *very* conscious of it, and *yes* it does get a bit *difficult*.

Neil: 37 (g3, p. 72)...*Most* of the time it's *unconscious* -... [I]n *certain* situations I'm *conscious* of it - if I have to stand up and speak in front of a...*large* group...I will find...I'm maybe *sweating* (and) I'm more *conscious* of it (then) than I am during the *rest* of the day. ...I think it's justified...I *still* *feel* I have to be *careful* - of giving the right *signals* sometimes, and - *looking correct*.

2iv. Improved Self-Appraisal of Anatomical Appearance

After the first few years the most important changes of hormone therapy were behind the participants. The (progressed) transitional and post-transitional group members were, by this time visibly, men (Lothstein, 1977). It was also clearly apparent from their accounts that a definite psychological transformation had occurred alongside the physical metamorphosis which had itself made them barely recognisable relative to their former un-treated appearance. Their physical transformation was such that it was virtually impossible - even with knowledge of the participants' histories - to imagine that this appearance had ever once been objectively 'female'.

The chronic unhappiness and inner conflict so often described to have prevailed prior to transition was reported to have diminished in accordance with these individuals' steady progression toward acquiring a physique that was more in line with that which they had 'always' felt that they should have. In place of this unhappiness, it was reported, there had arisen an unfamiliar sense of

peaceful contentment. Furthermore, the strongly negative body image typically recalled by these participants to have characterised their teens (Brown & Rounsley, 1996) was reported not only to have been attenuated but superseded by an emergent sense of satisfaction with their bodies (Lindgren & Pauly, 1975), with which they were at last feeling 'comfortable'.

Derek: 42 (g3 p. 83) ...It would *not* cross my mind to think...Do I look *convincing* as a *bloke*? - it just *doesn't*- I *don't* actually *care*, it's not a big deal any more, because I feel...*innately comfortable* with myself.

Kristian: 24 (g2, p. 59) ...I don't *think* about it. [*B*]efore - yes. I would always- wear...*baggy* clothing, to *hide* my *chest*...I *wouldn't* wear...*tight fitting jeans*...'cause of the...*crotch* area. But now...I don't worry about it.

Sam: 29 (g3, p. 69) ...*Totally unconscious*.

By virtue of such an improved self-appraisal the activity of passing was felt to have become relaxed, reportedly to the point of being semi-automatic, requiring no great effort nor perhaps even conscious thought. This experience illustrated the description, by a number of interviewees, of the release of a 'natural' male behaviour from its former necessary suppression within themselves (Hausman, 1995).

Gary: 22 (g1, p. 47) ...[*A*]cting...like a male, (has) *only really* been since my voice *broke* - which is almost two *years* ago. - [I]t - was...a *gradual* thing, from when I...had my first *implant* and...*changed* my *name*...I've *just* reverted back to being *myself* - instead of *acting*...all the time...

Their greater comfort and ease was thus felt to have been primarily facilitated by their relative sense of freedom to be 'themselves' without incurring social disapproval and with little if any risk of discovery or exposure (Brown & Rounsley, 1996). This was possible because the former give-away clues reminiscent of their former identity had, by virtue then well established male secondary sexual characteristics, been rendered obsolete (e.g. Kessler & McKenna, 1974). Because of this, their reports indicated an apparent emergence of a novel degree of self-liking. Moreover, the presence of a male voice, facial hair and a more male-like physique were viewed as being sufficient, thus diminishing the importance, of many of these individuals' former passing concerns (not least that of the absence of a penis).

Chris: 24 (g2, p. 99, 100) ...[S]ometimes- I...look at the way my *clothes* are on me, and...I don't think I'll ever stop being *relieved* and...*grateful* to catch a...*reflection* in a *window* or something, and...be able to see that my *shirt*...or...*jumper* is flat, and my...*hips* are *tight* and *small* and my *legs* have gone very *thin*. ...[I]f people do look at me. Whereas *once*...: "Oh God - what are they looking at? - Have they *realised*? - Can they see there's something *unusual* about me?". I don't even *think* that now, I just think: Well? What are you *looking* at? - Maybe it's my *contact* lenses - my *green eyes*, or maybe it's my *jumper*...

Jay: 29 (g2, p. 44, 45) ...I'm getting more...*hairy* legs and *arms*...(and)...if I *don't* look at parts I *shouldn't* have, it looks quite good...I *love*...being able to...wear men's clothes without *worrying* what other *people* are gonna say...[O]bviously I *love*...*having a shave*...! -[P]eople said: "Oh - you're gonna get *sick* of that in a few years", but...it's *brilliant* at the *moment*, I probably *shave* more than I *have* to - just...to be covered in *shaving foam* and *shaving*...!

Derek: 42 (g3, p. 49, 82) ...I *love* the fact that I've got *hairs* all over the place. ...[I]t gives me immense *pleasure*... I *love* my voice now. - I used to *hate* it. ...I *sing* now, which I hadn't done for a long time...I'm quite *happy* about the fact that I've been balding...I don't tend to *think* about the beard, because...unless you *touch* it..[y]ou don't actually *feel* it on your *face*.

3) Partnered Bodies

A number of complex considerations were involved, then, in the efforts of most interviewees to pass in order to conceal their material reality and thus transsexual identity from the awareness of others. Where successful, such efforts both reduced the risk that their social credibility as men might be undermined and promoted the likelihood of their acceptance as unremarkable and 'natural' males (Devor, 1993).

All such considerations, however, were necessarily turned on their head in the realm of intimate partnership. Around the time that participants may have found themselves wanting to become close to another person they had been immediately confronted by a number of difficulties and concerns most of which related to self-disclosure in relation to identity and anatomy. As reported by transitional and post-transitional interviewees, these difficulties and concerns related particularly to issues such as: fears of rejection; lacking a penis; and existing children.

Leslie: 38 (g3, p. 114, 115) ...The point where you *approach* somebody...then...there was *that sense*...with *Val*, of: Oh dear - I'm bringing *problems* to her *doorstep* by asking her out. I'm...*second class*, in that respect. I *don't* have an equal right as a normal *man* to...*invite* the start of a relationship. ...I *think*...that's *diminished* - to some extent, that feeling - but it's *still there* because it's *there* in anything *else* as well. I mean, I...*think* that's *partly* why I have these *problems* sometimes in formal situations at *work* - with *panic* attacks and so on. I'm *slightly*- I'm putting myself *slightly below* other *people* to start with - and I have to...*pull* myself back up.

3i. *Fears of Rejection*

Often partners had formed a strong affection for a given participant before being enlightened as to the latter's identity (Tully, 1992). This was because the primary difficulty experienced by interviewees who were considering entering into an intimate relationship (three of these identifying as gay men) was fear of rejection. While a willingness to divulge intimate facts about oneself is normally a major part of intimate relationships (Derlaga et al, 1993), for the interviewees concern about the possibility that, upon disclosure, they might seem to a prospective partner not to be as they had appeared to be (and thus be spurned) was, for many, accompanied by much trepidation (Ramsey, 1996). Such concerns, as Devor (1993) notes, underline the fact that love affairs may start with gender but if they become sexual they must travel into the realm of sex. The participants' incongruities between their genders and their sexes had to be managed (Devor, 1993; Tully, 1992).

Jay: 29 (g2, p. 60) ...I'd *worry* if it...got more...*intimate* where(by) something could happen. I'd *then* feel...*worried* about getting *rejected* if...*they* then said: "Oh you're like *that* - I don't want to *know* you".

Those partners who had accepted the changed individual on the basis of appearance at the start of the relationship needed to be briefed such that the 'discovery' did not occur as such a shock that might jeopardise the relationship.

One or two post-transitional interviewees who had initially lacked the necessary confidence to disclose to their newly acquired partners had avoided the issue as long as possible, adopting stalling measures to delay the development of intimacy (Tully, 1992). They reported their partners to have reacted to such avoidance in one of two ways; either being impressed and flattered by the individual's presumed demonstration of 'gentlemanliness' or having wondered whether there might be 'something wrong' with them as women. While such situations, in the event of eventual disclosure, had been resolved positively this resolution had been preceded by considerable strain (Tully, 1992).

All but one of the partners of the sample (apart from one genetic male) were heterosexual-oriented genetic females (Benjamin, 1966; Pauly, 1969; Stoller, 1975), and both partners perceived their relationship to be heterosexual in nature (Huxley et al, 1981b; Devor, 1993), and all partners

were reported to perceive these interviewees as males (Pauly, 1974a). Of those interviewees who were partnered at the time of interview, some had remained in a relationship that had predated their transition. These interviewees were in the enviable advantageous position of being relatively unconcerned about the issue of revelation since their partners, having known them in their pre-transitional state, were already aware of their dysphoric disposition. Thus, having disclosed at a time when their bodies were still unchanged the partners of these interviewees had had the benefit of time, before the reassignment of the latter, in which to come to terms with the future direction of and implications for the relationship that might result from the event, prior to its occurrence. Therefore, the primary concern of these interviewees had preceded their transition and was that they might find themselves rejected upon because of its undergoing. One such (and significant) implication was that these partners had to examine their feelings with regard to the fact that the effect of transition would be that the external appearance of the person with whom they had fallen in love would undergo radical change. This consideration could represent a serious threat for some female partners (especially if they were lesbian) which potentially entailed the risk of the rejection of the interviewee concerned. Such rejection, ironically, was not the consequence of the female history or residual female physiology of the latter but of their material masculinisation. Thus, the primary concern of these interviewees had both preceded their transition and had been that they might find themselves rejected because of undergoing this process, although no such rejections occurred for the present participants.

The one partner who had had real difficulty with her (then) pre-transitional partner's forthcoming transition (a heterosexual mother of five), was reported to have ideally preferred him to have foregone transition and remained in his former female anatomy (Tully, 1992).

Dale: 47 (g3, p. 53) ...I used to fear rejection, I don't now. ...[T]he me that *she* could...relate to...part of that was...missing. ...She was relating to me...in the feminine...and she'd never related like that to anybody else before... [I]t was a...giant step for her...to do that. ...[E]ven though...when we first met, I said about my feelings and what I intended to do... I think it's because...skin...does change.. [L]ittle...intimacies...are no longer...available to her - now...that used to be...- so I suppose...she must feel that I've taken...something from her. ...I think...the softness...

For some others who had met their partners subsequent to their reassignment, entering into an intimate relationship had entailed volitionally placing themselves in one of the most vulnerable thus threatening situations for transsexual males (Devor, 1993). This situation had involved not only in-depth intimate disclosure but also the revelation (to a previously unaware and highly significant other) of these interviewees' incomplete and functionally disabled bodies. By so laying their otherwise carefully guarded vulnerability open many felt that they would be risking so much that the hurt they would have experienced if the other were to reject them would have been utterly devastating.

One or two pointed out that this hurt would have been deeper than the mere wounded pride that a genetic male might experience upon being spurned since, unlike the latter case, the experience would threaten their very identity as males. Furthermore, the enormous effort involved in thereafter rebuilding their self-confidence would likely have been such that the damage sustained would intuitively have seemed unlikely to have been as easily shrugged off as might have been the case for the genetic male. Nor would a prompt recovery (in terms of seeking alternative partners) have seemed likely to follow.

At the outset of the relationships of two (then) post-transitional interviewees serious consideration was thus given to their feelings about the possibility of rejection, and of how they might feel about their anatomy in the context of the relationship as well as the implications that this would hold for their partners. Moreover, both had felt that before their respective relationships could become firmly established such major issues needed to be openly discussed with their partners and the way forward mutually appreciated in the light of achieving an understanding. Should these relationships have come to an end upon these interviewees' transition, however, then they would have effectively been placed in an identical position to that of those who were unpartnered (whereby the crucial concern would have been the fact of their female history rather than their masculinisation).

Simon: 30 (g3, p. 83) ...[I]f...I was *looking* for a partner...if I were on my *own*. ...I think it's a big worry. ...I would *find* someone attractive...and I would want to get to *know* them. ...I probably would go down that *route*, but *then*...I'd be so worried about the sexual *angle* of it all - and...*ultimately*...*get* to the stage...where you'd have to *tell* her...[*T*hen, you might have to *face* rejection...that's the *painful bit*. ...I think...I would...*resign* myself to the fact that *maybe*...the

possibilities of a relationship won't happen, and would have to not happen. Because I don't know if I could go down the route of ultimately being rejected.. Having said that...how strong, my anxiety to have- a partner would be, might drive me to that - to risk...total rejection.

In negotiating an intimate relationship, then, consideration of the sexual context was problematised by two main issues: (for some) the presence of residual aspects of a female anatomy and (for most) the absence of a functional penis (Devor, 1993). These considerations were major sources of concern to the interviewees in relation to their feelings about their bodies and (more importantly) the potential threat to their identities that the relationship might represent.

Leslie: 38 (g3, p. 112) ...*Certainly the sexual...relationship...for both of us...Val...may say that she's...come to terms with...my situation, and the fact that we couldn't have...normal penetrative intercourse but...once she enters into a marriage with me, that's- she's committing herself to...not having- (Partner: No willy for life) - no willy for life-hh!... And...all that means, 'cause that is a serious...consideration - and equally, I wasn't...so sure how I would cope - whether it would...make me feel more...inadequate.*

Even after such a relationship was established, however, continuing fear of the possibility of rejection alongside their own aversion to residual aspects of their previous female form had, for some interviewees, been so extreme as to have rendered them 'stone' (Brown & Rounsley, 1996). Such individuals would thus (at least initially) engage only in one-sided lovemaking, not allowing the partner to see and/or make sensual contact with their own bodies (thereby unwittingly assuming the role of rejecter rather than that of the rejected, per se) (Pauly, 1974a; Devor, 1993; Prosser, 1995; Ramsey, 1996).

Chris: 24 (g2, p. 93) ...[T]he thought of anything *physical* would just give me a *numb...sensation*. ...I just *didn't* want to *risk...you take your clothes off and you're laying yourself so open*. [Y]ou've got nothing to *protect* you... [I]t's *bad enough* if you're all *there*, but if you're *not* all there...I wouldn't let *Dani* see me for...*quite a while...- because I...thought: [A]right...she's got to grips with it in her mind, but...if she finally-...just sees me naked? - [A]fter having a husband for five years, I didn't want her to-...the final visible vestige of being a female. ...I just didn't want (her) to freak out...[T]hat would have upset me...*

On the other hand, the continuation of such a partnership subsequent to disclosure was found to represent an invaluable confirmation (through being an external acknowledgement of the fact) of these interviewees' identities as males.

Kristian: 24 (g2, p. 54) ...I think it's *important...for me*, because it *does* give me...*reassurance* that I *am a man*. [A]nd the fact that a *female...finds me attractive - and wants me*, - also gives me *security*. ...[I]t's *important to me...[I]t gives me the feeling of...protecting someone...*

One problem for one of the two partners whose relationships had ensued following the transitions of their respective participant partners (once she had come to terms with and adjusted to the implications of her partner's disclosure) was said to have been that of how others might perceive her. While she herself perceived her FtM partner as a male and the relationship (like themselves) to be heterosexual she was concerned that, should her partner's identity become known to people who were not well informed as to the nature of the phenomenon, her sexual orientation might be questioned (a concern that she expressed to the interviewer while the interviewee concerned was temporarily absent from the interview context).

The remainder of these unpartnered interviewees essentially sought a relationship of companionship that was not necessarily sexual in nature. For these individuals, among the fears associated with the total self-revelation that would be entailed in an intimate relationship, was that of apprehension of the potential blow to their self-esteem that would have resulted if they were perhaps perceived to be (or worse, be made to feel) physically inadequate. Hence, rather than partnership, some among their number had opted for celibacy and either platonic companionship or, alternatively, relative solitude (Devor, 1993; Ramsey, 1996).

Derek: 42 (g3, p. 50, 73) ...I'm *more* than happy to...take the *initiative* in...being *friends* with somebody, but (on)...occasions...where I have...wanted to be *friends* with somebody...they *can't* conceive that as a possibility...*usually* because they're female. ...[A]nd...can't cope with the idea of being...*friends*,(and) *not...sexual*... OK, if that's...all you can cope with... [T]hey *don't*...deal with being friends with *blokes*, which...is a very *sad*...state of *being*... I have quite a few female friends who wouldn't...think of that at *all*.

Colin: 41 (g3, p. 32, 33) [A]s *far* as a...*sex* life is concerned...*God knows* - I haven't *got* one...! ...[because I don't have a *penis*...and I *refuse* to get into that *situation*. ...I...*don't* see why somebody I...care about...*enough*...to have an intimate relationship with, should have to put up with that...

Reservations such as those expressed in the above extract tended, nevertheless, to be contradicted by the reported experience of participants who were actually involved in a partnership. Their accounts of the reason(s) underlying their partner's choice of entering into a relationship with

them (which were verified by those partners who were present at the interview itself) indicated that their overall masculinity (as well as the actual people that they were) had been the crucial factor, as opposed to their possession or otherwise of male genitalia (Devor, 1993).

Simon: 30 (g3, p. 79) ...[S]he *was attracted* to me...because I was...*masculine*...she's *told* me...*hh!* ...[W]e *met* in a *pub* - ...[S]he *spied* me across the room - one of *those* situations... [S]he *didn't actually know* if I...was a *girl* or *boy*- there was a bit of *intrigue* - but...the *masculinity* *attracted* her. - And she *always perceived* me as *male*, she's...*said* that - even when I was a *woman*.

The only (still) married participant was embarking on a relatively late reassignment. The preservation of his existing relationship, in the form of a gay partnership, was of paramount importance to him (Levine et al, 1981; Brown & Rounsley, 1996)). Therefore, despite the many years already spent in a prolonged pre-transitional state he was reluctantly prepared to concede to a gradual transition (via a low hormone regimen) in hope that his partner would not reject him but adjust to and accommodate to the fact of his transition by virtue of this interviewee's (thus) slower rate of masculinisation.

Robin: 49 (g1, p. 5, 8) ...I do have *doubts* about...how far can I go - and still keep the relationship I've got. ...[H]e...*probably*...feels...I won't be *able* to *hold* it...where...I can keep the relationship going, I'll *have* to go further. ...I *have* this...*perverse*...*feeling* that just because it's never been done *before* - *doesn't* mean I can't *do* it...I have *two end points*. One is...(that) I'd like to *stay* in this relationship, and if I *do* I'll have to *compromise* - and I'll push it as far as I *can*. ...[B]ecause *Ken's* quite willing to *do* that...that has a lot of *plusses* going for it. - [H]e's not *saying*: "Go away and never darken my door again"...*(but)*: "OK - if this is what you *want*...this is how it *is*, and...we can *stay together*". ...I *value* that. ...[T]he *other* end point is the...*fantasy* where...he's not *there*, and I can have a full *changeover*...but it's probably not what I'm going to *get*... [I]f he drops dead in *two years*, (*sucks teeth*) -...I'll feel *angry* with him...because I *compromised*...for *his sake*.

3ii. Existing Children

Potential problems suggested themselves to those interviewees faced with assuming the role of a stepfather where their prospective partner had children from a previous marriage. Among such anticipated problems (although none were reported to have actually arisen) the most major, in relation to young children, was that of taking on shared responsibility for their rearing without the security of a marriage contract.

Kristian: 24 (g2, p. 52) ...[S]he has *two young children*., and I *do* find it concerning for the *children's* sake - 'cause it's like *stepping in daddy's role*. - And I'm also concerned with the *security* that...*isn't there*...at the moment - that I *can't* provide by *law* - i.e. *marriage*...stuff like *that*.

With regard to older children the concern of the one or two interviewees who had found themselves in the position of taking on such an older brood, was that of whether they should best present as and (if so) whether they would be accepted by them more comfortably (and per se) either as transsexual or as 'regular' men.

Dale: 47 (g3, p. 105) ...Well *she's got five*. *No sweat for me*. [T]he *transition* was difficult because...not only did I have Angela's *personality* to deal with, I had five *other* personalities to come to terms with...[I]t *took me a while*...[L]ucky... - I've learnt to...talk things *through*, and we're all *so close*. They've been (supportive)...*all the way along*. The *youngest* one said: "Well what's the *problem* then?". So...I'm *lucky*...I have no *problem* with children.

3iii. *Trust in Partner*

Those participants involved in a partnership that had pre-dated their transition felt that their trust in their partners had long been established and, having withstood the tests both of time and material change, had become taken for granted. By contrast, for post-transitioned interviewees who were just embarking on a relationship that might (or might not) become a partnership, the ability to trust was crucial but unknown.

Given that a prospective partner was likely to have been the first relative stranger (if not person, per se) to whom these interviewees had disclosed in depth, the ability to feel confident that the disclosed information would remain confidential and not be breached to others was clearly of paramount importance if the relationship was to become founded on trust. It was evident that this requirement for absolute secrecy had sometimes placed a tremendous burden upon the significant other.

Partner: (Leslie: 38 (g3, p. 104, 105)) ...[T]he *single* most difficult thing for me, about Leslie's situation was that I couldn't talk to anybody about it. *Because of*...it being difficult for *him*...*In fact* I did tell *one* friend...without permission and that was...a big mistake on *my* part, but it was...before I *really* understood...the *implications* of it for him...

The sudden sharing (albeit indirectly) of what had been, for the interviewee, a long-term problem with which he had long struggled (then tackled and since, through transition, comparatively

resolved) had tended to be quite overwhelming for given partners. This was especially so if (as in one case) the partner had been encountering the phenomenon of (FtM) transsexualism for the first time - without the benefit of coping strategies such as those that the interviewees had themselves generated over time.

Moreover, while not always immediately appreciated, the keeping of trust also required that partners became subject to similar constraints to those that had had been borne by their FtM partner. Such constraints included the need to think carefully about their choice of words before uttering these lest the shared secret was thereby unwittingly imparted to others, and being unable to discuss certain topics about which they might have formerly spoken freely with friends (Kessler & McKenna, 1974). Should such precautions not have been practised the likely outcome would be that interviewees would feel their trust had been betrayed by the one person in whom they had confided rather than (preferentially) their consent being sought prior to the extended sharing of their confidence.

Leslie: 38 (g3, p. 104, 105) ...*I felt that was an enormous betrayal for me. Because...(we) had agreed that...she wouldn't tell anybody...until she'd...indicated that's what she was going to do - so I was prepared - 'cause I still...go through...almost equivalent trauma every time - 'cause it brings everything back up, and you...think: ...[W]hy - should I have to? ..I think Val hadn't appreciated..how difficult it was for me. [W]hat had hurt me more than anything about that...was that you (partner) didn't tell me that you were going to tell this person, you just...did it.*

For the disclosing partner, however, should such an act have occurred this was unlikely to have been carried out in awareness of the full ramifications that might arise for a given participant as a consequence. Rather, such telling may have served as a given partner's means of seeking support in dealing with their FtM partner's circumstances.

Partner: (Leslie: 38 (g3, p. 105, 106)) ...*[I]t wasn't exactly a planned thing - it was like a pressure cooker letting off steam, and it was...uncontrolled...it wasn't...deliberate....it was just- Hhhh! - I am going to go mad - with this thing, because even though I...sat here, that night, and said:....'Fine, OK - no problem - hhh! ...I did have - a steep learning curve, and...a lot of things to come to terms with, and I think that took several months...even though at no point did it occur to me to reject you or anything about you...I still had...various - hoops to go through, and...I found it terribly difficult not to be able to talk to anybody...my own friends about what was going on. ...I hadn't appreciated how...difficult that would be for you - at the time. But...that's the only time that's ever happened - isn't it?*

Nevertheless, while such indiscretion was likely to cause considerable upset, where the act had clearly arisen through pure naiveté it had tended subsequently to be forgiven. By the same token the act was likely not to be repeated once the full implications caused were appreciated, unless such a disclosure had first been negotiated between, and mutually agreed by, both partners.

3iv. Ideal Partner

Generally, the qualities collectively cited as being of most importance in the ideal partner included being someone: with whom the given interviewee felt able to 'connect' psychologically on a level that facilitated in depth communication; who was first and foremost a companion; a person with whom the interviewees felt able to relax as themselves; who would appreciate being cared for; who shared a comparable sense of humour to themselves; and who would intend the relationship to be stable and long-term (Steiner, 1985; Brown & Rounsley, 1996).

Those interviewees involved in a relationship considered their existing partners to have met this ideal. Such responses might be assumed to have been intuitive, especially given that some partners had been present at the interview. Given the depth of careful deliberation reported by these interviewees to have preceded the onset of their respective relationships, however, these individuals' selection of a partner could equally be viewed as having been based on firm ground. This therefore suggested that their reports may well have been veridical.

Colin: 41 (g3, p. 117, 121, 122) ...[A] *partner* - to me...is somebody who I would be able to *connect* with...*physically* and *mentally*. And...*mentally* is very *important*. Somebody *who* I would *respect* - and *care* for. And...have that... *spark with*. ...What do you want to *be* to somebody you *care* about? If *we're* talking about a *partner*...you want to be able to *relax*, be *yourself* - (To) ...be...*kind, generous, caring, considerate*...to that *person*... [T]hat would be very *important*... [S]he would...have to be able to *handle* that.

Among those who were still without partners there was some degree of uncertainty as to whether, having lived alone for some time, they would be able to sacrifice their freedom and independence in order to share their lives with another person.

Brian: 39 (g3, p. 87, 98) ...I *enjoy* the freedom of being *single*. But I...would *like* to have somebody...as a *companion*...to *do* things *with*. So I could say: "What are you doing this weekend - shall we go to the *beach*?" Or..."[W]ould you like to go to the *theatre*?". To spend

some *time* with - *not to live with. Certainly not alone...*[S]omeone intelligent - who's...intellectually on a *par* with me. Who I can talk to...[S]omeone supportive.

4) Partner's Perception of Participant

Whether or not in a relationship themselves, individual interviewees expressed the general desire to be perceived as attractive men by the those whom they might have considered potential partners (Devor, 1993). Indeed, the possession of a reasonably attractive male appearance was deemed almost as a duty to a partner, whose appraisal of themselves was important (not least in being also a readily available gauge of the interviewee's passing performance).

Leslie: 38 (g3, p. 109) ...[I]f I'm in the presence of an *attractive woman*, I want her to *see* me as...at least a *potentially* attractive man. [I]t *doesn't matter particularly* to me...now that I am in a *stable relationship*. ...I was *more* conscious of it *before*, but...I *want*...them to see me as a male - who...they *might* find attractive. [I]t would *worry* me...if they thought that there was anything *odd* about me. ...I *don't* have...*insecurities* that make me think...that I *should* be attractive to a lot of *women* - ...hh! - But I wouldn't like it if they picked up on something *odd* about me...

At the same time, partnered interviewees were prepared to accept their partners' perception that they possessed certain traits that tended to be customarily associated with females (e.g. being good listeners, with a greater capacity for understanding). Surprisingly (given their tendency to abhor aspects of femaleness in themselves), rather than shunning such traits the participants actually valued these as being an advantage over the average genetic male, in whom such characteristics were perceived by their partners to be generally absent.

Jim: 40 (g3, p. 68) ...[S]he's...*very perceptive*. [S]he's actually *told* me I've got some feminine...*traits* - which she *likes*...in me. [S]he said that...if I'm *talking* to somebody who's got a *problem*...my *caring* ability is that of a *woman*...and I care...in a *different* way to the way a *man* would.

Nevertheless some heterosexual participants doubted that their female partners wished to know much about or be reminded of their pre-transitional lives as females, nor that this would hold any interest for them.

Partner (Wally: 50 (g3, p. 94, 95)) ...I *forget* half the time. - He's a *bloke*.

On the other hand, interviewees reported that their partners were empathic toward their circumstances with regard to which they had shared the same perspective as the interviewee himself.

Their partners were also claimed to share their (critical) views of the medical profession (particularly where these individuals had experienced difficulty in obtaining or had had a bad experience of treatment, as might equally have been the case for the partners of many non-transsexual men).

Jim: 40 (g3, p. 68, 69) ...She *accepts* and *understands*. - [N]ot *fully*...but she *has*...very good *empathy*, and an *ability* to put herself into somebody else's shoes, and...*understand*...a bit of what that person's *going* through. I *think*...she *feels* for me 'cause it was...*such* a long hard *struggle*. I think she *sympathises* with the bitterness I feel towards the *medical* profession - *generally*.

Leslie: 38 (g3, p. 103) ...I think that she's (concluded) that...the surgery and the treatment that I've *had* is *justifiable* and...well it *is* the only option that I had *open* to me - and is *therefore* *acceptable*. ...she sees it in the same way as I do; that there is *some* biological explanation but we really *don't* know...*exactly* *what* that biological explanation is.

Partner (Leslie: 38 (g3, p. 103)) ...Well we *don't* *understand* it yet, but in the *same* way as you don't understand anything about *other* illnesses - you don't deny people *treatment* - the treatment that there *is*, we *don't* deny people the treatment that there is in this *situation*.

4i. Mastectomy

With two exceptions the participants all viewed their having undergone mastectomy to be a crucially important factor to their present (and/or future) partner almost as much so as it was to themselves. The first of these was the interviewee who was married and who very much wished to retain his relationship with his husband. Having already sustained post-operative scarring (through a former caesarean section) this interviewee was ambivalent about also undergoing mastectomy (to which the husband had consented) lest further scarring might render his body repugnant to the other.

Robin: 49 (g1, p. 6, 7) ...I *swing* from one side to the *other* about the mastectomy. ...My *doubts* about it, I have *two*... *One* is I quite value my *sex* life - and it's *important* to me. And the *other* is...I *already* look like a *nightmare*, I'm quite *scarred*...I *don't* want to look worse than I look already. ...I'd *look* like something out of a *horror* film...Yes - my boobs are a *pain*. If I had the *money*, - I'd *probably* go out and have it done. *Maybe* that's what holds me *back*...

The partner of the second of these two cases, prior to his transition, had identified as lesbian. This interviewee had therefore been concerned about the possible risk that his undergoing mastectomy (which represented relinquishing an aspect of his partner's initial attraction to him) might pose for the relationship itself.

Wally: 50 (g3, p. 85)...[W]hat she states to *me*...is that...for *her* to be *happy* - I have to be...*comfortable*...which meant that the mastectomy and *everything* else was a *necessity*. ...I went through...a *lot* of *mind*-searching with *regards* to her feelings (in)...not having *breasts* to

fondle, - but in the *end*. she said it really is my *decision* - and it was. ...[I]t's *always* a *risk* factor...that it *will* be a *turn off* - but I was one of the *lucky* ones.

For the remainder of the sample the issue of mastectomy was not an issue of debate. All but two of the participants involved in a relationship had met their partners (all heterosexual females) after the event. In terms of the relationship, therefore, the issue was also academic: their surgery had been an essential element to the relationship, confirming the identities both of themselves and those of their partners (although the level of personal need for this operation reported by one seemed likely to have far outweighed any views that his partner might have held on the issue).

Partner: (Leslie: 38 (g3, p. 106)) Oh...Yeah - ...I *recognise* how important it is for *you*..to have had a mastectomy, but I think, it'd *be* strange for me as *well*...I think *almost stranger*...than the *lower* half not being...the *usual shape* - *hh!* And I'm *not* quite sure *why*...I *suppose* because it's...that you can *disguise* the lower half, - you can't disguise the upper half so *comfortably* or *easily* - and *whenever* you're *naked*, then it's *really obvious*. - and there's something *particularly feminine* about *breasts*...

Simon: 30 (g3, p. 81) ...*She(s)* said to me: "...I used to *look* at you in the *bath* - as a *woman*, and *now* that I look at you in the bath...as a *male*... *yes*. *That's* right, *that's* better". [A]nd she'd *come in*...to *brush her teeth* or *something* - ...she's *stopped*, and I *turn round*, and she's said: "...*God*, you look so much better without those *fits*...*That's* better -...*That's* what you should look like".

4ii. Hysterectomy

With regard to hysterectomy, the participants unanimously felt that while this operation was of more immediate importance to them it was also salient to their partners. This was felt to be so both in terms of their partner wanting them to feel comfortable with themselves and in relation to how these partners perceived them. In these participants' view, the function (both actual and potential) rather than appearance of this aspect of the body was the critical issue for both themselves and their partners (Pauly, 1974b).

Neil: 37 (g3, p. 64) ...I have...*spoken* to...*partners* of...*female-to-males*, and *they* find that *one* of the most *disturbing* things, was the thought of...*their* partner having *periods* - or...in any way- *having* the same female functions as *them* - so I *think*, to a *partner*, it *would* be important.

Jim: 40 (g3, p. 66) ...I...*think* that's important from *both* points of view. [P]robably more from...a *transsexual's* point of view...than a *partner*...

4iii. Phalloplasty

None of the four participants who had undergone a phalloplasty operation did so in expectation that their neophallus would facilitate penetrative sex. Given also their awareness of the often unsatisfactory appearance of the post-operative result of this procedure few of the remaining interviewees felt that a partner would find such results either appealing or acceptable (Fleming et al., 1980). The possession of a functional penis was of such personal importance to these interviewees they had difficulty assessing the actual relative weight of importance attached to their possessing this organ by their partners. According to the views expressed by those partners available for consultation at the time of the interview, however, this assumption seemed to be something of an overestimation.

Partner: (Leslie: 38 (g3, p. 107, 108))...*Phalloplasty I'm...dead against...I see it as - almost deliberately mutilating the body, because of the quality of the techniques. In principle, yes...in practice...it's so destructive to the rest of the body...and...I have...some appreciation of how important a penis is to any man...but I also have an appreciation...of the wholeness of a human being...and Leslie is so whole...in so many ways, that...to suffer this particular part of his disability...in not having one, is...I don't want to belittle it, but I also want to...put it in its place as being rather secondary really...I'm glad that he's had the other surgery, but I don't want to see him mutilated...for something that would quite possibly repel me...actually...[A]lso, I would fear...that it would affect his sexual response. [A]nd at the moment, his sexual response is great...so I don't want to risk that. Neither do I want to risk...urinary incontinence - (nor) death through septicaemia - neither do I want him to go through...months of operations and pain...so...it's just not on. ...[M]ost women would think (it isn't) really worth it anyway...!*

The above extract was representative of the general view of the partners of those participants who had not had genital surgery. Their general appraisal of the phalloplasty operation, based on film or stills that they had seen on the subject, was that it was 'gruesome' and too destructive on other parts of the body to be contemplated. There was also a strong suggestion that they would find the post-operative outcome of such 'lower surgery' difficult to cope with. In terms of their sex lives their collective conclusion was that had the surgery been likely to produce a successful and fully functional phallus then there may have been scope for their FtM partner to elect for the operation, but as things stood that their FtM partners were fine as they were.

Nevertheless, for some of these participants themselves, the sense of bereavement at the absence (or 'loss') of this organ, the life-history associated with its possession and its continued denial

to them because of the limitations of medical science was a very hard cross to bear. This situation, for one interviewee, prompted the expression of his frustration both at not having been born with the body that he felt he should have had and, because of this, at 'missing out' on the behavioural and experiential associations that might have followed from his 'correct' embodiment. The kinship with men was there but, due to lacking an appropriate biography, the day to day knowledge of them was absent (Devor, 1993). Due to the absence of an appropriate biography

Simon: 30 (g3, p. 82) ...*I want it, - because I want to be - obviously ultimately, fully male. I don't even want...that...I wished I'd been born that. And I wish I'd had male genitals, and gone out as a teenager, and...had my one night stands - and been an absolute devil - and I wished I could marry - settle down, and...have children...but I can't. [N]ow- she, on the other hand, doesn't want children. So...it's not been a problem - for her... It has in my mind. - And...I've been through...depressive states about it. (But for her) It's not...the be all and end all...of me being...a man - and her...partner.*

While unpartnered participants could perceive practical advantages (namely, for passing) in having a penis, their knowledge that the new organ would be unlikely to benefit a partner led them to wish to believe that if a partner was appreciative of and loved them for the people that they were this would be sufficient to override' any desire that they might otherwise have held for these individuals to have had a penis.

The views of partners of those participants who had actually undergone this surgery spanned from approval, through toleration to (for two) having appeared to have suppressed their own preference that the operation should not occur for the sake of those of the wishes of the interviewee(s) concerned.

Dale: 47 (g3, p. 101, 102) ...*Oh - she liked (it)...she said it's quite sweet.. - So that's nice. ...[S]he...feels that...because I've not...gone throu-...the third stage - where you have the stiffener rod...I don't know if that'd make any....difference - at the moment, but...she said...it...would have helped if it was a little bit longer.*

Chapter Eight: Differential Management of Social Identities

Overview

Weigert et al., (1986) argue that identity is a symbolically sustained meaning. The continuity of such meaning(s) is guaranteed by social psychological realities that allow us both to construct and experience the meaning of our selves as continuous identities throughout all the changes that characterise our lives. In ordinary day-to-day circumstances identity remains continuous across space and time. This continuity must be assured from situation to situation so as to guarantee order to and make sense of the social world. Through undergoing the process of gender reassignment, however, the present sample had effectively problematised this continuity of their identity - not for themselves, but for others in their social world who were confronted by the unfamiliar requirement of radically modifying their prior appraisal and categorisation of the participants as people.

This chapter addresses some of the difficulties that had arisen as a consequence of the 'social transgression' of the interviewees in relation to their everyday interaction with those who were aware and those who were naive about the fact that the gender role of the participants had changed. These difficulties were compounded by the necessity, in many areas of interaction, that the participants 'played by ear' in order to negotiate their way through situations that could be problematic because of their changed role. An outline of some of these problems, in terms of the relative sense of ease experienced by the participants when interacting among members of either (aware or naive) audience, is followed by consideration of the nature of the interviewees' continuing relationships with those groups of people with whom they had also regularly interacted when in their former social gender role with whom they had no option other than to be 'out'. The issues discussed surround degrees of acceptance of and accommodation or opposition to the changed social presentation of the interviewees. This is considered first among their families (viewed in terms of notions of 'toleration' and 'opposition') which is followed by a comparison between these families responses to the partners of participants and that of the families of their partners to the participants. These differential patterns of acceptance and opposition are then considered among friends and neighbours.

Turning to the second of the two audiences, the naive, some of the issues entailed in the participants' decisions about if and when to tell naive others of their background and the relative advantages, disadvantages and sense of ease experienced in either case are considered. These issues are perhaps most saliently demonstrated in situations where members of both audiences were simultaneously present and specifically in the context of the encountering of former (naive) acquaintances. In discussing the extent to which the participants were open about the fact of their biographical history and transition with those acquaintances made in the aftermath of reassignment different styles of approach are considered. These styles were noted to have been dependent upon a number of situational and interpersonal variables and to have been differentially adopted by the participants in their interaction with groups of people of which this naive audience was comprised: new friends, new neighbourhoods and work colleagues, all of whom had become known only during or after the participants' transition.

1) Ease in Relating to Aware/Naive Others

Clearly, while some people knew any given participant only in his new identity (as a male) to whom they behaved appropriately in terms of this perceived gender (Breakwell, 1986), others were aware of the individual's history. Hence the participants had not only themselves to consider when attempting to control the dissemination of information about their lives. There were also all those who knew them in their original role, who were possible sources of discrediting information to others who may have accepted these individuals' new social identity, or who had met them after their change. In one sense, having at least a small group of friends and relatives who could provide affection, support, and companionship was an important social support system necessary to basic mental well-being (Tully, 1992).

In relation to those who did not know about the change the interviewees still had the problem of persuading these others to accept a version of this occurrence that would afford reliability in their future dealings with them (Tully, 1992). One of the most critical determinants of the participants' preferences with regard to whether the company of naive or aware others (or a mixture of the two) was primarily favoured was the relative degree of comfort and ease, as common measures of their success in presenting as males, that was experienced by given interviewees when amidst either group.

This level of ease was dependent upon both the transitional stage of each interviewee as well as the sex of those with whom they were interacting.

The main objective of pre-transitional interviewees when among naive strangers was to pass successfully (Garfinkel, 1967; Kessler & McKenna, 1974; Prosser, 1995). Such situations were potentially stressful due to their need to constantly monitor their performance by interpreting the reactions of others to themselves. These circumstances had tended to leave these interviewees experiencing perpetual uncertainty alongside a range of emotions that were contingent upon the nature of such reactions from others. This was particularly the case in situations wherein some of this latter audience might perceive them as females (a source of distress, rage and frustration) while others might simultaneously perceive them to be males (a boost to their spirits). In either single or mixed-sex contexts these interviewees' relative deficit of overt male characteristics was felt to emphasise the possibility that their overt gender role presentation might be questioned by naive others. Thus, a particularly dreaded possibility was that due to their gender-ambiguous appearance some members of this naive group of others might even be bold enough to ask them directly which sex they were, hence causing them to experience extreme humiliation. Specifically, these participants expressed general aversion to being in single sex contexts which, for them, served to magnify their private frustration. Being in all-female company was reported to entail the likelihood that the interviewees would more readily be discerned, by some, as being female(s). Similarly, all-male company tended to lead them to feel threatened by the potential risk of being discovered (perhaps via some unwitting self-revealing utterance) to be 'female(s)'. These problems were further compounded for those pre-transitional individuals who self-identified as gay men (Devor, 1993).

Damien: 25 (g1, p. 46) ...I am in a situation just now, where...people aren't aware... [I]t's frustrating, and it's enraging, that they perceive me as this thing that I'm not. There's also people who perceive me as a male, and don't know I'm transsexual. [A] couple have questioned my gender - and...it's a bit awkward...sometimes. ...I'm gay. A(nd)...a lot of men do find that threatening. So...that's gonna become an increasingly common...problem so probably I'll always feel...ill at ease in either exclusive...environment.

All such possibilities, being perceiver-dependent (Kessler & McKenna, 1974), were not subject to prior prediction and could equally potentially result in an awkward situation (i.e. should those who perceived a given interviewee as being male be in conversation with the latter when this

was joined by one who perceived the individual as being female). The preference of these interviewees was therefore to be among those who were both aware and supportive of their circumstances, which enabled them to feel more at ease (Tully, 1992).

The concerns of the majority of transitional and post-transitional interviewees regarding their passing presentation had been considerably attenuated by the appearance of the objective manifestation of the effects of hormone therapy (the onset of transition) (Benjamin, 1966; Gooran, 1992). The focus of most had thus become that of maintaining privacy about their pre-transitional past with all but perhaps a few long-established close and trusted friends with whom they felt able to completely relax and simply be themselves. Particular sources of unease for them when interacting with those who were unaware of their past (which, where these arose, tended to occur in both mixed and single-sex contexts) also seemed likely to remain problematic. Instances often reported were those of: uncertainty as to whether or not certain others might somehow have deduced that these interviewees had had a former social identity (Goffman, 1963), and a residual unease about the same issue when in single sex gatherings, although by contrast with the pre-transitional group they expressed a more marked preference for exclusive male and exclusive female contexts.

Leslie: 38 (g3, p. 137) ...*(I'm) probably slightly...more at ease in all...male. But not much different - I've got enough confidence - now to be in an all female environment, and be happy... [A]fter I...first changed over I was best in mixed company...less at ease with female. Females are a lot more perceptive.*

Common to all participants when in all male groups was the problem of how to react when the rest of the group (by whom they were perceived as bone fide members) engaged in explicit, lewd or derogative sexist banter about the opposite sex. Having been socialised into and spent most of their former years in a female role interviewees reported having recalled times when they themselves had sometimes been the targets of similar remarks and the humiliating and offensive impact that these had effected. Such devaluing experiences of their former gender role were reported to have contributed to the essential respect that these interviewees themselves claimed to hold for women and their lot. Therefore, where such remarks were aired, they reported having experienced dissonance between feeling embarrassed, disapproval and not wishing to join in with simultaneous concern that abstention from participation might be perceived as strange by their fellow group members whose unwanted

attention might also arise as a consequence. Such occasions thus tended to be experienced as being uncomfortable.

Damien: 25 (g1, p. 40, 41) ...I *don't like* 'hen party' atmosphere. And I don't like 'stag party' atmosphere *either*. Really it's...when *people* are basically, gettin' into groups to *slag off* the *opposite sex*, that's what these things are *anyway*. Don't see the *point* in *that*...

Neil: 37 (g3, p. 80) ...[A] *lot* of male conversation - *especially* when they get all...*together*, is *banter*. And there's a *lot* of...*bragging*...- which I *don't* feel very *comfortable* with.- ...I *don't* think...*other*...men...*feel* comfortable with it *either*, but *they* will go *ahead* with it. Because they've been brought *up* to it, and I *haven't*.

The risk of potential problems incurred through not wishing to tell about the true nature of one's history yet not wishing to lie about the past (e.g. which would have required impressive recall for all subsequent conversations with the particular listener involved) (Garfinkel, 1967). This could be made less demanding by adhering as closely to the actual facts as possible, changing only gender terms and sex-specific activities where appropriate. Some had established a mutually understood means of signalling to aware others when another individual in their mutual presence was naive such that the knowledge separation between the two parties would be effectively maintained.

Wally: 50 (g3, p. 85, 86) ...I (say) to a person who *does* know.: "*They don't know*". ...[T]hat's the way I prefer it to stay. *Not* because I want to keep the two *apart*, but because (they are) in *one* part of my life...(that) doesn't include transsexualism. ...[T]he...*pastor* of the *church*...(is) the *only* one that's likely to meet both sides, and *because* he's *who* he is, he can't say *anyway*. - *He'll always* say to me (whispers) "*Do they know?*", and I'll go (shakes head)...."*Thank you*", so he'll keep his mouth shut.

2) The Aware

All kinds of people had known the interviewees in their former gender role (but their knowledge of the latter's gender transition was subject to differential variation). These others included family, existing friends and neighbours (Tully, 1992).

2i. Family Relationships

For the majority of interviewees the most significant group of people whose response to their transition and subsequent ways of relating to them was very important were their immediate families. Although these participants might have chosen whom they wished to work alongside and could choose to associate with a new circle of friends they could not choose the people who comprised their families (Brown & Rounsley, 1996).

Furthermore, vetting procedures (similar to those that might be employed with new friends and acquaintances as a gauge of likely response(s)) were simply not practical as a form of information flow control in relation to a given individual's family. Moreover, it was necessary for these individuals to trust that knowledge of their transition would be kept from straying outside the family. This was often assured even within the family, however, since many aware relatives had a vested interest in keeping the individual's past a secret both from non-familial others as well as younger generations of the family.

Jeff: 54 (g3, p. 138) ...[M]y children (*don't*) want to expose me because I now have grandchildren, and...*they don't want my grandchildren...to know...*

For most, also, subsequent to their disclosure and/or transition their ideal was to receive the reassurance of continued unconditional parental love and familial support (Tully, 1992). Although in reality, familial responses to these changing or changed individuals had varied. While family relations, nevertheless, became very close for a number of participants these circumstances were rarely achieved without some initial difficulties. As a function of the tendency for reactions to change over time, however, such difficulties in most (but not all) cases tended to be relatively transient.

2i. a) *Familial Toleration*

Within the immediate family, mothers (particularly those of younger interviewees) had generally tended to have the hardest time of all family members in coming to terms with the participants' change. For example the awareness of some that their child's undergoing surgery would subtract from the individual's 'daughterhood' could (especially for those with no 'other' female children) invoke acute emotional upheaval (Brown & Rounsley, 1996). Grief of this nature had nevertheless been observed by most participants to have (apparently) dissipated and to have been replaced by apparent relief as their mothers had witnessed the reported 'dramatic' improvement in these interviewees with the effects of reassignment upon their personae, in the form of the reported dramatic improvement of their psychological state, overt happiness and reduced isolation (perhaps including the acquisition of a partner). Indeed, such objective improvements were reported by some to have impacted on the whole immediate family whose reaction was as if they had felt that the 'person' had been restored to them (Brown & Rounsley, 1996). When the individual was finally approved and loved for the person they

were, long standing barriers to interpersonal intimacy often fell away (Ramsey, 1996). Some parents had seemed to perceive the event as marking the end of a long state of personal unhappiness and discomfort for their child and its replacement by a sense of pride.

Chris: 24 (g2, p. 24, 25) ...My mum went to pieces a little bit - particularly around the operation-time, but it was *strange* - after the operation she seemed to be *fine*.

These effects had often paved the way to an enhanced familial acceptance of the interviewee's gender role change to the extent that these relatives had begun to take an interest in and even be willing to offer helpful advice on the individual's clothes-choice and actively facilitate his passing in social contexts.

Simon: 30 (g3, p. 97) ...[T]he women wanted to dress me up - ...I got...a lot of...ties for a couple of years...birthdays and Christmas...[T]hey...wanted to buy me nice...shirts - things like that.

Chris: 24 (g2, p.104, 105) ...[M]y dad...[H]e's been very good...giving me trousers that he doesn't want to wear any more, and shirts...and jackets...[J]ust...helping me out, just saying perhaps: "Don't wear that".

Neil: 39 (g3, p.67) ...[M]y cousin...helped me a lot, in my early days of going out and passing, by covering for me...taking the flak, and answering a lot of very difficult questions.

Sibling responses to a given interviewees' disclosure, as noted previously, had tended to be polarised. This tendency seemed to have been largely stable with regard to his subsequent transition. There were nevertheless occasional exceptions to this general pattern whereby, for example, the sibling hostility that may have met the individual's initial identity-revelation had, upon his subsequent transition, sometimes transformed into fraternal acceptance. This was demonstrative of reports, by most interviewees, that their attempting to predict how known others would react to the transition had been virtually impossible.

Jay: 29 (g2, p. 17) ...[W]e're a lot closer now. [H]e told me - only a few weeks ago, how he always wanted a brother -...I was so made up to hear that...[H]e says: "I don't see you as me little sister now, I can't see you any other way but me little brother"...which was absolutely brilliant.

Nevertheless, while the disclosure of some participants may have appeared to have been reasonably well handled by siblings the full reality and implications of the actual transition itself had sometimes met with shock.

Wally: 50 (g3, p. 37, 38) ...[M]y sister...knows - doesn't understand it, but she accepts it. She hasn't seen me...because she's in New Zealand. [S]he did write "Dear brother"...I wrote...at various times and told her what ops I was having, and the last one...where I could stand up and

pee...[S]he wrote back and said: "Oh my God - I didn't think you were going that far!" - heh!!
...I think she had this vision of...a woman dressed in male clothing - and that was it.

The responses of more distant family members who were inclined to be less frequently seen were thus more unpredictable. The manner of interaction of these relations with the individual was also often strained at their first encounter following his reassignment, particularly if these relatives had only been informed of the individual's identity and the event of the transition relatively recently. Under such circumstances the situation was mutually stressful on both sides: Interviewees suspected (and parents sometimes later verified being informed) that these relations, not knowing quite what they should expect to see had prepared themselves to be shocked but determined to attempt to mask this for a given interviewee's sake. Partly through deducing all this on their part the interviewees recalled having been concerned to demonstrate to these relatives that they were 'still the same person inside' (Weigert et al., 1986) and that there was no need for discomfort, yet simultaneously fearing that they would be perceived to be 'freakish' (Brown & Rounsley, 1996). By contrast some older relatives were reported to have made little effort to accept the transition and to have shown greatest difficulty in adjusting to the individual's new gender role, which only increased the difficulty.

Simon: 30 (g3, p. 31, 32) ...[M]y immediate cousins...were...brilliant. ...[T]hey were...gobsmacked - literally. ...I was so nervous. I thought: Oh my God - I hope they accept me. - And when I walk in the door - Do I look alright? ...- [V]ery self conscious. I thought: ...I can't look like a freak - because their faces - straight away- (are) going to be shocked...anyway - but if I look good, ...that'd be marvellous. It'd help them.... 'Cause they had no idea what I was gonna look like when I walked through the door... They thought: What on Earth am I going to see when 'it' comes through the door...What is 'it' going to be? ...[A]s if we'd never met... We reintroduced ourselves... Stressful for them and me... But they were good...[S]ome of the older people...cousins once removed - older friends of family...thought: ..[T]here's something wrong - this chap - ...is he schizophrenic? - What on Earth does [female first name] want to change sex for? - This is quite ridiculous - ...I can't agree with it - to my mum and dad...but they've come round...

Where such situations were resolved favourably with younger relatives, however, a positive knock-on effect sometimes occurred wherein older relations might follow suit, adopting the example of the former as a standard for the way in which they themselves related to a given interviewee. Nevertheless, some universal difficulties, for relations, tended to remain problematic longer than did others (Lothstein, 1981). One salient example was that of remembering to use the appropriate pronoun when referring to the individual. Improvement in this regard was reported to be incremental, from almost zero use of the male pronoun yet while using the participant's male name with relative

ease, to an eventually synchronised and uniform pronoun/name use. This particular difficulty was magnified for older relations (and especially, parents), which is perhaps intuitive given that the older generation had known the individual as a 'female' for the greater part of the latter's life (infrequency of contact with the individual exacerbated this problem further). One great advantage toward facilitating the family's speed of adjustment toward habitually relating (without conscious effort) to the individual as a male was felt by some participants to be that of the objective presence of a (female) partner. The extent of the individual's masculinisation under the effects of hormone administration was also found to have been sufficiently pacifying to have enabled these interviewees to be tolerant of the occasional wrong personal referent while simultaneously serving to reduce the likelihood of relatives making such mistakes (save for those who had had difficulty accepting the individual's transition).

Chris: 24 (g2, p. 24, 25, 38) ...[T]hey call me "he", - mum slips up sometimes, but- [Partner: - Yeah, but *that's* to be expected]....after you've had a kid for *twenty* odd years *that's* been female...it must be *very* very difficult. And they're *very* good about your *name*... - aren't they?] Yeah - my dad, particularly...I *try* not to see relatives *too* much - because (with) the *infrequency* of my visits - they *do* slip up with me being *male* - still... [T]he *further* it is...*from* the change, the *less* it bothers me...[I]t *doesn't* even feel like they're applying to *me*...when they say: 'She', ...[M]y biggest thing was always - [W]hen I've got a *beard*, then they'll...*bloody*...feel...*stupid* saying it. But...having *Dani*, it's *great* - because...they *know* they've got to work *doubly* hard - because...they don't want to offend *Dani*- 'cause...she would look *stupid*...

Very young child relatives were reported to have accommodated relatively easily to the changed appearance of the older former 'female' relation fairly easily. After perhaps asking a few 'very specific questions' of a nature that would have been unlikely to have been asked by any adult and which required concrete answers these children were recalled to have been satisfied. Thereafter their concerns were said to have been removed whereupon they were then completely comfortable with the individual's new identity.

Neil: 37 (g3, p. 70, 71) ...[M]y *niece*, when I changed-over,...was *five*, (and) *just* old enough to...have remembered me in my previous role. [S]he knew I had a horse and I had a *dog*. And she *came* up to me, and... *scrutinised* me - ...she knew I was 'Neil', she'd been *calling* me...by my name...quite *happily*. And she...said: "*I'm* not sure about you"...And I said: "*What* are you not sure about? - *You* come and *tell* me...?". And she said: "...[H]ave you got a *horse*?", I said: "No". She said: "Have you got a *dog*?", I said: "No". And she went off quite *happily*. [T]hen *later on*, she went to my *mother*. (and) said: "*I've* been speaking to *Neil*!". And I thought: Oh...what's coming here? [S]he said: " - And he *hasn't* got a dog, and he *hasn't* got a- horse, so it *can't* be (former female name)!". So *that* was it...her questions *answered*. ...[T]hat settled it in her *mind*.

The two interviewees who had given birth to a child had transitioned when these children (both daughters) were in their early teens and deemed to be of sufficient age to be able to understand, although since gender dysphoric females tend to be committed to their preferred gender role earlier than many gender dysphoric males these children were likely to have had uniform experience of them as males and fathers (Tully, 1992). Through ensuring that their children were fully informed of events, surgery dates etc., these interviewees had endeavoured to make them feel 'included'. By the time of interview both daughters were adult women, each with families of their own. Both interviewees reported that they maintained regular contact with their daughters' children (visits, babysitting, etc.) who themselves had not been informed, nor was it intended that they should be told of their 'grandpa''s history.

Wally: 50 (g3, p. 40, 41) ...[S]tage by stage, she was *aware*...of what was *happening*. I *didn't* always tell her when I was going into *hospital*, because I didn't want her to *worry*. [B]ut I'd tell her when I came *out*...when it was *over*...[partner] ...*She was quite proud* of you, wasn't she? - Used to bring *boys* back, and...say: "*This is Wally - he's me mum*". *Heh - yeah, that's right*...I *still* bump into them *now*, they come up and say: "*Hiya Wally!*"

Jeff: 54 (g3, p. 138, 139) ...I now have *grandchildren*, and...they don't *know*. ...They're *eight* and seven...*twenty months*, and six *weeks*. ...[O]bviously...to the *older* ones, who are old enough to *know*, I'm just *grandpa*. ...[T]o the *younger* ones, the *twenty month*...*old* one is now beginning to know who I *am*, he's starting to say: "*Grandpa*" and put his *arms* out to me and *come* to me - and be quite *comfortable* with me, when I'm *babysitting* or whatever. The *little* one, well he's only six weeks...*hhh!* ...[H]e doesn't know any *different* yet...!

2i.b). *Familial Response to Partner*

Having their relationships acknowledged by significant others was important for the participants (Duck, 1988), not least for purposes of verification of their identities. Single interviewees could only speculate as to how their families would have reacted toward their partner, had they had one. Most reported having hoped that their families would accept her (or him in particular), since while their families had come to terms with themselves as transitioned males these interviewees suspected that this 'acceptance' would not have extended to expecting them to actually have partners, rather, that there was an unspoken familial assumption that these individuals would remain unpartnered and/or celibate. Beyond this suspicion, however, those who identified as heterosexual had still hoped for familial acceptance for a female partner in accordance with their gender role (Devor, 1993).

Jay: 29 (g2, p. 62) ...I'd hope that they'd *just*...*accept* her, and...I think they *would* - ...[T]hey'd be very happy for me to *find* a...*girlfriend*...

Moreover this hope seemed likely to be realised since without exception the families of those heterosexual interviewees who were already partnered were reported to have welcomed their union, sometimes irrespective of their response toward the transition of the interviewee himself!

Wally: 50 (g3, p. 89) ...[T]hey were *glad* to have another *woman* - or have a woman here, apart from *me*, ...I was this *enigma* between *male* and *female* that...was classed as a *sister*, but...[partner: They'd have been *more* happy to have swapped me for *you* actually... - *hh!*]Yes, there were *times* when I really think that they wished she was...the *sister* - and not *me*....*uh-heh*...!

For those interviewees who identified as gay, on the other hand, there was somewhat more trepidation as to their family's response toward their having a male partner.

Thomas: 29 (g2, p. 51) ...I think they'd be...*relatively* accepting, but a bit *wary*...kind of, because they find the whole...thing I *suppose* a...bit *difficult* to understand - especially the *sexual* side.

2i. c). *Response of Partner's Family*

The manner of response shown toward (or anticipated by) interviewees by the families of those whom they had chosen as their partners in an intimate relationship was generally different, in a number of ways, to that shown by their own families toward their partners. Those pre-transitional or transitional participants who were still unpartnered but hoped to enter into a relationship at some time in the future expressed some trepidation as to whether or not they would be accepted by their (future) partner's family. They sadly acknowledged that their identity could be pose initial problems for the quality of their relationship with this group of people.

Jay: 29 (g2, p. 61, 62) ...[P]robably, at first...*obviously*, it'd probably be a *shock*...but...I'd *hope* they'd be...*understanding*.

The response of their partner's relatives toward themselves was reported by the interviewees to have taken one of two basic forms; either totally positive or (for one) tolerant and civil. Most (mainly post-transitional) partnered interviewees reported the experience in way that differed remarkably from that anticipated by their unpartnered fellows. The reaction from their partners' families was reported to have been acceptance on a level that surpassed even that which they had ideally wished for from their own families.

Simon: 30 (g3, p. 87) ...[V]ery very *good*.- In *fact*...her *mother* knew before *my* parents did.

Dale: 47 (g3, p. 104) ...*Absolutely* - better than *my own* family. *Really* supportive.

Only one interviewee had met with some (initial) wariness. This individual's experience seemed, however, to have been complicated by the fact that his partner's family had known him for some time preceding his transition in a female gender role and as an (apparent) 'friend' of the female who had subsequently become his partner. A second factor was that there had been independent pre-existing internal conflict within this partner's family.

Donn: 25 (g2, p. 60, 61) ...*Quite well. Her mum - has been really good. And her sister...I ...knew before. [S]he struggled with it...(but) she's alright. [H]er dad...he's been alright...but...their marriage is...all over (the) place, so he used me as an excuse once...when he was having an affai...but he's alright. Nickey's gran has been...OK ...a bit funny...when...we were first together...when I changed me name...I think that (was)...a bit of...disdain, but they're alright now.*

For the minority of gay interviewees (whose intimate relationships had tended to be primarily short-term in nature) none had encountered the families of any of their partners, nor did doing so seem to be of any particular relevance to them.

Thomas: 29 (g2, p. 56) ..*I haven't even thought that far...! -hhh! I've never met any family of anyone I've ever been with - not that I've been with that many people, but...I've tended to talk more about my family...I can't remember any of them actually even mentioning their(s).*

2i. d) Familial Opposition

For most interviewees, however, introducing their changed identity to relatives had been far from straightforward. In particular, the onset of transition was sometimes reported to have had a devastating impact upon these individuals' parents - again, especially mothers - some of whom had entered into denial wherein they were unwilling either to acknowledge nor discuss what was happening (Brown & Rounsley, 1996). This effect on their mothers was assumed by given participants to be partly a consequence of frustration due to the removal of the mother's ability to protect her child from dangers inherent in the process of transition and partly through disapproval of the individual's 'wish' to undergo this process (Brown & Rounsley, 1996). In short, the effect had arisen because of incomprehension of the individual's felt identity and (therefore) the rationale underlying the practice and undergoing of the process of reassignment.

Chris: 24 (g2, p. 37, 38) ...*In time, they got better. But...the immediate...effects (was)...they were extremely upset. My...dad was consoling my mum. My mum was...just...beside herself... [S]he cried the morning of the mastectomy, - but then after I came round, she busied herself...looking after me, because I was throwing up...violently. ...I talk to her very little...she has said more to Dani...she said she felt very angry. - She's got a lot of anger to contend with - apparently.*

[Partner: - I *don't think* it's anger at you, I *think* it's anger at the whole *situation* - *that's* the way that she...put it *across*. *Just* - I *think*...it was *out* of her *control*].

Actual bitterness was also recalled to have been generated out of such maternal opposition for one or two interviewees. This anger had sometimes been taken to such an extreme that despite the relief of having been permanently established in the gender role in which they felt they rightfully belonged these interviewees' accounts suggested that they had felt this preferred gender role to have been continually undermined and marred either by these mothers failing to recognise or acknowledge their identity at all or by terminating communication with them completely (Brown & Rounsley, 1996). One example of this was that of the mother who, nineteen years after his transition (and irrespective of his complete acceptance by other family members), was still persisting in habitually and liberally using inappropriate pronouns to refer to the individual in the presence of others (thereby, perpetually threatening to 'out' him).

Jeff: 54 (g3, p. 47, 48, 49, 50) ...[M]y *mother* has a great...difficulty... [S]he still...says [*female first name*], and..."*she*", and...has made no *attempt whatsoever* to come to terms with this... ...[M]y *sisters* - *and*...*brother*, have *had goes* at her about it - when she's *done* it in front of *them*. [S]he was going *on* and *on*...in front of my *nephew*. - and my *brother* got hold of her by the *arm*, *marched* her out into the *kitchen* and gave her a *lecture*: "If you *do it again* in front of *Mark*, I *won't* let you *near* *Mark*. 'Cause as *far as Mark's* concerned, *that's* his *Uncle Jeff*, ...he's *never gonna* know any *different*. And there's *no* reason why he *should*..."... [S]he still...*does not make any effort*... [O]ther people...*changed* late like I *did*...and their *parents* have tried *desperately* hard, and have *come to* terms with it...and *don't* make *awful blunders* in front of *strangers*...I was *carrying* her *luggage* for her...to *Victoria Station*... (To the *porter*)...she...said: "Do you mind if my *daughter* brings my *cases on*...for me, - and sees me *off*?"... [H]e *looked* at me...this *bearded man* carrying a couple of *suitcases*, and I said...: "I'm *sorry*...she's *getting old* and she's got *so many* of us, she *doesn't* know *which* one she's *got*".

By contrast, the respective parents of two interviewees refused to allow these individuals to inform wider family members of their identity change thereby causing them to feel devalued by virtue of their transition (Brown & Rounsley, 1996). While feeling obliged to respect their respective parents' wishes these participants recalled simultaneously experiencing disappointment in and let-down by their parents' clear lack of support (Hodgkinson, 1987). For both cases this had led to a parting of ways between them and their families as a whole.

Donn: 25 (g2, p. 17) ...I'd *like* to tell...members of my *family* that's *further away*, but...it's...*how* to tell them...the *shock*, and...me *parents* said they...*couldn't*...tell them, so I *s'pose* - it's...*family weddings* and...*funerals*.... It'd be *difficult*, - I'd *probably* just stay *away*

Dale: 47 (g3, p. 45, 46) ...I *don't* know if they *know*...I *asked* my *parents*: "Do...my *uncles*...or my *aunts* know?"...[T]hey said: "No". I said: "Shall I *tell* 'em?", "No!...I *don't* want you to". [I]t's

their brothers and...sisters, so I feel I have to *respect* that. [I]t's *not* that I *see* 'em very often... I've *got* no *problems* about telling them *myself*, but it's just out of respect for my parents' *feelings*... I was *angry*. I said: "I *don't* know what you're *ashamed* of...because I'm *certainly* not ashamed of who *I* am"...

Only on reflection did it become apparent to some participants that they had been so single-mindedly focused upon the pursuit of their goal and impatient for others to start to relate to them as the person they felt they had always been that they had lost sight of the possibility that their own self-realisation might equally have been a devastating experience for their parents.

Jim: 40 (g3, p. 32, 33) ...We *hardly* saw each other in that transition...[S]omebody said to me that...they were giving themselves time to *grieve*, which I can *now* understand...that they had *lose* their *daughter*, - and *they* had to have that time to...*get over* it. And *then* come to accept a *son*. [A]t the time I didn't understand it, but I do *now*.

Older relatives, perhaps known to be straight-laced and who were assumed likely both to have been very shocked by the effects of, and likely to refuse to consider (far less try to understand) the underlying motivation for, his reassignment, posed a potential problem for some (especially if they had transitioned relatively late).

Hector: 73 (g3, p. 39, 40) ...The only...*problem* was my...cousin. ...[S]he was older. ...I knew she wouldn't *approve*. And...*avoided* seeing her for *ages*... [T]hen, she phoned...and said...she'd be coming...(to) see me, ...a *panic* for me you see? I thought...*what* can I do to *stop* her? - She didn't know, and I had a *beard*. ...[I]n the *morning* I phoned...and said: "...I don't think you should come - it's not a very nice *day*"... She said: "Oh *yes* - I'll come!" So she...*arrived*. I went to the door with a *scarf*!,...round my *face*... and...*said*..."...I've got something growing on my *face*"! - ...[W]hen I took it *off*...she was *very* shocked. ...[S]he said: "You could be *arrested* for that". ...[O]f course, that's *wrong*. ...The *thing* is, I'd done *everything* to stop her *coming*. [S]he...used to address me as (female name)... [S]he never accepted...[S]he was a terribly feminine...person.

One interviewee, anticipating rigid disapproval from a relative (based on the latter's traditional religious beliefs), had endeavoured to pre-empt this family member's inevitable opposition to his transition with a bid to defuse animosity by attempting to appease and make peace with the relative. Efforts such as this in relation to strong opposition by given family members had, however, been generally found by the study sample as a whole to be unsuccessful.

Jay: 29 (g2, p. 23) ...[M]e *auntie*...she's *very very* *religious*...and...is the *only* one that's had a very negative...*attitude* to what I've *done*. [I]t's *only* the past few weeks that...she's...*found out*, because I thought...she *is*...a member of the *family*, and with having *such* a small family...she *has got* a right to *know*, because if anything happened to *mum* - and *Duncan*...then she was *really* me next of *kin*. So I *had* to...tell her...

2ii. Existing Friends

Some of those whose friendship with given post-transitional interviewees had predated the latter's reassignment were recalled to have experienced difficulty in adjusting to and coming to terms with the new identity of these participants. This difficulty was likely to have arisen as a consequence of these friends having formerly and for many years been accustomed to perceiving the participant in a certain way (i.e. as 'females'). It was also occasionally of sufficient magnitude to have caused some friendships to be lost (Tully, 1992).

In other cases, however, the observed effects of androgen therapy and the fact that a given participant was both convincing and functioning effectively in the new gender role seemed to have diminished any initial reservations that such friends may have experienced and replaced this with an acceptance, sometimes even from the most stubborn, that previous ways of relating to the individual had become inappropriate.

Brian: 39 (g3, p. 46) ...*Eleanor*...was very concerned for me, she wanted to make sure I was gonna be happy. She said: "You're *not* gonna look like a man you know". And now...I think I've absolutely...just *amazed* her. She has been *stunned*, and she could see...the *recent changes* - I mean, she sent me a card from Florida saying "Dear *Brian*..."!, ...So we're *getting* there.

Others, while having long been familiar with the previously un-disclosed FtM's tendency to behave in a masculine manner, had barely questioned the underlying reason(s) for this (or perhaps had assumed the former to have a lesbian sexual orientation). These friends were recalled to have seemed able to 'make sense' of the individual's behaviours upon the transition of the latter (as was sometimes the case for family members) such that the individual's former behaviours had fallen into place for them at last (Brown & Rounsley, 1996).

Leslie: 41 (g3, p. 92) ...[A] *lot* of them have made *comments* much more *recently*, saying: "Well, we *always knew* that there was *something*- some inner *struggle*...and we always...*sensed* there was *something*...*wrong* - but we *didn't* know what it was...[I]t's good to see you go through the *process*"... [A] *lot* of them have said "you're a *lot* *happier*, a *lot* *easier* to be with...*now*". ...It's...*cleared a mystery* up, for *them*...

Where friends had been taken into the confidence of pre or early transitional individuals about the latter's reassignment intentions, this could result in unforeseen benefits for such participants where these friends had willingly acted to facilitate these individuals' passing performance. These collaborative acts ranged from simply verifying the individual's identity by their manner of relating to

him and by reinforcing his confidence in social contexts to acting as objective sources of direct feedback on his passing presentation.

Grant: 22 (g1, p. 43) ...*I don't* have a problem with the way people *perceive* me - I *have* a problem with the way I perceive what *they're* perceiving of me, but...I *know* from talking to the girls at work, if we've been out with people that I don't *know*, but they *know*, then - I'll...say "I wasn't *sure*...I don't think they...saw me as being *male*", and they'll go "*Oh yeah? - you have no trouble*"...

Wally: 50 (g3, p. 100, 101) ...*[D]uring* the early *stages*...they were very *protective*... *[T]hey* would...*help...me* to overcome any embarrassing feelings...in...*company*. *[A]nd...quietly*, as I became more *confident* they took a back seat and let me *get on* with it...

On a practical level, male friends were sometimes reported to have demonstrated considerable thoughtful foresight, for example, in serving as protective guides for these interviewees' first attempts to negotiate single-sex male contexts of which they had had little prior experience. This might include, say, the male friend aiding them in maintaining the interactional continuity of situations in which a loss of nerve might have risked the breakdown of the situation with resulting social embarrassment (Goffman, 1959).

Derek: 42 (g3, p. 85, 87) ...*One* of my friends is *wonderful*. This is the guy who's *gay*... *[H]e's* a so fantastic friend. ...*[H]e would go* - to the *loo*, in a *place we'd never been before* and...come back and tell me...*where* everything in there *was*. Just so that I could walk in there *confidently* - which I thought was...*such* a nice thing to *do*, to actually just...*think*...

Such facilitatory measures were clearly available only to those interviewees fortunate enough to have had friends who were aware of and at ease with these individuals' reassignment. Those without the benefit of such friends necessarily had had to tackle and overcome any initial uncertainties and difficulties entirely through their own initiative. Irrespective of the presence (or absence) of such friends, however, very little could be done to diminish the stress invoked by certain eventualities which had tended to occur when the interviewees were least prepared for them, for example, that of encountering a former (and naive) friend.

2iii. *The Neighbourhood*

With regard to the immediate surrounding community the participants had been conscious, while their reassignment was ongoing, of an inconsistency between their present and the past with which known others were familiar. Aware also that the lack of continuity in their identity might be regarded as strange and 'threatening' to others' notions of normality, many feared that this might earn them

negative notoriety (even perhaps actual hostility). Beyond the effects upon their families, should the response of the community toward them have been negative this would have likely been experienced as an attack on the interviewees' sense of worth, thereby threatening their self-esteem (Breakwell, 1986). Reasons such as these had led most either to maintain a low profile or even move out of the area during their transition.

Grant: 22 (g1, p. 45, 46) ...They don't really *know* about it. I *think* they'd be...totally - *shocked!* Because it's *such* a small community. I *think* they'd be totally...taken aback - somethin' like *this* is happenin' in the...vicinity. I *don't know* if they'd be *opposed exactly*, but I *think* they'd be very very *curious*. [*Some* of them would just *accept* me - others might be *hostile*. I think the *majority* of people would just be...- *maybe* a bit *wary* of me. I don't intend to stay in the same place once I've made my *transition*.

Derek: 42 (g.3, p. 56) ...[A] *lot* of people felt a *lot* more *comfortable* with the idea of me as a bloke, because that seemed more *rationale*. [*Somebody* did ask me *why* I couldn't *just* be a *lesbian*. *Hhh*- I said: "*Well*, because it's not *appropriate!*"...as if it was *quite alright* for me to walk around...*thinking* I'm a male, looking *female*, but if I was going to start *doing* something about it they were going to be *worried* about it. But...*he accepted* it...later on, he wasn't really bothered about it...I *actually...ducked out* of the old neighbourhood watch *group*....

3) The 'Naive'

Most post-operative transsexual people prefer not to divulge their status and past (Brown & Rounsley, 1996). In relation to those with whom they had become acquainted in the time since transition very few of the (late) transitional and post-transitional participants had chosen to be generally open about their history to those who were unfamiliar with this since, while being able to present uniformly to both the naive and aware would have enabled the participants to preserve a sense of self-continuity (Breakwell, 1986) the cost of doing so, they felt, would have been that of always being perceived as a 'token male' or as 'someone who used to be someone else' by both groups rather than (necessarily) just by those who were aware of their background. The interviewees reported having implicitly felt that those who knew of their past, while perhaps interacting with themselves socially as males were still unlikely to have perceived them in the same way as did those who had no knowledge of their past. Hence, most had opted to refrain from informing the naive other (i.e., those with whom they had met since transition) either of their history or fact of their transition. Instead, to this audience the participants presented as they wished to be perceived: as ordinary males, while necessarily having to compromise this presentation when among those who were aware of their past (Kessler & McKenna, 1974).

Inevitable, however, were those occasions on which the interviewees were in a given social context where others present comprised a mixture of aware and naive people in relation to knowledge of their background. For those who had migrated elsewhere upon changing to the new social identity, such occasions were somewhat more subject to choice. On the other hand, those who had chosen to remain in the same area of residence to that in which they had lived prior to transition had found keeping the two groups separate quite impossible. In such contexts, the differential nature of self-presentation to either audience, because of the differing demands of each, could cause the interviewees to experience conflicting feelings about themselves (Devor, 1989).

Confronted by the need to decide which presentation(s) of the self they should display (Goffman, 1959), the participants had to choose between either presenting uniformly as 'the person who had transitioned' or 'changed sex' (which entailed 'coming out' to those who were naive) and thus maintain a consistent identity; or to pass among the naive as having 'always been' the same (male) person (Garfinkel, 1969), while necessarily being 'out' among the aware. Since one of the main objectives of the participants' transition was their wish to simply 'blend in' as an unremarkable but legitimate member of the gender group of identification (rather than as, say, merely being perceived as an 'honorary' member) the majority had preferred to distinguish the identity-form presented according to audience-type. Both presentational forms, however, involved their own intrinsic advantages and disadvantages, they also demanded the skilful handling of those people who did not know of these interviewees' past but who might have been able to discover this (either by the way in which the interviewees conducted themselves or because they knew others who knew of that history) (Garfinkel, 1969).

Most interviewees preferred to preserve personal privacy with regard to their history (Ramsey, 1996; Rees, 1996). For them, such 'mixed' social contexts posed a threat to their identity which might have been instantly unravelled by a thoughtless remark from an aware to a naive other. They therefore ensured that those who knew of their background also knew that it was their preference that this knowledge was not revealed to others. Thus, only the potential difficulties that might arise in these interviewees' interactions with naive others remained. The aid of willing aware others was sometimes reported to have been provided in supporting these interviewees' occasional

unavoidable need to appeal to inaccurate biographical 'facts' in relation to certain conversational topics with naive others that would have incurred the 'unmasking' of the interviewee were he to have offered a truthful contribution. This was done, for example, by way of these aware collaborators actively 'verifying' the interviewee's erroneous claims in the presence of the naive other.

The participants' ability to feel comfortable to any extent about informing (selected) naive others about their history was crucially dependent on how confident they felt that they could trust these people not to divulge their history to naive others - at least not without their prior consent. In relation to the various types of people who had known them before their reassignment, the participants had little control over the imparting of such information other than to ask directly that this should not occur. More often they reported having tended simply to hope that these people would exercise discretion through consideration for them (trying not to dwell on the possibility that, in relation to some, this request might be a vain hope). The one or two individuals who had no strong objection to their personal history becoming known reported feeling no undue concern about such occasions. Rather, they had accepted the possibility that an aware person might enlighten one of the naive and, so long as this disclosure occurred in a manner that showed appropriate consideration of their best interests (and preferably not without their prior notification), they foresaw no potential difficulties arising as a consequence.

Derek: 42 (g3, p. 62, 63, 64) ...I've *made* it quite plain to the people who *know* that they *must* tell me if they tell anyone else. [S]omebody told somebody...without telling me they'd done that - and this person...met...and said: - "How are you?...!",...*very intently*, and I thought: I'm *fine* - what's the *problem?*... [I]t wasn't until *afterwards* that I'd realised she was *trying* to say: "I understand and it's *alright*"- but I didn't know she *knew*, so I didn't know what...she was *talking* about. ...[I]n *fact*, I think I was quite *rude* to her, because I thought she'd gone off her '*ead*! ...I...told the person who told (her) - "*Don't* do that without *telling* me, because it's *not* fair on me (or) *them*, ...*This* is what's happened - *they* think I've just...*given* them the cold shoulder, when I *haven't*". [S]o *anyone* who does *know*, has been asked if they *do* tell anyone, *please* just to let me *know* they've done it...I'd rather they('d) told me in *advance*, and said: "Is that *alright*?"

Alternatively, those who felt able to be themselves with people they knew had taken for granted that they could completely trust these others after establishing only a few basic ground rules.

Leslie: 38 (g3, p. 94) ...I *completely* trust those that *know*...I *don't* tell them not to say anything... [Y]es...I *probably* do - I *probably* just say something along the lines of...that it's *obviously* a very *personal* thing for me and I'd prefer it if they didn't...go and *talk* about it with other people...without my prior *knowledge*.

3i. Encountering Former (Naive) Friends

One difficulty, for post-transitional interviewees, was particularly that of the possibility of meeting a friend of their pre-transitional years whom they had not seen for some time and who was not aware of the interim occurrence of their reassignment (Rees, 1996). These participants had perceived numerous potential problems to surround the issue of how (and whether it was even necessary) to inform such former friends and thus have to deal with their reaction to the news. Most stated that their ideal preference, if forewarned of the likelihood of such an encounter, would have been to completely avoid such a reunion (especially if the other had not been a particularly close friend). Similarly, had there been no prior warning of the encounter, the majority felt that they would have been inclined to feign impassive 'non-recognition' before simply removing themselves from the vicinity of the other.

Colin: 41 (g3, p. 114, 115) ...[T]here are *people* who...I *didn't* know very well...and who I've...*looked* at and...*thought*: Are *you* the same person that I went to school with? And *they* have...either *ignored* me, or there's been a high *connection*, and we've *smiled* and walked *past* each other..But *neither* of us has said anything - it hasn't really been *necessary*...and in a way I think that's *better*...sometimes.

Alternatively, another general view among the interviewees was that they would be flexible and take their cue from the reaction of other on meeting as to whether to show recognition (or not) and then deal with the situation accordingly.

Simon: 30 (g3, p. 77, 78) ...I would...play off what *they* did. - *If* they took one look at me and - *couldn't* handle it - and...*disappeared*...well *fine* - I'll *accept* that... [I]f they...*approached* me, and said: "Is it *you?*, What's happened?"...I'd *tell* them. - But I *wouldn't*...*deliberately* go up to that person and say: "Oh *hello*...- do you remember *me?* - *By* the way-..." *no*...I'm *not* going out to *advertise* it...[I]f *people* are *uncomfortable*...then...they'll *show* that in their body *language*...I'll *respect* that. *No* *skin* off my nose... [B]ut if they come and talk to me...I'll *explain*. ...I *don't* *mind* doing that.

Although few were willing to go out of their way to approach the other and re-introduce themselves, exceptions were sometimes made, for example, where the former friendship had been both close and of a nature that a given interviewee felt confident that his disclosure would not prompt mutual discomfort.

Derek: 42 (g3, p. 66) ...I was in a *pub* - with a friend of mine...who'd known me all the *time*. And a *guy* walked *in*, who I used to *really* like, a *really* nice bloke I used to *work* with...and I...walked *up* to him and said:..."*You're* so and so", and he *stared* at me blankly, ...I said: "*You won't*...*recognise* me, but *do* you remember...so and so - you used to work with?"- "*Yeah*" - "*Well* that used to be *me*". [H]e just *stared* at me for a while, and he went: "*Ssshit!*...*Fucking* hell...! ...I can *recognise* you *now*" - after he'd had a good look at me. And we *sat* and had a chat. [I]t was *great*. ...I'd *often* *wondered* what I'd *do*.

The most desirable circumstances were those in which advance notice was provided of an intended visit, or (via a postal invitation) of some event at which the one-time friend(s) would be present. Such forewarnings had thus afforded these interviewees time in which to choose whether or not they wished to meet the other person from their past (a decision which might also partly depend on whether they or the other person(s) would be accompanied or alone during the encounter).

For those who had chosen to 'close the door' on connections with their former lives, however, such advance communications, albeit perhaps invoking feelings of nostalgia, were nevertheless left unanswered. Many other interviewees also reported having experienced uncertainty as to how to respond to such an invitation.

Those who had been somewhat more prepared to entertain the idea of a pre-arranged meeting recounted strategies that they had employed in order to seek to preserve mutual comfort and dignity. These measures included that of ensuring that the other person(s) had been provided with advance warning of their changed gender role, perhaps via a mutual friend who had first met with the friend to explain and then find out if the other was still comfortable with the idea of going ahead with the meeting. Alternatively the encounter was sometimes arranged to take place in the company of other mutual friends who themselves were relaxed with the transitioned individual which was hoped to preserve the other's sense of ease.

Leslie: 38 (g3, p. 98) ...I'd *try* to make it a situation where we were in a *much* smaller group, and...*acknowledge*..."It must be *difficult* for you to see me...now I *know* you *know*...[I]f you want to *ask* me anything, please *do*. ...I'm *not* gonna volunteer lots of information - I don't know...whether you're uncomfortable or *not*, but if you *are*...and you wanna *ask* me anything...then please *do*", and that's the way I'd *handle* it...

Such ideal plans, however, figured nowhere (nor was avoidance an available option) should the encounter happen spontaneously and without forewarning. Under these circumstances, there was no alternative other than to tackle the situation from cold and as best they could. While these chance meetings were sometimes recollected with some element of amusement, the accounts of those who had experienced such occurrences clearly demonstrated that these encounters had been highly stressful.

Simon: 30 (g3, p. 76, 77, 78) ...*Ohhh God!* ...It happened...a couple of *years* ago. An *old schoolfriend* I haven't seen for...*years*..was *walking down the street*... [S]he took *one look* at me, and...*this*

is...*funny*, because I *hadn't shaved*, and...had a *full stubble*... *sideburns*...but...I s'pose, because of...the *eyes* - ...*(although) the face didn't- give away nothing*, she...*recognised me*. [S]he said: "*Ohh [female first name]!! - How are you!? ...*",...about ten feet *away from me*...and as we...*got closer*..."How *a-a-are you...(!)?*", ...I said: (low male voice) "*I'm very well, thank you*". - *hhhh* - "*Ohhh-!*"...I *don't know* who was more *embarrassed*..."How's the *family?*" - *hhhhhh!* - all *this*...*ridiculous* sort of conversation. ...I said: "*Oh...they're fine...great*". ..."*Ghood*... Are you still working at...?"..."*Yes - still working at-...*" ...I...*suddenly...thought: Christ - I've got this far-...*I said: "*By the we-hey!...I'm not [female first name] anymore, I'm Simon*". "*Yesss! - I see!*" - [A]nd we had a *quick conversation about it*, and that was *it*... *It's quite frightening*... [A]ll the *adrenaline's going*, an' you're thinking: *Ooh my God...inside*. But...*I'm not going to run away from it*...[I]t's *there, it's to be faced*. ...I'd *confront it*...

The embarrassment potential entailed in such unavoidable situations was, nevertheless, sometimes attenuated by means of sharp thinking and a steady nerve.

Colin: 41 (g3, p. 113) ...[T]hat *has-...happened...on at least two occasions*, I've gone up to them...they've said: "*Hello-*" and they've been *about to say my...name*, and I've...*shook* them by the hand and looked straight *at them* and said "*Colin*"...I've tended to...when...*there've been other people about, or...in the street*...

Few bad experiences were reported in relation to such encounters which, save perhaps for some initial awkwardness, were more often than not reported to have been handled reasonably well by both sides. This was particularly so with more casual former friendships. Any initial shock effect was of but brief duration before a simple acknowledgement of the change, a shift of gear and a resumption of mundane superficial conversation of the type that might occur upon any other casual encounter in the average day. Exceptions were the (rare) occasions where no acknowledgement of the transformed social identity of a given interviewee had been made by the other:

Wally: 50 (g3, p. 88) ...[A] *girlfriend*...- *nice person, but...a bit of a loud mouth*...I *met*...one day in *Sainsbury's*... [S]he *called me*...came...*towards me*, and...I said: "*It's not...that name anymore, it's...so and so, ...I'm no longer...who you knew, I'm somebody else*". "*Oh - fair enough*". We went on talking and away she went... [A]bout three weeks *later*, across *Sainsbury's* again came this little voice...and I *ignored* it, and kept on *walking*...I *knew* who it was...*heh*. [S]he *caught me up and*...said: "*I was talking to you...!*", and started saying my name out loud, and I said: "*I'm sorry madam, I think you've got the wrong person*", and I walked *away*... [S]he got the message.

One participant was, however, spared the problem of having to confront the issue of dealing with formerly established friendships. Years of devoted caring for his elderly mother had ensured that no such friendship relationships existed.

Hector: 73 (g3, p. 39) ...[I]n a way (I'm) *lucky* - I'd been *closeted* with my mother for *so many years*, I'd had *no...friends at all - no chance of getting out*. So...when she *died*...it was a blank sheet, I could start *afresh*.

4) Openness with New Acquaintances

Given that many post-transitional participants had gone to considerable lengths (and possibly risked a great deal) in order to effectively eradicate all signs of their former social identities, the question that arose was whether and (if so) to what extent these transsexual males released knowledge of their history to those people with whom they had become acquainted subsequent to transition. This question, particularly as a given acquaintanceship strengthened, required serious consideration by these interviewees with regard to three essential and associated factors: how comfortable they felt about remaining guarded and/or being untruthful about their history so as to preserve a uniform presentation to the acquaintance; whether the acquaintanceship was anticipated as likely to develop into friendship; and importantly, whether the individual perceived the other as likely to be trustworthy. In all of this, both the timing of what was told and the content were equally important, especially in terms of intimate relationships (Tully, 1992). One or two participants lamented having to make such considerations before they felt able to relax in the company of new acquaintances. Nevertheless, the necessity for precautionary measures to be taken was acknowledged.

Leslie: 38 (g3, p. 85, 86) ..[I]deally, I'd like them all to *know*, because...I *feel* a bit *two faced*...I *wanna* see things changed in my *lifetime*. [T]he *whole process* would be speeded up *enormously*...if all transsexuals were *open* to *everybody* they *knew*...about...their *situation* and...why they'd gone *through* the change and what it *really* meant - and...*went* through this *education* process.

Derek: 42 (g3, p. 52, 53) ...I would *like*...to be much more up front about it. But I'm *never* quite sure whether...my *wariness* is *partly* because it might cause *me* problems, ...*partly* because...I *think* it is unfair to *throw* something like that into an ordinary conversation. [I]f you're *talking* about - what you've *done* and where you've *been*...there are *occasions* where it becomes quite *difficult*. ...[Y]ou *have* to be *careful*... [I]t is a...*mega spanner*...to *chuck* into a conversation...!

Factors that largely determined the extent of post-transitional openness with given acquaintances and the nature of information that flowed between the two were thus intimately linked to: the interviewee's tolerance of feelings of 'deception', the style of interaction characterising the acquaintanceship prior to disclosure, and the degree of mutual closeness between the two interactants. Collectively, these factors were always subject to participant control. Three broad styles of approach toward such control were discernible from these participants' accounts of interacting with those friendships and acquaintanceships made subsequent to transition: 'Open'; 'Selective'; and 'Closed'.

Apart from the few who habitually adhered primarily to one of these styles, each was varyingly adopted by the majority of interviewees depending on the kind of individual with whom they were interacting and the particular context in which a given interaction took place. The first style primarily pertained to circumstances where, for example, a given interviewee had remained living among the same local community as had been the case prior to his transition. Here, the individual's ability to control the flow of knowledge of his past in relation to newcomers to the community had tended to be compromised by his pre-existing level of familiarity within that community (Breakwell, 1986).

Owen: 28 (g1, p. 58) ...*I live in a block of- small block of flats. - and...most of them have been living there longer than I have - so they knew me as somebody else, apart from a couple of people who've moved in since then. - but they've all accepted me...as 'Owen'...[I]t's been...very nice.*

Where the style of approach with new acquaintances was more selective, participants tended to closely monitor the nature of the interaction, continually reviewing their degree of comfort within the ongoing dynamics of the acquaintanceship as this progressed and the frequency with which they were likely to be interacting with the other. If these factors were increasingly felt to indicate that disclosure would be both desirable and 'safe' in terms of the other's ability to accommodate and be reliably trusted with such information relatively easily, then disclosure might have followed. If, on the other hand, any one of these three considerations had seemed (to the participant) to be at odds with either of the others then further deliberation would follow and the disclosure was less likely to be made.

Dale: 47 (g3, p. 90) ...*I don't tell everybody. I choose who I..wish to know. If...a friendship is...growing and it's going to be ongoing, I feel that it's only fair...- to tell them. [I]f it's just an acquaintance that...flits in and flits out, then -...I don't...feel that I should have to...*

The third interactive style was that of maintaining a deliberately distanced detachment from (perhaps all) new acquaintances. Such a stance was generally engineered to maximise the likelihood that no-one who was not already aware of a given interviewee's background was likely to become 'close' enough for the latter to feel any need for self-revelation. These interviewees simply did not want anyone else to know, either by preference or due to their apprehension about the nature of response that their disclosure might elicit. Those who adopted this style therefore made no attempt(s) to make new friends at all (Tully, 1992).

Colin: 41 (g3, p. 111) ...The *truth is*...I *meet* people, and - it's *not* that I'm *offhand* with them, but I *don't* seek to *further* that *acquaintance*.

Jay: 29 (g2, p. 47) ...[W]ith *people* that I *don't* know, I usually *don't* say anything. ...[I]t just saves a lot of *problems*, because there's obviously always going to be *people* that are...*anti-transsexuals*, gays - *whatever*, and - *can* be...quite *nasty* (so) it's...a lot easier for them not to *know* than to...ask a lot of *questions*, and...for the wrong people to find out, and have a lot of *hassle*.

4i. *New Friends*

Most participants, through selective choice, had ensured as far as possible that those new friends whom they chose to inform were unlikely to divulge this information to others (Goffman, 1963). The number of friends so trusted ranged from none at all to as many as a dozen, according to considered suitability and personal preference. Again, the act of telling did not usually occur before considerable deliberation and a fairly comprehensive vetting of the intended discloser(s) had been carried out by the participants so as to decide whether or not their disclosure was likely to have a detrimental effect on the friendship. Most had had at least few friends whom they would have trusted with knowledge of their past, although uncertainty was sometimes reported to have been experienced in relation to certain friends. In this context some participants were concerned about the fact that those friends toward whom they had felt closer than they did to others were still unaware (Tully, 1992). Simultaneously, while they reported having experienced more anxiety about the possibility that these friends might find out from another source they still felt inclined to refrain from self-disclosure (Jourard, 1964) lest this might spoil the friendship. Part of the reason why most had been reluctant to reveal the true nature of their past to those who had become friends since their transition was reported to have been that they had associated these friends with their present and future, and not with the past. They therefore had no desire to risk 'tainting' the present by allowing even vestiges of that former life to become known to those with whom they had established satisfactorily friendly relations in their preferred role.

Most salient in this consideration, for most participants, had been the fear that in being open about their reassignment, the way in which they were perceived by new friends might radically and permanently change. The possibility that this modified perception would also somehow devalue them as people in the eyes of these friends was considered too high a price to pay for imparting information that they deemed to be no longer of any relevance to the people that they had become.

Chris: 24 (g2, p. 44, 45) ...*(I) just don't want them to know how I was physically feeling. I... don't want them (to know)- because...I would do this myself - ...look at me all the time, think: Bloody hell - he was a girl once...! ...I want them to relate entirely to me as a man. Not with this little... "Well, blow me!, ... yeah - you can see", ... [I]f you look you can, and I knew you'd do that [to partner] ...I could see you looking...and I would be exactly the same. I don't want people looking at me, I want to start afresh, because...it's like doing a prison sentence... [I]t's something that I don't want to keep telling people. It takes so much out of me.*

Rare exceptions to this general view were usually made in relation to those whom the interviewees had perceived to be particularly close friends, although their enlightenment did not ensue before their considerable vetting had ensued by the participant concerned with regard to the likely impact of the intended disclosure. Wishing to be open with friends yet fearing a consequent deterioration (even possible loss) of the friendship as a consequence of telling their story could therefore sometimes lead to an uncomfortable state of ambivalence for given interviewees (Brown & Rounsley, 1996).

Jay: 29 (g2, p. 45) ...*I've got...quite a good friend through college now - and he's got absolutely no idea of...what I am. Sometimes I think maybe I should tell him, but then I think: Well why should I - ...there's no need for him to know - I'm not going to...get undressed in front of him. ...I'm...not quite sure whether to say anything or not. ...[H]e just perceives me as a...another guy...[I]t's brilliant.*

Some, on the other hand, lamented their inability to establish any new close friendships, feeling unable to be too open if they also wished to preserve their privacy. They also felt that this state of affairs was likely to determine the nature of all of their further relations with friends (Brown & Rounsley, 1996).

Neil: 37 (g3, p. 34, 35) ...*I have a whole area of my life that I can't speak about - that is not relevant to my present role. - And, anyone that I'm going to be friendly with...won't really know what I'm like as a person. - Because I can't speak of that...great patch of my life. And it leads people...to think that I'm secretive - or...aloof... So it...affects...how I develop friendships in the future.*

Nevertheless, where a preliminary vetting process had satisfactorily reassured other interviewees about the genuineness of a given friendship fears about the nature of response from the other were usually reported to have been shown to be groundless.

Leslie: 38 (g3, p. 91) ...*They were really quite gobsmacked to start with. And it must have changed their perception of me to some extent, but I don't think...they think any the less of me. I think they're a bit shocked and...amused by it.*

4ii. *New neighbourhoods*

The majority of participants had moved to new neighbourhoods around the time of their transition (Tully, 1992). Another important group of people in their considerations of to whom they would or would not disclose were therefore those within the new neighbourhood. Since these people were likely to be casual observers of their daily activities more frequently than would be the average casual acquaintance the extent to which the participants allowed these neighbours to know them on friendly terms needed to be carefully considered if they were to also preserve personal privacy.

With regard to their relations with the local neighbourhood most of these interviewees would have wished simply to be accepted by all as ordinary and unremarkable 'average' men, in the same sense that any other man might be - and for things to have always been that way (Breakwell, 1986). Nevertheless they recognised that this preference was unrealistic.

Leslie: 38 (g3, p. 86) ...Ideally, I would like *everybody*...in my *neighbourhood*...to *know* - and *not* treat me any *differently*.

The reality was that of feeling that it was necessary to maintain privacy and endeavour to conceal the fact of their transition from these others (although the degree to which this was possible tended to turn on a combination of situational and idiosyncratic factors, e.g., type of neighbourhood/housing, etc.,).

A 'closed' interactive style tended to have the effect of fostering relations with the immediate neighbourhood that were, ironically, close to the participants' ideal. However, this closed style of relating (e.g. by keeping conversational exchanges brief and avoiding too frequent interaction) was also inclined to result in both a perpetual state of uneasy uncertainty as to the possibility that others were able to 'read' them (by deducing revelatory information about themselves which the participants were endeavouring to conceal (Prosser, 1995)) and relative social isolation.

Colin: 41 (g3, p. 93, 94) ...I *wouldn't* mind *betting* that they've *guessed* because...in my *back garden*...in the Summer, I *don't* wear a T-shirt...and I have *scars* on my chest, and I'd be *highly* surprised if they hadn't put two and two *together*. [Y]ou've got *two* things - ...*body* shape and scars ...I haven't *necessarily*...got *terribly* small feet - but I *do* have *fairly* small hands and...*wrists*, ...But *they* don't say anything - they accept me as I am, and- *treat* me as male...- *regardless* of those *suspensions* ...[T]he *fact*...they're *not* *anti*-...would lead one to *suspect* that they...understand well *enough* - *whatever* their *understanding* is.

By contrast, those who tentatively chose to adopt a somewhat more 'open' approach and were willing to yield information about their circumstances (albeit perhaps only in response to questions judged to be genuinely seeking enlightenment) more often than not found that their fears of possible negativity were unfounded. Moreover, some unexpected and surprising offers of 'help' were sometimes encountered.

Simon: 30 (g3, p. 63, 64) ...*[W]ith interest, and intrigue. (They) wanted to know everything. The...neighbours that were...handling it, wanted to come round, and (said): "...[C]an you help me...to understand...what you're going through - a bit more?" ...[T]hey weren't being aggressive...I thought: Well if they can give me the time of day, and be genuine and reasonable...that was fine... I (had) thought: How...are people going to react to me? - ...[W]hat happens if I get beaten up in the street? - ...I thought: ...I(d) have to...get a caravette and move out to Outer Mongolia... But in the event...none of this happened at all. [P]eople have been very genuine and happy about it.*

Dale: (g3, p. 82) ...*I got advice. ...[T]he old boy up the road...gives me advice. - He even...gave me some razors. ...He said: "...[T]ake them...you can have those as a present".*

4iii. Work Colleagues

A second salient group of people among whom the interviewees habitually spent much of the average weekday were fellow workers (Hodgkinson, 1987). In general, the relative proportion of aware and naive individuals in this group had depended upon whether a given interviewee had intended to take up new employment or to remain in the same job throughout and after reassignment. Those who had intended to move elsewhere upon transition had invariably kept their circumstances to themselves (albeit sometimes necessarily informing managerial staff whose discovery of the individual's changed social identity would, because of the current legal sex status of transsexual people - as remaining that of their birth sex, irrespective of reassignment - have been inevitable anyway).

Jim: 40 (g3 p. 57, 58, 59) ...*I went to work on a farm and lived on the farm. ...U]nfortunately they had to know because of my...paperwork- for...National Insurance...but as far as I know, they just accepted me.*

Under these circumstances, most interviewees could only trust that their employers would not allow such information to become known to their co-workers by whom each wished simply to be accepted as male. Harding (cited in Walters & Ross, 1986) suggests that valuable groundwork can be gained by the transsexual talking to fellow employees and gaining their understanding and support. The perception(s) of themselves held by employer(s) seemed to have been a common focus of these interviewees' recollections of this time since their accounts demonstrated that they had paid keen

attention to the manner in which their bosses had related to them in comparison to fellow male employees.

The absence of direct reports from others of their perceptions of these individuals (which the participants knew were not necessarily veridical anyway) left scope for them to explain a given interviewee's behaviour in some way other than that these were demonstrative of their actual feelings.

Neil: 37 (g3, p. 38) ...[O]nly *one* person...*knows* that I *had* a former role...who *didn't know* me in that role. [T]hat's the head teacher at the last school I was teaching at. ...*Maybe* she's making an extra effort...- *not* to make me feel any different. But, *on the whole*, I don't think she really *does perceive* me as different from...a natural-born man. From her reactions. ...I've *looked very closely* at her, seeing how she treats other men an'...compared it with how she treats *me*...I *think*...it's a *fair comparison*.

Thus, a number of interviewees felt they had recognised indications in their co-workers' behaviour (e.g., an over-willingness to present themselves as 'listening ears') which led them to suspect that one or two might, somehow, have become (or have been made) aware of their situation, and had perhaps discussed this among themselves. It was therefore apparent that their colleagues' behaviour (like that of employers) had been continually monitored by these interviewees. Moreover, they reported an awareness that 'different' conversational exchanges tended to occur between themselves and those whom (they suspected) had become aware of and those whom (they felt more certain) were naive about their situation, and that they felt less inclined to 'bluff' the former.

Neil: 37 (g3, p. 81) ...[M]y *colleagues* at...the school I've been teaching in...*since* I changed-over, they're *not* aware as far as I know. ...I suspect that one or two of them *are* aware, and that they've actually discussed it. I *think* I know the *signs* by now - but my *head teacher is* aware, and there've been no problems. ...*Usually*, it's...a willingness to be...*more than understanding* - to be *particularly nice to me* - *heh!*

While some transitional interviewees were sometimes prepared to discuss their situation and answer questions asked by work colleagues, they had nevertheless been concerned that those to whom they did talk would not then embark on gossiping with others but would endeavour to accept and understand. By the accounts of those who had then been some years past transition suggested that the issue had largely ceased to be relevant for them. Rather, these interviewees, in general, seemed to have adopted a markedly different perspective on the possibility that naive co-workers might discover their backgrounds. Most also seemed to have long since ceased to subject themselves to the process of attempting to deduce 'who knew and who didn't know' (Garfinkel, 1969). Due to the extent of their

transformation (as a function of time since reassignment) together with the degree to which they had become established in their jobs, they tended to have become quite blasé about the issue of the possible discovery by others of their past:

Colin: 41 (g3, p. 110, 111) ...Let them find out - if they're going to. ...[T]o be *honest*, after all this time, it's so *goddam boring anyway*. ...[I]f...somebody...said: "Well of course you know Colin (*garbled gossip*)..." - (and) they...(said): "*Oh God - I didn't know that*", and...*probably* - if they felt that *upset* about it, rush *straight off* to somebody...in some...*semi senior position* - ...And...say..."*Do you know so and so (rapid garbled gossip)?!*", [T]hey'd say..."Have you just found out about that?...! - *Oh for God sake!*".

For those whose circumstances were known by their colleagues, no negativity was reported to have been shown by these fellow workers. Despite the apparent state of normality that was instead said to be in evidence, however, a number of interviewees felt that while on one level they might be treated by their colleagues as an 'alright bloke', they were nevertheless always perceived as 'someone who changed sex' (and hence, as being 'different') by those who were knowledgeable about their background. The level of acceptance demonstrated, compared to that observed in relation to other individuals, was also noted to vary according to the sex of co-workers. Females were reported to be generally more likely to comment on (and to compliment) a given participants' appearance and to offer constructive criticism in such matters than were male co-workers. The latter were generally felt, by the interviewees, to show far less interest and to not really care about these issues. Those who were employed in single-sex male oriented occupations considered their experiences of employee-employee interaction comparable to those of any other man in a similar context. Indeed, according to some accounts, the degree of acceptance shown was striking.

Wally: 50 (g3, p. 110, 111) ...[B]efore I left for my op...the guys came out with one of these *giant cards* - *Wish you luck card*. [E]very one of them had *signed* it. And...*afterwards* I was just one of the *boys*. Because...I'd changed my name and *everything* when I went back. [W]hen...*our course* was up after two years and...I left there...a *guy* there - (who) was *six foot four*, (and) as *broad* as he was...*high*, he'd...done a *plumbing* course before...and I knew how to do a bit of *decorating*...so I said: "[H]ow about us getting together and we'll take on *both* sorts of jobs, you learn the *decorating* from me and I'll learn the *plumbing* from you". And we stayed together for three years.

Chapter Nine: Discussion

Overview

This final chapter begins with a reflection on the original aims that the present study was designed to meet. A retrospective review of the recruitment, composition and reasoning underlying the allocation of participants to each of the three study groups then precedes a resume of the main findings of the present research: transsexual identity; emergence; nurture vs. nature; guilt/shame; coping; passing; the decision; expositional and transitional fear; trust; attitude of the medical profession and transitional issues. Following acknowledgement of some unforeseen problems that arose in the course of the research policy issues arising from the study, including issues pertaining to socialisation, pre-requisites for gender reassignment treatment and the general absence of counselling provision for transsexual people are considered. The focus then turns to future potential vistas of research (both of micro and macro form) that have the potential to further broaden and enhance knowledge of the phenomenon of gender identity, its functions, importance and purpose in western society today.

1) Aims of the Study: Reflections

At the outset of this research I set out to study a group of female-to-male transsexual individuals. My decision to focus the research exclusively on the experiential perspective of the female-to-male transsexual condition was taken for two related reasons. First, as an attempt to establish some degree of counterbalance to the historic dominance of research into transsexualism which has tended to concentrate exclusively on the male-to-female subject (often to the effect of rendering the female-to-male subject virtually 'invisible'). This bias has thereby left vast scope for new research to be conducted into the relative 'virgin territory' of the largely unexplored female-to-male condition. The second reason was that I wished to afford the individuals studied a voice in research that pertains to their own personal life experiences rather than attempting to speak for them.

My concern was to solicit individual narrative accounts of these people's sense of identity in the context of their day-to-day experience of the phenomenon of transsexuality, spanning from earliest recollected memory through present conscious experience to their hopes and aspirations for the future trajectory of their lives. An associated objective was to explore the ways in which these individuals made sense of (and, in turn, came to terms with) their unusual situation when needing to negotiate and deal with various occurrences and events in the course of their lives as these unfolded, and the meanings that they attributed to such developments.

These aims were achieved by means of the semi-structured open-ended interview schedule employed which facilitated a less constrained more free flowing response format. Topical questions contained therein were specifically designed so as to elicit information on aspects of the private consciousness of being an FtM transsexual individual. The narrative analytical perspective applied to the process of interpreting the data provided a framework through which the resultant storied accounts of experience were rendered meaningful. The objective in selecting this humanistic qualitative methodological approach for the study was that of moving away from the more theory-driven forms of research design traditionally utilised in researching the transsexual population.

These have tended, characteristically, by means of the particular method of data gathering employed (e.g., surveys and structured questionnaires), either to deny participants a voice or constrain what could be said in favour of imposing the voice of the researcher(s) (three traditional ethnographic conventional styles identifies by Van Maanen (1988) that have shared this tendency are; experiential author(ity), documentary style and interpretive omnipotence). By contrast, the free-flowing and unconstrained words of participants were both treated as sovereign and as a basis for the derivation and application of the 23 analytical concepts that were, in turn, used in the analysing the accounts. In all these procedures the benefit of the researcher's personal insight into the phenomenon of study served as an invaluable guide.

Nevertheless, a more distanced objective balance was maintained in analysis wherein the researcher's influence was minimised, being restricted solely to the necessary selection and

organisation of the data which was exclusively comprised of the words of the participants. Use of the open-ended interview, it was hoped, would also enable the sampling of emergent themes or issues that carried greatest salience to participants in relation to their sense of an increasing alignment of their perceived and social identity at different stages of their transition (i.e. from that of experienced maleness yet socially objective femaleness to that of the unity of private experience and social appearance - as male) and the ways in which the associated change in issues of identity were handled and resolved.

As to the truthfulness of the participants' accounts these were best viewed as expressions of the interpretative product of the mutual experience and membership of a particular community given knowledge of the subject matter shared by both interviewer and interviewee. The adoption of this perspective, while deemed necessary, this also meant that whatever may have thereby been lost in terms of rigour was nevertheless simultaneously compensated for by the interviewer's greater comprehension of the data.

2) The Three Groups

The study was designed to reflect the three progressive stages of hormonal and surgical transition characteristic of, and specifically peculiar to, the female-to-male transsexual condition. The groups were distinguished both according to their own self-definition and objectively perceived treatment status, in terms of the stage of the transition cycle any given individual had reached and/or whether or not that individual intended to proceed with further surgery. Collectively, then, the three groups represented a sampling of the total developmental course of the female-to-male transsexual identity under conditions of management intervention, beginning from recollected earliest actual awareness of the existence of a 'problem' and ending with present perception of having reached an 'end point' in the resolution of that problem, with particular focus at each of three major stages of the transitional process of transsexual males. A further reason for having three groups was that of gauging how the collective views of members within each might change at different stages of the process of transition).

Recruiting members of the sample so as to apportion each to one of the three groups representing individuals at different stages of the transition process (as opposed to one large, non-specific group) greatly facilitated the aim of analysing, comparing and contrasting the respective experiences of FtM identity from three different perspectives; hindsight, conscious awareness of ongoing change, and anticipating change. This enabled a fairly comprehensive developmental appreciation of the immediate concerns of these individuals at certain strategic points in their negotiation of the transitional 'journey', from the event of their first approach to the institutionalised medical context of gender reassignment, through the experiential realisation of gender-reassignment, to its aftermath. It also afforded an appreciation of the way that various concerns that arose within each stage were tackled and overcome in the course of that journey.

Criteria employed for inclusion in each of the three groups were found to lend themselves particularly well to the female-to-male transsexual condition. The same standard would, of course, have been quite inappropriate were a similar study to be conducted into the transitional experience(s) of male-to-female participants, partly due to the fact that these individuals do not undergo the same surgical procedures as the female-to-male, and partly since the surgical procedures that MtF individuals are often reported to undergo (other than vaginoplasty) (e.g. Benjamin, 1966; Tully, 1992) do not tend to follow a sequential pattern comparable to that typical for FtMs. Nor, arguably, would these (primarily cosmetic) additional MtF procedures likely carry a comparable weight of importance for their recipients (for whom the number and nature of procedures undergone tends to be subject to individual differences relative to the extent of masculinisation idiosyncratically deemed to require such intervention). Female-to-male treatment, by contrast, is more inclined to take on a step-wise sequence (based, jointly, on self-determined priority and requirements or availability on the part of the medical profession), and to be uniform in type.

3) Main Findings

A number of emergent substantive themes were evident at the conclusion of the present study. On a personal level these themes pertained, to: the experience of the transsexual identity, the

origin of this phenomenon, the primary emotions associated with its effects, the consequent coping strategies generated, the fear experienced in relation both to the threat of exposure as well as the remedial action of transition itself and the concept of trust. On a social level, aspects of relevance included the almost universal practice of passing and the arrival at the decision to transition, the attitudes encountered from those responsible for treating the phenomenon and issues relating to transition.

3i. Transsexual Identity

Most peoples' identities are organised by internal logistics of action, thought and feeling which both collectively guide behaviour, are used to interpret experience and which provide the means by which they make sense of their lives (Weigert et al, 1986). Such processes usually operate straightforwardly and are so immediate as to be 'unconscious' and taken for granted (Stoller, 1968; Kessler & McKenna, 1978; Harre, 1991). It is therefore only under the rare circumstances where this sense-making system is out of kilter that its normally 'smooth' operation is thrown into objective relief thereby serving to facilitate our ability to learn about it's function. The present study has illustrated some measure of the catastrophic experiential circumstances that can arise when an individual's private sense of identity - more specifically gender identity (the essential sense of being either female or male) - which is the fundamental basis of this system is *incongruent* with sex identity (the material reality of anatomical sex).

Epstein and Straub (1991) argue that 'distinctions between male and female bodies are mapped by cultural politics onto an only apparent clear biological foundation'. Sex and gender systems are thus perpetually fluid sociocultural constructions. Such unstable systems are, however, of cultural importance in that they serve to contain (thus reducing the threat of) the absence of boundaries between human bodies and bodily acts 'that would otherwise explode the organisational and institutional structures of social ideologies'. There is thus a tension between these unstable sex and gender boundaries and the social (and legal) insistence on dichotomous male and female categories. Butler (1990) argues that gender is really a 'science fiction', a 'discourse' which is symbolised by the repeated stylisation of the body within a regulatory

frame, and that congeal over time to produce the appearance of substance, of a natural sort of being.

Cohen (1994) notes that 'rituals which initiate children into adulthood emphasise the gendering of the social world and of those aspects of nature which are culturally appropriated' . Where such rituals involve more or less extreme forms of surgery, the gendering process represents 'the imposition of culture on nature, the transformation of the natural body according to specific and distinctive social conventions'. He asks, however, whether this transforms people into replicates of the larger social whole or provide them with a text to assimilate and transform into their own experience? It is obvious to transsexual people that their identity ranges further from the demarcation line than is granted by so called 'liberal standards'. It is as if the pressure to look the way one feels or behaves pushes them toward surgery and to view more and more of their lives as belonging to the opposite gender so that they too can be one or the other (Grimm, 1987).

The problem is that of the 'ownership' of the body as one distinctive issue posed by its double involvement with abstract systems and the reflexive project of the self (Giddens, 1992). This ownership, according to Epstein and Straub (1991), is contested by the fact that in sex and gender systems, physiology, anatomy, and body codes such as clothing, cosmetics, behaviours, affective behaviours and sexual object choices are governed by institutions that define and to coerce gender identity according to bodily difference. Transsexualism, Prosser (1995) argues, reveals that the assumed relationship between sex and gender, in which the latter is thought to be the 'natural' consequence of the former, is fraudulent. The transsexual person's representation of sex, by contrast, is just that - a representation or simulation - *not* the natural 'cause' of gender at all (i.e. sex), but its projection - that it is 'gender All Along' (Butler, 1993; Hausman, 1995). Plummer (1995) points out that gender has been made to exist throughout history by the creation of a false binary split in which social life has become encoded and trapped.

Overall, the issue of concern was both with how participants in the present research made sense of their experiences and of how they understood concepts such as self-identity. In this sense, the fundamental problem, reported to have dated from their earliest memories, was that of the existence of a relentless and overwhelming private sense of a mind-body schism. The nature of this chronic experience was that of an aberrant, unyielding and fixed psychological sense of being male which, as they were well aware, fundamentally clashed with the objective material reality of their bodies due to their having being born with a female anatomy. These circumstances challenged and 'threatened' their conception of their 'real' identity (Breakwell, 1986). The (gender dysphoric) feelings of 'wrongness' unease and humiliation to which they claimed these circumstances had given rise were felt to have acted as a major constraint on their daily experience throughout their pre-transitional years. This was not only because these circumstances were suffered in isolation but also since they infiltrated and thus marred all conscious experience.

It has been suggested that in order to obtain the 'correct' diagnosis that would facilitate their access to treatment transsexual people consciously learn the 'right' form of narrative to present to the medical managers who hold the power to grant that access. This narrative is claimed to derive from a shared pool of experiences (comprising information from transsexual autobiographies from the public domain, formal and/or authoritative texts, etc.) which, collectively, has been termed the 'Obligatory Transsexual File' (OTF) (e.g. Stoller, 1975; Stone, 1991; Hausman, 1995; Tully, 1992).

This is the story that is constantly told. It is also a story that actually works by way of getting those who seek reassignment what they want in relation to access to treatment resources (Prosser, 1995). If one feels the need to undertake the sort of surgical or chemical regimes that one knows are damaging, may effect various sorts of trouble and which are painful and difficult, one has to have a very good reason for doing so. The best reason for doing so is the belief that such treatment will restore one to the person whom one has really been all along. While acknowledging that such retrospective reports from transsexual patients may be partially an

attempt to promote the view that their condition is predetermined and legitimately qualifies them for medical treatment, Green (1986) emphasises that they should not be dismissed for this reason. Early childhood gender behaviour, he argues, may hold 'potentially lifelong significance', given research findings on intersexed people (who are often viewed as a 'natural experiment' for studying how and when gender identity appears to emerge since due to their ambiguous genitalia, such individuals are often erroneously assigned at birth). Baker (1969) had dissentingly pointed out that the claims by MtF transsexual patients of having felt as if they were girls for as long as they could remember, despite having been verified in work with children (e.g. Stoller, 1975; Money, 1972), had been labelled as or strongly inclined to be dishonest. On the other hand, no longitudinal studies of such individuals have been carried out in order to establish whether such childhood experiences were carried through to adulthood.

It is, nevertheless, doubtful that such an 'OTF knowledge pool' can adequately account for the remarkable parallels apparent between the stories of participants in the present study (some of whom had neither communicated with another transsexual person before being interviewed nor had given any indication of being widely read on the universalities of the phenomenon of transsexualism per se). These stories were nevertheless at once idiosyncratically comprehensive and cohesive yet also congruent with the stories of their fellows. No matter how geographically distanced they were or how different their life circumstances, occupations, etc., the stories of their transsexual experiences were strikingly comparable.

This leaves the question of what it takes to steel oneself to volunteer to actually undergo such awful treatment (as described in the stories the interviewees tell about their surgery, their difficulty getting this, hormone effects, etc., which usually had a strong 'horror' component). Given the battery of 'tests' that tended to precede the treatment (which also established sanity) it is clear that these individuals would have had to have been utterly foolish to take on such a course of action if there had not been a very strong drive toward it. Indications of both the existence and strength of such a drive were apparent at numerous points in the interviewee's stories. These were of the nature: 'I've *always* realised that I'd been wrongly assigned', e.g.,

'the real guts of my personality are still there...I am what I am'(Simon: 30 (g3, p. 43)). Such an inner-outer contrast made in these statements carries the implication that while the outward appearance may have changed the inside is 'still there'. The participants' assertions that an inner sense of being a male had 'always' been an integral part of their being (Pauly, 1974a) reflected Erikson's view that interiority and continuity are indispensable to identity, a concept that has been defined as being, essentially and fundamentally, an accrued confidence in the 'inner sameness and continuity' of a given person's being that is located in the deep psychic structure (Weigert et al., 1986).

The different versions of essentialism that were identified in the participants' accounts as part of identity are interesting when one considers the way in which such statements line up with the medical aetiology of transsexualism (e.g., possible intrauterine events or foetal hormonal influences). In one sense it could be that the theories of medical researchers are right and that the interviewees' statements were simply reflexive adjustments. Prosser (1995) argues that transsexual stories are narratives with plots centred on embodied becoming - as a final going 'home', a trajectory worth its entailed risks, complications, and intense somatic and psychic pain because allows one to 'finally arrive at where one should have always been'; able to live in one's 'true gender identity'. The period of transition, Prosser (1995) suggests, is simply a means to an end.

One must necessarily hold reservations with regard to retrospective material, partly in relation to the potentially falsifying effects of time on human recollection, partly because of the reflexive content of the material recalled. But, as Green (1986) emphasises, while acknowledging that such reports (e.g. on their childhoods) may partly be attempts by participants to promote views say, that their condition is pre-etermined, they should not be dismissed for this reason. He argues, for example, that these examples of early childhood gender dysphoric behaviour (Pauly, 1974a) hold potentially lifelong significance' with findings on human hermaphrodites, who are often seen as a 'natural experiment' for studying how and when gender identity appears to occur.

Philosophers have long argued for the idea that people are self-aware, and have abstract self-knowledge which they reflexively monitor: the self is both knower and known (Breakwell, 1986). Moreover, participants in the present research were not only similarly self-aware; they were probably quite well-practised at producing narratives. Indeed, this in itself may have been a very important part of their work in describing those features that pertained to their identities. In this sense their accounts were a form of preformed narrative that could be seen as exemplifying the kind of (transsexual) identity that they were supposed to be reflecting. For example, the participants employed very precise divisions between masculine and feminine with great clarity such that they were always placing themselves on either side of that dimension. By doing so they were compartmentalising themselves, almost as if they were seeking their own internal (male) stereotype to replace the ('female') one that had formerly been externally imposed upon them.

The interview itself was situated in a context of which others were also a part. Since the interviewer was known by the interviewees to be a member of their own community (and not to exert power in relation to their medical treatment) perhaps such knowledge (and what they knew about him and their relational standing to such knowledge) engendered sufficient trust to enable them to feel able to speak honestly about their feelings. This trust might also have allayed fears of, say, their being labelled or medicalised and thus have been part of the reason for their agreeing to take part in the research at all. On the other hand the status of some of the remarks made must be viewed in terms of the contextual constraints that may have been operating in the interview context. Beyond the potential influence of the interviewer himself, the presence of a partner (for some) may have affected the form of what was said. A series of presentational 'versions' might therefore have resulted. (Goffman, 1959).

Transsexual people represent a particularly interesting section of humanity whose experiences, in relation to identity, are unique. They are a new category of people, brought into being through the possibility of surgical and endocrinological means. This must be borne in mind in relation to the stories the interviewees told about themselves i.e., as having always been

potentially 'transsexual'. That the terminology and its very possibility only became available to transsexual people relatively late on when gender reassignment surgery (GRS) became more available in the 1950s and 1960s (King, 1993). Since the earliest civilisations there have indeed always been 'women' who perceived themselves as being men and 'men' who perceived themselves to be women (Green, 1969). Before the 1960s, however, cross-dressing was the only available option for those who were gender dysphoric (Bullough & Bullough, 1993), who could therefore only be described as 'potential' transsexual people (although strictly, being 'potentially' transsexual was only a possibility where the people concerned were aware that transsexualism was going to be possible via surgery and chemistry; until then all that could ever have been talked about was succeeding in being perceived to be the other sex). Thus older participants read the category 'transsexual' back into their own histories; they could not have identified as such thirty or so years earlier.

This begs the question whether the fact that they tell this story indicates anything other than that this is the story that is conventionally told given, for example, the fact that many people do not remember very much about their childhood. Nevertheless, where there has been an early trauma of such magnitude and chronicity as that which the interviewees recalled having experienced, perhaps recollections would be more readily available. Furthermore, in a society such as ours, which values macho men and feminine women and punishes gentle men and aggressive women, transsexual individuals are likely to be unhappy children (Bullough & Bullough, 1993).

3iii. *Emergence: Nurture vs. Nature*

It seems unlikely that any single factor or theory could explain the origin, dynamics and perseverance of gender identity disorder (GID) (Trew & Kremer, 1988). While also, questions of aetiology were beyond the scope of the present study, one striking finding relating to the origin of gender dysphoria is worthy of mention. This finding was that of the variability among individual participants' recollections of the parental enforcement of stereotypical or expected gendered behavioural 'norms' in the home context. The nature of these differential aspects of

rearing, which ranged from the most liberal to the most constraining, suggested that (contrary to the views of some psychoanalytic theorists, e.g., Stoller, 1975) the nurturing environment, *per se*, was unlikely to have played a major part in determining the severity of any given interviewee's gender dysphoria. The emergence of awareness of the experience of gender dysphoria was first apparent in the interviewees' allusions to a form of non-specific generalised discomfort with their identity as attributed to them in their early childhood by others. Evidence of this early awareness, occurring at a time when very little differentiates the body-types of the two biological sexes, suggested that rather than being anatomical in origin (the pre-transsexual sense of the mind-body schism itself tending to become manifest at puberty) the participants' experience of gender dysphoric-related discomfort derived from the sense of a basic schism between these individual's personal sense of themselves and the way they were related as social beings by (mostly adult) others.

These feelings of fundamental 'wrongness' about themselves remained invariable and constant throughout childhood. It was reported that despite their inability at this time to comprehend or (without adequate vocabulary) articulate their feelings the interviewees had experienced the conviction that, by nature, they were 'really' males and that their bodies should reflect this. They nevertheless remained unaware of the reason(s) for the strength of this sense of self that had made them feel so undesirably 'unique' in the world.

At various points during their interviews the majority of participants seemed concerned to emphasise an essential nature to their dysphoria (which, they insisted, was not at all subject to personal choice) that they retrospectively viewed as having been present from birth. Some writers have suggested that this adherence to an essentialist position among transsexual people is driven by the underlying motivation toward justifying endocrinological and surgical intervention to alleviate their circumstances (e.g. Hausman, 1996). The claim of many participants in the present study, however, was that their disclosure to significant others had sometimes resulted in aspects of their past behaviours (which may formerly have been incomprehensible to them) finally making sense to these others as if they had been presented

with the 'missing piece of a jigsaw puzzle'. If such claims were found to be validated by the latter this would serve to undermine the argument of such writers since, while not conclusively proving that their gender dysphoria had existed from birth, it would suggest that reports of the early manifestation of the phenomenon were not fabricated. It would also seem unlikely that pre-transsexual children would have been conscious of there being possible 'advantages' toward future diagnoses and treatment in deliberately making such behavioural aspects of dysphoria apparent.

3iii. *Guilt/Shame*

Another marked feature in the majority of participants' accounts of their childhood was the frequency and degree of guilt and/or shame that seemed to have pervaded their conscious thoughts in relation to the very fact of their being gender dysphoric. They reported having felt a prominent yet indefinable sense of inner conflict and 'wrongness' about themselves which, together with the strong premonition that this would remain constant unless and until their bodies became congruent with their self-image as males, was coincident with a deeply entrenched sense of self-reproach for failing to fulfil the requirements of their expected social role as females. Many recalled experiencing a sense of awkwardness and humiliation when having attempted (or being coerced) to conform to expected (and often stereotypical) standards of gender-role behaviour, an awkwardness which they expressed as feeling as if they were 'in drag'. They reported having consciously felt that they had had to 'act' on occasions when they were obliged to behave as females and that in doing so 'nothing came naturally' to them. Their feelings of guilt seemed to have arisen as an effect of their continual perception that, because of their situation, they were a monumental disappointment to their parents' hopes and aspirations for them. Inevitably perhaps, in the absence of any alternative discernible reason to explain why they felt as they did the only conclusion available to the interviewees as children was that the cause of the fault was something exclusive to themselves - and moreover, without objective evidence of similar feelings to theirs existing among their peers, that they were the 'only one(s) in the world' to have experienced such problems (Brown & Rounsley, 1996). This

unpleasantness and incomprehensibility of this sense of uniqueness, beyond being frightening to them as young children, had resulted in the participants feeling that they were 'freaks', thus a number attested to having experienced self-conscious shame. Worse, this self-attribution of responsibility carried the danger that these interviewees would, in their childhood(s), have perceived themselves as solely responsible for any familial conflict surrounding their cross-gendered behavioural characteristics (which only further served to reinforce their experience of guilt).

Were the situation to be considered where a *non* pre-transsexual child was expected, against his or her inclination, to adopt the behavioural manner and dress of the opposite sex (both at home and in public), the traumatic impact of the phenomenon of gender dysphoria upon a child perhaps becomes apparent. Feelings of helplessness, reported to have arisen through their inability to do anything to change their gender dysphoric feelings, had instilled in the interviewees a profound sense of personal failure. Such self-castigating affect may have been a contributive factor underlying the apparent disinclination of most interviewees, when children, to verbalise their private turmoil to adults (e.g. Plummer, 1995). Indeed, the virtual absence of references in the participants' accounts to very much early verbalisation of their dysphoria-related distress to adults, when juxtaposed against their reports of their private suffering and anguish in childhood, suggested a range of alternative conclusions: that the interviewees may have forgotten actually voicing some expression of their reported distress when very young, that their 'recollections' were a product of proactive rationalisation or that they had exercised remarkable psychological strength and coping ability, from a very young age, in the absence of any form of external support (Hodgkinson, 1987, Brown & Rounsley, 1996).

3iv. *Coping*

In our society, because of a taken-for-granted social belief in the existence of a 'natural' gender dichotomy, differentiated sets of expectations of the two gender roles are habitually mapped onto members of each biological sex. This very fact presented the participants in the present study with an increasing series of difficulties throughout their lives (e.g., Breakwell, 1986).

One of the fundamental themes threading throughout the accounts of the interviewees was that of their generation and mobilisation of effective strategies for coping with the existence of a sense of basic personal incongruency with this dominant societal ideology. Even their accounts of childhood demonstrated a phenomenal capacity for coping in the face of circumstances more demanding than those that might typically confront children of similar ages. With the passage of time it had been necessary for them to continue to devise and employ various age-related strategies for coping with their circumstances as these became increasingly problematic. Analysis of these accounts revealed behavioural indications evidencing extreme discomfort and humiliation from a succession of aversive experiences ranging from segregation from peers of their (self-perceived) gender, to being generally perceived, treated and expected to behave as 'females'. Such indicators were revealed by the nature of strategies adopted in their attempts to cope: for example, self-isolation via physical withdrawal; psychological isolation (either through retreat into an inner fantasy world or 'switching off' from what was going on around them); and denial (in order to diminish their otherwise ongoing sense of shame in feeling 'wrongly' embodied and attired). Each strategy devised, while enabling them to suppress their reported inner conflict and cope with external pressure for conformity, also entailed costs of varying degrees of severity. As children, their inability to do anything to change such distressing situations was likely, for some, to have led to a form of learned helplessness.

For the most part, such coping was recalled as having been a self-generated and private activity. As pre-pubertal children, this coping capacity had been somewhat facilitated by the generally tolerant attitude of the interviewee's young peers for whom these gender dysphoric children's preferred behavioural style seemed to have been unremarkable. The major source of their personal ability to cope during this period, however, was that of their adherence to an intense and overriding hope that their bodies would somehow spontaneously and immediately transform from female to male. So great was their faith that this predominant theme of their childhood fantasies and prayers would at some point occur that this anticipated 'miracle' acted

as the driving force that pushed them through their childhoods. Such early hopes that their circumstances would change served as a crucial source of optimism the strength of which gradually diminished over this period to its abrupt and total disappearance upon the onset of puberty.

Nevertheless, the effects of repeated experiences of psychological distress in being coincidental with the period of time in which the most substantial formation of personality ordinarily takes place would have likely exerted some influence upon the participants' developing sense of self. As such, the legacy of these affective states might thereby have left a legacy that would have been carried into the interviewees' teenage years and beyond.

The developmental period of puberty was itself identified as having marked the greatest and most devastatingly traumatic crisis of the interviewees' pre-transitional lives (marking as it did the end of such freedom as childhood had afforded from the otherwise oppressive experience of socially expected conformity to gender-behavioural norms). The manifestation and outward material expression of 'femaleness' effected by this event had represented a watershed on all of their former hopes for a miraculous bodily metamorphosis to a male form. This 'horrific' experience had led the interviewees to feel that their very bodies were 'betraying' their private sense of their 'true' identity. Physical (particularly, breast) development, associated self-rejection (especially of their reflected image), the arrival of menarche, the concurrent intensification of external pressure toward conformity, the deterioration of familial relations surrounding the individuals' consistent failure to meet with expected standards of femininity, their heightened sense of awkward self-consciousness about their bodies and diminished opportunities for self-expression effectively undermined all previous forms of coping. Hence, for example, their self-imposed silence, while perhaps sufficing to enable them to conceal their problems from the world when young children, was wholly inappropriate for meeting the challenges thrown up by their teens and early adulthood. The price of silence about their difficulties following puberty, beyond that of the effects of external (particularly domestic) opposition to perseverant 'tomboy' behaviour, was that of the disruption and preoccupation of

participants' thoughts by their escalating despair over their dysphoric circumstances, which detrimentally impacted upon their academic performance.

Upon entering the wider social sphere, with the relative 'security' of the school context behind them, the struggle to cope continued alongside increasingly problematic interpersonal relations until it became exacerbated to such an extent that many of the problems besetting the participants became intractable. Furthermore, their perceptions of a bleak future horizon lying ahead of them and their continual awareness that unless some radical change occurred there could be no alleviation of their circumstances culminated in a number of self-destructive reactive behaviours ranging from social withdrawal to excess drinking and suicidal ideation.

The exacerbation of their existing (and additionally incumbent) difficulties associated with this post-pubertal period threatened, continually to seriously undermine the participants' capacity to lead fully functional lives (Money, 1972, Bullough & Bullough, 1991). Qualitatively different coping strategies were therefore called for that would enable them to attempt to protect their vulnerable sense of identity against the consequences of the visibility of their contradictory external 'insignia' of 'womanhood'. This was achieved via one of two radically different forms of action: Passing as males, or it's antithesis, a 'flight into femininity'.

The first of these two penultimate coping strategies had entailed the careful concealment of external indicators of femaleness while simultaneously attempting to present a seamlessly convincing appearance of masculinity in order to be unquestioningly perceived and accepted as males. The second, for the few who had employed it, entailed a final effort toward conformity by attempting to force themselves into adopting a female gender role (some even marrying).

The former, although enabling (if carried out successfully) an attenuation of discomfort, represented a chronic test of nerve. The latter, while facilitating greater peer and familial acceptance had invariably placed the individual in the situation of having to precariously balance two conflicting identities: that of the outer (social) facade with that of the

(personal) privately felt persona, thereby incurring the heavy price of self-fragmentation in return for some form of 'acceptance'.

Irrespective of whichever strategy was adopted, however, in the few years preceding their actual transition, the problems confronting interviewees related to the way in which they were perceived by others. That they would reach a point where all ability to cope reached ultimate breakdown seemed inevitable. The chance discovery and embracing of the means to the formerly wished for 'miracle' (albeit via medical intervention) elicited, for most, an overriding sense of relief. An exceptional few, on the other hand, reported that the prospect of this ultimate and decisive coping strategy was so overwhelming that it elicited initial denial. Thus, even the eventual decision to transition was at once both exhilarating for its potential to resolve the participants' chronic problem yet carried daunting practical implications for the future.

3v. Passing

Butler (1992) argues that gender identity is a fictive category constituted by the performative acts that, it is thought, produce in the 'expression' of gender. In this sense, she proposes, gender identity is not a 'descriptive feature of experience' but in fact a normative regulatory ideal which operates to producing individuals who fit its requirements for 'harmonious' sex, gender, and sexuality and punish those for whom such harmony does not manifest. This fiction, according to Epstein & Straub (1991), is that which we make of sex on a daily basis, how we deploy our embodiedness and our sexualities in order to construct ourselves in relation to the classifications of male and female. Beyond their great skill in interpersonal manipulations the participants were remarkably aware and knowledgeable of how such social structures, which others took for granted as the routine backgrounds to their everyday affairs, were organised and functioned (Garfinkel, 1967). This knowledge was fully utilised in the mobilisation of their most uniformly adopted strategy for dealing with chronic threat to their identities as employed in the (post-pubertal pre-transitional) years prior (and subsequent) to their becoming dependent on the facilitative aid of medical technology (surgery and hormones): that of attempting to pass as

members of the opposite genetic sex. In this activity they paid meticulous attention to how to go about presenting themselves as completely different people in social contexts, to the steps that it was necessary to go through to successfully do this, and to what were the most important considerations (e.g., Kessler & McKenna, 1974). What was entailed for them in this activity throws into relief what people do normally in gender roles (Weigert et al., 1986).

Most people don't give a second thought to doing gender but just perform gendered behaviour automatically. By contrast, it was necessary for the participants to maintain a awareness of what it is that effectively makes one pass as a recognisable case of the 'real thing' (Garfinkel, 1967);- a 'legitimate' member of the opposite gender role (Abrams, 1982; Stoller, 1968; Bullough & Bullough, 1993). Through their knowledge and utilisation of such identity management devices they mimicked appearances of 'normal sexuality' that are deeply embedded in people's recognition in unavoidable everyday scenes of unnoticed textures of relevance, by consciously controlling the changed nature of these (Garfinkel, 1967). For them, passing involved the (sometimes physically uncomfortable) practice of binding their breasts as well as otherwise disguising their physique by wearing well-chosen masculine clothing nevertheless held potential for relieving their social (although not their private) difficulties. While enabling them to sustain their sense of self at least symbolically through their displaying the trappings and behavioural indicators of maleness (albeit, due to the fact of their material form still being in a private state of 'limbo'), the interviewees' pre-transitional passing had nevertheless been accompanied by an experience of continuous anxiety in association with the potential risk of discovery. Their accounts demonstrated that passing while in an unchanged material state, beyond being highly stressful, was also an extremely self-conscious activity (given that they had, at best, an androgynous appearance) as well as precluding them from participating in certain activities (such as those involving changing their clothes in public, etc.). Also, despite the increased comfort afforded by dressing in masculine attire the interviewees were acutely aware that were it not for this practice, since they possessed all the attributes that were normally taken to qualify a given individuals' assignment to the natural category 'female',

others would have had no difficulty perceiving them as such. Furthermore, they knew that the very presence of such 'female' attributes was the reason why people did not perceive them as belonging in the category that they themselves 'knew' they should be members of (e.g. Kessler & McKenna, 1974). They were therefore constrained by some and necessarily avoided other problematic social and familial contexts (e.g. women's' restrooms and formal family celebrations). Beyond this, it was also necessary, due to possessing a female sounding voice, to either refrain from speaking, or (if presumed to be youths) to be careful about their choice of words lest they unwittingly revealed their birth sex.

Because their situation remained fundamentally unchanged, while this was relatively improved by passing this activity served only to further reinforce the participants' convictions that if they were to achieve a lasting sense of peace that might facilitate their satisfactory integration and participation in society the only way forward was that of seeking medical intervention in order to bring their bodies into line with psychological reality by making the former appropriate to their perception of their 'rightful' identity (e.g. Breakwell, 1986; Hodgkinson, 1987).

Halberstam (1994) argues that gender is a fiction that needs to be read (Stone, 1991). Occupying or fictionalising a gender for some people, requires others who, as witnesses or readers, will read (thereby confirming) the gender performance. The validation of a particular identity occurs when another social actor recognises and reacts to identities that emerge from behaviours that are socially acted out. It is only when such behaviour leads others to orient their behaviour toward it that one can successfully claim an identity. Multiple identities are communicated through displays of appearances, behaviour and language (Weigert et al, 1986). However, the dissociation of gender roles and personas has been argued to be a central practical social task in a successful transgender performance, which constitutes a 'passage' from the status of one's originally assigned sex to that of the transsex (Tully, 1992). The effort involved goes far beyond the same self dressed up in the clothes of the opposite sex, however, since transsexual people desire realness. Transitioning always, at some point, involves a yearning for

the corporeal and cultural belonging that the categories of man and woman promise and engender in our world (Prosser, 1995).

The level of anxiety experienced during pre-transitional passing (Lothstein, 1983) might be seen to cast doubt about the general claim of many participants that their ability to pass was a function of some innate 'natural' factor. However, the practical difficulties for passing presented by a post-pubescent body (as well as the possession of an unbroken voice and with the complete absence of an appropriate former socialisation to a male role) might equally be presumed likely to have considerably undermined any such inherent propensity. This anxiety was somewhat attenuated where some, who were aware of a given participants' circumstances, either voluntarily or unwittingly facilitated their passing performance.

The interviewees' accounts of the nature of their feelings when interacting in various social spheres among mixed or single-sexed groups demonstrated that, under such circumstances, they experienced differential levels of self-consciousness awareness of their appearance, body-type, stance, movements and the perception of all these factors by others. This vigilance served both as a continual means of self-monitoring and reassurance, and a gauge by which the participants could compare their own social presentation with that of others, in terms of their relative similarity to males and dissimilarity to females (Kessler & McKenna, 1974).

Comparisons of objective behaviour between the pre-transitional and transitional interviewees suggested that a relationship of negative feedback was operating between the degree of self-consciousness and the hormonally-induced changes of the transition as these advanced. The extent of such self-consciousness was noted to steadily decrease across the three groups: the further a given group was toward completion of the transition process, the more relaxed the degree of self-consciousness among individual members of that group. Thus, while pre-transitional interviewees exhibited chronic and acute self-consciousness in the context of the interview (e.g. fidgeting, infrequent eye-contact, general nervousness) this overt display of discomfort was strikingly less apparent among the (more assertive) transitional interviewees as

a group. This gradation effect was seen as evidencing the existence of a cumulatively increasing self-confidence emerging from the participants' awareness of their increasingly convincing and effective passing (which therefore became increasingly automatic).

In this respect the identity of the interviewer must be borne in mind - particularly in relation to the behaviour of pre-transitioned interviewees. Being still in an untreated state and with their capacity for passing having been temporarily suspended (given the context), these individuals may have been caused to experience heightened discomfort. Shame in their pre-transitional status might well also have been exacerbated by the fact that they were in the company of a (post-transitioned) interviewer who was both aware of and familiar with their likely feelings. Nevertheless, in that the majority of this pre-transitional group were also noted to continue such apprehensive behaviour when among others in other social contexts (prior to and following the interview), it appeared that such interpersonal influence was not a specific effect of the interview situation.

The interviewees' evident management of their socially presented identity (e.g. apparently thinking about their words before replying and monitoring their physical movement) raised a point of interest in relation to the dominant view among them that their passing behaviour was 'natural'. They claimed that they were not acting in their preferred gender role but had been doing so in the past when they were objectively women. The very strong emphasis was that following transition they could be who they had been 'all along', that it was the prior identity which was acted whereas now they were simply *being* rather than acting or passing as women. Their attempts to function in the former female role were reported to have involved remembering to perform behaviours that others expected to see from women, consciously monitoring the ways in which women behaved so as to adopt these behaviours in order to try to 'fit in' while simultaneously feeling uncomfortable about doing so. On these grounds many claimed that they were not 'passing' as males but were simply behaving 'naturally'. Such a statement might seem counter-intuitive and strange for these individuals to make, yet their version of their own biography made the statement seem more sensible. It is not so much that

the participants experienced a period of passing but that all their lives they were passing, first in reverse form in their pre-transitional lives and then (as a consequence of therefore having had an inappropriate biography) following their transition, passing in the preferred gender role. Given the fact that, to a certain extent, gendered behaviour is socially constructed (Devor, 1993), their claim about the 'naturalness' of their male behaviour was no more likely than would have been the case for any genetic male. Rather, their behaviour was equally modelled (probably unconsciously) on the behaviour of others.

Stone (1991) notes that the highest purpose of the transsexual person is to fade into the 'normal' population as soon as possible. Acceptability in society, however, is gained at the cost of thereby losing the ability to authentically represent the complexities and ambiguities of the lived experience of transsexuality since 'it is difficult to generate a counter discourse if one is programmed to disappear' through replacing one's story with another that simply supports dominant constructed gender positions. She therefore recommends that transsexual people should *resist* passing in order to write themselves *into* the constructed story and render it a multifaceted story of gender, sex, and the body that would permeate through the wider culture at large. Prosser (1995), however, points out that since the highest ideal of transsexuality is to pass, being read would be disastrous for them since this would mean that they were taken for what they wished most strongly not to be. Similarly, Shapiro (1991) argues that non-transsexual people do not tend to be convinced by the claims of transsexual people. Rather, she points out, questions about the gender authenticity of the latter demonstrate culturally revealing negotiation around the definition of 'gender', 'transsexuals' and 'non-transsexuals' that tend to promote definitions that to validate, or privilege, the membership of each (Shapiro, 1991). Halberstam (1994) concludes, therefore, that passing performances by transsexual people demonstrate that we should read diversities such as gender (and race) as being artificial, elaborate and ritualistic significations. We live with difference even though we do not always have the conceptual tools to recognise it. In the final analysis, Devor (1993) suggests, the biggest difference between FtMs and other members of society lies not in the nature of the identity supporting processes they must pass

through but in the anguish and consciousness with which they must negotiate them (Devor, 1993).

3vi. *The Decision*

Beyond the practicalities of the actual process of transitioning it has been shown that in situations such as these the central problem for these individuals is social in nature: that of telling a select circle of people and hopefully gaining their support both for their intended reassignment and of their identities by these aware others (Breakwell, 1986). Given the retrospective nature of the data, nevertheless, it may well have been that once the participants' commitment to transition had been made (this having involved such effort and emotional struggle) they were bound to feel more faithfully predisposed to the chosen action (Festinger, 1957).

Their ideal consequence in this harrowing process of disclosure was simply to be accepted, without fuss, complications or opposition, in the gender role to which they had always felt they 'rightfully' belonged. For some, however, this was sometimes not to be the case.

Disclosure could sometimes meet with positivity or (less often) negativity. Whereas the act and form (biographical, medical, or some other) that any given disclosure took was entirely under a given interviewee's control, the nature of reaction that this was likely to elicit was neither controllable nor predictable. In addition, during the initial period of a disclosure the interviewees reported having been very much in need of support. Instead, they had found themselves needing to be sensitive to the feelings of their disclosees (particularly where the task had involved informing members of their immediate family).

Those who had intended to remain within their existing social spheres both during and beyond transition felt it was necessary to inform certain people of their imminent objective identity change. This group of disclosees tended to be a small number of individuals who were in regular everyday contact with them (i.e., family, friends, neighbours, employers and work colleagues). The way in which any given disclosure was conducted, its nature and the specific language used tended to depend upon particular factors of relevance: contextual features, the

identity of the disclosee, his or her assumed level of knowledge and/or familiarity with the phenomenon of transsexualism and the degree to which the other was trusted by any given interviewee. Notions of 'self-disclosure' (Jourard, 1964) and trust have been worked on in the context of research on close relationships. However, for the participants, these factors arose in situations where their relationship to the other was not always close. This is uncharacteristic of the usual dynamics of self-disclosure that prevail in most situations of everyday interaction where self-disclosure tends to occur as relationships develop (Altman & Taylor, 1973; Duck, 1988). Thus, the threat and significance of such intimate disclosures (at least initially), for the participants, were intense.

Some disclosees had accommodated the news and acknowledged the individuals' body-image as being congruent with their conception of the latter's personality; others had (at best) rejected the planned transition as being unrealistic or (at worst) had even opposed it.

The nature of parental responses to an interviewee's disclosure tended to turn upon their knowledge of and attitude toward gender dysphoria itself. Following a positive initial response a given disclosure could lead parents (mothers, in particular) to retrace the individual's biography as if 're-writing the narrative' of the individual's life although this time viewing (and understanding) the latter's behaviours in terms of a male past and appreciating - from their child's perspective, what *his* childhood experiences must have been like. This was sometimes followed by guilt (on both sides, albeit intuitively from differing perspectives): for the participant such feelings could arise from a sense of being a disappointment to the parents' dreams for their 'daughter'; for the parents themselves, this guilt may have arisen through their acknowledging the unhappiness that their former demands for femininity may have caused the individual (perhaps even the sense that they were somehow directly responsible for their child's dysphoria). Thus parental disclosure was thus sometimes painful on all sides.

From some parents, by contrast, the best that could be expected was only rudimentary acceptance with no desire for further enlightenment. For one case, where a difficult situation was anticipated and relations between 'daughter' and parents had been less than ideal, the

interviewee's forthcoming intentions had been announced bluntly with little consideration of its impact on the parents.

Female members of the immediate family were most often reported to have dealt with a disclosure far more positively than did male members, who were themselves inclined to experience great difficulties coming to terms with the situation. Likewise sisters (especially if older) were generally more supportive than were brothers (who tended to find it hard to accept their 'sister' as a brother, sometimes experiencing a sense of bereavement for the 'loss'). An interesting exception to this general rule was that of one brother who was gay to whom the notion of having a transsexual brother was reported not to have been a problem.

The responses of the children of those interviewees who were parents themselves was universally reported to have been positive and supportive. Since most had, invariably, known something of their 'mother's' circumstances for most of their own lives they seemed to have had few problems with (some even being proud of) the fact of their 'mother's' forthcoming transition.

Selecting who should (and who should not) be informed in the community was a potential source of anxiety due to uncertainty as to whether there might be a violent backlash. Nevertheless, such fears were largely unfounded. The interviewees reported (to their surprise) that there had been few if any seriously negative reactions from neighbours. In the context of work the issue of disclosure was more complex. Those who had chosen to remain in the job that they had held prior to transition knew that it was inevitable that their work colleagues would observe their physical change and discover what was happening, irrespective of the degree to which they were friendly with or known to be trustworthy by the individual. The disclosure might take place face-to-face according to a well engineered-pattern (from managerial/employer level downwards). Alternatively, after informing the employer a letter might be sent to each employee, explaining reasons underlying the individual's change and how this would proceed. Whatever the precise method of disclosure used, and whether this was done out of choice or 'duty', the act ultimately involved throwing caution (hence, trust) to the wind. Inevitably some

social difficulties (albeit few, and none insurmountable) were encountered during the initial aftermath following disclosure at work. Problems such as those that arose in the workplace were primarily minor, specific, of a practical kind and tended to occur in the initial 'teething' period when the disclosure had been only recently made (e.g., the novelty factor of the news and arrangements about toilet facilities).

3vii. Expositional and Transitional Fear

The participants each recalled encountering situations which appeared to have involved fear of various forms. In particular, these fears had largely surrounded two basic issues: that of the post-pubertal pre-transitional exposure or discovery of their birth sex, and that of circumstances pertaining to their transition. Fear of discovery by others (as children, teens and in early adulthood) that they were not all that they first appeared to be was reported to have been constantly present in the minds of the interviewees. In particular, their concerns about being discovered (and thus, of being challenged) were most immediate in their attempts to pass in an unchanged state and in their lack of confidence in their capacity to present a convincing male appearance. Following onset of hormone therapy the participants' fear of discovery lessened due to their acquired masculinisation, but that of their possible exposure (e.g. via an unwittingly revealing remark, or their unintentional or deliberate 'outing' by another) was to always remain with them.

The second major fear, for many, had pertained to the experience of uncertainty in the period following their decision to transition: that of actually taking the first step on the route leading to gender reassignment. Fear-associated uncertainty pertaining to the prospect of beginning the treatment process incurred, for many, a time lag of varying duration in which the interviewee confronted soul-searching questions. Beyond specific issues pertaining to the transition itself these questions tended to be concerned with the likely responses of others, both known and unknown, to the individual undergoing this process. Such questions, collectively, could all be subsumed under the notion of 'fear of the unknown'.

This notion was associated with the sense of apprehension that arose with the participants' awareness that they were potentially about to abandon forever all that was familiar in their lives and 'move' into as yet uncharted territory toward a radical and permanently changed state, with no knowledge of what the final outcome of treatment would be. Nor did they have any absolute guarantees that this change would really be as satisfactory as they had anticipated. As a consequence, although most proceeded toward transition almost immediately upon identification, for some participants several more unhappy years (a period which would retrospectively be greatly regretted and perceived as 'wasted') were spent in extended deliberation. This uncomfortable inertia tended to be broken only by the emergence of the sense that 'time was running out' alongside urgent awareness and frustration, whereupon the fear of these interviewees had become replaced by determination. Here again, after such an extended process of evaluation, it is possible that commitment to the decided way forward may have been reinforced by becoming more aware of, and evaluating more positively the chosen alternative while denigrating the rejected alternatives (Festinger, 1957). However, this process of rationalisation would still not have diminished the fear associated with the implications of the favoured decision.

For most participants a related and equally potent fear with regard to the potential reactions of known others to the interviewees' announcement of the transition was that they might be rejected. This thought had frequently made consideration of disclosing to significant others a daunting and anxiety-filled prospect for them.

Fear of rejection was particularly acute for those individuals who had been at this time either in an ongoing relationship with a naive partner (whom they knew might reject their changed appearance replacing that to which they had been attracted) or, who hoped to be so in the future (whereby the other might perceive the fact of the individual's previous social identity to be unacceptable).

A further source of fear for those who had elected for the procedure rested with the notion of undergoing genital surgery. Although the ideal objective of all interviewees (including

the few who had received some form of 'lower' surgery) was that of acquiring a fully functional and aesthetic-looking penis, all knew that the prospective results of genital surgery, beyond the considerable financial cost entailed, would be both far from this ideal and a dangerous undertaking encumbering a number of potentially serious risks. Knowledge of such risks was sufficient to deter most from undertaking lower surgery, instead resigning themselves to await innovative medical technological developments that would facilitate a more satisfactory surgical outcome.

This situation seemed also to be the most significant of all for the participants. It meant that most were confronted by the necessity of having to come to terms with the possibility of being forever denied the realisation of a definitive 'end state' to their transition. Instead, they grieved over the fact that such a conclusion would remain elusive until some non-ascertainable time in the future that might well not occur within their lifetimes.

3viii. *Trust*

For the participants the notion of 'trust' had clearly been an important factor in various day-to-day contexts, not least in facilitating their ability to feel confident that those whom they did trust with knowledge of their histories would not irrelevantly divulge such information to naive others.

The very fact that these two groups (naive and aware) were likely to interact had necessitated that the interviewees could feel reasonably certain that they were not at risk of being 'outed' by the latter to the former (unless having stated that they had no objection to such a divulgence). Of those (formerly naive) others who were to be trusted, achieving such a level of confidence had initially entailed that the participants carefully selected potential or intended disclosees in order to ensure discretion as far as possible before proceeding with a disclosure. Those most likely to be afforded such trust included such friends, colleagues or acquaintances that a given interviewee judged to have demonstrated an understanding or broadminded attitude in relation toward potentially controversial or sensitive matters in the past.

With regard to relatives the situation was somewhat different, not least since one cannot choose one's family. Nevertheless, while some interviewees reported that the response of some family members to their disclosure had been less than ideal there were no reports of (even the most antagonistic) relatives having deliberately exposed them. Rather, familial discretion tended to be the norm, if only for self serving reason(s). Some relatives seemed to have dissociated themselves from the individual, perhaps seeking to avoid sharing any potential social stigma that others might attach to the transsexual person through their being related to the former (Goffman, 1963).

More supportive family members were inclined to restrict their disclosure about the individual's circumstances to trusted friends of their own (albeit not without prior consultation with and receiving agreement from the individual).

Perhaps the most crucial of all situations of trust was, nevertheless, that existing in the private relationship between a given interviewee and a partner. Just over a third (11) of interviewees were involved in a long-term relationship. Almost all of these professed absolute trust in their partners (the one exception being on grounds of mutual infidelity). Partners were collectively reported to be concerned to protect the identity of their transsexual lover (indeed, those present at the interview were fiercely so).

In one sense, this loyalty was understandable, given that public knowledge of the FtM partner's identity might raise questions in their minds that might in turn lead them to question the sexuality of these partners themselves (an assumption explicitly and privately expressed to the interviewer by one). Since all current partners were heterosexual (as was self-expressed by those present at interview) it is intuitive that they would not have welcomed and would have wished to discourage such speculation. Their concern was, rather, to promote the view among all (with the possible exception of immediate family and trusted mutual friends) that the nature of their relationship was that which might pertain between any other woman and man (as both partners, in many ways, perceived it to be). Hence, the transsexual individual's trust in their partner maintaining confidentiality regarding his personal circumstances was virtually assured.

Nor were partners inclined to inform friends unless the matter had been thoroughly discussed with the participant beforehand (on the one occasion reported where this did not occur, the problems incurred for the interviewee as a consequence ensured that this mistake was not repeated). Partners also served as valuable and reliable sources of feedback for the interviewees on their appearance and passing performance in social contexts, and on the way in which others (both aware and unaware) were likely to have perceived them.

3ix. *Attitude of Medical Profession*

The decision to proceed with gender-reassignment, the ultimate means of coping, took a radically different form from previously used strategies. Not only did embarking on the process of transition entail the participants' having to immediately relinquish control of their own destinies but also that they necessarily became dependent upon medical technicians to enable them to do so.

In addition, the delay between deciding to undergo reassignment and actually beginning the treatment process was subject to wide variation. Factors influencing this delay included; the precise route to treatment chosen (NHS or private health care) and the nature of pre-requisite diagnostic requirements imposed by these patients' medical managers.

The participants' first self-disempowering step in their approach toward the treatment process was represented by their arranging an initial appointment with their general practitioner. Ironically, this encounter had typically involved a 'reversal of roles' for most in that they had tended to be more informed than the doctor as to the nature of their problem and the most appropriate referral(s) to be made (having considered it desirable to be reasonably knowledgeable themselves on how to go about obtaining treatment so as to avoid the otherwise incumbent risk of being unsuitably referred) (Lothstein, 1978). These first approaches to their doctors were nevertheless largely amicable events with the GPs demonstrating a comforting degree of empathy and support (Wells, 1986).

The success of the surgical procedure is, nevertheless, partly dependent on the quality of post-operative care received. The technologies of gender reassignment, Hausman (1995) points

out, are nevertheless not limited to hormonal treatments and the specific operative procedures of genital plastic surgery; they also include the material practices of post-operative care, much of which is undertaken by the hospital or clinic nursing staff (Hausman, 1995). In stark contrast to the relative warmth of the primary caregiver, however, the cold clinical atmosphere that generally tended to await interviewees at the Gender Identity Clinic was often found to have been a reflection of the attitude of the small team of Clinic staff. Such a reception from the very people who had been anticipated to be understanding 'saviours' was a source of great dismay for those participants who had followed this route to treatment. Instead, the sense that they were being put 'on trial' and needed still to defend their felt true identity (coming as this did after their preceding struggle through a long succession of difficulties) had led to their feeling embittered toward Clinic staff. From the perspective of these interviewees, interminable waiting and delay seemed characteristic of the Clinic program, access to treatment having being made contingent on the completion of performance 'tests' intended to assess patient eligibility. Although frustrated and resentful most placidly conceded with such expectations (while perceiving such tests as 'hoops' through which they were required to 'jump' as if performing seals which, they felt, removed their dignity) fearing the consequences of being refused treatment.

For their part, the task faced by the Clinic staff was unenviable. Their actual involvement in the medical management of transsexual patients tended to be frowned upon by colleagues in other fields of medicine, seldom winning them formal recognition - far less acclaim (King, 1987). They also carried responsibility for ensuring that errors of diagnosis and inappropriate treatment did not occur which, in the event, would likely have led to their work being instantly condemned. Nevertheless, the experiences of participants who underwent NHS treatment seemed to sharply contrast with those of the few who accessed treatment via the private route. By contrast to the reported experiences of the former, the dignity and autonomy of those patients fortunate enough to be able to afford the latter route seemed to have been acknowledged and respected. Where patients were both willing and able to finance their own

reassignment, it seemed, the intransigence characteristic of the medical managers of the GIC with regard to insisting on exhaustive diagnostic tests was relaxed and the 'cold' attitudinal stance of the latter, absent. Such a discrepancy between these two patient groups' experiences of treatment underlined the fact that the 'Standards of Care' (at least in some British G.I.C.s) were, under some circumstances, subject to modification (or even waived). Given the extended distress allegedly experienced as a result of their imposition by some NHS treated interviewees then perhaps such standards (if it is not necessary that they are uniformly applied to all patient groups) should be dispensed with. However, this situation of apparent preferential treatment being afforded to private patients has, more recently, been exacerbated by a more serious concern. This concern relates to the trend among a number of Health Authority Trusts to specifically exclude gender reassignment surgery from their budgetary provisions. The reasoning offered for such action, seems to have been based upon thinly-concealed value judgements. For example, the suggestion by one such Health Trust, that non-surgical (psychiatric) treatment, at an annual cost of £20, 000, should replace the one-off cost of gender reassignment (approximately £8,000) for transsexual patients. Curiously, too, while surgeons are generally reluctant to amputate the healthy breast tissue of a female transsexual, they routinely operate on non-transsexual women (including adolescents) who want reductive or augmentive mammoplasty. As long as a woman does not identify as a transsexual, she can have a variety of cosmetic procedures performed on her breasts (Lothstein, 1983). There would therefore seem to be double standards with regard to GRS for transsexual people relative to other forms of similar treatment for non-transsexual people.

Kavanaugh et al (1979), as psychoanalytic critics of GRS, have questioned its proponents' reliance on the patient's demand and ask whether such a demand for the 'mutilation' of the normal organ system should be regarded as rational. They discount GRS procedures, comparing these to those of the now ethically questionable practices of lobotomy and leucotomy that were formerly carried out in the belief that they would relieve mental symptoms. Suggesting that 'the self-declared candidate for transsexual surgery' may so much

be simply searching for the bodily change in primary and secondary sexual characteristics that skilful surgery can provide but 'set on a continuing, restless search for something further' they argue for the replacement of GRS with (psychoanalytical) psychotherapy. From his own psychoanalytic research into the treatment of transsexual patients, however, and while acknowledging that the issue was not simple, Stoller (1975) disagreed that GRS was never indicated and argued that insisting that transsexual patients were treated by psychoanalysis was to advocate a method that had been shown not to work.

Furthermore, as Baker pointed out (as long ago as 1969), terminology used in the literature such as; 'psychotic delusional conviction' 'psychopath,' 'delusional quest,' 'masters of the art of self-deception and of deceiving others,' 'psychopathic personality', 'paranoid', 'neurotic', 'schizophrenic', 'borderline psychotics', 'intricate suicidal dynamics' and 'so-called transsexuals,' all of which amounts to little more than psychiatric name-calling, contributes little to our understanding of transsexualism. Visits to medical, surgical, or psychiatric wards had clearly demonstrated to him how physicians and nurses held transsexual patients up to ridicule. At the time Benjamin's (1966) book, *The Transsexual Phenomenon*, was published (in which he viewed viewed transsexualism as simply another facet of the human condition) transsexualism was perceived as an aberration or an illness. Brown & Rounsley (1996) suggest that this misconception has remained difficult to dispel. They suggest that this was partly because the experience of the medical community with transsexuals was extremely limited and no factual information about the condition was available to the general public. Baker (1969) asks whether one is paranoid, in the delusional sense, when one is, in fact, treated with contempt, disdain, and sometimes overt hatred by those from whom one seeks assistance, as well as being harassed by society in general?

3x. *Transitional Issues*

Re-engineering the body, Hausman (1995) suggests, is a means for transsexual individuals to avoid the profound sense of 'outsiderness' that they report experiencing. Becoming the other sex, thereby committing the body to signify traditional gender codes, enforces cultural laws on the physiology

of transsexual bodies which, together with their experiences, are made intelligible by the concept of 'sex change'. Transition carries the same meaning for MtF and FtM individuals, is undertaken for the same reasons (the conviction that one is in the 'wrong body'), involves many of the same issues (passing, etc.) and the two groups share the same referential term. Beyond these facts, however, there are some salient points of divergence exist between these two macro groups. These differences concern, for example: rearing styles (Archer, 1984), the relatively greater social toleration of female pre-transitional cross-dressing over the display of similar behaviour among biological males (e.g., Brown & Rounsley, 1996), differential post-operative satisfaction, etc. The respective experiences of these two groups would therefore intuitively seem likely to be fundamentally different, each having different issues to deal with and different successes, failures and considerations to confront.

For example, unlike many pre-operative MtF individuals most of the present participants possessed the potential for a convincing passing presentation. On the other hand, in addition to the differential order of importance of surgical procedures, the most significant difference between the two groups which also carried far-reaching implications for the present participants - both in terms of their personal as well as social sense of identity - was that of the comparatively unsatisfactory primitive state of genital surgery for FtM individuals relative to that available to their MtF counterparts. The risk-laden option of electing for phalloplasty (which, for the majority of interviewees, was a non-option) confronted the interviewees with the prospect of remaining in a perpetual state of material 'incompleteness'. This situation prompted their adoption of various philosophical stances which appeared to enable them to come to terms with the difficulties that such circumstances posed for them while still preserving contentment in their acquired objective identity as males. The rather positive statements that were made in relation to this issue, nevertheless, may partly have also been some kind of attempt to ameliorate some of the more disappointing aspects of the outcome of transition which may have been experienced as something of a 'mixed blessing' perhaps for more than the one participant

who acknowledged experiencing some element of wistful nostalgia (for his former potential in the context of sport).

Much is often at stake for transsexual people in the research context (i.e. in relation to whether what they say has an impact on their treatment). In this sense it might be argued that there would have been a very powerful pressure-motivation among interviewees to provide a coherent, continuous narrative so as to ensure that they did not generate contradictions in their accounts. Despite sometimes reporting having experienced a sense of 'bereavement' for what had to be sacrificed by transitioning, however (e.g. losing certain social privileges through having changed from membership of one particular group to the other), no interviewee gave any indication that transition had not been worthwhile. Rather than any unrealistic provisional expectations of outcome or fundamental doubt about having gone ahead with sex-reassignment, therefore, the participants seemed to have adopted a balanced and realistic perspective of the costs involved.

Furthermore, the ability of the participants to function after treatment in some non-dysphoric way represents an important theoretical issue that is of relevance to much theorising about gender. Some critics have queried, in a basic sense, whether 'changing what is between the legs' is less important than 'changing what is between the ears'. Prince (1975), for example, suggests that it is not so much a 'sex change' that is required by transsexual people but a changed gender role. She questions whether, if a transsexual person could have the desired physiological and anatomical changes but still had to behave exactly as before save for the fact that their body was different, this would be sufficient. In other words, she suggests, if the essence of the changes involved had had the effect of psychologically (rather than materially) meeting the individual's expectations why should anyone contemplate any form of serious material intervention? This suggestion begs the question as to whether other people would satisfactorily meet with the individual's expectations of the way in which they should perceive and relate to him or her. In this Prince (1975) fails to address one of the dual fundamental problems by which participants in the present study were confronted. More seriously, while

various means of attempting to resolve the many difficulties presented by the way in which they were socially perceived were employed, without reassignment the participants had no adequate means available to them with which to cope with the traumatic private consciousness of being embodied in a material form that was totally alien. Indeed, the crucial importance of physical transformation was eloquently expressed in the words of one interviewee who stated that he felt that he would have wanted the surgery even if (he) had lived on a deserted desert island'. Similar sentiments expressed by the remaining participants lent further weight to this indication both that the motivation of physical transformation had been driven by a basic private need and that socially imposed expectations carry the potential to create unprecedented misery.

Gender-reassignment, in the participants' view, represented the culmination of their lifelong hope toward achieving a previously elusive state of harmony between body and mind through pioneering a new social identity that would reflect their private sense of self (Kessler & McKenna, 1974).

Each of their accounts carried the implication that this 'true' identity was a kind of essential substrate that was obscured or even mis-identified i.e. no participant offered the opinion that all that they had been before was false throughout and that following transition they were completely different people. Thus the consequence of gender reassignment, for the participants, was not that of simply being born again but of being 'created' in the sense that their material reality was being fashioned to become congruent with the way in which they claimed to have perceived themselves (as males) to be from earliest awareness. With this harmony, so came peace. Transsexual people refer to those aspects of their bodies associated with their assigned sex in a dissociative manner (Kessler & McKenna, 1974) as if these aspects should 'not really belong' to them. King (1993) notes that in her autobiography Roberta Cowell, insisted that she was 'basically and fundamentally female'. He suggests that this illustrates an important point about medical and social attitudes toward the surgical treatment of transsexual and intersexed people. Either the patient should genetically be of the sex compatible with the direction in which the genitalia are to be changed, or at least there should

be some biological explanation for the patient's identification with the opposite sex. King (1993) notes that in the case of Agnes, the transsexual case discussed by Garfinkel (1967) and others, the medical personnel were convinced that the patient's conditions were biologically caused. Although Agnes was genetically male, the presumed presence of biological causes was considered sufficient justification for surgically altering her genitalia.

Since the interviewees maintained that their personalities remained unaffected by their transition and since a good number of individuals in the sample had not changed their local surroundings (some having also remained in the same job), however, this begged the question as to what it was that had actually changed. Prosser (1995) argues that the narrative trajectory of transsexual autobiographies, is driven by striving to realise the fantasy of belonging in the sexed body. The journey, which begins with the act of leaving the familiar, brings the recognition that the body/identity is made up, a construct which, alongside the narrative of gendering, is to be relinquished (Prosser, 1995). The fact that the source of these individuals' performativity, via transition, was felt to be more 'natural', as opposed to an alleged learned style was, for them, a liberating and far 'more comfortable' experience. This performative transformation, facilitated by medically-induced anatomical and physiological change (Hausman, 1995), ensured that the manifestation of the 'natural' was socially acceptable by being 'matched' by the participants with their material appearance. Devor (1993) points out that each person searches for their place in the gender schema of the society in which they live. Our entire philosophical set describes natural and social phenomena in terms of oppositional characteristics (Jordanova, 1980). Yet, all members of society, whether transsexual or otherwise, use clothing, hair style, cosmetics, body building, hair transplants, electrolysis and surgeries to make ourselves fit more perfectly into the gender and sexual ideals of that society.

4) Problems with the Study

While some difficulties presented themselves in the course of the present study, most could be relatively easily avoided in future research. For example, the simplicity of the design of the study proved occasionally to be problematic with regard to the practical task of deciding which

individuals should be assigned to each of the three groups. This problem arose from some unanticipated disagreement between the intended allocation gauge (the researcher's judgement) and the reported self-perceived status of given interviewees. Some had necessarily had to be assigned to groups to which they would not, intuitively, have been allocated (either because of an unusual surgical status or intention not to progress beyond the surgical stage reached by the time of interview). For example, of two 'post-treatment' interviewees who considered themselves to have reached an 'end point' to their transition, one had undergone only bilateral mastectomy while the other had omitted hysterectomy but had received phalloplasty. In addition, had resources and time allowed a small-scale follow-up study to be conducted with the participants, some interesting modifications (and perhaps radically changed ideas) with regard to the surgical intentions of individuals in the pre-transitional and transitional groups may have become evident (as was sometimes suggested in the course of continuing telephone contact with participants). Furthermore, in that those questions containing differently tensed phraseology sometimes revealed very marked disjunctions between individuals in each of the three groups, further probing of the issues addressed (and other possible points of divergence) might have yielded even greater depth to the study. It might also have proved useful to conduct a similar study (to that involved in the present research) with a sample of MtF participants for purposes of comparison. By this means, some interesting similarities and contrasts may have become apparent between the respective experiences of the two samples.

With regard to data analysis, the use of the concept of narrative analysis as a research tool, albeit enabling the data to be rendered into a satisfactorily meaningful format, entailed limitations. In particular, it was difficult to refrain from perceiving the data (both that of individuals and that of the sample as a whole) other than in a chronological sense (as opposed, say, to that of a series of independent and well circumscribed substantive topics). This effect, however, might be expected given the characteristic way in which people ordinarily tell stories (i.e. from a 'beginning', through a 'middle' and leading to an 'end'). Such problems could not, however, be deemed intractable in that modifications could be incorporated into future research

projects to guard against such effects. In similar research to the present study, for example, this problem might have been simply eradicated by re-arranging the order of the questions.

To some extent with certain questions a small number of participants seemed occasionally to be directing their words at such a 'public' audience rather than treating their response as a 'private' one-to-one communication, as if expecting their words (whether philosophical reasoning or simple 'boasting') to be communicated to others and/or recorded for posterity. While these effects might be argued to pose a potential threat to validity, such issues of reactivity (seen to be minimised in quantitative research through standardisation) have been equally perceived as being important sources of information (Hammersley & Atkinson, 1987).

A more central question concerns the retrospective status of the material obtained in the study. It must be borne in mind that identity is constructed. Many of the participants, for example, reported experiencing feelings of gender dysphoria from a very early age long before they could have known about the phenomenon of gender dysphoria or transsexualism (e.g., Brown & Rounsley, 1996). The data were also derived from interviews that took place well into adulthood. Thus a substantial part of the accounts obtained was retrospective in nature. These were also the narrative accounts of people who, by the time of interview, had at least become either members of or associated with the FtM Network (from which their names and addresses were derived). It would therefore be impossible to imagine that the participants had not since interpreted what had happened to them in the past by virtue of information derived from such sources. On the other hand Archer (1982) has reported that by the age of five most transsexual children are fully aware of their predicament (although some critics disagree, e.g., Tully, 1992). Lothstein (1983) argues, nevertheless, that since there have been no longitudinal studies of female children diagnosed with gender identity disorder, any assumed link between this and gender dysphoria in adulthood can only be a speculative hypothesis. Therefore, while in a sense this issue is less of a problem given that the narrative analysis employed in the present study was designed to sample the ways in which people make sense of their experiences rather than

being a quest for truth per se, the possible influence of external discourses upon the recollection of the present sample must be acknowledged.

A related issue is that beyond the fact that all knowledge and knowledge-claims are reflexive of the assumptions and context of knowing and the knower, the interviewer's specific reflexivity in relation to the phenomenon of transsexualism played some part both in how the study was conducted and in the interpretation of the participants' accounts. His inside knowledge of the substantive areas and themes addressed by the semi-structured interview schedule employed in the study (this being devised from his own personal experience of what it is to be a transsexual man), while on the one hand facilitating the depth of material obtained, would have also been likely to have partly influenced the manner in which the data was presented (Altheide & Johnson, 1994, cited in Denzin et al). Beyond this, the participants' knowledge of the interviewer's identity may also have had a bearing on the actual nature of their responses.

There is also a rather more benign ethical question about the interviewer's actual intervention into the participants' lives for purposes of carrying out the present research in the manner that he did. However this is perhaps offset by the possibility that the policy issues in the following section could point to and herald the occurrence of beneficial changes to the interviewees lives as a result of their participation. Indeed, all were very grateful for the opportunity to tell their own story.

This point leads to further issue that must be considered which concerns the possibility of bias. The people studied were those who were willing to go forward to transition. There may well be others who, for whatever reason(s), decide against undergoing this process yet who still identify as being FtM. A second bias also, is that not only were the participants people who did decide to undergo reassignment they were also the people who agreed to take part in the research. In this sense therefore it must be considered whether there might be some systematic group difference between those who agreed to be interviewed and those who had had GRS but who didn't take part in the research.

The initial use of one tape-recorder proved to be disastrous when, due to technical problems, the second and third interviews failed to record properly and had both to be redone.

5) Policy Issues Arising from the Research

The morality of harshly imposed gender-'appropriate' expectations on effeminate male children (who are ridiculed by peers and usually admonished by their parents) is questionable given the spontaneity with which most non-gender dysphoric girls autonomously relinquish the typical 'tomboy phase'. Particularly since (despite such negative social reinforcement) boys tend more frequently to have serious gender identity problems as adults than do their female counterparts (Green, 1986)). It is feasible also to consider that such expectations could only exacerbate any detrimental consequences that might well arise for gender dysphoric boys through the complete absence of a similar socially acceptable period of respite to that available to gender dysphoric female children (who, according to the recollections of the present participants, nevertheless still experience extreme discomfort).

That practices are brought to bear on a child (purely because of culturally-determined gender expectations) which, during the individual's formative years, are potentially damaging raises questions as to how far gender-'associated' behavioural patterns should be seen as 'natural', and whether the individual should be allowed to develop his or her own gendered behaviour free of such pressure. Even more liberal styles of rearing among the participants seemed not to have had any particular bearing on the likelihood of a given individual's subsequent manifestation of gender dysphoria (if anything, as for one case, onset of this condition was merely delayed). The actual value of training children to conform to gender roles rather than allowing them to decide for themselves the clothing or behaviour with which they feel most comfortable would thus seem to be unclear. The relief facilitated by the temporary period of relaxed gender roles that was often afforded to interviewees in their pre-teen years (by virtue of the socially recognised phenomenon of 'tomboyhood') was demonstrative of the potential that exists for alleviating the distress suffered by (all) gender dysphoric children. Taking as a model Green's (1989) citation of cross-cultural reports of cultural institutions

specifically designed for the allowance of individual cross-sex expression and social acceptance a general policy of acceptance in western society might thereby avoid the likelihood of long term difficulties of interaction and integration for some gender dysphoric individuals by diminishing the risk of their suffering' trauma-related developmental impairment. Indeed there are some very large issues pertaining to the whole social organisation of the family and gender in our society. While the ideal would be to address such issues, however, it is not possible to intervene at this macro level since we cannot engineer changes of such magnitude. What we can do is seek to ensure the devising and mobilisation of resources geared toward attempting to ameliorate the detrimentally oppressive consequences of this social organisation upon young gender dysphoric children.

Cross-gendered girls are much less likely to be brought to a psychiatrist (and women who cross dress are rarely seen by therapists unless considering transsexual surgery). Psychotherapy in childhood may therefore be of some help, although in its present form it is likely to be unsuccessful since therapists aim to eradicate cross-gendered behaviours rather than rechannelling them or trying to build up self-esteem (Bullough & Bullough, 1993).

The physical and social problems encountered by interviewees attempting to pass in the pre-transitional state were primarily due to the post-pubescent material effects of female hormones. Continuing trauma created both by the consequential presence of overt female characteristics and the fact of (all social success in passing aside) continuing to be perceived as 'females' by those to who knew them was demoralising and, for a small minority of interviewees, sufficient to lead to the development of eating disorders and/or even to minor forms of self-mutilation. Given the corresponding levels of anxiety that were thus invariably experienced during pre-transitional passing, serious questions would seem to surround the morality and humanity of the Real Life Test often imposed by medics a means to gauge 'suitability' of candidates for gender reassignment surgery. Indeed, why tests such as this might be perceived to be of value with regard to transsexual males (given that FtMs, in particular, have seldom been found to change their minds about wishing to transition (e.g., Pauly, 1974a))

is open to question. It is also unclear as to precisely where parallels can be drawn between the day-to-day social experience of the average genetic male and that of a pre-transitioned FtM engaging in the 'Real Life Test' (while still in possession of a female voice, a smooth hairless complexion and breasts that are additionally perhaps uncomfortable to bind).

A major cause of complaint apparent from many of the interviewees' accounts of their experiences of reassignment was the perceived absence of basic counselling and/or support services designed to help ease the passage from one gender role to the other (Money et al, 1969; Money, 1972). This absence was reflected in Pauly's (1974b) comment that very little had been written about efforts to help transsexuals people adjust to their preferred role either before or after surgery (Harding, cited in Walters & Ross, 1986). Yet some authors have confirmed that the few transsexual patients who have received professional support (again, either before or after surgery) have been much improved with psychotherapeutic efforts aimed at helping them adjust to their preferred role (e.g., Benjamin, 1966; Hoenig et al, 1970). Surgery effects purely the disharmony between mind and body. The actual transition to the full time status of the opposite gender is very difficult (Pauly, 1969). This major shortfall in the gender reassignment treatment program therefore represents a failure on the part of the British medical community (and policy makers themselves) to acknowledge and seek ways in which to smooth the difficulties of adjustment often experienced by transsexual people in the wake of their prior trauma. This absence was particularly striking when compared to the proliferation of support sources ordinarily made available to victims of comparable (and possibly lesser) traumatic experiences.

Characteristically, the participants' childhoods had involved a prolonged period of continuous despair and isolation usually accompanied by the mistaken belief that they were 'unique' in their experience of the phenomenon of dysphoria (a belief that was only perpetuated by their tendency to maintain a wall of silence).

The psychological scarring that might arise as a consequence of such circumstances alongside the exhaustive efforts required purely to cope with both these and other cumulative

traumas (e.g. discomfoting difficulties of interaction, continuously feeling themselves to be the 'odd one(s) out', the proliferation and exacerbation of such problems associated with increasing age and the stress involved in embarking - in the absence of an appropriately gendered history - on an ultimate and permanent transition from one gendered life to another), might be substantially diminished were appropriate training procedures to be offered to transsexual people (and their families) at least from the point of preliminary diagnosis. Despite the deficit of provision for appropriate support female transsexuals have been found to respond favourably to psychotherapeutic efforts to help them adjust to their preferred gender role (Pauly, 1974a). Furthermore, Gooran (1992) advocates at least three years of psychotherapy for post-transitional transsexual patients. A further area where counselling and support might have proved invaluable was in relation to the manner in which the preferred gender role of the participants (particularly those who had decided against genital surgery) was necessarily constrained because of the impossibility of a 100% transition and the necessity that they came to terms with having an incomplete anatomy.

One possible reason for the almost complete absence of social and psychological support systems for transsexual people, particularly those at the pre-transitional and transitional stages of reassignment (those who would likely benefit most were such measures to be in place) may be that of a general lack of awareness of the very real existence of this need. One possible reason for this lack of awareness is because people generally do take gendered behaviour for granted. The general assumption might thus be that it is a simple matter for transsexual people to change role and function. Stoller (1975) views transsexualism (at least in genetic males) not as the mere surface manifestation of a never-ending unconscious struggle to preserve identity but as an identity per se. 'To me, transsexualism is the expression of the subject's 'true self' (Stoller, 1975). There is, however, no form of socialisation into the role of a 'transsexual' person. Moreover, these people have not had an appropriate socialisation for their gender role of identification. Cohen (1994) argues that transformations of status require a process of adjustment which involves a fundamental reformulation of the self. The first intimation

confirming that one has changed to a different state may be (as it was for the participants) the reactions of others. However, at a time when they had already lived at least one third of a lifetime, this transformation effectively placed the participants in the position of just starting on 'first rung of the ladder' toward (re)socialisation, yet with no facilities available for promoting adjustment or 'catch-up'. Instead, they were somehow expected to generate a seamless and automatic performance in their (new) social identity as readily as others around them. Their learning to feel and act like men, had necessarily had to be acquired as a function of actually playing out the role (Garfinkel, 1967; Kessler & McKenna 1974).

While any attempt to draft a fully comprehensive set of 'instructions' for all transsexual people would clearly be a highly demanding task some effort might feasibly be devoted to devising some form of basic program (possibly with input from post-transitional volunteers) to deal with some of the most frequently encountered practical problems as and when these arise. Such a valuable first step could include for example: advice on clothing-styles, conversational styles/repertoires and appropriate body-language for context-linked interaction to list but a few areas where help might be offered according to specific individual requirements. Such a resource might at least provide individuals engaged in the early and progressive stages of transition with some support and guidance.

Beyond actual counselling programs, however, the existence of an equally pressing need was evident from the interviewees' accounts of the piecemeal variety of means by which they first (often accidentally) stumbled across some external source of information which had thrown light on their situation. The immediate relief that ensued following discovery of a recognised (albeit not favourite) term for and description of themselves had provided these individuals with their first real sense of identification. Thereafter many had had quite substantial ideas about their identities, fantasies hopes and desires about how they wished to be and what they were going to become, but without any clear framework for the realisation of those ideas. Instead, they had to largely play this by ear as they went along. This strongly indicates the benefit that would result from the more widespread availability of introductory information on

gender dysphoria and advice on treatment needed from the medical profession. Such texts could, for example, be distributed in pamphlet form within medical contexts, schools, libraries, etc., providing both contacts and access to an information database of more in depth literature on the subject of transsexualism.

6) Future Research

A number of potential avenues of future research, subsumed into two broad types, arose from the findings of the present study. The first type of research would take the form of small-scale exploratory projects to address specific practical issues. The second form would be more large-scale and comprehensive qualitative enterprises similar to that of the present study.

In relation to the first type of research fact-finding projects geared toward the development and deployment of specific innovative resources could prove useful in the provision of practical help. For example, there is scope for the development of a standard information package that could be customised for use in specific contexts. In the context of work, say, such an information package might be available on request to employers whose staff include transsexual persons who both intend to transition and subsequently continue at the same place of work. Such a package could serve to brief managers on appropriate strategies that might be adopted (including: arrangements for the dissemination of information, periods of leave, toilet arrangements, etc.) so as to promote the likelihood that the individual's transition would proceed smoothly with minimal disruption to the work of the organisation. Similar information packages could also be developed in the same manner for doctors, counsellors, and indeed, the families of transsexual people.

The second form of more substantive research could be mobilised in relation to broad-based fertile areas of enquiry for the further enhancement of knowledge of the phenomenon of transsexualism. Just one such area, for example, would be that of the experience of passing and the many important issues of relevance peculiar to this activity that confront pre-treatment transsexual individuals. Such extreme levels of anxiety apparent in the accounts of the present participants as they endeavoured to succeed in being perceived as males at a time when they had

yet to undergo any anatomical masculinisation was indicative of the existence of perceived 'threat'. The danger felt by these participants derived both from their own sense of potential humiliation at and fear of their accidental exposure and of consequent hostility from others upon their discovery of the 'mismatch' between these individuals' gendered performativity and their socially attributed 'rightful' sexual category. This research could be complimented by an associated enquiry into the severity of social sanctions upon female bodied individuals who fail to comply with the expected norms of gendered behaviour (Butler, 1993) compared with the experience(s) of a sample of MtF individuals. In this way the relative extent of perceptions of threat to their identities experienced by these two participant groups, respectively, together with associated responses to such threat practised by each.

On another level, there exist age-related circumstances in society wherein young non-transsexual adults (for example, the modern student culture) enjoy a generous degree of socially sanctioned 'freedom' from otherwise socially expected gendered norms of behaviour that is not extended to the wider population. Such license affords these young adults space to experiment with and/or engage in 'testing' the boundaries of gender behaviour and apparel (Epstein & Straub, 1991). These individuals nevertheless seem to share an implicit awareness of a 'benchmark' beyond which few will venture (e.g., young males will rarely if ever wear skirts nor are young women likely to use after-shave fragrances). It is as if they fear that such behaviour carries the risk that their 'true' gender identity (and/or sexuality) might be called into question by their *peers*. Anomalies such as this suggest the existence of ample scope for research into the nature, meaning and limits of gender as a socially constructed norm.

Qualitative research into these issues would promote the likelihood of conducting enquiries of greater depth, thereby providing a rich yield of data. In the present study such features were partly facilitated through the effort made to foster and maintain more relaxed and egalitarian relations between the researcher and interviewees and dispensing with the authoritative-superordinate power dynamics characteristic of traditional research. Some critics may view this attempt to 'humanise' the research process as rendering the research

insufficiently objective. The issue of objectivity is, however, a contentious issue which in practical terms can be seen as involving swings and roundabouts. Arguably, pure objectivity is an ideal that is more often than not impossible.

Since facts do not speak for themselves all data (whether acquired by quantitative or qualitative means) is meaningless in the absence of interpretation. Interpretations, which are made by researchers, are thereby invariably subject to (multiple sources of) influence - as indeed is data that is provided by human research participants.

At the reductionist extreme, consciously striving for complete objectivity by removing all possible sources of influence (were this possible), would risk artificially 'sterilising' (i.e., influencing) the data such that it would comprise something that was unrepresentative of how the world (that one is seeking to study) normally operates. On the other hand, were no effort made to be objective the data obtained would likely be too replete with impurities to be of very much value. Given this apparent deadlock, rather than engaging in lengthy debate over what is and what is not an 'objective' methodological approach a more feasible goal would seem to be adopting some position of compromise. Thus, the salient consideration becomes which approach strikes the best balance between achieving the specific aims of the research while also taking reasonable steps to ensure objectivity without undermining the achievement of those aims.

The aim of the present research was to amass data on the participants' experience(s), told in their own words, of living with a transsexual identity. The veracity of their responses was not, itself, the issue of interest nor was the main goal explanation. Instead, the objective was to document the ways in which the participants themselves made sense of their own experiences, the emphasis being on verbal accounts of something that had not been described from an insiders' perspective before. Since this goal was deemed to require that the participants felt at sufficient ease in the company of the researcher in order to be prepared to offer expansive responses of the nature sought, a relaxed and friendly atmosphere was cultivated within the interview context. With regard to the objectivity of the data care was taken, in terms of the

design and articulation of the questions asked, both to avoid as far as possible the risk of influencing the nature of the participants' responses and to promote spontaneity. In this sense, a more formal approach toward acquiring data of this form was, intuitively, unlikely to prove satisfactory. It is of course acknowledged that the researcher's interpretation of this material may perhaps be subject to dispute by later researchers. Nonetheless this does not detract from the fact that the data itself still stands as a basic description for others to challenge.

A potentially more problematic issue may be seen to have been represented by the researcher's membership of the very community that he was studying and hence, his ability to draw upon his own experiences when listening to and interpreting the accounts of the participants. Admittedly, I often found myself identifying with part (even sometimes most) of the accounts that were related to me (which, simultaneously, was a sobering yet strangely 'exhilarating' experience, as if private aspects of my history had suddenly been rendered 'visible' to the stranger sat before me). Indeed, my sheer proximity to given participants' stories at times appeared disadvantageous in that it caused me to question where the point of demarcation lay between their reported experiences and my own.

Studying given communities as an external "stranger" may, in one sense, enable the characteristics of such communities to be viewed through the perspective of a 'disinterested' observer. By the same token, however, in another very important sense comparability between the experiences of participants and researcher could be advantageously exploited in a way that would be unavailable to a researcher who was not in possession of the same degree of reflexivity. Some major benefits of such shared experiences with regard to data collection, for example, included the ready access to the participants that was granted as a function of the researcher's identity and the virtually immediate rapport established from the first meeting. The formulation of research questions was also enhanced by the researcher's knowledge of the issues of relevance by virtue of his membership of the same community from which his interviewees were drawn. In addition, the same joint experience proved beneficial in relation to data analysis. For example, the verbalised retrospective recollections of the participants could

sometimes remind the researcher of thought patterns that he knew to have been associated with living with a transsexual identity yet which, prior to this reminder, he had forgotten. Where such recall was elicited the researcher might thus allow space for the conscious consideration of such thought patterns during his in-depth reading and comparison of the subsequently transcribed accounts. This mutuality of experience could also serve as an additional dimension to the triangulation process used as a means to gauge validity. In ways such as these the potential drawbacks of the researcher's closeness to the subject matter of study were eclipsed by its rewards.

Irrespective of the strengths and weaknesses of differential methodological approaches or the handicaps or merits of experiential insight, however, what is certain is that throughout the latter half of the twentieth century transsexual people have represented a rich yet largely untapped research resource.

This valuable resource awaits society's recognition of the untenable stability and questionable validity of a number of its most fundamental taken-for-granted principles. The onset of serious and comprehensive research into the multifaceted phenomenon of transsexualism is long overdue. Hopefully, the present study will serve to represent the crack in the dam.

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List of Appendices

1. Standard Contact Letter sent to Possible Participants
2. Standard Follow through Letter
3. Sample Letter to Dissenting Contacts
4. Semi-Structured Interview Schedule
5. The 23 Analytical Categories

Appendix 1: Standard Contact Letter to Possible Participants

Department of Psychology,
University of Durham,
Science Laboratories,
South Road,
Durham. DH1 3LE.

3rd June, 1994.

Hello, I am a fellow (post-operative) member of the FTM Network and a mature student at Durham University. I am contacting you via the Newsletter in the hope that you may be interested in taking part in my research into Transsexualism and Identity which is specifically concerned with the female-to-male experience.

The research would simply involve your being interviewed by me, in the strictest confidence (either at your home or some other context, whichever is most appropriate for you). The interview itself will address your own social, family, and personal experiences (and/or views) in relation to changing-over. Your privacy would, of course, be ensured and respected in all aspects of this research.

A great deal of the research into transsexualism that has been carried out so far has overwhelmingly concentrated on male-to-female concerns. As a result female-to-male people have rarely been given space to voice our own exclusive story. Consequently, the issues that are of particular importance to transsexual men remain largely unaddressed. My research provides a valuable opportunity in which to help restore the balance. By taking part you yourself can also contribute to this goal.

If you feel that you may be interested in participating in this study, please return the tear-off slip to me in the enclosed S.A.E. Please include, if possible, a telephone number through which I can contact you. Alternatively, if you call me direct (091 374 2628) then I can call you straight back. If you decide to take part in the research, I can then arrange to visit you.

Thankyou,

(Please return this slip to S. Dixon in the enclosed envelope)

I would be willing/not willing to take part in your research

Name (to be used for mail).....

Address.....
.....

Telephone No. (day/evening).....

Appendix 2: Standard Follow through Letter to Participants

Department of Psychology,
University of Durham,
Science Laboratories,
South Road,
Durham. DH1 3LE.

Dear

Thank you for your letter. I apologize for the delay in replying but, as I hope you will appreciate, I have been establishing contact with a number of people who have kindly agreed to participate in my research. I am pleased to say that I now have the desired number of interviewees among whom you yourself are included.

I am hoping to begin the actual research sometime around late Spring-early Summer, and will be contacting you nearer to this time in order to arrange a date and time, convenient to you, in which I can come to carry out an interview with you. I have included my telephone number should you wish to contact me in respect of arrangements etc.,

I look forward to meeting you in due course

Best wishes,

Appendix 3: Sample Letter to Dissenting Contacts

Department of Psychology,
University of Durham,
Science Laboratories,
South Road,
Durham. DH1 3LE.

Dear

Thank you for replying to my letter. I am sorry that you feel unable to take part in my research, but am grateful for your good wishes.

Kind Regards,

Appendix 4: Semi-Structured Interview Schedule

Lets talk about gender (role) reorientation for a while and then we will go on to talk about other topics such as family, friends, everyday situations, passing and biographical issues.

Gender Reorientation

- * Are you living in your preferred gender role?
- * How old are you?
- * When did you become aware of your situation?
- * When did you first encounter the *concept* of 'transsexualism'?
- * When/how did you come to identify with it?
- * How long between identifying with it and beginning the process of change?
- * How do you view the process of gender reassignment generally/in relation to yourself?
- * When did you decide to proceed with the transition/reasons for this decision?
- * How far will you proceed/have you proceeded so far?
- * Do you intend to proceed further?
- * How do you perceive the end point of your transition?
- * How do you feel about the individual surgical procedures - Mastectomy?
Hysterectomy?
Phalloplasty?
- * Why did you choose/prefer to undergo/not undergo the operation(s)?
- * What sources of information did you consult before deciding on these issues?
- * Are you pleased with the effects generally (appearance/function/confidence when in public)?
- * Any fears/worries/regrets?
- * Do you feel any different in yourself/gender now than before your decision/treatment?
- * Do you have a greater sense of freedom now?
- * Will/do you identify with yourself better?
- * Will/can you ever forget about the past?
- * With hindsight, would you go through it again?

Now I'd like to ask you about your early

Family relationships

- * Do you have any brothers or sisters (ages, sex)?
- * How old are your parents?
- * General nature of relations with family?
- * When did you become aware of the way you felt/your situation (in relation to your family relationships)?
- * How did you make sense of the way you felt?
- * How often did you think about it then/now?
- * How do you feel about your peers/siblings?
- * How did you see your future?
- * How long have they (and wider family) been aware of your situation?
- * How did you explain it to them/ how did they respond?
- * How well did they understand it?

- * How did you cope with the situation?
- * How did they respond to your behaviour?
 - cross-dressing?
 - name-change?
 - transition?
- * Responses of wider family?
- * How would they explain it to someone else?
- * Degree of participation/inclusion in family activities (increase/decrease)?
- * The ideal in terms of relationship with family?

Lets talk about your **School and Education** experiences for a while

- * Types of school attended?
- * Did you enjoy school?
- * Nature of relations with peers?
- * How did you cope with your situation at school?
- * How far could you explain/conceal your situation?
- * Did you spend much time alone?
- * Did your situation affect your academic performance?
- * Did you go on to further education?

General Mood

- * Would you describe yourself as a nice person to know?
- * Was/is your mood generally good/bad (depressed/irritable/more critical of self or others)?
- * Mood when cross-dressed compared with not?
- * Do you feel a sense of meaning/purpose?
- * Did you ever feel suicidal before/since (transition)?
- * Can you laugh about your situation?
- * Have you noticed any changes in your attitude since making the decision/transition?
- * Do you tend to live more in the present or the past?
- * Do you feel at peace with yourself?
- * Did/do you appreciate life/more now?

Self Confidence

- * How self-confident do you tend to feel generally?
- * Can you deal with crises?
- * How do you perceive the feelings of (naive/aware) others toward your self?
- * Do you feel accepted/rejected by (naive/aware) others?
- * How would you ideally like to be?

Social Habits

Do you: Smoke (rate before/now)?
 Drink (rate before/now)?
 Take drugs (rate before/now)?

Activities (sports/hobbies)?

Faith/Beliefs

- * Do you/your family have/ever have a religious faith?
- * Has your faith been affected by your change?
- * Have your beliefs been significant in how you have dealt with the changes?
- * Has your faith helped you in your experience of transsexualism?
- * How would you/your family reconcile your experiences with your/their faith?

Body Image

- * How did/do you feel about your anatomical appearance?
- * Do you have more interest in it now than before?
- * Have you ever attempted to change it - via Disguise?
 - Eating disorder?
 - Self-mutilation?
- * Are you satisfied/dissatisfied with the way you are perceived by others?
- * How did/do you feel about your mirror-image?
- * How far are you self-conscious of your body in public?

Wider Community

- * How do you get on with people in your neighbourhood (before/now)?
- * Are you open about your situation (with the community)?
- * How well did/do they understand it (opposed/tolerant/supportive)?
- * How did they respond to your cross-dressing?
 - name-change?
 - transition?
- * What was their response like to your family?/ Family's views of this?
- * How do you think they would explain it to someone new to the neighbourhood/community?
- * Your ideal relationship with the community?

Let's talk for a while about your **Friendships**

- * Did you have many childhood friends (sexes)?
- * What kinds of toys did you have/play activities did you engage in?
- * How did your friends respond to your behaviour/dress?
- * Did you spend time alone?
- * Can you tell me about your friends now (gender/age/sexual orientation/number now/before/expect this to change)?
- * Do you prefer non-transsexual or transsexual friends(MtF/FtM)?
- * Do you have any existing friends who knew you before you (decided to) change(d)
- * What was/is their perception of you before/now?
- * How do your friends (now) respond to your: physical contact?
 - behaviour?
 - cross-dressing?
 - Change-over?
- * Of your aware friends, how did you explain to them/understanding are they?
- * How do you handle questions asked by friends about your situation?

- * How many of your friends are close, i.e., how many would you trust with a confidence/talk to about your problems?
- * Ratio of aware:naive friends before/now (kept distinct/degree of anxiety with either group)?
- * How open about your situation are you with new friends?
- * How at ease do you feel about making friends generally?
- * Do you participate in social activities with friends?
- * How did you handle situations where gender-related activities were expected?
 - Boyfriends?
 - Make-up?
 - Conversations?
- * How would you deal with meeting a friend that you had not seen for years and who did not know about your situation?
- * Ideal relationship with friends?

Can we discuss your **Personal Relationships** for a while?

- * Do you have a current partner?
- * Would you yourself describe the relationship as 'homosexual'/heterosexual?
- * Do you expect/have experience a changed sexual preference after/since transition?
- * Do you prefer being single or would you rather be partnered?
- * Do/will you have the same before/since/after transition?
- * Was/will your partner (be) aware before the transition?
- * How far would/do you feel that you could trust your partner?
- * Are you/would you like to be able to discuss your situation with your partner?
- * Are you concerned about the possibility of rejection by your partner?
- * Could you address the issue of treatment/surgery with your partner?
- * What are/would be your partner's views on these issues?
- * What are your views on the individual surgical procedures in relation to your partner?
 - Mastectomy?
 - Hysterectomy?
 - Phalloplasty?

(perception/appearance/functional nature)

- * Are you confident in the company of others whom you perceive as being attractive?
- * Do you have any concerns about entering a relationship (withholding information/anatomy/surgery undergone)?
- * Would you take the initiative in doing so?
- * What is your self-perception on terms of such a relationship?
- * What is/would be your partner's perception of you/your situation (cross-dressing/behaviour/transition)?
- * What is your partner's perception of the treatment you have undergone/are about to undergo?
- * Is your partner/would you like your partner to be supportive in terms of being willing to be in the company of other transsexual friends?
- * How does (how would you like) your partner (to) address you when in the company of others?
- * How far do you/would you feel you can trust your partner's assurances about how you are perceived by others?
- * How did /would you like your partner's family respond/to respond toward you?
- * How did/would you like your family respond/to respond toward your partner?

- * Ideal in a relationship?
- * Your/partner's views about children in the relationship?
- * Your/partner's views about marriage?

Self-help Groups

- * How did you come to join the group (FTM Network)?
- * What is your experience of the group?
- * What would you say are the benefits/costs of membership (self/family support, friends, information)?
- * Do you participate in group activities?
- * Do your friends/family get involved in group activities?
- * Would your experiences have been affected significantly without the group?

Passing

- * How long have you behaved/dressed in line with your preferred gender role?
- * How do you feel when dressing/behaving in line your non-preferred gender role?
- * How conscious/unconscious is passing for you?
- * How confident do you feel (relaxed/nervous) when passing now/previously?
- * Is passing stressful/natural for you?
- * What would you say are the most important aspects to be considered in passing (e.g. size of hands, height, hip-width, voice)?
- * What would you say are your main assets/problems in passing?
- * How would you say the ability to pass is acquired (cultivated skill/modelling)?
- * What method do you use to gauge your passing performance?
- * Did/do/have your family/friends facilitate(d)/collaborate(d) in your passing in social contexts before/during/since the change?
- * How would you feel if a person who did not need to know was told about your identity?
- * Do you feel greater or the same sense of ease among aware/naive others?
- * Do you feel greater or the same sense of ease among all male/all female company (now/before/differences)?
- * Do you experience difficulties in all male conversations/situations?
- * How do children respond to you?
- * Do you feel a differential degree of confidence in given situations/contexts now/before/will you in the future (e.g., gents' washrooms, gym, swimming pool, sport)?
- * How do you handle difficult situations?
- * Have you have any experience of being stared at?
- * How do you cope with/do you have fear of 'discovery'/'exposure'?
- * Do aspects of your history impinge on your preferred gender role?
- * How do you deal with the absence of an appropriate biography?
E.g. in response to questions asked in relation to an assumed male background (scouts, cricket, dating, etc.)?
- * How do others respond to this?

Dealing with Others (social interaction)

- * Tell me about your everyday dealings with other people (now/before treatment)?

- * Do you have any future expectations that this will change?
- * Can you make conversation easily with males/females?
- * How at ease do you feel when meeting new people?
- * Did/do you tend to be generally active/passive in social contexts/activities (before/now) participate/observe?
- * How often do you go out at night?
- * Are/were there situations/activities that you tend(ed) to avoid, dislike or prefer (e.g. talking on the telephone, being addressed, hairdresser, shopping)?

Let's talk about your career experiences

Occupational Experience

- * What jobs do/did your parents do?
- * Do you work/attend college?
- * Do you enjoy it?
- * What future career did you wish for as a child?
- * Do you feel generally competent at your occupation?
- * How would you describe your work relationships?
- * Are your work colleagues aware/supportive?
- * How did/do/will you cope with such situations?
- * Do/would your colleagues understand your situation?
- * Do you expect this to change?
- * How did/have they respond(ed) to your general behaviour/dress/transition?
- * How do they perceive you?
- * Your ideal work relations?

Well we have talked about a lot of individual things. If you think about your life as whole, if we talk about that in general,

- * How would you make sense of your life if you were describing it to somebody else?
- * Is there anything else that you feel is important that has not been covered in the interview?

Appendix 5: The 23 Analytical Categories

Cultural Genitalia

Tomboyhood

Double Insight

Disharmony & Coping

Reference Group

Discomfort

Passing: Considerations, Difficulties

Disclosure

Opposition & Tolerance

GRS

Profession

Integration

Bereavement

Crises

Aloneness

Expectations & Coping

Self & Ideal

Aware/Naive

Partnership

Trust

Making Sense

Approach to and Attitude of Medical

Identification

