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Constructing identities, reclaiming subjectivities, reconstructing selves: an interpretative study of transgender practices in Scotland

A thesis submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

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Author's Declaration

I declare that the original work presented in this thesis is the work of the author Sylvia Morgan. I have been responsible for all aspects of the study unless where explicit reference is made to the contribution of others.

This work has not been submitted for any other course or qualification on a previous occasion to University of Glasgow or any other institution.

Sylvia Morgan

Signed:

Date:.....

ABSTRACT

This thesis provides a sociologically informed understanding of the intersubjective meanings of historical and emergent transgender identities and practices in Scotland. An investigation of the social construction of gender variant identities was conducted by means of an interpretative analysis, developed out of theories of phenomenology, ethnomethodology, symbolic interactionism and performativity, applied to the formation of gendered subjectivities. Empirical data took the form of narrative histories gathered through 38 in-depth interviews with 28 transgender-identified participants currently living in Scotland. As the first exclusively qualitative sociological study of transgender conducted in Scotland, the thesis contributes towards: research examining the formative experiences of trans people; research recording the narrative histories of older trans people; research methods for recruiting small, hidden, hard to reach populations; and a sociological understanding of the social construction of transgender identities and practices, in the context of changing legislation and social attitudes in Scotland.

‘People are different from each other’ (Eve Sedgwick, 1990:22)

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Chapter 1 Introduction

This introductory chapter explains the rationale for the research, defines the aim, and provides an historical and legislative context for gender variance in Scotland. It then moves outward to a broader global milieu of attitudes towards gender variance, defines major concepts used throughout the report, and finally outlines the thesis structure.

1.1 Rationale for the Research

The human attitude to ambiguity and transformation is profoundly ambivalent, particularly with regard to changes that affect the embodied subject. Human sense of identity is often determined by physical shape, by embodiment. We would like to think we can regulate the body and when we cannot we can lose a sense of control. Kafka describes a falling out of the familiar social order. Ovid's *Metamorphosis* asks: how many creatures live their lives in another form? There is a Scottish tradition of self-inflicted transformations in literature - twin identities - which explore this anxiety. For example the dualized polarities of the Scottish Antiszygy evident in works like Stephenson's *Jekyll and Hyde*. There appears to be a deep human disquiet towards body transformation, shape shifting; and transgender bodies, identities and practices are located at the liminal interstices of these anxieties. Modification of the body is also a powerful metaphor for recreation, and transformation of the self and a compelling tool in the reclamation of agency.

From the 1990s social science research has evidenced growing interest in the formation of transgender identities, gaining momentum since the turn of the millennium. Recent research into the experience of being transgender in the European Union proffers:

Before the turn of the century the topic of 'transsexualism' was studied on the margins of medical and legal scholarship, but in the last 10 to 20 years, the social sciences have taken up 'trans research', while an ever increasing number of research networks and projects have also developed' (FRA, 2014:3).

Until fairly recently however, this academic acceptance of transgender has not always been reflected in popular culture. When this research project was first conceptualised around the year 2001, gender ambiguity and transformation was yet one of the enduring anathemas of Western popular culture, with transgender narratives mostly silenced or sensationalised in the mainstream media. This was the continuing condition a decade

later in 2010 when this research project was initiated as an attempt to discover why the perceived transgression of gender boundaries was such a persistent social issue.

A primary motivation for this research was an effort to comprehend the continuing construction of binary gender normative categories, and the continuing sociocultural significance attributed to these categories in the early twenty first century, when many of the original reasons for their construction no longer seem relevant. The intention was to examine theoretically *why* binary gender exists in its current form, sustained through structural hierarchies and social norms, but also empirically *how* it exists through everyday social practices. Also to map an empirical understanding of the social world of gender variance, and the meanings of diverse gender identities and social practices as they manifest in Scotland, and whether these subvert or sustain gender binaries.

The secondary motivation for the research was to recover lost voices of gender minorities in Scotland. It soon became evident that these voices are not so much lost as concealed, and that there is no one collective voice that can represent the divergent experiences and perspectives of the diverse population of transgender identified people in Scotland. Therefore the qualitative research design was formulated to reflect an in-depth enquiry into the social construction of gender variant identities, and their associated intersubjective meanings that are reducible neither to individual subjective experiences, nor to an erroneous imposition of a homogeneous ‘transgender community’.

The research was thirdly motivated by a desire to understand the ongoing marginalisation of trans people, and contribute to a wider understanding of ‘transgender’ in order to encourage social tolerance and integration of gender variance. The ‘imagining alternatively gendered worlds’ described by Judith Butler (1990: xiii), has become increasingly acknowledged and accepted in popular culture recently. The year 2015 has been described in the popular media as ‘the transgender tipping point’ with various globally well-known individuals openly declaring as trans. There is now a proliferation of media narratives to counter negative stereotypes and provide the alternatively gendered with positive role models offering honest representations of their lives. But transgender has now also become one of the most challenging subjects to research in sociology because of increasingly complex identity politics.

1.2 Aim and Objectives of the Research

The *aim* of the research reflected in the title of the thesis, was to map empirical insights into the social construction of gender variant identities, the reclamation of subjectivities, and the reconstruction of selves, through an interpretative study of the narrative histories and material practices of transgender individuals currently living in Scotland.

The research was designed around *three key objectives*. Firstly to explore empirically the social construction and meaning of transgender identities in relation to identified themes: gender practices, formative practices, intimate practices, and medical practices. Secondly to examine how transgender identities are constituted or constrained in relation to binary constructions of gender, and whether transgender practices subvert or sustain gender normativity. Thirdly to record the life history narratives of research participants and thereby map the development of historical and emergent gender variant practices in Scotland. The main data collection strategy of in-depth interviews was to enable enriched access into the meanings of quotidian transgender social practices than can be gathered from surveys, thus enhancing a deeper understanding of the social production of transgender identities and expression.

The main *question* of the research was: how are transgender identities socially constructed through material practices in Scotland? Secondary questions which arose in the course of the research were: What are the meanings of transgender to those who identify as such and how are these scripted and narrated? How do transgender practices come about and how do they change over time? What do the construction of gender variant identities illustrate about how human identity in general is formed, recreated, reconstructed? How are gender identities socially constructed, mass produced and consumed in Scotland? What are transgendered experiences of social acceptance in relation to ‘visibility’ and ‘passing’ and ‘stealth’? Does the interpretation of transgender identities explain how gender normativity is constructed? How do transgender practices reproduce or change the existing social relations of gender?

An extensive literature review revealed that there had been no published, sociological interview-based study of transgender individuals previously conducted in Scotland.

Thus a gap was identified in the qualitative research and data on transgender practices and identities, which this research would aim to fill through gathering the narratives and experiential knowledge of transgender individuals. This was facilitated by 38 in-depth interviews with 28 transgender-identified participants about their experiences and practices. The interpretations of the participants were then analysed in an attempt to map a sociologically informed understanding of the meanings of transgender identities and practices: the being and doing of transgender in Scotland. This study is the first to be conducted in Scotland based on empirical data gathered via in-depth interviews, and hoped to provide a contribution towards: research examining the formative experiences of transgender people; research recording the narrative histories of older transgender people; research methods investigating small, hidden hard to reach populations; a sociological understanding of the social construction of transgender identities and practices, in the context of changing legislation and social attitudes in Scotland over the past two decades.

1.3 Gender Variance in Scotland

It has been suggested that Scotland was a society more repressive in its treatment of gender and sexual differences than the rest of the UK, due to the protracted conservative influence of Calvinist Presbyterianism and the pervasive power of the Church of Scotland (Craig, 2003). The lingering legacy of Presbyterian religious control over some aspects of civil society may have been a contributing factor to Scots Law only decriminalizing private homosexual acts between consenting male adults in 1980. This was thirteen years after England and Wales adopted the Sexual Offences Act of 1967 thus legalizing homosexuality. Perhaps ironically given Scotland's iconic history of progressive left wing politics, sexual and gender normativity were embedded in the post Second World War discourse of Scotland. It can be argued that the ongoing influence of the Scottish Kirk precluded the creation of a counter-normative discourse until the late 1990s, and continued to influence individual self-censorship until fairly recently. A recent oral history study of gay males living in Scotland by social historian Jeff Meek (2015) examines the legal and social hostility towards sexual difference and the resulting lack of overt queer discourse or political culture in Scotland, conditions corroborated by the participants in the current study who lived through this era.

These circumstances did not augur well when it came to advocating transgender rights in Scotland in the late twentieth century. Yet one of the first acts of the new Scottish Parliament when it came to power in 2000 was to repeal the infamous Section 28, three years before the rest of the UK. This being a clause added to the UK Local Government Act 1988 stating that: ‘a local authority shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality’ or ‘promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship’ (UK Gov, 1988). Although homosexuality is a different category construct to gender variance, these identities are often linked in the popular imagination, as are the public attitudes of homophobia and transphobia. The practical effect of Section 28 was the self-monitoring of teachers, and the self-censorship of LGBT support groups, many of which closed down in schools. The ramifications of Section 28 can yet be detected in Scotland, particularly in schools and the manner in which research participants in the current study reported how teachers deal with LGBT identified pupils and associated bullying.

Since the millennium a raft of legislation protecting equality and human rights has been passed in the UK. The recent (ILGA) International Lesbian and Gay Association – Europe (2015) annual *Rainbow Europe Index* found the UK to be the best of 49 states in Europe for lesbian, gay, bisexual, transgender, intersex (LGBTI) equality policy. The index measures each country against 48 criteria such as marriage equality, employment discrimination protection and hate crime laws. The Scottish Government has also produced some of the most advanced protective policy and equality legislation in Europe for transgender people. In Scotland, the first full-time post for transgender equality work funded by a national government has been based at the Scottish Transgender Alliance (STA) since April 2007. The current study was interested in discovering whether Scotland’s forward thinking legislation to protect trans-people, for example the ‘Hate Crimes Bill’ (Scot Gov, 2009), a piece of legislation specific to Scotland, and advocated for by the STA for the protection of trans people, is evidence of an emerging tolerance in the wider society; or arose out of a need because the wider population, or some cohorts within it, would *not* exhibit tolerance towards trans people.

Scotland can now be considered a world leader in transgender rights since the passing of the UK Equality Legislation, and the support and funding of the Scottish

Government for the work of the Equality Network and Scottish Transgender Alliance. It is possible to speak of a before and after the *Equality Act* (UK Gov, 2010), and that this Act together with the ‘Hate Crimes Bill’ (Scot Gov, 2009), did more to protect the civil rights of trans people than the *Gender Recognition Act* (UK Gov, 2004). This last provides for social gender reassignment in the issuing of a Gender Recognition Certificate (GRC) legally recognising that: ‘the person's gender becomes for all purposes the acquired gender’, and enabling a name and gender change with no historical record on birth certificate and all identity documents. Another significant milestone of progress towards legal equality for transgender people in Scotland was the passing of the *Marriage and Civil Partnerships (Scotland) Act* (Scot Gov, 2014), allowing for gender neutral ceremonies between mixed sex or same sex couples. This is the only legislation pertinent to gender variance that is specific to Scotland, and the only UK legislation that allows for gender neutrality. Now married transgender people in Scotland can remain married, and no longer need to obtain written consent from their spouse to obtain full legal recognition of their gender (previously known as the ‘spousal veto’).

The year this research project actually commenced in 2010, was the year the UK *Equality Act* was passed, providing protection against discrimination for nine protected characteristics, one of which is gender transition: ‘being or becoming a transsexual person’, defined in Section 7(1): ‘if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex’ (UK Gov, 2010). Thus in the past two decades the UK has been in the forefront of many legal and policy changes to enhance and protect transgender rights.

When the current research project was first conceptualized it was in the hope of contributing to greater social and political visibility of the experiences of trans people. A decade ago it was possible to speculate that the stigma associated with being gender variant was so great in Scotland that many trans people would prefer to ‘pass’ as their chosen gender and assimilate into conventional society after transition, living in ‘stealth’ rather than revealing their history. Passing, where plausible for trans people after transition, can cause its own problematic double bind in the sense that disappearance into mainstream society impedes the connection with other trans people,

along with a sense of social networking or ‘community’ solidarity, which in turn precludes the possibility for politicisation of problems and transgender activism. It also forecloses the interrogation of gender normative social relations. One of the objectives of the current research was to discover whether the identities and practices of participants are compliant or transgressive of normative gender relations and binaries.

1.4 Gender Variance Elsewhere

The UK legally recognizes only two genders: masculine and feminine. Hegemonic Western thinking tends to understand gender (like sexuality) as a fixed, universal, binary category and does not generally accommodate gender or sexual ambiguity (Currah et al, 2006; Stryker and Whittle, 2006; Hines 2007). ‘Western’ is conceived here not as a geographical concept but as denoting Western European cultural-political origin. Non-binary gender categories appear to be better tolerated in some non-Western pre-industrialised societies, acknowledging the possibility of additional gender categories and roles collectively referred to as third genders - although this is complex and requires a nuanced interpretation. Anthropological studies indicate the evidence of varying practices concerning culturally sanctioned cross-gendered roles and third gender identities in some non-Western societies, and theorists have used this evidence to suggest that gender variance has occurred throughout history and cultures (Feinberg, 1989). However, caution needs to be exercised when applying fixed categories and an ahistorical approach to understanding complex cultural practices often specific to particular localities and histories.

There is as yet no equivalent in Western legal or biomedical frameworks that corresponds to third gender, although there is increasing discussion of the category in transgender lobby groups and pressure for its legal inclusion. Southeast Asia seems to have a generally more fluid, and if not necessarily universally accepting attitude, an historical place for gender liminal people; particularly in the cultures and societies around the Equator, an area the Victorian explorer Richard Burton termed ‘the Sodatic Zone’. In some cultures it is believed that a third gender historically had a special respected place in society, but this was erased or altered by the different normative values imposed by European colonial regimes. Specific terminology for third gender

exists in some non-Western societies which has no exact match in Western taxonomies of gender (Towle & Morgan, 2006), although this is subject to shifting interpretations of, or corrupted by Western categories and understandings. Some examples are: Brazilian - Travesti; Native American – two spirited people; Navajo - Na'dleehi'; Australian Aboriginal - Sister Girls; West Sumatran -Tombois; Thailand - Khatoeys; Bangladesh, India, Nepal, and Pakistan - Hijras, Aravani, Jagappa, Khusras; Punjab - Kusrae; Oman - Xanith; Maori /Samoan - Fafafene; Hawaii/ Polynesian - Mahuwahine; South African - Moffies; Indonesian/ Javan - Waria or Banci. The Bugis people of Indonesia recognize five genders: male, female, calabai (MtF), calalai (FtM), and bissu (androgynous); Dominican Republic- guevodoche (balls at birth) or machihembra (male female); Papua, New Guinea - kwolu-aatmwol. As Singer cautions:

Erasures also occur through colonizing impulses that include culturally specific terms like hijra or waria. Such categorical appropriations constitute ... “the transgender native,” a figure that collapses historical and cross-cultural specificities of sex and gender into a catch-all “third gender” category (Singer, 2006: 469).

Up for consideration here are the ideological and political implications of cross cultural categorisation. Western European constructions of what happens in ‘other cultures’ can be viewed as a form of orientalism in which different sexualities and gender identities are perceived as viable options, for example by early explorers such as Burton. The social position of gender liminal people in postcolonial societies is complex, and once respected roles comprising residues of ritual importance, for example the hijra blessings of weddings and births, are now often connected to low social status, with little opportunity for the accrual of economic, cultural or symbolic capital.

Precolonial societies have an historical record of diverse gender identities and expression existing before criminalization by European colonial legislation employed by postcolonial regimes to justify ongoing exclusion of homosexuality and gender variance (Lennox & Waites, 2013:6). Ironically, defenders of homophobic legislation in postcolonial societies now employ misrepresentations of history along with the argument that non-binary gender and sexuality characterize western values contrary to indigenous culture. But the issues are complex. Some of the most vehemently anti-homosexual societies now legally recognise a third gender: Bangladesh, India, Nepal, and Pakistan; whereas in Iran state sanctioned gender reassignment surgery (GRS) has been permitted since the since the 1980s as a control mechanism for male

homosexuality. Thailand is the society with the most gender reassignment surgery, and was considering recognising a third gender in the draft constitution on Sept 2015 though this was not ratified.

More progressively, recognition of a third gender category already exists in the legal framework of Australia and New Zealand. The Council of Europe recognises different models of recognition in different European countries. Germany has had a third gender option for birth certificates since 2013. In 2015 Malta became the first European country to name gender identity in its constitution. In the UK, as in the Netherlands and Sweden, a doctor's approval but not GRS is required in order to obtain legal recognition of gender transition. Denmark updated legislation in 2014 making it possible to submit a self-determined application for gender and name change without medical or judicial approval. These are rights that are currently being lobbied for by the STA for trans people in Scotland. Previously in Denmark, as is currently the case in 20 EU countries, the compulsory process in order to procure legal gender recognition included HRT and GRS. Presently, in most European countries as in the UK, legal recognition of gender reassignment is tied to a birth certificate, a medical diagnosis of 'gender dysphoria', and the acquisition of a Gender Recognition Certificate (UK Gov, *Gender Recognition Guidance*, 2016). Gender variant people who do not identify as either male or female, or who do not go the medical route, have no legal recognition of their gender, although they can change their name by deed poll or statutory declaration. Transgender activists throughout the UK are campaigning for the recognition of a third gender category - as already exists in the legal framework of some societies. Since 2014 the STA has been campaigning for the Scottish and UK governments to recognise a third gender in Scottish law for people who have a non-binary gender identity.

The recognition of a third gender would go some way towards dispelling the hegemony of the gender binary and be particularly beneficial for those born intersex. This study hopes to contribute to the accumulating evidence to include a third gender category into the legislative framework of the UK. It also hopes to contribute to scholarship questioning the dominance of the gender binary: the notion that human gender exists in only two forms, masculine and feminine, used by nearly all contemporary societies to divide and organise people into male and female gender roles, identities and attributes.

1.5 Concepts and Terms

This section introduces some of the concepts and terminology used in this study taken from a consolidation of generally accepted terms in the literature, explored in greater depth in the Theoretical Framework and Gender Practices chapters. All definitions are contingent and contextual.

The *heterosexual matrix* (1990) designates the way in which subject positions are rendered socially coherent in terms of the matrices of sex, gender and sexuality: ‘that grid of cultural intelligibility through which bodies, genders and desires are naturalised’ (Butler, 1990:208 fn6).

The cultural matrix through which gender identity has become intelligible requires that certain kinds of “identities” cannot “exist” – that is, those in which gender does not follow from sex and those in which the practices of desire do not “follow” from either sex or gender (Butler, 1990:23).

An international panel of experts meeting in Yogyakarta in 2006 adopted 29 principles that applied international human rights law to the protection of sexual orientation and gender. *The Yogyakarta Principles* defines *sexual orientation* as:

each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender (*Yogyakarta*, 2007:6 fn1).

Yogyakarta defines *gender identity* as:

each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms (*Yogyakarta*, 2007:6 fn2).

The introduction of ‘sexual orientation’ and ‘gender identity’ into human rights discourse can be considered: ‘a reconfiguration Judith Butler’s heterosexual matrix’ (Waites, 2009:148). Matthew Waites contests the emergence of this new discursive framework in that it privileges binary gender models in which identities and desires are: ‘defined exclusively in relation to a single gender within this binary’ (2009:138) as a category separation: ‘a product of a Western sexuality/gender distinction’ (2009:139), and ‘of biomedical and psychological understandings’ (2009:152). Waites nevertheless suggests that the broad definitions offered by *Yogyakarta* open up possibilities for future contestation and transcendence of meanings (2009:152). He emphasises ‘the

need to switch from unproblematized, undefined uses of “sexual orientation” and “gender identity””, recommending instead: ‘careful, explicit definitions of the concepts that are compatible with the diversity of sexual and gender subjectivities’ (2009:153). In keeping with this ethos, all attempts have been made in this thesis to explicitly delineate the categories, criteria, and concepts used throughout this research report.

Gender is composed of a social understanding of gender expression, and gender identity. *Gender identity* can be defined as an individual’s internal subjective experience of ‘being’ a particular gender as for example: man, woman, or neither, or third gender, and not necessarily corresponding with birth sex assignment. *Gender expression* is the external presentation or ‘doing’ of masculine, feminine, or androgynous gendered characteristics, behaviours, presentations, practices; which forms the basis of *gender attribution* upon which socially recognized masculine/feminine binary *gender roles* are allocated. There are multiple forms and possibilities and configurations for gender identity and expression in relation to sex and sexual orientation. Initial *sex assignment* at birth as female or male or intersex, is based on collective physical characteristics such as body structure and function. *Primary sex* characteristics are the organs of the reproductive system - genitals, gonads, chromosomes and hormones. *Secondary sex* characteristics are features not directly part of the reproductive system that appear during puberty in humans such as breasts and beards. These characteristics can be sexually dimorphic, but present differently in every individual so are not always unambiguously male or female.

Gender is a delineating social category, fundamental to the defining of personal and social identity. Gender judgements are pervasive and seemingly instinctive, and usually the initial classification individuals make about others. *Gender attribution* is based on gender performance and physical characteristics, although these may not necessarily accurately reflect the internally experienced gender identification of an individual. In Western societies, traditional normative conceptions of both gender identity and gender roles are limited to a binary system: female or male, feminine or masculine. Gender is a concept that divides humanity into two categories operating as a set of hierarchically arranged gender roles and meanings, in which the masculine is dominant and positively-evaluated and the feminine subordinate and negatively-assessed.

Sex, gender and sexuality are ‘stabilizing concepts’ which allow individuals to claim particular identities, ‘called into question by the cultural emergence of those “incoherent” or “discontinuous” gendered beings who appear to be persons but who fail to conform to the gendered norms of cultural intelligibility by which persons are defined’ (Butler, 1990:23). Extrapolating from Butler for the purpose of the current study, a working definition of *gender variance* was formulated as: the subjective experience of gender as ontologically incongruent with that of sex assigned at birth; the social expression of gender as categorically incoherent with binary gender attributions, and culturally unintelligible to prevailing normative gender assumptions.

The Gender Recognition Act 2004 is the UK legislation that allows and makes provision for the process whereby a transsexual person may apply for legal recognition of their acquired gender with a Gender Recognition Certificate (GRC) from the Gender Recognition Panel. According to the *Gender Recognition Panel Guidance*: ‘*Transsexual people* have a deep conviction that their gender identity does not match their appearance and/or anatomy... *Acquired gender* refers to the gender in which a transsexual person lives and presents to the world. This is not the gender that they were registered in at birth, but it is the gender in which they would wish to be recognised’ (UK Gov, 2016:2-3). Gender Reassignment is one of the protected characteristics under the *Equality Act* (UK Gov, 2010, section 7) pertaining to anyone on the trajectory of gender transition. The *Gender Reassignment Protocol* defines *transsexualism* as the: ‘desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment (ICD-10 code F64.0)’; and *gender dysphoria* as the: ‘discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristic)’ (Scottish Gov, 2012:2). The NHS defines *gender dysphoria* as ‘a condition in which a person feels that there is a mismatch between their biological sex and their gender identity... It is not a mental illness’ (NHS, 2008).

Transgender identity tends to be tied into medical practices and some of the related terminology is as follows. *GICs* are *gender identity clinics*. *HRT* refers to *hormone replacement therapy*. *GRS* is the acronym used for *gender reassignment surgery*, or genital reconstruction surgery. A more accurate description should be sex reassignment surgery or sex alignment or gender affirmation surgery, terms which may become preferential in the future, because for transsexuals with the subjective experience of always having ‘been’ a particular gender, it is not gender that transitions but rather embodied secondary sex characteristics, and the surgery is to bring the sexed body into alignment with subjectively experienced gender. However because gender reassignment surgery is the commonly used term in Scotland, *GRS* it is used throughout the current study to refer to surgical transition, and the term *transition* is used to refer to the broader social process.

Research participants in this project preferred the terms ‘man’ and ‘woman’ for those who have transitioned, and the terms ‘transman’ and ‘transwoman’ for those undergoing the transition process. The acronyms *FtM* (*Female to Male*) and *MtF* (*Male to Female*) are utilised in the research reports conducted by activist groups, and are also used in the current study when necessary as conducive to a clearer delineation of gender transition trajectories.

Trans people generally wish to be addressed and referred to by the *pronouns* consistent with their gender identity. A contentious issue in transgender discourse is that there is no gender neutral pronoun in common use in English, although there are various inventions. The Swedish dictionary is set to include the gender neutral pronoun ‘hen’ in 2015. (Amusingly in Glasgow this is a colloquial term for a woman.) In the current study fully transitioned participants understanding of their gender identity was unambiguously as he or she. Thus only participants who lived part of the time as male and part of the time as female were asked which pronoun they preferred, and the answer was unanimously: ‘he when in male mode and she when in female mode’. Non-binary gender queer participants in the current study said that they didn’t mind what pronoun was used to refer to them and that it was mostly context dependent. In online forums a younger gender variant generation tend to prefer the gender unspecific

pronoun 'they' instead of 'he and she'. Feinberg's proclamations of preference re pronouns in relation to her/his own fluid gender identity has been influential:

For me, pronouns are always placed within context. I am female-bodied, I am a butch lesbian, a transgender lesbian - referring to me as "she/her" is appropriate, particularly in a non-trans setting in which referring to me as "he" would appear to resolve the social contradiction between my birth sex and gender expression and render my transgender expression invisible. I like the gender neutral pronoun "ze/hir" because it makes it impossible to hold on to gender/sex/sexuality assumptions about a person you're about to meet or you've just met. And in an all trans settings, referring to me as "he/him" honors my gender expression in the same way that referring to my sister drag queens as "she/her" does (Feinberg interview in Tyroler, 2006).

Discourse is a term which tends to be used interchangeably in social science literature. The more conventional understanding of discourse is as language, written or spoken communication, a particular way of discussing and understanding the world or an aspect of it, and this is one meaning of discourse employed in this study. Also employed here is a critical analysis of the discursive production of gender and transgender in the Foucauldian sense of discourse: as historically situated intellectual practices supporting institutions and social groups, and producing power relations, practices, and knowledges. Foucault's discourse is constituted from individual acts of language, or statements that express the truth values of an institution; including 'objects, statements, concepts and theoretical options' (Foucault, 1977:37).

Genealogy in the Foucauldian sense is the enquiry into the development of a discourse, an examination of the contingent development of the various values, and traditions that characterise the dynamics of a field (Foucault, 1991:87-90). Tracing the historical evolution of concepts, categories and practices of gender variance in the 20th century is helpful to an understanding of contemporary discourses of transgender, and contextualises the current study of transgender practices in Scotland in the 21st century. Genealogical research emphasises: 'the claims to attention of local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchize and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its objects' (Foucault, 1980:83-85). A genealogical account of knowledge production emphasizes shifts, elisions, transformations in the trajectory of development, where earlier thinking is not necessarily predictive of what comes later. Crucial to the current study is a

comprehension of knowledge and power relations in any society at a given time, necessitates the recovery of local, situated, subjugated knowledges in relation to formal, accredited knowledge (Haraway, ch9. 1991).

The meaning of genealogy can also be understood in a more conventional sense of family histories. It became evident that this was important to many of the research participants in the current study, who had read extensively and acquired knowledge of those who had gone before them, attributing iconic status to role models and medical practitioners, and trans theorists. So the names of the pioneering transsexual personalities who first underwent the medical procedures, the doctors who performed them, and the transgender theorists who analysed them, are traced briefly in the Literature Review. This aspect of genealogy could perhaps be considered a reclaiming of hidden history and a sense of belonging, and perhaps it is this interpretation of genealogy that is more important here.

1.6 Structure of Thesis

The thesis consists of seven chapters excluding the introduction and conclusion.

The first part of the *Literature Review* chapter provides an historical context for the research by tracing the evolution of transgender. The growth of medical knowledge of gender variance, the genealogy of the biomedical discourse, its role in the creation of the identity category of ‘transsexual’, and the construction of gender variance as a mental health and/or medical condition requiring treatment are examined. The history of gender reassignment surgery is traced in the USA and UK. Key concepts and terms are introduced and explained. The contested changes in terminology to categorise gender variance in the light of attendant medical technologies for transforming the body are outlined. The progress of transgender studies is summarised, including the response of transgender theory to feminist theory, as well as the epistemological and conceptual parameters of the debates.

The second part of the *Literature Review* is a review of recent empirical research both qualitative and quantitative, carried out in Scotland, UK and Europe pertaining to LGBT identities during the past 20 years. It begins with an analysis of quantitative studies based in survey research, then moves on to qualitative studies. A gap in the research was identified in that no previous qualitative interview based study of transgender identities had been conducted specifically in Scotland, although several UK wide qualitative studies into queer and transgender identities influenced the research design.

The *Theoretical Framework* chapter provides the academic basis for the research by introducing the social theories employed in the analysis of the empirical data. It defines the sociological meanings of the concepts implicit in both the title of the thesis and in the research aims and objectives, emphasising the construction of identities, subjectivities, and selves through practices and performativity. The chronological development of several related social theories, concerning the construction of gender identity through reiterated social practices and performance, are traced through the work of Bourdieu, Butler, Foucault, Garfinkel and Goffman, along with their relationship to power and material structures. These analytical concepts are integrated into a theoretical framework of relevance to a qualitative study of transgender identity, and employed in the data analysis. Empirical findings are both illuminated by their conceptual frameworks and sustained through the congruent elements of the theoretical approaches.

The *Research Methodology* chapter outlines the principles that inform the research strategy and practices, explains why particular methods are used in the research, and the rationale and philosophical assumptions underpinning the current study. It describes the means of recruitment, the rationale for pseudonyms and anonymity of research participants, and the methods of data collection and analysis. The research design was developed through the theoretical prism outlined in the Literature Review and Theoretical Framework chapters. Emphasis was placed on the interpretative meaning of individual subjective experiences and the social construction of identities.

The next four chapters present the data analysis of the findings, corresponding to the first objective of the research - to explore empirically the social construction and meaning of transgender identities in relation to identified themes: gender practices, formative practices, intimate practices, and medical practices.

The *Gender Practices* chapter analyses information obtained by asking participants to describe their gender identification and the meanings they attributed to various categories concerning gender roles, performances, presentations, and practices. The first section of the chapter examines participants' self-defined gender identities, the second section examines the evolution and embodiment of meanings attributed by participants to gender variant categories and practices, and the third section examines participants' gender performativity and practices. Gender as a hierarchical relation at the level of structure is considered throughout.

The *Formative Practices* chapter examines the complex narratives of how gender variant identities and practices are constructed, expressed, and maintained in relation to the formative social relationships that produced, affirmed and negated them. It looks first at demographics of class, ethnicity and religion for participants, then at relationships with parents and siblings in their 'families of origin', and finally at their school experiences. The underlying question of the chapter focusses on areas of commonality in participants' developmental and family experiences that may illustrate how gender variant identities are socially constructed, and reconstructed. As with other sections in this study, the broad-based open-ended interview questions gave research participants the freedom to expand on issues that were important. This chapter contains the most surprising and unexpected findings of the study.

The *Intimate Practices* chapter examines sexualities and relationships. It first analyses the data pertaining to participants' self-defined sexual identities, orientations and practices in relation to their gender identity, and how sometimes sexuality changes following HRT and GRS. It then outlines participants' narratives of intimate relationship and partnering practices, family relationships, heteronormative pressures, gender abuse and betrayal. One of the main difficulties that emerged in analysing the information from the interviews was the classification of sexual orientation in relation

to transgender. Rather than restrictively categorize sexual identities, questions to self-describe their sexual orientation and relationship status, and the data was presented in narrative form. The complexity of gender variant sexual identities often undermine the heteronormative matrix (sometimes unintentionally), emptying categories of homosexual or heterosexual of any stable signification.

The *Medical Practices* chapter is a follow up to the genealogy of transgender biomedical discourse outlined in the Literature Review chapter. The theoretical understandings are illuminated here with narrative descriptions of the medical practices currently in place to ‘treat transsexualism’ in Scotland. This chapter delineates the medical procedures, describes the gender identity clinics (GICs) in Scotland, and outlines the diagnostic protocols and treatment procedures for gender reassignment surgery (GRS) and hormone replacement therapy (HRT) in the United Kingdom (UK). It documents the medical processes undertaken by research participants, and concludes with some questions about the implications of current policies for the mental and physical health of trans people.

Discussed throughout the thesis are UK legislation and policies pertaining to transgender people, along with their effects on the lived practices of research participants. *Social practices* here refer to everyday human activities, habitually performed, recurring interactive actions, that provide meaning and structure to individual and social groups, and are produced by, and productive of, the broader social structure. Discussed also throughout the thesis is the significance of these practices in the context of social and support networks, and their effects on the intersubjective construction of transgender identities.

The most interesting findings of this study did not actually emerge as a result of the research questions but from information volunteered spontaneously by participants during the interviews. And always of most interest in narrative histories is the counter-narratives, the stories that lie in tension with the ones we are socialised to expect, together with the many instances where the researcher is confronted with their own presuppositions and has to admit what is ‘contrary to expectations for the research’, a phrase used a great deal in this report.

Chapter 2 Literature Review

2.1 Introduction

This chapter firstly provides an historical framework for the thesis with a genealogy of the biomedical discourse of transsexuality, the evolution of medical knowledge of gender variance, transgender medical protocols and practices specific to the UK, locating these also in the context of USA practices, and the role of these factors in the creation of the identity category of 'transsexual'. Delineated are the contested changes in terminology to categorise gender variance in relation to attendant medical technologies for transforming the body, and also the epistemological and conceptual parameters of these debates. The historical origin and evolution of transgender studies is summarised, including the response of transgender theory to feminist theory, and the disputes between trans exclusionary radical feminism (TERF) and transfeminism.

This chapter secondly locates and contextualises the thesis within a sociological framework by providing an outline and engagement with previous relevant research into gender variance. The parameters for the current research are defined by reviewing and evaluating recent quantitative and qualitative studies pertaining to gender variant identities and practices: An initial overview of quantitative surveys pertaining to transgender identified people carried out in Scotland, United Kingdom (UK) and Europe since 1999; is followed by a discussion of qualitative research into LGBT identities in the UK most directly related to the current study carried out since 1995 and which influenced the research design for thesis.

This chapter thirdly highlights gaps in the previous research: no previous qualitative interview based study has been conducted into transgender identities specifically located in Scotland. The current research hopes to make a contribution to transgender scholarship as the first qualitative interview based study of people who identify as transgender and live in Scotland. The term 'current research' or 'current study' is used to refer to the thesis and distinguish it from other studies discussed.

2.2 Biomedical Genealogy of Transsexuality

To facilitate understanding of how gender variance has been positioned in medical and psychiatric discourse, it is useful to examine the historical development of the concept and category of 'transsexual'. Sexual and gender variance became a subject for investigation with the development of sexology as a discipline in the 19th century: what Foucault identified as 'the medicalisation of the sexually peculiar' (1978:44). Early sexologists from different academic and medical disciplines contributed initially to the conflation, and subsequent delineation, of separate categories of gender and sexual 'deviance'. German psychiatrist Richard von Krafft-Ebing published *Psychopathia Sexualis* in 1886 establishing sexology as a scientific discipline, conflating both cross-gender identification and cross-dressing with same sex attraction, under the generic label 'inversion'. From the early 20th century gender variance began to be treated as a separate category from sexuality. The first actual transsexual surgeries were conducted in the early 20th century using the culturally available labels of 'inversion', 'intersexuality', 'hermaphroditism'. The physician Magnus Hirschfeld published *The Transvestites* (1910) categorizing 64 possible types of sexual identity including his invented category 'transvestite'. His terminology was contested by Havelock Ellis, a physician doing similar work in the UK during the same time frame, who proposed various terms including 'inversion' (1933), commonly used well into the 20th century to describe sexual and gender deviance from the normative. Hirschfeld subsequently coined the term 'psychic transsexualism' (1923:14), later popularised by his student Harry Benjamin in *The Transsexual Phenomenon* (1966). Before Benjamin began using the term in medical publications in 1953, there was no official category 'transsexual' to refer to those who underwent medical gender treatment (King, 1996:86).

Most histories of gender reassignment surgeries in the modern era agree the first were performed under the auspices of Hirschfeld, though claims are contested as to the identity of the first patients. Hirschfeld's clinic 'The Berlin Institute for Sexual Research' established in 1919, was permitted by the non-normative culture existent in the liberal interwar Weimar Republic, destroyed in 1933 by the subsequent Nazi regime. Records survive of vaginoplasties performed in 1931 by surgeon Erwin Gohrbandt on a 'Dora R', and the more well-known Lily Elbe - who later died after further surgery in a clinic not supervised by Hirschfeld. Endocrinology developed in

the 1930s with new research into male and female hormones apparently present in both sexes, a discovery which challenged the idea of sexual dichotomy (Oudshoorn, 1994:24). For purposes of hormone replacement therapy (HRT), from the early 20th century it was possible to produce estrogen and testosterone from urine; from 1936 synthetic production of testosterone became possible, and of estrogen from 1939 (Oudshoorn, 1994:77). But it was only from the 1950s onwards that hormonal and surgical sex change became increasingly available. In the USA endocrinologist Benjamin was apparently consulted by 1560 transgender patients from 1938 to his retirement in 1979 (King, 2002). The ‘Benjamin Protocols’ became the basis for the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, regarded as the best practice standards for medical treatment of gender variance, now updated and published under the auspices of the World Professional Association for Transgender Health (WPATH-SOC Version 7, 2011).

The history of medical gender reassignment in the USA is well documented from the 1950s and by the end of the 1970’s: ‘between thirty to forty gender identity clinics existed’ (King, 1996:95). The Johns Hopkins Hospital in Baltimore became the first academic institution to create a dedicated gender identity clinic (GIC) the launch of which was announced in 1966 using the term ‘gender identity’ for the first time. GICs at other reputable USA medical centres followed. Diagnosis of transsexuality depended on a psychiatric diagnosis, and King describes how: ‘In the literature and in the clinics the role of the psychiatrist comes to the fore in this period as the organiser, the theorist and the gatekeeper to surgical facilities’ (1996:94), which is the ongoing situation today in Scotland. Of interest is that it was a Johns Hopkins psychologist John Money that first suggested the separation of gender from sex in 1955 (Goldie, 2015). Money was one of the initial proponents of the social construction of gender identity which he argued developed primarily as a result of social learning from early childhood, and thus potentially alterable with the appropriate behavioural interventions (Money & Ehrhardt, 1972). Money’s work was largely discredited following a tragic failure with one of his gender reassignment patients David Reimer, who before committing suicide in 2004, rejected the female identity created for him by Money.

During the 1960s and 1970s Money worked together with psychiatrists Richard Green and Robert Stoller. These three, labelled ‘the unholy trinity of GRS’ by anti-trans feminist Janice Raymond (1994:187), were largely responsible for developing the GRS surgical procedures together with the discourse of ‘the wrong body’ as the standard treatment for gender variance. The Johns Hopkins gender reassignment program was closed down in 1979 by its chief psychiatrist Paul McHugh, after a 1977 study claimed that surgical intervention did not improve the psychological functioning of individuals treated (McHugh, 2014). Since then McHugh has been advocating against GRS, arguing the following: the suicide rate is 20% higher post GRS; 80% of children who experience transgender feelings grew out of them; sex change is biologically impossible; and transgender is a mental disorder akin to body dysmorphic disorder requiring psychiatric help not surgery (McHugh, 2014). These are controversial viewpoints contested by many transgender people and political groups.

It was in the USA GICs that the diagnostic classification of ‘gender dysphoria’ emerged, a term King suggests focusses: on the ‘condition rather than the actor’, representing a ‘reaffirmation of professional authority’ (1996:96). This provides medical experts access to increased economic and symbolic capital. In the USA GICs were also responsible for advocating that transsexuals hide their past histories and live in ‘stealth’, a discourse also known as ‘passing’ in order to gain social acceptance. Passing is deconstructed by transwoman, activist and academic Sandy Stone: ‘Part of this process is known as constructing a plausible history - learning to lie effectively about one’s past... authentic experience is replaced by a particular kind of story, one that supports the old constructed positions’ (Stone, 2006:230). This point is corroborated by Shannon Minter transman, civil rights attorney, trans activist:

A sexist and heterosexist legacy has had profound negative impact on transgender people. The medical model of transsexual identity, with its overriding emphasis on the requirement for them to ‘disappear’ and blend into mainstream society, has made it difficult to mobilise politically or create a transsexual movement (2006:152).

In arguing for trans ‘visibility’ Stone insists that living in stealth precludes visible trans activism and so she is against the notion that transsexual passing is a yardstick of successful gender transition (2006:231). Imagining a society in which medical practitioners are no longer the gate keepers for the normative or a culturally intelligible

body, and trans people can be visibly open about their histories, Stone invented the term 'post-transsexual' (2006:232).

The medical history of gender reassignment in the UK is less well known than that in the USA. Transsexual surgery in the UK originated from medical technologies that developed from wartime plastic surgery and the treatment of intersex bodies. This structural condition of possibility for the invention of the category of transsexual simultaneously enabled the construction of new subjectivities and agencies. What is interesting and pertinent to the current study is that a review of the literature on transgender medical practices indicates a near erasure of the pioneering work of UK plastic surgeon Harold Gillies in FtM transsexual surgery - operating from his hospital in Basingstoke. Gillies had developed plastic surgery methods for repairing faces, bodies, and male genitals damaged during WW1, and innovated a technique of penis reconstruction through tube pedicle flap surgery. The UK's first known FtM transsexual Laura/Michael Dillon, persuaded Gillies to perform this surgery on him in 1945. This surgery was the first known FtM full medical gender reassignment of the modern era, because of the surgical sophistication of the procedure, and the fact that Dillon was a genetically unambiguous woman and not intersex. Also Dillon was the first biological female to take testosterone from 1939 (Hodgkinson, 2015:70).

The progression of Dillon's medical transition was as follows: 1939 testosterone therapy; 1942 mastectomy; 1944 amended gender and name on birth certificate (legally possible at that time in the UK with the proviso 'corrected'); after 1945 lived full time as a man; between 1946 and 1949 underwent thirteen phalloplasty surgeries. Because transsexual surgeries were not legal in the UK at the time, these were concealed by the surgeon Gillies with an official diagnosis of 'hypospadias' - an intersex birth condition, and Dillon never actually underwent a hysterectomy or oophorectomy, although his ovaries would have atrophied after years taking testosterone (Hodgkinson, 2015:78). Gillies and Dillon are largely ignored in transgender history, mentioned only once in King's comprehensive history of transsexual surgery (1996), not mentioned at all by Billings and Urban in their history of transsexual surgery (1996), not mentioned at all in the index of the *Transgender*

Studies Reader (2006), and very seldom on the many transgender historical timelines now available on the internet.

It is a point of speculation as to how Dillon acquired the idea of surgery or thought it necessary given that no previously recorded history of FtM surgery existed. Even now, phalloplasty cannot create a fully functioning penis. Given that he himself was a medical doctor, Dillon must have been aware of the limitations of the surgery, and the surgeon Gillies had performed many prior surgeries on war wounded, so both would have had that information. Pagan Kennedy, a transman himself, perceptively extrapolates the need for male genitalia from Gillies' original case notes:

And why did Dillon want the penis so badly? Not necessarily for sex. Rather, a penis would serve as a membership card into the world of men, their bathrooms and their gentlemen's clubs in London. It was the lack of a penis that held him back, "for without some form of external organ he could hardly undress for the shower with the rest of the crew," as Gillies noted (Kennedy, 2007).

It is possible to venture that Dillon was seeking the gender attribution and the category construct of masculine status provided by a phallus. To be 'one of the crew' in a male dominated gendered society, it is necessary to look and dress like a man, and urinate like a man with the appropriate male attachment. Dillon had been 'doing' masculinity successfully, but his performance would have been discredited in the competitive context of a male locker room by his evident lack of the primary masculine signifier. Sex category placement based on the correct biological sex criteria appears to have been an important factor for Dillon in order to present as 'being' a proper man. Although West & Zimmerman argue: 'It is possible to claim membership in a sex category even when the sex criteria are lacking' (1987:127) evidence indicates that this theory falls short in the social context of the locker room. Thus a penis was the necessary criterion for correct sex categorisation and social acceptance for Dillon. It appears that genitals *do* actually matter in certain social contexts, and thus the medical transformation of the sexed body to conform to the inner experience of gender is a requirement for many transgender identified people.

One of the first medical texts to deal with the medical transformation of the gender variant body was Dillon's *Self: A Study in Ethics and Endocrinology* (1946), and his emphasis on the connection between transgender and intersex became a template for the surgical treatment of gender variance. A further ramification of this text was that

although Dillon did not reveal his own identity in his publication, it brought him to the attention of Roberta Cowell who contacted him. She also manipulated and persuaded Dillon to introduce her to Gillies, who in 1951 performed on Cowell the first MtF vaginoplasty in the UK (Cowell, 1954). This hidden history predates by nearly a year the more publicised MtF 1952 surgery of Christine Jorgensen in Copenhagen. In her autobiography Cowell does not mention the name of Gillies or how before he would agree to perform the surgery, Cowell convinced Dillon who was infatuated with her, to risk his medical career in performing on her the prerequisite orchidectomy (Cowell, 1954). Castration was illegal in the UK at this time when male reproductive genitals were legally ‘protected from mutilation’. Because of this law, during the late 1950s and 1960s British MtF transsexuals seeking surgery would travel abroad for the orchidectomy prerequisite to MtF GRS - the medical records reflecting ‘castrated abroad’ (Hodgkinson, 2015:120). Many MtF patients decided to have the complete GRS abroad, often with Georges Burou a gynaecologist operating out of Casablanca from the 1950s-1980s, who developed techniques of inverting the penis for vaginoplasty that are still in use today. ‘Going to Casablanca’ became a euphemism in the UK 1950s -1980s, and both April Ashley and Jan Morris, well known UK MtF transsexuals, followed this route (Morris, 1974).

At the time that Dillon and Cowell were changing gender, in the UK it was also possible to change gender on a birth certificate (with the proviso ‘corrected’) if the individual could show they belonged to the ‘opposite sex’ to that of their birth - requiring a certified letter from a doctor and one from a family member. This proviso was closed down following the much-publicized April Ashley divorce case in 1970 after which new restrictions came into force (Hodgkinson, 2015:79). It wasn’t until the UK *Gender Recognition Act 2004* that gender changes in birth certificates were allowed again, together with the possibility of complete erasure of previous records after proof of diagnosis of ‘persistent gender dysphoria’ and the acquiring of a Gender Recognition Certificate (UK Gov, *Gender Recognition Guidance*, 2016).

Unlike the USA, no formal medical unit specialising in the treatment of transsexuals existed in the UK until the 1980s, but there were other less documented arrangements and some practising medical specialists. Lennox Broster provided surgical and

hormonal treatment for *intersex* patients at Charing Cross Hospital from the 1930s and 1940s, including surgery on Mark Weston in 1936, who along with Karl Baer in Berlin 1906, have been represented as the first FtM transsexual surgeries. However both were probably intersex because the documentation of the surgeries they underwent did not indicate the complexity of genital surgery required for full FtM transition, which to this day is attempted by very few transmen. John Randell the main transgender consultant psychiatrist at Charing Cross in the 1950s, working with the urologist Peter Phillip, ‘was consulted by 2438 patients by his retirement in 1980’, from which approximately 100 of the 670 FtMs and 250 of the 1768 MtFs were referred for surgery (King, 2002). In 1980 the *News of the World* claimed that Randell and Phillip had made London the ‘sex change capital of the world’ (King, 2002). Randell’s real view of transsexuals emerged when he gave unfavourable evidence in the April Ashley case, stating that he considered her ‘properly classified as a male homosexual transsexualist’, creating a problematic precedent for the future position of transwomen not being considered legally as women (King 2002).

To this day ‘Charing Cross’ and the names of the doctors associated with it have iconic status among transsexuals in Scotland, as evidenced by some of the narratives in the current study. It continues to be the main hospital for transsexual surgery in the UK, along with the more recently established GIC at Brighton Hospital. The ‘sex change surgeons’ until 2015 were all male. It is notable that past and recent media representations and documentaries of some of these surgeons, reflect an attitude towards their patients reminiscent of descriptions of 19th century male doctors dissecting female corpses in order to understand sexual reproduction. This is a discourse that is in need of deconstruction, possibly through detailed and comprehensive media analysis. As Stone argues: ‘the transsexual body is a tactile politics of reproduction constituted through textual violence. The clinic is a ‘technology of inscription’ (Stone, 2006:239).

The diagnostic category of ‘transsexual’ is described by Stone as an attempt by the ‘body police’ to homogenise ‘a vast heteroglossic account of difference’ (Stone, 2006). The medicalisation of gender variance is a complex issue in that trans people themselves request surgical interventions and the political agenda of trans activists

argues for their right to do so. Identifying the origin of the discourse of ‘natural’ sex and ‘social’ gender dichotomy in medical practices of the 1950s (1995:132), Hausman reveals the semiotic functioning of gender in maintaining the heterosexual normativity of the human body (1995:189). From a Foucauldian standpoint, Hausman deconstructs the significance of surgical transition, arguing that the emergence of the transsexual in the mid twentieth century was due to developments in medical technology; specifically, that surgical procedures and endocrinology created the material and discursive conditions necessary to produce new subjectivities and the demand for GRS (1995:15). This line of argument is contested by Prosser’s insistence on transsexual agency in the development of medical practices (1998:8). For example ‘The Story of Agnes’, a genetic male who through her own actions constructing a believable narrative and performance of intersexuality, was able to convince medical practitioners that she was a candidate for GRS (Garfkinkel, 1967). The actuality for many trans people’s transition trajectory is probably in the middle ground, a mixture of determination and agency, as the findings of the current study and past empirical research indicate.

2.3 Transgender Terminology

The conceptual development of a social phenomenon is intrinsically entwined with its cultural and political history, and the etymology of terminology is open to fluctuating interpretations. The term ‘transgender’ emanated into the public sphere in the early 1990’s, contemporaneously with the creation of transgender organisations and transgender theory (Stryker, 2006:5). The understanding of the concept ‘transgender’ has shifted over the years and now embraces multiple identity representations and definitions, some of which are examined here.

Transgender is defined predominantly in the research literature and by the transgender lobby groups as an ‘umbrella term’ for gender variance that includes the entire spectrum of gender complexity. The origin of the lexical compound ‘trans’ plus ‘gender’ is often attributed to Virginia Prince (pioneer of the transvestite movement in the USA who created the ‘Society for the Second Self’). Prince claimed to have first

published the term 'transgender' in her magazine for male heterosexual cross-dressers *Transvestia* December 1969 (Ekins & King, 2006:13).

Terms pertaining to gender variance tend to be entangled with medical paradigms. Actually the first definition of 'transgenderism' to be published can be traced to the work *Sexual Hygiene and Pathology* (1965) by psychiatrist John Oliven, appearing in a chapter entitled 'Sexual Deviations':

Where the compulsive urge reaches beyond female vestments, and becomes an urge for gender ("sex") change, transvestism becomes "transsexualism." The term is misleading; actually, "transgenderism" is what is meant, because sexuality is not a major factor in primary transvestism. Psychologically, the transsexual often differs from the simple cross-dresser; he is conscious at all times of a strong desire to be a woman, and the urge can be truly consuming (Oliven, 1965:514).

In 1992 Lesley Feinberg published her defining tract 'Transgender Liberation: A Movement Whose Time Has Come' using transgender as an adjective to describe 'people who cross the cultural boundaries of gender (Feinberg, 1992). As maintained by Susan Stryker, transwoman, activist, academic historian: 'transgender in this sense was a "pangender" umbrella term for an imagined community' (Stryker, 2006:4). In 1992 the First International Conference on Transgender Law and Employment Policy held in Houston USA defined transgender as: 'an expansive umbrella term including 'transsexuals, transgenderists, cross dressers, and anyone transitioning' (Frye, 2001). Paisley Currah, transman, transgender activist and academic, founder of *Transgender Studies Quarterly Journal* proffers:

since about 1995 the meaning of transgender has begun to settle, and the term is now generally used to refer to individuals whose gender identity or expression does not conform to the social expectations for their assigned sex at birth' (Currah et al, 2006:xiv).

The metaphor most used by transgender activist groups to describe their constituencies, both internationally and in Scotland, continues to be 'the transgender umbrella'. However the neologism 'trans' has increasing currency and established usage in most spheres, as Steven Whittle, transman, lawyer, academic, activist explains:

"trans" as a standalone term did not come into formal usage until it was coined by a parliamentary discussion group in London in 1998, with the deliberate intention of being as inclusive as possible when negotiating equality legislation (Whittle, 2006:xi).

In *The Trans Euro Study 2008* Whittle makes the claim that the organisation he founded invented the term: 'Trans has become the term of normal use since the coining of it by Press for Change for their 1996 mission statement: "seeking respect and equality for all trans people"' (Whittle et al, 2008:12). Whittle acknowledges that the term 'trans' is 'not ideal' but employs it as 'an easy inclusive shorthand':

to refer to people who may identify as transgender, transsexual or gender variant...to embrace those who cross (or have crossed) the conventional boundaries of gender; in clothing; in presenting themselves; even as far as having multiple surgical procedures to be fully bodily reassigned in their preferred gender role (Whittle et al, 2008:12).

'Trans' is the term used throughout the document *Trans People and Stonewall* (Hunt & Manji, 2015), produced after Stonewall's historic rapprochement with the UK 'transgender community' in 2015, after years of estrangement between the UK LGB and T communities. The Equality and Human Rights Commission (EHRC) *Trans Research Review 2009* employs the term 'trans' 'when referring to people with the widest range of gender identities' and employs 'more specific terminology such as trans men, transsexual people, polygender people, and so on when referring to particular sub-sections of this diverse population' (EHRC, 2009). The European Agency for Fundamental Rights (FRA) report *Being Trans in the European Union* 2014, uses 'trans persons' as an umbrella term throughout: 'to refer to persons whose gender identity and/or gender expression differs from the sex assigned them at birth. The term can cover many gender identities...transsexual, transgender, cross dresser, gender variant, queer or differently gendered people' (FRA, 2014:5) .

The additional neologism 'trans*' (with asterix) often appears in online transgender discussion forums, and borrows from the language of online search engines - the asterix of an online wildcard search here used in much the same way as the transgender umbrella: to denote all identities that do not comply with gender norms. The argument for 'trans*' is that a younger gender variant generation, 'under 30, college-educated', identify as queer and, 'use trans* both as a personal label and as a more inclusive, broader umbrella term than transgender', a term ostensibly now rejected as being irrelevant because, 'it was often accompanied by little in the way of significant change to include actual trans* people' (Ryan, 2014, para.2 & 3).

‘Tranny’ is a sometimes fraught signifier for a trans person: thought by some to be pejorative, but by others reclaimed as affirmative. Kate Bornstein, gender non-conforming transwoman, academic, gender theorist, in her online blog, argues for the political reclamation of ‘tranny’ as having no medical legacy, to be used as a uniting term to encompass all trans identities. She cautions against wielding terminology in the service of divisive gender politics: ‘Saying that FTMs can’t call themselves trannies eerily echoes the 1980s lesbians who said I couldn’t use the word woman to identify myself, and the 1990s lesbians who said I couldn’t use the word dyke’ (Bornstein, July 2009). The contested nature of the term ‘tranny’ and who is allowed to reclaim it is evident in that ‘lengthy discussions of this term can be found on several online blogs’ outlined in a review of transgender online forums by Tomkins (2014:777) and discussed in more detail in the Intimate Practices chapter of the current study.

Challenges have emerged to the use of the term ‘transgender’ as an umbrella term. Arguments against the use of the umbrella term can be distilled into two strands: first the needs of transmen are very different to those of transwomen; second the health care and social service requirements of transsexuals are quite specific and therefore need to be separated from other gender variant people. The limitations of the transgender umbrella are examined by Viviane Namaste transwoman, academic, activist, who argues that the term ‘transgender’ originates from an ‘Anglo-American’ academic and LGBT activist discourse, with which not all trans people identify. She asks:

What does it mean to group the very different identities of FTM transsexuals and heterosexual male cross-dressers? How does this term function to define a specifically transgendered social movement? What kinds of issues are overlooked within such a perspective? What important differences within this category are being excluded? Are some bodies invisible within this debate? (Namaste, 2000:61).

The restrictions of the concept are questioned by Singer: ‘Erasures happen when individuals who are placed under the umbrella do not imagine themselves to belong (e.g. some gay men in drag)’ (Singer, 2014:259). Currah questions the effects of framing all the diversity of gender variant practices and identities that exist as ‘transgender’: ‘is it strategic and pragmatic point of reference or an erasure of the very different ways gender crossing is lived and experienced?’ (2006:5).

One area of tension in the use of transgender as an overarching ‘umbrella’ term for differently gendered people, is that intersex activists claim that they cannot assimilate their identities and political interests within a transgender rubric because intersex denotes a variety of complex congenital conditions that create a non-standardised non-binary male/female anatomy. There is no generally accepted definition of ‘intersex’ - a term applied to a great variety of conditions regarded by the medical establishment as anomalous of the norm. An individual can be born with a disparity of sex characteristics that preclude distinct identification as male or female, including genital ambiguity and permutations of chromosomal genotype and sexual phenotype other than XX female and XY male. A survey led by Anne Fausto-Stirling of medical literature from 1955-2000 for studies of frequency of deviation ‘from a Platonic ideal of sexual dimorphism’, concluded that it may be as high as 1.728% of live births (Blackless, 2000:159); and the approximate frequency of people receiving ‘corrective’ genital surgery is probably 1 to 2 per 1000 live births (Blackless, 2000:151). Elsewhere Fausto-Stirling argues that the social imperative the ‘two-sex system’, is so strong that surgical and hormonal intervention is accepted as a medical imperative:

As biology emerged as an organized discipline during the late eighteenth and early nineteenth centuries, it gradually acquired greater authority over the disposition of ambiguous bodies. Nineteenth-century scientists developed a clear sense of the statistical aspects of natural variation, but along with such knowledge came the authority to declare that certain bodies were abnormal and in need of correction (Fausto- Stirling, 2000:44).

Medical approaches to the surgical management of intersexuality have come under increasing criticism and scrutiny. Alice Dreger argues that intersex challenges our notions of binary sex classification, questioning the scientific-medical construction of sex, gender and sexuality, and calls for changes to the still-standard medical protocols developed in the 1950s (Dreger, 1998).

Because of the variety and complexity of intersex conditions it must be considered an area of study outwith the realm of the current research. However there are areas of similarity in that the early discourse around the treatment of intersex influenced the medical model for the treatment of transsexuality. There are also similarities in the struggles of trans advocates for gender self-determination, with reference to questioning the need for surgical intervention in order to fit in with heteronormative categories, and that of intersex activists resisting surgical mutilations in the production

of ‘normatively sexed bodies and gendered subjects through constitutive acts of violence’ (Chase, 1998). Ethical questions currently being considered around the medical treatment of intersex may well become the ethical questions of the future around surgical intervention for transsexuality.

Possibly as an acknowledgement of the complexity involved when categorising gender variance, the STA (Scottish Transgender Alliance) website has recently divided their single ‘Transgender Umbrella’ into two umbrellas: an ‘Intersex Umbrella’ and a ‘Trans Umbrella’, together with a caution that terminology is constantly evolving and often fallible, and the following rubric:

In Scotland, it is currently common to use the terms transgender people or trans people as an ‘umbrella’ to cover the many diverse ways in which people can find their personal experience of their gender differs from the assumptions and expectations of the society they live in (STA, 2015).

This reference to societal expectations is an interesting break with past references in the standard definitions of transgender as being a disjunction between the sexed body and subjectively experienced sense of gender.

2.4 Transgender Studies

Transgender studies materialised during the 1990s as a complex reaction to, and interaction between, feminist and queer theory, and like both these disciplines, has its roots in political activism. To quote Sandy Stone:

Here on the gender borders at the close of the twentieth century, with the faltering of phallocratic hegemony and the bumptious appearance of heteroglossic origin accounts we find the epistemologies of white male medical practice, the rage of radical feminist theories and the chaos of lived gendered experience meeting on the battlefield of the transsexual body: a hotly contested site of cultural inscription, a meaning machine for the production of ideal type (Stone, 1991/2006:239).

Written nearly three decades ago, the above quote continues to hold true. Taken from Stone’s now famous ‘The Empire Strikes Back: A Postranssexual Manifesto’ (1991) it is included in the *Transgender Studies Reader* (2006) where it is credited by editors Stryker and Whittle as ‘the protean text from which contemporary transgender studies emerged’ (2006:221).

Stone's argument was formulated as a response to a feminist critique of transsexuality written by Janice Raymond - *The Transsexual Empire* (1979) – imperialism being a signifying trope of how transwomen attempt to invade and colonise women's bodies and spaces. Raymond also argued that the primary cause of transsexualism is the two gendered system of patriarchal society, and that transwomen reproduce rather than challenge gender norms and stereotypes of women: 'by encouraging the individual to become an agreeable participant in a role-defined society, substituting one sex-role stereotype for the other' (Raymond, 1994:10). Transsexuals according to Raymond, are inventions of a patriarchal medical industry for the purpose of profit, prestige, and the political purpose of allocating to acceptable gender categories those who would otherwise be disrupting the male dominated gender binary system: 'The medical solution becomes a "social tranquiliser" reinforcing sexism and its foundation of sex-role conformity' (Raymond, 1994:xvii). Raymond's position was the first published sortie on behalf of a branch of feminism that contends transgender practice is: irreconcilable with feminist values, serves to maintain the binary gender system, and thus 'reinforces the society and social norms that produced transsexualism' (Raymond, 1994:18).

Radical feminist theory maintains that the hierarchical gender division in society is reproduced by patriarchal culture; masculinity is inherently oppressive, femininity is concomitantly associated with subjugation, and a first step toward overturning sexist relations is for women to distance themselves from both forms of gender expression. Since the 1970s certain radical feminist discourses have contended that transsexuals reproduce hierarchical gender roles: FtMs seek to acquire male power and privilege, and MtF transwomen cannot be 'real' women, and are in fact really men merely appropriating the identities of women in order to reinforce patriarchal gender stereotypes and invade women's spaces. The transsexual phenomenon is seen as a post-feminist backlash against the threat to male social and economic position posed by the Women's Movement. These views continue to be voiced by the chief proponents for the exclusion of transwomen from the category of 'woman': Julie Bindel, Julie Burchill, Mary Daly, Sheila Jeffreys, Germaine Greer, Suzanne Moore, and Janice Raymond.

The term TERFs or ‘trans exclusionary radical feminists’, was originally coined by ‘trans positive’ radical feminists as a way of distinguishing themselves from TERFs, but taken up by transgender online communities as a focus of some trans activist wrath. Critique of the radical feminist anti-trans position has been offered from transgender political activists and theorists such as, Kate Bornstein, Pat Califia, Leslie Feinberg, Surya Monro, Jay Prosser, Carol Riddell, Julia Serano, Sandy Stone, Susan Stryker, and Stephen Whittle. The ongoing debates are played out in the media, ironically at a moment in history when there is increasing awareness, open discussion, and acceptance of transgender issues in the public sphere, with a concomitant range of identities open to transsexuals.

At the core of the TERF issue is who gets to define who is a woman. Transgender theorist Stryker avers, ‘transgender phenomena challenge the unifying potential of the category “woman”’, and suggests that ‘some feminists re-examine...exclusionary assumptions’, embedded within feminism; and calls for, ‘new analyses, new strategies and practices, for combating discrimination and injustice based on gender inequality’ (2006:7). Monro counters the feminist gender determinist argument that transwomen are not real women because they have not been subjugated by patriarchy, citing the histories of transwomen who have considered themselves female from an early age and have been subsequently restricted by a gender normative system (2005:101).

These disputes over gender identity have been bitter and antagonistic causing lasting damage, with ramifications that continue to this day. A question to ask is: what is at stake here for both parties? Transwomen are presumably looking for acceptance, sisterhood, and validity of their identity as women. Feminist groups are presumably defending women’s only spaces from what they consider to be the threat of intrusion from men in disguise. Monro argues that transgender poses a threat to radical feminism which: ‘Rests on the notion of discrete male and female categories and an equation of men and masculinity with oppression. Trans scrambles gender binaries, because trans people cross genders or exist between or outside male/female categories’ (2005:102). Borrowing from Butler’s (1990) idea of gender categorical incoherence, Monro suggests that transgender people are ‘ontologically incomprehensible’ to feminists in that they do not fit into a gender-binaried world view of radical/separatist feminism

(2005:103). Indeed, she accuses the TERFs of betraying their own aim to dismantle the gender system, in that they are following a 'normative political agenda' by excluding trans women (2005:103).

The feminist versus trans debate goes back and forth and is imbued with ironic complexities and contradictions. Binary gender norms may be at the core of anti-trans discrimination, but transgender practices and identities exist because of binary gender, an effect of a deeply gendered society; and transgender theory can expand the conceptualization of gender in terms of the strategies used by trans people to resist binaried gender normativity. Pat Califia, transman, feminist, writer, describes how transgendered political agendas shifted during the 1990s as: 'increasing numbers of transgender people are saying that it is the binary gender system that is dysfunctional ... they are asking the rest of society to change the way gender is defined and used in our lives' (Califia, 1997: 210).

The discourse around transgender has become nuanced over the years, and it is unfortunate that the ongoing invective of the feminist exclusionary arguments and the resultant rhetorical rumpus, have foreclosed consideration of some of the more rational aspects of feminist theory. For example feminist arguments that challenge the dominant biomedical model with its emphasis on the surgical transformation of bodies, is regarded as valid by some gender theorists. Monro regrets that the feminist 'critique of a homophobic, sexist, gender-binaried medical establishment' has become overshadowed by the less acceptable aspects of TERF arguments (Monro, 2005:103). When Germaine Greer argues that gender reassignment surgery is 'profoundly conservative in that it reinforces sharply contrasting gender roles by shaping individuals to fit them' (1993:93), she provides valid comment on how the medical model of transgender reinforces the binary system of gender roles in western culture that cannot contain variance. Greer provides some small hope for a rapprochement: with 'As sufferers from gender role distress themselves, women must sympathize with transsexuals, but a feminist must argue that the treatment for gender role distress is not mutilation of the sufferer but radical change of gender roles' (Greer,1999:93).

Like Greer and Raymond, Sheila Jeffreys insists that sex reassignment surgeries are: ‘self-mutilations’; ‘human rights violations’; ‘an attack on the body to rectify a political condition’; and an extension of the beauty industry ‘offering cosmetic solutions to deep rooted problems’, which would not be necessary in a society without gender (Jeffreys, 2003:111). Jeffreys extends these arguments in her first full length text dealing with transgender issues published recently, *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism* (2014). Yet whereas some feminists see transitioning as upholding the gender binary, others like Judith Butler (1990) view gender variance as disrupting gender and heteronormativity. In a recent interview with Butler she comments on Jeffreys:

If she [Jeffreys] makes use of social construction as a theory to support her view, she very badly misunderstands its terms. In her view, a trans person is “constructed” by a medical discourse and therefore is the victim of a social construct. But this idea of social constructs does not acknowledge that all of us, as bodies, are in the active position of figuring out how to live with and against the constructions – or norms – that help to form us. We form ourselves within the vocabularies that we did not choose, and sometimes we have to reject those vocabularies, or actively develop new ones (Butler, 2014).

So Butler argues that agency is possible, individuals can make choices about their bodies, but not in social conditions of their own choosing. Thus although the biomedical discourse of transgender appears to be hegemonic, there are also interstices available for alternative discourses and counter-narratives.

As discussed at the beginning of this section, Stone’s proffering that the transsexual occupies a position outside the binary oppositions of gendered discourse, provided a counter-narrative in 1991 to the feminist criticism of transsexuality, and inspired the development of transgender theory, a new body of academic work instigated by trans people themselves. Stone contends against the discourse of ‘passing’ and ‘stealth’ for trans people (discussed in the Biomedical Section) in that it creates a double bind problematic for a trans activism reliant on transsexual visibility: ‘it is difficult to generate a counter-discourse if one is programmed to disappear’ (Stone, 2006:80)

For a transsexual, as a transsexual, to generate a true, effective and representational counter-discourse is to speak from outside the boundaries of gender, beyond the constructed oppositional nodes which have been predefined as the only positions from which discourse is possible. How then can the transsexual speak? If the transsexual were to speak, what would s/he say?’ (Stone, 2006:230).

Since 1991 when Stone first asked this question, there has been increasing emphasis on the visibility of trans people, and publication of transgender autobiographies and transgender theory constructed by transgender people. Arguing for the legitimacy of experiential knowledge, Susan Stryker a transwoman, activist and academic historian, makes the distinction between ‘the study of transgender phenomena’ and transgender studies which ‘consider [...] the embodied experience of the speaking subject, who claims constative knowledge of the referent topic’ (2006:12). She defines transgender studies as: a ‘socially engaged’ investigation of ‘questions of embodied difference’ with the purpose of analysing ‘how such differences are transformed into social hierarchies’ which are culturally produced ‘systems of power that operate on actual bodies’ (Stryker, 2006:3).

With reference to transgender studies, Whittle laments ‘the ongoing paucity of empirical analysis of gender diversity’, despite the ‘vast array of medical and cultural comment, there is little in terms of in-depth empirical, scientific, sociological and legal investigation’ (2006: xiv). This gap in the empirical research specifically concentrating on transgender has been rectified more recently in the UK by Whittle’s own empirical surveys (2007, 2008) and those of the Scottish Transgender Alliance (Morton, 2008) discussed in the next section of this chapter. Also significant qualitative research contributions to the development of transgender theory in the UK has been provided by the interview-based studies of Sally Hines (2007), Tam Sanger (2010) and Zowie Davy (2011). This is a growing body of work to which the current study hopes to contribute. These studies contest conventional understandings of gender and the meaning of what it means to be a man or a woman, and contribute significantly to an understanding of transgender lives within the specific social, medical and legal context of the UK in the 21st century.

In North America the work of Viviane Namaste (2000), based in Canada, focuses on the most marginalized of transgendered individuals and their effacement within various cultural and institutional locations. Her *Invisible Lives: The Erasure of Transsexual and Transgendered People* (2000) was one of the first sociological empirical studies of the everyday practices of transgendered people, finding ‘erasure’ not only through medical and psychiatric practices, but also by the theoretical perspectives of the social sciences

and queer theory. In this she argues against academic interpretations that transsexuality is a production by the medical establishment, or an illustration of the social construction of gender. She critiques this work as focusing on the relation between social norms and gender identities, to the exclusion of understanding what actual everyday life is about for transsexuals. This renders invisible the real circumstances and lived social contexts in which trans people actually exist, the 'material, discursive and institutional locations' that transgender people occupy (Namaste, 2000:15). Namaste documents the difficulties encountered by transsexuals in obtaining the correct medical care, as well as the problematic nature of obtaining the requisite certification as to transgender identity required from the medical establishment (Namaste, 2000).

Like Whittle (2006), Namaste's argument is that research needs to pay empirical attention to the real-life situations and experiences of transgendered people, and the issues most relevant to gender transition; such as employment, health care, identity documents. The issues and concerns in her research have been addressed by research conducted through UK based transgender organizations such as Press for Change in England and the Scottish Transgender Alliance in Scotland, and highlighted by GIREs. The current study hopes to address a gap in the qualitative empirical research on transgender lives in Scotland, by focusing on the quotidian practices and 'material, discursive and institutional locations' of transgender people along with a proffered theoretical understanding of these lives.

A sub-genre of transgender studies is the many transgender autobiographies that have emerged in recent years and which would be valuable material for further research in the form of a discourse analysis. An example is that of transwoman Jan Morris, which two of the participants in the current study recommended, and in which the following comment echoes the sentiments expressed by some participants in the current study: 'People are usually far kinder to women, and society is more indulgent too' (Morris, 1974:132). Similarly the autobiography of Roberta Cowell also discusses the change of status and treatment in a gendered society experienced by MtF trans people after transition: as an equal by other women whose club they feel they can now enter; and as an inferior by men from whose club they are now excluded (Cowell, 1954). Morris also comments perceptively on how the reactions of others influenced her own gender

performance (1974:130) similar to the intersubjective social formation of identity proposed by Goffman (1959). These accounts would make a useful contribution to transfeminism.

From the mid-1990s evidence has grown of the development of a transsexual feminism along with concomitant strategies of empowerment. Emi Koyama wrote the 'Transfeminist Manifesto': 'a movement by and for transwomen who view their liberation to be intrinsically linked to the liberation of all women' and inclusively 'is also open to other queers, intersex people, trans men, non-trans women, non-trans men, and other who are sympathetic towards needs of trans women' asserting 'it is futile to debate intellectually who is and is not included in the category "women"' (2001). Koyama proposes a coalition politics with feminism, which 'stands up for trans and non-trans women alike, and asks non-trans women to stand up for trans-women in return' (Koyama, 2006: 244).

Finally, Julia Serano, transwoman, lesbian, writer and activist, has formulated a transfeminism that critiques the cultural construction of femininity as frivolous, passive and weak. She takes particular issue with the demeaning way in which transgender expressions of femininity are represented as artificial by both the mainstream media and feminists, attributing the anti-trans discrimination that she has encountered to 'trans-misogyny' (Serano, 2007:13). Serano problematizes the portrayal of femininity as 'artificial' or 'performance' by both feminist and queer theory, as being nothing more than traditional sexism: 'the presumption that femaleness and femininity are inferior to, or less legitimate than, maleness and masculinity' (Serano, 2008:4). She considers reclamation and empowerment of femininity in all its forms to be a prerequisite for gender equity, and proposes a working together of feminists and transgender activists, arguing for making feminist movement more inclusive (Serano, 2007:36). Similarly Stone's 1991 'Transgender Manifesto' could be considered a protean form of transfeminism in that she argues transwomen like genetic women are 'infantilised and considered too illogical or irresponsible to achieve true subjectivity' (2006:230). Thus transwomen began to express a new transfeminism based not so much in queer theory as in 'intersectionality' - focussing on the synergistic interaction and interdependence between different forms of oppression and institutional

marginalisation, as opposed to the concern with whether individual identities are either reinforcing or subverting the gender system (Serano, 2008:4). Transfeminism can be considered as an inclusive and egalitarian way forward, both politically and ethically, that respects and includes difference.

These recent developments in transgender academia and activism indicate the potential of productive interaction between feminist and trans theory, though whether it augers the possibility for synergistic solidarity between trans and non-trans feminism in the future would depend on the stakeholders involved and what they thought was at stake. The questioning of hetero normativity and gender binaries are not only the responsibility of the transgendered, but include everyone who challenges the boundaries of sex and gender.

2.5 Quantitative Studies: Survey Research

This section provides an overview of relevant studies into gender variance based on data gathered from surveys that have been conducted in recent years in Scotland, in the wider UK context, and also in the European Union. These studies, their relevant specific data, findings and the implications for the current study, are engaged with and discussed in more depth throughout the data analysis chapters. The main reason for the proliferation of UK based survey research into transgender during the period 2007-2009 was to inform the development of the Equalities Framework and the passing of the *Equalities Act* (UK Gov, 2010). This review of the quantitative research begins with Scotland, because the current study is attempting to establish a more accurate profile of transgender practices in this region. The review then broadens out to studies conducted in the UK and Europe. The structure is chronological order from earliest to most recent.

2.5.1 Scotland

The first quantitative research to calculate transgender prevalence specifically in Scotland was *The Prevalence of Gender Dysphoria in Scotland: A Primary Care Study* (Wilson et al, 1999). After establishing that ‘there were no adequate data on the prevalence of gender dysphoria or transsexuality in the United Kingdom’, the researchers distributed a paper survey questionnaire to be completed by all GP (General

Practitioner) practices in Scotland: ‘the number of patients registered with the responders’ practices was 4 105 872, representing 80% of the Scottish population’ (Wilson et al, 1999:991). Excellent response rates of 73% to the questionnaire were received, identifying a total of 273 patients registered at GP surgeries who had identified with gender dysphoria - defined in the Wilson study as: ‘a subjective experience of incongruity between genital anatomy and gender identity’ ‘excluding transvestism’ (Wilson et al, 1999:991). From this data the researchers extrapolated the following figures:

The prevalence of gender dysphoria among patients aged over 15 years was calculated as 8.18 per 100 000, with an approximate sex ratio of 4:1 in favour of male-to-female patients...Among these patients, 65 (24%) [1.9 per 100,000] were undergoing hormonal treatment without surgery, and 95 (35%) [2.85 per 100,000] had undergone gender reassignment surgery [therefore 4.75 out of 100,000 undergoing hormonal and surgery in Scotland] (Wilson et al, 1999: 991).

Therefore the findings of the Wilson (1999) study indicated a prevalence of 0.008% transgender people (‘excluding transvestitism’) living in Scotland who had presented for medical treatment, with a gender ratio of 4:1 MtF:FtM. The findings of this study suggested the increasing likelihood of ‘gender dysphoric’ patients presenting for medical care and the opinion that: ‘The apparently increasingly frequent presentation of gender dysphoria may reflect increasing social acceptance of the condition’ (Wilson et al, 1999:992). The Wilson (1999) study is regarded by the current research as the most reliable baseline data concerning transgender prevalence in Scotland to date.

The second study of transgender people living in Scotland was also led by Wilson: the *NHS & University of Glasgow Scottish Transgender Survey* (2005), based on 52 responses received from 39 transwomen and 13 transmen, 75% to 25% or a ratio of 4:1. For this second Wilson led study, paper-based questionnaires were distributed to transgender people throughout Scotland via GPs, self-help groups, and online sites, the aim of the study being: ‘to ascertain the needs and experiences of transsexuals in relation to lifestyle and services in Glasgow’ (Wilson et al, 2005:4). The emphasis on ‘services in Glasgow’ is not explained in the report, but could be inferred as referring to the main gender identity clinic in Scotland being located in Glasgow Sandyford Clinic. The report concludes that ‘The current picture of transsexualism in Scotland is one of overall satisfaction for those who are post transition...82% of the respondents were post-operative’ (Wilson et al, 2005:2).

Of interest is that the target population of the 1999 study by Wilson et al was individuals with 'gender dysphoria', whereas the target population of the 2005 Wilson et al study was: 'Adult Scottish people who were identified by their general practitioners as having gender identity disorder (GID), and people with GID not known to NHS medical services' (2005:2). This seems retrogressive given that GID was by this time being replaced by the term gender dysphoria in transgender discourse, was recognised as such by the *Gender Recognition Act* (UK Gov, 2004), and subsequently became the acceptable term in DSM-5 (APA, 2013). However it is possible that the Wilson et al (2005) study chose to use GID given that it was the term of use at the Gender Identity Clinics at the time of their study.

The Wilson et al (2005) study report questions why the responses were disappointingly low, coming in at only 52 compared to the 273 people with gender dysphoria having been identified by GPs in the Wilson et al (1999) study. It is possible to speculate (as the Wilson et al, 2005 report does not) that the difference in the number of responses between the two Wilson studies was due to the fact that the 1999 study relied on responses from GPs themselves about their patients with gender dysphoria, whereas the 2005 study relied, together with 'transgender self-help groups and internet sites', on GPs to distribute the questionnaires for their patients with 'Gender Identity Disorder' (GID). Individuals had to complete and return questionnaires themselves, and the report admits that these may have been over-lengthy and complicated (2005:5. Also self-report surveys are notoriously unreliable and have validity problems. It is also possible to speculate that some of the questions in the Wilson 2005 study were regarded as offensive by trans people, including those about sexuality using the controversial term 'autogynephilia' as well as the outdated categorisation of GID rather than gender dysphoria.

The third important survey of transgender people conducted in Scotland was *Transgender Experiences in Scotland* (2008), conducted by the Scottish Transgender Alliance (STA) the year after its inception in 2007. The objective was to gather both quantitative and qualitative evidence from transgender people living in Scotland, in order to inform the STA's equality development work concerning the following areas:

demographics and varieties of gender identities and expression; experiences of public services; discrimination or harassment within local communities (Morton, 2008:5).

The STA (2008) survey report cites the Wilson et al (2005) study as ‘the most directly comparable previous survey’, claiming that the two surveys were ‘distributed across Scotland in a very similar manner’, and that ‘the 71 responses of the Scottish Transgender Alliance survey is a 36.5% larger sample size (19 more respondents)’ than the Wilson et al (2005) with its 52 respondents, thus also claiming that the STA study was: ‘the largest survey of transgender people in any published Scottish research to date’ (Morton, 2008:5). The STA report compares the number of its research responses favourably with the *Engendered Penalties* (2007) report, the other relevant UK wide study (discussed below), which with 872 survey responses, ‘had the largest number of survey respondents of any international transgender research’ (Morton, 2008:5) including 73 responses from Scotland. The findings the STA *Transgender Experiences in Scotland 2008* survey has provided baseline data for other reports. The main findings indicated that the experience of transgender people pertaining to social attitudes in Scotland has been predominantly one of social prejudice and transphobia, subsequently included in the submission from the STA for their *Report to the Justice Committee Offences Aggravation by Prejudice Scotland Bill* (Morton, 2009) .

Broader social attitude surveys not limited to transgender participants, but sampled from the total Scottish population, are pertinent to the current research in their revelation of prevailing prejudices towards transgender people in Scotland. The *Attitudes to Discrimination in Scotland 2006: Scottish Social Attitudes Survey* indicated negative attitudes towards two groups - Gypsy/ Travellers and transsexual people: ‘a significant proportion of people in Scotland still held discriminatory views, especially about transsexual people’ (Bromley et al, 2007:21). The 2006 survey found that 50% of respondents would be ‘unhappy if a close relative entered a long-term relationship with a transsexual person’, and 30% said ‘a transsexual person would be unsuitable as a primary school teacher’ (Bromley et al, 2007:120). Four years later the *Scottish Social Attitudes Survey 2010: Attitudes to Discrimination and Positive Action*, examined attitudes towards groups protected by the recently passed UK equality legislation (UK Gov, 2010) and concluded that in Scotland: ‘for the most part, only a minority of

people hold views that could be described as discriminatory’. Despite this assertion, this report also found that certain groups - once again Gypsy/Travellers and transgender people – ‘appear to be the subjects of fairly widespread discriminatory attitudes’ (Ormston et al, 2011:v). Thus social prejudices in Scotland towards transgender people appear to have remained fairly consistent.

The final research listed here specific to Scotland concerning gender variance and social attitudes was *Challenging Prejudice: Changing Attitudes towards Lesbian, Gay, Bisexual and Transgender People in Scotland* (2008). This was in response to a call from the Scottish Executive [precursor to the current devolved Scottish Parliament] for LGBT community representatives in Scotland 2006 to establish a working group that would examine ways of confronting negative and discriminatory social attitudes towards their constituencies. The result was a report which defines the following statement of LGBT diversity: ‘LGBT people are estimated to make up around 5% of the population of Scotland, around 250,000 people across all parts of society’ (Donnelley, 2008: 14). The relevance to the current study is in the figures for the prevalence of sexual and gender variance in Scotland. Although caution needs to be exercised when extrapolating conclusions about transgender prevalence due to the difficulty of defining and counting transgender populations.

2.5.2 United Kingdom

The first major UK wide survey conducted of trans people was the *Engendered Penalties 2007* report conducted by the transgender activist group Press for Change, which claimed to be, ‘the most comprehensive study ever undertaken of trans people and their lives’ (Whittle et al, 2007:17); and with 872 survey respondents, ‘the largest sample to date of any sociological study conducted on trans people globally’ (2007:26). This study has provided a baseline for other research and the results are still pertinent today cited in the literature, and was clearly a major influence on the STA study 2008. The *Engendered Penalties 2007* report was commissioned by the Equalities Review in the UK in preparation for the passing of the *Equality Act* (UK Gov, 2010). Findings were based on empirical data gathered from: ‘a qualitative review of 86,000 emails to Press for Change and 16,000 online postings to the FTM UK email list’; in addition to

‘A quantitative analysis of responses from 872 self-identified trans people to an online survey’ (Whittle et al, 2007:14). The gender ratio of survey respondents was 646 MtF and 197 FtM or 74% to 23% or an approximately 3:1 ratio. Of interest is that in this 2007 report, in contrast with the ILGA 2008 report for which Whittle was also the lead researcher (discussed below) Whittle et al argue that a ratio of MtF:FtM 4:1 or 3:1 corresponds with the norm for other surveys in Europe and the USA (Whittle et al, 2007:28).

The UK *Engendered Penalties* report acknowledge that the survey cannot claim to be representative of the trans population as a whole: ‘Rather, we would suggest that given the number of respondents and the correlations with previous research we can claim that it is significant enough to draw some conclusions’ (Whittle et al, 2007:30). The report highlighted issues of inequalities and discrimination in preparation for the UK *Equalities Framework 2010* legislation. Significant findings were: ‘73% of trans people surveyed experienced some form of public harassment including violence with 10% being victims of threatening behaviour when out in public spaces’ (Whittle et al, 2007:16); and ‘35% (over 1 in 3) of trans people have attempted suicide at least once in their lives’ (Whittle et al, 2007: 78). The report argued that: ‘There has been little evidence-based research on the nature of inequality and discrimination experienced by trans people, but the available evidence suggests that discrimination and prejudice are pervasive’ - particularly in the areas of employment, health care and housing (Whittle et al 2007: 21). Whittle has argued elsewhere that in the UK there is ‘an ongoing paucity of empirical analysis of gender diversity’, particularly in-depth sociological studies, and thus ‘gender issues are still viewed as minority interests rather than as a matter of concern to us all’ (Stryker & Whittle, 2006: xiv). It is this paucity that the current study aims to address with an in-depth sociological study into transgender practices in Scotland.

The UK wide NHS *Audit of Patient Satisfaction with Transgender Services* (NHS, 2008) aimed ‘to capture the patient experience of transgender services to assess positive and negative aspects and to inform future development of the service’ (NHS, 2008:2). Results were based on 647 responses received to an online plus paper based survey that ran for 6 months and was not restricted to UK respondents (possibly

because the survey designers knew this would have been too difficult to control with an anonymous online survey). The gender ratio of respondents MtF: FtM was 4:1, with the mean and median age of total respondents being 44, the average age for MtF being 46 and younger for FtM being 36 (2008:3). The report confessed puzzlement at these gender discrepancies but like other studies, could not provide an explanation for the phenomenon. The findings of this NHS Audit are discussed in more detail in the Medical Practices chapter with reference to data gathered from interviews in the current study.

GIRES (the Gender Identity Research and Education Society) published a report on *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution 2009*. This survey of previous research studies into transgender populations was funded by the UK Government Home Office in order to fill an ‘information gap’ and develop ‘reliable estimates of the size, growth and geographic distribution of this vulnerable community’ (Reed et al, 2009:2). The objectives of the study were to improve the evidence base regarding ‘transphobic crime’ and growing transsexual needs for ‘specialised medical services’ (Reed et al, 2009: 6). The report indicated that there was a predominance in the United Kingdom of medical research, followed by crime reports on the subject of transgender, and argued for ‘a clear and present need to support and protect a significant number of gender dysphoric people in the community’ (Reed et al, 2009:5).

The significance of the GIRES report is that it was the first attempt to collate and evaluate data from different studies in an endeavour to define the demographics and prevalence of gender variant people in the UK: ‘to estimate reasonably the size, growth and geographic dispersion of the trans community using data from a variety of sources’: surveys, academic and government reports; as well as NHS and private gender identity clinics. The report makes the point that: ‘transgender people are difficult to count’ (Reed et al, 2009:7).

GIRES updated the 2009 report in 2011, and again in 2015 *Monitoring Gender Non Conformity -A Quick Guide*, intended as a policy guide for public service employers compliance with the *Equality Duty* (UK Gov, 2010). The updated GIRES reports

estimate that 1% of the UK population is ‘gender non-conforming to some degree’, and 0.2 % are ‘likely to seek medical treatment for their condition at some stage’(GIRES, 2015: Para 4). However information presented elsewhere on the GIRES website defines these percentages quite differently: ‘1% of the population has the protected characteristic of gender reassignment (*Equality Act 2010*), and approximately 0.2 of the population is likely to change the gender (social) role permanently - roughly 140,000 in the UK’ (GIRES, 2015b). Accuracy of category definition is one of the problems when it comes to enumerating the prevalence of gender variance: ‘gender non-conforming’ is not the same issue as the permanent gender change required to ensure ‘the protected characteristic of gender reassignment’, and ‘likely to seek medical treatment’ is not the same issue as ‘to change the gender (social) role permanently’. To conflate these categories causes confusion rather than clarification.

The calculations in the GIRES gender prevalence report updates (2011, 2015) are based on the assumption that there has to be a symmetry to the MtF: FtM gender ratio balance for gender variance, therefore there will be larger numbers of people who ‘experience some degree of gender variance’ than have actually been empirically counted. Given the numbers of MtF transwomen, GIRES argues there must actually be equal numbers of FtM transmen to provide a symmetrical gender balance:

They may number 300,000, a prevalence of 600 per 100,000, of whom 80% were assigned as boys at birth. However, the number would be nearly 500,000, a prevalence of 1,000 per 100,000 (1%), if the gender balance among gender variant people is equal, as seems increasingly likely (GIRES, 2011:Para 4).

However this balancing out of the gender ratio is not substantiated by empirical evidence. In the 2009 GIRES report, the figures indicated that ‘80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men)’ (Reed et al, 2009) which is the usual skewed Mtf: FtM 4:1 gender ratio evident in the samples of most transgender studies. But then the 2011 GIRES report update confidently anticipates: ‘that the gender balance may eventually become more equal’ (GIRES, 2011:Para1). Then the further 2015 GIRES report update estimates: ‘there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men)’ (GIRES, 2015: Para 4). This illustrates the development of a discourse, the origin of which can be traced to the ILGA *Trans Euro Study* (Whittle et al, 2008) discussed below in the section on Europe, after which UK transgender

research discourse began to shift to arguing the MtF:FtM gender ratio 1:1 together with a concomitant projection of the transgender population being 1% of the general population. However empirical research has yet to corroborate as being applicable to the UK this 1:1 gender ratio estimate based on findings in other European countries.

The GIRES reports (2009, 2011, 2015) predict a rapidly growing UK transgender population. The 2015 GIRES report estimates that people seeking medical treatment for gender non-conformity is likely to grow at 20% per annum or faster (GIRES, 2015: Para 4), and confirms the need for more ‘Qualitative rather than quantitative evidence’ (GIRES, 2015: Para 3). The current research is hoping to fill the need for more nuanced qualitative information about transgender people than statistics can offer.

The Equality and Human Rights Commission (EHRC) *Trans Research Review 2009* was a comprehensive appraisal of relevant UK wide academic and non-published quantitative and qualitative research , and policy documentation, in relation to trans people, in order to establish an evidence model on equality and discrimination that would ‘inform future policy development and strategy in Britain’ (EHRC, 2009:iv). The report included the following findings:

The review reveals that there is a case for UK-wide quantitative and qualitative study on the economic position, experiences and needs of the trans population. The absence of such evidence means that the correct support, funding, services and policies, are not in place for trans people (EHRC, 2009:74)

The EHRC study *Monitoring Equality: Developing a Gender Identity Question 2012* was in response to the *Equality Act’s* introduction of the *Equality Duty* (UK Gov, 2010), conferring additional responsibilities upon the public sector to publish information to demonstrate compliance and embed equality (EHRC, 2012:6). This study reviewed and developed gender identity questions to be used in equality monitoring which were then tested on focus groups consisting of trans and non-trans participants (EHRC, 2012:7). The resulting EHRC study approved questions asked in a specific order are now used for Public Sector Equality Duty monitoring, and these recommendations were adapted and incorporated into the questionnaire design for the current study. Of interest is that the EHRC (2012) report states: ‘Testing found that the terms “male” and “female” are less problematic than “man” and “woman” because the former are seen as biological facts and not socially constructed like the latter terms’

(EHRC, 2012:129). This could be considered revealing of an underlying biological essentialism revealed in the responses of participants in that study, an assumption seemingly unquestioned by the report's authors.

The UK wide *Trans Mental Health Study* stated that 11% of its 889 responses came from Scotland (McNeil et al, 2012:5-9). This would suggest that it gathered 98 transgender participants from Scotland, a larger sample than had responded to any previous research in this region. The study was sponsored by the STA and recruitment methods were similar to that of previous STA surveys - mainly snowballing and self-selection convenience sampling. The findings of the *Trans Mental Health Study* (2012) are discussed in the Medical Practices chapter of the current study.

2.5.3 Europe

The ILGA Europe (International Lesbian and Gay Association) *Transgender Euro Study: Legal Survey and Focus on the Transgender Experience of Health Care* (Whittle et al, 2008) used a mixed quantitative/qualitative approach with a total of 1964 respondents to the survey, and stakes the claim to being 'certainly the largest and most comprehensive data collection on trans people's lived experience to date', a prerogative previously claimed by the *Engendered Penalties* study (Whittle et al 2007). The emphasis of the study was 'collecting and analysing information on transgender and transsexual people's experiences of inequality and discrimination in accessing healthcare in Europe'. The ILGA survey questions were largely based on the *Engendered Penalties* (Whittle et al, 2007) survey in which Whittle was also the lead researcher, and to which UK respondents 'had also experienced positive feedback in terms of political acknowledgement of the problems transpeople face' (Whittle et al, 2008:42).

The ILGA (2008) report is where the argument first appears for a supposed symmetry of MtF:FtM gender ratios being 1:1, and provides the only empirical evidence thus far to contradict the standard ratio MtF: FtM 4:1 or 3:1 findings of the other research reviewed here. Survey data for the ILGA (2008) report was obtained from 1349 MtF trans women and 615 FtM trans men (Whittle et al, 2008:43) from which a ratio of MtF to FtM of 2:1 can be calculated. This is a higher percentage of FtM than in other

studies although not the 1:1 ratio, the probability for which is claimed in the report (2008:13) though with no explanation. The ILGA report (2008) has provided baseline data for other UK research including the GIRES report. The current study uses the strategy of the ILGA report in labelling the gender of participants in the research FtM and MtF as a generally understood shorthand term even though participants: ‘may not have strictly identified as “female to male” transgender or transsexual men/ ‘male to female’ transgender or transsexual women’ (Whittle et al, 2008:39).

The European Agency for Fundamental Rights (FRA) conducted the largest survey in Europe to date on the experiences of LGBT people: the *EU LGBT Survey (European Union Lesbian, Gay, Bisexual and Transgender survey)* (2013). Included were the responses of 6,579 transgender individuals. Data extracted from this report was used to form the basis of the first EU transgender -specific report entitled *Being Trans in the European Union: Comparative Analysis of EU LGBT Survey Data* (FRA, 2014). The report deemed the results ‘alarming’ particularly those relating to employment . Findings indicated that discrimination was experienced most severely by trans people in the following areas: seeking employment (37%); discrimination at work (27%); students in all levels of education (29%); accessing healthcare (22%) (FRA, 2014:21). ‘More than half of all trans respondents felt discriminated against or harassed because they were perceived as trans in the year preceding the survey’ (FRA, 2014:21). The FRA survey described ‘a vicious circle of fear and ignorance, of intolerance and discrimination or even hate-motivated violence and crime’ (FRA, 2014:9). But there were positive highlights in the recommendations that legal frameworks and good government policy instruments do have a positive impact on trans lives and promote fundamental rights and the advance of social norms and beliefs (FRA, 2014:9), the impact of progressive and protective legislation which can be seen in Scotland.

The ILGA *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe 2015* reveals: ‘transpeople in Europe continue to face particularly high rates of discrimination, especially in the areas of employment, education and access to healthcare’ along with ongoing ‘high incidence of homophobic and transphobic violence across the European region’ (2015:15). However the European picture is not entirely without hope, and the ILGA 2015 report does indicate that some of the most important recent developments in the EU relate to the recognition

of the human rights of trans and intersex people: ‘it is very encouraging that gender identity is increasingly being recognised in its own right as a ground of discrimination across Europe’ and ‘European governments are finally starting to adopt legal gender recognition legislation which fully complies with human rights standards’ (ILGA, 2015:12). For example Malta recently passed the *Gender Identity, Gender Expression and Sex Characteristics Act* (2015).

Of interest in the quantitative studies reviewed in this section, along with the relevant themes and findings, is their presentation of data concerning the numbers of transgender people currently living in the UK. Most of these studies argue that figures for the prevalence of people who have presented with gender dysphoria are notoriously hard to measure. Prevalence statistics for gender variance are continually being revised based on the apparently ever increasing number of people presenting for medical treatment. Predictions are made in the research reports for exponential increases and the need for expanding services to meet projected need.

2.6 Qualitative Studies: LGBT UK

The first empirical interview based study of diverse gender identity formation specifically focussed on Scotland is: Bob Cant’s *Lesbian and Gay Life Stories from Scotland* (1993) in which 35 participants ‘who identified as gay’ were interviewed. The generic category conflation ‘LGBT’ is employed by Cant to describe the population researched in his study, although there were no specific interviews cited with transgender people (1993). Applicable to the current research is the discussion of representation: ‘While I would not claim that the stories were representative in a quantitative sense, they do provide a map of some of the characteristics of the changes experienced by the LGBT population’ (Cant, 1993). He employed a semi-structured interview schedule that encouraged narrative elaboration from participants: ‘A loose topic guide of five topics provided the basis for the conversation. Each participant was given the opportunity to talk about their family, their community of origin, their awareness of their sexuality, their coming out stories and one other Big Story that was important to them’ (Cant, 1993). The narrative methodology of this ground breaking research was influential on the current study.

The most recently published research into queer lives in Scotland is Jeff Meek's *Queer Voices in Post-War Scotland: Male Homosexuality, Religion and Society* (2015). Meek interviewed 24 'gay and bisexual-identified men' to obtain their accounts of what it was like to live in Scotland before the decriminalization of homosexuality in 1980. Meek discusses the influence of Scottish Presbyterianism on the expression of counter normative practices. He examines, among other issues, the history of the power of religion in Scotland which he argues functioned until fairly recently to circumscribe the expression of queer identities. His research employed similar methods to the current study in that he conducted semi-structured, oral history narratives, had a similar sample size, and an interview time of 70-150 mins. In a review of Meek's (2015) book Cant asks the following question about the dearth of research into queer history and lives in Scotland.

Queer history has often been associated with metropolitan centres, such as San Francisco or London, where there is frequent migration, a climate of anonymity and a friendly critical mass. The route to understanding queer history in small countries which have no metropolis has been more complex and requires a particularly painstaking approach to research. But 2008 saw the publication of historical studies about patterns of sexuality in Ireland and New Zealand, both of which have smaller populations than Scotland. Why have we had to wait so long for a fully researched study about Scotland (Cant, 2015)?

The current research hopes to contribute something towards an understanding of queer history in small countries - in Scotland, where at time of writing the population for the entire country is 5.3 million compared to London's 8.5 million (UK Gov, 2015). The Weeks' study refers to 'the (relatively) limited formal organising outside of England' (2001:201) which at the time would have had interesting implications for research in Scotland. However by 2012 when the empirical work began on the current research, Scotland had developed highly visible LGBT organisational networks, and transgender organisations were particularly in evidence from 2007 when the Scottish Government began funding the Scottish Transgender Alliance, located within the Equality Network.

The qualitative research into sexually variant identities most quoted and influential on the methodology of interview based queer studies in the UK, has been Kenneth Plummer's *Telling Sexual Stories: Power, Change and Social World* (1995). His research was based on life history interviews and case studies conducted throughout the

UK during the late 1970s, working within a sociological framework of symbolic interactionist theory – one of the approaches that is used in the current research. Plummer coined the term *intimate citizenship*: ‘to suggest a cluster of emerging concerns over the rights to choose what we do with our bodies, our feelings, our identities, our relationships, our genders, our eroticisms and our representations’, and his concern is with ‘building a formal sociology of stories...as social actions embedded in social worlds’ (1995:17). His model of gathering queer personal narratives that are socially embedded in the daily practices and strategies of everyday life informed the interviewing strategies and methods of analysis used in the current research and are discussed further in the Theoretical Framework and Research Methodology chapters.

The first ground-breaking qualitative research specifically focussing on gender rather than sexual variance in the UK was Richard Ekins’ *Male Femaling* (1997). Over an extended period of seventeen years starting in 1979, Ekins undertook extensive ethnographic fieldwork gathering data from ‘over 200 informants’ (1997:58). His research documents the effects of social changes in attitudes and legislation, and technological changes: mainly the growth of the internet and the implications for transgender identities and communities. The study has ongoing relevance as an important historical record of transgender practices occurring in an era when social attitudes were more restrictive and judgemental than they are today. Ekins’ methodological approach was influenced by Plummer’s work and grounded in symbolic interactionism (Ekins, 1997:20). According to this perspective there are no intrinsic meanings to the social world and the task of the researcher is: ‘to trace the histories and consequences of the varieties of meanings that emerge from within social interaction’, and to ‘account for a social world that is subjective symbolic reality, one that changes and is in process, and one that emerges within interaction’ (Ekins 1997:36). The current study uses symbolic and social interactionist theory to interpret and analyse empirical data.

The first systematic interview-based study of non-heterosexual relationships in the UK was Jeffrey Weeks et al’s *Same Sex Intimacies: Families of Choice and Other Life Experiments* (2001). The aim of this study was to ‘provide empirical insights into the

changing nature of forms of domestic organisation, the shifting meanings of identity and belonging, and the developing culture of non-heterosexual ways of life' (Weeks et al, 2001:200). With a large research team and a sample of 96 participants, the Weeks study claims that qualitative research based on interviews can be representative. A discussion of sample representativeness is included in the Research Design chapter of the current study.

A qualitative sociological study of lesbian lives in the UK was Yvette Taylor's *Classed Outsiders: Working Class Lesbian Lives* (2007), based on in-depth interviews with 53 self-identified working-class lesbians from Scotland and England. Taylor situates research participant's identities and the formative experiences and emotional maps that produce and reproduce them, within theories of performativity, everyday life and symbolic interactionism, along with Bourdieu's concepts of social, cultural and economic capital with reference to sexuality and gender. Although Taylor's study was only accessed after completion of the current empirical research, it was significant that the theoretical approaches used are similar to those of Taylor.

The first major UK interview based study into transgender people's identity and family practices was Sally Hines' *Transforming Gender: Transgender Practices of Identity, Intimacy and Care* (2007). In her study of the intimate practices of transgender people, Hines incorporates various theoretical approaches including transgender studies, to create 'a queer sociological approach to transgender', that accounts for 'multiple gender expressions' and 'the contemporary diversity of transgender identity positions' (Hines, 2007:33). Hines combines a variety of theoretical frameworks with key research themes: 'the construction of transgender identities, the impact of gender transition upon intimate relationships, and individual and collective practices of care'; the aim of her research being to map: 'the diversity of transgender practices as they are lived out and intersect in contemporary society', and 'to bring materiality and corporality to poststructuralist analyses' (2007:31).

Hines' study was most influential on the current research design in terms of it being an interpretative interview-based study of the construction and meaning of transgender identities in relation to social practices, and therefore acts as a baseline and central

reference point for the current study into transgender in Scotland. At the conclusion of her study Hines (2007) identifies possible future research opportunities, which were influential on the formation of the current study's research design. She signposts an absence of empirical work from the UK on transgender identity formation, and discusses additional opportunities for further social research arising out of the limitations she recognizes in her own study. Hines acknowledges that the participants in her research were connected in some way to a 'wider transgender community', and so her project did not include those transgender people who may exist on the margins or have no contact with trans society (Hines, 2007:194). This is a problem particular to transgender research that is discussed in the Research Methodology chapter.

Tam Sanger conducted 37 interviews between 2002 and 2006 with participants living in the UK and Ireland, who identified as trans or were the partner of a trans person or both (2010:2968). The findings of this study were published as *Trans People's Partnerships: Towards an Ethics of Intimacy* (2010). The aim of this study was 'a reconsideration of intimacy using Foucault's conceptualisation of ethics' in which Sanger calls for 'an ethics of intimacy' (2010:137). Sanger interviewed both transgender identified participants as well as their partners, finding 'nuanced tales of regulation and resistance which spoke to the reconsideration of how identity and intimacy are actually lived in the everyday' (2010:125).

Zowie Davy's *Recognising Transsexuals: Personal, Political and Medicolegal Embodiment* (2011) is a study of transsexual embodiment and the bodily aesthetics of modification. Of interest to the current study is Davy's use of phenomenological method which she defines as: 'a study of experiences, actions and practices and their embodied meanings' (2011:6). She describes recruiting a UK wide purposive sample to ensure a range of 24 transgendered participants in terms of ages, genders, stages of transition, including non, pre, and post-operative individuals in order to gather 'a complex array of narratives of embodiment' (2011:6). Davy's claim for her research is that 'by situating it in a phenomenology of recognition framework' her study differs substantially from previous work. She identifies a gap in sociological studies into transgender being 'empirical research relating to trans people's body images and bodily aesthetics' and 'lived experiences' (Davy, 2011:6). The current research has attempted

to address these themes in its discussions concerning body image and aesthetics in the chapter on Gender Practices.

Nine qualitative studies of sexual/gender variant identities have been reviewed in this section. Two from Cant and Meek were based specifically in Scotland, and six were UK wide studies: Plummer, Ekins, Weeks, Taylor, Hines, Davy and Sanger. All influenced the current study in terms of research methodology, theoretical framework and analytical findings, all of which are discussed in more depth throughout this research report.

2.7 Conclusion

This literature review first focussed on the historical framework of transgender studies. The evolution of the biomedical model of transgender during the twentieth century was outlined, and the treatment of gender variance as a sexual or gender anomaly rooted in psychological abnormality, culminating in the now accepted medical diagnosis of ‘gender dysphoria’. The development of transgender studies and related debates and terminology was traced.

Secondly the Literature Review looked at previous UK based empirical research both quantitative and qualitative, into transgender identities over the past two decades was examined in order to provide contextualisation for the current study. Limitations of existing quantitative studies were analysed in terms of sample recruitment, survey distribution, and prevalence arguments. While the emphasis of the current study is on transgender identity and practices, the issue of prevalence is important to the formation of identity because it influences the allocation of public resources and passing of protective legislation, together with the ability of people to express their identities without harassment. Identities are produced and reinforced through discourses, which is pertinent to the research question for the current study: How are transgender identities produced through social practices and meanings in Scotland? Influences, methodologies, and further findings of these previous studies are discussed where relevant throughout this thesis.

This review of the existing research regarding gender variance in the UK indicated that while quantitative baseline data existed into transgender experiences in Scotland, and there had been qualitative studies of transgender identities in the UK, and qualitative studies of homosexual identities in Scotland, there had as yet been *no previous sociological, qualitative interview based study* to deepen understanding of daily practices and identity formation of transgender people specifically living in Scotland. This was a gap which the current study hopes to fill along with a need, identified by previous qualitative studies, to reach gender variant people possibly existing at the margins of social networks.

Chapter 3 Theoretical Framework

3.1 Introduction

This chapter provides a theoretical framework of sociological and gender theory for the current research by introducing the social theories to be employed in the data analysis. It defines the sociological meanings of the concepts implicit in the title, aims and objectives of the thesis, emphasising the construction of identities, subjectivities, and selves through practices and performativity. The chronological development of several related social theories concerning the construction of gender identity through reiterated social practices and performance are traced through the work of Bourdieu, Butler, Foucault, Garfinkel, and Goffman, along with their relationship to power and material structures. These analytical concepts are integrated into a theoretical framework of relevance to this qualitative study of transgender identity. A synthesis of analytical approaches is offered, integrating theories that interpret gender identity as an interactive social construction, together with those that interpret the production of identity through reiterated practice, and emphasise development of gender as performance and performativity. These are then integrated into the analysis of transgender identities and practices.

3.2 Interactionism - Performance of Gender

An important influence on the interpretative research methods used in the current study is symbolic interactionist theory, concerned with how human interaction is mediated by the use of symbols and signification, by interpretation, or by ascertaining the meaning of actions during social interaction. The founding work of Mead in symbolic interactionism concerning identity formation was developed as a sociological methodology by among others Goffman (1959), Blumer (1969), Plummer (1995), and Ekins (1997). The influence includes the awareness that the notion of the self emerges through social interaction, the practice requires the researcher to ‘catch the process of interpretation through which actors construct their actions’ (Blumer, 1962:188). The methods of analysis are rooted in the awareness that the individual is continually interpreting the symbolic meaning of the environment and the actions of others, human action is based on this imputed meaning derived from social interaction and modified

through an interpretative process, and the position of the researcher is to decode the process of interpretation through which actors construct their actions (Blumer 1969:17). Symbolic interactionist theory can be distilled into three premises. First the basis for human action is the attribution of meaning, produced out of social interaction, negotiated through the interpretative process of symbolic language. Second the framing of the concept of self through social interaction is a creative process and not merely the replay of socialised roles. Third human identity is self-reflexive, individuals can be the object of their own attention, monitor their own action, and strategically take the possible actions of others into account when choosing how to act. In interaction theory, society is viewed as networks of interaction, created and altered through the action of individuals in social groups, and the social process as a complex pattern of socially constructed meanings. To describe these as 'structures' is to reify and distort the importance of individual action (Blumer,1969). Nevertheless, the current study does not advocate the total abandonment of structural explanations for social phenomena.

The work of Erving Goffman (1959) built on symbolic interaction theory but added a new dimension with the idea that individuals attempt to control or manipulate the image others have of them. Using an approach he labelled 'dramaturgical', Goffman posited a connection between daily human actions and theatrical performances, arguing that in social interaction there is a front stage where positive aspects of the self and desired impressions are displayed; and there is a back stage where individuals can be themselves and discard their role or identity in society. The actor's aim is to sustain coherence, stick to scripts, adjust to different settings, and present a convincing dramatic performance, or in social situations, a convincing image which he termed 'the social presentation of the self' (Goffman, 1959).

Goffman's theories were developed out of empirical observation of the implicit social rules governing individuals and their self-presentation in face-to-face interaction. Although he emphasised the analysis of social structure as the business of sociology, his research interest was chiefly in the microsocial world and the realities of impression management, thus particularly useful for the analysis of qualitative data. His sociological studies of social institutions from a dramaturgical perspective examined how the acting of roles and social performances successfully promote social survival.

Goffman used the models of theatre, game, and ritual throughout his work to examine how individuals construct their sense of 'self' - which is a product of performances staged in social life, both constrained by ritual but open to agency in the sense it can be an impression manipulated by the performers. The self is a dramatic effect (not a cause) of a series of facades erected before different audiences, arising from collaborative interaction with other actors on the social stage. In the final analysis the self is a social construction, and the fundamental issue for Goffman is whether the performance of self will be 'credited or discredited' and by whom. The locus classicus of Goffman's concept of 'self-as-character' (the socialized self) is defined in the following quote:

A correctly staged and performed character leads the audience to impute a self to a performed character, but this imputation – this self- is a product of a scene that comes off, and is not a cause of it. The self, then, as a performed character, is not an organic thing that has a specific location, whose fundamental fate is to be born, mature, and to die; it is a dramatic effect arising diffusely from a scene that is presented, and the characteristic issue, the crucial concern, is whether it will be credited or discredited (Goffman, 1959:252-254).

Most significant in Goffman's development of interactionist theory is that he transforms the concept of the *self* from a *cause* to a *product* of action. Personal and social identities are not so much determined by socialisation, as the means by which individuals produce and identify themselves to others through performance. And the success of the production is reliant on the willing participation of the audience, and whether they believe the performance or not (Goffman, 1959:252). Interaction involves a continuous and reciprocal negotiation over the definition of a situation which becomes a joint construction, where the prevailing views are those of the most powerful within any given field. For example in the area of sex and gender attribution, or those who determine the employment opportunities of gender-variant people.

Goffman's theory of the self as produced through presentation and performance during social interaction, must have influenced Judith Butler's later development of the theory of the ongoing reiterated constitution of the gendered subject through performativity. A theory of *gender* as a production of collective performance is presented by Goffman in two journal articles specifically dedicated to theorising gender: 'Gender Displays' (1976) and 'The Arrangement Between the Sexes' (1977). Predating Butler's work on gender performativity, he argued that, rather than being a product of human 'essential sexual nature' that can be interpreted as 'natural signs given off' of masculinity or

femininity, gender is something that is ‘done’, a performance produced for an audience. It is an interactional portrayal of what individuals want to convey to others, using the human ability to produce and recognize masculine and feminine ‘gender displays’ (Goffman, 1976: 76). Goffman formulates his concept of gender display as follows: ‘If gender be defined as the culturally established correlates of sex (whether in consequence of biology or learning), then gender display refers to conventionalized portrayals of these correlates’ (Goffman, 1976: 69). For Goffman ‘gender is a socially scripted dramatization of the culture’s idealization of feminine and masculine natures, played for an audience that is well schooled in the presentational idiom’ (West & Zimmerman, 1987:130).

3.3 Ethnomethodology– Gender Accomplishment

The ethnomethodological position on ‘doing gender’ as a routine, recurring, accomplishment, has contributed greatly to the scholarship on gender. Predating Butler’s work on gender performativity, Harold Garfinkel posited ‘the managed achievement of sex status’ (Garfinkel, 1967:117); observing how the social world is divided into two sexes, an arrangement with an implicitly moral status, in which everyone includes themselves as: ‘essentially, originally, in the first place, always have been, always will be, once and for all, in the final analysis, either “male” or “female”’ (Garfinkel 1967: 122). He based much of his theory regarding sex/gender on ‘the Story of Agnes’, a case study of a transwoman who self-reflexively constructed herself as ‘intersex’, thereby persuading a medical team to provide her with the gender reassignment surgery she desired on the basis of her feminine characteristics and behaviour. Unbeknown to her doctors or sociologist Garfinkel, she had been taking feminising hormones since puberty. When this subterfuge was subsequently confessed post-surgery, it revealed to Garfinkel how Agnes had constructed her performance of female as a practical accomplishment, modelled from observations of genetic women. From this he drew the conclusion that everyone ‘does’ gender as a process of interactive action and interpretation (Garfinkel, 1967:285-8).

We “do” gender as much by the interpretive processes by which we attribute gender to others as by our own actions... Implicit in Garfinkel’s analysis is the suggestion that sex differences themselves are social. Thus gender cannot be seen as simply a cultural overlay on biology (Rahman & Jackson, 2010: 162).

This idea of gender as a social performance, the success of which is assessed on socially accepted conceptions of appropriate gender presentation, is extended by West and Zimmerman (1987, 2009). They suggest that ‘Agnes's case makes visible what culture has made invisible - the accomplishment of gender’ (1987:131). In engagement with both Garfinkel’s (1967) theory of ‘the managed achievement of sex status’, together with Goffman’s (1977) theory of ‘gender display’, they argue in their eponymous article that: ‘Doing Gender’ (1987) is a social accomplishment, ‘an achieved property of situated conduct’ in which ‘competence as members of society is hostage to its production’. They refute as a false assumption the idea of masculinity and femininity as ‘essential nature’ which can be interpreted by reading the expression of ‘natural signs’ (West & Zimmerman, 1987: 126). Ethnomethodology transforms the doing of gender from: ‘an ascribed status into an achieved status, moving masculinity and femininity from natural, essential properties of individuals to interactional, that is to say, social, properties of a system of relationships’ (West & Zimmerman, 2009:115). Thus gender is displayed, assessed, and produced during social interactions, constructed to appear as naturally occurring, an ongoing activity embedded in everyday interaction, but it is compulsory rather than an optional performance.

3.4 Bourdieu - Social Practice Theory

The main question of the current study is to investigate how transgender identities are produced through *social practices*, and a subsidiary question is - to what extent do transgender practices subvert or sustain the normative gender order? Social practices refer to everyday human activities, habitually performed, recurring interactive actions, that provide meaning and structure to individual and social groups, and are produced by and productive of the broader social structure. Social practices contribute to the construction of personal and social identities, and the perception of histories and the memories of social groups.

The *social order* is a system of linked social structures, institutions, relations, values, and practices; determined by and determining of the actions of individuals, and, as discussed in previous section, the *gender order* is produced and maintained by everyday gendered social practices - by individuals *acting* like women and men, by

doing gender. By taking social practices as the basis for a sociological understanding of social systems, practice theory explains the dialectic between social structure and human agency working reflexively on each other, constructing and being constructed.

Pierre Bourdieu's theory of practice (1977) reconciles a subjectivist emphasis on individual agency with objectivist structural determinism, by formulating the theoretical concepts of the subjective habitus and the objective field (Wacquant, 1989). The theory of the *habitus* describes the internalization of the social order in the human body, to form 'permanent dispositions' - an individual's cognitive, emotional, and embodied demeanour - 'which organises practices and the perception of practices' (Bourdieu, 1984: 170). The locus classicus for Bourdieu's definition of habitus is from the *Logic of Practice*:

The conditionings associated with a particular class of conditions of existence produce habitus, systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices (Bourdieu, 1990:66-67).

Habitus is the set of dispositions that arise from primary socialisation and social class position. These are conditions of existence, ways of being, thinking, feeling, instilled by the family from an early age and socially reinforced through education and culture. During the primary socialization processes, the habitus becomes deeply embedded in the individual subject through lived practice rather than conscious learning, producing ways of doing things that enable effective functioning within a given field. The dispositions produced by the habitus are passed down over generations, the product of an individual's family, class position, socio-economic status, education. It is 'embodied history, internalized as second nature ... the active presence of the whole past of which it is the product' (Bourdieu, 1990: 56). Thus habitus is the major link between individual embodiment and social structures, it is: 'society written into the body' (Bourdieu, 1990b:63).

Hexis is Bourdieu's term for the manner in which the habitus is internalized and manifested through body demeanor, language, gesture: 'The body is in the social world but the social world is also in the body' (Bourdieu, 1990:190). The embodied habitus is expressed across a range of practices. The body becomes a memory and acts as a

repository for the values of the dominant culture ‘beyond the grasp of consciousness’ (Bourdieu, 1977: 93). The habitus thus confers objective social significance on subjective bodily actions, which are internalized to become dispositions, which lead to practices, which in turn can either reproduce or transform social structures.

The possible permanent embedded nature of habitus and hexis was an area of concern for MtF transwomen in the current study, most of whom had transitioned later in life. When transwomen construct themselves through embodied practices to inhabit the category of femininity, it is a sign under which they long to belong, but do not have the requisite habitus or hexis, neither the life experience nor embodied dispositions. Because socialisation processes are based on gendered differences, male and female learn different ways of being and behaving from infancy, gender constructions that are difficult to undo. For example women in certain western cultures learn a greater expression of facial mobility denoting emotional responses, which transwomen participants in the current study said they find difficult to emulate, having been socialised into a masculine hexis with an emphasis on the concealment of emotion. Not having the embodied dispositions of individuals primarily socialised into a particular gender, this can never be an unthinking practice for transwomen who have to reflexively relearn the feel for the gender game through conscious, reiterated performance. This is generally easier for FtM to do so, as shown by the evidence of cases throughout history where women have passed as men (Cowell, 1954; Wheelright, 1989; Feinberg, 1997). However for MtF an entrenched masculine disposition is not easy to transform, and male hexis seems to be more difficult to disguise than female, mainly due to the irreversible and undisguisable embodied transformations wrought by testosterone after male puberty affecting height, voice etc. Thus new bodily mannerisms or hexis require conscious cultivation as transwomen author their own experiences of femininity at the level of localised practice. Although some transwomen would argue that this is not a learning of a new identity, but rather the emergence of an earlier authentic feminine self that had been overlaid by years of acquiring masculinity.

If habitus is presented as almost permanent sediments of embodied culture in Bourdieu’s theory, Terry Lovell questions its capacity to account for when individuals do learn to perform convincingly as a different gender (generally easier for FtMs).

Lovell asks how it is that some women have managed to acquire the necessary ‘feel for the game’ and practical sense of masculine habitus, to enable them to successfully pass as cross-gender for example in military settings (Lovell, 2000:29). Conversely for Lovell, poststructuralist gender theories such as those of Butler, fail ‘to take account of the embeddedness of structures in things’ (Lovell, 2000:26) thus placing:

the very concept of passing in question, for all identity can come to be seen as a species of passing if it is no more than its own wilful performance in the right circumstance with the right co-actors, and therefore with no ground for appeal to ‘real’ identities which the performances may conceal (Lovell, 2000:30).

For Lovell, neither the inflexible nature of Bourdieu’s habitus, nor the over flexibility of Butler’s deconstructionism alone can account for cross gender passing. Given their shared theoretical focus on the body, Lovell proposes a constructive engagement between Bourdieu’s account of the social construction of the human subject through *practice*, with Butler’s account of subjectivity as *performance* (Lovell, 2000:27). However an emphasis on performativity may not be compatible with a strong idea of habitus even when Bourdieu’s mitigating concept of reflexivity is taken into consideration.

Different degrees of emphasis are placed by practice theorists on the extent to which everyday practices are determined by social structures, and the possibilities for these practices to challenge the prevailing social order. For Bourdieu it is *practice* that allows an individual the ability to resist structural determination through ‘his or her capacity for invention and improvisation’ (Bourdieu 1990:13). What could be labelled as a voluntarist secondary socialisation is observable in the context of MtF transgender support groups where individuals school each other in feminine dispositions constructing their identities intersubjectively. The results are to mixed effect, particularly when transwomen adopt practices of stereotypical feminine presentation. The dispositions that some transwomen associate with performing femininity can exaggerate extreme aspects, for example a glamorous physical presentation along with deeper aspects of female gendering such as passivity, fragility, and a desire for social approval.

The theory of habitus *clivé* or *cleft habitus* (Bourdieu, 1999) is of interest to an analysis of transgender identities. In Bourdieu’s framework, dispositions arising from the

habitus are regarded as durable and usually unchanging, but can lose coherence if the sense of self becomes dislocated. When the forces acting upon a subject change due to a dramatic alteration in the conditions of an individual's existence, or a traumatic experience occurs, a mismatch can ensue between field and habitus causing fragmentation in the self. This reaction towards a 'contradictory injunction', Bourdieu terms 'hysteresis', an ambivalence of the self, which can result in a cleft habitus: 'to produce a habitus divided against itself a kind of double perception of self, to successive allegiances and multiple identities' (Bourdieu, 1999: 511). This is applicable to the transition experience where it can be difficult to maintain an ontological coherence of self in the struggle to retain connections to previous social and intimate relationships while developing a new identity and gaining acceptance in new social groupings.

Also valuable for the analysis of transgender practices is Bourdieu's (1984, 1986) extension of Marx's concept of capital into economic, cultural, social and symbolic capital. Habitus is the physical embodiment of *capital*, which provides a conceptual tool for the material analysis of everyday practices, and how individuals use these to gain access to power in a given field. *Economic* capital is material wealth comprising very high salaries, surplus value profits from landed or industrial capital. *Cultural* capital is acquired through education and serves to legitimate ruling class values, comprising: embodied capital in the form of durable dispositions of accent, posture, mannerisms; objectified capital in the form of cultural goods and material possessions; institutionalised capital in the form of knowledge and education that determines tastes and skills, academic credentials and titles that symbolise cultural competence and authority. *Social capital* includes resources derived from group membership, institutionalised social networks of influence, connections, acquaintances, friends, family relationships. Bourdieu was particularly interested in the role of capital in the reproduction of inequalities, and restricts his concept of *social capital* to explain how jobs, resources, and position remain within a closed circuit network of those who went to the right schools and have the right family connections; an exclusionary device precluding possibilities of social mobility. The current study broadens this concept to include the sense of mutually beneficial social networks, and the possibility of accrual of social capital through participation in transgender support groups and online

communities. Bourdieu's later addition of the fourth *symbolic capital* signifies honour, prestige, and social recognition.

The value of different forms of capital is tied to the context in which they are located and the corresponding power and privilege to which they give access. All forms of capital are determined by social environment and access to resources, and each in turn determines class and status in a society. For example the cultural capital gained from the deeply ingrained habits, skills, and dispositions inherited from family history and life experiences. Habitus is the physical embodiment of different forms of capital, providing a set of skills and dispositions, linked to class position, for the successful navigation of social environments. But trans people can find that the old habitus does not suffice after transition and can actually function to the detriment in their transformed social scenario.

The importance of Bourdieu's theory of capital to gender analysis is apparent in *Masculine Domination* where he argues that universally, women's status is tied to their position as capital bearing objects of exchange, whose value accrues to their primary kinship group, rather than as capital accumulating subjects in their own right (Bourdieu, 2001:97). Some transwomen appear to fit into this framework, constructing themselves as objects of desire and exchange within ritual courtship games, making investments in their sexual bodies as a form of cultural capital, so as to accrue social capital. The goal of these investment strategies is often modelled on a passive, glamorous, airbrushed, media projection of femininity. This is the antithesis of the form of cultural capital struggled for by the feminist movement, and has been a source of their contention with trans women. It is a femininity that is uninhabitable on a long term basis in the real world, and only really sustainable on the basis of large amounts of time and economic capital. Bourdieu's discussion of different forms of capital suggests a way in which to frame transgender social groupings and relationships.

3.5 Foucault – Biopolitics

The theoretical work of Michel Foucault focused on power, knowledge, sexuality and the production of the male homosexual, but has also had a great influence on theories on the gendering of the human subject. Foucault's revelation was that, rather than being a natural innate human property, sexuality is actually a constructed category of experience and knowledge, with historical and social origins. His focus was on the role of institutions and discourses in the production and functioning of sexuality in society (although he did not totally rule out a biological dimension). Foucault's work exposed how knowledge claims are simultaneously claims to power – they are inseparable. The question to be asked is: what is at stake in the production of knowledge? Why are certain categories constructed? Whose interests are served? Much as Foucault's investigations into sexuality revealed constructed categories of knowledge rather than discovered identities, this analysis can also be applied to gender categories. Sexuality and gender become inscribed onto individuals as a function of their practices, and classification and the creation of identities serves the development of regimes of power.

Medical and psychiatric discourses bring together power and knowledge to produce subjects. Medical co-option of gender variance can be interpreted as a manifestation of Foucault's concept of *biopower*: the control over human bodies through technologies of categorisation that ultimately become internalized by human subjects (Foucault, 1978:141). Biopolitics, in the sense the term is used by Foucault, denotes the managing of both individual bodies and entire populations through biopower, a term he first used in *The History of Sexuality Vol 1: The Will to Knowledge* (1978) to mean: 'an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations' (1978: 140). Biopower is literally the external control over human bodies through discipline, expectations and regulations that ultimately become internalized by human subjects, a technology of power integral to the emergence and functioning of the modern nation capitalist state (Foucault, 1978:141). This exercise of political power over all aspects of human life is germane to an analysis of public health practices, including rate of reproduction and population fertility, and is vital for understanding the control of gender variant bodies, including the historical medicalisation of transgender discussed in the Literature Review.

Foucault argued that ‘the homosexual’ was invented as a ‘species’ and a focus for a variety of strategies in the late 19th century, through ‘technologies of sex’ designed to preserve a procreative population and workforce that met the social needs of developing capitalism. Just as homosexuality was constructed as a social category through medical, psychological, anthropological, biological, biographical, and historical studies and thus: ‘made into a principle of classification and intelligibility, established as a *raison d’être* and a natural order of disorder’ (Foucault, 1978:44); so too was transsexuality constructed by sexologists in the early 20th century, and medical ‘sex change doctors’ in the mid-20th century. This reading does not deny the previous existence of gender variant individuals who did not fit into the gender binary of either male or female, but it reveals the construction of transsexuality as a specific category of identity, appropriated by a medical establishment serving to preserve the stability of binaried gender normativity.

At the centre of Foucault’s constructionism is the idea that *discourses* are systems of representation that produce meaning and knowledge. Meaning is constructed through social discourse, and is not inherent in an act or experience. Discourses become how the world is thought of and experienced: ‘practices that systematically form the objects of which they speak;... they do not identify objects, they constitute them and in the practice of doing so conceal their own invention’ (Foucault, 1977: 49). Discourses delineate the possibilities of what can be discussed and thought and so are about power: ‘Discursive practices are characterised by the delimitation of a field of objects, the definition of a legitimate perspective for the agent of knowledge, and the fixing of norms of the elaboration of concepts and theories’ (Foucault, 1977:199). Discourses define the way that power is distributed in the matrix of social relations, working to either legitimate or foreclose thinking (Foucault 1978:101). The developing discourse of transgender is traced throughout the current study.

The *confession* is central to Foucault’s understanding of the workings of power. In *The Will to Knowledge* he describes how: ‘the confession became one of the West’s most highly valued techniques for producing truth. We have singularly become a confessing society’ (Foucault, 1978:59). Developing from the Christian practice, confessional techniques became fundamental to the operation of religious and civil power, then

medicine and psychoanalysis among other discourses, contributing to the maintenance of specific power relations. During the production of the 'truth' in this process the speaker produces a narrative which is interpreted by a figure of authority (Foucault, 1978:61). It can be argued that this practice has continued with the production of psychiatric and medical knowledge about transsexuals. The confession became constitutive of subjectivity: 'inscribed at the heart of the procedures of individualization by power' (Foucault, 1978:59), it is 'a ritual of discourse in which the speaking subject is also the subject of the statement' which 'produces intrinsic modifications in the person who articulates it' (1978: 61).

Power does not operate from a centralised, unified agency in society, rather it is dispersed and widespread, functioning intimately, diffusely, and discursively: through writing, speech, conceptualisation; and working directly on the bodies and identities of individuals through discipline (Foucault, 1977). Personal subjectivities can personify particular discourses, for example transgender identities take on meaning through particular statements about transgender in the form of narratives, or research reports, or media interviews, which constitute certain forms of knowledge that express and empower the discourse of 'being transgender'. It is necessary to critically examine how particular narratives become accepted and dominant, who benefits and who is marginalised. Individuals also participate in discourses such as those of gender normativity willingly because it is an identity they wish for. The gender order is both an organised institutionalisation of power; and diffuse, discursive power, and both can be complied with or resisted.

3.6 Butler- Performativity of Gender

Gender theory has been dominated by the work of Judith Butler since *Gender Trouble* (1990), introduced the concept of 'gender performativity'. This is a theory of gender as the creation of reiterated performance of stylized bodily acts that produce gender effects and construct gender differences: 'the reiterative and citational practice by which discourse produces the effects that it names' (1993:2). Thus performative acts are constitutive of meaning, producing a series of effects: 'we act and talk and speak in ways that consolidate an impression of being a man, or a woman' (Butler, 2014).

Butler's concept of gender performativity and doing gender continues the work of the symbolic interactionist/ ethnomethodologists on gender iteration and attribution. The main difference is Butler's emphasis on language and reiterated speech acts (influenced by John Austin, 1962). For example, when a child is born, usually the initial act of classification concerns gender identity. This labelling 'it's a girl/boy' has consequences known as 'linguistic performativity', a statement that brings what it names into being, beginning the process of 'materialising a sexed body', and is 'more than mere performance' (Rahman & Jackson, 2010:173), because it 'consists in a reiteration of norms that precede, constrain and exceed the performer' (Butler, 1993:243). 'There is no gender identity beyond the expressions of gender...Identity is performatively constituted by the very "expressions" that are said to be its results' (Butler, 1990:24).

The influence of Foucault is evident in Butler's analysis of gender and sexual normativity as discursively embodied categories constructed on the basis of knowledge and power. For Butler, the performance of the gendered, sexed, and sexual subject is not a choice, but located within a Foucauldian regime of regulative discourses, frameworks of intelligibility, and disciplinary regimes. Individuals situated within specific discourses repeatedly perform modes of identity until these become successfully internalised and experienced as the individual's lived subjectivity. There is no 'internal core' to gender identity only performative enactments - 'words, acts, gesture, and desire', creating the illusion of an identity (Butler, 1990:500). Gender therefore is a constructed category, there can be no claim to any essential gender. The natural-seeming coherence of sex, gender and sexuality is culturally constructed. Femininity and masculinity are not natural but culturally acquired through repetitive acts. Thus feminine identity is created by feminine behaviour, by performing discourses of femininity that constitute the individual as a feminine subject. It is acts of self-presentation then that produce or 'perform' gendered identity (Butler 1990), and gender is constitutive of and precedes identity in Butler's theory:

It would be wrong to think that the discussion of "identity" ought to proceed prior to a discussion of gender identity for the simple reason that "persons" only become intelligible through becoming gendered in conformity with recognizable standards of gender intelligibility (Butler, 1990:22)

Identities become stabilised and relatively enduring only when repeated performance fix them in the minds of the performers and the audiences. The individual subject with

claims to an identity is a discursive fiction for Butler. Instead the subject is constructed through the regulatory practices of gender and sex (Butler, 1990: 23). Where modes of identity are not internalised they can become the basis for a rejection of hegemonic identity norms, a counter identification, for example cross dressing creates performance acts that subvert gender binaries and identities (Butler,1990:502).

A central concept in Butler's work is the heterosexual matrix: 'that grid of cultural intelligibility through which bodies, genders and desires are naturalised' (1990:208 fn6). Subject positions are rendered socially coherent in terms of the conflation of sex-gender-sexuality matrix underpinning heteronormativity. Categories of sex, gender, and sexuality provide 'stabilising concepts' that work together to form a system that reinforces gendered identities. Recognition within this matrix permits the right to a particular identity. The 'naturalness' of these gendered identities can be contested by other identities that do not conform to what is considered to be normal, exposing their lack of basis in reality: 'called into question by the cultural emergence of those "incoherent" or "discontinuous" gendered beings who appear to be persons but who fail to conform to the gendered norms of cultural intelligibility by which persons are defined' (Butler, 1990:23). The subversive performativity of drag or cross-dressing undermines the illusion of gender reality. The analysis can also be applied to transsexual or transgender identities, although Butler does not deal specifically with these categories in the 1990 edition of *Gender Trouble*, acknowledging this omission in the 'Preface' to the 1999 edition.

The existence of gender variance and homosexuality dislocates the coherence of the heterosexual matrix: 'The cultural matrix through which gender identity has become intelligible requires that certain kinds of "identities" cannot exist' – that is those in which gender does not follow from sex, and those in which the practices of desire do not "follow" from either sex or gender' (Butler, 1990:24). Gender identities and sexed bodies are only comprehensible within the boundaries of the sexual-gender binaries. When these are ambiguous they disrupt the cultural order, and have to be modified by medical science in order to conform to the norm and maintain the boundaries and 'natural' logic of the sex- gender- sexuality matrix. In this way gender variant identities are reincorporated into the gender order and made culturally intelligible (Butler, 1990).

Transgender exists because of a dichotomous model of gender; and within the boundaries of the cultural matrix it is gender queer identities that contain within them the possibility of subverting the gender order with their non-conformity to male or female binary subjectivities.

3.7 Queer Theory

Queer theory emerged in the United States in the late 1980s out of LGBT activism and academia. It is concerned with the destabilisation, deconstruction, and transgression of existing gender and sexual identities, and also with creating space for imagining alternatives to the rigid gender binary system. Influenced by Foucault's destabilizing of essentialist approaches to identity categories, queer theory emphasizes the idea of sexuality and gender as cultural not natural categories that are discursively produced, and questions the operation of the hetero/homosexual binary. Symbolic interactionism and phenomenology influenced queer theory in defining the social and interactional processes by which sexuality is seen as a set of meanings attached to bodies and desires by individual, groups, and society, and transformed into social categories with political significance.

Queer theory can also be regarded as poststructuralism applied to sexualities and genders: it is only through representations that we can know social reality. Language is an unstable system of referents; therefore it is impossible ever to capture completely the meaning of an action, text, or intention. It is not possible for a researcher to directly capture and represent lived experience, therefore it is necessary to examine textual and linguistic practices through which subjectivity takes shape. In queer theory gender is not a literal nor even a socially constructed reality, but a literary reality that requires a new mode of reading.

The term 'queer' began as a Foucauldian 'reverse discourse', a turning upside down of dominant categorical divisions, a reclaiming of a pejorative term from the past, a revalorising of the subordinate, an empowering of a previously oppressive category,

and a mobilising of new forms of resistance to compulsory heterosexuality (Halberstam, 1998). Queer theory redefined 'queer' as a positive term of self-identification, a rejection of gay and straight labels, and in common with other poststructuralist theories, challenges the very idea of identity as fixed coherent and natural. The two texts now widely regarded as being foundational to queer theory are Judith Butler's *Gender Trouble: Feminism and the Subversion of Identity* and Eve Sedgwick's *Epistemology of the Closet*, both published in 1990.

In *Gender Trouble* Butler argued that queer gender performance, sometimes accused of replicating heteropatriarchal norms as in the feminist critique of transwomen, instead has subversive potential in its exposure of the non-natural, imitative character of gender behaviour through irony, parody and exaggeration (Butler, 1990:174–80). For Butler, all gender behaviour is imitative, biological sex is culturally instituted (within certain material limits), and gender performances such as femininity simply serve to generate the fiction of a pre-existing gender identity (Butler, 1990: 178–9).

In *Epistemology of the Closet* Sedgwick argued that standard binary oppositions limit freedom and simplify understanding, particularly in the context of sexuality. The 'closet' used to conceal (homosexual) identity is complex because concealment is not always total and there is always more than one closet. 'Coming out of the closet' is not just one step but has to be dealt with each time a new person is encountered so at times remaining in the closet may seem like a safer easier option: 'Even an out gay person deals daily with interlocutors about whom she doesn't know whether they know or not' (Sedgwick 1990:68). Her discussion of the processes of secrecy or disclosure inherent in homosexual identity presaged the debates around visibility, stealth, and passing in relation to transgender identity. Sedgwick provided her definition of 'queer' in a later text *Tendencies*:

Queer is a continuing moment, movement, motive – recurrent, eddying, troublant. The open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of anyone's gender, of anyone's sexuality aren't made (or *can't be* made) to signify monolithically (1993:8).

Queer theory examines ways in which binary oppositions have shaped moral and political hierarchies of knowledge and power. It critiques the way in which the recognition of a distinct sexual or gender identity inevitably reaffirms a binary opposition, and defining identity in relation to normativity has its limitations as a liberatory project. Sexual object choice as hetero or homosexual does not constitute the basis for an identity, and also acknowledges the dominance of normativity, much as essentialist models of gender construct transsexuals as incomplete subjects. Also, an open declaration of a particular sexual or gender identity may be personally liberating, but marginalizes those who do not wish to be open about their identities.

‘Queer’ can act as a noun, adjective, or verb, it is not a singular, or systematic conceptual, or methodological framework, but is always defined against the normal, the normative, the normalising. The term ‘queer’ is slippery, as is probably appropriate for a theory that denies fixed identity: ‘Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers’ (Halperin, 1995:62). Sometimes the meaning of queer is used synonymously with LGBT or as an umbrella term for non-heteronormativity. Queer studies are frequently linked to the transgression of categories of gender and sexuality and of heteronormativity in its various forms.

Although transgender is viewed by some trans-theorists as the subversion of gender norms (Bornstein, 1994), Jay Prosser argues queer theory would exclude and be resisted by those transpeople who identify as heterosexual or who wish to ‘pass’ in society in conventional gender roles (Prosser, 1998: 32). Butler interprets Foucault’s resistance to power as resistance to gender identity itself, and believes that ‘reverse discourses’ cannot be based on the very male/female binary identification they are meant to contest. Like Butler, Jack/Judith Halberstam argues from a non-essentialist, non-naturalist perspective influenced by Foucault, that gender is performative. In *Female Masculinity* (1998), Halberstam recognizes that femaleness does not automatically produce femininity and maleness does not produce masculinity, and a diversification of gender identity categories creates: ‘a reverse discourse... around the definitions of transsexual and transgender, it is extremely important to recognize the

queerness of these categories, their instability, and their interpretability' (Halberstam, 1998: 159).

The current study had an original assumption of the transgressive potential of transgender identities and practices. Thus it was initially drawn towards queer theory's radical stance towards gender, denial of fixed categories, and subversion of tendencies toward normativity. However in its very blurring of boundaries, queer theory creates a category problem in its simultaneous presentation of a public collective identity in queer activism, together with a deconstruction of the very idea of gender identity that would abolish it as a field of study and politics. This ontological conundrum resonates with the conflict in transgender studies regarding issues of gender identity and binary categorisation, and connects to the wider problem of relativism in poststructuralism: if we think that all knowledge is merely determined by situation and power relations, there is no means of safeguarding the claimed truth of our own conclusions from others. Nevertheless, aspects of the work of some queer theorists overlap with other sociological theories and are therefore incorporated into the analysis of the current research. For example a research strategy of queer theory is similar to that of symbolic interactionism, to integrate the instability, multiplicity, and partiality of identities into the research program and analysis. But this is not to exclude the incorporation of a phenomenological model in which empirical data may reveal research participants' deep beliefs in their own authentic selves and identities.

Queer theory has relevance for the current study in the following ways: first as a method of exposing underlying meanings and power relations emerging from the interviews; second the potential of queer theory to resist the binary system of classification; third when analysing the narrative textual productions of the interview transcripts while resisting the poststructuralist collapsing of social practice into the literary text, which can marginalise the importance of field research in which the current study is very much grounded.

3.8 Identities, Subjectivities, Selves

The concepts of identity, self, and the subject (sometimes used interchangeably) are central to the work of the current study. The Enlightenment understanding of the individual was as: a coherent, stable, consciousness; possessing agency, autonomy and rationality; producing language and meaning. More recently, poststructuralist theory revealed subjectivity and the self to be: fluid, fleeting, fragmented; socially constructed in an ongoing process of formation; produced by language and discourses and systems of meaning; determined by and dependent on historical, economic, and cultural contexts.

The concept of subjectivity in poststructuralist theory focuses on the construction of the subject and how individuals situate themselves in relation to power in general - not just gendered power. Identity is understood to be the transitory product of multiple and competing discourses, emphasising the unstable, mutable, and fragmented nature of the contemporary self (Hall, 1996). Scholarship on subjectivities based on the work of Foucault, highlights how subject positions are constructed through discourse, and that subordination does not necessarily signify compliance but may exert its own resistance, thus supporting the possibility of agency and providing a challenge to inequities of gender and sexuality (Halperin, 1995; Butler 1997).

Following Foucault (1978), Butler (1997) analyses how individual agency is subjected to, but also develops out of, the structural societal forces of laws, material constraints, and social conventions. In the *Psychic Life of Power* Butler examines how the subject is constituted, dominated and reliant upon the practices of power: 'Subjection consists precisely in this fundamental dependency on a discourse we never chose but that, paradoxically initiates and sustains our agency (Butler, 1997:2). Gender is an external imposition that subjectifies the individual within a repressive framework. All forms of identity and identification (including gender) are produced by subjection naming and categorisation is a form of symbolic domination and violence, the main function of which is the maintenance of subjectivity which is the process of subjection (Butler, 1997).

Discourses that create gendered subjectivities are produced by social institutions through practices, usually with active compliance on the part of the subject. Within this framework the gender binary is reproduced through the reinforcement of normative gender identification and behaviour in a wide range of social practices - such as childhood games, ways of dressing, cultural rituals. Non-recognition and non-identification can relegate an individual to an abject state undermining subjectivity and agency. The current study found that such a process had occurred with some of the research participants during their formative years.

3.9 Conclusion

The theories discussed in this chapter provide an insight into an understanding of how the gender order is made possible through the social interactive order. Their applicability to the analysis of transgender is explored in different ways in the data chapters. The emphasis in the current study is on a socially constructed approach to gender, based on an understanding that individuals construct and reconstruct their identities through performances, reiterated practices, interactions, interpretations, and symbolic exchanges with other individuals. Within this framework, a broad generic approach was adopted that emphasised common aspects of the theories discussed.

Theories of gender as performance and as performativity were traced throughout this chapter. Ethnomethodology and symbolic interactionist theory produced foundational scholarship on the accomplishment and intersubjective performance of gender, that allowed for the work of Goffman then Butler. Ethnomethodology was examined as an historical foundation for other theories of performativity because of its emphasis on the practice and doing of gender, the attribution, acquisition, accomplishment and managed achievement of gender identity, the production of gender through reiterated action and social interaction, as well as the emphasis on agency and reflexivity. All the theories discussed here emphasise how the reiterative performance of daily actions, habits and practices, informs and creates gender. Demonstrated through the notion of gender performance and performativity, gender is something that is done or performed, a socially constructed product of human interaction. These theoretical approaches are applied in the data analysis chapters.

Poststructuralist theory is useful in its investigation into the practices, meanings and discourses which produce transgendered subjectivities, identities, selves. Poststructural interpretation of gender identity is as a cultural not a natural category, and postmodern anti-essentialism argues against the modernist idea of an authentic self. Gender is a performative rather than an ontological category: something you do rather than something you are. The ability to perform multiple identities and present a self that elicits the approval of a particular audience is an aspect of this. A feature of poststructuralist and queer readings, is that the individual is not an autonomous subject with an innate or essential identity. The 'self' is a socially constructed product of language and of specific discourses. Individuals may believe that they are uniquely themselves, for example many of the research participants expressed the desire to 'just be me', but this sense of individuality and autonomy is a social construct rather than a natural circumstance. The ability to think of the self as having an identity is determined by a cultural network of discourses. However, a researcher's perception that identity is defined by discourses does not necessarily account for a research participant's personal goal of their ideal life.

There are areas of engagement between all the theories outlined in this chapter: symbolic interactionism, ethnomethodology, performance theory, practice theory, poststructuralism, queer theory, all emphasize the doing, practice, performance of gender. What is taken from each of the theories discussed here is their efficacy as constructs within which to evaluate the empirical findings of the current study, and for analysing how transgender identities are produced through reiterated social practices and performativity. The theories outlined in this chapter argue that gender, like identity, is a social construct rather than an intrinsic truth. Women and men are not naturally defined categories of being, based on psychological or biological differences. The self is a site of doing both masculinity and femininity. Gender categories are not distinct entities but social products, their meaning is constructed in and through interaction. The theories of gender performativity have obvious implications for the practices of transgender, and the idea of whether performance is credited or discredited for the ability to 'pass' in the acquired gender. Transgender people who wish to 'pass' or be accepted as 'authentic', find they have to learn a different set of practices, hexis, bodily

performances of self, as dictated by accepted values of heteronormativity in Western culture. For example, transwomen may feel they need to learn increased emotional expression, and transmen inscrutability, thus reinforcing stereotypical performances of masculinity and femininity that a more radical transgender politics would attempt to transgress and subvert.

This chapter has provided a conceptual, theoretical structure for the Research Methods Chapter, and the analysis of the empirical data in the chapters that follow.

Chapter 4 Research Methods

This chapter outlines how the research design was developed through the theoretical prism outlined in the Theoretical Framework chapter. This chapter first explains the methodology or principles that informed the research strategy and the underlying philosophical assumptions. Emphasis was on the interpretive meaning of individual subjective experiences and the social construction of identities. The methods or research practices of the thesis are described, the means of recruitment, sampling, data collection and analysis. Finally it looks at issues of ethics, anonymity and reflexivity that affected the current research.

4.1 Methodology: Constructionist - Interpretative

Research strategies tend to be anchored in particular theoretical paradigms and specific methodological practices. This study ontologically located in constructionism and epistemologically located in interpretivism. These two interlinked approaches reflect the sense that the meaning of social reality is created from the perceptions, negotiated interpretations, and consequent actions of social agents. This is the framework within which research questions were formulated, the research designed, and the data collected and analysed in the current study.

Social constructionism is a theory of knowledge that originally emerged out of phenomenology and symbolic interactionism (discussed in Theoretical Framework), and considers how social phenomena develop in social contexts. A constructionist ontology requires the researcher to consider social phenomena and their meanings as an ongoing intersubjective accomplishment, emergent, evolving, continually being constructed and reconstructed from the perceptions, practices and interpretations of individuals. It acknowledges how a researcher will also present a specific interpretation of social reality that cannot be regarded as definitive or objective. The constructionist approach focuses attention on practical interpretive questions particularly suited to qualitative research methods in an attempt to ‘make sense of, or interpret, phenomena in terms of the meanings people bring to them’ (Denzin & Lincoln, 2008:4).

Constructionist ontology works well together with an interpretative epistemology where the emphasis is on understanding the meaning of human behaviour. The epistemological framework informing the design of the current study is guided by several theories situated within the descriptive-interpretive branch of qualitative research: symbolic interactionism, poststructuralism, queer theory, transgender theory. The interpretative focus of the study is on understanding subjective meanings and how participants' identities are shaped by intersubjective practices and interpretations of the world. Where explanatory analysis is attempted it is based on a historically sensitive understanding of the context rather than reference to universal social laws.

Themes for investigation by the constructionist-interpretative methodology in relation to transgender in this study include gender identities and social practices, the creation of intersubjective meaning, the evolution of discourses, category construction and classification. For example this method makes evident the meanings of ascribed gender status as a culturally constructed process dependent on social context that has no inherent objective significance in and of itself. Gender categories such as masculinity or femininity are not distinct entities but social products – the meaning of which is constructed during social interaction, and will vary depending on spatial-temporal contexts.

Constructionist-interpretative methodology is interested in identifying and understanding the ways individuals participate in the creation of their lives, their meaning-making practices, how these are locally conducted, and how research plays a part in this. During a research process using this approach, Bryman posits 'several strata of simultaneous interpretation occur': the research participant's interpretation of their social reality; the researcher's interpretation of their interpretation; and the further interpretation of the interpretations in terms of the concepts, theories and literature of the discipline (Bryman, 2008:17). The strategies particularly suited to an interpretivist understanding of the values and viewpoints of the research subjects include: semi-structured interviews and particularly narrative life histories; interpretative phenomenological approaches to interviewing technique; and symbolic interactionist approaches to data analysis. All these strategies were utilised for the data collection and analysis of the current study.

4.2 Recruitment and Sampling

Empirical data for this study was gathered from 38 face-to-face interviews with 28 self-identified transgender research participants. Using qualitative methods focussing on individual cases, the emphasis was exploratory, descriptive, and interpretative, therefore the sample did not need to be as large as in quantitative research in order to establish internal validity or external generalisability (Bryman, 2008:33). This is in contrast to quantitative research methods which focus on general statements that account for large scale social patterns, the credibility of which rests on sufficient sample size, representativeness and thus the generalisability of the findings. It is however a good idea to access a sufficient, diverse, unbiased sample to ensure confidence in the accuracy of the qualitative data, thus this research sought a sample size similar to the 30 participants of Hines (2007), and the 24 participants of Meek (2015), both qualitative interview studies pertinent to this research (discussed in the Literature Review). The final number of participants recruited for the current study was 28 self-identified transgender research participants living in Scotland. At this stage theoretical saturation had been reached with no new data emerging to add analytical understanding of the research questions; a factor which plays an instrumental role in determining sample size in purposive sampling. Although it would have been possible to recruit further as there were many other individuals who expressed interest in participating, it was decided to cease recruiting, and deepen the existing data by interviewing for the second time as many as possible (10) of the research participants who had already been interviewed.

4.2.1 Recruitment

In its mix of recruitment strategies, the current research followed the example of Hines (2007) and Weeks et al (2001) in order to: ‘touch a diversity of experience in terms of different social and cultural positioning *and* geographical location’ (Weeks et al, 2001:201). Hines (2007) recruited participants through the main transgender organisational and online networks. Several months before commencing her interviews, Hines first step for recruitment was to ‘establish communication with the transgender community’ asking that they advertise for participants in her intended research in transgender newsletters, journals and websites (2007:193). She describes visiting: ‘a

range of transgender spaces, self-help groups, social events workshops and community meetings' and also participating in 'internet transgender discussion forums to talk about the research' (Hines, 2007:193). The current research was conceptualised after years of regular participation in LGBT activist groups and small local transgender support groups and initially hoped to include participant observation of these as integral to the research design, as well as in transgender online forums. However when time limitations became apparent, the research strategy became focussed on interviews.

Both Hines (2007) and Weeks et al (2001) described the difficulties of recruiting research participants from the margins of social groupings, and their research findings recommended that an area for further research would be into 'outliers' or non-heterosexual and transgender people who locate themselves outside 'mainstream' transgender communities and social networks (Hines 2007:194). Therefore a nascent hope for the current project was to access a possible marginalised transgender population in Scotland, both geographically in the more isolated areas of Scotland, and organisationally as in not influenced by any potential 'mainstream' transgender discourse (if such exists). To this end the organisers of all the smaller local transgender support groups around Scotland were contacted. Most undertook to speak to their membership about the research, providing several participants. Adverts for participants were placed in various LGBT publications, including the magazines of two of the oldest UK wide transgender organisations Beaumont Society and Roses Repartee. The logic behind contacting these groups was that their historic constitution and membership base provided a possibility that many of their membership may be older, and still living in stealth, thus possibly less likely to have participated in a more 'mainstream' transgender discourse, and this in fact turned out to be the case for respondents from these organisations.

Adverts were placed both in mainstream and small local community newspapers around Scotland – the most successful being the Metro Newspaper distributed freely on all major urban public transport systems throughout the UK. Another successful strategy was physical placement of adverts in LGBT social spaces such as nightclubs and bars, and at specifically LGBT theatre performances in Glasgow and Edinburgh. An unsuccessful strategy was the physical placement of adverts in non-LGBT specific

public places such as supermarkets, local shops, ferry terminals, train stations, and youth hostels in remote areas around Scotland - including the Highlands and Islands, as far afield as Orkney and the Outer Hebrides (by personal contacts of the researcher). These different advertising strategies were intended to: 'gain access to as wide a range of individuals relevant to the research question as possible, so that many different perspectives and ranges of activity are the focus of attention' (Bryman 2008:414).

Difficulties in 'establishing a sampling frame for a hidden population of non-heterosexuals' in order to 'avoid the race, class and organisational bias that has characterised other studies' was described by Weeks et al (2001:201). Likewise attempts by the current research to source a hidden population of gender variant people living in rural areas was not successful, resulting in a sample slant towards people living in the large urban conurbations of the Central Belt of Scotland. This distribution was reasonably predictable as the anonymity of large population groupings offer a sense of protection for individuals with sexual and gender variant identities and greater possibilities for intersubjective support. Limitations of time and funding for this project restricted more extensive recruitment for participants on the geographic margins of Scotland. The same resource limitations precluded the following up of contacts further afield who had already expressed interest in being interviewed.

Fundamental to the logic of the current study is that the recruitment approach differed from that of the research methods of surveys conducted by the major transgender lobby groups, with recruitment based on their organisational mailing lists and sampling on convenience and self-selection (see research of Whittle, 2007 & 2008; Morton, 2008; McNeil, 2012). The aim of the recruitment for the current study was to reach participants who were not key stakeholders in the transgender community or informed by more 'mainstream' transgender discourses. Thus the main transgender organisations and GICs were not approached to recruit for research participants. One of the strengths of the current study was perceived to be its political independence from organisations and interest groups.

The attempt to recruit gender variant individuals who were not connected to transgender organisations was not altogether successful. In the final sample 12/28

participants recruited for this study are presently involved with transgender organisations or support groups. 16/28 Participants had no present contact with transgender groups, but of these some had a past history of participation and transgender activism but now prefer non-involvement, and only five have never had contact with or interest in participating in transgender networks. It soon became evident that it was not practically possible to limit the research sample to transgender individuals completely isolated from any contact with transgender networks. Transgender individuals who fit that rubric and can 'pass' in their transitioned gender presentation have often chosen to live as 'stealth' - in new social situations with their past gender histories concealed - and it is possible to speculate that they would not wish to participate in research.

The placement of adverts on social media such as Facebook, Twitter and a Blog were unsuccessful probably because little time was devoted to linking and upkeep. Initially online transgender discussion forums were also investigated as part of the recruitment method. However, it soon became evident that pursuing this particular research strategy would have provided such a wealth of material as to necessitate a separate study. Indeed, a cursory investigation revealed a process of online-specific identity formation and production of transgender identities through online social practices.

4.2.2 Purposive sampling

In selecting interview participants this study used a purposive sampling strategy in order to maximise diversity, modelled on the studies of Ekins (1997), Weeks' (2001) and Hines (2007). Purposive sampling is not the same as convenience sampling which is simply availability by chance. When choosing a purposive sample the judgement and knowledge of the researcher are important in deciding which individuals are appropriate to contribute to the achievement of research objectives: 'The researcher needs to be clear what the criteria are that will be relevant to the inclusion or exclusion of cases' (Bryman, 2008:415). Hines describes her theoretical purposive sampling strategy how participants were: 'purposively selected in relation to a range of variables (gender, sexuality, age, occupation, geographical location, partnering and parenting status and transitional time span) in order to maximise diversity' (Hines, 2007:193).

The purposive sampling in the current study was intended to gather participants in order to maximise diversity of distribution and the largest range of variables possible in terms of the key demographic characteristics of gender, age, class, occupation and geographic location. The sample was selected in a strategic way to be most relevant to the research questions posed and to the understanding of the social phenomenon of transgender identity. Some snowball sampling was employed via a network of referrals and personal contacts. However this was kept to a minimum as the difficulties of ensuring anonymity with snowball sampling are acknowledged, particularly given the relatively small transgender population in Scotland.

Participants were selected from most regions of Scotland. The greatest geographic concentration of interview participants numbering currently live in the urbanised, densely populated post-industrial Central Belt Area: Greater Glasgow; Renfrewshire; Edinburgh; Lanarkshire. The large cities of Glasgow, Edinburgh and Aberdeen have been labelled as such in the demographic data table, whereas for reasons of anonymity the smaller towns and villages have been labelled according to their counties [See **Table Residential Area Distribution in Appendix**]. 11/28 of participants live in suburban areas of major cities, 8/28 live in urban areas, 7/28 live in rural villages, 2/28 live in small coastal towns. The interview sample was exactly divided between participants from working class and middle class contexts – established via a combination of criteria located within their formative backgrounds. More than half the sample, 16/28 participants, were over the age of 50 at time of interview. The mean age of the sample is 51 years, making this an older sample than previous UK survey studies in which the age of participants at time of research averaged 40 (Whittle et al, 2007:27). Data from demographics in other studies are similar to the age distribution in this study, in that MtF are generally an older demographic than FtM at time of transition (discussed in Gender Practices chapter). [See **Table of Age Distribution in Appendix**].

The sample for the current study was chosen on the basis of specific demographic criteria, using different access routes for recruitment from diverse geographical areas throughout Scotland. Thus it was hoped to reach a more diverse representation of transgender people than the recruitment and sampling strategies of quantitative surveys

conducted into transgender people in the UK to date - as discussed in the section on Recruitment above. For example, a description of sampling in the research report of the *Trans Mental Health Survey* (2012) describes it as being ‘essentially one of convenience’ and ‘self-selection’, because of the problematic of sampling a hidden population where there is ‘no way of identifying the trans population in its entirety’ (McNeil et al, 2012:8).

The sampling technique for the current study made concerted efforts to broaden the base for recruitment and selection, therefore could not be described as a convenience sample where self-selection occurred or an access route already exists, for example if the sample had been recruited from only the researcher’s transgender friendship network, or other members of an organisation to which the researcher belongs, such as other students at Glasgow University. The main purpose of the recruitment and sampling methods used was to obtain as broad a geographic sampling sweep as possible, particularly from the more isolated marginalised areas of Scotland, in an attempt to capture outliers. This last purpose was not as successful as had been hoped given that most responses to the adverts came from the urbanised Central Belt area in Scotland. However as previous studies indicate, it is to be expected that gender variant people will gravitate towards cities. Therefore the urbanised sample does not necessarily signify that it is not representative of a trans population in Scotland.

4.3 Data Collection - Interviews

An interpretative interview based approach was the framework for the collection and analysis of data. The choice of data collection method primarily depends on the research aims and objectives and the type of data the researcher wants to collect. The aim for the current study was to map empirical insights into the social construction and meaning of gender variant identities through an interpretative study of the narrative histories and material practices of transgender identified individuals currently living in Scotland. The data gathering strategy and interviewing technique that was most appropriate to meet this was semi-structured in-depth interviews, during which narrative life histories were recorded and later transcribed fully by the researcher. The

source of empirical data collection was face-to-face interviews with 28 individual participants who identify as transgender, with 10 participants interviewed twice. Interviews took place mainly in the researcher's office on the University of Glasgow main campus.

Pertinent to the current study is the model of semi-structured interviews that Weeks et al (2001) suggest provides: 'a way of exploring shifting nuances of identity by providing brief life-histories of the subjects, and allow for the development of narratives'; and their use of reflexive research techniques in order to capture the 'contingent', 'emergent' and 'processual' complexities of meaning in identities and relationships (Weeks et al, 2001:201). The current study attempted to make use of the following strategies used by Weeks' research team: when conducting interviews the emphasis was on a 'flexible and reflexive approach' which would enable the 'unfolding of interviewees' viewpoints and narratives of experiences'; at the start of the interviews the focus was on general issues relating to the individual's biography, and the remainder of the interview was then organised around particular themes for which the interviewer had developed a 'checklist' (Weeks et al., 2001:203).

To meet the semi-structured purpose of the current research, an interview schedule was created as a broad framework of open-ended questions to act as a guide and to support the later identification of themes during the coding of data. For the sake of ethical and methodological transparency, questions were sent to interviewees beforehand, and the typed transcription was sent for approval after. To meet the in-depth purpose, the interviewing technique was based on two interrelated methods. Firstly a narrative approach where participants were encouraged to relate as much of their life histories as they could recall within the framework of specific times and situations in their lives, and pertaining to the subjects addressed by the questionnaire schedule. Secondly a phenomenological approach where the researcher's task was to bracket personal judgement in order to hear participants' narratives and perceptions, and ask further questions to clarify meaning in an attempt at understanding participants subjective perceived truths about themselves. This is a different approach to that informed by symbolic interactionism concerned with analysing how individuals manipulate the

outward presentation of self – an approach introduced later for the data analysis but not at the interview stage as it would have interfered with the listening process.

Interviews were structured enough to keep the discussion focussed on the topic and permit comparisons between interviews, but had enough flexibility to allow for reflexive modification according to the situation. A specific set of standard questions was asked of each participant concentrating on the diverse, complex and fluid meanings of transgender identities and how they are constructed intersubjectively through regular reiterated material practices. Open-ended narratives were encouraged because life stories are infinitely more complex than such closed questions can reveal. When participants were asked for basic demographic indicators such as age, geographic location etcetera it was in order to hear their narrative history around these. The biographical and demographic information gathered was regulated into categories as much as possible for the purpose of comparison. Data was very much dependent upon the self-definitions of the research participants. Where possible demographic information has been distilled into tables which appear in the Appendix.

In the interviews participants were encouraged to explore the issues raised by the questions and talk about whatever they considered to be significant. This was intended to promote an expanded engagement with certain themes, fluidity of narrative process and the deeper revelation of research participants' views, values, understandings and interpretations of the issues in question; and potentially participant empowerment in the process. The interview agenda was controlled in the selection of topics to be discussed, by the semi-structured question schedule, within which a free flow of narrative was encouraged, but the participant was regularly encouraged to return to answering the question. The interview agenda was also open to development depending on individual responses. The only time limit on the interviews was that set by the participants, their responses to the questions, and the requirement to complete the interview schedule. The interviews ranged in length from 40 mins to three hours (average length being 90 mins) and reflected narratives of perspectives, material practices, experiences, histories. Interviewer intervention to direct the process only occurred when extrapolation of specific issues was sought to enable the development of complex themes and to obtain detailed qualitative data.

The second interviews, conducted with ten of the research participants, were mainly self-selected by participants in terms of their availability and geographic accessibility. Second interviews were valuable not only in elaborating on previous information, but also revealing further information that may have been hidden in the first, as discussed throughout the data analysis chapters. Questions that arose during the transcription could be clarified and explored, and certain researcher assumptions debunked, or altered in the light of new information. This process supported deepening of the data. Ideally all interviews should have been conducted contemporaneously so that the same wider social forces: legislation, economy, ideological interpellations, were operating on participants. However time constraints on a sole part-time researcher working a full-time day job rendered this impossible. Thus the interview period lasted for two years from July 2012-July 2014, whilst the transcription, analysis and writing up of findings took a further eighteen months.

The face-to-face interview is habitually presented in contemporary media and culture as enabling a special insight into subjective meaning and lived experience. Interviewing technique is seemingly common sense knowledge accessible to anyone, however there may be more of a skill to the process than is immediately apparent. The constructionist view is that interviews are inherently interactional events in which talk is locally and collaboratively produced and meaning is created through talk and interaction. The interview questions in the current study were guided by the EHRC study *Monitoring Equality: Developing a Gender Identity Question* (Balarajan et al, 2012). Under the category of gender identity questions were asked in the following order: How was your sex defined at birth? How would *you* describe your gender identity? Have you or do you intend to go through any process to change from your birth defined sex to the gender with which you identify? Used in combination these questions allowed for personal gender identification plus transgender history to be captured; and used deliberately in a more open ended fashion without the recommended EHRC tick boxes, so as to enable participant *self*-identification as well as an insight into the thinking of the research participants uninfluenced by researcher bias. All questions contained the provisory that research participants did not need to answer if they felt it inappropriate, but all answered the questions.

Transcription of interview recordings was personally done verbatim by the researcher as soon as possible after the interview while observations were still fresh and to avoid meaning being lost in translation. Transcription is time consuming and took approximately 6 hours for every hour of recorded interview. Some participants chose to speak more than others and therefore their transcripts are much longer, and some participants were more forthcoming in certain sections than in others. For example, the transcribed response of some participants to the demographic question asking about sexual orientation lasted for many pages, whereas others responded with a one word answer.

Transcription is not an automatic process, it is an act of translation involving selectivity and dilemmas of linguistic convention, in which certain decisions of inclusion and exclusion are made, usually with implications of power and control. The majority of the interviewees in the current study had distinctive Scots accents. Where the decision was made not to attempt to transcribe these literally it was for the following reasons: lack of linguistic skill to do so effectively; fear that it would seem patronizing for a Standard English speaker to be emulating Scots vernacular; the possibility that non Scots readers would struggle to understand. The ums and ahs and pauses and some repeated verbal expressions for example 'you know' and 'I mean' were also edited out to facilitate ease of reading, but otherwise the quotes are all verbatim.

4.4 Data Analysis

4.4.1 Thematic Analysis

The initial process for analysing the interview data was based in a thematic analysis: a categorizing strategy for qualitative data – a means to move from a broad reading of the data towards discovering patterns and developing themes. It is not tied into any particular epistemology or discipline. Over 400 000 words of transcribed interview data were loaded into Nvivo for sorting and in order to code, identify and organise the recurrent and relevant themes emerging from the data. A first close reading of the data was organised according to the structuring of the questionnaire, identifying the experiential themes drawn from the data, that were to later form the basis of the analysis chapters.

In the process of theme coding the data was fragmented and clustered for the purposes of generalisation and identification of specifics, and so did not remain as complete narratives. As Hollway & Jefferson warn, there is weakness in the thematic coding and clustering method in that ‘cases with identical codings’ may not be similar ‘once personal meanings are taken into account’ (2000:5). Thus any generalisations made from theme coded data need to also be based in individual contextual biography as well as comparative demographic factors. To this end the whole narrative of each particular respondent was examined to identify any links and contradictions, and ‘participant portraits’ were created in order to retain the gestalt of individual narratives. Unfortunately these participant portraits were not possible to include in the final research report due to space limitations for the thesis. **[A table with information pertaining to Participant Portraits is in Appendix.]**

Several themes were suggested by initial examination of the data, which was then grouped into the four data analysis chapters: Gender Practices, Formative Practices, Intimate Practices, and Medical Practices. Several additional themed chapters had to be excluded from the final report due to space considerations. The emphasis of the data analysis was on how transgender individuals produce the meaning of their identities from the practical experiences of their lives. The analysis begins by demonstrating how participants utilise dominant cultural discourses to explain gender variant identity. These include childhood experiences, social exclusion and the influence of past relationships on present action. It then goes on to examine how participants’ meaning making can be ambiguous and contradictory, and also how participants variously accept and challenge meanings available to them. Finally, the analysis shows how meaning making can break down, and the consequences of this for the individual’s sense of self. The meaning of the category ‘transgender’, although not fixed, was invoked in different ways as part of the process of asserting identity. The relationship of participants to sexuality, families, medical practices, transgender communities and social attitudes was complex, and the interviews captured nuanced, multifaceted and dynamic processes of identification and relationships.

4.4.2 Narrative Interpretation

The second method of data analysis utilised for the current study is situated in the assumption that all factual representations of reality are interpretations - because all are narratively constructed. This is particularly true of social research because all social communication takes place through narratives which express and empower discourses, and it is narratives that constitute both the data and the interpretative analysis in the current study. A narrative approach operates on two levels: interpretations of the social world in the form of participants' accounts; and how these are in turn interpreted and constructed in the narrative form of the researcher's report.

A narrative understanding that individuals compose stories to make sense of their lives is particularly useful for analysing the life histories gathered in the current research. Narrative analysis is concerned with deciphering the subjective meanings generated by the understandings and interpretations participants make of the events of their lives. Narrative inquiry can draw on methodology from different disciplines, and the current study applies the techniques of phenomenology and symbolic interactionism to analyse narratives. Phenomenology involves listening to how research participants describe and interpret their own practices while bracketing researcher judgement, allowing for an insight into the meanings and interpretations that participants attribute to their world - valid in and of themselves. Symbolic interactionism provides a more removed analysis of participants' possible motives for behaviour, understanding that meaning is constructed through social discourse, it is not inherent in an act or experience. Narrative 'truth' is not mimetic, it is not an exact representation of reality. It is always a constructed account of experience, a reconstruction of events determined by context and audience. Of special interest to the current research was the development of counter-narratives or the stories that existed in tension with expected narratives, discussed throughout the data analysis chapters.

Within the symbolic interactionist paradigm, the work of Kenneth Plummer (1983, 1995, 2001) has been most influential for social science qualitative research, in life interviewing, and the personal experience narrative form particularly in relation to non-normative identities (Bornat, 2008; Bryman, 2008; Denzin & Lincoln, 2008; Weeks, 2001). Plummer theorises how individuals tell stories in order to 'assemble a sense of

self and identity' (1995:172) in which 'coherence and catharsis' (1995:174) are key motivations of the participant. He suggests that the role of the researcher is 'self-reflexive: to see that much social research is itself a story telling process' (1995:179). With reference to the difficulty of verifying the truth of interview accounts, Plummer emphasises the socially constructed nature of the story telling process: 'Storytelling and story reading are indeed social inventions, fictions, fabrications. They cannot be otherwise' (1995:167). He suggests an approach to analysing storytelling: 'take them seriously in their own right - not as historical truth but as narrative truth the work of stories in lives in the present' (1995:171), and... 'Stories help people to say certain things at certain times and in certain places, and likewise not to say them at others' (Plummer, 1995:172). Referring to Plummer's (1995) distinction between 'historical truth' and 'narrative truth', Hines argues that her research: 'addresses narratives rather than facts, and all narratives are of their moment and are temporally mutable as is identity' (2007:199). This is an approach that informs the current research project, along with the implications that narratives are constructions, and the task of the researcher is to attempt to understand the meanings these have for research participants.

4.5 Ethics in the Research Process

Before the empirical work could begin on this project, an application for ethical approval was submitted to and approved by the University of Glasgow College of Social Science Ethics Committee. To ensure transparency prior to the interview all participants in this study were provided with documents via email outlining the interview questions, a plain language statement with a clear description of the research objectives and the uses of the data. These were discussed with participants before they were asked to give their voluntary written consent for use of their transcript in the research. Permission was sought and obtained from all participants to use the interview information both for the purpose of the immediate project, and also for the future development of the life histories of research participants with the purpose of eventually creating a publication accessible for historical, sociological and more general public retrieval.

The entire process of gathering data about participants' lives involves tacit appeals for respondents' risk-taking with their personal information, and it would be disingenuous not to acknowledge this. However within that framework, everything possible was done in this study to protect participants. In the submission to the Ethics Committee, it was acknowledged that: 'due to the small transgender population size in Scotland, it may be impossible to remove all identifiers for the sake of anonymity'. The same phrase was inserted into the permission form and discussed with participants prior to the interviews.

The researcher who is endeavouring to interpret a different culture, has a responsibility towards that which is interpreted. Every effort has been made in this research project to acknowledge any potential dynamics of dominance/subjection, be respectful of the opinions of the research participants, and be informed by a process of transparency. For example participants were assured that they could stop the interview at any time, that they dictated the time frame and the amount they said, and they could choose to refuse to answer any question without giving any reason, and that at any stage of the process they could withdraw their permission to use their interview in the research. None of the participants did so.

Most of the research participants were surprisingly willing to share openly some very intimate details of their life histories during the interviews. This is not to deny the selective nature of the information people choose to share with others, performatively constituting the self, depending upon the audience (Butler 1990, Goffman, 1959). But the interviewing process can work as a type of seduction into which researcher and participants can both be drawn: Bourdieu (1999) refers to this as 'the spiritual joy of self-expression' for the interviewees, but the interviewer can be just as drawn into this dynamic. In the process participants may not have fully considered the consequences of the information they impart. Cognisant of this, and not wanting to colonise the stories of others, the reason for providing participants with a copy of their interview transcript was for editing and approval, but also so that participants could own and use the transcripts to author their own stories if they so wished. All the interviews in this study were returned to participants for their approval and verification and the editing out of any material that they may have deemed unsuitable on retrospective reflection.

Surprisingly few changes, edits or deletions were requested. Instead most participants agreed that the transcript was a true reflection of the interview, most approved their transcripts with very few additions, some clarified and added a few things, and only two participants made any significant deletions: one requested by the participant's domestic partner, and the other requested by their workplace Human Resources manager, to whom the participant had shown her transcript. Given that the multinational corporation concerned was actually an example of best practice Equality Duty compliance, it was ironic that an HR manager would want this edited out.

A variety of potential interaction dynamics are inherent in any research design that involves direct contact with human subjects. Interview work into life histories raises inevitable issues of power and ownership in the research relationship, and questions of who has the most influence in shaping the story being told. One way to deal with this is by the researcher positioning themselves politically as allies of the group researched. However a political agenda can also have the unintended consequence of undermining the autonomy and integrity of the research. There is the argument by some transgender stakeholders that transgender people and organizations should determine and control the research about trans people and the way in which research funding and findings are disseminated. Contrary to this position, it can be contested that research into any area should not be monopolised by any given interest group. The current study starts from the premise that the questioning of hetero normativity and gender binaries is not only the responsibility of the transgendered, but as Feinberg asserts, 'include everyone who challenges the boundaries of sex and gender' (1998).

Research into gender variance, like that into any socially marginalised group, can be a site for reproducing the exclusion, negative representation and othering of transgender people. Stone highlights aspects of transgender studies which can be similar to aspects of colonial discourse: 'The initial fascination with the exotic ...denial of subjectivity ...theorists of gender have seen transsexuals as possessing something less than agency' (2006:229). A key concern has been to treat research participants as subjects and not objects of discourse to be spoken about and acted upon by others. Every effort has been made to engage with the experiences and faithfully represent the perspectives of the research participants, while providing an independent analysis of the data.

4.6 Anonymity and Pseudonyms

The GIRES report states the following regarding anonymity of research participants:

Most gender nonconforming people do not wish to be detected: Many people having the gender reassignment characteristic, and the majority of the much larger number of people who experience less intense gender nonconformity, would be fearful of revealing this information, even confidentially (GIRES, 2015: Para 2).

However this did not conform with the wishes of the majority of participants in the present study who chose *not* to be anonymous. Anonymity was requested by 10 out of the 28 research participants and the other 18 participants were happy to be known by the names they had chosen for themselves since starting the gender affirmation process and by which they are now known publicly. It was unexpected that so many participants chose to waive anonymity given the personal and sensitive nature of many of the themes discussed. However most said they wanted their stories to be told in order to help other trans people.

The difficulty of complete anonymity in a small society like Scotland with a small transgender population many of whom know each other was discussed before each interview and inserted in the permission form that each participant signed. Eventually, after much consideration the decision was made, with participants consent, to completely anonymise all participants by use of pseudonyms and non-use of identifying data. This was in order to protect the identities, personal information and confidentiality of all the participants. Pseudonyms were chosen in consultation with each participant.

An important consideration when interviewing transgender people is that they may wish to conceal their natal gender identity from public scrutiny. One of the questions *not* to ask a trans person unless this is offered is: what is/was your original name? At no point in the interview was this up for discussion. On occasion a past name would be revealed during the course of the interview, and may appear on the recording, but was not included in the transcript.

4.7 Reflexivity

The current study is informed by the concept of ‘reflexivity’, a term which can have several meanings in social science. It is possible to distinguish between three different aspects of reflexivity in Bourdieu’s theory: ordinary, social, and scientific (Wacquant, 1992). The ‘ordinary reflexivity’ of human subjects signifies an act of self-reference where any action affects the agent instigating the action. ‘Societal reflexivity’ refers to the capacity of an agent to recognize forces of socialization, and act to alter their own place in the social structure. For example the agency exhibited by participants in this study who took the initiative in terms of the medical treatment they required. A low level of social reflexivity would designate an individual who is highly determined by social structures; a high level of social reflexivity would conversely designate a lower degree of structural determination and higher degree of autonomous self-determination (Wacquant 1992:37).

The third aspect of reflexivity defined by Bourdieu is applicable to the position of the researcher. This is ‘epistemic’ or ‘scientific reflexivity’, including the exposure of ‘the *social and intellectual unconscious* embedded in analytic tools and operations’ (italics in original, Wacquant, 1992:36). Scientific reflexivity implies researcher awareness of their effect on the process and outcomes of the research, and how any examination or action refers to, and affects the instigator. It is the process of reflecting, reviewing, evaluating researcher subjectivity and biases, and how these might be shaping each aspect of the research, how the very act of observation is affecting that which is being observed. Reflexive sociology acknowledges the fact that the researcher-observer is not a neutral presence but also a social actor, and reflexive research takes account of this researcher involvement. Scientific reflexivity should take place at every level when designing, conducting, and writing up research (Denzin & Lincoln, 2008; Denzin, 2009).

In keeping with Bourdieu’s suggestions for scientific reflexivity: while designing the study I examined and reflected upon the assumptions I was making; while conducting the study I kept an awareness of the emotions occurring during the process, and what influence these may have had on the research process; during the writing phase, I reflected on how many of my assumptions had been undercut by the actuality of the

empirical evidence, and how I was intellectually changed by the intersubjective interaction of the research process. I also kept an awareness of how my own presence may have influenced the interview process.

Of interest re the reflexive researcher is that Hines (2007) identified herself to her interview participants as non-transgender, but Meek (2015) chose not to disclose his own homosexual identity to his interview participants. In the current study, for reasons of not wishing to divert from the focus of the research by intruding my own autobiography, I chose not to disclose my own gender identification in the Statement of Research, other than to state the following credentials: 'I have been active for 30 years in LGBT (Lesbian, Gay, Bisexual and Transgender) networks and organisations in both South Africa and Scotland, this has led to my interest in how transgender identities are formed'. I indicated a disposition to answer any questions from research participants, only two of whom actually inquired as to my gender identity during the interviews. In response, I described myself as a-gender/ non-binary and my interest in the question of transgender identity as an attempt to understand gender categories and binaries to which I myself do not subscribe.

My own subject position and familiarity with the transgender field provided entrée into and knowledge of the main transgender organisations and their agents, and enabled an early definition of the questions. However I decided not to use known personal connections in favour of attempting to gather the sample through more diverse recruiting methods. Prior knowledge of the field removed any possible sense of anthropological strangeness towards research participants, and allowed perhaps for greater researcher access, and hopefully fewer researcher stereotypical presuppositions, although there were still some that slipped in that became evident and were debunked by the empirical research - discussed reflexively throughout this research report.

All social science research is about interpretation, and this is particularly so with qualitative research. One aspect of reflexivity is the *double hermeneutic* identified by Giddens (1976) as being one of the fundamental issues of social theory and method. It is the way in which sociological concepts are reflected back to researchers through their interviewees' engagement with social research. The implications are that social science

inquiry can actually alter the way society behaves: unlike the natural sciences, the social sciences research phenomena already constituted as meaningful, and findings: ‘often enter constitutively into the world they describe’, because human concepts of their action help constitute those actions and what they mean (Giddens 1984: 20). Thus the first task of the sociologist is to understand the concepts of the research participants being studied, to get to know their world and what they know. The double hermeneutic is linked to the idea of reflexive modernity, that society is becoming increasingly more self-aware, reflective, and social scientific concepts have a reflexive, reciprocal, two-way causal relationship with concepts in the wider society (Giddens, 1976). This is particularly the case in interpretive research dealing with the intersubjectivity of practical social life, and more so when researching the field of transgender, where it has been widely documented that trans people are acutely aware of and well-read in the previous research (Ekins and King 2006, Hines, 2007).

The double hermeneutic is acknowledged by both Weeks (2001) and Hines (2007) as affecting their research. Hines mentions in relation to her own research on transgender identities how: ‘many participants had a deep knowledge of theoretical debates around transgender’ (Hines, 2007:198). This reflexive awareness participants have of the field operates across all levels of education and social class, and is what makes research into transgender phenomena more interesting and potentially more demanding. Most participants in the current study were well informed about transgender theory and issues and medical practices that concerned their own lives, and some contribute regularly to the public transgender discourse and changes to the laws in Scotland from an activist position. In terms of their own reflexivity, all research participants were eager to have their private testimony heard in the public sphere, and this was their most frequently cited reason for participation: the hope that they may help others like themselves to express and fulfil their gender identities.

Chapter 5 Findings - Gender Practices

5.1 Introduction

This chapter is the first to present an analysis of the empirical data from the study. It is also the first introduction to the 28 participants who were selected on the basis of their self-identification as transgender. All participants have a gender identity and expression that does not align with the sex they were assigned at birth; and gender presentation and practices that are incongruous with socially conventional gender roles. This chapter locates the core of the thesis in the analysis of interview data specifically relating to the production and practices of gender identities.

The main question of the research is: how are transgender identities produced through social practices in Scotland? And a subsidiary question is: to what extent do transgender practices reinforce or subvert the normative gender order? The intention was to examine theoretically *why* gender exists in its current form sustained through structural hierarchies and social norms, but also empirically *how* it exists through everyday social practices. As outlined in the Theoretical Framework chapter, it is the *doing* of gender, that reveals *how* gender is continually ‘constructed and reconstructed through everyday social interaction. The gender order is produced and maintained by everyday gendered social practices - by individuals *acting* like women and men. Social practices contribute to the construction of personal and social identities, and the histories and memories of social groups.

The structure of this chapter corresponds to the social construction of gender on four intersecting levels: subjectivities, meanings, everyday practices, and structures (Jackson, 2001). The first section examines participants’ subjective, self-defined gender identities, the second section examines the evolution and embodiment of meanings attributed by participants to gender variant categories and practices, and the third section examines the social performance of participants’ gender practices. Gender as a hierarchical relation at the level of structure is considered throughout. Open-ended interview questions asked participants to describe their own gender identity and the meanings they attributed to various categories concerning gender roles, performances, presentations, and practices.

5.2 Subjectivities, Identities and Selves

The **Gender and Age Table** in the **Appendix** includes name of participant, gender identity, the age at which participant first became aware of gender dissonance, age of GRS if undergone, sex assigned at birth, date of birth and age at interview.

5.2.1 Self-identification of Gender Identity

It was important that participants self-identify their gender, so the question was open ended: How would you describe your gender identity? The gender ratio for the current study was 22/28 participants assigned male at birth and 6/28 participants assigned female at birth [see **Gender Classification Distribution Table in Appendix**]. This is a gender identity ratio of 4:1 MtF:FtM which is similar to the gender ratio of most UK research, as reviewed by the *Engendered Penalites* Report (2007):

The largest respondent group in our sample, 74% (646) identified as a male-to female transvestite, transgender, transsexual or trans person, or woman with a transsexual background and 22.6% (197) of respondents identified as a female to-male transvestite, transgender, transsexual or trans person or man with transsexual background. This gender ratio of 1:3.46 corresponds with surveys in other European and North American states in the expected ratio of trans women to trans men (sic) between 1:4 ((Pauly 1968) to 1:3 (Walinder 1968, 1971) (Gooren et al. 1992) (Weitze and Osburg 1998) cited in Whittle et al, 2007:28).

An unexpected finding of the current research was that although all participants had responded to an invitation to individuals ‘identified as transgender’, only one respondent actually identified themselves as such in the interview. In addition, the term ‘transsexual’ used in prevailing gender categorisation to classify individuals who have transitioned medically, was not an identification used by any participant who had or were undergoing gender reassignment surgery (GRS). Therefore the term ‘transsexual’ is not used in this study when describing specific participants, but where necessary it is employed as a generic classification tool to refer to the category of people who are in the process of undergoing, or who have undergone medical transition.

The following gender identities were recorded for the 22 participants in this study who had been *assigned male at birth* (MtF). Eight MtF participants identified as *women* post-GRS: Carina, Delores, Grace, Justine, Lily, Sally, Vida – and also Lady G who is

about to have GRS at time of writing. One MtF participant Phoenix underwent full GRS transition in 2009 and continues to present as a woman, but initially described her identity as ‘male or transgender’, then in follow up correspondence when she approved the interview she defined her identity as ‘agender’ and explained: ‘I currently cannot say I have a gender identity of any sort...gender is not something about me, it’s what other people do to me, it’s something they’ve imposed upon me’.

Five MtF participants who had initiated the process of transition in that they were taking hormones and are pre-GRS identified as *transwoman*: Ivy, Jessica R and Kylie are now living ‘full time female’ and taking estrogen, but at time of interview were not completely certain they would want GRS; and Helen and Suzy are taking estrogen, living as women most of the time, and will be undergoing GRS as soon as possible.

Seven MtF respondents lived part of their lives as male and part of their lives as female and none had any intention of changing sex or having GRS surgery. Five of this group preferred to identify as *transvestite* Rita, Sabrina, Sara Wolf, Sindy, Wendy; and two preferred to identify as *cross-dressers* Renee, Rihanna. Three of this group also identified as *bi-gender*: Renee, Sara Wolf and Wendy. Only one participant self-identified as *transgender*: Cory who lives a dual identity as male for work and cross-dresses for leisure or ‘play time’. All of the participants in this category who lived part of their lives as male and part as female preferred the pronoun ‘she’ when in female attire and ‘he’ when in male attire. This was not a question asked of those participants who identified as women or transwomen.

Of the six research participants *assigned female at birth* (FtM) the following identities were recorded. Three post-GRS participants Carrick, Tristan and Vaughan identified as men and live full time as such. One post-GRS, Boxer-Rider, identified as a queer transman. Two non-GRS, Alex and Iain identified as gender queer and didn’t mind what pronoun was used to refer to them. The limited success of FtM full genital phalloplasty surgery means it is an option that few transmen have chosen to take, and only one FtM participant in this study had done so. Therefore ‘post-GRS FtM’ in the current study refers to a spectrum of top and or internal and bottom surgeries, whereas ‘post-GRS MtF’ always refers to the full genital orchiectomy and vaginoplasty surgery.

18/28 Participants on the GRS trajectory at the time of interview, 14 assigned male at birth and four assigned female at birth, being either post-surgery at the time of interview, or having already started their medical transition and the GIC prerequisite processes for GRS of taking hormone replacement therapy (HRT) and living full time real life experience (RLE) in gender for two years. Of this group, 13/28 participants were post GRS.

Gender identifiers in this research were based on how participants described the sense of their own gender identity during the interview. How people choose to define their identity has its own political dynamic. For most *transsexuals* in this study ‘trans’ is a transient category, a rite of passage where the end result is ‘normalcy’. The goal for most of the *MtF* participants post-GRS was to attain the sex ‘female’, and for the *FtM* respondents post-GRS to attain the sex ‘male’. The possibilities of a transsexual identity is based on physically changing sex, created by advances in medicine. It can be argued that the twentieth century medicalisation of transgender as a condition, to be evaluated by medical experts and cured by hormone treatment and gender reassignment surgery, has served to reinforce a binary model of gender identity.

Since transition and particularly after GRS, some participants chose to no longer attend transgender support groups, and rather cultivated new friendships outside of the trans community while remaining open about their transition in their wider communities and work situations. Carina, Vida and Lady G felt particularly strongly about this. Although Carina initially gave interviews and wrote a blog after transition, she stopped because of negative experiences with the media where she felt her story was exploited and twisted - she was unprepared for the invasive questions and the sensationalised journalism around her story.

5.2.2 Age Distribution

The mean age at interview for participants in the current study was 51 years and the mean age for GRS transition was 45 years. This is an older demographic than that of other studies conducted in the European region. The statistics presented for age of transition in the UK by the GIRES review of previous research, shows the median age

for gender variant people presenting for treatment as 42. This report also indicated that FtM generally present a younger demographic than MtF, although it reminds us that ‘Gender variant people present for treatment at any age (GIREs, 2011: Para 4).

The current study is in line with this statistic, in that the age of FtM transition was much younger than the MtF participants and brought the mean age of transition down considerably. Three of the FtM respondents who had transitioned surgically began the process in their early twenties: Tristan had GRS when he was age 21; Carrick had GRS at age 26; and Vaughan at age 24 is at time of writing still undergoing the numerous surgeries required for full ‘bottom’ GRS. The fourth post-GRS transman Boxer-Rider transitioned older at age 37.

The nine MtF participants who had transitioned surgically present an older demographic than the statistic cited in GIREs. Some of the MtF research participants in the current study had first presented for medical treatment, been living ‘full time female’, and waiting for GRS for many years prior to this interview. MtFs Helen and Suzy had been on the waiting list for GRS for on average of three years at time of writing, and Lady G for five years, and all will be nearly 70 by the time they have surgery. Grace was 69 and Lily was 60 at time of GRS. The two youngest MtF participants in this study who have had GRS were Carina at age 42 and Justine at age 39. Jessica R and Kylie are younger transwomen who seemed comfortable with the idea of possibly not having GRS, although they are taking estrogen and leaving their options open, whereas the older transwomen said that a non-surgical path was not an option.

The term ‘primary transsexual’ is one that several research participants used for a trans person who experiences an early onset of gender dysphoria versus those who come to see themselves as trans much later. All of the participants in this study could be identified as primary transgender, in that they *all* said they had experienced some feelings of gender variance before the age of 20, most before the onset of puberty. The majority of participants in the current study reported they had been aware of their ‘true’ gender from between the ages of 2-6 years or from when they first recall being aware

of anything. This corresponded with findings of the Equality and Human Rights Commission (EHRC) *Trans Research Review 2009* indicating:

It appears that for many trans people, unhappiness in their natal gender is experienced early in their lives... However, transition to one's chosen gender may occur much later. Although we identified little UK research on when this typically occurs, research from the USA suggests it could be between 30 and 40 (EHRC, 2009:17).

Hines (2007) also reports that MtF participants in her study experienced feelings of gender variance from an early age, but that most, as in the current study, only transitioned much later in life. Most MtF research participants in this study say they repressed their transgender identities until they were much older. Alex said: 'I ignored it for about 20 years'; Ivy speaks of 'self-denial for 50 years'. This demographic may be changing as societal attitudes become more accepting and transgender people more aware earlier in life of their options for GRS. What may also be changing is the support available for choosing a less binary option without medical intervention, for example by social transitioning and finding partners who accept gender variant identities, thus enabling individuals to have social recognition of their gender identity without undergoing medical processes that effectively render them incapable of reproduction. The number of participants who have had children prior to GRS is included in the Intimate Practices chapter.

The GIRES Report gives the following reason for why many MtF go for medical transition in middle age:

Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very early age. Social pressure, in the family and at school, inhibits the early revelation of their gender variance (GIRES, 2011: para 6).

This statement corresponds with the findings of the current study in which many of the MtF participants had raised families and lived normative lives before feeling free enough to begin transition later in life. The fact that this was the case for earlier generations does not imply the same would be true with generations of trans people to come who will hopefully be able to develop their identities in an atmosphere of greater social freedom.

Nearly all participants could identify an exact age, usually associated with an experience, when they first started experiencing gender variance. As Rihanna said: ‘everyone can pinpoint an exact age when they first knew’. A number of participants described how as very young children they had always considered themselves to be a particular gender, but experienced dissonance when they first started ‘engaging socially in the world’ away from the family home, playing with other children, or going to school. Many described the shock of realisation and a dawning awareness of social expectations to behave according to rules and roles of sex difference, having to play with ‘gender appropriate’ children, and the sense that ‘boys and girls don’t tend to mix’. Most of the MtFs described wanting to play with dolls, or stealing dolls and hiding them for fear of them being taken away or being laughed at, of ‘not feeling like the other kids that I was playing with’. Also being ‘treated as a girl’ when they ‘felt like a boy’ or vice versa, and worse having to wear the gender appropriate clothes. Lady G and Vida mentioned the difficulty of being segregated into boys and girls sections at school, and how that made life more difficult. A definitive moment of their gender recognition for Grace, Lady G, and Vida was bath time when children. All three described thinking they were girls, and then when they were bathing with their brother, becoming cognisant that their bodies were the same, they had the realisation they must also be a boy. Lady G: ‘you have a brother, and you’re put in the bath together, and you see you’re the same, but he’s a boy, so I must be a boy’.

VIDA: And when I was young I didn’t know the difference between a boy and a girl. So I’m looking at myself and I’m thinking: that’s how a girl is meant to be. I thought girls had penises and boys didn’t. I remember my parents trying to point out that: look you’ve got the same as him (her brother) in the bath one day. And I says: are you a girl as well? I just didn’t know, I had never seen a girl naked, and I just presumed that’s the way it was.

Descriptors of participants’ childhood experiences included: ‘difficult’, ‘frustrating’, ‘very hard’, ‘something to be ashamed of’. Most research participants in the current study recall having gendered feelings from a very young age – usually from first memories at around 2, 3 or 4 years old. A sense of gender variance from pre-puberty was reported by nearly all the participants except four in this study, and this intensified with the onset of puberty, along with a sense of confusion, discomfort, and depression for most. Several participants in this study expressed misgiving about the authenticity

of trans people who said they first experienced gender dissonance later in life. For example Lily said: ‘I have doubts if someone says “I realised when I was in my twenties, or was 21, or when I was 16, or when I was 49”... I think you would realise before you had adolescence or puberty’. Conversely some participants were sceptical about the false construction of memories of early gender dysphoria by some trans people for the purpose of gaining access to hormones and treatment on the NHS.

5.2.3 Essentialist/Constructionist Identity

Essentialism is the idea that there is a connection between the body and certain dispositions or forms of behavior, a biological notion of a core sex being the natural basis for gender identity. This section presents a discussion of responses to the question: ‘Do you think we are born with our gender identities?’ This was an attempt to understand whether research participants considered gender identity to be innate, essential, biologically determined, or socially constructed. The majority 20/28 participants answered emphatically that they thought their gender identity was innate: ‘biologically determined’, ‘you are born with it’, and were very clear and definite in their response to this question. This conforms with a persistent popular LGBT discourse of being: ‘born this way’, but runs counter to current sociological thinking on the social construction of identities.

To those eight participants in the current study who did *not* consider gender identities to be inborn, the question was asked: do you think you have a choice regarding your gender identity? This was an attempt at a more nuanced understanding as to whether these research participants considered gender identity to be a matter of agency or socially determined. A range of responses was received indicating what Boxer-Rider expressed as: ‘choice is a very difficult word for the trans community’. The responses of five participants indicated a belief in a mixture of biological determinism and social construction, of nature and nurture, that there may be some aspects of gender that are innate, but its development is environmentally determined and the manner of expression is socially constructed. To summarise the responses from these participants: ‘individuals are born with greater potentiality in certain directions, but this can be encouraged, diverted or suppressed by environmental circumstances’; ‘gender identity

is a combined process of natal birth, developing physiology, ontogenetic physiology, and socialization'; 'the relationship between primary sex hormones and social environment is inexplicable'. Two participants said they had thought about it and just didn't know and couldn't answer. One participant said they thought their gender identity was a matter of their own choice.

A number of participants said that if they had had a choice they certainly would not have chosen the difficult existence that their gender variant identity has brought them. Of those participants who were most adamant in their beliefs that gender identity is not a choice, and that gender and sexuality are based on biological foundations, were transmen Carrick, Tristan and Vaughan. These responses are similar to the findings of Henry Rubin's (2003) interview based research into transmen, in which the majority of his 22 FtM participants articulated essentialist narratives about their gender identity. Analysing from a phenomenological approach, Rubin respects his research participants attribution of meaning as experientially based knowledge, and does not dismiss these accounts as false consciousness or narrative constructions.

The majority of research participants articulated the need for expression and affirmation of their 'true' gender identity which was connected to their experience of an 'authentic' sense of self. There was a sense of the insistence of an essential identity, of an imperative emergence of the 'true self'. This resonates with a persistent identity narrative of 'essential self' in popular culture, despite the deconstruction of the concept by poststructuralist theory. Participants articulated narratives of being born in the wrong body, substantiated by biographical evidence of always having been different from the first memory, of knowing they were a particular gender before being constrained by social experiences, and the increasing need over the years for expression of this real gendered self. Tropes used by participants to describe transition were: 'rebirth' and the 'real self' emerging from a 'cocoon process'. Repeated phrases from participants referred to the importance of expressing themselves and 'being me'. For example Carrick: 'It feels like I'm finally *me*'; Cory: 'I've always just wanted to be *me*, I wanted to be *myself*'; Dolores: 'I just wanted to be *me*'; Ivy: 'I'm just trying to be *me*'; Lily: 'I thought surgery would help me to be *me*'; Sabrina: 'I like being *me*';

Rihanna: 'I just like being who *I am*'. Kylie said after officially changing her name by deed poll: 'Now it's not I am just living full time, but that I am *me*.'

Alongside the wish to live their lives authentically, participants in the current study expressed the desire to live lives autonomously with no judgement or restriction, to be allowed to live 'real' lives as opposed to what Tristan expressed as: 'live as this thing that other people wanted me to be'. There were nuanced variations between the responses of participants regarding autonomy, agency and sense of self. The findings of the current research would tend to concur with those of Sanger's research that: 'the essentialist/constructionist distinction is just too simplistic to encompass trans people's experiences' (Sanger, 2010:1053).

Mason-Schrock describes the notion of the authentic self and the belief that the differently gendered 'true' selves had existed since birth, as 'a powerful fiction' in transsexual narratives (1996:178). However Davy cautions against 'falling into the trap of reducing authenticity to essentialism' (106:210). By dealing phenomenologically with transgender narratives, Davy is able to explore how they 'understand and negotiate their authentic subject positions when seeking body modification and legal recognition' (106:2010). Davy suggests that the *Gender Recognition Act 2004* created socio-legal relations that allow trans people to: 'understand authenticity away from essentialised notions of bodily realness. Authenticity in law is an altogether different ontological claim and is seen as enabling autonomy and agency within lived relations and especially in relation to the medical establishment' (Davy, 123:2010). She argues that narratives of authenticity cannot be reduced to: 'poststructuralist understandings of gender identity formation in which subjects are often seen as passive and culturally determined by coercive forces which constitute their mental and behavioural characteristics'. Transgender subjectivities should be regarded as 'intentionally situational and understand the agentic negotiations that are intrinsic to trans subjectivity' (Davy 106:2010). 'By incorporating transsexuals narratives into the structure/agency debate, Davy moves beyond a dichotomous argument of authenticity (as tangible) and inauthenticity (as arbitrary)' (Hines & Sanger, 2010).

The ‘contradiction between a deconstructionist analysis of transgender and the representations of fixed identities articulated in many transgender autobiographies’ is examined by Hines (2007:60). The idea that GRS proves ‘authentic gender’ is: ‘oppositional to poststructuralist, postmodern and queer theory’s social constructionist framework in which all gender and sexual identities are denaturalised and notions of authenticity deconstructed’ (Hines, 2007:60). On this theme Hines suggests Jay Prosser ‘can be read as a deliberation on the contradictions between transgender narratives of authenticity and queer theory’s destabilisation of identity as a categorising device’ (Hines, 1998:61). Prosser objects to the use of the transgender subject as a ‘a key queer trope’ (Prosser,1998: 5), and to the notion that gender is only performative, on the grounds that some ‘transsexual trajectories’ aspire ‘to be non-performative, to be constative, quite simply to *be*’ (italics in original Prosser, 1998:32) as opposed to performative emphasis on *doing*.

In the Preface to the second edition of *Gender Trouble* (1999) Butler accepts that her explanation of performativity did not distinguish between linguistic and theatrical performance. In a recent interview Butler clarifies her position on whether she thinks humans have an innate and subjective experience of embodiment, and whether gender performativity is a choice rather than as an essential sense of self: ‘My view is actually not that...Even if a gene structure could be found, it would only establish a possible development, but would in no way determine that development causally’ (Butler, 2014). She argues that what is more important than agreement upon the ‘origins’ of the sexed and gendered self, is each individual’s subjective experience of sex and gender, and the right to freely self-determine ‘the legal and linguistic terms of their embodied lives’ without discrimination, and language needs to reflect this: ‘sometimes we do need a language that refers to a basic, fundamental, enduring, and necessary dimension of who we are, and the sense of sexed embodiment can be precisely that’ (Butler, 2014). She emphasizes what she considers an ethical obligation of institutions and individuals to recognize, respect and support a gender variant person’s declared or enacted sense of their sexed or gendered self (Butler,2014).

5.2.4 Narrative Construction of Self

The task of narrative analysis is to find out how individuals make sense of life experiences by telling stories, and how general social processes are embedded in their narratives. Much self-presentational talk consists of replaying and reconstructing past personal events (Goffman (1974:504). The creation of narratives of self to support a change in identity is examined by Mason-Schrock in terms of how: ‘stories and their collective creation, bring phenomenologically real “true selves” into being’ (1996:176). He suggests that transsexuals provide a unique opportunity to study this process of self-construction, particularly in the context of support group affirmation (Mason-Schrock, 1996:176). ‘In learning to tell different stories about themselves, transsexuals learned to be different people. This happened only because they encountered the transgender community and learned to use its storytelling tools’ (Mason-Schrock, 1996:178)

Narratives in the current research that emerged in common with previous research were: the ‘born this way’ narrative; the ‘born in the wrong body’ narrative; the ‘being this gender ever since I can remember’ narrative; the ‘change in sexual orientation after hormones’ narrative; the ‘born with both sets of genitals’ narrative; the ‘my wife knew from the moment we met’ narrative; ‘the coming out narrative’, ‘the social acceptance narrative’, ‘the being differently gendered from an early age narrative’ etc. These are well known among transgender groupings. Mason-Schrock found narratives of cross dressing or fantasising about it in early childhood to be the most commonly accepted evidence that distinguished transsexuals from transvestites who, ‘usually told of beginning to cross-dress during adolescence for erotic purposes’ (1996:180). The findings of the current study differed in this aspect in that all participants said that they began cross-dressing pre-puberty; many said cross-dressing began as an erotic practice, and some of those who are now transsexual only began dressing post-puberty.

During the performative construction of a past history, and virtual identity for others, it is important to avoid revealing discrediting information (Goffman, 1963:95). This involves the practicing of ‘tact’ during social interaction, in which individuals ignore discrepancies and implausibility in each other’s narrative identities of self (Goffman, 1967:29). This was noted in the current study and also by Mason-Schrock in the context of transsexual groups practising: ‘modelling, guiding, affirming, and tactful

blindness' (1996:186). Identities are constructed through shared narratives in the context of transgender support groups, and mutual discretion helps sustain and affirm identities and prevents the problem of contradictions or loss of face in the group context.

Excelling at sport is a cultural signifier of masculinity, and the non-participation and ineptitude at sport was emphasised by most of the MtF participants in Mason-Schrock's study (1996:182). For those who were good at sport and did not fit this accepted narrative, the way to explain away such unwanted signifiers was to reinterpret history to support the new gender identity, and so described repressing their 'true selves' and 'being in denial' in their masculine identities before coming to terms with who they 'really' are (Mason-Schrock, 1996:183). This is similar to the findings of the current study in some MtF participants' discourse of denial concerning previous masculine pursuits, ineptitude at sport, or of saying their previous identification as a cross dresser or transvestite was a mislabelling, when really they had always been transsexuals. Such strategies allow for the reconciliation of discrepant biographical data and the maintenance of a phenomenologically real 'true self'.

The narrative construction of self can create increased symbolic capital for the trans person within the context of transgender support groups. The accrual of dignity and recognition is an important motivation for human behaviour (Bourdieu, 2000:237) and particularly for people for whom this may have previously been denied, through participation in transgender support groups and organisations. Ontological security as well as access to social and symbolic capital can be gained through membership of support groups and online communities, social networking with others who have experienced similar social trajectories, enabling solidarity and making sense of change in habitus. However the assumption often articulated in the popular press, of the existence of a homogeneous 'transgender community' with common interests and shared values, needs questioning as there are always contradictions and issues of unequal distribution of power and resources within any social field.

5.3 Meanings of Gender Categories & Practices

This section presents responses from individuals within the interview context to the question: What meaning do you attribute to the term transgender? This was asked after the question where participants had self-defined their sense of gender identity, and was an attempt to gain insight into participants' opinions about different categories of gender variance.

Direct quotes of the *meaning* of the concept 'transgender' or participants:

- those who identify as male and were born female and vice versa.
- the feelings of not being 100% male or 100% female.
- going through the process to change their sex.
- unhappy with the body they are born with.
- it's more serious, full time, day to day.
- a very, very broad brush.
- caught between male and female and has not yet made a decision to go one way or t'other.
- a hundred different transpersons will give you a hundred different answers you know.
- inclined to change their gender via hormones or surgery -a transsexual is clearly somebody who is on that path, or who has achieved a change of gender.
- people get mixed up between cross-dressers, transvestites and transsexuals.
- someone who changes their sex.
- someone who feels the opposite gender to what they were born in.
- when one gender crosses over to another - in the sense that anything trans is crossing over.

A number of the participants in this study said they thought that the concept of transgender or transsexual refers to individuals whose anatomical sex may not match their psychological sense of personal gender identity, who have not yet undergone GRS, yet once people underwent the surgery they were male or female. Furthermore, the sense from some respondents was that transition is complete after living in your real gender and taking hormones for a year and changing your name, then you are no longer transgender or transsexual but the gender and sex with which you have realigned yourself, with or without GRS. Most of the research participants who had undertaken or were intending to undertake GRS rejected the labels of transsexual and transgender in favour of female or male, possibly conveying an understanding that the term transsexual has been medicalised and pathologized.

Transgender was sometimes understood by participants as applying to individuals in the middle of the transition process whereas transsexual means you have reached the end of the journey. ‘Transgender is someone going through the cocoon process – it’s so far away from transsexual that it shouldn’t ever be in the same category’, says Jessica who identifies as being a transwoman at the start of the transition process, and refers frequently to ‘the cocoon process’ that she is going through, with the obvious transition trope of an emergent butterfly. Though taking hormones she is not yet sure she wants to make a full transition with GRS, but says she does not identify with cross-dressers. The complexity of categorising gender variance and the associated meanings is an understanding expressed by some of the participants such as Tristan a post-GRS transman has a similar understanding of the concept of transgender as being someone who is still transitioning and therefore doesn’t apply to himself, but he broadens this out to encompass all forms of gender variance. Carina too thinks that although transgender is a broad category catch all, it is only applicable to people who had not yet fully transitioned.

Transgender is an umbrella term but I’ve already transitioned I’ve had the op I don’t consider myself to be transgender because I don’t consider myself a transwoman. I’m a woman because the journey is completed. But to me transgender is people who are still transitioning.

Carina’s comment may contain an implicit doxa that non-trans people have a stable fixed binaried identity, and that this is something to work towards. In the support groups for the purposes of organisation the term ‘transgender’ is used, but generally not by trans people in everyday life once they have transitioned. As Grace explains.

In the transgender community I’m transgender, but outside, when I walk out my door I don’t feel I’m transgendered at all, I’m a woman living in (home rural village). In Glasgow I’m accepted as a woman. There’s no mention of that word transgender. The only time it’s really mentioned is at the meetings at any transgender group.

Participants in the study who had completed surgical and social transition no longer use the term ‘transgender’, and none identify as ‘transsexual’. Rita who identifies as a transvestite, also understands that transsexuals do not identify as transsexuals:

I see transgender covering everything from transsexuals to transvestites – even to drag queens if you want to put it that way - under that umbrella ... transsexuals, they don’t like to be called transsexuals, if they’re male to female they would

rather be called women –though a lot of transsexuals call themselves transsexuals, until they have the operation, then it’s different.

However ‘drag’ is generally not considered a category of transgender, nor would all drag artists regard themselves as being under the transgender umbrella, although there are some drag performers who do. Sara Wolf says: ‘drag queens infuriate me because they’re a caricature of women - don’t you dare caricature women.’ This being a feminist understanding articulated by a transvestite could be regarded as ironic, but is just another facet of the complex, multi surfaced mirror of transgender. Vida summarises how categorisation complexity is often not appreciated by the general non-trans population: ‘Some people still confuse gender issues with sexuality issues... a lot of people can confuse transvestism with transgender issues.’ Hines believes:

...while it is crucial to theorise the subjective differences under the umbrella of transgender, such a distinction may turn the table of negation problematically. In viewing transsexuality as representative of the ‘authentic’ experience, the transgenderist is positioned as an almost frivolous postmodern player (Hines, 2007:61).

The idea of transsexuality being about embodied change and transgender being more about performativity is reflected in Sindy’s understanding of the complexity of terminology and category perceptions, and that some trans people may have the sense of gender transition as a finite point, and some like herself have a sense of it as a dynamic ongoing process.

Transgender is a bit of a loaded term. ...it is distinct from transsexual in the sense of physical change... Transgender is more about crossing any perceived gender divide and usually that is through more external identifiers, clothing, way of acting, the two can be very closely linked, and those who go the transsexual route will in parallel be going the transgender route. But transgender can be an end in itself, rather than a means, or a part of the journey for some.

A number of interpretations of transgender in this study imply there is a temporal cut off point to the transition process. But is the ‘gender journey’ as Sindy labels it, ever truly completed since the expression of identity is always to some degree contingent on the stages and fluctuations of the life course, propelling the individual into different choices and alternatives as new opportunities arise? If gender is a continuum upon which individual identities are variously and loosely located, transitioning from one end to the other can be an unstable process. Those who today identify as transvestite/cross-dresser, may tomorrow identify as transsexual and begin the medical

process of hormones and surgery, as evidenced by the transgender trajectories of some participants in this study.

How an individual transgender identity can develop is narrated in the trajectory of Phoenix's transgender identity from slight gender dissonance through cross-dressing into GRS:

From the age of 18 I started wearing skirts, but as a male in female clothing ... In 2004 I bought myself a wig and started wearing it. And I thought hmm I can probably have my beard lasered. And by the end of 2005 I was being mistaken for female... And I found that I had switched to living as female, and changed my passport, driver's license... changed my designation and I was using the female toilets, and I'd go into the cubicle and pull my underwear. And it was like I had my own little boy following me around saying hey mister! And I'd think: OK life's odd. Here I am in the women's toilets peeing, and I have a penis ... and it was a constant reminder that I was at odds with the world. So two years after going to the GIC, three years after transitioning, twenty years after I first started going out in dresses and skirts, I then got bothered by the fact that I had a penis. And at that point I became dysmorphic enough to actually want surgery.

It was interesting to observe this development process for some participants along this journey of the transgender continuum, between the first and second interviews and with some later feedback from participants. For example, at first interview Helen identified as 'transvestite', then by second interview she was taking estrogen and had decided to have GRS and identified as 'transsexual', then at follow up when approving the interview transcript she identified as a 'transwoman'. Suzy followed a similar pattern and, like Helen, regularly attends different local transgender support groups. A possible interpretation of this change may be the encouragement provided to follow the full medical transition route in the transgender support groups, where the dominant discourse and ultimate goal is GRS, and those who undergo this process are accredited the maximum amount of symbolic capital in the sense of increased prestige, and social capital in terms of increased friendships and support. Sabrina too has seen herself developing in her gender transition, and at initial interview identified emphatically as male transvestite, lived part time as a woman, but since first interview she has been living 'full time female' and began identifying as a transwoman, and since second interview has changed her name officially by deed poll to her female name, and her documents and legal identity from male to female. At first interview Sabrina said she had no intention of 'going the medical route' but said she had been developing breasts (and emotions) without hormones. More recently she decided to start HRT and to this end made an appointment at the GIC. This expansion of narrative and identity is similar

to that of some other participants, and reflects the fluid and dynamic nature of gender identification. Dolores, Helen, Lily, Suzy, and Vida, all pre and post-GRS, volunteered the information (it was not a research question) that they had never considered surgery until they attended transgender social and support groups. The influence of these groups for modelling and guiding (as per Mason-Schrock's 1996 study discussed above) is thus evident in the progression along the GRS trajectory of some frequent attendees, providing a valuable insight into the intersubjective, socially constructed nature of transgender identities and categories.

Some of the more nuanced definitions around categories of gender variance came from those who categorised themselves as gender queer. Such as Alex whose understanding of the term transgender encompasses: 'pretty much everyone who is not conventionally gendered. I quite like gender queer because it's political. It's a choice, it's something where I actually own my identity and I have chosen to identify as gender queer'. And Iain: 'medical science would tell you that most people aren't 100% male or female. There's a huge variation ... most people have to try and be maybe more to one side than the other'.

Boxer-Rider also seems to be questioning the very existence of trans categories, particularly the possibility of 'transsexual', and articulated some of the ideas that had arisen out of his own struggles with the concept of gender identity.

I call myself a queer transman. That's my gender identity. The complication is that I don't actually believe in transsexuality. I was never female. I don't think I can say I know what it is like to be male... Biologically, there aren't just two sexes, and obviously not just two genders. Gender variation, or expression of this thing we call gender, and this thing we call sex, isn't just about penises and vaginas and having eggs and sperm - it's a lot more than that. Gender is a social construction that is virtually meaningless. And that's why I say I don't exist. I no longer believe in the category of transsexual and therefore I may not exist. Transsexualism is post-human. Because the construction of a category known as transsexual is based on the social construction of two sexes and two genders. And that's rubbish. And if that's a fallacy then I'm a fallacy - I don't exist. ... We're basing it on things that we have created that we think are real.... therefore we are not real. Not in the sense that we use the word 'real' in discourse... I have established a link between transsexuals and post-humanism, transsexuals being one of the primary, unwitting, first wave of post-human people. And transsexuals are pushing the threshold of the possibility of a speciation event in the human species in a way that they are not yet aware - theoretically at least.

Boxer-Rider's interpretation of transsexualism is the degree zero of sceptical indeterminacy, contrasting with the attitudes of Carrick, Tristan and Vaughan, transmen who believe that gender determinacy is innate, biological and not a choice. When the implications of social constructionism and the Thomas dictum 'What is defined as real is real in its consequences' are ignored, cognitive frameworks can become untethered and disorientatingly fluid.

It is unclear exactly what Boxer-Rider intends by post-humanism, but if it implies replacing humans with a new kind species, then the continuation and evolution of that species would presumably require reproductive capacity which transsexuals do not have. Given that humans are determined by corporeality, 'theoretically' post-humanism is not possible and neither is a speciation event. This is true, even if it was presumed to occur based on transsexual material bodies that, being rendered effectively sterile by hormone therapy and GRS, and therefore being reproductively isolated in the most radical sense, are not able to evolve the phenotypic/genotypic divergence of a speciation event. Whatever post-human potential there may be inherent in a particular transsexual body, it will cease with that body. Furthermore, human medical intervention to construct 'post-human' bodies is not always successful because not all variables can be satisfactorily controlled, leading to unpredicted and sometimes tragic consequences if the irreversible surgical changes do not bring the hoped for positive life changes.

A recurrent desire expressed by respondents is to be seen in their full complexity and not to be stereotyped or reduced to just being transgender. Some respondents have chosen to articulate the contradictions of their experienced gender identity, and others not. The transgender 'community' is not a homogenous undivided set of people, and there are many divisions and hierarchies that occurs as with any social grouping. Lily says: 'those who see themselves as primary transsexuals are the ones who knew from when they were very young'. And Carrick 'There's a lot of social stratification going on in the transgender world. With transguys it can get really competitive if you check out the blogs and other social media.'

Binaries and gender authenticity, and hierarchies are signified by bodies and clothes. The sense from some participants is that people are either a woman or a man and you cannot be something in between – and there are arguments between transwomen about this. Some say you cannot make yourself into a woman with GRS. Others say you can only classify yourself as a woman if you have a vagina; that post-surgical transsexuals are at the top of a hierarchy – a genital class division. And there was an articulated dislike by some MtF participants of other trans people they labelled as ‘big hairy guys in dresses’. Dolores put it thus: ‘there is a dynamic in some of the support groups of: I’ve got a vagina therefore I am a woman and all you others are just big hairy guys’. Lady G does not yet have a vagina, feels she has been waiting all her life for one, which she has been denied because of not being able to live full time as a woman due to needing to retain her job as a man (see Social Attitudes chapter). She is particularly critical towards transsexuals she thinks do not present as real women: ‘I criticise their appearance as female - not all of them of course - just the lumber Jacks. A man who has had the operation, some are just big guys’. Lady G’s critical opinion of transwomen is founded in the belief that many have wasted the opportunity they have been given with GRS to transform their lives for the better. How people choose to define themselves has its own political dynamic.

Of interest is that some participants talked about a ‘transgender scale’. This seems to be a variation of the transgender continuum but one in which there are value judgements attributed to individuals depending on their position on the scale. Lowest on the transgender scale according to some research participants was the category of men who they described as secretly wearing women’s underwear underneath their men’s clothes.

RIHANNA: there are various names: CV, TV, TG. We like to put it on a scale from 1 is that you might slip a pair of stockings on and 10 is you want a full sex change - transsexuals is where the psyche changes entirely. There are two post-ops that I’ve met - each of their stories has been relatively tragic. That’s definitely not for me: the lifestyle and the restrictions they have I could *not* do that. We cross-dressers also don’t like HPWs (Hairy Panty Wearers) - A guy who has hairy arms, chest, legs and he slips on a pair of pants. Some of them really scare me... to me *that’s* kinky. And in my opinion, perversely sexual...the HPW is odder if you like than I am... It’s where you fit in the scale. And each one makes a judgement on the other one. So there is a class war going on in there. I don’t pass judgement any longer.

The 'hairy panty wearers' (HPWs) have a German equivalent according to Sabrina who lived some years in Germany- where they are labelled 'Damenwäscheträger' (DWTs):

There are transvestites; there are cross-dressers; then there is something in Germany called DWT or Damenwäscheträger – this is somebody that simply wears women's underwear; there are transsexuals; there are transgender people; there are a whole host of words. I like the word T Gurl and this encompasses all those who are born male, who dress in some form or another as female.

Some of the participants had begun their transgender expression doing similar practices. Grace said she used to wear women's underwear under her male clothes, even when she was in the army on a tour of duty with the Kings African Rifles in Kenya. Suzy also mentioned wearing women's underwear under her army uniform. Both she and Grace were only able to fully transition quite late in life after they had raised families and retired.

There is a sense of progression along a scale of expression or 'dressing' articulated by some transvestites, similar to the transsexual's progress along the surgery trajectory discussed above. This scale starts from wearing women's underclothes secretly under male clothing, develops with the confidence to go out in public wearing women's clothing as with Rita, Renee and Rihanna; and progresses further to Sabrina now living full time as a woman. Both Rihanna and Sabrina said they are very happy being male, but love dressing as women because it made them 'feel good'. Sabrina's opinion about gender categories is: 'I don't want to live my life as a woman or a man, but as a person - gender is irrelevant. If the surgery were possible I would like to be a hermaphrodite.'

For Marjorie Garber, cross-dressing is an outward sign of the constructedness of gender categories, challenging the 'easy notions of binarity putting into question the categories of female and male whether they are considered essential or constructed, biological or cultural'. She argues that the tendency on the part of many critics is to elide and erase or to appropriate the transvestite for particular political and critical aims. (Garber, 1992:10-15). Garber argues that one of the effects of the transvestite in culture is to indicate the place of 'category crisis', disrupting and calling attention to cultural, social, or aesthetic dissonances:

a failure of definitional distinction, a borderline that becomes permeable, that permits of border crossings from one apparently distinct category to another...the binarism male/female ..is itself put in question or under erasure in transvestitism

and a transvestite figure will always function as a sign of overdetermination –a mechanism of displacement from one blurred boundary to another (Garber, 1992:16).

Garber argues that ‘transsexualism is one distinctly twentieth century manifestation of cross- dressing and the anxieties of binarity - an identifiable site, inscribed on the body, of the question of the constructedness of gender.’ She points to the cultural proliferation of images and texts since the 1950s have focussed on the transsexual ‘as emblem of fear and desire – of the borderline and of technology’ (Garber, 1992:15).

The term ‘transvestite’ or TV is regarded by some participants as having negative connotations associated with non-normative sexual practices such as fetishism and BDSM (erotic practices involving bondage, dominance-submission, sado-masochism) discussed in more detail in Intimate Practices chapter. However this was not necessarily the understanding or experience of all the five participants in this study who identified as TV, or if it had been was now no longer the case. Research participants who did not identify as transvestite tended to associate certain behaviours with TVs. See for example Cory: ‘I think it’s got too much stigma attached to it... as soon as you say transvestite people just think: pervert, weirdo’; Jessica: calling me a transvestite or a cross-dresser is very insulting. They do not have to fight for their rights. ...it’s a very sexual thing for them.’; Renee: ‘I’m not so comfortable with the term transvestite, tends to be viewed as a bit more sleazy shall we say. I prefer cross-dresser.’ Sara Wolf who identifies as transvestite - acknowledges it is just about sexuality for her: ‘transvestites should refer to people who are just that... that get a sexual excitement from wearing women’s clothes– they don’t feel a gender shift.’

The term ‘cross-dresser’ or CD is usually considered to have more neutral associations than transvestite, which led to an original assumption of this study that more participants would identify with that category than TV. However some participants understood the term cross-dresser differently.

KYLIE: it’s easy to fall into the old assumption that a cross-dresser is someone who wears their wife’s knickers or their girlfriend’s tights. And that’s as far as it goes and probably just a purely sexual thing. And it’s easy to think that a transvestite would probably wear a skirt but might be hairy underneath and might not have makeup or a wig. But I’ve learned, through meeting loads of people, that the words don’t necessarily mean that and you just choose whatever terms suit.

The answers to the question put to TVs/CDs as to why they started cross-dressing were mostly that initially it was a form of escape, to go into a different more exciting world of sexuality. Without exception, all of this group were assigned male at birth, and had been conducting this practice for a number of years, and all reported that dressing as a woman used to be sexually arousing. Participants described the sexually arousing aspect of dressing in women's clothes, the excitement of the forbidden, the slightly masochistic element of ceding male power, the erotic feel of feminine fabrics, the excitement of putting on a different personality, of being the centre of male attention and desire, and ultimately the sexual contact with another person— although that aspect was reported as often unsatisfactory (see chapter on Intimate Practices). But most said that as they aged or had become accustomed to the phenomenon, the solitary sexual aspect had waned, and now most said they just enjoyed the social aspect of dressing. A number of participants referred to an understanding that the TV/CD identity is about having fun with their gender identity, which seems like a very different approach than the much more serious transsexual position of preparing for and undergoing gender reassignment surgery.

Sally uniquely in this sample, has the understanding of the word 'transsexual' as being used to describe someone who is still in transition. She identifies as a woman while using the term 'transgendered' to describe herself to others: 'I used to be a transsexual lady but I thought it would be more comfortable for the doctors and nurses where I volunteer if I was a transgendered lady. This means I've had surgery. A transsexual means you're still coming through.' Transsexuals Dolores, Grace, and Lily, and transvestite Sabrina, also use the word 'transgendered' to describe themselves.

Gender orders and gender categories are never homogenous. Research participants did not fit easily into dualistic notions of gender or conform to categories. Transvestites in this study did regard their femininity as defined by their genitals, whereas transsexuals did. Connell argues that given the complexities and different logics and levels upon which gender relations operate, it is necessary to work with a multi-dimensional model of gender relations. For example the different roles assigned to women in liberal societies: where in the public sphere they are regarded as equal to men in terms of the social contract; contradicted by the subordination of women to men in the private

sphere of sexual relations. As Connell reminds us ‘power as a dimension of gender, was central to the Women’s Liberation concept of “patriarchy” and to the social analyses that flowed from it: the idea of men as a dominant “sex class”’ (Connell 2002:56-57).

5.4 Bodies Do Matter

This section is concerned with body consciousness, how participants perceive their bodies in relation to their gender identities, the meanings of embodied gender practices for the participants, and was in response to the question: What was your perception of and reaction to your body in childhood and adolescence and now?

Theorists included here who regard the human material body as the nexus of practical engagement with the world are Bourdieu, Butler, Fausto-Sterling, and Foucault. The concept of ‘habitus’ was developed by Bourdieu to refer to the internalisation of the social order in the human body, and the concept of ‘hexis’ to refer to the way in which individual agents carry this into the world through bodily behaviour, movement, gestures, noting how the expression of gender is different through male and female bodies: ‘the form of bodily postures and stances, ways of standing, sitting, looking, speaking, or walking’ (Bourdieu 1977:15). Habitus as an instrument of mediation, engenders ‘thoughts, perceptions, expressions, actions’ within the limits imposed by ‘the historically and socially situated conditions of its production’, enabling an understanding of how the ‘social game’ is inscribed on individuals, the possibilities and constraints of social action are incorporated by individuals as apparently spontaneous beliefs or opinions, and so their ‘feel for the game’ becomes an unquestioned second nature (Bourdieu, 1977:95). He clarifies that ‘the game’ being an analogy for social life, implying rules, ongoing struggle and improvisation (such as learning language).

The habitus, as society written into the body, into the biological individual, enables the infinite number of acts of the game - written into the game as possibilities and objective demands - to be produced; the constraints and demands of the game, although they are not restricted to a code of rules, *impose themselves* on those people - and those people alone—who, because they have a feel for the game, a feel, that is, for the immanent necessity of the game, are prepared to perceive them and carry them out. (Bourdieu, 1990b:63).

The embodied habitus is articulated in body language (hexis) and gesture across a range of practices. Hexis is the manner in which the habitus is internalized and manifested through individuals' body demeanor – ways of standing, speaking: feeling and thinking. 'The body is in the social world but the social world is also in the body' (Bourdieu, 1990:190). The body becomes a memory and acts as a repository for the values – usually those of the dominant culture – principles 'embodied' within it 'beyond the grasp of consciousness' (Bourdieu, 1977: 93).

Poststructuralist theory destabilises the idea of the body as the biological foundation of sexual difference, and the notion that gender difference is a reality based on sexual difference. The meaning of the physical body is always elusive, illusory, deferred, having no existence in reality. Extending the work of Foucault, Butler argues that 'Bodies cannot be said to have a signifiable existence prior to the mark of their gender; the question then emerges: to what extent does the body *come into being* in and through the mark(s) of gender?' (Butler, 1990:13). Bodies have no meaning until they are situated within discourse; therefore they are open to an infinite multiplicity of interpretation and meanings (although these are not necessarily available to everyone).

Beauvoir is cited in Butler – 'a woman is not born a woman, but rather becomes one', the implications being that an individual does not necessarily have to be female to become a 'woman', or when born female necessarily become one. Butler notes:

If 'the body is a situation,' as [Beauvoir] claims, there is no resource to a body that has not always already been interpreted by cultural meanings; hence, sex could not qualify as a pre-discursive anatomical facticity. Indeed sex, by definition, will be shown to have been gender all along (Butler, 1990:11).

For Butler, gender identities are produced discursively, and meanings in discourse are inherently unstable, incapable of a fixed connection between discursive identities and the bodies to which those identities refer (Butler 1990, 1993). Butler's analysis of drag as parody is a textualisation of the body, emphasising meaning while effacing the body's material location in history, practice, and culture (1990). If the body is treated as a pure text, then in a form of creative self-fashioning, subversive, destabilising elements can be emphasised and freedom and self-determination celebrated. This contemporary cultural fascination with the transformative potential of the body does indeed appear at first sight to be extraordinarily emancipatory. However, Butler's

emphasis on endless possibilities simultaneously forecloses consideration of consequences and the limitations of the material body. In particular, what became evident during the course of the current research is that the medical and media discourse advocating the benefits of transgender surgeries do not tend to reveal, or at least not emphasize, that the material realities are irreversible. The discourse of transcendence of the boundaries of the body conceals mundane material realities and consequences: and as some research indicates, these can be painful and sometimes tragic.

Fausto-Stirling looks at how 'Some feminist theorists, especially during the last decade, have tried - with varying degrees of success - to create a non-dualistic account of the body' (2000:22). In *Bodies That Matter* Butler attempts to reclaim the material body for feminist thought and asks: 'how and why "materiality" has become a sign of irreducibility, that is, how is it that the materiality of sex is understood as that which only bears cultural constructions and, therefore, cannot[itsself] be a construction' (Butler,1993:28). Fausto-Sterling argues that it is necessary to talk about the material body given that physiologies are used to differentiate male from female and are the basis for, and profoundly affect the experience of, emergent varieties of sexual experience and desire (Fausto-Sterling, 2000:22). However Butler insists that it is not possible to discuss the body as existing prior to gender socialisation and discourse: 'the matter is fully sedimented with discourses on sex and sexuality that prefigure and constrain the uses to which that term [the body] can be put' (Butler, 1993:29). Hall disagrees with Foucault's theory of how bodies are the passive recipients of all social and cultural influences, disciplined by the regulatory practices of society, because this does not address the manner in which bodies actively incorporate or resist discipline: 'The body serves as a kind of suture, pinning together the different fragmented subject positionings of the postmodern subject' (Hall, 1996:11). Fausto-Sterling asserts: 'conceptions of the nature of gender difference shape, even as they reflect, the ways we structure our social system and polity; they also shape and reflect our understanding of our physical bodies' (2000:45). This seems like a more practical position than Butler's, given that humans all have to actually live in material bodies.

An example of the importance of actual embodiment is that developing of masculinity, performing masculinity, and the building up of masculine physique as a young man prior to transition was important to Carina.

I think my testosterone was quite strong. I'm also naturally built like that. But deep down I hated it having muscles. ... I used to do a lot of cycling when I was a teenager – about 400 miles a week. to try to prove that I was this man but actually I wasn't. I hated my body in every little way. I think because I hated my body so much it helped me to fight back against the bullies.

This was in reaction to and as a defence against those who had been bullying her at school (see Formative Practices chapter). Men who do not exhibit hegemonic masculinity can be subjected to violence for challenging gender norms (Connell, 1995:78). Carina has the sense of duality articulated by some of the research participants particularly those who were genetically male and for much of their lives attempted to perform masculinity to the best of their ability. However she may have had some form of extreme reaction to the violence she suffered and inflicted and wanted to escape into her female persona.

Carina who used to work out and had a very muscular male physique has tried to reduce her muscle mass since transition. The effect of androgen blockers and surgery, together with the use of estrogen, has had the effect of softening her muscles. Sabrina was always very sporty and had an attractively fit muscular physique which she exercised regularly. However now that Sabrina has decided to take HRT, she no longer does muscle building exercise and watches her diet very carefully so she can fit into the clothes she desires. Rihanna continues to be very active in sport as her male self, and is proud of her fit male body.

I am pleased at the fact that I had a physique which was muscular... I have to keep my physique good if I want to look good as Rihanna. So there is a double edged part to that. I like my male side. And I'm quite happy to stand there with a male physique. And at the same time I know the benefits are when I dress, it also helps me to achieve the finer detail that I'm looking for as well.

On the other end of the gender spectrum, transmen also build up their masculine bodies. Tristan acknowledges the importance to him of performing masculinity.

I really wanted to do weightlifting, because my father was always very keen on the likes of the A-Team with Mr T and Arnold Schwarzenegger movies.. I'd think they were pretty fantastic ...weightlifting was something I could see physical benefits to such as masculinising the shape of the body so that it's a little bit more male as opposed to female. I found very helpful to being *seen* as male: because

there's nothing worse than having to walk around with wide hips and narrow shoulders! It's more comforting to know that there is physical strength and masculinity - as far as day to day life is concerned, than what's going on under the trousers.

Caricatured models of media masculinity were important to Tristan's father towards whom he clearly experiences a sense of ambivalence – desiring his approval but fearing his control. Transmen will often choose to build up their bodies with gym work as do Tristan and Vaughan and Carrick - and muscular development is enhanced with the use of testosterone. Alex and Iain both identified as gender queer and neither use testosterone.

The possibility of 'true masculinity' is questioned by Connell (1995), who argues that masculinity (and femininity) are not coherent objects but social constructions located within social structures. The construction of hegemonic masculinity as heterosexual, physically aggressive, not feminine, perpetuates male dominance and confines male identity. There is evidence of the existence of a multiplicity of masculinities and femininities. Connell identifies working class masculinity as being connected with physical power and middle/upper class masculinity connected with technical - political, scientific, corporate - power. However the masculine ideal in most societies is tied in with physical power – hence the popularity of gyms, sporting prowess and football heroes (Connell, 1995). Indeed, physical strength is a social expectation of all men, both working and middle class, so one discourse among transmen is the creation of large-muscled stereotypical “male build” bodies using gyms and weights. This is evident from many of the images and discussions among transmasculine online blogs and forums. Of the FtM participants in the current study, all of the six were body conscious, and five of them work out regularly in a gym, although not all take the testosterone which increases muscle development. In another socially created binary, images of transwomen perpetuated by the mainstream media often conform to stereotypical representations of exaggerated femininity. Online forums for transwomen tend to focus on body maintenance to the smallest detail, long nails are a symbol of middle class femininity signifying abstention from physical work, and feminine delicacy, and are now possible for transwomen with the use of prosthetic nails. All the participants in the current study who identified as MtF transvestites/cross-dressers were concerned with the details of their feminine presentation. Yet, not *all* of the transsexual

women were concerned to represent extreme femininity, and four preferred a more androgynous appearance mixing cosmetics and some female clothing with what would be considered more traditional male clothing.

The Transgender Congruence Scale (TCS) was developed by Kozee et al (2012) to assess the degree of comfort trans people feel with their gender identity and external appearance.

Many transgender people experience a period of identity development that includes gaining better understanding of their self-image, self-reflection, and self-expression. The degree to which individuals feel genuine, authentic, and comfortable within their external appearance and accept their genuine identity is referred to as transgender congruence (Kozee et al, 2012:179).

The ‘trapped in the wrong body’ syndrome is a transgender template that has received considerable attention and usage in the media. Although this was not a specific research question, some participants in this study said that they had had feelings of being in the wrong body from their earliest memories of being two or three years old. A diagnosis of gender dysphoria is required in order for an individual to be considered for GRS. From the time the concept ‘transsexual’ was first introduced into popular discourse by Benjamin (1966) and used by the doctors operating in the US transgender clinics as ‘those who contend from earliest childhood that they are really members of the opposite sex’, it has been a prerequisite narrative in the GICs for access to hormone therapy and GRS. There was a sense from participants that the gender identity clinics still want to hear this particular narrative from them – being in the ‘wrong body’ from earliest memories. ‘Gender dysphoria’ or feeling uncomfortable or unhappy in the body is the official diagnosis given before treatment with hormones and surgery. Vaughan (FtM post-GRS) articulates his understanding of how: ‘Transgender is someone who feels that they were born in the wrong body’. Grace post-GRS was also one of the research participants who expressed the discourse of being ‘born in the wrong body’ and identified ‘gender dysphoria’ in relation to themselves. Several MtF participants could also recall the sense of disgust at seeing their body without clothes, particularly in the bath or shower such as Lily: ‘I hated to see myself nude. I didn’t want to see this appendage I had. Any time in the shower I would wash that as quick as I could. That bit wasn’t me. I didn’t want anything to do with it’. Other MtF participants mentioned similar wording of dread at being in the shower every morning

and feeling horrified at seeing ‘that thing between my legs’. But it was emphasised by some that this sense of disconnect from their genitals was not the same as a feeling of being born in the wrong body.

Other *transsexuals* pre and post GRS , specifically mentioned refusing to buy into the ‘gender dysphoria’ narrative; claiming that their bodies had served them well, and having GRS was about ‘just needing to feel complete’. Vida: ‘I don’t buy into the born in the wrong body stuff at all’ but she describes how as a child, ‘I’m around 4 or 5 and trying to explain to my parents that I’m actually inside out. What is outside should be inside. Where did that come from in someone so young? Thinking back that was quite an insight.’ Lady G is adamant, ‘I’m not trapped in any body. This is my own body. It is in good condition. I am perfectly happy in my body’. But then like some other participants she says she has always been disturbed by the sight of her male body: ‘It’s only the body you can change. I’m female in a male body’, and then later in the same interview: ‘My gender is female, but I can’t help my own body.’ Complex and sometimes contradictory narratives which require a nuanced understanding and interpretation.

Nearly all the *transvestites and cross-dressers* (as distinct from transsexuals) in the current study said they did not agree with the ‘wrong body’ discourse for themselves. Cory: ‘I wouldn’t say I felt as if I was in the wrong body. I’ve never ever been comfortable with my body, but I feel that if I’d change it surgically I still wouldn’t be happy.’ Sabrina: ‘I can’t say I’ve ever, ever considered being born in the wrong body, this has never been an issue for me’. Sara Wolf: ‘I’ve never ever felt even now like that I’m in the wrong body or anything like that; I don’t feel like a woman that’s trapped in a man’s body’. Renee and Rita say they have never given their bodies much thought and like the other TVs/ CDs in this study had no intention of physically changing them. Kylie has a different narrative to that of Grace regarding ‘the appendage’ which doesn’t bother her: ‘you’ve got a penis...I’ve never been in the least bit bothered by what I’ve got between my legs’. An exception to this cohort was one of the transvestites Sindy, and her reason given for not transitioning is that at over 6ft 4in she doesn’t think she would ever ‘pass’. Although she did not express the ‘wrong body’ discourse, she did describe never having felt comfortable in her body and being body dysmorphic.

I really did not like my body at all. ...Right through teens there was a dissonance between the instinct to be a female shape and the fact that I was a skinny and very athletic male. ...there was a great deal of body dysmorphia going on there...I've come to terms with the fact... I cannot shrink my body 12 inches downwards and 8 inches inwards, I can't be that petite cute girl that in my head I always wanted to be. If I could have a woman's body, and look like a woman... if I could be absolutely convincing, and live a life that's normal as a woman, that would be my preference. But I can't do that.

In an ironic twist of the wrong body discourse, MtF transsexuals Dolores, Lily, Phoenix, and Sally all conveyed a sense that they have been transformed *into* the wrong body by medical procedures. These four participants articulate dissatisfaction with their post-GRS bodies not being physically satisfactory. Phoenix expressed revulsion towards the breasts that estrogen produced, cannot have them removed because of keloid scarring, and due to another medical condition she can no longer take estrogen which she says means she is always tired and has endangered her health in other ways. The concept 'transformed *into* the wrong body' does not appear to be a trope that has yet come into use in transgender discourse. A cursory search of trans online interaction will reveal that expressing dissatisfaction or regret with transition can result in acrimonious criticism from other trans people. This was one of the reasons that three of this cohort wished to remain completely anonymous in this study, and Sally who did not request anonymity, had previously expressed her dissatisfaction with her transition in press interviews, but has experienced unfavourable reaction from other transgender individuals.

Of the four participants for whom GRS did not bring satisfactory results, three are unhappy with their post-GRS identities as not having brought them the social acceptance they had hoped for. However Phoenix articulates a seemingly conflicting sense of her post-GRS state, in that she says her interaction with the world is improved but her not her relationship with her body:

If anything I am probably more body dysmorphic now than I was before the surgery. But my interaction with the world is so much better. So this is why I sort of cannot believe in gender, because gender is not something about me, it's what other people do to me, it's something they've imposed upon me. It's that before they have even registered the colour of my eyes and the colour of my hair they've registered my sex, and they go into a whole pattern of behaviour towards me. So gender is about other people's behaviour towards me... I just think: what the fuck, how has this happened, I am now a post-op transsexual? I never imagined being a post-op transsexual. It wasn't on my agenda.

Body dysmorphia is actually a more accurate term meaning wanting to change the body than the more acceptable transgender term 'body dysphoria' meaning not being happy in one's body, which is used for the medical diagnosis of the sense of gender identity not being in alignment with bodily sex. Phoenix has changed her body to fit in with social categorisations which has made her social life easier, although not her sense of subjective embodiment. She finds herself occupying an embodied position without fully understanding her own agency in the process. Within the context of her understanding that her gender identity is produced intersubjectively, her sense of identity is determined by the categorisations and projections of others. Certain sociological perspectives such as ethnomethodology and symbolic interactionism would highlight the agency involved and choices made in human action. Sex category placement is a social presumption, a gendered assessment made by others and sustained by 'the socially required identificatory displays that proclaim one's membership in one or the other category' as explicated by West & Zimmerman. It is a classification made on the basis of physical outer appearance and behaviour, and can be at variance with sex and stand in proxy for it.

5.5 Performativity and Practices

The text in this section was in response to the questions: How do you relate to traditional gender roles? Are certain roles or expectations attached to being a man or a woman? How do you feel about people who display both male and female characteristics?

In the previous section, Jessica's describes her reflexive performance of the self to construct the perceptions of others that in turn produces her own sense of self. This illustrates the working of Goffman's social interaction theory - the idea of social life as theatre where front stage is the place for idealised performance of self which is a product of the performance. Personal and social identities are not so much determined by socialisation, as the means by which individuals produce and identify themselves to others through performance. And the success of the production is reliant on the willing participation and belief of the audience (Goffman, 1959:252). Impression management and the self-interested manipulation of others is emphasised in this interaction process,

which can operate in both directions from the actor and from the audience during the interplay of action and reaction in the social process, as Jessica recognises in her performance of gender.

A number of participants described a sense of having to perform masculinity before transition and hating it. Before transition Vida had to hide her female identity and suppress her true feminine identity hoping it would go away: ‘You try to be someone you’re not. Every time you’re faking it, you’re faking everything. Because you don’t want people to find out about you.’ Lady G has a similar sense that she is performing when she acts like a man, which she continues to do for work purposes: ‘You see just now. I feel perfectly normal as a woman. When I dress as a guy when I go to work it doesn’t feel right, I feel like a woman dressed like a man, things are in reverse.’

5.5.1 Binaries

19 of the 28 research participants articulated a non-binary viewpoint in that they did not think the old gender roles and stereotypes still applied in society. Some of the research participants held a binary viewpoint that people should be *either* male or female, and behave like either women or men. Such a *binary* understanding of gender roles and categories was articulated by nine participants representing a spectrum of ages, all of whom except Rita, are on the GRS trajectory: Carina, Grace, Carrick, Dolores, Helen, Rita, Sally, and Tristan. Jessica who has ‘fought and nearly won the right to be treated as a she’, is very scornful of what she regards as the ‘alien’ need for gender neutral pronouns.

I want to be she ... I have issues with androgyny - these are the people that are fighting for gender neutral toilets, who are saying: I don’t want to be he or she, I want to be ze [gender neutral pronoun describing someone who doesn’t fit into the man or woman gender binary]. I think can I not win first and then you can have your space age alien stuff? Let me get mine first. I would never have fought for ‘I want to be ze’....

A *non-binary* understanding of gender roles and categories was articulated by nineteen participants: Alex, Boxer-Rider, Cory, Iain, Ivy, Justine, Kylie, Lady G, Lily, Phoenix, Renee, Rihanna, Sara Wolf, Sindy, Sabrina, Suzy, Vida, Vaughan, and Wendy. Most of these respondents regard gender as a continuum, even those who have undergone full GRS such as Boxer-Rider, Lily, Phoenix, Vida and Vaughan. As Iain puts it: ‘you

are whatever you feel like being or doing’. Similarly Wendy says: ‘There’s an infinite number of possibilities and permutations, so I think it’s totally wrong just to assume binary, you know divisions... anything goes.’ Sara Wolf who works as a carer: ‘Nobody cares about men working in the care profession now...it was very much a woman’s profession until recently, until heavy industry closed really. So I think that in terms of jobs and things like that – then roles are very, very fluid you know’. Sindy articulates her sense of the superfluous in gender roles thus:

I don’t really feel there are any traditional male and female roles. I think when we were hunter/gatherers there may have been arguments for the physicality being different - defining certain roles. But now we’re all in the same fucking office doing the same work.

Some gender queer participants criticised the current UK legislation for reinforcing the gender binary. Iain: ‘There is no protection in the UK legislation for gender queer, intersex, or third gender. In terms of the *Equality Act* you have to be either male or female - it doesn’t accept anything in between.’ Alex: ‘The UK legislation is not open to people like me...the gender queer folk don’t get the level of protection that perhaps they should get in terms of the *Equality Act*, and the idea is still that you should be either male or female.’ Thus Alex aptly exposes the absolutist absurdity of UK legislation not dealing with bodies it cannot categorise, and so that which is not classifiable becomes abject and outside the law. UK equality legislation, and legal gender reassignment, are based on a medical model, tied in with a binary understanding and reinforcement of the gender system as it stands. Bornstein emphasizes the main element of the binary gender system: ‘The current gender system relies heavily on everyone’s agreement that it’s inflexible. Key to doing away with gender is the ability to freely move into and out of existing genders and gender roles’ (1994:121).

Lady G who has now completely transitioned and lives ‘full time female’ in a new house in a new area while awaiting GRS, can pass fully as female, and so she is the only participant currently living her life in stealth, in the context of her new neighbourhood where no-one is aware her gender attribution at birth was male. Garber suggests that the transvestite desire to ‘pass’ ‘marks the point of deliberate transgression’, whereas it signifies its opposite with transsexuals (Garber, 1992:49). Although most of the *transsexuals* in the current study would have preferred to ‘pass’ in their new lives thus conform to the gender binary, this was easier for the FtMs. It

was often not possible for older MtF participants because the changes that testosterone generates masculinize a body and are irreversible. Thus given the exigencies of embodiment, most of the MtF research participants were realistic in their assessment of the impossibility of becoming ‘invisible’ (all traces of masculinity removed) and fully accepted as female. Some had come out to their families with varying degrees of acceptance, and some had left their families behind. Some *transvestite/cross-dresser* participants continued to lead double and sometimes multiple lives due to the conflicting demands of work and family, some choosing a different form of stealth in that they did not reveal their trans identities either to their families or at work. They kept one set of social relationships for their ‘real’ transgender lives and a separate set of social relationships for ‘play’.

Of interest for the research was the perception of participants of gender power dynamics in society from the opposite end of the gender continuum post-transition. Do FtMs gain more control over their lives and access to male power? Boxer-Rider’s take on the importance generally attached to gender is: ‘it seems to be about power ...and in our recent human history that’s male power’. Do MtF participants perceive a loss of the power and value that their male role had attributed to them in society? Because most of the MtF participants had transitioned later in life, they acknowledged that they would not pass as ‘real’ women and therefore the question did not apply, or rather the attitudes of other people would be more to do with the judgement of gender incoherence, not fitting into a male/female category, rather than their presentation as women. Vida said that she felt she was treated differently in general since transitioning and: ‘I have noticed a difference in that a man’s opinion seems to carry more weight especially in the workplace’. Lady G at nearly 70 presents a fascinating account of life experienced on both sides of the gender divide, and conveys a sense of anthropological strangeness towards the conventional roles still expected of women in West of Scotland, where according to her, traditional macho male attitudes can be combative and threatening to other males, but not to females. Lady G who does pass and has always socially presented as a woman, has however lived most of her working life as a man in the workplace - where she drives a heavy duty articulated truck. Her response is enlightening to the question of experiencing a change in gender power relations post-transition: ‘Yes certainly! I find men are far less aggressive, polite even, towards

women than they are towards other men. Main reason being they don't see women as a threat like they do other men.'

Many of the MtF participants had not reflected on changing power relationships post-transition, and it is possible that the challenges of negotiating daily life in a social role that had to be completely learned from the base upwards, while grappling with social attitudes towards their gender presentation that did not necessarily pass public scrutiny as 'authentic', could have preoccupied them to the extent there was little time left for reflection on power and gender roles. The sample of six FtM was too small to make any generalisations from the findings.

5.5.2 Definitional Disruption

Most of the research participants said they had experienced no problems or prejudicial behaviour from strangers. However 6/28 Research participants in the current study described having experienced harassment from strangers because of their transgender presentation. Of these, five participants Grace, Lady G, Cindy, Suzy and Vida described single incidents that had occurred in public. Sally was the one participant in the study who had experienced years of sustained rejection and maltreatment from her neighbours and the local community in the small Scottish seaside town where she lives. She in effect became the town 'other' the witch figure for whom the villagers looked to resurrect the ducking stool. After transition, she was unable to find employment or social acceptance, and even the elders of the Church of Scotland rejected her and would not allow her to play the church organ. Since 1996 when she began living as a women two years before her surgery, Sally recounted an ongoing, catalogue of abuse, victimisation and harassment from neighbours and strangers alike over a period of twenty years. Some of the incidents are summarised in the following account:

It was forty people altogether. The next thing, they came up. One punched me in the face. And then they held my arms behind my back. One right up front, ripped all my clothes off. I was actually really naked. I don't know whether I kind of froze. the others were egging them on... I don't know what they done to me... But they never caught them. They're sexual predators men. Everything that men engage with transgender society, they think it's their human right to name call, spit, and I've been shot at... And the police never caught anyone. I put in a triple 9 call and said: I've just been shot in the arm....And on another day there was a chap called to me, and he says: 'see by 5 o'clock? That will be cut off your head.' What? I called the police triple 9 and that time also I waited all day for the police

to come. And they did nothing. Also I have this neighbour about who I told the police. And I said to the police: 'youse are not going to do nothing until I've actually been put six feet under.' I'd been in touch with the police because of this alcoholic character across the road... he says to the neighbour: 'get me the can of petrol, I'm gonna pour it over her and set her on fire'. I dialled triple 9 and within seconds the police came along here. And then they said: 'we cannae arrest him because he's under the mental health'!...I've lost all my trust for people.

Sally continued experiencing harassment even after the passing of protective legislation: The *Gender Recognition Act* (UK Gov, 2004), the 'Hate Crimes Bill' (Scot Gov, 2009), the *Equality Act* (UK Gov, 2010). Although this did apparently improve the attitudes of the police towards her whereas previously they had arrested her 'for dressing in women's clothes', it also appears to be a tragic tale of police inability to act. Reflecting a patriarchal authoritative police culture, in the days before protective legislation and more tolerant social attitudes, many older participants recounted how the police in Scotland would arrest people if they presented as transgender.

While not experiencing overt harassment, Boxer-Rider a transman from another country, found it difficult to adjust to the local reaction to himself in both the industrialised Scottish town he moved to in the Central Belt, and in rural areas of Scotland. He describes his experience thus:

Most of the time I get that grim, closed shouldered, teeth together: 'black leather hmmm'. I have never experienced direct violence here. ... I find Scotland very buttoned down, very stiff, very grim, very dour, very reluctant, very old fashioned, rigid. I feel comfortable on the streets of Glasgow only because it's not [Scottish town where he lives] which is so, for me, unrelentingly rigid and paranoid and violent and threatening and hostile and cold and grim and: 'we don't want any of your kind here'! ... But Glasgow still feels like an isolated Northern cautious city in terms of allowing and tolerating but not going as far as *encouraging* difference.

Accounts of one off incidents of social prejudice experienced from Lady G, Grace, Vida and Sindy were described in a way that indicated agency and ability to fend for themselves rather than victimhood. After she transitioned Grace initially experienced some harassment from the local youths at her home also in a small rural village. She describes her response to the harassment from the village hoodlums:

One night I decided I was going to take matters into my own hands. I took a golf club, stuck it down my trouser leg, and walked down to the park where all the local neds are like wee flies on top of the tables on a Friday night, guzzling their Buckfast. I tapped the shoulder of one guy and he turns round and says: 'what do YOU want?' And I says: 'I just want to warn the lot of you not to give me any more hassle because just remember I'll find out where you live, and when you

leave this place at night you're half canned or gutted, and some of you go singly to your homes. Just remember you might meet someone some dark night and you won't know who it is but it will be me'. And I whipped out this golf club, and I said: 'see this golf club? I'll crack it over all your heads'. 'Aye but we'll tell the polis', they says. I says: 'you'll not be fit to tell the polis when I've hit you with that golf club you'll be in a mental hospital because you'll have lost your memory and everything else'. ...So that stopped it. That male chauvinist pig came out in me for a moment, I let them see that I could handle myself, and that was it.

Four of the six isolated harassments described by participants were from young inebriated adolescent males and occurred in small Scottish villages. All the other research participants said they had never had a problem with harassment on the streets. Many of the research participants displayed a sense of agency in that they thought social attitudes and behaviour towards them depended on how they comported themselves in public.

The reason for negative reactions to gender difference may be that when transgender people appear as categorically incoherent to strangers, and thus unclassifiable, a form of gender panic is induced. Audience reaction to discredited gender performances could be usefully interpreted with Goffman's concept of the performance of 'personal front', which he divides into: 'appearance' - telling us of the performer's social status and ritual state; and 'manner' - warning us of the interaction role the performer will play in the coming situation. Goffman points out: 'We often, of course, expect a confirming consistency between appearance and manner' what he refers to as 'a coherence of front' (Goffman, 1959:24).

Information about the individual helps to define the situation, enabling others to know in advance what he will expect of them and what they may expect of him. Informed in these ways the others will know how best to act in order to call forth a desired response from him (Goffman, 1959:1).

This sets up certain expectations for the coming interaction. When expectations are transgressed by an obviously gender variant performance, a breakdown in the social contract seems to occur, a sense that the moral order has been violated and the reaction from the audience can be aggressive. Goffman's concept of 'definitional disruption' is also useful as a possible interpretation for a sense of righteousness in responding violently to transgender performance by an audience with expectations of normativity:

Any projected definition of the situation also has a distinctive moral character...Society is organised on the principle that any individual who possesses certain social characteristics ought in fact to be what he claims he is. In

consequence, when an individual projects a definition of the situation, and thereby makes as implicit or explicit claim to be a person of a particular kind, he automatically exerts a moral demand on the others, obliging them to value or treat him in the manner that persons of his kind have a right to expect. He also implicitly forgoes all claims to things he does not appear to be and hence foregoes the treatment that would be appropriate for such individuals (Goffman, 1959:13).

Social anxiety around transsexuals in particular, can descend into discrimination, victimisation and bullying, the reasons for which can perhaps be partially explained through Julia Kristeva's concept of 'abjection', usefully elaborated thus: 'identificatory regimes exclude subjects that they render unintelligible or beyond classification. As such, the abjection of others serves to maintain or reinforce boundaries that are threatened.' (Phillips, 2014:19). This refers particularly to transgendered bodies which: 'when viewed as physical bodies in transition, defy the borders of systemic order by refusing to adhere to clear definitions of sex and gender' (Phillips, 2014:20). Bornstein contends: 'when a gay man is bashed on the street ...it has little to do with imagining the man in sexual conduct with another man. It has a lot to do with seeing that man violate the rules of gender in this culture' (Bornstein, 1994: 104). The ambiguity of homosexual and transgender subjectivities disturbs conventional identity categories and cultural concepts, rendering them vulnerable to abjection.

5.6 Conclusion

The gender ratio for the current study was 22/28 participants assigned male at birth and 6/28 participants assigned female at birth. 18/28 Participants were somewhere on the GRS trajectory at the time of interview: 14 assigned male at birth and four assigned female at birth, being either post-surgery at the time of interview, or having already started their transition and the prerequisite processes. The majority of participants narrated a sense of gender dissonance from their first consciousness, and all participants said they had experienced this before the age of 20. Most MtF participants only transitioned much later in life. This demographic may be changing as societal attitudes become more accepting and transgender people more aware earlier in life of their options for medical transition. There is also increasing support available for choosing a less binary option without medical intervention at a younger age, enabling

gender variant people to have recognition of their gender identity without undergoing medical processes that effectively render them incapable of reproduction.

A theme of participants needing to keep their gender identities entirely or partially concealed or in the 'closet' for most of their lives emerged, although nearly all participants are now open about their identities to their friends and families, with varying degrees of acceptance. For some participants this changed between first and second interviews as they chose to transition and live their lives permanently in their gender and came out to their friends and families. This is a different concept to transitioned trans people living in 'stealth' as in hiding their histories in their new transitioned lives. Only one participant chose to live in stealth and moved to a new rural neighbourhood to do so while keeping close connection with her conjugal family in Glasgow.

The possibilities for varying narrative presentations of self and identity have increased with online social media - through which the meaning of transgender identity is continuously intersubjectively reconstructed. It is crucial to understand that when an individual makes a choice to behave in a way that is different to the norm, this may be about a choice between ordinary life and extraordinary life, for which gender and sexuality may be just a medium. Of interest was to note the development of intersubjective meaning and the dynamic development of socially constructed gender identities within the context of transgender social and support group settings. Several of the participants changed their identities from TV to TS, their intentions for GRS, and their lifestyles, between the two interviews. This was with the support and influence of other transgender people usually in the context of the trans support and social groups. The dominant discourse in these groups is that those who chose GRS are imbued with increased symbolic and social capital. There has also been increasing public acceptance of transgender identities over the past few years, with increasing numbers of public figures coming out as transgender providing role models and a sense of public acceptance that would have encouraged other nascent identities,

Narratives of changing selves are appropriate to diverse and highly differentiated societies such as contemporary Scotland. The interviews in this study revealed the

participants' sense of plurality, diversity, and flexibility of gender identities. Participants have learned to deploy multiple, transient presentations of self, depending on the context, and, through acts of self-presentation, produce or 'perform' identity. These individual acts of identity performance can then become stabilized and internalized through reiterative performativity. The essentialist/constructionist distinction is just too simplistic to encompass the nuances of transgender lives and experiences; and through their nuanced gender identity and changing sense of self, participants revealed that there can be no uniform umbrella transgender identity.

Chapter 6 Findings - Formative Practices

6.1 Introduction

This chapter examines the complex narratives of how gender variant identities and practices are constructed, expressed, and maintained in relation to the formative social relationships that affirm or negate them. It looks first at demographics of class, ethnicity and religion for participants, then at their relationships with parents and siblings in their ‘families of origin’, and then moves on to their school experiences. The underlying question of the chapter was an investigation into areas of commonality in participants’ family and formative experiences that may illustrate how gender variant identities are constructed, and reconstructed in relation to formative experiences. As with other sections in this study, the broad-based interview questions offered research participants the freedom to expand on issues that were important to them, or say very little about issues that were not. This method resulted in some unexpected disclosures, particularly in this chapter.

6.2 Families of Origin

All 28 participants in this study currently live in Scotland, all were born in the UK (although one emigrated when young and subsequently returned), and 21 were born in Scotland. 26/28 participants identify as ‘White British’, and 2/28 identify as ‘British Asian’ - not specified in the **Participants Table in Appendix** as it would have compromised both of these participants’ requests for complete anonymity. Religion was not considered important as a contributing influence on identity formation for most of the research participants, though all save six said they were brought up in families that attended some form of church. This ran contrary to expectations, given that the enduring power of historical Catholic-Protestant enmities in Scotland is still evident in ongoing sectarianism, an ongoing legacy of British divide and rule strategy, and which could be a causal factor in the intolerance of difference that manifests in certain sectors of Scottish society. Eleven participants came from families of origin affiliated to Church of Scotland, and four to the Catholic Church. Most notably, Vida said her adoptive parents wanted her and her adoptive brother to become priests: ‘He went to Priest College but didn’t become a priest. So my parents decided it was best I go to

Priest College. I said: I don't want to be a priest. I remember saying: there's more chance of me being a nun!' Only two interviewees described religion as being important in the development their own identity, although they did not specify for their gender identity. Of those participants who tried to participate in organised religion, they reported experiencing conventional churches as judgmental of their gender identity. Sally for example was prevented by Church of Scotland elders from playing her local church organ. Six of the participants had found the Salvation Army to be non-judgemental and supportive.

The research sample for this study was evenly divided between participants from middle and working class families of origin. Although some research participants had moved away from their class of origin, several identified strongly with their Scottish working class origins, even though their incomes and lifestyles placed them as middle class. Despite the global promotion of neoliberal ideologies that decontextualize class and promote individualised self-determination, the British Social Attitudes Survey (2015) confirms that around 60% of the British population have over the past 30 years steadily continued to identify themselves as working class. In Glasgow, having working class roots also has connotations of a particular status to do with resistance to elitism and oppression, a history that can be traced back as far as the Jacobite rebellions, the Clearances, Socialist organisation, trades union organisation, strike actions, hunger marches, and Red Clydeside in Glasgow (Morgan, 2012). In Scotland, and particularly Glasgow, inter-generational bonds can be durable, with grandparents playing a substantial role in child rearing practices, and children more disposed to make career choices that keep them close to their families as opposed to relocating to gain employment. However, research has found differences between middle and working class families, the latter traditionally having stronger extended family ties (Jamieson et al, 2012).

Many of research participants in this study related formative experiences with patriarchal, controlling, chaotic, emotionally and physically violent parenting. A significant 13/28 participants described formative years of maltreatment from violent, bullying or controlling parents. 7/28 Participants said they had experienced actual physical violence from parents: six mentioned violent fathers or stepfathers - Carina,

Ivy, Lady G, Lily, Sara Wolf and Vida; and three also mentioned violence from their mothers - Grace, Lady G, and Vida. Five mentioned 'controlling' parents though they did not cite violence. Those who described controlling fathers were Iain, Jessica R, Sally, Tristan and Phoenix; and those who described controlling mothers were Justine and Carina. Helen is not included in this group because although her descriptions of her father's actions can be interpreted as controlling, she did not herself regard or label them as such. Carina, Grace, Lady G, Ivy, Lily, and Vida - all from Glaswegian working class backgrounds except for Grace - described family backgrounds with almost casually violent parenting. Carrick, Justine, Phoenix, Tristan had middle class parents inclined to be more emotionally controlling than physically violent, where the judgmental attitudes of the parents tended to be internalized by their children. Sara Wolf, from a middle class background, was the exception in describing a father who was actually physically violent towards his family. It may be significant that 10/28 participants were raised by older parents who were in their forties when the research participants were born. Patriarchy was an important influence on the family relationships of most participants (Millett, 1969), however within that framework, most regarded the dominant parent in their family as being their mother. Therefore the discussion of formative family relationships begins with mothers.

6.2.1 Mothers

Most of the participants responded 'no' to the question: 'when you were growing up did your family, your mother or your father or your siblings, have any influence on your gender identity?' However some MtF participants then went on to discuss female role models within the immediate or extended family of origin who may have contributed to the formation of their gender identity. For Helen, Lady G, Sally, Sara Wolf, and Sindy this was their mothers; for others, this was an aunt or female relative, someone who only occasionally engaged with the family yet left a lasting influence. Dolores, Lily, Sabrina, Rita, and Renee, all described female relatives whom they admired and emulated. Common narratives for most of the transwomen participants included secretly investigating the closets of female relatives to try on clothes and cosmetics, and the thrill and guilt associated with the experience.

Close emotional attachments to dominant and doting mothers were described by Helen, Sally, Sindy, and Jessica R, Boxer-Rider and Carrick. The recent death of their mothers, all after long illnesses during which they were the main carers, had deeply affected Boxer-Rider, Jessica R and Sindy. Strong matriarchal figures in the form of an adoring grandmother and mother were instrumental in raising Boxer-Rider (FtM) in a country outside of the UK. He describes his mother as: ‘very loving, and the only reason I am still here and there is any good in me at all, is because of my mum’. Although he experienced the intermittent and marginalised presence of two dysfunctional step-fathers, he said his mother: ‘did not attach herself to one man as a means of access to power’; and the resultant legacy of growing up without a model father figure resulted in his acknowledgement of: ‘a residual fear of men, but also a sense of their superfluousness ... and mystery.’

Five MtF participants, Dolores, Jessica R, Sally, Sindy, and Sara Wolf described a secret collusion with their mothers around their preference for dressing in ‘girls’ clothes’. Sally recalled her mother telling her to keep it as a secret between them saying, ‘I’m gonna take you to Saltcoats to buy nice wee girls’ clothes,’ and later, ‘if you go up to the bedroom you can wear my clothes.’ If Sally’s description of her mother’s behaviour is accurate it could have been an encouraging influence on her female gender identity formation; but it could also be a wishful re-memory.

Mothers who trained for a profession or worked hard were identified as role models by some. Helen’s mother, unusually for a woman at the time, had qualified as a medical doctor in the 1930s: ‘She was different. She wanted to work.’ As an intelligent woman, Helen’s mother may have been her role model. However she didn’t utilise her degree as the era and her upper middle class position dictated that after she married she never worked, and it is only possible to speculate how this affected her. Clues may be found in Helen’s description of her father a politician from an old Glasgow merchant shipping family, whose actions were those of a domineering ruling class patriarch. He sent Helen to boarding school at age eight because he thought she was being spoiled into ‘sissy ways’ by her mother. Helen describes the worst part of this as ‘being deprived of raiding my mother’s wardrobe’.

Another ambitious working mother is described by Lady G, whose mother a dance teacher seemed determined to make her way in the world, and whose example as a glamorous role model Lady G always desired to emulate:

My mother got a job at the ballroom at Eglington Toll in Glasgow, as a waitress and then worked her way up to manager. She would dress every single day nicely... and her makeup was really nice. My mother was always called a lady. And a lot of people say that to me 'you're a lady and you dress like a lady'

Lady G dresses immaculately with carefully applied cosmetics. Like Cindy she spoke of her mother being glamorous and more visually interesting and more worthy of emulation than her father.

A number of the MtF participants appear to have retained primary identification with the mother. The cultural institution of women mothering is, according to Chodorow (1978), the main factor in the development of gendered subjects in societies where women are responsible for mothering. She argues that maternal identification is the initial orientation for children of both sexes in the first two years of life because the mother is the first carer under current gender arrangements. Differential experiences orientate girls and boys on different developmental paths. Whereas the girl sustains the primary identification with the mother, the boy repudiates maternal identification in favour of identification with the father's social power, representing the possibility of separation from dependency, and progress towards individuation. In a gender asymmetrical society, the repudiation of the mother becomes a refutation of the qualities of femininity linked with her - for example connecting and nurturance; thus men become less capable of intimate personal relationships, while women have more fluid psychic boundaries but are less able to negotiate public life. This serves to perpetuate the division of labour in society, a condition which shared parenting could cure. But Chodorow argues that when the mother stays at home as primary carer while the father is away working, she is perceived as all powerful by the child, and not 'lacking' as in Freudian theory (Chodorow, 1978).

A child's perception of the mother as more powerful and worthy of emulation is corroborated by Cindy's description of her upbringing. Her father was away working two jobs most of the time, and because her mother was mostly at home, she got to spend more time with her, and saw her as powerful and attractive and ultimately

identified with her. 'My father would work 16 hours a day ... So it was inevitable that the parent who was available would be the parent who would have the greatest influence. My mother ...with the long hair and pretty clothes, so I guess my dad was outgunned'. Cindy's relationship with her mother was very close, although she had great respect for her father, Cindy recollects a conflicted approach from her parents in relation to her appearance. 'Certainly I have a lot closer attachment emotionally with my mother than my father... But whether I dress in her clothes specifically because of an Oedipal element?' In a world of gendered parenting where women are the primary nurturers, and fathers are largely absent, it could be that Cindy's story of her mother's influence is not uncommon, as she says her mother had the advantage in that she was there while her father wasn't most of the time. Cindy made an interesting speculation as to whether the dominant influence of mothers could possibly be the reason for the larger numbers of MtFs than FtMs in the population.

Mothers who were aggressive and violent were also described. Lady G's mother appears to have been ferocious as well as glamorous. She recalls how frightened she was of her mother's explosive violence: 'My mother used to beat us - she was a very quick-tempered person...I watched her kick my brother's face off the wall.' The legacy of this parenting on a sensitive child was traumatic: 'I was always terrified – my mother and father would fight every single day.' Similar violent childrearing practices that intruded into her childish imaginative world are described by Grace:

Och my mother used to give me a slap about the head. I used to write wee notes to Grace and say 'I'd love to meet you tonight and can we go to the dancing', and my mother found my wee diary and read it and stuffed me up the back of the head for it: 'you're not a girl you're a boy like your twin brother'. She was determined I was a boy.

Vida was adopted into a Glasgow working class family by parents she describes as both being habitually violent: 'My mum could be quite violent...she didn't seem like other women.... there was always violence when I was growing up.' Emotionally abusive mothers are described by Carina and Justine. Justine from a well off middle class family, described how she subverted parental attempts to control her financially. After her parents cut off her source of income in an attempt to prevent her transition, she found other employment, and set up her own home. Justine's mother practices social

shaming as an attempt to control her, rituals of public humiliation that occur regularly in the small Highland community in which they reside:

Transition is a tough process. Mum says that every time my name is mentioned people laugh at me... If Mum thinks my hair's too long she will cut it. ... Even if I've got something on like earrings, Mum'll ask me to take them out. If she sees me in a skirt or a dress she'll tell me not to wear that. Even if I've got ladies trousers on she'll tell me not to wear that.

Justine continues to be caught up in ambivalent family dynamics, retaining an attachment and regular connection with her parents, even though they vehemently reject her gender transition. Justine hasn't told her parents about her imminent gender reassignment surgery for fear they will prevent it. Carina suffered a similar negative reaction when she 'came out' to her mother just prior to her gender transition:

My mum basically turned it [gender transition] into a personal vendetta. she was always a controlling dominating person, and because I took control of my life it became a battle and she was actually quite nasty about it: "oh look at the state of your hair and the state of your eyebrows" ... I had that to deal with on top of the transition.

Carina was evicted from the family home after gender reassignment and has had no contact with her mother since. It is possible to conjecture gender transition as an act of agency reclamation, and the ultimate act of rebellion against coercive parental control.

6.2.2 Fathers

Many of the participants proffered narratives of discord and physical violence within dysfunctional families, and emotional and physical abuse, often originating from fathers who were recalled as flawed, insensitive at best, controlling and violent at worst. Fathers failed to provide appropriate models of masculinity for MtF participants, or acceptable ones for FtM participants most of whom regarded themselves as providing an alternative model of masculinity. Iain has attempted to recreate himself and his intimate partnership in a way that does not reproduce his childhood experiences of family discord: 'My father is not the sort of man you would want to emulate as an ideal of sensitive masculinity. He is very macho and a bit of a bully. I wanted something different for my life.' None of the FtM participants held up their fathers as role models, although Tristan believes that his controlling father's extreme masculinity must have contributed to the formation of his own gender identity, while simultaneously making his life difficult. Later in life Tristan developed some

understanding of the pressures his father may have been experiencing, and his father's underlying symptoms of depression:

He's had quite a difficult past himself and when I was growing up he actually was on Prozac I just saw him as this depressing figure, because if I did anything out of line he wouldn't beat me in any way, but he would shout at me. And those sessions could last anything from 2 to 6 hours. I remember every time he would shout at me there was a clock positioned behind him and I would just look at that and watch the hours pass by... At the time I absolutely hated him for it.

A similar attempt at patriarchal dominance over the women and children of the family was summed up by Jessica R, contemptuous of her father's post-retirement efforts to regain control of what she referred to as a female dominated house: 'I think men do this thing where they're the boss. And as soon as they retire and they're no longer able to be the boss then they want to be the boss of the house. But in the household the mother is the one with the power.' This extract is also revealing of power relationships in the gendered domestic sphere, with Jessica's impression of her mother as the dominant figure Jessica regarded her father as: 'quite narcissistically abusive towards my mother ... He's very cold and very calculating', and while living in the same house she refused to speak to him. This arrangement continued until a few months after the first interview Jessica's mother died unexpectedly. Sally's negative opinion of men is described thus: 'Men themselves bring problems like this into the domestic sphere. They discriminate against women.' Most participants described having grown up with authoritarian or violent father figures, and five MtF indicated they may have gravitated towards identifying themselves as female having associated masculinity with problematic, bullying father figures.

Although Helen doesn't describe her father as physically violent, symbolic violence can be threatening and life denying:

My father initially wanted me to go to Gordonstoun ... but then he found a very, very tough boys school just outside Glasgow to try to get me out of my sissy ways. Where they would toughen you up and cold showers were the order of the day. And I didn't toughen up.

Instead of 'toughening up' Helen was badly bullied at school. Her father later tried to intervene to prevent her from becoming a teacher: 'My father told me that teaching was a woman's job it wasn't suitable for a man. He felt that teaching was a caring profession and not for men. Men had to be tough. I couldn't possibly be tough and I enjoyed my job and I enjoyed being caring.' Patriarchal values of appropriate

behaviour for masculinity can be extremely destructive, and it is possible to conjecture that the formation of Helen's female identity may have been in reaction to her father. Being labelled as not masculine enough, of being a sissy boy, the individual then becomes the very thing of which they were accused – much like Genet's being accused of thievery and so becoming a thief. Those made abject can internalise abjection as a form of resistance.

Controlling and violent fathers are described by transwomen Carina, Ivy, Lady G, Lily, Sara Wolf, and Vida. Some of their descriptions could have been extracted from *No Mean City*, the notorious interwar novel about working class Glasgow (McArthur and Kingsley-Long, 1978) that continues to influence perceptions of the city to the present day. This pertains particularly to the interview with Lady G who herself grew up in the Gorbals. She describes her father who was a professional boxer:

My dad drank too much. He was an alcoholic. They [parents] would fight every day screaming and banging things at each other... There was a TV talk show ... I think I was about 13 or 14 at the time, and April Ashley was the first person in the UK who had a sex change... So my dad turned around and says: "These bastards should be nailed to a tree and set on fire". My mother turned around and said to me and my brother: "If I ever thought either of youse two were like that I'd suffocate you with a pillow when you were sleeping." ... My dad wants to nail me to a tree. My mother wants to suffocate me. I used to lie in bed having nightmares. I was really frightened. I lived with a lot of fear when I was young. It was genuine terror and I would really go to bed at night time fearful. My parents were very violent people.

After experiencing their ferocious response to gender variance on television, Lady G's particular anxiety was that her parents would find out about her gender identity. The quote above vividly communicates how extreme emotions of fear and terror circulate and are implicated in processes of subjectivation - construction of the individual subject by power (Foucault, 1976), the constitution of subjectivity through real practices, or, to use Butler's (1997) term subjection, in which the psyche is generated by the social operation of power.

Ivy grew up in Gallowgate a working-class area of Glasgow. She also describes a violent alcoholic father. She had a sense of being the family scapegoat as the second oldest of six boys:

I got blamed for everything ... My father used to beat us up quite a lot. And I never knew why...I fought with my father. My father was an alcoholic. And he

used to be really violent. Hit my mother. I tried to stop him, ...he would take us up and he'd belt us. Back then it was a bare backside with a leather belt with studs on it. They would fling me in first so that he would batter the living daylights out of me and by the time he got to them he was knackered.

Later Ivy described how her father: 'threw me out the house at 17. I had to fend for myself. I've always looked after myself. I haven't had anyone else to look after me'.

Growing up in Govan, another working-class area of Glasgow, Vida describes a childhood of persistent violence from her blacksmith father, that she acknowledges affected her way of interacting with the world:

There was always violence when I was growing up... violence can be quite repressive. My father was very angry and very violent. That was his way. If he shouted at you it would be followed by violence. Not a swipe around the ear or a kick in the leg. There would be something at hand, be it a poker, be it a dog lead, be it a stick, once it was a guitar, there was nothing left of the guitar, I'm surprised there was anything left of my head.

Carina's family was abandoned by her father when she was seven, leaving her and her siblings with a controlling mother and successive alcoholic stepfathers who abused the children until Carina grew bigger and learned to fight back: 'There was violence at home from my stepfathers. The first one was a bully... The second stepfather was an alcoholic. He was quite abusive toward me, my brother and my sister.' Carina went on to describe her own violent reaction some years later when the second stepfather was abusing the family:

I just went into a rage: batter, batter, batter, batter. And the most scary part was I grabbed his throat, and I was actually strangling him ...And by then I was covered in his blood and he was collapsed on the floor.... and I was quite shaken up thinking: oh my god I could actually kill somebody.... I was so scared and I hated it – I hate violence.

Significant here is Carina's own reflexive reaction to her rage, and the fear of her own ferocious power. Carina was bullied violently not only at home but also at school until she learned to defend herself. It is possible she assimilated the violence she was forced to endure, and associating violence with masculinity she rejected both. Although Carina taught herself to be adept at performing macho masculinity, becoming a woman was a rejection of that aspect of herself:

You see you get very frustrated and a lot of anger builds up and the bullies were the catalyst. You have so much pent up anger and frustration, and all it takes is somebody to bully you and it's like striking a match and boom... I think that if my body had been female I would have been happier and I would have been less aggressive less angry inside me... I kept my female side hidden. I tried to

convince myself you know that I was male. I kept trying to convince myself I was this big macho guy whereas deep down I wasn't. So running away from myself all the time

Although they had experienced violent family backgrounds, Carina, Ivy, Lady G, Lily, and Vida all subsequently took control over their own lives and gender destinies and transitioned: Carina, Lily and Vida have undergone GRS; Lady G and Ivy are both living full time as women contemplating GRS. All have always been, and continue to be, in full employment. None of this group now wish to belong to transgender organisations although did so in the past. Although none are currently in an intimate relationship, all are confident that the 'right one will come along'. All five have pre-transition narratives of depression, alcohol abuse, and attempted suicide; in contradistinction with which they now experience a sense of empowerment in their gender identity along with an acceptance that life may not always meet your expectations but you make the best of it anyway.

Internalising the judgements of a bullying and controlling father via a changed inner self emerges from the narrative of Phoenix (from a middle class family of origin):

Layered into my journey has been my father, who was fiercely homophobic and pretty much the worst thing you could be was a homosexual male...he had a mantra which came out, whenever you watched programs on television, with.... Dick Emery, Kenneth Williams. Males who acted slightly effeminate, camp, the type of male who could be described as being a fairy or a faggot, would trigger his cascade that effeminate men were all homosexuals, and all homosexuals were paedophiles.

This illogical conflation of homosexuality with paedophilia described by Phoenix was part of the discourse of the day and an attitude of the father of other participants. The effect of her father's aggression on Phoenix, possibly suspecting his 'son' wasn't fitting the gender/sexual norm, was to damage her sense of self. Although Phoenix has fully transitioned, in employment in which her post transition status is fully accepted, in a supportive relationship, and occupies a respected place in both transgender and non-transgender communities, her life narrative is one of self-described lack of agency over her gender identity and social relationships, a sense of being acted upon, and a passivity around her own embodied subjectivity. Her subjective sense of self is in perplexing contradiction with her actual objectively lived identity as a socially empowered, highly respected political activist for transgender rights, who provides valuable contributions

to transgender research reports and government policy. It would have been interesting to do a second interview with Phoenix to clarify some of the issues.

The overall picture that emerged from the interviews was of controlling and violent mothers and controlling and violent fathers, together with a further theme of caring mothers, whereas no data emerged that could be classified as caring fathers. Research has shown that violence socialisation is more prevalent in domestic situations of economic precarity, and the tendency for violence is greater in societies with pronounced economic and gender inequalities (Wilkinson, 2005). The majority of the participants in the current study grew up in the Central Belt Region containing most of Scotland's major cities. This was an area that produced some of the worst working conditions and overcrowded housing in Europe during the Industrial Revolution. The legacy of deprivation, poverty, undesirable social conditions, and attendant social problems, continue to be experienced in the post-industrial present (Hanlon et al, 2006). Apparently alcohol contributed greatly to social problems in the region. Much of the early twentieth century realist literature concerning industrialised Scotland describes how men, demeaned and disempowered in the workplace, escaped into alcohol at the pub after work, and then took out their frustrations in violence towards their families (Morgan, 2012).

Research has shown the high incidence of domestic violence caused by exaggerated notions of masculinity and gender differences embedded in the historic conditions peculiar to the Glasgow area: the predominance of heavy industries, overcrowded living conditions; and the traditional male pursuit of drinking in order to sustain a precarious male identity threatened by unemployment and job insecurity (Hughes, 2002). It is only in the last decade that domestic abuse has been categorised as a separate issue from assault or breach of the peace in Scotland. Until recently, the police in Scotland did not come into the home if the violence was the result of 'a domestic' or marital conflict. These social problems have been exacerbated by de-industrialisation and the concomitant loss of employment affecting the working class in the Central Belt of Scotland, an area from which the majority of the participants in this study originated. The Scottish Government has recently introduced measures including: passing *The Victims and Witnesses (Scotland) Act 2014*; appointing a National

Prosecutor for Domestic Abuse; and in 2013 Police Scotland set up a National Domestic Abuse Task Force.

6.2.3 Family Response to Gender Variance

A common theme that emerged from the interviews was family alienation from, and disrespect for, respondents' transgender identities. Hines' (2007) study identifies and emphasizes practices of care that support gender variant individuals, including supportive families, although she does also discuss what she terms 'fractured families' (2007:151). The reports of family of origin response to research participants' gender identities in the current study varied. Most participants said they experienced rejection, none described an enthusiastic response from parents, but some families displayed reluctant tolerance.

A particular area of distress articulated by participants was fear of parental non-acceptance during formative years. Some of the MtF participants thought their parents had guessed at their gender variance during childhood, interpreted this as homosexuality, and attempted to divert them with 'masculine' pursuits. The response from parents to participants perceived gender dissidence included attempts to reinforce gender conformity through reiterative training and socialisation in the correct gender expression. Gender performativity works because it is 'citational, regulative and normative: citing past practices, referring to existing conventions, reiterating known norms' (Butler, 1990). Parents also punished 'incorrect' gender practices by denial of access to resources and family support: thus strategies to reform, punish, or exile, offending family members were similar to those that had been practiced upon homosexual participants in Weeks study (Weeks et al, 2001).

Most of the research participants said they knew their gender identity from a very young age (see Gender Practices chapter), but kept it hidden from their families of origin. Eight participants said they had revealed their gender identity to reluctant acceptance from parents. Seven participants said when they revealed their gender identity to parents and/or siblings they were met with intolerance and rejection. Thirteen participants have never revealed their gender identity to their family of origin.

Patterns of family acceptance or rejection of gender difference did not seem to be affected by class background, parental age, formal education, political orientation, or generational accumulation of economic or cultural capital. Ivy, Vida and Lady G grew up in the Glasgow working class areas of Gallowgate, Govan and Gorbals respectively, at a time of heavy industrialisation in the city when life would have been hard and gender variance not common (although not unheard of as Meek's 2015 research shows).

Lady G's initial description of her mother as being violent and hostile towards homosexuality, is difficult to reconcile with her later recollection of her mother's tolerant reaction toward Lady G's revelation of her gender identity at the age of 27: 'I feel really guilty I was told you were not a boy and you were actually a girl. And when you went out there with the girls you'd steal their stuff, toys, prams'. Lady G comments wistfully: 'She never told me that until I told her what I was'. Ivy only revealed her identity to her parents when they were dying. She described how she had effectively been abandoned by her family in an orphanage when she was very young, for reasons she doesn't understand (probably due to impoverished family circumstances) and then again later as an adolescent when, similar to Carina and Sara Wolf, Ivy was evicted from the family home. Although Ivy is not explicit about her own expressions of violence, occasional slippages in the narrative reveal that, like Carina and Lady G, growing up surrounded by violence she: 'knows how to take care of herself'. Evident in the narrative of these three participants is resilience in the face of extreme adversity, and a determination to survive and eventually fulfil their gender destiny.

Some participants did not come out to their families of origin overtly, but they felt that their gender difference was always an unacknowledged secret. Jessica R remembers: 'when I was very little my mum saying to me: would you have been happier if you'd been born a girl? Her crying and me realizing I had done something very bad'. Vida: 'The whole family knew. I was the elephant in the room ... I think she [mother] might have come round. Maybe she wouldn't have. Maybe she would have just been like other people: "oh my god what are the neighbours gonna think"'. Like Vida's brother and Phoenix's father and Grace's mother in law, Sara Wolf's brother and Lady G's

father confused gender variance with homosexuality. When Lady G came out to her father she received the following reaction:

I'm transsexual, I says, I was born a girl'. My dad turned around and says: "well why don't you go to live in Edinburgh with all the other poofs?" That's how men thought back in those days (I was 27) – if a man dressed as a woman he was gay. But gay men don't dress as women! I said: "excuse me Dad I'm not gay".

This conflation of gender identity with sexual orientation is an illustration of Butler's heterosexual matrix. Recurrent themes from all the participants who were born before 1980 when homosexuality was decriminalised in Scotland, is of growing up in an atmosphere of fear and hatred of homosexuality from families and peers, of their being thought homosexual, of internalising homophobic attitudes and denying their own sexuality and gender identities.

Justine is an only child who, having had problems with her parents previously, is now afraid that they will attempt to prevent her gender reassignment surgery:

They don't know I'm going to have the surgery. If they would've been accepting I would've told them. I thought if I told them they would've tried to stop me from doing it. I was terrified they would try to get me committed to Mental Hospital. Cause...even when I was going to the clinic they sent a letter to the Health Board saying that I wasn't capable of making a decision by myself. ... I still go to see them once a week.

Since the interview Justine has gone through her GRS kept concealed from her parents until after the fact for fear of their possible attempts to stop her. There is a sense that Justine keeps contact with her parents in the hope for emotional support though none has been forthcoming as yet.

Tristan also an only child, revealed his gender identity to his parents when he was 16, and transitioned surgically at 20. His mother accepted it immediately and his father eventually reluctantly tolerated it: 'I think he'd thought I would look like a strange, androgynous, monstery thing ... Then he realised that actually nobody questions the way I am now. ...when throughout the time where I was this essentially tomboyish looking female everyone was always questioning.'

The idea that her mother tacitly understood her was described by Rihanna: 'Nobody said anything. My stuff was found on numerous occasions - my mum, tidying up my

room, found a box of clothes there. So whether my mum and dad knew or didn't know, nobody ever said anything'. Sindy related a similar sensibility: 'I remember my mother walking into my room when I had one of her bras on ... I had no doubt that she had worked it out already and it certainly came as no surprise to her when I went: "you realise I do DO this?" and she went: "yeaah"... so I had a *sense* of acceptance.'

Tolerant Socialist Glasgow working class families were described by Cory and Alex and a tacit knowing from their families and an accepting attitude towards the revelation of their gender variant identity in their late twenties. After an initial discussion the matter was never discussed again. Alex: 'my parents are really typically working class Scottish. When it first came up, my dad said "I always thought there was something different"'. An interesting finding was the concept of unspoken truths that are known in families but never articulated – and how often this occurs; the knowing and not knowing. A lot of emotional effort seems to be expended by families in ignoring what Vida calls: 'the elephant in the room', and concealing the obvious. Many participants said they felt their families had always known of their identity – a tacit knowing even though it wasn't overtly articulated.

To summarise, there was no regular variation in patterns of family acceptance or rejection of gender difference according to distribution of class background, parental age, formal education, political orientation, or generational accumulation of economic or cultural capital. With some exceptions, most of the participants did not experience acceptance for their gender identities from their families of origin; some received uneasy tolerance, and some chose not to reveal themselves for fear of a negative reaction and rejection. Acceptance was gender skewed in that it was mothers who were more able to cope, but often the acceptance was tacitly felt rather than spoken about. Most research participants expressed their understandable ambivalence towards controlling and rejecting family members, together with a continuing hope for acceptance, but also a remarkable lack of bitterness or judgement regarding the negative treatment they had experienced from their families.

Most participants displayed a narrative of resilience, and no evident self-pity in the interviews. However there are also gaps and slippages in the narratives, where

something else emerges: a sense of vulnerability and loss. Some participants had clearly struggled not only with concealing their sense of gender difference from their families, but also with a precarious sense of worth and self-esteem. Perhaps this originated from developmental environments of poor parenting lacking in emotional literacy or affirmation, conditions which were exacerbated when there were problems of alcohol and violence in the family. These factors should be considered in the context of most of the participants' formative years taking place during an economic downturn in the de-industrialising Central Belt of Scotland. Many working families would have experienced breadwinner job precarity and possibly intermittent or long-term unemployment, along with concomitant loss of income, skills, and confidence. These are social problems that continue today in Scotland.

6.3 School Experiences

13/28 Participants in this study experienced some form of ongoing physical and mental harassment from peers during their school years. This was mostly a different 13 to those who experienced maltreatment at home, although there was an area of overlap with 6/28 participants who had experienced maltreatment in both spheres. All but one (Jessica) who described being bullied at school said they had *not* presented as overtly gender variant therefore the bullying which was not interpreted by them as transphobic. Given the era during which most participants were at school, transgender would not have been a discourse that was generally available. Rather the reasons for their being bullied was due to their difference: projected homosexuality; MtF having a preference for female friends; being shy; perceived weakness; physical or learning disability; academic underachievement or overachievement; for not being good at sport. Carrick, Cory, Grace, Justine, Tristan, Dolores, Helen, Jessica R, Sally and Wendy described how they were seriously emotionally and physically persecuted at school by other students because of their perceived difference. Suzy was physically and sexually assaulted as a young army cadet. Carina and Vida were the only participants who said they actively fought back against the bullies.

Academic overachievement and underachievement both were markers for bullying at school. Participants who entered school in different decades Cory b.1969, Justine

b.1976 and Jessica b.1987, all described how their undiagnosed dyslexia resulted in their being unable to keep pace with schoolwork. Besides being dyslexic, Cory says she was bullied at school for being deaf, small in stature, and not being masculine enough or being good at sport: 'I was never one for playing football, ... the macho type things – doing sports and all that was never really my thin... I've never been particularly happy in my own skin'. Lack of body confidence can preclude participation in sport, and associated social interaction. Cory says the bullying 'Pretty much carried on through the education system'. Cory was also highly sensitive. Sensitivity marks children out for bullying. Identity is created intersubjectively and others perceptions of self become internalised damaging the sense of self and the ability to act confidently in the world, as Cory witnesses: 'Because I was never a very thick-skinned child, it was difficult to brush off ...being taunted and stuff always. People were saying I was ugly and things like that. People are cruel'. Like many of the participants, Cory is a sensitive, vulnerable individual. She did not develop the emotional carapace of Jessica, or the psychic split of Wendy, or the externalised fury of Carina, who all learned these psychic defences towards their ongoing maltreatment. All were trapped in circumstances they couldn't change and just continued attending school because there was no alternative or help at the time.

Some participants like Helen and Wendy were bullied in private schools, some in state schools, and Tristan had an experience of both. Growing up as a girl, transman Tristan too was a sensitive child, who was no good at sport, and was bullied physically first in a state school and then verbally when he switched to a private school: 'I faced bullying right from the beginning – right through school years. I spent the first 6 to 8 months in a state school ...it would be physical punch-ups.' Carina's bullying was related to her being deaf and not good at sport. Her reaction was to reconstruct her body as fit and strong, so that a turning point was reached with the bullies when she began fighting back, stopping the harassment.

I used to get bullied in primary school. And it was mainly because of my deafness. And because I wasn't very masculine in terms of football – I wasn't interested in it. So I got picked on for that. No-one protected me. And I remember I used to cry when I got bullied. At primary school after a couple of years of getting bullied, one day I'd just had enough and I started to fight back. But it took a while you know I was doing the rounds taking out the bullies one by one –I was crazy. I thought: how dare youse?

Carina had also experienced violent abuse from her stepfathers until she turned that situation around as well. But like Jessica she received no protection from adults, she had to protect herself.

Many of the transwomen said they preferred playing with girls to boys when a child. Helen was horrified when she was sent to an all-boys private boarding school: 'I was upset about leaving all my friends (all girls) to go to an all-boy's school when I was eight...It was a very, very physical school and being an all-boys school it was absolutely horrible. Boys together are just real animals.' Lady G also mentions preferring a school where she could mix with girls. A number of participants mentioned the causes of bullying as being thought different, being shy, having the wrong gender friends, and being studious.

WENDY: there are definitely roles and expectations attached to gender particularly in Scotland. I was 13 when I transferred to a private school in Glasgow, and secondary school was hellish. Being quiet and studious didn't seem to be an accepted male role mode. Being lousy at sport and having absolutely no interest in sport was also another factor that's just absolutely wrong. - it was easier to talk to the girls in secondary school, which for some bizarre reason at the time got you marked out as being gay. I didn't fall into any of the expected male patterns. There was a lot more bullying in Glasgow as a result. And there's definitely very much a West of Scotland male macho culture that certain things are just not acceptable...I was physically bullied on a daily basis for about four years throughout secondary school. every morning: arrive at school, get beaten up. But Wendy just absorbed all of that so there was no actual physical hurt or pain. Wendy's side got us through all of secondary school.

Not appearing 'male' enough and preferring to play with girls marked participants out as being homosexual. Connell argues that gender is inherently political and a source of injustice for men as well as women.

Though men in general benefit from the inequalities of the gender order, they do not benefit equally...many pay a considerable price. Boys and men who depart from dominant definitions of masculinity because they are gay, effeminate or simply wimpish, are often subject to verbal abuse and discrimination, and are sometimes the targets of violence. Men who conform to dominant definitions of masculinity may also pay a price. As research on men's health shows, men have a higher rate of industrial accident than women, have a higher rate of death by violence, more alcohol abuse, and ...more sporting injuries (Connell, 2002:6).

Several participants mentioned the West of Scotland male culture as being gender separatist, judgemental, combative, and violent particularly towards other males. Some

said ironically that they felt safer when in their female identity than in their male. In a heightened culture of masculinity, being not very good at sport was a shared characteristic for those who were bullied. Helen also says she was bullied due to being the youngest and smallest when she first attended her private high school in Clydebank, also for being quiet and studious, and for her inability to stand up for herself. Helen calls herself 'the school swot' and must also have been extremely clever because she was placed in secondary school at age eight and was in sixth form at 13, which would have meant she was physically smaller than the other boys.

HELEN: It was a very sporty school. I didn't cope. I was bullied. I had been very cossetted in my youth. So I was very, very immature. And one of the traditions of the school was the prefects called 'Chiefs' were allowed to discipline the younger pupils. And the school uniform was a kilt. And one of their favourite punishments was to get you into the gymnasium and stick your feet under the bottom of the wall bars. A big beach ball on your chest and you had to do sit-ups and while you were doing this they would lift your kilt and they would pee on you and that was a form of punishment from the prefects at my school. And I'm afraid I was peed on rather a lot and that's why I hated school. I'm sure the teachers did know about the bullying because a lot of them were former pupils themselves. But you just suffer these things and then it's over. It was a tradition but you never told.

Both Helen and Suzy mention being bullied by 'the Chiefs' in a hierarchical school cadet system. Older boys peeing on younger as ritualised punishment also has overtones of nascent BDSM and sexual humiliation techniques.

The school bullying was not perceived by participants as overtly transphobic in that all but Jessica insisted that they had not presented as overtly gender variant at school. Wendy said she was perceived as gay but not transgender, because she preferred girls as friends. Justine said: 'There were some cloakrooms you couldn't really walk by without someone throwing a can at you.' This would have been anxiety inducing and so damaging to self-esteem. Jessica R referred to her gender variant presentation as the reason for being violently bullied at school. She wore cosmetics and hairstyles perceived by both teachers and students to be gender inappropriate. She had no friends and was too ashamed and embarrassed to tell her parents about the bullying and had no protection from teachers or those in authority. The following long quote is included to indicate some of the different incidents that went into the sustained sense of trauma suffered by Jessica:

I was treated very badly in high school. Back then, 2000-2006 I was really the first male in my school to be really tall and with long blonde hair and wear makeup. I'm 6ft2 so I just always stuck out like a sore thumb and people would say things

and I never spoke back: easy target. And one person would do it then another person would do it and another person until it got to the point I remember, people would spit on me, I was punched, they would get a lighter and Lynx (aerosol) and do the flame thrower and try and catch my hair, and with the Bunsen burner...I tried to tell the teachers – but they knew what was going on.... in one drama class, someone put a tyre round my neck and tried to strangle me. ... And this teacher knew this was going on and did nothing ...So it was allowed, and this teacher in science one time said: oh we're going to do the hydrogen peroxide test, you know what they use in *your* hair to make it blonde? And the class went: titter titter. And I thought: 'that's great give them ideas, let them tip that over my head' And I reported both the science teacher and the drama teacher, but nothing ever got done...I didn't tell my parents. And because I was very embarrassed that I got bullied, I didn't tell anyone... So the school just thought it best to blame me and then sweep it under the carpet...But even my guidance counsellor. I remember someone tipped juice over my head once, and I went and told her. And she said: 'oh they're just excited... they were throwing glass bottles at me, and they were smashing, and I thought: 'this has escalated now.' ... So it wasn't like I could say: this person did that or this group of people. The teachers couldn't seem to understand that it was everyone. It wasn't two or three people it was literally the whole school... No-one cared. And bullying doesn't make someone stronger it makes you hate them. And anger doesn't make someone stronger.

Jessica described an ongoing ethos of sustained mob violence against her that was universal throughout the school and went on year after year, during which she was humiliated, dehumanised, with what sounds like the collusion if not tacit approval of some of the teachers. The most disconcerting aspect of her narrative is that she said she regularly reported the assaults, and they occurred in front of the teachers, but no protection was offered her. The effects of being made to feel utterly abject could have broken her spirit, but she presents as outwardly confident and strong willed. Like Wendy, Jessica responded to violence with passivity, but unlike Wendy she did not internalise the passivity, or bifurcate her psyche. Jessica says she had no friends at school and has few friends now. She understandably finds it difficult to trust people. Because identity is built intersubjectively, it would be very difficult to construct a positive sense of self under these circumstances. However it didn't seem to break Jessica's spirit, though it instilled in her a basic mistrust of fellow humans, and the will to protect herself. She learned to reconstruct herself, to construct a glamorous persona and use it as a protective shield, a carapace, and after finishing school went on to become a beauty therapist, model and beauty queen who, although possibly not able to pass as completely female due to her height, certainly passes as a dazzling Apollonian androgyne.

Carina and Vida were the only two victims of bullying who said that they took control of the situation and in turn beat up the bullies at school. Vida insisted that she did not present as effeminate or different at school and like Lady G her main problem was having to wear a boy's uniform when she wanted to wear a girl's. She was bullied at school until she fought back, although like Ivy and Lady G she was careful to present herself so she wouldn't be perceived as homosexual. Being perceived as a 'poof' was the worst thing mentioned by all three. And Helen even says she was taught to sing 'anti-poof songs' by the sports master. Lady G, Ivy and Grace were all protected at school by tougher siblings who fought the bullies. Grace describes her sister: 'through school, any time I was getting bullied, she used to knock hell out the boys. She should have been a boy I think.' All said that no-one had guessed their identity when they were at school, and Ivy said she 'just had to fit in as one of the guys'.

All those who had been bullied described the violence to which they had been subjected at school with a detached calm, as though they had dissociated from experiences which no longer emotionally resonated. Wendy recounted being physically assaulted every day at school, and described removing herself emotionally and creating her female alter ego 'Wendy', and how she now has a very high pain threshold. Wendy describes her inability to feel physical or emotional pain with her own wife and child because of the years of physical abuse she suffered at school. Jessica R's describes her inability to feel emotional pain after years of harassment inured her to abuse. Participants had never talked about the bullying to anyone. All said that they believed teachers often knew what was going on but failed to protect them. Most said they had been too ashamed and embarrassed to tell their parents at the time, and had not spoken about the experiences since. For some it seemed they have lost something in themselves, their sense of self, their subjectivity, been made abject by the bullying and violence they experienced.

The school days of the study participants range from the 1950s through to the early 21st century. Social attitudes have changed towards bullying, and legislation and organisations now exist in the UK to protect and support school children. However recent research indicates that bullying at school for those who express gender variant behaviours still exists. As the Equality and Human Rights Commission Report: *Trans*

Research Review indicates, there is not yet enough known about the area of trans children in schools.

The significance of the age at which a person experiences trans identity and/or transitions is that it may affect estimates of the prevalence of trans identity and affect policy in particular substantive areas. For example, figures suggest that the number of people identifying as trans at school age is very small (though the number of young people experiencing gender variance may be much higher), which may affect the ability to access this group, the level of services targeted at them and the way in which services will need to be organised to meet their needs (EHRC, 2009:17).

The first paragraph of the UK wide strategy *Advancing Transgender Equality - a Plan for Action* acknowledges the importance of support for gender variant children in schools :Children's early years have a profound influence on their life chances. Whilst the experiences of transgender pupils are least likely to be reflected in data and research, we know that over 70%of boys and girls who express gender variant behaviours are subject to bullying in schools (UK Government, 2011).

Of particular relevance re bullying in schools are the recommendations by the recent UK Parliamentary Women and Equalities Committee as a result of the 'Transgender Equality Enquiry'

More needs to be done to ensure that gender-variant young people and their families get sufficient support at school. Schools must understand their responsibilities under the *Equality Act*. They must abide by their legal responsibility to ensure that all staff receive sufficient training to ensure they are compliant across all protected characteristics, including that which relates to trans people, especially gender variant young people. ..the Government should consider the inclusion of training on the protected characteristics (Paragraph 360)... Trans issues (and gender issues generally) should be taught as part of Personal, Social and Health Education (Paragraph 361) (UK HOC, 2016:87).

It is to be wondered how many children continue to experience daily trauma at schools in Scotland, bullied for being different, and robbed of their agency and autonomy. And with teachers not being aware or not wanting to intervene as in Jessica's case, or ironically when 'remedial' help is given as in Cory's case it only served to impede her academic progress further. For transgender people for whom body confidence is often a problem, exacerbated by not being interested in sport or not feeling confident to play team sport, means associated physical and social skills are not developed. Team sports can develop physical confidence and co-ordination, and also identity, which are built up through intersubjectively through social interaction.

For most of the participants who experienced violence it was either at school *or* home, although some described abuse in both arenas. 9/28 Participants did not mention any maltreatment from parents or at school during formative years: Alex, Boxer-Rider, Kylie, Renee, Rihanna, Rita, Sabrina, Cindy, and Vaughan. Those participants in the current study who were not bullied at school were physically well co-ordinated and academically able, whereas those who were only able in the classroom were bullied. Cindy was able academically, and although not good at contact team sports, excelled at running and track events and so was not bullied even though she too preferred to mix with the girls at school. Rihanna and Sabrina described happy school years where they were successful at masculine team sporting activities.

There have been numerous studies dealing with the long-term negative effects of bullying on the psyche and the long-term neural imprint on the brain. The most recent longitudinal cohort study of childhood maltreatment in the US and UK indicated that the adult mental health consequences of peer-bullying in childhood was worse than family maltreatment in terms of causing anxiety and depression, but that these may be connected (Lereya et al, 2015). A British Council Europe wide survey indicated that school bullying was significantly more prevalent in the UK than other countries in Europe, and nearly half the sample of 1,500 UK secondary school pupils surveyed considered bullying to be a problem in their school (Lipsett, 2008). The most recent annual *Good Childhood Report* (Children's Society, 2015) produced similar findings.

Currently the *Equality Act 2010* does not provide protection from gender identity harassment in school education, or from third party harassment and multiple discriminations at work. These are issues for which the Scottish Transgender Alliance and other transgender activist groups are currently campaigning and have included in the submission to the Transgender Equality Inquiry (UK Parliament, 2015). There are now numerous Scottish Government sponsored services that work with organisations locally and nationally to raise awareness of and provide solutions to bullying in schools. There are also various NGOs that provide support to children. It is not within the scope of this study to investigate all of these strategies, however a few relevant resources available in Scotland are listed here: Respectme; Children First; ChildLine;

LTS (Learning Teaching Scotland); The Scottish Institute for Residential Child Care; Youth Scotland; Scottish Out of School Care Network; LGBT Youth Scotland; Stonewall Scotland; SAMH (Scottish Association for Mental Health); Zero Tolerance; Enquire; Enable Scotland; PINS (Pupil Inclusion Network Scotland); Advice and Conciliation Service; Scotland's Commissioner for Children and Young People (SCCYP); The Children's Parliament; Time for Inclusive Education.

Various local strategies have been introduced by schools and LGBT Youth in Scotland to combat LGBT harassment, and there is an ongoing nationally co-ordinated effort to deal with bullying in schools. *A National Approach to Anti-Bullying for Scotland's Children and Young People* developed by the Scottish Anti-Bullying Steering Group aims to: 'develop positive relationships amongst children, young people, and adults which are mutually respectful, responsible and trusting; promote their emotional health & wellbeing; build capacity, resilience and skills in children and young people, and parents and carers, to prevent and deal with bullying' (2010:5). Building inner resilience is one side of the strategy, but also ensuring that bullying is not allowed to occur is important, and that if a child is bullied for being different, they have the trust in teachers and parents to report this.

Despite recent efforts to combat bullying in Scotland's schools, the situation may not actually have improved that much since the participants in the current research were at school. Recent research into the lives of young LGBT people in Scotland, (LGBT Youth Scotland, 2012) found education is the environment where LGBT young people encounter the most discrimination. The survey questioned 350 young people aged 13 to 25 about their experiences of being LGBT in educational establishments in Scotland, and revealed that nearly 70% have experienced homophobic bullying in school, with rates reaching as high as 76.9% for transgender young people. The transgender group 'were more likely to experience bullying than their lesbian, gay and bisexual peers throughout the education system.' And while other forms of bullying reduced from school to college, the levels of specifically transphobic bullying remained consistent at 50% (LGBT Youth Scotland, 2012:11).

The results for the UK of the most recent research into transgender experiences to date, *Being Trans in the European Union*, is reported thus:

In schools, 47% report that the atmosphere in their school or university is negative toward LGBT people and 22% report being discriminated against for being trans

in the previous 12 months. In employment 40% of the trans respondents in the UK report being discriminated against when seeking work in the previous year and another 31% have been discriminated against on the job during the previous 5 years (FRA, 2014).

Notwithstanding the introduction of education programs, the LGBT Youth Scotland (2012) report found that only 30% of school-aged youths surveyed were aware that anti-homophobia education has been introduced into the school curriculum in Scotland. The research corroborates reports from participants in the current study that teachers and those in authority did not protect them from bullying. An indictment of the education system in Scotland cannot be extrapolated from the findings of one qualitative sample of 28 participants; however it provides some evidence and could prompt the asking of further questions. Also pertinent to the current research is the *LGBT Young People* report claims that ‘14.3% of all young LGBT people have left education as a result of homophobic bullying, but the statistic rises to 42.3% for those targeted by transphobic bullying’, and makes the valid point that, ‘These young people are more than likely diverting their energy from learning to protecting themselves from physical, mental or emotional harm’ (LGBT Youth Scotland, 2012:12). Although most of the participants in the current study who were bullied at school went on to make successful careers for themselves, only Helen, Tristan and Wendy - three of the thirteen bullied, went on to tertiary education. It could possibly be extrapolated from this, and on the basis of the LGBT Youth Scotland (2012) report, that the educational chances of the remainder of the group were stunted by their negative schooling experiences.

Informal social practices like bullying, along with institutional powers such as psychiatric normalisation, serve to ‘keep people in their gendered place’ (Butler, 2014) - thus gendered practices are established and policed. The question for Butler is how to resist and disrupt the violence that is imposed by gendered norms towards those who are non-conforming in their gendered presentation (2014). Most participants in the current study said they just tried to fit in at school and hide their gender identity and not to present as gender variant or different in any way. So most of those who were bullied say they were perceived as different, although not as gender different. Although the discourse of gender variance would not have been available at the time most were at school, the bullying could have been linked to perceived homosexuality, which would conform with Butler’s theory.

6.4 Conclusion

The most surprising and unexpected findings of the study were revealed in this chapter. 19/28 Participants in the current study related some form of sustained maltreatment during their formative years. 13/28 Participants experienced this as sustained emotional and/or physical bullying from peers in *school*. 13/28 Participants experienced violent, bullying, or controlling *parents*. 6/28 Participants experienced maltreatment in *both* spheres. 9/28 Participants did not mention any abuse from parents or bullying at school. The findings of the STA study *Trans Mental Health UK* indicated that ‘Almost half of the participants, 49%, experienced some form of abuse in childhood’ (McNeil et al, 2012:88), whereas a much higher 68% of the sample in the current study highlighted formative years with families and school experiences that were more emotionally disrupted and violent than previously reported in UK wide transgender studies.

The reconstruction of memories of the past by participants in their life story narratives became particularly noticeable in this chapter which examined participants formative experiences, accounts of family histories, and the role of family relationships in the social construction of their gender identities, and how revelation and expression of those identities impacted upon families. Mostly it was mothers who were remembered as the dominant influence in identity development, and also more accepting of gender variance than fathers in cases where participants did come out overtly to their family, although in most cases this was not an overt outing but a tacit understanding.

It became particularly evident when discussing their relationships with parents, that some participants in this study had reconstructed their narrative memories in order to make sense of disempowering developmental experiences. This could be described as a process of ‘re-memorying’ certain aspects of their childhoods and ‘disremembering’ others - to borrow terms used by Toni Morrison in her novel *Beloved* (1987) to describe methods of processing past painful experiences; corresponding to the idea of how: ‘the reflexive project of self requires an emotional reconstruction of the past in order to project a coherent narrative towards the future’ (Giddens, 1992b:60). The re-memorying of the self became most noticeable in participants’ narratives of how families had reacted to the concealment or revelation of their gender identity. As with

other aspects of the recounting of participants' lives, the fluent nature of these narratives of self suggests a possible reconstruction over time. Certain narratives contained similarities, repeated by different participants, possibly 're-memories', repressing causes of emotional damage and choosing to focus on or re-create experiences as positive. Evident too were rehearsed scripts constructed within the transgender discourse, the result of frequently iterated performances that are ultimately integrated into the sense of self.

The majority of the narratives in this study indicate significantly difficult childhoods. Persistent childhood stress, trauma, and abuse can result in attachment difficulties later in life as corroborated by the *Adverse Childhood Experiences Study* (CDC, 2009). It is now accepted that there is a powerful connection between childhood emotional experiences and adult physical and mental health. While this study cannot prove that this connection was causal of certain dispositions in research participants, it may be correlational. Primary institutions of socialisation in families and schooling offer an intermediary nexus that create a disposition, forming the basis for ontological security, or lack of it, and can affect later life ability to practice intimate relationships as discussed in the next chapter.

Chapter 7 Findings - Intimate Practices

7.1 Introduction

This chapter examines the intimate practices of research participants with particular reference to sexualities and relationships. It first analyses the data pertaining to participants' self-defined sexual identities, orientations and practices in relation to their gender identity, and the changing of sexuality after hormones and surgery. It then looks at participants' narratives of intimate relationship and partnering practices, family relationships, heteronormative pressures, gender abuse and betrayal.

The literature on non-heteronormative identities contains many studies that specifically focus on the concept of 'intimacy' (Plummer, 1995; Jamieson, 1998; Weeks et al, 2001; Hines, 2007; Sanger, 2010; Heaphy et al, 2013). The current study has avoided overusing this term, mainly because intimacy connotes the possibility of close, familiar connections and affectionate or loving personal relationships, and such stories did not always emerge from the data in the current study. The lack of described emotional intimacies in the interviews may have been for many reasons, such as not wanting to share that information with a stranger, although did not inhibit the telling of stories around sexual practices.

7.2 Sexualities

Given the transitional gender locus of many of the participants the information on sexual orientation and intimate relationships for the current study was not gathered in terms of asking about sexual orientation as in homo versus hetero sexuality, but the question was left open to self-definition: 'how would you describe your sexuality'; and some further framing questions such as: 'are you attracted to men and/or women'; 'what is your marital status'; and 'do you have dependents'; to which participants were free to respond as much or little as they wished. Responses varied in length. Some participants provided one word answers, while for others sexuality was noticeably a defining factor. Five of the MtF participants in particular provided a great deal of information about sexuality: Grace (TS), Lady G (TS), Phoenix (TS) Rihanna (TV),

and Wendy (TV). For these participants sexuality was an integral component to understanding their gender identity, thus this section is weighted with quotes from them. Other participants did not mention sexuality other than to define their sexual orientation, or referred to it only obliquely. Interview questions did not ask about number of sexual partners or abusive relationships, however information on these emerged voluntarily. Because of the semi-structured nature of the interviewing, a surprising amount of data from what was originally intended as a simple demographic question was generated on the theme of intimate practices, thus warranting this separate chapter.

7.2.1 Sexual Categories

The stability of the gender matrix is brought into question by transgender identities and practices. The combination of sexual orientation, identification and relationship status was complex, fluid, shifting and unique to each individual participant. Therefore the data have not been aggregated and are presented here in summarised form for each research participant. The terms ‘male self’ and ‘female self’, although usually referent to embodied sex, was the terminology used by most participants to refer to their gender presentation, even transvestite/cross-dressers for whom the sex signified would have remained constant while the gender signifier shifted. [See **Table of Participants Gender Identity, Sexual Orientation, and Relationship Status in Appendix.**]

Some participants in the current study used more than one term to describe their sexual orientation, and some indicated a shifting sexual identity and/or orientation. Unlike the STA survey, the open ended self-descriptor question on sexuality made it difficult to quantify the data. Therefore only the two main categories are presented here: 11/28 of participants, comprising ten MTF participants and one FTM participant identified as *bisexual*; and 10/28 MtF participants mentioned *asexuality* during the course of the interview (although did not specifically regard this as a sexual identity). Seven of this MtF asexual cohort said they had felt asexual post-estrogen therapy and gender reassignment surgery (GRS). Two further participants who were not taking hormones, initially said they were asexual in their male identity but sexual in their female identity,

however later in the narratives it emerged that asexuality affected both aspects of their gender roles.

Asexuality can be defined as low or absent interest in sexual activity or lack of sexual attraction towards anyone, and there is some debate over whether it should be included in categories of sexual identity (Bogaert, 2006). This is a growing area of research although not within the realms of the current study. Asexuality as self-definition or experience may be fluctuating during the life course, associated with repression, medication, life circumstances, auto eroticism, or age-related libido loss. It is plausible that the age at which some MtF participants were transitioning may coincide with libido loss, or there could be a correlation between medical intervention and losing libido - though this would require further research. Many of the MtF participants interviewed in the current study were aged post-50, a time when male libido can diminish.

Asexuality was reported from four post-GRS MtF participants: Dolores, Lily, and Sally all in their early 60s and Phoenix (52), said they had lost some libido after taking estrogen and androgen blockers with total loss occurring some months after surgery as the last of the testosterone left their bodies. They also all mentioned the difficulty of the sexual act post-GRS, both in relation to the actual embodied procedures and the loss of desire. Dolores said the GICs: 'don't explain this to you properly before the op'. Grace did not report diminished libido post-GRS despite being in her late 70s, but she had to stop hormone therapy shortly afterwards due to health conditions for which she was also taking medication. Lady G (67) pre-GRS previously had a 'very high sex drive', but described how, since taking Finasteride, plus a monthly injection of Leuprorelin Acetate she has experienced: 'a very low male sex drive, 'although these androgen blockers should cause impotence'. But she reports that 'even now every four to five weeks I go into an indescribable desire for a man comparable to a cat on heat!'

Phoenix also can no longer take estrogen due to health complications, but this had a different effect in that she reported losing her libido completely post-GRS. Phoenix was the most explicit about how post-GRS she transformed from an overtly sexual being into an asexual one, describing how her 'libido has been destroyed' by GRS, and she

now has an experience of 'disconnect' from her genitals: 'I have lost the ability for testosterone to take over my body and stop me thinking with my head and turn me into something that thinks with my genitals. That trick doesn't work anymore.' Phoenix described her pre-transition male sexuality as a compulsion she wanted rid of, comparing it to the compulsion of heroin addiction:

As a male anything could trigger me. Once it had triggered me I had to masturbate to orgasm. And that could happen at its peak seven times a day. I hated being addicted... So I got androgen blockers to see if I could suppress my libido. And that sort of worked...Do I miss the fix? No...immediately after orgasm I would hate myself. So I don't miss that at all either. But it's gone. And now nothing can trigger me.

Phoenix articulates a conflicted relationship with her previous sexuality. Medical intervention was a decision she made partially based on the wish to eradicate what she considered was her uncontrollable testosterone based libido. This seemed to be connected in some way to her dominant memory of an authoritarian, patriarchal father who had expressed a virulent hatred of homosexuality.

Some MtF participants said they are not intending to have GRS, but are taking female hormones with varying effects. Sara Wolf (57) reports a 'flattening' of libido since taking estrogen. Ivy (61) says she has not been able to have sex since 2005 when she started estrogen and androgen blockers, although even before taking hormones she 'consciously put a block on sexuality'. Younger MtF participants Jessica R (27) and Kylie (33) had both been taking estrogen for some months at interview and report no effects on libido. Kylie was aware of the sterilisation effects of hormone therapy but Jessica was not. Neither were aware of, nor been prescribed, androgen blockers by the gender identity clinics GICs which appear to provide varying levels of information and treatment. The GICs could be providing specific treatment plans catered to individual need, but this is doubtful as treatment decisions did not follow a logical pattern among participants. Suzy (66) on the waiting list for GRS said she had been asexual since taking estrogen and androgen blockers. Just recently Sabrina (60) started estrogen but will not take androgen blockers for fear of losing her sex drive. Both articulated the belief that it is the blocking of testosterone, either chemically or through surgery, that can result in asexuality.

The fetishisation of the power of testosterone was revealed in many of the narratives. Several MtF participants described what they perceived as the difficulty of being able to 'control' their male sexuality when their bodies were 'controlled' by testosterone. Lady G says: 'a man would understand - you can't control it'. Sara Wolf described her sexuality before she started taking estrogen: 'There are times when you get extremely horny, like really so horny that it's the only thing that you can think about, you just want it, you're desperate for it.' This narrative of the effects of testosterone was reported inversely by FtM participants who all reported an increase in libido with testosterone therapy as a positive result. Applicable to findings in the current study is Rubin's 'sociology of testosterone' which he describes as his research participants' perception of the determining effects of hormones on their bodies (Rubin, 2003), similar to the belief of many of both FM and MtF participants in the current study that testosterone increases strength, muscular power and sex drive.

The dichotomous ability to have sex as their female self but not as their male self was initially reported by two MtF participants: Wendy (TV, 49) and Rihanna (CD, 51), both non-hormone therapy and non-GRS. However what actually emerged later from their narratives is that asexuality appeared to affect *both* their male and female identities, but was more obvious in their male identities. Both have receptive penetrative sexual encounters as their female selves, but find it difficult to get an erection or perform active sexual penetration as their male selves. Wendy says her male self is heterosexual, but 'effectively became asexual' and can no longer have sex with her lesbian wife, and her female self is 'bisexual but probably lesbian', and both selves are interested in BDSM: 'From Wendy's point of view the fetish thing is asexual - it's receiving pain is the thing that she likes the most. I don't think it's connected to sexuality in her head.' Rihanna says she is asexual with women when her male self, has not been able to have sex with her female long-term partner for 'five or seven years', and also 'cannot get an erection' with her new girlfriend. She describes having multiple sexual encounters with men as the receptive partner when dressed as Rihanna, but does not find this sexually arousing. Paradoxically, although dressing as a woman was previously erotic for her, she says that now she is not sexually aroused by cross-dressing, and sex with strange men seems to be now about the social interaction, and the excitement of the dangerously transgressive,

One of the most counter-intuitive findings was the account from a number of the research participants that sexual orientation can change after gender reassignment surgery. Lily describes it thus: ‘About half the men who become women will be attracted to women, and the other half are attracted to men. And some of us will change.’ Post Foucault there is the understanding that human sexuality is malleable, specific notions about the body and sexuality are socially constructed, and human behaviour should be interpreted in the context of its cultural environment. However this was not the interpretation of most of the research participants, who believed that this change in sexuality was essentially biological and related to hormonal shifts. For example Phoenix’s understanding is that: ‘sexual action is a biological urge rather than a choice or engendered by cultural images’.

Four MtF participants Carina, Dolores, Grace, and Lily reported a shift in sexual orientation post-GRS. As men they had been attracted to women, and now as women they are attracted to men. All in this cohort insisted they had never been attracted to men prior transition, so could not, as they said, be classified as ‘homosexual transvestites’.

GRACE: Two months after my surgery I went up to the Sandyford – I says: it’s a funny thing doctor, I was never attracted to men while I was a man, now I’ve got this (points to her genitals) I’m now finding men attractive. Doctor says: ‘for god sake Grace that’s the reason you went for your operation. So you would find men attractive’.

In this heteroglossic account the ‘doctor’s’ voice is similar to that of Grace herself and the narrative could be a construction of Grace’s wishful thinking. She insisted at several different intervals throughout the interview that she was not, and never had been homosexual. She described how when she was ‘winching’ (a Glaswegian word for courting): ‘my wife told her mother, it’s funny but he has never fondled me or groped me or anything else. So her mother said, well ask him if he’s gay or no. And I said, I’m a woman, I’m no gay.’ Ironically when Grace’s adult children rejected her transition later in her life they said it would have been more acceptable if she had come out as gay.

The desire for normative heterosexuality and refusal of homosexual identity from some transpeople is discussed by Rahman, & Jackson:

... an individual switches gender but the gender categories remain intact and so does the assumption that we have to embody certain characteristics in order to be properly gendered. Gender reassignment surgery also perpetuates the assumption that gender depends on having the appropriate genitals. It can also reinforce normative heterosexuality. For example a man who is sexually attracted to other men may refuse an identity as homosexual, insisting that he is 'really' a heterosexual woman and seek medical treatment to transform his body to that of a woman (Rahman & Jackson, 2010:192).

However for some other transpeople a refusal of *normative* heterosexuality is an important component of identity. For example Boxer-Rider a transman who identifies as gender queer, remained homosexual in that his desire shifted from women to men after transition. He admits that a queer identity is important to him.

Someone said to me (after GRS): you can't say you're queer, you're straight now And I felt my whole body go (convulses)...I have a very strong attachment to this thing I call queerness. I've always been queer. I own it, I belong to it, it owns me...I don't think I'm straight. And I don't want to be straight, which is probably more important...When I started passing all the time [as a man after transition] I realised that lesbians were not clocking me in the street. I'd been a dyke from the age of 15 to 37. And I was a very obvious dyke. And then I was a ghost...it's not necessarily about what you think your identity is, it's what the *world thinks* your identity is, and then they treat you a certain way, and then something about you changes and they see you differently so they treat you differently and you think: hey why?

Boxer-Rider's narrative is a self-reflexive understanding of gender attribution and the performativity of gender and sexuality, and how identities are constructed intersubjectively through social interaction, and thus categorised. Different speculations are possible for why a shift in the object of sexual attraction occurs after hormones or surgery. If heterosexuality is such an intrinsic part of self it could be that when gender is transformed then heterosexuality has to remain stable, and location within the discourse of heterosexuality conveys certain social and symbolic capital - for example Grace. Or conversely aspects of self and subjectivity are constructed through living a marginal existence as homosexual or queer in the LGBT world, and this can change if sexual classification changes - for example Boxer-Rider. Identities carry concomitant social, cultural, symbolic capital and identity politics are about more than sex and gender.

Sedgwick highlights these complexities of desire and identity in Axiom no.1 that informs her thought in *Epistemology of the Closet*, one of the foundational texts of queer theory: ‘People are different from each other’ (1990:22). She articulates a number of other truths that should be self-evident but are often forgotten, and are particularly pertinent to the current research: ‘Even identical genital acts mean very different things to different people ...Sexuality makes up a large share of the self-perceived identity of some people, a small share of others... Some people like to have a lot of sex, others little or none’ (1990:25). The ‘puzzle’ that confounds Sedgwick is why, out of the multitudinous possibilities that people can choose to enact and differentiate their sexualities, ‘precisely one, the gender of object choice, emerged from the turn of the century, and has remained as *the* dimension denoted by the now ubiquitous category of “sexual orientation”’ (1990:8). Identity is not defined by sexual object choice, people are not who they have sex with, but that is what has become important in the definition of identity.

The repeated discourse of post-transition change in sexual orientation puzzled Helen who provided interesting observations on the various MtF transgender support groups she attends:

I have noticed that people who have undergone the sex change operation – they start off as a man fancying women an ordinary straight man, but once they start on the hormones they develop a bit of bisexuality, and once they’ve had the operation then they are straight women looking for men. Which I find very, very strange...I know three examples where on all three occasions they have developed into straight women. Whereas I would just assume that if I was able to undergo hormone treatment and a sex change I would turn into a lesbian. But how I would feel with hormones I don’t know.

Helen says she has always been attracted to women and describes herself as homophobic. Possibly as a result of her controlling father and being bullied in an all-boys boarding school, Helen says she has always felt uncomfortable around men and doesn’t enjoy their company. At the second interview Helen emphasised: ‘After five months of hormone patches there is no change in my attitude to men. I’m still a misandrist.’ Helen defined herself as a lesbian and articulated a complex attitude towards male homosexuality - a legacy of her brutalised boys boarding school years:

I’m not attracted to men at all under any circumstances. In fact male- male I find absolutely disgusting. That’s one of the things we were taught at school. In fact

one of the duties of our sportsmaster, when he took us to watch rugby matches,, was to teach us anti poofa songs on the bus. In my twenties, although I've never been involved in gay bashing, I've stood on the sidelines and cheered which I certainly wouldn't do now. But I do not accept man and man together. As a male I'm totally heterosexual, as a female I consider myself a lesbian.

Four MtF participants said they have always been attracted to women and remained so after medical intervention. Sally, Suzy, Ivy, and Helen say they become lesbians changing sexual identity from heterosexual to homosexual. Two participants Lady G and Vida described always being attracted to men and continued to be so post transition. .

VIDA: I was three years old. I says: I'm not gonna marry a girl I'm gonna marry a man. They says: boys canna marry men, and I says: I'm not a boy I'm a girl. And it went from there. And I was taken to priests and things. And told I was bad. Told I was evil. Told I was going to go to hell...

Like Vida, Lady G saw herself growing up as a girl who should naturally marry a boy: 'As a girl I was never attracted to women. I was attracted to boys at the time'. Although Lady G now says she has always been attracted to men, during her formative years in the Gorbals, she learned to be 'wild and tough through hatred of being a poof'. She said she was diagnosed as a 'homosexual transvestite' by a medical professor she was sent to see after her first suicide attempt in the 1980s, before the days of the gender identity clinics. Lady G denied this diagnosis: 'I'm not gay and I know for a fact I'm not homosexual.' But then contradictorily she says: 'I have sex with men. But homosexual sex because I don't have a vagina. What we normally say is: it's back door sex because you've nothing in the front so it's got to be back door sex with people like me'. Lady G practices homosexual sex but does not accept a homosexual identity and these cannot be conflated.

Butler suggests: 'Transsexuals often claim a radical discontinuity between sexual pleasure and bodily parts. Very often what is required in terms of pleasure requires an imaginary participation in body parts, either appendages or orifices that one might not actually possess' (1990:96). Lady G's GRS is planned for 2016 where she will at last be achieving a vagina at the age of almost 70. She obviously enjoys sex and expects to continue to do so post GRS. However medical procedures do not necessarily create a functioning sexual body. Califia, a transman argues:

The gender doctor's notions of female sexuality are at least three decades out of date. To have a complete life, transgendered women need much more than a pretty face, tits with little or no erotic sensation, and a genital channel suitable for shallow penile penetration. This crude terminology is not intended to demean transgendered women, but to make it clear exactly how crude, inadequate, and deeply sexist the gender clinic's stereotype of womanhood really is. And this critique should not be used to argue against the reality of a transgendered woman's gender preference. Instead it should be used as the basis for demanding that gender clinics stop making promises to their clients that they cannot keep (Califia, 1997: 208).

Lady G wants GRS specifically so she can have a working vagina for sex, but she said that the surgeon had warned her of the possible drawbacks to GRS, a caution that was not reported by any of the other participants. However like Lady G, it is possible that they did not want to hear about negative aspects of a longed for surgery, and put these out of consciousness after the procedure. Perhaps this can be likened to the conspiracy of silence around the horrors of childbirth.

Some of the complexities involved in transgender sexual identities and orientations are described by Sara Wolf:

When you first realise that you're a transvestite – you think you must be gay!... lots of men and women want to have sex with transvestites. I think that for a man's point of view it can be to have a homosexual relationship and kid himself that it's not.... There are a lot of men who want to have sex with men, but men dressed like women...I think it's the men that don't want to admit that they're having a homosexual experience if they have it with somebody who's a transvestite

Suzy says she is bisexual, was married, currently has a girlfriend, and during sex with a man she doesn't 'take it' but her sexual preference with a man is for him to 'play with her cock'. At the age of 8 or 9 she says she 'was raped by a sergeant', but insists 'it didn't bother me and I actually ejaculated'. When in the army she describes 'sexual encounters with boy soldiers and men soldiers'. While acknowledging that there are differing opinions about the age of consent, intergenerational sex, power imbalances, and exploitation, this study lacks space to examine these.

Helen says: 'When I left school and had my first girlfriend I wasn't all that happy with her because I didn't want to be *with* her - I wanted to *be* her.' The way in which Helen describes her relationships with women, seems to fit some of the rubric of an autogynephilic transvestite. This is similar to Sara Wolf's attitude towards women: 'I

loved girls and I still love girls. I idolise them. I think when I was young I used to want to be a girl.' Sabrina acknowledges that her attraction for dressing and other T Gurls is erotic: 'I wonder if T Gurls, me particularly- do I dress like the woman I'd really like to fuck? The first time I ever had a makeover, proper professional makeup, I looked in the mirror, and thought: God I could fuck you. The female persona was so sexy'

Autogynephilia meaning 'love of oneself as a woman' was coined by sexologist Ray Blanchard (1989) to categorise MtF transsexuals who desire a heterosexual female partner, and are potentially sexually aroused by the idea of *being* a woman and of having a normative female body; as opposed to transvestites' potential erotic arousal due to *dressing* as a woman. Blanchard's transsexualism typology further divided transwomen into homosexual transsexuals who seek GRS to sexually attract men, and autogynephilic transsexuals who are sexually aroused at the idea of having a normative female body. This classifies trans as a, paraphilia and is a controversial concept contested by most transgender people. Anne Lawrence (2007), a medical doctor in Canada and herself a transwoman, self identifies as an autogynephilic transsexual, has taken up Blanchard's classification, and writes extensively about this phenomenon. It is not a concept readily accepted by most transwomen, and not by those in the current study who had heard of it.

A number of participants in the current study described two completely separate sexual ways of being – two parallel lives: one lived as their male self and one as their female self. As females Lady G and Rihanna have sexual relations with men, and they never described these as homosexual because they say even though they have male genitals their partners regard them as female. Rihanna elaborated on having receptive anal sex and giving blowjobs and being 'spit roasted one at each end' by multiple male partners. Rihanna says she is not gay but 'does gay sex' in as much as she is having sex with men. She also used to frequent the Fox Street Gay Sauna in Glasgow before it was closed down. Rihanna and Sabrina, both MtF cross-dressers, said they enjoyed erotic relationships with other transgender women who have male genitals. Sabrina who does not intend having GRS is attracted to both women and transwomen: 'I rather suspect that the attraction to women, and to other T Gurls, is the femininity.' Sabrina and Rihanna identify as heterosexual and express a denial of being homosexual, yet when

they are dressed as women in erotically coded apparel e.g. heels, padding, cleavage, cosmetics, wigs etc they have sexual interactions with men. Sabrina has many different T Gurl friendships where sexual boundaries become blurred. She emphasises that she 'is not into receptive sex', and she is the dominant partner. At first interview Sabrina said she only has sex with male bodied transwomen, however by second interview she reported having had her first sexual relationship with a post-GRS transsexual.

Sexual categorization was not fixed for most participants; and gender and sexual practices are performed in nuanced, complex and shifting ways, often quite unintentionally dissolving the boundaries of the heteronormative sexual matrix. Transgender sexual identities like sexual practices discussed in the next section are far from stable.

7.2.2 Sexual Practices

Some sexual fluidity was described by participants, This was particularly evident among 'T Gurls' - the term participants used to describe fun loving MtF CDs/TVs for whom a social aspect of cross-dressing includes crossing boundaries between friends and lovers. A number of participants reported having wide-ranging friendship/acquaintanceship groups that merged into sexual practices and sexual intimacy together with emotional support, although not necessarily emotional intimacy. There is a complex and contested politics of desire around transgender sexual identities and practices. Multifaceted perspectives and meanings were described including hypersexualisation from male 'admirers'.

The difficulty of negotiating sexual relationships as a queer transman without a 'natal cock and balls' has meant for Boxer-Rider that his sexual liaisons with men in the last fifteen years since he transitioned have mostly been 'enormously unsatisfactory...because the reality of non-conforming genitals questions identity in me'. Then recently he met, fell in love, and started a relationship with a post-GRS transwoman, a relationship which is problematic for him, as to external perception it appears to be heterosexual, and so brings his queer identity into question.

Sexual tourism is overtly enjoyed by Grace, who at 78 says she takes her holidays on Greek Islands for the purpose of picking up men. She described one such holiday during which she was sharing a hotel room with a transwoman friend.

She picked up a guy in the hotel the first night she got there. I'm under the cover just about ready to go to sleep, and she brought this guy in and she says to him: don't worry Grace is asleep...So she gets on with the business. Then the next thing I saw this flash and I says: what the fuck's going on here? And she says: oh I was just taking a photograph of his c.o.c.k [Grace spells it out laughing]. And then he says: oh do you want to join us, and I says: that'll be the day...Two nights later the same thing happens. I'm having a snooze and next thing I could hear them doing the business. And all of a sudden she says: do you want me to wake up Grace and see if she wants a turn [Grace laughs]...And then a flash again she takes a photograph of this other guy's appendage...And I say: I'm not doing no threesome with anybody. If I want a guy I want a guy for straight sex and nothing else.

Grace's transwoman friend had GRS several years ago and apparently regrets it – which Grace thinks may be a reason for taking pictures of her sexual partners' 'appendages'. Grace describes her friend as 'a gay transvestite who just went too far and now lives inside a Lambrini bottle'. A question that arose during the course of the interviews was: do post-GRS transwomen who meet new male partners reveal their transition? The answer from most participants pertaining to themselves and others they knew who pass as women, was that they mostly do not reveal that they are transwomen, particularly if it is a one night stand. For example Grace says that neither she nor her friend reveal their gender transition history to the sexual partners they pick up on holiday. Dolores mentioned that 'Girls have sex post-surgery not so much for sexual experience but to keep the vagina open'.

Rihanna who recounts the progression of her own transgressive sexuality, a journey of discovery with one encounter leading to the next. She describes 'dogging', a sexual activity in a public place usually with onlookers.

Well then I discovered more sexuality - dogging. I was out as Rihanna one day, in the car, making phone calls, just spending time with myself down at Irvine. And I noticed the same cars coming in and out of the car park...And they would park up next to you and the people would be looking across. And I thought: something is a bit peculiar here. So I looked up dogging sites West of Scotland, and up came the carpark ...one day I got out the car and I walked over to the car next to me and I says: hi my name's Rihanna. And we chatted. And I said to him, never having done this before: are you up for going into the woods? So we took hands and walked into the fields. And he kissed me and lifted my skirt and went straight for my cock. I pulled his trousers down and gave him oral sex in the middle of the

field. He just absolutely loved it... I was spit roasted by two guys. It means when you're on all fours and there's one at the back of you and one at the front of you. ...And there was four other people on an embankment watching [laughs]. It's the danger and the thrill part...

Rihanna says that because of her current asexuality she 'didn't get anything out of' these interactions, but paradoxically she also says that 'it was quite a buzz'. For Rihanna who in her male role has always taken part in fast and dangerous sports, cross dressing and risky sexual encounters stimulates her, a possibility that she herself has acknowledged. There is also an element of masochism in her descriptions of these sexual encounters which may be the alter of her overtly masculine persona.

The work of Foucault revealed how the discursive and regulatory attention on sex in the modern age, and the association with moral rules and prohibitions, caused constant temptation to test the limits of what is forbidden. The *scientia sexualis* encouraged innovations: new ways of thinking and doing sex, of combining sexualities and multiplying pleasures (Foucault, 1978). As Rihanna revealed: 'and then I discovered more sexuality'. These practices in turn produce new ways of being and doing sex, new sexual subjectivities and identities, new norms, and discourses.

A vibrant and popular transgender 'swingers scene' in Scotland was described by some of the transvestite/cross dresser participants. Rihanna defines swinging as: 'Single males, or single females can come together and have sex outwith their relationship. It is with the consent of everybody'. Sex parties occur at 'Kinky's Closet' a transgender 'dressing service' that blurs itself into social and sexual activities; based in a large Georgian mansion country house just outside Glasgow, with a trans-glam ambience redolent of a Rocky Horror Show set. Before finding Kinky's, those who are now regular attendees were mainly dressing on their own at home. Before the advent of the internet and finding a transgender community online, participants say they felt quite isolated in their transgender identity. With the development of social media sites and sex apps they could arrange one-on-one sexual meetups

Kinky's Closet sets itself up as a fantasy palace for transvestites and cross dressers where you can be whatever you want it to be, try out whatever you desire, catering to the need for help with dressing, or a fun social evening, or the fulfilment of sexual

fantasies. It is also a shrewd business idea that has cornered a section of a hitherto hidden market – the need for a safe venue in which to experiment with transgressive gender and sexual practices. The organiser Caroline, a biological woman, is well-liked by her clientele whose needs and proclivities she caters to with skill. Her business is conducted on just the right side of the law, operating as it does as a private club with referrals only, and has never been raided by police who must be aware of its existence says Sabrina, an ex-policeman herself. The entrance price is £15 and safe sex is encouraged and mostly practiced in the many different communal sex ‘playrooms’ upstairs where bowls of condoms, clean towels, and washing facilities are available. Rihanna a sexual voyager says she has ‘tried just about everything’ at Kinky’s: ‘it can turn out to be quite wild when everybody goes upstairs for an orgy. Upstairs there is the dungeon room, and the couples room with big double beds in it, and there is the open room where anybody can walk in and play’. For those who just want a social evening, to meet people and converse, the kitchen and lounge areas downstairs are sex free areas. The class and gender basis of people who attend the parties is variable depending on the particular event. Kylie, Rihanna and Sabrina attend mainly to meet people, make new friends. Kylie did not mention participating in sexual activity. Rihanna has sex mainly with male admirers and other T Gurls. And Sabrina has sex with other T Gurls or women. All three identify as bisexual. Kinky’s provides a subversion of the stricture of structure, an element of carnival and controlled disorder, the rule of misrule, a release from reality. Participation in orgies conveys a certain degree of social and symbolic capital in certain circles. Apparently. Especially when imbued with semi-secrecy, the rituals assume a glamour and seduction signification.

The designation ‘Kinky’ is an interesting example of a Foucauldian reverse discourse. Much like ‘queer’ it is an appropriation of a terminology previously regarded as derogatory, a playful reclaiming of a degraded status connected to mechanisms of subcultural belonging. It also represents an assertion of collective self-confidence, as well as a desire to innovate, and forsake hegemonic culture. Kylie who is recently arrived in Scotland as well as recently out, describes Kinky’s as ‘a place for new people to go, who used to be in the closet. It’s a process. Helps them find their feet.’ And Sabrina found it to be a place where she could meet new friends when she first arrived in Scotland, as well as a safe space to develop her trans identity.

I've been to Kinky's Closet several times. The lady that runs it provides a dressing service and makeovers. She will even store clothes for cross dressers who visit her regularly. She's based in Glasgow. It's a meet essentially for T Gurls, in the widest sense: transgender, transvestite, transsexual, cross dressers. And also their admirers, whether they are genetically female or genetically male are also welcome. It's a venue which I suspect is essentially about having intimate encounters. There are facilities where you can 'play' either in open rooms or privately. What I find particularly attractive about Kinky's Closet is that there is no compulsion to play. You can, if you simply want to, chat with people for the social intercourse rather than any other. So it affords whatever you want. But it is a very comfortable very relaxing place where, especially if you are a T Gurl first time going out, all dressed up, meeting people, you should be put at ease fairly quickly, because you're in good company, because everybody that's there has been where you are. Everybody has been at their 'first time out'.

At Kinky's Closet sexual fantasies or 'play' can create a counter-order, an escape from normative categories of male/female and active/passive, much like a Rabelaisian carnival. The space promotes some things more than others, certain kinds of creativity - which reveal sexualities that accompany or underlie gender behaviour. Rihanna describes how people are surprised by their own ability to unhook the usual gendered presuppositions and connections they make between gender and sexuality: 'people are saying: I'm a bit bi, but you kinda cross that border for me - you'll do... you set the boundaries beforehand ... I've had some great times playing with great people.' The terminology of 'setting boundaries' and 'play' used by Rihanna is also part of the vocabulary of BDSM practices. Rihanna and Sabrina's description of Kinky's, and Wendy's description of the BDSM scene in Glasgow, express similar concerns around boundaries and regulations and consensual safe sex using condoms and regular sexual health checks. Their sexual encounters appear to be democratic, well-negotiated, embody equality, informed consent, and all three mentioned experiencing a sense of sexual 'community'. All of which sounds terribly wholesome.

The BDSM (Bondage, Domination, Sado-Masochism) scene in Glasgow is described in some detail by Wendy who has been involved for numerous years. Unfortunately space limitations preclude including most of this interview, but it was an interesting insight into another under researched area and the changing socio-economics of another hidden community. Extrapolating from the information provided by Wendy, the market dynamics of BDSM appear to operate according to the laws of supply and demand and health and safety practices:

I think that the line within BDSM community is very well defined: it's on consent. I think the problem comes when that line is not legally enforceable. And this is the problem ... I cannot actually consent to receive the kind of pain that Wendy wants because it's illegal to allow someone else to cause actual bodily harm, unless you go into a boxing ring in which case it's perfectly OK because it's a manly pursuit and it's sport. You're allowed to punch someone until they're unconscious but if you allow someone to spank you – that's not OK.

Wendy reiterated her concern throughout the interview about the importance of boundaries and safety procedures and how the 'Pro-dom mistresses' were very careful to uphold good practice whereas she said this does not necessarily apply to newer interloper sex workers into the BDSM scene in Glasgow.

Binaried constructions of gender identity are found even in contexts presumably transgressive to heteronormativity, a situation critiqued by Wendy as applying to the BDSM and online fetish networks:

Most of the fetish networks have a very binary view of the world. You're either male or female... they don't seem to have that sort of fluid bit in the middle. And so Wendy finds it very difficult because she identifies as female you know. But if she puts down 'female' then lots of people expect a genuine genetic female with correct genitalia, and they get upset that they're talking to a physical male. Yet 'male transvestite' doesn't fit ... Male dominants Wendy finds very boring. Male submissives she finds equally boring. Male transvestites she's slightly more receptive to, but they don't seem to get her completely or understand the sort of dissociation going on...she would chose a dominant female for fetish play...

Wendy's participation 'all the time' the online networks is facilitated by her job as an IT programmer working from home. Her fascination with BDSM and sexual submissiveness may be connected to her having been violently abused daily at school which her male self has no recollection of actually occurring: 'Wendy absorbed it ...I didn't have any memory of it, even at the time I was well aware of the fact it didn't actually hurt. It was almost as if I could hear Wendy going: was that the best you could do? And I was like: don't say that.'

The dual aspects of Wendy's personality sometimes contradict each other, and sometimes her female self meets people for BDSM sessions of which her male self has no memory, much like during school when it was Wendy who absorbed the pain and the violence:

Wendy's got various different kinks and fetishes, she's into the bondage part, the restriction of movement, liberty or speech. She likes the idea of being helpless. And then the discipline and the actual punishment which is the pain part...I have

no recollection of when she's played with someone else, Wendy can go through an enormous amount of pain ... She has the bruises and the marks to prove it.

According to Wendy her male and female self completely dissociate with each other. Wendy like Phoenix mentioned a disconnect between head and body several times in relation to sexuality, and have other similarities of self. Both are highly intelligent, sensitive, complex individuals, who suffered the disruption of their development in formative years.

A theme that recurred throughout the interviews was that of men who are fascinated by the idea of sex with a transvestite or transsexual. These are usually so-called straight men with an erotic attraction or fetish for transwomen. According to Lily: 'Some guys have got an attraction for transsexuals. A gay guy told me that they call them the tranny hunters.' The term 'tranny chaser' is still predominantly used to describe men sexually interested in visibly MtF trans people. Transgender people often use the term in a pejorative sense, because they consider chasers to fetishize their trans status, 'who is interested in trans people's transness, specifically, instead of trans people as dynamic individuals' (Tompkins 2014:767). Given that the term 'tranny' itself is often used offensively against MtF, there is some dispute in trans groups and blogs about who can use it. However Bornstein makes the point that these terms like tranny and tranny chaser have their origin within the trans community (2009). Most of the participants in the current study used these terms semi ironically, although would have probably been offended if a non-trans person had done so. Serano urges the purging of the term tranny chaser (2008) from the transgender lexicon. However purging of words doesn't necessarily work very well. There is as yet no single acceptable term that signifies attraction to transgender people, and the question remains whether it is a paraphilia. Perhaps it can be classified as a sexual orientation. Other than much rhetoric and online blog discussion, there appears to be little actual academic research as yet on the sexualisation of transgender (Tompkins, 2014). Tompkins inquires: 'If the current discourse is that anyone who exhibits sexual desire for trans people is a "tranny chaser," how can we tell the difference between healthy sexual relationships and those that are fetishizing or exploitative?' She argues for a reworking of 'the current rhetorics of desire and attraction that deny the erotics of trans' in order for a 'sex-positive trans politics' to emerge (Tompkins, 2014:776).

There are various other terms for people preferentially attracted to trans people, also known as T Gurl ‘admirers’ on the transgender websites. Terms for romantic or sexual attraction to trans people have been created by sexologists. Gynemimetophilia - a sexual preference for men who look like, act like, or are women, including cross-dressed men and transwomen, derived from gynemimesis defined as ‘a subtype of gender dysphoria in which a person with male anatomy or morphology lives in society as a woman without genital sex reassignment surgery and with or without taking female sex hormonal therapy’ (Money & Lamacz, 1984). This would possibly define the identity of Sabrina and her sexual attraction to other T Gurls. Then there is andromimetophilia - a sexual attraction to female-assigned people who look like, act like men from andromimesis (Money & Lamacz, 1984), and gynandromorphophilia - sexual attraction to transwomen (Blanchard & Collins, 1993). A sociological study by Weinberg and Williams (2010) that defined transwomen as ‘genetic males who use estrogen to feminize their body but retain their penis’, created the category of ‘MSTW to denote men sexually interested in transwomen’:

how the MSTW constructed a unique sexual desire according to the sexual orientation identity they brought to the situation. Those who identified as “straight” tended to gloss that the transwoman had a penis, while the bisexually identified men were more likely to incorporate the transwoman's penis into the sexual experience (Weinberg & Williams, 2010:374).

A cursory search for the online ‘tranny hunter’ sites mentioned by participants in the current study found: Fabswingers, Transtastix, TV Chix, and Tinder. The following extract from an ‘admirer’ on the website Fabswingers of which some of the participants said they are members, indicates how a self-identified ‘straight man’ justifies his desire to have sex with a pre GRS transwoman.

I'm a straight guy to all intents and purposes, never look at blokes in a sexual way. Yet every so often I have an itch to scratch which is a same sex encounter. Bloody annoys me that people try to label everything neatly as gay or bi etc. when we who live this way don't even understand our reasons. I don't find guys in the least attractive but I do love sucking or wanking a nice cock! I like looking at cock and want to have it but don't feel attracted to guys at all. So guess that's why I love transsexuals xx

Not only is there hypersexualisation of transwomen here but also miscategorisation, because a fully transitioned ‘transsexual’ would probably not have a cock to suck and wank. However it does illustrate once again the absurdity of the heterosexual matrix and attempts to fix sexual orientation to gender identification.

MtF participants who have transitioned, and those not intending to transition, use internet sites to meet men online and then arrange meetups for sex. It was also suggested by some research participants that another reason there may not be evidence of trans street prostitution in Scotland is that possibly some sex transactions are now setup online through the trans websites. Younger transwomen Kylie and Jessica R say they are regularly approached randomly by strange men when dressed as women. Both think it is because they are recognised as transwomen by men who may mistake them sex workers. Jessica R has her own classificatory system for men who insist they are heterosexual, but are attracted to what should be categorised as a homosexual relationship with a pre-surgery transgendered male.

There are three types. There is the man who is open minded and just sees you as a female. That's the good type. This is a man that is straight, but they see you as a girl despite your genitalia... There's another type who are straight but they've always wanted to try a guy. They don't respect you as a female... And then you have another type, who all they want is transsexuals for some reason, the tranny chaser. And I can't understand what they seek.

Men attracted to transwomen will often claim to be 'straight', a reason given by some participants in the current study for the contemptuous term 'tranny chaser' used to describe them. Newitz writes 'a pre-op MTF told me once: "if you're attracted to me, you're not straight"' (2001: para4). The erotic appeal of the exotic or the different was a finding of the few studies into men who are sexually attracted to transwomen (Newitz, 2001; Operario 2008; Escoffier, 2011). It was also a common reason why participants in the current study thought that men were attracted to transwomen. Although more open discussion of 'tranny chasing' is now appearing on the trans blogs, there has been relatively little academic research into people who specifically desire transpeople, and there are no definitive findings as to reasons for the phenomenon. That which is different, unusual and strange can be sexually exciting hence the erotic projection onto trans people, and reasons given include: 'They are often both hyperfeminine in appearance and sexual aggressive' (Escoffier, 2011:272). Gender ambiguity can create disgust and derision, but also fascination and desire, as found by some research: 'I like women with dicks. I like tits and I like dicks... Something erotic about getting fucked by someone who is a woman' (Operario et al, 2008:21). The Operario study concluded it was unable to reliably explain the phenomenon of 'tranny chasers', finding instead 'a diversity in the ways participants identified and explained

their sexual orientation', and 'no consistent patterns between how men described their sexual orientation identity versus their sexual behaviour and attraction to transgender women' (Operario et al, 2008:18).

Presumptions of promiscuity and deviancy tend to be made about transpeople's sexuality. Dolores says: 'People don't know. If they see a man dressed as a woman you're a poof you're a queer. You're a child molester. You're a paedophile. Where does that come from?' This evidences the workings of the heterosexual matrix: the categorisation and rendering of subject positions as coherent through stable sex presented through stable connections of gender and sexuality (Butler, 1990:206). Coherence is maintained by categorising as transgressive, sexuality that is associated with transgressive gender practices. Gender policing is a technology of power that functions to maintain the heterosexual matrix by judging and punishing those who seem to transgress gender and sexual norms (Namaste, 2000: 136). Connected to cultural anxieties about difference, gender policing helps to sustain normativity by making sure everyone stays in their place in the gender hierarchy. It seems that the policing of gender to keep it binary occurs even on the supposedly transgressive networks such as online fetish sites and transgender meetup sites. Weeks suggests: 'Non-heterosexual people have historically been defined by their sexuality and sexual preferences' (Weeks et al 2001:8). For example Kylie's landlady assumed that because she is transgender she has one night stands. Participants reported that some men think it acceptable to approach obvious transwomen with offers of sex or asking them about their genitals. Some recounted numerous social occasions where this has happened, despite no overt invitation or sexual signals. There are two aspects to this: the confusing of sex and gender, and a peculiar dissolving of difference and social boundaries upon learning that someone is transgender, so that it becomes acceptable to make overtures or ask personal questions. A similar phenomenon can occur with people who are obviously disabled - for example when the agency of wheelchair users is ignored or presumed upon.

Plummer posits that sexual stories are 'socially produced in social contexts by embodied concrete people' (1995:16), and are 'grounded in historically evolving communities of memory' (1995:22). This became evident in the current research, with

evidence of areas of intersection between participants' stories and those heard in the context of transgender social and support groups - where narrative identities are intersubjectively constructed. As Plummer argues, stories are joint actions at the centre of human symbolic interactions: 'We invent identities for ourselves and others and locate ourselves in these imagined maps' (1995:20). Story telling is by nature a social invention, a fiction, which Plummer requires to be approached as narrative truth rather than historical truth (1995). He suggests that people tell intimate stories that 'may or may not bear a relationship to the truth' because they need to 'turn themselves into socially organised biographical objects' in order to assemble a coherent sense of identity and the self (Plummer, 1995:34). Furthermore, intimate stories 'give a life a sense of present difference - of being marked off from the "other"' (1995:172). Constructing and telling stories contributes to the development of personal and social identity.

A variety of sexual orientations and identities and practices were described by participants. Much of this may not have conformed with normative understandings of intimacy, but worked on the level of emotional communication with others and with the self in a context of interpersonal equality with other trans people. Erotic desire tends to be tied into the forbidden, what is beyond the restrictions of the accepted norms. The desire to transgress normative boundaries was apparent in some of the sexual practices narrated by participants. Morality is whatever conforms to the current dominant discourse, and immorality is what conflicts with it. Definitions of normal imply a binary alter of abnormal, and identification with one or the other. Conforming to a normative sexual morality was not important to most participants, nor in relation to the various variant sexual practices described, some of which were deliberately constituted as progressively transgressive in the ongoing reflexive construction of participants' gender variant identities. Sexual practice is intertwined with relations of power and sexual subjectivity, constructed by social institutions and historical discourses, and also through daily choices and practices. Moral codes and ethical values ascribed to different practices and behaviours are technologies of the self for regulating social relations, determined by knowledge, social context and power relations; their positions are unstable.

7.3 Family Relationships

At time of interview (19/28) participants were living alone. The findings of a recent study showed that in Northern Europe, almost 50% average of households consist of one person, and living alone is more prevalent amongst older people (Jamieson and Simpson, 2013). Given that the average age of the research sample for this study is 51 at time of interview, many of the participants are of an age when some partners or spouses have died, or partnerships have broken up and children have left home.

Weeks et al (2001) study of non-traditional relationships gathered contemporary stories of same-sex intimacy and family practices. These explore the meaning attributed to the concept of 'family', offering an ironic assessment of its realistic possibility:

The use of the term 'family' suggests a strongly perceived need to appropriate the sort of values and comforts that the family unit is supposed to embody, even if it regularly fails to do so: continuity over time, emotional and material support, ongoing commitment, and intense engagement (Weeks et al, 2001:10).

The findings of the Weeks study suggested that traditional families often cannot or will not provide understanding to non-normative members. Few of the natal or conjugal families in the current study presented supportive ideals for intimate practices. Weeks presents the alternative of 'families of choice' that often deliver a 'lifeline' of support. These act as a positive social influence to 'demonstrate the changing meanings of love and care and new ways of affirming attachment and commitment' and are increasingly replacing traditional families and notions of home and 'the complex ways that differences are negotiated in a world of conflicting loyalties and belongings' (Weeks et al, 2001:7). They suggest that when individuals experience rejection from conventional families, then friendships and 'a sense of community', can 'provide the social capital and specific knowledges which help individuals negotiate the hazards of everyday life' (Weeks et al, 2001: 7).

Some participants in the current study described years of struggle to establish their lives after being expelled from the parental or marital home and having to fend for themselves in difficult circumstances. Others found a place of their own to escape to, away from natal or marital family judgement and condemnation, to be able to dress as they wished and find freedom of gender expression. Some found that family or work pressures and/or loneliness compelled a return to the family.

7.3.1 Partnering Practices

Issues concerning conjugal relationships looked for in the interview transcripts were: since a previous relationship had ended, how much had a participant's narrative altered in retrospect, the problem been reframed, the situation rethought; and to what extent had conjugal partners who expressed alienation from the transition process been consulted, their concerns attended to, decisions around gender transition negotiated?

At time of interview, ten participants in the current study are long-term single but hopeful of finding a loving committed relationship. The cohort of long-term partnered is lower than that reported in the partnering practices section of the STA survey:

Overall, 35% (25/71) of the survey respondents are currently in a relationship with a partner. Looking at the different types of respondent, the percentages who are currently partnered are: 29% (10/34) of the MTF (trans) women respondents, 45% (9/20) of the FTM (trans) men respondents and 35% (6/17) of the non-transitioned transgender respondents (Morton 2008:9).

Eleven respondents in the current study were separated or divorced from long-term partners: Seven participants are in long-term partnerships, all initially described as stable, but contradictions in four of these relationships emerged in the narratives later in the interview or in the second interview. Three of the MtF transsexuals Lady G, Phoenix, and Vida all said they married because of social expectations, and have only ever experienced heterosexual relations with one woman; their wives. The findings of the Wilson et al study (2005) of transsexuals in Scotland were similar to those of the current study.

The mean age of respondents was mid 40s, but there was a wide age range. Half lived alone, and many reported family problems in relation to their transsexualism. None of the transmen had been married or had children, but two thirds of the transwomen had been married and half had children (Wilson et al, 2005:2).

There were some narratives of inescapably claustrophobic co-dependent relationships in which all parties were trapped due to emotional or economic exigencies; and stories of partners threatening to reveal respondents' gender identity as emotional blackmail. Although her wife was supportive, Phoenix describes the disintegration of their relationship, attributing much of her progressive detachment to losing her sexuality post- GRS.

PHOENIX: It became very distressing for me when she wanted sexual interaction, post-surgery. Because previously, pre-surgery, pre-androgen blockers, if she had

tried to initiate sexual interaction with me, the magic trick worked, and I disappeared from here (indicates head) and everything was concentrated down there (indicates genital area)...and I would try and remember what I used to do. But it was without any of the help of desire. And she would then orgasm and I would just cry

Wendy describes a similar experience to that of Phoenix, a sense that her life had been usurped by people and events beyond her control. She described the relationship with her wife thus: 'there's been issues all the way through our relationship. Notably my wife's got bi-polar depression...and she's used Wendy's existence as a form of blackmail'.

It is only possible to conjecture reasons for the descriptions of some partners' initial acceptance, and then change in attitude towards the gender variance of their partner. It is only possible to speculate the reasons. Perhaps that the reported sense of initial acceptance from partners may be a wishful retrospective reconstruction. Perhaps partners initially imagined they could 'transform the trans' out of the research participant. Perhaps some partners' attitudes changed after the initial formative period of the relationship during which tolerance and projection may sustain a relationship, then contradictions emerged when the 'honeymoon' period was over. Perhaps the strain of participants having to live out an identity that they felt wasn't real resulted in tensions in the relationship, increasing difficulty in suppressing the gender variant identity, and its increasing emergence threatened the integrity of the partnership, or posing a threat to the social role of the wife. The perceptions of partners no doubt differ from that of the participants. A necessary avenue for further research would be the interviewing of transgender people's partners.

Most participants articulated a hope for acceptance from their partner upon revealing their transgender identity, or to find a future accepting partner. The hope for intimacy and acceptance inherent in revealing the self is described by Jamieson:

The coming out story is about escaping the impasse of the impossibility of intimacy. It is a story of leaving behind the self-censorship doubt and isolation of feeling gay but not telling the people that you love. It is as if a secret sexuality damaged the basis of intimacy with family and friends while coming out often results in further loss of family and friends it also represents a new beginning with the implied possibility for real life intimacy (Jamieson, 1998:116).

Apprehension about losing a prospective partner if they revealed their transgender identity in the initial stages of a relationship was a particular concern of Rihanna and Helen. They had both experienced the negative consequences when the 'truth' eventually emerged after years of concealment. Both fluctuated in their narratives as to whether or not to reveal their transgender identity to potential future partners. Every long-term girlfriend has rejected Helen's transfemale identity upon revelation late in a relationship:

HELEN: My next girlfriend actually became my fiancée, and I told her about six months into the relationship what I was, and then it was goodbye. And then I got another one, and I told her about three months after, and it was also goodbye. And that continued through my whole life.

At time of first interview, Helen had just revealed her transgender identity to her most recent girlfriend a medical doctor, who refused to speak to her again, and summoned the police when Helen tried to see her. Whenever Helen has been involved with a woman it has been after meeting as her male self, and then her female self has been rejected upon her revealing her gender identity. At second interview she said: 'And if I meet someone else, will I have the courage to tell them right at the beginning? I don't know. I probably should but I don't think I would. I think I may take my pleasure and hope that things work out later on.' Helen intimated a high sex drive and great enjoyment of sex. By the second interview she added: 'I have had two more ex-girlfriends since the interview - first one not enough sex, second one thought oral sex disgusting and perverted - prepared to give me a blow-job but would not allow me to reciprocate. Neither knew about my transgenderism.' When Helen has had GRS as she intends to do, then she will be living full time as a woman so this problem will presumably not arise.

Participants' stories indicated that the expression of a gender variant identity can be experienced by the partner as a rejection of their selfhood, resulting in alienated intimacy and estranged sexual encounters. This seems to have been an issue for Rihanna's long-term partner, with whom relations became progressively estranged after she became aware of Rihanna's transgender identity a few years into their relationship. According to Rihanna her partner reluctantly accepted her cross dressing for a while, but then became increasingly alienated by her lifestyle. Rihanna said there was no affection or warmth in the relationship, let alone sex. Withholding of affection or sex

could be a function of asymmetry in power relationships within marriage. It can be an expectation that women will service their partners sexually within marriage therefore refusal to do so can be a means for a woman of regaining control. Rihanna described a process of disintegration in her relationship with her partner during which she had increased her cross dressing: ‘because Rihanna can have fun, she goes out and sees new people, you forget all your troubles, why not indulge’. However she had been trying hard to stop cross-dressing, and in recent years had been concealing this from her partner and had moved her extensive female wardrobe to a storage facility in East Kilbride. ‘Some people may say: but you cross-dress, you could be the catalyst for all this. Fine but the other person could terminate the relationship any time that they want.’ However Rihanna’s partner is economically dependent on her. There appears to have been a clash of values and a progressive undermining of trust in the relationship.

Rihanna described her partner as becoming an alcoholic, as were the partners of Carina and Lady G. It is conceivable to conjecture that a partner may experience a sense of gender betrayal if the man they initially emotionally connected with as a man, actually identifies as a woman and increasingly expresses herself thus. Particularly if there is a sense that the gender variant partner is having sexual encounters outwith the primary partnership. Feasibly this could be experienced by a partner as a denial of their own subjectivity, a denial of recognition if their wishes or concerns are not taken into account, and ultimately a revocation of the social contract between them.

Narratives of intimate and partnering practices in the interviews revealed the mediation and negotiation of different types of power relationships: emotional, sexual, physical, and financial. Few of the participants in the current study indicated that their formative families had provided role models of functional partnerships, or scripts of good parenting relationships to draw upon. However narratives were not of suffering and survival, but rather of surpassing these foundational setbacks. A number of participants indicated they would like to be involved in viable romantic partnerships. Some indicated what Heaphy (2013) describes as the desire to: ‘actively invest in convention’; and most continued to believe in the discourse of romantic love, despite evidence to the contrary in their actual experiences of relationships.

Although none of the research participants in the current study reported physical or sexual abuse from partners, 10/28 relationships could be defined as emotionally and psychologically abusive. Abuse is the exertion of power and control over another to meet the abuser's needs and dependencies, and with domestic abuse power is usually exerted to keep the abused in the relationship. It can be from partners or family members who should be providing support; it is often hidden and it can take many forms. The term Domestic Violence and Abuse (DVA) was recently expanded by the Home Office to include:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional (UK Gov, 2013)

The *Transgender Experiences in Scotland Report* found that 46% of respondents had experienced transphobic abuse within a domestic relationship (Morton, 2008:11). The *Out of Sight Out of Mind: Transgender People's Experience of Domestic Abuse* (Roch et al, 2010) sponsored by the STA and LGBT Domestic Abuse Project - both based in Scotland, was the first published research specifically into transgender people's experiences of domestic abuse in the UK. 70% of respondents were from Scotland and 80% of respondents had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner.

7.3.2 Family Practices

Whereas none of the six FtM participants had biological children, 13/22 MtF participants in the current study who had transitioned later in the life course had, when male bodied, conceived and raised their own biological children within the parameters of a heterosexual relationship. This corroborated the findings of the STA survey with reference to the reproductive practices of their sample:

MTF (trans) women are more likely to have children (either children biologically related to them or that they help/helped to raise): 53% (18/34) of MTF (trans) women respondents stated they have children compared to 20% (4/20) of FTM (trans) men respondents (Morton 2008:9).

The assumption is sometimes made that transgender people have no biological children. Dolores says: 'People ask me if you're a transsexual how can you have children? I say well I never considered myself male, but I was born with a male body in

working order'. In the current study. Those participants who had informed their children of their transgender identity had met with varying degrees of acceptance. The data around grandchildren was interesting given the older age of the sample in the current study and the social dynamics peculiar to Scotland. Dolores, Lily, and Suzy said they had been completely rejected by their ex-wives and children and are not allowed to see their grandchildren at all. Since the death of Grace's wife and her gender reassignment surgery in 2004, her adopted son cut off all contact with her, and her daughter's husband demands she dress in male clothing if she wishes to see her grandson, a process she describes as 'hellish'. Implicit in Grace's narrative of grandparental family alienation is the possible fear her family may have of a trans grandmother as role-model.

Extended families are important in Scotland, particularly Glasgow, where, in contrast with England, many young children are effectively raised by their grandparents. The family of origin lineage is key to many social relations in Scotland, where the *Growing Up in Scotland* (Jamieson et al, 2012) research data revealed the role of grandparents as a key source of regular informal childcare for parents:

87% of 6 year olds have one or more grandparent living nearby (within 20-30 minutes' drive), 72% have two or more and 44% have three or more. Children in the highest income households (22%) were more likely to have no local grandparents than children in the lowest income households (8%) (Jamieson et al, 2012: 3).

The deprivation of grandparent relationships could be regarded as a serious break with custom and expectation in Scotland. A close relationship with children and grandchildren was important to the participants. An interesting inversion of Grace's story Lady G's story around children and grandchildren. Her's is the most complex and bifurcated narrative regarding her family. Her wife initially accepted, then rejected her female identity, although has more recently become more accepting again. Initial acceptance may have slipped when her sense of self as wife and mother to their children was being threatened by Lady G taking over her mothering role:

Lady G took the girls out... a wee baby in the pram and a wee girl walking beside me. But things started to get a bit bad with my wife. She finally got to the stage of wanting a man. She said: I don't want to see my man going about dressed as a woman. I'm their mother you're not their mother... Then my wife wouldn't let me dress as a woman any more. She said: if you want to dress as a woman then you'll have to leave.

Lady G continues to maintain a lifestyle built on precariously balancing the two sides of her gender identity, and although her children are all aware of both aspects, she interacts with her youngest daughter's children in her male identity, but interacts with her oldest daughter's two children in her female identity. Her oldest son 'couldn't care less' but the youngest 'doesn't want his friends to know'. 'My youngest son and daughter don't want to be embarrassed by me living as myself at home and at work. Apart from that we all get on well together'. Lady G acknowledges the absurdity of the situation with the following anecdote that evidences a humorous aplomb many Glaswegians exhibit in dealing with what cannot be controlled:

My oldest daughter said: my fucking family are mad. My father lives as a woman, and my sister's husband and my husband are arguing about whose taking you out on a Saturday night. The one husband said he's taking Lady G out because the other one took Lady G out on Tuesday night...A fight about taking Lady G out.

Lady G says she has opened her family's eyes 'to a whole different world', and they seem to have accepted that she has now decided to have GRS at the age of 69. Where families were rejecting, many participants were able to regain a sense of on support and acceptance through transgender groups, and through helping and supporting other trans people. Although it is doubtful that a homogenous united sense of a transgender 'community' exists, there was a sense of kinship - in the sense of a web of interconnected relationships - that operated within the small localised transgender social and support groups. Participants described practices of emotional dependency and support within the various social groupings, that informed the intersubjective production and reproduction of their gender identities. In addition, the narrative of 'giving something back' that Hines discovered in her study (2007: 165) was applicable in the current study both in the support that some transgender individuals give to others, and in the articulated reasons given by many for participating in this research.

Bourdieu's theory of cleft habitus (1999:511) have obvious implications for the psychic and emotional effects of transgender identity transformation. This was evident in the efforts of participants to retain the social relationships from their previous relationships, while making new relationships to support their new identities. Some held a reflexive understanding of their own existence as being situated between two worlds – that of their old lives and the new. Newly acquired habitus requires the deployment of appropriately new strategies in the field. Although not applicable to any of the

participants in this study, transgender individuals also sometimes wish to conceal past history, to obliterate the old habitus, along with the associated ramifications for past relationships: to sever ties with the old family connections and social field. Some participants had those ties severed against their will. And for some the old and the new lives are lived in juxtaposition, located liminally between the old and the new habitus. Also when the gendered dispositions and hexis acquired with the old habitus do not fit the new gender identity, a reworking is required which was facilitated by the support of other trans people. The application of the theory of cleft habitus is appropriate not only for participants' altered gender identities, but also in cases where they had experienced maltreatment during their formative years. For some participants, there were collisions of internal authoritative voices with those of new significant others. Regaining an ontological coherence of self and personal security can be achieved through social networking with others who have experienced similar social trajectories, enabling sense and solidarity to be made of change in the habitus. Thus the important function of support groups and online communities in transgender everyday practices and the construction of identities.

7.4 Conclusion

This chapter discussed narratives of gender variant people negotiating sexual identities, practices and family relationships. One of the main difficulties that emerged in analysing the information from the interviews concerned the classification of sexual orientation in relation to transgender. When describing the complexity of gender variant sexual identity, categories of homosexual or heterosexual are emptied of any stable signification. If a man identifies as homosexual pre-transition, and this sexual orientation or object choice remains unchanged post transition, then as a woman her sexual identity changes to heterosexual. So labelling a transitioning individual as homosexual or heterosexual becomes meaningless. Therefore participants in this study were asked to describe their sexual orientation and relationship status, and the data was presented in narrative form. Categorisation was further complicated by the revelation that some participants who identified themselves as exclusively homosexual or heterosexual were actually practising embodied bisexuality, and some who identified as bisexual were practising exclusive homosexuality or heterosexuality.

A counter-intuitive finding was that some participants described their sexual orientation as having altered post hormones and/or GRS. This applied to four MtF participants who identified as heterosexual pre-transition, and continued to do so post transition. So their sexual identity remained the same, whereas the object orientation of their sexuality transferred from female to male. This also transpired with one FtM participant who identified as lesbian pre-transition and as a gay man post transition. A phenomenological understanding would take this reported change in orientation in good faith, although a more poststructuralist interpretation would question the cogency of participants' self-perceptions. For the MtF cases there is the possibility of an attachment to heterosexual status and the previous repression of homosexual orientation due to fear of social abrogation, and in the FtM case it was a self-admitted attachment to queer identity. The complexities and incongruities of gender and sexuality collapse conventional classifications, illustrating the fluidity of identities and practices. Hence the absurdity of attempting to fix categories becomes particularly evident when scrutinising transgender narratives and embodied experiences related to sexuality.

Another unexpected finding of the research, and a difficult predicament for MtF participants, became apparent during the course of the interviews: estrogen, androgen blockers, and GRS had resulted in loss of libido and asexuality for some participants. Also the powerful effects of testosterone on sexuality were described in virtually mythical terms by many of the participants: MtF negatively and FtM positively. The data showed a tendency towards repetition of certain narratives around hormone therapy that requires additional unpacking and would be a useful field for further research and a possible contribution to NHS transgender protocols and practices.

The everyday social practices of partnering, child rearing, home building when attempting to either reveal or conceal a gender variant identity can be difficult for the transgender person and for their partners and families to navigate and negotiate. Life histories revealed not so many alternative formations of family but mostly reproductions of the normative. Pre-transition all of the older MtF participants now over 40 had tried to live conventional lives, all save one concealing their transgender selves from partners and children. Social movements to promote the 'traditional family'

are clear evidence that the boundaries they defend are not stable. However few of the participants in this study were looking to break away from inherited values or relating orientations, and most did not wish to distance themselves from their existing relationships post-transition, but sometimes they had no choice in this. All participants really wanted to keep contact with their families (no matter how dysfunctional); but negotiation of care, commitment and responsibilities was complicated by conflicting loyalties, and sometimes outright family rejection of their gender identities after 'coming out'. This resulted in a similar social effect to those that choose to hide their gender variance or become 'stealth': discontinued relationships sometimes resulting in social isolation. The attitudes of the partners and children of gender variant people is an under-researched area and would be a fertile field for further study.

Chapter 8 Findings - Medical Practices

8.1 Introduction

This chapter develops the theoretical understandings outlined in the Literature Review concerning the biomedical discourse around transgender, together with empirical evidence of the medical practices currently in place to ‘treat transsexualism’ in Scotland. It delineates participants’ experiences of medical procedures and the gender identity clinics (GICs), outlines the diagnostic protocols and treatment procedures for gender reassignment surgery (GRS) and hormone replacement therapy (HRT). The chapter maps Scotland’s geographic remoteness from the main centres where GRS is performed, together with concomitant problems of transgender health care in the region. It concludes with some questions about the implications of current NHS policies for the mental and physical health of trans people, and recommendations for improved policy and practice.

The chapter is weighted heavily with the contributions of those 18/28 participants who are on the surgical transition trajectory: 14 assigned male at birth and four assigned female at birth. At time of interview 13/28 participants were post-GRS and 5/28 participants were pre-GRS having already started HRT and the prerequisite processes for medical transition. The mean average age of surgical transition for the sample was 45, and the mean age of the entire sample at time of interview was 51. The findings will hopefully provide a contribution towards research into older people’s experiences of GRS. As already noted, all participants are already anonymised, and throughout this chapter the names of the medical personnel in Scotland have been removed, and the names of the gender identity clinics in Scotland replaced with ‘GIC’ when referred to by participants. References to the already well-known names of the main surgeons and hospitals located in England, where the surgeries are performed, have been retained because already identifiable in the public sphere.

8.2 The Diagnostic Protocols

A clinical diagnosis is a prerequisite for legal classification of gender reassignment in the UK, necessary not only for the purposes of medical hormonal and surgical

transition to align bodily sex characteristics with gender identity, but also for a permanent legal transition. In the UK, ‘The pathway of gender change involves considerable clinical input’ (Wilson 1999). There is as yet no etiological basis for a medical diagnosis of gender dysphoria, and thus no conclusive physiological or psychological causation. In the absence of any definitive diagnostic test for gender dysphoria, the clinician makes a differential diagnosis based on a comparison between diagnostic criteria, the patient’s embodied presentation, and their verbal narrative of gender incongruence. Central to medical understandings of transsexuality is a dissonance between sexed body and gendered mind.

Medical gender transition has been a political right for transgender people in the UK since 1999. The procedures for medical transition in the UK centre around the NHS gender identity clinics (GICs), and in Scotland these are informed by the NHS *Gender Reassignment Protocol for Scotland* - promoted by the Scottish Transgender Alliance (STA) and Equality Network to ensure ‘progressive medical treatments’ (Scot Gov 2012). This protocol is based on the World Professional Association for Transgender *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* (WPATH-SOC V7 2011). These diagnostic protocols originated with the standards of care recommended by the Harry Benjamin International Gender Dysphoria Association (HBIGDA), which ultimately evolved into WPATH-SOC. The greatest change in the latest Version 7 was that psychotherapeutic attempts to change gender identity or expression are now deemed unethical:

Transsexual, transgender, and gender nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available (WPATH-SOCV7, 2011).

WPATH-SOC requires a mental health provider to use one of the diagnostic tools (currently DSM-5 or ICD-10) available to clinicians to classify medical and mental disorders to satisfy patient eligibility criteria for medical treatment such as HRT and GRS.

DSM-5 is the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* in which gender variance first appeared in 1980 as a mental disorder and paraphilia, subsequently labelled as ‘gender identity disorder’ and ‘transsexualism’,

The discourse then shifted from a psychopathological model towards a more social model in the Fifth Edition of DSM-5 and from ‘gender identity disorder’ to ‘gender dysphoria’ defined as:

A medical condition describing a person whose self-identified gender does not match their physical sex, and experiences persistent discomfort of more than six months duration, due to the incongruence between their assigned gender and their experienced or expressed gender (APA, 2013).

This new definition is based on individual distress created by incompatibility between identity and physiology, and is no longer regarded as a mental illness. Avenues available for medical treatment are based on ‘a strong desire to be treated as the other gender’ and ‘a strong desire for the sex characteristics of the other gender’, along with additional categories of ‘transvestic disorder’ and ‘body dysmorphic disorder’ (APA, 2013).

ICD-10 is the World Health Organisation’s *International Classification of Diseases Tenth Revision*, which continues to classify gender variance as ‘gender identity disorder’ and ‘transsexualism’ in the section under ‘mental and behavioural disorders’:

Transsexualism - a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex (WHO, 2015: F64.0).

The diagnostic tool referred to in the psychiatric reports of research participants in the current study from GICs in Scotland was not DSM-5 but ICD-10. Thus in 2016, it appears that gender variance continues to be treated as a mental disorder by the NHS in Scotland, to be diagnosed by a psychiatrist with a view to prescribing surgery and hormone therapy, conforming to what Alice Dreger refers to in a different context as a discourse of ‘genital conformity and the “proper” role of the sexes’ (Dreger, 1998b:36).

Confirmation of legal status and official recognition of gender reassignment in the UK and thus Scotland, is by a Gender Recognition Certificate (GRC) issued by the Gender Recognition Panel (discussed in Introductory chapter). Surgical transition is not a prerequisite for a GRC but medical confirmation is: an official diagnosis of ‘gender dysphoria’ by a GP or GIC is required, then a second psychiatric opinion; also proof of real life experience (RLE) or having lived ‘full time’ in the ‘acquired gender’ for at

least two years, and proof of intention to continue to do so (UK Gov, 2016). This procedure dates from *The Gender Recognition Act* (2004) which allows for a GRC to change name and gender on the birth certificate. However the GRC procedure is so bureaucratically tortuous that most research participants who intended to permanently transition, whether through medical procedures or not, chose to rather change their name officially by deed poll or statutory declaration, legally allowed for anyone in the UK. The GRC requirement to present two medical reports in order to obtain gender recognition has been campaigned against by transgender lobby groups on the grounds that the thinking behind the legislation is based in a binary model of gender variance and requires needs updating. It was hoped that the recent *Transgender Equality Report* (UK HOC, 2016) would recommend changes to the medical requirements for a GRC, however this was one of the recommendations from trans groups to be rejected by the Parliamentary Women & Equalities Committee compiling the report, and so the medical model of transgender (like the medical model of disability) prevails.

8.3 The Gender Identity Clinics (GICs)

All but 3/28 (Renee, Rihanna and Wendy) research participants in the current study had some experience of the National Gender Identity Clinical Network for Scotland (NGICNS), whether or not they were intending to undergo surgical transition procedures. Self-referrals or GP referrals are made to the GICs from all over Scotland for anyone who presents and or experiences themselves as gender variant. The main GIC is in Glasgow with smaller gender identity clinics located in Inverclyde, Edinburgh, Aberdeen, and Inverness, and a private GIC in Edinburgh. As the first Wilson study into transgender in Scotland identified: In the UK ‘The pathway of gender change involves considerable clinical input’ (1999).

The referral process to the GICs in Scotland is conducted as follows. The preliminary stage is to register with a GIC in order to obtain a diagnosis of gender dysphoria. The average waiting time in Scotland reported by participants was a year from registration until the first appointment with a psychiatrist at a GIC. Following this initial psychiatric evaluation, a second opinion consultation with another mental health professional specialising in gender dysphoria is made within three months but can sometimes take

longer depending on NHS waiting lists. Subsequently a diagnosis should be received, a referral made for HRT, an application made for funding for surgery if required, and the application process can begin for a Gender Recognition Certificate. Two research participants, who thought it was because they were regarded as more complex psychological cases, were referred to a third psychiatrist. The referral for an HRT prescription is made by the psychiatrist either to the patient's GP, or in more complex medical cases to an endocrinologist. However some participants said that they had procured hormones from friends or over the internet, and after telling their GPs they were given prescriptions for HRT. GPs in Scotland receive guidance from the NGICNS on 'Endocrine Management of Adult Transgender Patients' based on the Scottish Government Gender Reassignment Protocol (2012). This advises that if a transgender patient had been self-medicating with HRT then they were to be given a prescription to continue without the necessity of attending a psychiatric evaluation.

After a second appointment with a psychiatrist at the GIC, Kylie (33) received a psychiatrist report (name of psychiatrist anonymised) from which the following is extracted:

Mental State Examination: Kylie presented convincingly as female. ... Her insight into her current life circumstances appear to be good and she had an excellent understanding of the transition process and its likely outcomes.

Opinion & Recommendation: In my opinion she would fulfil the criteria for transsexualism ICD-10 F64.0. There is no evidence of any comorbid mental health difficulties which may impair her ability to consent to further treatment. She appears to be committed to living her life in female role and I do not feel that she would ever revert to a male role. We discussed her case at our team meeting on 2014 and everyone agreed that she was a suitable candidate for hormonal therapy. I have already taken her consent for hormonal treatment and will write to her GP to arrange initiation of estrogen therapy.

Thus Kylie appears to have conformed with the standardized template for diagnosis of 'transsexualism' under ICD-10 and was progressed along the medical route commencing with HRT. The WPATH-SOC7 guidelines for prescription of hormone therapy (HRT) are: persistent gender dysphoria, capacity to give informed consent, being an adult, and other medical or mental concerns being 'reasonably well-controlled' (WPATH-SOC7, 2011: 104). Kylie's report emphasises her 'insight' and 'excellent understanding' of the transition process, however she said that was not really sure how she felt and questioned a conclusion made in a half hour consultation.

Following the initial GIC appointments it can be many years waiting time before an opening becomes available for GRS. Participants experiences of waiting times were variable, and most reported that appointments were unpredictable. For example it took Carina (42) only three months after registration with a GIC to get her first appointment with the psychiatrist, but seven years to be referred for GRS.

I approached my doctor autumn 2006, and I started going to GIC January 2007. And I went for the first appointment with a psychologist - the initial assessment to assess your state of mind... I had my surgery on 3 April 2013... In those days you waited about three months for your first appointment at the GIC, and then about three months after that I went for my second appointment to see [psychiatrist].

As reported by participants, candidates for GRS in Scotland are required by the GICs to live 'full time real life experience in acquired gender role' (RLE) for at least two years before a referral is made for surgery. This is consistent with ICD-10 criteria for transsexualism (WHO, 2015), but contrary to the *Gender Reassignment Protocol* (Scot Gov, 2012) which recommends only twelve months RLE before GRS. All participants in the current study said they had to wait over two years for GRS from first referral. Even Vida (50), who said she was 'fast-tracked', still waited 31 months for surgery.

In the absence of any definitive diagnostic test for 'transsexualism', the clinician makes a differential diagnosis based on a comparison between the diagnostic criteria, the patient's embodied presentation, and their verbal narrative and performance of gender incongruence. Central to a medical understanding of transsexuality is a dissonance between sexed body and gendered mind. This procedure is rooted in the historic legacy of the Benjamin *Standards of Care* (King, 2002) the precursor to WPATH-SOC, necessitating a narrative of being 'born in the wrong body' and the expressed desire to alter that body with surgery and hormones. This has become an inherent component of a transgender diagnostic script, and participants in this study reported being reiteratively questioned during their psychiatric consultations at the CICs.

Dolores (62) said that the psychiatrist: 'asks a few times - do you feel like a woman trapped in a man's body?' Reflexive awareness of the necessity of complying with the wrong body discourse to get past NHS gatekeepers, reminiscent of Garfinkel's 'Story

of Agnes' (1967), was demonstrated by participants in the current study. Some said that even though they did not actually experience themselves as wrongly embodied, they learned the correct narratives, often in the context of transgender support groups. For example Lily: 'The GIC wants that specific story about feeling in the wrong body from earliest memories. So people play the game to get what they want.' Thus some participants desiring certain outcomes learned how to anticipate and performatively collaborate with dominant discourses. However there are those such as Lady G (67) who resist and challenge the medical model's emphasis on wrong embodiment:

I don't understand that thing - woman trapped in man's body. The psychiatrist has asked me that a few times: Do you feel like a woman trapped in a man's body? I said no. I don't know how women feel. I just know how I feel. I'm definitely not trapped. All I want is the wee operation down there.

Lady G's narrative of refusing to buy into the wrong body narrative or perform the correct script may be part of the reason why she has had to wait so long to be approved for GRS, and has been referred to several different psychiatrists for second, third and fourth opinions over the years. Another reason why she doesn't fit the diagnostic profile for GRS is because until recently, she couldn't comply with the requirement for real life experience (RLE) by living 'full time' as a woman for at least a year before referral for surgery. In order to continue working as a heavy duty trucker, for various complex reasons she needed to do this in her male role. Because of this, and despite Lady G's very convincing expression of femininity, the GIC psychiatrist was doubtful of her sincerity. Lady G says: 'I've been fighting for surgery for five years and I can't get it. The psychiatrist wants me to go to work as Lady G but I won't. Because I won't go to work in my female identity I cannot have the surgery.' Lady G did not conform to the necessary performance of 'transsexualism' required by the diagnostic procedures of the GIC because of her refusal to buy into the 'wrong body' discourse and because for economic reasons she couldn't live 'full time'. And yet she has a strong sense of being a woman and was one of the few MtF participants in the current research who 'passed' as such, though had to wait longer for GRS referral than other participants who were more realistically compliant with the wrong body narrative and the performance of the RLE requirement.

A prerequisite of the medical model of transgender and the obtaining of HRT and GRS, is the requirement to present an acceptable performance of gender dysphoria at the

GIC. Specific narratives are mandatory by the GICs in order for an individual to be diagnosed with gender dysphoria and thus be an acceptable candidate for medical transition. This can be in the form of a rehearsed narrative, which participants in the current study said they learned from reading and from other trans people, often in the context of support groups where the best presentation of self in order to have access to procedures is discussed. As Kylie expressed:

The GIC wants to hear a certain story and I do want to tick the boxes and jump through hoops.... one of my friends says: I can't tell you the answers, you've got to answer the questions for yourself. As if saying: 'this is the answer' would be a kind of lie. But you also want to say the right thing so that you get the hormones and get the testosterone gone!

Vida questioned the authenticity of individuals exchanging advice about presentation of self to the GICs:

Some transwomen ask you for an acceptable story that they can copy in order to get the surgery and hormones...They could just have a thing about living the whole experience as a woman and they want to justify it by surgery. And they're asking me: what's the best thing to say when I go to the GIC? They should know what to say. I didn't rehearse it. I just went out and spoke my truth... I said: it doesn't matter what I said, because my truth is different from your truth.

According to participants, in addition to 'born in the wrong body', acceptable narrative themes for the GICs are: 'having a mental/emotional breakdown, attempting suicide, becoming a recluse, losing confidence, difficulty in getting one's life back'. Participants reported that discussions in the local transgender support groups tend to be dominated with medical procedures, visits to the GIC and stories of medical personnel. From accounts it appears that individuals who choose to take the medical route are often imbued with higher status in the transgender groups and acquire social and symbolic capital. Kylie mentioned: 'it seems like every time you meet someone it's the same thing, are you going to have the operation?' Dolores, Kylie, Helen, and Vida all stated that they genuinely had never considered the possibility of medical procedures until becoming involved with transgender support groups where this was suggested to them. Some research participants said they experienced a sense of social pressure to insert themselves into the medicalised discourse.

Along with the 'wrong body' narrative required for diagnosis, research participants reported that the GICs require a particular binary gender narrative in order to pass

through the medical gatekeeping process. This was disconcerting for gender queer people in particular, as Alex discovered: 'I went once to the GIC and didn't fit into the process. The GIC don't really know how to cope with a non-binary gender presentation.' Alex argues that the medico-legal establishment and *Gender Recognition Act 2004* do not accommodate gender queer or those who do not conform to binary options. Iain who also identifies as gender queer found the GIC off putting: 'Particular gender categories are prescribed by the GICs and candidates presenting with gender dysphoria should fit. But transitioning is not about surgery, it's about when you decide to live as a trans man or a trans woman, or as something in between - the GIC doesn't understand that'. Neither Alex nor Iain were contemplating any form of medical transition at time of interview. When first attending the GIC Phoenix, a transwoman who eventually did undergo GRS, she wasn't sure what she wanted and when she didn't present as binary gendered she also felt she didn't fit into the prescribed diagnostic pattern.

The GIC don't like mixed signals, because they like you to be transitioning from one to the other, and if you wanted to stay in the middle there is very little they can do to help you. Because they really try to help you be one or the other.... it doesn't cross their mind that there are other options.... and I got a lecture from them: you must change your name because you are giving off tremendous mixed signals.

Ultimately Phoenix (52) was referred for surgery despite disclosing to the GIC a keloid scarring condition and a medical condition that terminated her estrogen therapy. In contrast to those participants who said they have had to wait too long for GRS, Phoenix felt she was pushed too speedily down 'the conveyor belt' of the GICs.

So I got referred to the GIC in 2006. And they said: oh we can do this that and the other. ... I'd said I don't particularly want surgery. And I knew I had the Leiden thing so I didn't necessarily want hormones... So I had surgery in 2009! One of the reasons trans women so often complain about how slow things are is all the gate keepers, when I all of a sudden found myself at the end of the process without having gone through any of the gates... I almost felt like I arrived at the GIC, and got on one of their trolleys and was wheeled slowly through their process. You know down the corridors and around the corners and eventually ended up there. It was just drift... It felt like I was rolled through some sort of clinical production line that I couldn't get off. I just drifted through the process and I'm still drifting and don't know how I got there.

Phoenix's sense of passive subjection to the GIC processes is in contrast with Vida's sense of her own agency in controlling a situation. Vida's experience with the GIC was that she was 'fast-tracked' through the system:

I first went to the GIC on the 1 March 2010, and I started on the hormone therapy in 2010 round about July. They told me I would have to wait a long time for surgery. But I wouldn't listen to them...And it was after I came out of hospital for my facial surgery in the summer of 2011, I went to see the psychiatrist in June that year and I asked him about surgery... I kept annoying people. Going to MSPs, writing to the Chief Executive of the NHS in Glasgow, you know because I was told I would have to wait until 2016/17 for my surgery. Not me, not at my age [born 1964]. So I kept pushing and pushing and pushing, and I says: I'm not having that. That's when the determination kicked in. I finally underwent gender reassignment on 20 October 2012. But it's a very long wait for other people, and I think that's very unfair.

So Vida describes being processed quickly through the diagnostic and treatment procedures, because of her agency and action, even to the extent that she unusually obtained her facial feminization surgery before genital surgery at the Livingstone in Glasgow 15 months after her first appointment at the GIC, and her full GRS 31 months after her first appointment.

The logic of the GIC appointment and referral system was opaque to participants, and intriguing from the viewpoint of the researcher privy to separate reports from individuals who did not know each other, yet corroborated each other's reports. There appeared to be little consistency to procedures and protocols, even from within the same GIC, and there were instances like Vida's 'fast tracking' and facial surgery before genital surgery which is NHS practice against policy. Waiting times for appointments appeared arbitrary, available appointment times were inflexible, and had to be made months ahead of time, and yet last minute cancellations and rescheduling by the GICs were reported by all participants who attended. This could be due to NHS under-resourcing and customary procedures in which little agency or control is allowed to the patient. Perhaps GIC administrators are doing their best to juggle patient cancellations or changes in doctors' schedules, but for vulnerable patients whose emotional wellbeing is dependent on these appointments it can be psychologically demoralizing. For example Helen was devastated to have the appointment she had been waiting months for suddenly cancelled in April 2014 and 'deferred', but then in that very same week Kylie reported that she had been suddenly 'bumped up' the waiting list by several months to see the same doctor. Lady G had been in process for GRS for so long with appointments deferred repeatedly that she was despairing and suspected she would be 70 by the time she had surgery.

There were conflicting statements from participants concerning treatment of patients when attending the GICs. Some reported negative experiences that the nurses, doctors, and psychiatrists had treated them rudely or disrespectfully. A particular psychiatrist was described by many research participants as: ‘condescending’, ‘patronising’, ‘clock watching’. Sara Wolf was very upset by what she felt was disrespectful treatment from a doctor at the GIC who: ‘was so rude that I never went back... I just thought I don’t need to come here for you to make me feel like crap.’ Obviously an objective assessment of any system would require access to inside information and an independent audit, and a more balanced interpretation would require an in-depth study of the GIC procedures and practices and interviews with medical personnel.

Davy employs a phenomenology of authenticity to analyse the interactions and negotiations between trans people and medical practitioners. She argues that trans people who desire body modification and legal recognition need to negotiate with medical discourses and work with medical personnel, and that transsexual discourses have ‘agentic and subjugating elements’ in that they acknowledge ‘perceptive manipulation’ in their efforts to gain authentication from medical personnel (Davy, 107:2010). Strategy for access to GRS is guided by ‘rehearsed narratives’ (Hines, 2007) which include ‘authentication narratives’: that of an authentically gendered self to enable medico-legal transition. Davy suggests there is a reflexive agency on the part of trans people who desire GRS and legal recognition: ‘agency was not seen as voluntarism where identity can be negotiated without constraints, but seen as meditative within more nuanced social relations’ (123:2010). She argues for a less deterministic understanding of transsexuality, and for one that ‘embraces more openly the agentic aspects of trans embodiment’ (124:2010).

8.3.1 GRS and HRT

18/28 Participants were somewhere on the GRS trajectory at the time of interview: 14 MtF and 4 FtM. 13/28 Participants were post-GRS and the mean average age of surgical transition for this group was 45. The mean age of the entire sample at time of interview was 51.

GRS has been performed routinely in the UK since the 1960s, funded by the NHS, and has been a right since a 1999 Appeal Court ruling that those who believed they were born into the wrong body were suffering from a legitimate illness (North West Lancashire Health Authority v A,D &G). MtF surgeries costing approximately £10K include: Penectomy - removal of penis; Orchiectomy-removal of testes; Clitoroplasty - construction of a clitoris; Vaginoplasty - construction of a vagina. Thyroid chondroplasty- tracheal shave; and cosmetic surgery such as hair transplants or facial feminization and breast augmentation is sometimes funded by the NHS but usually only after genital surgery. FtM surgeries costing approximately £30K include: Mastectomy - removal of breasts; Oophorectomy - removal of ovaries; Hysterectomy - removal of uterus; Phalloplasty - construction of a penis requiring four operations; Orcheoplasty- construction of a scrotum. Many transmen do not opt for phalloplasty due to the complex and imperfect nature of the procedures. Depending on the circumstances surgeries can take up to ten hours. To avoid complications with clotting and blood pressure, estrogen is stopped by MtF GRS candidates around six weeks before surgery and resumed a few weeks after surgery. HRT stoppage is not necessary for FtM taking testosterone. MtF participants reported the negative effects stopping hormones on emotions are an increased likelihood of anxiety and depression.

All of the MtF participants on the GRS trajectory in this study said they wanted a vagina in order to feel ‘fully female’. The only report of a psychiatrist attempting to dissuade a participant from this procedure was from Lady G.

He says: ‘Do you really want to have the problems of getting a full vagina, they’re digging away inside you, they’re upsetting your bowels, kidneys everything else’, he says ‘You end up with a lot of problems, I don’t understand why people would go through a thing like that. It’s because they get the operation and they think: that’s me a woman now. Over the years I’ve grown to see you do not need that operation to be a woman. You’re either a woman or you’re not a woman. What’s under your clothes is immaterial.’

Lady G desired full vaginoplasty to enable ‘penetrative sex with a man’. After she had been waiting five years, seen three psychiatrists, several doctors, and had undergone months of painful genital electrolysis, she finally had a consultation with the surgeon who would be performing the surgery. She prepared carefully for the appointment, had her coat dry-cleaned, looked her best. But on meeting the surgeon at the Nuffield Lady

G described both him and the nurse as disrespectful and felt she was being judged negatively and treated as an object:

He examined me down below [Glaswegian for genitals] made me feel like a piece of meat. There's plenty of skin there, he said (I've got an 8 inch penis). Simple penis inversion, we don't need to use the scrotal skin, you didn't need the electrolysis on the scrotum.

Part of the scrotum is often used for constructing a vagina, depending on the size of penis. Lady G commented with her dry humour that she had often been told: 'for a wee skinny guy you've got some size of penis'!

Prior to surgery transwomen undergo a rigorous regimen of electrolysis to remove hair from not only the face, but also in the genital area. One of the reasons given in the *WPATH Standards of Care* for at least a one year waiting period for surgery is because for transwomen genital electrolysis of hair removal requires an extended period due to the growth cycle of hair. Grace said: 'because I can not take the hormones the NHS pays for the electrolysis. It's £60 a session. It has already cost the NHS £5400 since 2003'. MtF candidates also receive voice coaching and two wigs a year from the NHS. Although all participants in the current study were undergoing transition on the NHS, it is estimated that only around half of the GRS annually are performed in the UK, as others 'go private' or 'go abroad' - Thailand currently being a popular place for GRS. Data is unavailable for private surgeries for UK trans people, and indeed difficult to attain for procedures on the NHS (GIRES, 2009). The *NHS Audit of Patient Satisfaction with Transgender Services* in the UK raises questions about aftercare and follow up procedures.

Although the study has not been able to derive per annum figures for surgery and/or treatment part of the background work has raised questions about follow up: estimated figures suggest 8-900 new cases are being seen each year by Charing Cross (approximately 500) and the major private clinic; there is a steady average rate of around 25 gender recognition applications per month (300pa); official statistics show only 101 NHS surgical procedures were carried out in 2005/6 (the last year for which data have been offered so far). It is likely that there are several possible interpretations of these data but they suggest that private surgical procedures probably outnumber NHS ones by 2:1 (NHS, 2008:5).

The only clinical team in the UK to perform FtM is located in London, headed by Dr Nim Christopher, an andrologist. The two urologists specialising in MtF surgeries are James Bellringer and Phil Thomas, operating at the main NHS GIC in Charing Cross

and the subsidiary in Brighton respectively. In a recent press interview Bellringer warned that surgery backlogs were ‘spiralling out of control’, and there was enough work to keep the two surgeons: ‘fully occupied for the next three years’. He described the processes and resources and the widening gap between capacity and demand for GRS.

There was an average 5 month wait for a GIC appointment, followed by an average 7 month wait thereafter for surgery. The dramatic reduction in capacity which has occurred since I left, (and which could have been completely mitigated if the private sector capacity had been used), has meant that both these times have now at least doubled.

Given the continuing mismatch between demand and capacity, this will continue to spiral out of control. I believe we managed to do about 180 operations in 2013-4, but we received over 300 new referrals. The nature of gender surgery is that the vast majority of these referred patients will go on to GRS. So there was a shortfall in 2013-4 of over 100 cases (Duffy, 2014).

Bellringer’s recent resignation was reported with dismay in the UK LGBT press and on the transgender social media sites; an indicator of the iconic status attributed to what have become known in the tabloid media as: ‘the sex change doctors’. Before he resigned in 2014 Bellringer had been responsible for the majority of NHS vaginoplasty work since 2000. A Tina Rashid has recently replaced him.

GRS is an arduous undertaking but especially so for trans people living in Scotland, where there is the added difficulty of geographical remoteness from the surgeons operating in London or Brighton. This involves much re-organization of patients’ lives, work schedules and transport arrangements. As with GIC appointments, participants experienced last minute cancellations of pre-surgery appointments, and changes to surgery dates with very little notice. The unpredictability is untenable for people with full time jobs, or partners in full time jobs who want to provide support. For example transman Vaughan requested a particular time for his second phalloplasty surgery months in advance so that his partner could take time off work to accompany, only to have his surgeries rescheduled several times. Over the past few years Vaughan has had to undertake the eight hour drive from Scotland to London and back again several times to complete his surgeries. Transmen require four surgeries for phalloplasty; and then there is a great deal of aftercare needed from district nurses, some of whom need educating in the trans support protocols or procedures according to Vaughan.

Iain (34) who identifies as a gender queer transman doesn't want to put himself through what he describes as the pain and trouble of HRT or GRS.

I started to take testosterone, but then thought better of it. You have to take it all your life you know and the effects are irreversible – you go through male puberty, and no-one talks about the long-term health effects of filling your body with hormones – heart, kidney, liver problems... I wouldn't ever have phalloplasty surgery, it seems like there's so much that could go wrong... If you read the blogs of post-surgery transmen in the UK, it sounds like a world of pain and struggle and scarring and infection. And I live in the north of Scotland - the other end of the UK to the hospitals where they do the surgery. Getting there, and back, and then the aftercare... it would be horrendous

A question arising out of the current research concerns the possibility of regional relocation of surgical procedures on the grounds of both patient care and economic rationality. The hospital stay post-GRS is a week, and for two weeks after surgery the medical notes advocate the need for a full time 'supportive friend' to do shopping and cleaning and cooking for the patient. However participants say that this period of incapacity can actually take up to six months. The current system means that patients from Scotland have to undergo a long journey back home a week after surgery, involving many hours of sitting on transport after undergoing major genital surgery. It makes rational sense for the surgeons to travel to Glasgow a central location in Scotland where there exist world class hospitals and surgical teams. This would avoid the necessity for long distance travel after major surgery, and aftercare could be set up closer to the patient's place of residence. Economically it would save the NHS the cost of paying for the patients and their carers to travel from and back to Scotland.

It was not always made obvious to those participants requesting HRT that testosterone therapy renders females infertile and estrogen therapy renders males infertile. Sperm and eggs can be frozen but research participants said this was not an option that was made available by the GICs in Scotland. Many of the MtF participants in this study who opted for surgery were older and already had fathered children, but none of the FtM participants had children.

Participants reported different effects of HRT; for example estrogen was perceived as enhancing emotions and gentleness in genetic males, and testosterone increasing focus and strength in genetic females. Of note is that the largest study to date into the effects

of hormone treatment on more than 2000 transsexual subjects in Europe and USA indicated very few long-term side effects (Asscheman et al, 2014). However participants in the current study reported that HRT does create long-term side effects combined with certain health conditions. Ivy who has no wish for GRS but has been on estrogen therapy for years, says it has contributed to high blood pressure for which she takes medication. Helen and Suzy were recently prescribed estrogen therapy and although they already had high blood pressure they are confident this will be controlled by medication and they intend going ahead with GRS. But due to medical complications, not all GRS trans people are candidates for HRT, and if bodies are surgically altered so they can no longer naturally produce hormones, there are certain adverse effects if they cannot tolerate HRT. Dolores, Grace, Lily, Phoenix, and Sally are post-GRS and all had to stop estrogen therapy due to health complications. They reported that lack of hormones in the system results in depression, menopause, osteoporosis. Phoenix was referred for GRS despite a genetic blood clotting disorder Factor V Leiden (thrombophilia) which means she should not be prescribed estrogen.

So four to six months after surgery when all my testosterone had been removed surgically from my body, I just had a collapse and all my joints swelled, and I was hot flushing maybe four or five times an hour and life just became impossible. So I used about five or six different treatments for treating the symptoms of menopause, and none of them really worked particularly well, and the obvious solution was to attack the cause not the symptoms. And so I started self-medicating with estrogen which I obtained off the internet.... And once I started doing that the endocrinologist was stuck with the fact they had to manage that rather than the fact that they didn't want to give me estrogen, so they changed the patch to something else...I would say my powers of concentration have been a lot worse since going on testosterone blockers originally, and then post-surgery, it's been a lot harder to do what I work at post-physical transition than it was before: my ability to concentrate and write code.

Several research participants in the earlier stages of transition or who had been refused HRT by the NHS, indicated that they were self-administering hormones procured from friends or on the internet. The emphasis on hormone treatments for transgender people is a lucrative market for the pharmaceutical companies now that HRT has been discredited as a health risk for genetic females. The desire for hormones even at the possible cost of good health, was discussed in the Gender Practices chapter. Caution is indicated when prescribing large amounts of estrogens if any of the following history or symptoms presents: high blood pressure, any heart disease or defects, clotting disorders such as phlebitis, stroke or cerebrovascular disease, liver function abnormalities, a

history of heavy alcohol intake, smoking, kidney disease. Several of the participants in the current study who have health conditions that contra-indicate HRT have nevertheless been prescribed by the NHS, possibly because the psychological benefits were thought judiciously to outweigh the possible negative effects. The reasons cannot be fully understood without access to clinical reports, which would be an interesting area for further study.

8.3.2 Post GRS

The STA sponsored report on *Trans Mental Health* found 74% of participants described their mental health had improved as a result of transitioning (McNeil et al, 2012:89). The same survey reported that: ‘85% were more satisfied with their body since undertaking hormone therapy, 87% were more satisfied after non-genital surgery and 90% after genital surgery’ (McNeil et al, 2012:87). The NHS *Audit of Patient Satisfaction with Transgender Services* indicated that ‘despite their journey, 98% of respondents were happy with their outcomes’ (NHS, 2008) tallying with similar findings of the ILGA *Transgender Euro Study* (Whittle et al, 2008). Likewise in the current study, despite reported difficulties during the diagnostic and treatment process, all but four of the post-GRS participants were satisfied with their decision to undergo surgical transition. Some participants articulated post-surgery problems for example negative side effects of hormones, inability to take hormones, lack of social acceptance, problems with voice that coaching couldn’t fix.

On first meeting Carina some weeks after her surgery in 2013 she was euphoric, extroverted, and gregarious, but she struggled with the realities of her life after surgery.

I was so excited having the surgery done. And then a month after I experienced the thing called the big fall, when your life starts to normalise, and reality hits you like a big sack of potatoes, and you also recover from the anaesthetic. So that caused depression and I had the big slump. I think what happened after surgery – the big slump – is that the body is healing faster than what the mind is. And so because the mind is trying to catch up with the body that can cause a big slump as the body heals.

Carina’s depression lasted for nearly nine months post-surgery. Her job as a postal worker requires physical work and her strength reduced along with the testosterone in

her body: 'It is not the same way as it was prior to the surgery. You don't have the same strength. You don't have the same muscles. You don't have the same energy as such... I do miss that'.

Vida had GRS in 2012 and has positively transformed her life, found a new job, made new friends and says she has not recently experienced any depression or misgivings. However post-GRS she too struggled, particularly after the need for two facial feminization surgeries because the first one was 'botched'.

Recovery is initially 13 weeks but the reality can be at least a year. I personally felt it took about 2 years...I had my GRS in 2012 and my last face surgery in 2013...One year after my surgery I had depression. This was due to the anesthetic after effects...You can wake up in the middle of the night and still feel the phantom energy of the penis and this causes panic, I think it's due to the vascular blood flow. There seem to be two thresholds of depression – one within a year after surgery. Another threshold of depression 10 years later because there is no aftercare or support. There are so many suicides post-transition being due to no after care. Why do the clinics not keep track?

Vida's point about the clinics not keeping track and the lack of after care or support is similar to observations from most other participants in the current study who also commented on the lack of counselling offered to trans people in Scotland. No participants in the current study were offered counselling before or after GRS. The *NHS & University of Glasgow Scottish Transgender Survey* found: 'The single most important health issue is the lack of provision of appropriate mental health services for transpeople' (Wilson et al, 2005:29), and this continues to be an apposite analysis.

There was a sense from some participants that the GICs did not really prepare people for the after effects of the surgery.

Dolores: It's major surgery that involves cutting through the pelvic floor and it took me about 18 months to recover fully. Then you have to do daily vaginal dilation to keep the vagina open. You have to use a dildo - you start with small ones and they get bigger ... it gives no pleasure at all. It is easier for girls who have male partners! A lot of girls just don't bother with the dildo, they just let the vagina close up....

Lily: It was in 2010 I went for the surgery. Nothing really prepares you for what happens afterwards – there are procedures like vaginal dilation that you must do forever. Some of the girls just stop doing the dilation and the vagina closes up. It's easier for the ones with boyfriends [laughs]. Some of the girls can get quite down on themselves... I think when some people go for the gender reassignment there is a hope for changing your life, starting a new life; but then it's still just you with

your same problems, and after the surgery you have more to worry about, all the other things women have to do just to be a woman. Some of them just give up, they stop dressing in female clothes and everything.

The participant who had been longest post GRS described profound and ongoing depression since transition. After a difficult life of living on the margins, Sally had hoped surgery would give her some psychological relief and social acceptance, but said it had brought neither.

And I suffer from very bad depression now. I had surgery in 1998 and about six month after I came back home I got the depression -for sixteen years. It's an awful long time. I still have pain down there from the surgery. I'm very sore right up in here... I asked the doctors if they could change me back. But they told me it can't be reversed. I hope it's OK to mention this.

Sally also experienced social isolation and prolonged persecution in the neighbourhood where she lives, which could be contributory factors to her depression. She also described attempts by the organizers of a large Scottish nationwide transgender support group she attends to suppress any negative narrative she articulated around post-surgical problems: 'the support group organisers told me not to talk about my personal problems, not to talk about being depressed since my surgery'.

'Transgender regret' is a controversial issue much relished in the UK tabloid press with stories of transsexuals who have undergone GRS wanting to 'reverse the procedure' and 'de-transition'. There are no concrete statistics for de-transitioning. Only four post GRS participants (Dolores, Lily, Phoenix and Sally) in the current study indicated that they thought they would have made different choices with the information and experience they had gained from GRS.

Transgender regret may be an inaccurate description. As well as physical difficulties and discomfort, post GRS problems could be due to other related stresses such as lack of social acceptance, and loneliness at the loss of friends and family from a previous life. As Carina who does *not* regret her GRS describes, there is initial euphoria, the joy of at first being able to dress freely and be yourself and having the support of a like-minded group of transwomen, but then comes 'the big slump'. The optimistic outlook

experienced during the initial stages of transition and a positive anticipation of a transformed future can give way to a more difficult reality.

Vida, who also does *not* regret her GRS, has sympathy with those who do:

Some folk feel that the process has fucked their lives up - I have a lot of doubts. The GIC is a blunt instrument generalizing to everyone and is non-person centred...What would improve services? Before and after care psychology. There is no mention of after care. There should be a support person who has gone through the processes.

There is a dearth of prospective longitudinal studies following up on GRS that record the effect of hormones and surgeries. The WPATH -SOC review of outcome studies states that all save one were retrospective with varying results (WPATH-SOC, 2011:107). The WPATH-SOC report concludes that since the *Benjamin Standards of Care* were implemented:

The vast majority of follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well being, cosmesis, and sexual function ...although the specific magnitude of benefit is uncertain from the currently available evidence (WPATH-SOC 2011:107).

The same report cites various other studies indicating favourable results in transgender psychosocial functioning post HRT and GRS therapies, including one prospective study of 325 participants in the Netherlands (Smith et al 2005), which using the Utrecht Gender Dysphoria Scale, affirmed the positive findings of the previous retrospective studies (WPATH-SOC 2011:107).

A research review that has been much contested by transgender activists, was by the University of Birmingham's ARIF facility, commissioned by *The Guardian* in 2004. This study reviewed more than 100 international medical studies of post-operative transsexuals, concluding that: 'There is no conclusive evidence that sex change operations improve the lives of transsexuals, with many people remaining severely distressed and even suicidal after the operation' (Batty, 2004). The problem is that trans individuals are apparently reluctant to participate in follow-up studies after GRS. The reasons for this are not known –one possibility is that people relocate after GRS to live a new life in a new place.

The tracking of post GRS transsexuals is better facilitated in certain Scandinavian societies due to specific social dynamics and policies. The ‘Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden’ capturing 324 sex-reassigned individuals, almost the entire population of post-operative transsexuals in Sweden, found that:

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group (Dhejne et al, 2011).

From all accounts medical transition is a disempowering process. It is possible to argue that those who are disappointed with the effects of surgery have been subject to a social ideology which has failed to offer categories of understanding to explain experiences that relate to class and political power. Experiences of participants in the current study with the medical establishment corroborate the findings of the ILGA 2008 study, that the requirement for trans people to engage with the medical profession as a means of realising their identities puts them: ‘in a position with healthcare providers which has all the hallmarks of a difficult relationship: power and control; desire and need coupled with vulnerability; pathologisation and protocol’ (Whittle et al, 2008:13). It is Namaste’s thesis that transgendered individuals are not so much ‘produced’, as ‘erased’ or made invisible by medical practices and psychiatry (2000). As Vida said: ‘I really feel for people who are determined to get the surgery - they are just getting treated like mushrooms - being kept in the dark and fed on bullshit.’ She makes three very important recommendations: the need for post-surgical aftercare, for a transgender support worker to assist people at the GICs, and for the clinics to keep track of patients after GRS.

8.4 Disabilities

Disability is defined under the *Equality Act 2010* as: ‘a physical or mental impairment that has a substantial and long-term negative effect on ability to do normal daily activities’ (UK Gov, 2010). Statistics from the Department of Work and Pensions for the general UK population reveal that: ‘The prevalence of disability rises with age.

Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age' (UK Gov, 2014).

In the current study 17/28 of participants disclosed a disability. Even given the older average age of the research sample (mean age 51), this is a high proportion in comparison with the normal statistical curve. Of this group, seven participants disclosed multiple disabilities including diabetes, arthritis, hip replacements, high blood pressure, and heart conditions. Six participants both pre and post-GRS have had major surgeries for health problems in recent years including strokes and heart surgery. Lady G, Helen and Suzy, all on the waiting list for GRS, will also be nearly 70 by the time they have surgery, and the latter two have multiple disabilities. Grace (78) with multiple disabilities was 68 when she underwent GRS:

In 2004 I had the surgery ...Three months into hormones, I had a slight stroke and went into hospital, and when I came back out the endocrinologist at the hospital decided to stop all the hormones... look I'll stop the hormones if you can get me a breast job. And it took them about a year and a half to get me the breast implants.... I've had three heart attacks, I've had a triple bypass operation in 1996, and because my hips were giving me problems they put me onto a disability... I'm diabetic and take tablets and use insulin twice a day – it's for life.

Because Grace had to stop taking HRT due to having had strokes, she was provided with breast augmentation surgery on the NHS performed at the Nuffield in Glasgow.

Suzy(68) at first interview listed several health problems:

I have hundreds of disabilities! Hip replacement. Arthritis in my lower back and left hip, right ankle, sternum, neck. Type two diabetes. Bad heart. High cholesterol. High blood pressure. And many other things-I can't remember them all [laughs]...My doctor knows what my medical history is, and he recommended me to the GIC. So he must have been OK with hormone therapy and surgery.

Suzy at second interview said:

The second time I had seen the psychiatrist and was recommended for hormone treatment and hair removal on the NHS, and he said I am a good candidate for surgery. So he referred me to the endocrinologist for hormones - usually folk go to the GP for hormones but because of all my other medication I need to go to a specialist. The endocrinologist said I could start hormones.

Two participants in the current study have been profoundly affected by deafness since childhood which could have been a reason for their being bullied in school. An unexpected finding of the research is that 5/28 of participants had a diagnosis of being

on the autistic spectrum (ASD). This is a high statistic for the sample, given that prevalence figures for ASD are around 1% of the general population (De Vries, 2010; Pasterski, 2014). A higher occurrence of autism spectrum disorders (ASD) in transgender people than in the general population has been found in some recent studies. For example in a study by De Vries et al, (2010) based on the transgender population of a gender identity clinic in Amsterdam, there was a prevalence of 8% with ASD as compared to 1% of the general population.

Gender identity clinics are now reporting an overrepresentation of individuals with ASD in their referrals...To date however, studies using systematic measures on this co-occurrence have not been published. The literature on the co-occurrence of ASD and gender dysphoria consists of seven papers describing nine case histories of individuals with ASD and concomitant gender identity problems, mostly children (De Vries et al, 2010).

Research into co-occurrence of ASD and gender dysphoria is limited. The findings of a recent study in the UK of 91 adults (63 MtF and 28 FtM) indicated: 'The prevalence of autistic traits consistent with a clinical diagnosis for an autism spectrum disorder (ASD) was 5.5 % ($n = 3$ MtF and $n = 2$ FtM) compared to reports of clinical diagnoses of 0.5-2.0 % in the general population' (Pasterski et al, 2014). The possible link between autism and transgender would be a very interesting field for further research in Scotland. It could also be a reason for childhood bullying at school.

None of the participants in the current study identified a mental health condition as an answer to the specific research question on disability. This was unexpected and statistically unusual. The *NHS & University of Glasgow Scottish Transgender Survey* (Wilson et al, 2005) found:

Mental health issues were common, with the majority having suffered from depression, suicidal ideation, anxiety or social withdrawal before transition. ...post treatment quality of life measures were similar to the general population, transwomen still appeared disadvantaged in relation to social functioning and mental and emotional health (Wilson et al, 2005:2).

However, during the course of the interviews two participants disclosed a diagnosis of dissociative identity disorder, and 22/28 participants mentioned that they had suffered from continual, and for some continuous, depression for years. Of this cohort, most had been prescribed medication, and four described that the onset of depression had occurred post-GRS. 12/28 Participants volunteered the information that they had had

suicidal thoughts or attempted suicide at some time in their lives. Nine participants described actually attempting suicide; sometimes more than once. Some of this cohort also related problems with substance abuse self-medicating for depression and anxiety. Vida described the point in her life just before she decided to have GRS.

I had a great idea- I'll just sit at home and drink myself to death because I'd had enough of life. So that was my main goal at that time because I couldn't change my life. Or so I believed at the time... Around about 2005/ 2006, I turned to alcohol. My marriage had already broken down. And it got to the stage by 2009, I had totally socially withdrawn. I could only be myself indoors. And I was drinking a litre of vodka a day in the few years leading up to going to the GIC.

The UK *Trans Mental Health Study* reported: 'The majority of participants, 84%, had thought about ending their lives at some point. 35% of participants overall had attempted suicide at least once and 25% had attempted suicide more than once' (McNeil et al, 2012:89). A finding of the *Engendered Penalties Report* was that that over one in three trans people reported having attempted suicide at least once as an adult (Whittle et al, 2007).

8.5 Conclusion

The medical protocols concerning treatment of transgender people in Scotland focus on the diagnosis and treatment procedures requisite for gender reassignment. They are less concerned with the long-term aftercare and after effects of the procedures. Participants in the current study reported a lack of appropriate aftercare, no counselling was offered to any, and there was no follow-up of post-GRS candidates.

There is a need for further research into the GIC procedures and protocols in Scotland, to gather quantitative data into doctor: patient ratio and time scales, and also qualitative data gathered in the form of interviews with medical personnel. This would involve NHS ethics applications, approvals, and sourcing willing participants; and a prerequisite would be that the lead of such a project should have the symbolic and cultural capital to get past gatekeepers, and probably authorization at government level for the research to take the form of an official audit process.

Many research participants described feeling disrespected and disempowered by the attitudes of some personnel in the NHS GICs and hospitals. It is only possible to speculate whether a different level of service would be experienced when ‘going private’, as none of the participants in the current study had undergone this route. A recommendation would be for NHS staff in GICs, including the surgeons, to undergo training in transgender awareness and surgical aftercare from transpeople. Also as recommended by participants, it would be beneficial to have post-GRS transgender support workers employed at the GICs, even on a voluntary basis. In addition it would make rational economic and medical sense for the surgeons to travel to Scotland rather than Scottish patients having to travel to the clinics in London and Brighton and back after surgical procedures. These are recommendations that arose out of the interviews from participants themselves.

Chapter 9 Conclusions

This concluding chapter presents a summary of the findings and recommendations from the data analysis chapters. The aim of the research, reflected in the title of the thesis, was to map empirical insights into the social construction of gender variant identities, the reclamation of subjectivities, and the reconstruction of selves, through an interpretative study of the narrative histories and material practices of transgender individuals currently living in Scotland. As the first qualitative sociological study of gender variance in Scotland, based on empirical data gathered via in-depth interviews, the study provides a contribution towards: research examining the formative experiences of transgender people; research recording the narrative histories of older transgender people; research methods for recruiting small, hidden hard to reach populations; and a sociological understanding of the social construction of transgender identities and practices, within the context of changing legislation and social attitudes in Scotland over the past two decades.

The purposive sampling technique of recruiting 28 research participants, and the data collection strategy of gathering 38 in-depth interviews, enabled enhanced access into the meanings of transgender social practices and a deeper understanding of the social production of transgender identities than can be gathered from survey methods. The interpretative data analysis was developed out of theories of phenomenology, ethnomethodology, symbolic interactionism, performativity, and practice theories, applied to the formation of gendered subjectivities, demonstrating how gender is socially constructed and relationally produced, a routine accomplishment embedded in everyday interaction and social practices. The theories of Butler, Bourdieu, Foucault and Goffman were employed in the data analysis, and the empirical findings were illuminated by their conceptual frameworks and sustained through the congruent elements of their theoretical approaches. The sociological meanings of the concepts implicit in both the title of the thesis, and in the research aims and objectives, emphasize the construction of identities, subjectivities, and selves through practices and performativity. The core of the thesis is an analysis of interview data, specifically relating to the production and practices of gender identities.

9.1 Construction of Identities through Practices

The first objective of the research was to explore empirically the social construction and meaning of transgender identities in relation to the identified themes of gender practices, formative practices, intimate practices, and medical practices.

9.1.1 Gender Practices

This study is a contribution to research into older transgender people and histories, the intersectionality of transgender with ageing, and the associated effects on identity. The mean age of participants at interview was 51, the age range from 24-79, bringing generationally inflected differences in gender variant experience to the fore. The majority of participants described how their initial sense of gender variance was experienced from first awareness. Most of the MtF participants in this study only began embodied transition later in life. Many participants described how they had arrived at a moment in their lives when their inner sense of gender identity became so incongruent with their biological body, that a rupture with their old life and identity was necessary to fulfil the requirement for the outward expression of their inner experience of gender. This was relevant to Bourdieu's concept of cleft habitus, and also the concept of modernity that offers the possibilities for developing new gender and sexual identities.

Throughout recorded history, unless a member of a ruling elite and male, individuals have been mostly determined by contextual social structures. The culture of modernity was situated in a central metaphor of progress and forward movement. Late modernity since the mid twentieth century has proffered the myth of potentiality, the possibility of personal agency and actualisation for all. However the reality of structural social stratification can foreclose possibilities for social mobility and individual development. The everyday lives of many individuals in early twenty first century Scotland are located within a context of post-industrial job scarcity, lack of economic and cultural capital, and determined by the rigidly hierarchical social structure inherent in the British class system. Even so, there apparently do exist interstices available for individual agency. Poverty is not a protected characteristic under the Equality Act (2010), but gender reassignment is, offering one of the scarce opportunities available for agentic action and transformation of the self.

Another myth is that the personal impetus for transformation diminishes with age. However as evidenced in this study, individuals continue to desire development, and forward progress with their lives, and retain the capacity to move towards a perceived sense of personal self-realisation throughout their lives. This sense of agency into advanced age became evident through the older demographic of the sample, and older participants' descriptions of their active engagement in the process of embodied and social transformation in order to comply with their inner sense of gender identity.

The gender ratio for the sample was 4:1 MtF:FtM or 22/28 participants assigned male at birth and 6/28 participants assigned female at birth. This is a ratio concordant with most UK studies. Caution needs to be exercised when extrapolating conclusions about statistics and prevalence due to the difficulty of defining and counting transgender populations. One of the problems derives from a crisis of categorization, and as yet there is no general agreement among researchers as to what criteria should be used to define and measure transgender. The baseline statistic for transgender prevalence in Scotland remains that of the Wilson (1999) survey of GPs, which indicated a prevalence of 0.008% transgender people living in Scotland who had presented for medical treatment, with a gender ratio of 4:1 MtF:FtM. A recommendation for determining an accurate count of transgender prevalence in Scotland would be to repeat the Wilson (1999) study.

The placing of diverse forms of gender variant identities under one transgender umbrella, tends to conflate significant differences in needs. Participants in this study covered a range of the transgender spectrum, although the sample was weighted on the side of those on the medical transition trajectory. Whereas most participants began their trans trajectory as occasional cross dressers/transvestites, and some were content to stay in that position, some others gradually shifted towards wanting to live 'full time' and take hormones and undergo surgery, which entailed a divergent development of their interests and needs to those of non-medical trajectory trans people. It became increasingly apparent during the course of this study that transsexuals who opt for medical transition require initially intensive treatment followed by lifelong medical aftercare and hormones, whereas CDs/TVs do not. So too the interests and concerns of those participants who identified as gender queer or non-binary gender were so

divergent from those who identified as TV/CD/TS that they were almost not the same order of things. In addition, the interests and concerns of transmen and transwomen in this study emerged as disparate from each other. Yet for political pragmatism these distinctions are conflated under an all-encompassing transgender umbrella.

Calls for category separation from some trans activists and academics echo not only past issues of LGBT politics, but can seem similar to those distinctions between transsexuals and transvestites made by the medical and legal establishment with regard to gatekeeping access to treatments or legal status. The converse argument to category separation is that it can be more beneficial for loosely associated groupings to work together in order to lobby for, and obtain access to, political and economic resources. This was understood by Stonewall UK in 2015 with its new policy of rapprochement to now include trans people and organizations in their remit. However it may be that the transgender umbrella is not necessarily a one size fits all solution to the complex issue of identity categorization.

9.1.2 Formative Practices

The most unexpected and disconcerting pattern found in the data was that 19/28 participants described some form of sustained maltreatment during their formative years at home and at school. This potentially contentious conclusion involved the revelation that two of the institutions socially constituted to provide emotional sustenance, support and safety networks, i.e. the family and school, habitually undermined the subjectivities of participants in this study. It is not possible to infer from the data if the causes for the maltreatment of a significant proportion of the sample is located within particular structural conditions prevailing in post-industrial Scotland during their formative years, but it is noteworthy that 13 participants revealed dysfunctional families of origin and 13 brutal school experiences.

A question arose early in the data analysis as to whether it was possible that identification as transgender develops from an undermining of subjectivity during formative years. Experience of violence is a source of identity formation, and can conceivably contribute to a rescripting of self. It is not possible to conclude any such

definitive causal connectors from this study, or that traumatic formational experiences contributed to participants' gender identifications, but some correlations can be cautiously inferred from the qualitative data at an exploratory level of subjective understanding. A possible proposition is that the reconstruction of gender identity and embodied selves is an agentic strategy to reflexively reclaim subjectivities disrupted during formative experiences. With further research and a larger sample this proposition could be refined and questions focussed on the influences of family and school relationships on gender identity formation.

The empirical data showed no perceivable *systematic* pattern of formative family dysfunction, or indeed in family acceptance or rejection of gender difference, according to distribution of class background, parental age, formal education, political orientation, or generational accumulation of economic or cultural capital. However most participants disclosed problematic relationships with father figures being authoritative, bullying, patriarchal, dominant and sometimes violent. There were narratives regarding damaged masculinity which were not within the scope of the current study to pursue, but which may open up with further examination.

Bullying and harassment are implicated in processes of subjectivation and construction of the individual subject (Foucault, 1976), and the constitution of subjectivity and subjection in which the psyche is generated by the social operation of power (Butler, 1997). Discourses are produced by social institutions through practices and create gendered subjectivities, usually with active compliance on the part of the subject. Within this framework, the gender binary is reproduced through the reinforcement of normative gender identification and behaviour in a wide range of social practices such as childhood games, ways of dressing, cultural rituals. Non-recognition and non-identification can relegate an individual to an abject state undermining development of subjectivity, a process described by most participants who had experienced maltreatment during their formative years.

Further research would be to investigate whether family and peer violence towards young trans people is an ongoing social problem, and whether school LGBT anti-bullying policies, instituted in recent years in Scotland, actually do in practice protect

gender variant pupils. Research into historic practices and teacher attitudes could also examine the possible legacy that Section 28 may have had on teachers seeming reluctance to protect students from LGBT bullying, because it is difficult to understand the reports in this study that teachers did not curtail peer abuse once they were made aware of it. Of interest is that only one participant thought the reason for school bullying related to her transgender identity. Most participants who were harassed at school said they thought it was because they presented as different from the norm in terms of behavior and physicality, sometimes related to disability and/or non-participation in sporting activities.

Primary institutions of socialisation in families and schooling during formative years provide the basis for an individual's sense of ontological security, or lack of it, and can affect a later life ability to practice intimate relationships discussed in the following section.

9.1.3 Intimate Practices

When describing the complexity of gender variant sexual identity, the categories homosexual or heterosexual are emptied of any stable signification. Gender is present but does not fix sexual orientation in participants' lives, and transgender identities and practices make evident the fluidity of all sexual and gender identities and the absurdity of attempting to box identity into fixed categories. Gender and sexual practices for participants are performed in nuanced, complex and shifting ways, often quite unintentionally dissolving the boundaries of the heteronormative sexual matrix. It was also of interest to note the evolving nature of the narratives of sexuality and relationships over time when second interviews took place. The available categories are seriously inadequate for an understanding of what is actually occurring in some practices where sexuality and gender intersect. Gender, sex and sexuality are an unstable, decentred, contingent, contested, complex matrix of meanings in constant transformation through social and political practices, constructed by a composite of biological and social influences, including genes, hormone levels, developmental environment, and cultural effects.

A counter-intuitive finding and one that complicated data classification, was that some participants revealed how their sexual orientation altered post hormones and/or GRS. The MtF participants who described their sexual object orientation as changing from male to female after transition all denied that they had desired men pre-transition. The category of 'male homosexual transvestite' is particularly abhorrent to transwomen, although two participants said they were classified as such by medical personnel some years ago prior to the Equality Act (2010). Several MtF participants mentioned that the stigma associated with homosexuality used to be such in Scotland that they thought some men chose to be transgender rather than gay. A controversial assertion, and one that would require some unravelling.

Intimate relationships were made more complex for many participants within what was often a context of concealment, and then a refutation and revilement following revelation of their transgender identity, and discontinued relationships sometimes resulting in social isolation. If the notion of personal identity is constructed upon the belief in an essential, coherent and continuous sense of self, then when the relationships, shared histories and self-reflections that constituted that self fragment, there can be a rupturing of self, an identity crisis, a cleft habitus. Thus the importance of transgender support groups, community organizations, and online forums to provide a sense of belonging and affirmation of identity, particularly when this is lacking from natal or conjugal families.

The research confirmed the importance of family relationships and long standing friendships for research participants, although these were not always supportive. Most participants would prefer to have retained connections with families of origin, but often this became impossible after revealing their gender variance. What this study discovered was that there were individual practices of caring and kindness amongst transgender people who met each other through support groups, organizations, or online. However there was not so much evidence of the formation of alternative family groupings, contrary to previous UK studies into non-normative identities in which a common theme is one of reinvented families, or a creation of alternative kinship groups after rejection by or severance from families of origin. In the current study, most of the

participants who had sustained any kind of relationship with their partners and/or children referred to these as being the most significant social connections in their lives; although this was not always possible after the revelation of a gender variant identity.

The attitudes of the partners and children of gender variant people is an under-researched area and would be a fertile field for further study. Also of interest for further study are the legal issues surrounding the death of transgender people. One of the participants in the current study died a few years after the interview. The distress of the death was compounded by the different agendas and wishes of trans friends and family intervention to erase her trans history and reclaim the person pre-trans. Could there be a category of protection needed for post mortem trans prejudice? After the struggle to live in their 'authentic' gender identity, then surely individuals would wish to die as such.

This research identified that the main concern for transgender participants is one which can be generalised to most of humanity: the desire and need for social acceptance for who they really are. Many of the participants had the simple goal of being able to live 'normal' lives as their 'authentic' selves after having felt marginalised for most of their lives. This is based on the premise of identity 'authenticity' to which the majority of participants in this study subscribe. Participants articulated the goal of belonging and being integrated into a 'normal community' life, the need to be valued, accepted and loved, to form lasting relationships. Most desired the dignity of work whether it be paid employment or voluntary, to support themselves and provide a sense of financial control over their lives. Most participants expressed the need for a sense of home to provide safety and security and a space for personal development, where they are accepted for who they are. At the time of interview many of the participants had already transformed their lives with positive strategies, reciprocal relationships, companionship, and closeness to significant others. Where possible this was with their partners and families, and relationships formed pre-transition; and where not participants created their own communities and support networks - not necessarily or exclusively within the auspices of 'the transgender community'.

9.1.4 Medical Practices

18/28 Participants were somewhere on the GRS trajectory at the time of interview: 14 assigned male at birth and four assigned female at birth; being either post-surgery at the time of interview, or having already started their transition and the prerequisite processes. Medical transition has been a political right in the UK since 1999, and is regarded by some trans people as a necessity. A clinical diagnosis is a prerequisite if gender variant individuals wish to undergo not only a permanent legal transition, but also a hormonal and surgical transition to align bodily sex characteristics with gender identity. Gender dysphoria continues to be classified a mental disorder in ICD-10 (WHO, 2015) which was identified by participants as the main diagnostic tool used by the GICs in Scotland. And a psychiatric assessment is required by the GICs before prescribing hormones or surgery. All of which medicalises at best, and pathologises at worst, gender variance, and would appear to contravene the spirit of *Yogyakarta* (2007) and the move towards a less binary understanding of gender. The complexity of the medical situation is compounded by the fact that there is a tension in the discourse of the transgender lobby groups advocating on the one hand for a non-binary acceptance of gender variance, and on the other that gender confirmation surgery is absolutely essential and a right, and gender variant people have no choice in their experienced sense of gender identity. Also, powerful role models are provided by many trans activists' own embodied practises of undertaking HRT and GRS. As with any political organisation, the tension will be for transgender groups to hold in balance the disparate needs of their umbrella constituencies.

The attitude of research participants towards the GICs was ambivalent. Although there were negative reports of the procedures and waiting times of the NHS GICS, there was also a sense of reliance upon these for trans people on the medical transition trajectory. The GICs have almost acquired the status of temples where the psychiatrists are high priests holding access to spiritual and mental well-being: gatekeepers to a fulfilled gender identity and keyholders to a transformed existence. Where people fit into the GICs orthodox canon of 'authentic trans person' and answer the questions in the correct medically modelled fashion, they will be forwarded through the system for hormones and surgery, even though age, medical condition, or multiple disabilities would suggest that this is not the most beneficial course of action. There were several post-GRS

participants who thought the GRS referral process was inadequate and haphazard, and four who thought their diagnosis and treatment had been wrong.

An unexpected trend picked up by the research was that in Scotland, medical transition is being prescribed by GICs for older transwomen. Of the 18 participants in this study who are on the GRS trajectory, five transwomen are in their late 60s and not in very good health. Questions might well be asked about the benefits and risks of hormone therapy and what could be regarded as elective surgery for people who are at an age where the body heals less easily. Several post-GRS participants reported negative effects of having to cease HRT because of having had, or the imminent risk of, stroke and blood clotting. Both MtF and FtM gender reassignment surgeries are invasive surgical procedures, the recovery from which can incapacitate for at least six months, though some participants reported difficulty in being active for two years post-surgery, and physical inactivity increases the risk of related health problems. An important recommendation for further research would be a comparative survey of all the UK GICs to ascertain the age demographic for GRS, and a follow up study to ascertain the health outcomes for post-GRS patients.

Surprisingly there has been little actual research conducted into the long-term effects of HRT on trans people, and there is a lack of longitudinal studies to record the effect of hormones and surgeries in the UK. What is needed is prospective rather than retrospective cohort studies of trans people who have undergone medical transition. Baseline characteristics should be determined at the start of the study to enable tracking of patterns and developments, and incentives should be provided for study participants to remain in contact. This would in time provide the necessary data to determine the long-term effects of medical intervention. To date it has not been deemed possible for the NHS GICs to conduct follow-up studies, the main reason given is that trans people disappear, wanting to be invisible, blend in after transition, and so lose touch with the clinics, melt into society; and some may die due to suicide or health reasons. However because the data isn't there to examine, the real reasons for trans people disappearing are not possible to determine to date in Scotland or the UK. As information becomes increasingly centralised into online databases it should become easier to trace and follow transgender people post GRS.

A reiterated criticism from participants was that in Scotland the GIC referral process for medical treatment can drag on frustratingly for several years, as experienced by many of the research participants; whereas only three participants said they felt pushed too speedily through the process. A suggestion for lessening waiting times for medical procedures could be as follows. Because the WPATH-SOC guidelines (2011:106) state you cannot *have* surgery before undertaking the twelve month RLE waiting period, makes no mention of *referrals* for surgery which could be made before this time period. However the lengthy referral process may have more to do with limited NHS resources than standard procedures.

Three important recommendations for transgender medical transition emerged from the interviews: the need for counselling to be provided pre and post GRS and HRT so that informed choices can be made; the need for transgender support workers to assist people at the GICs; the need for the clinics to keep track of patients after GRS and provide post-surgical aftercare. An overall summary of recommendations for an improvement of NHS procedures arising from the research is as follows. Counselling should be provided to patients as appropriate, whether GRS or not. GICs should keep in contact with post-GRS patients for aftercare, follow up and feedback, and also for purposes of prospective longitudinal studies into the long-term effects of medical procedures, and the mental and physical health of patients. Transmen and transwomen support workers should be employed at the GICs. There should be training and education programs in transgender awareness for medical personnel including the surgeons. Referrals for GRS should be made as soon as possible after the first GIC appointment. Surgical procedures should be relocated to Scotland so that Scottish patients do not have to travel so far to the hospitals located in the south of England. A field for further research would be a quantitative survey of patient and doctor ratios and waiting times; and a qualitative investigation of the GIC procedures and practices, including in depth interviews with medical personnel in order to gain an understanding of the problems from the clinical and administrative perspective.

There is a dialectical interplay of supply and demand, structure and agency, evidenced by attitudes of transsexuals towards medical procedures, seemingly compliant with the discourse of medical transition, whilst simultaneously controlling their own

participation in the process. For example with reference to medical determination versus individual agency, research participants found a way of procuring hormones unavailable to them on prescription, and also of reflexively constructing the 'correct' narrative to ensure access to surgery.

Transformation of the self is a compelling tool in the reclamation of subjectivity, and transformation of the body can be a powerful path to agency - a metaphor for change instantly effected through surgery. However, body modification does not concomitantly result in transformation of the self, and after the initial euphoria nearly all post-GRS participants described the depression that overtook them approximately a year after surgery - described by several as 'the big slump'. This seemed to be caused by the re-emergence of old problems, issues with social interaction and mental health, together with new difficulties to contend with such as the ongoing maintenance procedures required by the surgically modified body. And habitus is hardwired- the dispositions ingrained through primary and secondary socialisation are hard, perhaps impossible, to unlearn. Old scripts are difficult to relinquish despite reiterative performance of new scripts. Reversal to the original self always threatens, together with regression of the body to its former state without rigorous maintenance.

9.2 Transgression/Reproduction Gender Norms

The second objective of the research was to examine how participants' identities are constituted or constrained in relation to binary constructions of gender, and whether transgender practices subvert or sustain gender normativity. Narratives of changing selves are appropriate to diverse and highly differentiated societies such as contemporary Scotland. Participants' nuanced narratives of self-identified gender identity and changing sense of self revealed many different transgender identities in Scotland, each with their own unique characteristics. Transgender practices tend to navigate different normative frameworks in order for participants to make sense of their lives and the context in which they exist. The identities they construct and material practices that take place are in the interstices between gender normativities and social expectations.

What emerged during the interviews was that many participants perceived themselves and their gender identities to be authentic, coherent and consistent over time, even while this was simultaneously being destabilized by the evident ambiguities within their narratives. Participants' understanding of their identities mostly challenged the notion of the postmodern self as decentered, multiple, the subject fragmented. 'Perhaps the most controversial issue in sex and gender theory today is that of whether gender identity is essential and biologically based or socially constructed' (Whittle, 2006:xii). A poststructuralist or symbolic interactionist reading would contest an authenticity-essentialism discourse, however a phenomenological viewpoint would treat people's subjective experiences of their own identities with respect. The narrative understanding of their gender identity for most of the participants in the current study was that of an essential inner nature determined by biology or social circumstances. 20/28 participants articulated a belief that their gender identity was innate, had always been incongruent with their embodied selves, and that post-transition they became 'who they really are'. There may indeed be some people who feel their gender expression is that of a deep inner nature. But this should not imply an assumption that all transgender individuals have this subjective experience of their gender identity, and even when they do, actions are still open to agency. Individuals make reflexive choices which participants may not highlight in their narratives. Also when an individual makes a decision to behave in a way that is different to the norm, this may be about a choice between ordinary life and extraordinary life, for which gender/sexuality may be just a medium.

It became evident during the course of the research that the medicalisation of transsexuality as a condition, to be evaluated by medical experts and cured by hormone treatment and gender reassignment surgery, has served to reinforce a binary model of gender identity. The goal of GRS for the 18 participants in this study who were on the medical transition trajectory was MtF participants to attain the sex 'female', and FtM respondents to attain the sex 'male'. Cross-dressing transvestites have the potential to subvert the gender binaries in their play with rules of gender expression and dress. But for most transsexuals in this study 'trans' was a transient category, a rite of passage where the goal is 'normalcy'. The possibilities of a transsexual identity are based on physically changing sex, created by advances in medicine. But interestingly enough, no participant in this study identified as 'transsexual' when asked to describe their gender

identity. However the two groups mix, and given the powerful medicalized discourses of the trans support groups, once inserted into the discourse surgery tends to become an incremental goal for many. This may reflect the social pressure to become gender binarised, either male or female, from both broader society and the trans support groups. Some participants suggested how much easier life is to be either one gender category or another, and how difficult it is to present as, and account for, ambiguous gender categories.

The transgender ‘umbrella’ is a strategic category that covers different identities, practices, networks, communities and cultures. Currah argues that trans activists have followed the racial equality tradition in the US by claiming rights on behalf of identities rather than practices (2006:14). More recently: ‘The transgender rights movement might be described as an identity politics movement that seeks the dissolution of the very category under which it is organised’ (Currah, 2006:24). Serano cautions that because transgender-inclusion was explicitly linked to gender transgression by queer theory, those transsexuals: ‘who appear gender-normative and/or heterosexual post-transition frequently still had their motives and identities questioned’ (Serano, 2008:3). A binary differential could be constructed between the subjectivities of those trans people who articulate notions of ‘authentic’ gender identities and wish to ‘pass’ and live in ‘stealth’ concealing their gender history; versus the positioning of transgender as a subversive act of gender transgression that subverts the gender binary and uses trans visibility as a political statement. A few participants who identified as cross-dressers or transvestites in the current study were interested in performing a subversion of sexual and gender norms; most participants who identified as transsexuals, and the communities they constituted in the form of social and support groups, were predominantly concerned with assimilating normativity and reproducing hegemonic norms of gender and sexuality. However as the evidence has shown, transgender identities are more nuanced than polarised categorisations can explain, for example participants who continue to identify as gender queer after undergoing full medical transition.

Judgements about ‘normal’ male or female characteristics, and who fits into the binary definitions of sex and who does not, are open to sociological examination. All societies

prescribe and proscribe social expressions and personal behaviours appropriate to biological sex at birth. Individuals both reproduce and transform social structures, and they are themselves structured but also have agency. An initial assumption of this research was that the performative identities of trans people would be transgressive of the gender normative. Surprisingly and with few exceptions, the empirical evidence of the current study revealed identities *not* of transgression and subversion but of compliance and conformity with normativity. Transgender individuals in this study, for the most part, are concerned with conforming to the gender norm and reproducing the binary, though sometimes they transgress it.

UK equality legislation, and legal gender reassignment are based on a medical model, tied in with a binary understanding and reinforcement of the gender system as it stands. Gender queer participants articulated a sense of the absurdity at UK legislation not dealing with bodies it cannot categorise, and so that which is not classifiable becomes abject and outside the law. A key characteristic of an emancipatory and transformative transgender research would require the commitment of researchers to challenge the root causes of trans-oppression, much as disability rights activists have done. Given the progress made in public policy and the increasing access to social equalities for trans people in Scotland, the challenge now may be to question the dominance of the biomedical-legal model of gender variance, with its pathologizing discourse, requirement for surgical intervention to correct 'gender dysphoria', and the concomitant reinforcement of gender binaries and boundaries. Individual trans people require informed autonomy to decide whether they want such interventions, or whether it is not more appropriate to work on changing the binary assumptions of gender in society. This is not to argue against an analysis that the historical binary is tied up with power in ways of which many have no conscious awareness.

Gender is deeply embedded in social institutions, discourses, actions, practices, and gender variance just makes its social construction more obvious. Gender variance occurs when individuals experience their gender identities as categorically incoherent and ontologically incomprehensible in a gender binaried world. Transgender people render observable what culture conceals - that gender is a state of doing rather than being. Perhaps the focus needs to be on different trans forms of identity and experience.

A way forward for theory may be to separate the embodied versus non-embodied forms of trans, so that transsexuals who change bodies are differentiated from cross-dressers, gender queer or non-binary. The theorisation of habitus and hexis would relate differently to these categories.

9.3 Narrative Life Histories

The third objective of the research was to record the life histories of participants and thereby map the development of historical and emergent gender variant practices in Scotland. A confessional culture permeating late modern society has accentuated individual self-analysis, self-improvement, self-transformation, self-fulfillment, and self-fashioning - disseminated through narratives of the self. Stories of the self are not only based on individual experience but are always culturally and historically situated, and specific stories emerge at particular historical moments. The historically opportune moment for the transgender story to develop was the turn of the twentieth century, as is witnessed by the proliferation of transgender autobiographies and media stories since the millennium. This study hopes to contribute to this developing discourse. Life histories from the interviews were framed into participant portraits and these will be formulated into a separate document hopefully for publication, in order to honour participants' wishes that their stories be told in order to aid other transgender people.

The epistemological approach of this study implies an interpretative understanding of participants' life narratives, in particular how a sense of self is constructed, maintained, and requires affirmation and validation in relation to others. Social interaction involves reciprocal and recurrent negotiation and construction of realities and identities, wherein those individuals or institutions with the most power are often able to impose a definition of reality on others. The poststructural inclination towards socially constructed and constrained subjectivities allows qualitative research to focus on the everyday practices by which individuals continually construct and reconstruct a sense of identity. Participants' presentation of identities in first interviews as unitary and unique in the context of personal histories that were coherent and enduring, was sometimes unintentionally subverted by the contradictions that emerged in second

interviews, with evidence of actual lived identities being fluid, contingent, variable, and intersubjectively constructed.

In accordance with the findings of the surveys conducted or funded by transgender organisations in the UK since 2007, the current study expected to find that research participants had experienced some degree of transphobic judgment, negative treatment, violence or harassment from strangers. Therefore the interview questions reflected this expectation asking participants their experience of public attitudes towards their gender presentation. Five participants described isolated incidents of violent negative reaction, and only one had experienced recurrent abuse and harassment for many years in her home town. Given the predominant findings of transgender harassment in most of the previous survey research, it was unexpected to find that all but one of the research participants in this study had *not* experienced sustained abuse from strangers in Scotland due to their gender variant identities; and that those who had experienced isolated incidents throughout the years had not considered this problematic. Instead the violence experienced by participants in this study had been during formative years at home and school, from the very social institutions constituted to protect children. However most participants evidenced resilience and agency - theirs were not victim stories, and many articulated an agentic belief that they were able to protect themselves through their public presentation and performativity. The research revealed how notwithstanding experiencing formative years that were often emotionally and physically traumatic, through construction of gendered identities and reconstruction of embodied selves, participants reflexively reclaimed lost subjectivities.

The historical period when participants first experienced themselves as gender variant was a major influence on identities and practices. Many grew up in a pre-internet era living out their gender variant identities in isolation, believing themselves to be societal anomalies. Social isolation and lack of affirmation would have had a detrimental enough effect on identity development; this together with the negative experiences of dysfunctional and abusive formative backgrounds for many, and rejecting and personally damaging relationships, were enormous obstacles for participants to overcome. That they managed to do so was often in the context of transgender social and support groups, where transgender identities were intersubjectively performed,

constructed and sustained. The advent of the internet provided a milieu for social support and affirmation, and the development of individual and collective transgender identities online. It would have been of interest to have had more opinions from participants on changing power relationships between their pre-transition role as men and their post-transition role as women and vice versa. This would be a fruitful field for further research.

This study did not attempt to elucidate an etiology of participants' gender variance, rather it traced in participants' life narratives the growing development of an individual's transgender identity, by following the progressive trajectory of participants' gender variant expression, descriptions of embodied daily practices, towards a decision to transition socially and medically. The gender transition process can evolve over a lifetime and the transition trajectory is different for everyone. Some participants identified their time of transition as when they received the surgery, others as when they changed their name, others when they began HRT, others from when they lived full time in their gender. A way to develop new sociological theory would be to address generational differences between 'age cohorts', perhaps via reference to life course studies and longitudinal methods literature, or youth studies.

A major insight that emerged from the research is that transgender identities, practices and social relationships are complex and nuanced and not subject to definitive explanation, umbrella categorisation, or causally correlated connections. Although there were some areas of intersection and reiteration of certain discourses, every participant had a unique narrative as to the formation of their identity. For all participants in this study gender identity is central to an understanding of the self, acquired and accomplished through reiterated action and social interaction, intersubjectively performed and performative. Transgender makes the social construction of gender more obvious by being categorically incoherent and ontologically incomprehensible in terms of gender binaried normativity. Everyone is 'doing' gender, and attributing gender, gender is embedded in human institutions, discourses, actions, practices. The political implications of the social construction of gender are that social products are subject to social change, and thus there may yet be hope for the transformation of the normative binary gender order.

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Appendices

Appendix A Information Sheet: Plain Language Statement of Research

1. Research Title: A Study of Transgender Identities in Scotland

I would like to invite you to take part in this research study. This is an explanation of why the research is being done and what it will involve. Please take time to read it and decide if you wish to take part. Discuss it with others if you wish. Ask me anything that is not clear or if you would like more information.

2. Researcher Details

Sylvia Morgan PhD Research Student (0412445m), School of Social and Political Sciences, University of Glasgow sylvia.morgan@glasgow.ac.uk mobile: 07958-173272

BACKGROUND: I am a postgraduate doctoral student in the School of Social and Political Sciences at the University of Glasgow. I have been active for 30 years in LGBT (Lesbian, Gay, Bisexual and Transgender) networks and organisations in both South Africa and Scotland. This has led to my interest in how transgender identities are formed.

3. What is the purpose of the study?

The research is investigating the meanings transgender has for people, and how gender identities are produced through everyday practises. The focus is the life stories of trans-identified people who are outside the mainstream and LGBT social networks in Scotland. This is the first interview-based study of gender variance in Scotland and will hopefully be an important benchmark for dismantling myths about gender.

4. Why have you been chosen?

You have been asked to participate in this research project because you identify yourself as being Transgender. I will have contacted you through an advert or organisation or personal network. My intention is to invite 20-30 participants to be interviewed for this research.

5. Do you have to take part?

You decide whether or not to take part. It is completely voluntary. If you do decide to take part then you are also free to withdraw at any time and without giving a reason.

6. What will happen to you if you take part?

- I will ask you to participate in an interview with me of two hours or less, depending on how much you want to say.
- The interview will have some questions as guidelines. You are free to not answer any question, or to talk about other issues that may interest you during the interview.
- With your signed permission I will audio-tape the interview and then transcribe (type it out).

- I will then send you the transcript (typed document of the interview) for approval.
- You can make any edits or alterations and return the transcript. If necessary we will meet again to discuss the transcript and any additions you would like to make.
- After this you are free to contact me to change anything on the transcript before 31 July 2014 when the interview period officially ends.

7. Will your taking part in this study be kept confidential?

All information, which is collected about you during the course of the research will be kept strictly confidential. Personal identity data will be retained at the University of Glasgow - securely and separate from interview data.

All efforts will be made to keep your identity confidential and anonymous if that is what you require: through use of a pseudonym and removal of identifying indicators from the findings. Given the small size of the transgender community in Scotland, absolute anonymity may be difficult to guarantee with certainty in relation to people who are familiar with your personal history. However the transcript of the interview will provide you the opportunity to see how identifiable your contribution has been and request any modifications to meet your personal requirement for privacy.

8. What will happen to the results of the research study?

The research is for the purpose of a PhD and will be reviewed by my supervisors and examiners. The completed study should be available to read by December 2015, and stored in the library of the University of Glasgow for public access. The research results may also be used for journal articles. At a future date and with the consent of participants, the results may be used to produce a book documenting transgender life stories in Scotland.

9. Who is organising and funding the research?

I work full time in order to fund my own research as a part time doctoral student at the University of Glasgow. I have no connection with police, government or medical authorities, and am not accountable to any official body or organisation other than the School of Social and Political Sciences at the University of Glasgow.

10. Who has reviewed the study?

This research project has been reviewed and approved by the College of Social Sciences Ethics Committee of the University of Glasgow, and by my supervisors Dr Matthew Waites and Prof Bridget Fowler of the School of Social and Political Sciences.

11. Contact for Further Information

If you require any information please feel free to contact me sylvia.morgan@glasgow.ac.uk
If you have any concerns regarding the conduct of my research project you can also contact my research supervisor Dr Matthew Waites matthew.waites@glasgow.ac.uk
and/or Dr Valentina Bold valentina.bold@glasgow.ac.uk

Thank you for reading this Sylvia Morgan

Appendix B Residential Area of 28 Participants

7 Greater Glasgow
4 Renfrewshire
3 Fife
2 Edinburgh
2 Lanarkshire
2 Ayrshire
2 Inverclyde
1 Highlands
1 Borders
1 Perthshire
1 Aberdeen
1 Stirling
1 Dumfries & Galloway

Appendix C Age distribution

Median age of total sample 52 and mean age 51 at interview

Complete data set range of ages: 79, 78, 69, 67, 67, 66, 62, 62, 62, 62, 60, 57, 53, 52, 51, 50, 49, 49, 45, 42, 38, 36, 34, 33, 29, 27, 25, 24

Median age of 22 MtF research participants 69 and mean age 57 at interview

MtF range of ages: 79, 78, 69, 67, 67, 66, 62, 62, 62, 62, 69, 57, 52, 51, 50, 49, 49, 45, 42, 38, 33, 27

Median age of 6 FtM participants 32 and mean age 34 at interview

FtM range of ages: 53, 36, 34, 29, 25, 24

Appendix D Participants' Occupation

6 MILITARY: 2 did national service then went on to other employment included in stats below; 2 in army for part of their career then after discharge went on to other employment included in stats below; 1 in army for part of career and has remained unemployed since discharge; 1 participant made the army a full time career and then retired.
3 university academics
3 university students: 2 postgrad and 1 undergrad student
2 police officers now retired
2 business owners: property and antiques - both retired
2 support workers: 1 currently unemployed
2 factory workers
1 cultural worker museum assistant currently unemployed
1 postal delivery worker
1 post office telephone technician retired
1 sales representative building trade
1 maintenance engineer - retired
1 chemical engineer oil industry project manager
1 school inspector & magistrate - retired
1 truck driver
1 musician self-employed
1 college student beauty therapist
1 traffic warden
1 IT software developer (self-employed)

Appendix E Gender Classification Distribution

No	Gender Identity	Sex at birth	GRS
8	woman	Male	Post-GRS
5	transwoman	Male	Pre-GRS
5	transvestite	Male	Non-GRS
2	cross-dresser	Male	Non-GRS
1	transgender	Male	Non-GRS
1	agender	Male	Post-GRS
3	man	Female	Post-GRS
2	gender queer	Female	Non-GRS
1	queer transman	Female	Post-GRS

Appendix F Gender and Age Table

Name	Gender ID - age of awareness & age of GRS	Sex at B	DOB	age
Alex	GQ age 6 Non GRS	F	1978	36
Boxer-Rider	Queer TransMan age 3 Post GRS 1998 (37)	F	1961	53
Carrick	Man age 4 Post GRS 2011 (26)	F	1985	29
Carina	Woman age 5 Post GRS 2013 (41)	M	1972	42
Cory	Transgender age 4 Non GRS	M	1969	45
Dolores	Woman age 3 Post GRS 2006 (54)	M	1952	62
Grace	Woman age 6 Post GRS 2004 (68)	M	1936	78
Helen	Transwoman age 8 Pre GRS 2016 (will be 70)	M	1947	67
Iain	GQ age 4 Non GRS	F	1980	34
Ivy	Transwoman age 8 Pre GRS	M	1952	61
Jessica R	Transwoman age 4 Pre GRS	M	1987	27
Justine	Woman age 3 Post GRS 2015 (39)	M	1976	38
Kylie	Transwoman age 8 Pre GRS	M	1981	33
Lady G	Woman age 2 Pre GRS (will be 69)	M	1947	67
Lily	Woman age 4 Post GRS 2010 (60)	M	1952	62
Phoenix	Agender age 18 Post GRS 2009 (47)	M	1962	52
Renee	Bi-Gender CD age 7 Non GRS	M	1945	69
Rihanna	Male CD age 7 Non GRS	M	1963	51
Rita	Male TV age 12 Non GRS	M	1935	79
Sabrina W	Transwoman TV age 6 Non GRS	M	1954	60
Sally	Woman age 2 Post GRS 1998 (46)	M	1952	62
Sara Wolf	Bi-Gender age 16 TV Non GRS	M	1957	57
Sindy	TV age 12 Non GRS	M	1965	49
Suzy	Transwoman age 9 Pre GRS 2016 (will be 69)	M	1948	66
Tristan	Man age 5 Post GRS 2008 (21)	F	1987	25
Vaughan	Man age 11 Post GRS 2014 (24)	F	1990	24
Vida	Woman age 3 Post GRS 2012 (48)	M	1964	50
Wendy	Bi-Gender age 4 TV Non GRS	M	1965	49

Appendix G Gender Identity, Sexual Orientation, Relationship Status

Female to Male

ALEX: 36 **Gay GQ**. Attracted to women in long-term relationship with female partner.

BOXER-RIDER: 53 **Homosexual GQ Transman**. As a lesbian was attracted to women although had a relationship with a man, post-testosterone mainly attracted to men, but currently in a relationship with a transwoman.

CARRICK: 29 **Heterosexual Man**. Attracted to women. In relationship with female partner, sometimes has sex with men.

IAIN: 34 **Bisexual GQ**. In long-term relationship with supportive female partner.

TRISTAN: 25 **Heterosexual Man**. Attracted to women. Single

VAUGHAN: 24 **Heterosexual Man**. Attracted to women. In relationship with female partner supportive of male identity.

Male to Female

CARINA: 42 **Bisexual Woman**. Pre-GRS attracted only to women, since GRS mainly attracted to men. Multiple partners. Currently single.

CORY: 45 **TG Attracted to women**. In long-term relationship with female partner supportive of gender identity.

DOLORES: 62 **Heterosexual Woman**. Pre-GRS attracted only to women, since GRS attracted to men. **Asexual** since estrogen and androgen blockers and then GRS. Divorced, ex-wife and children reject female identity.

GRACE: 78 **Bisexual Woman**. Pre-GRS attracted only to women. Since GRS attracted only to men. Multiple male sexual partners. Widowed after long marriage. Late wife supportive of female identity but son and daughter rejecting.

HELEN: 67 **Lesbian Transwoman**. Attracted only to women. Thinks male gay sex unacceptable. Single. Serial monogamous. Female identity initially concealed but then always rejected after revelation to past girlfriends.

IVY: 61 **Lesbian Transwoman**. **Asexual** since androgen blockers. Attracted to women. Separated from wife. Has female 'girlfriend'.

JESSICA R: 27 **Bisexual Transwoman**. Prefers relationships with males. Single. Monogamous. Recently separated long-term relationship with gen male.

JUSTINE: 38 **Bisexual Woman**. Has always been attracted to both men and women. Single. No mention of sexual partners.

KYLIE: 33 **Bisexual Transwoman**. Attracted to people rather than genders. Single. No mention of sexual partners.

LADY G: 67 **Heterosexual Woman**. Attracted to men. Has male partners. Cohabits with though separated from long-term wife who initially accepted then rejected fem identity. Children accepting of female identity but want it concealed from public and friends.

LILY: 62 **Heterosexual Woman**. Attracted to men though previously attracted to women. Has multiple male partners though says **asexual** since GRS. Divorced. Ex-wife and children reject female identity.

PHOENIX: 52 **Agender** and **Asexual** since GRS. 'heterosexual - as in not being attracted to the same'. Attracted to women and long-term marriage to supportive lesbian identified female. Since GRS also attracted to men and currently in relationship with transman.

RENEE: 69 **CD Heterosexual**. Single. Attracted to women. Recently widowed after long marriage. Children and late wife unaware of female identity but may have suspected.

RIHANNA: 51 **CD Bisexual**. Male self attracted to women but currently **asexual**, and female self attracted to men, although also hints at asexuality even though having multiple male sexual partners. Recently separated from rejecting long-term female partner. Would like a permanent relationship with a female.

RITA: 79 **TV Attracted to women**. Widowed after long marriage. Hint at **asexuality**. Late wife unaware of fem identity and daughter only recently told is accepting.

SABRINA W: 60 **TV Bisexual**. Male self attracted to women; female self attracted to transwomen. Multiple sexual partners some female bodied transsexuals and some male bodied transvestites. Divorced. Recently revealed trans ID to ex-wife and children all accepting.

SALLY: 62 **Woman Attracted to women**. Divorced. Single for past 20 years since surgery. **Asexual** post-GRS.

SARA WOLF: 57 **TV Bi gender & Bisexual**. Divorced. Single for past 20 years. Multiple sexual partners.

SINDY: 49 **TV Attracted to women**. Single past ten years while caring for dying parents. Some female sex partners.

SUZY: 66 **Bisexual Transwoman**. Divorced. In long-term relationship with gen fem who accepts female identity but not Suzy having GRS. Now taking hormones and **asexual**.

VIDA: 50 **Heterosexual Woman**. Since GRS mainly attracted to men. Single. Divorced. Ex-wife always aware of trans identity. Daughter accepting son not.

WENDY: 49 **Bi Gender - Male self asexual/ female self bisexual but more attracted to women**. Also **asexual** when into BDSM. In long-term marriage with accepting lesbian identified female. Also has a gen fem 'girlfriend'.

Appendix H Social Networks Participation Table

<i>Name</i>	Gender ID	Sex	DOB	Social & Internetworks
<i>Alex</i>	GQ Non GRS	F	1978 36	Has done some work with STA but no longer involved with trans orgs or support groups or internetworks. Does Facebook but not trans specific.
<i>Boxer-Rider</i>	Queer TransMan Post GRS 1998	F	1961 53	Trans activist very involved with trans groups and trans Internetworks including STA and Equality Network .Participates in various FtM online sites and discussion groups.
<i>Carrick</i>	Man Post GRS 2011	F	1985 29	Used to participate in trans organisations and trans internetworks and online discussion groups but became disillusioned.
<i>Carina</i>	Woman Post GRS 2013	M	1972 42	Used to participate in trans local support groups and online trans internetworks but now only does Facebook and UTube but not trans specific. Used to have a blog documenting transition but took it
<i>Cory</i>	Transgender Non GRS	M	1969 45	Used to be trans activist but no longer attends trans groups. Trans Internetworks: Transgenderzone and blogs
<i>Dolores</i>	Woman Post GRS 2006	M	1952 62	Used to be trans activist, no longer attends regular trans support groups, but does still go to some of the national gatherings of Beaumont Society.
<i>Grace</i>	Woman Post GRS 2004	M	1936 78	Trans activist for many years- runs own small local support group and attends many other trans groups including STA and Equality Network.No Internetworks though has tried dating sites in past and
<i>Helen</i>	Transwoman Pre GRS	M	1947 67	Attends many different trans support groups. No participation in internetworks at all.
<i>Iain</i>	GQ Non GRS	F	1980 34	Never been interested in trans support groups or organisations. Participates in internetwork Facebook and Utube not trans specific.
<i>Ivy</i>	Transwoman Unsure GRS	M	1952 61	Tried trans support groups in the past but not appropriate for her. Participates in trans internetworks on Twitter and Facebook.
<i>Jessica R</i>	Transwoman Unsure GRS	M	1987 27	Has few trans friends and never attended trans support groups. Participates in Internetworks Utube, Facebook, Twitter but NOT transgender groups
<i>Justine</i>	Woman post GRS 2015	M	1976 38	Regularly attends different transgender support groups. Trans internetworks, Roses Repartee but sold her computer for laser hair removal.
<i>Kylie</i>	Transwoman Unsure GRS	M	1981 33	Regularly attends different trans support groups and social gatherings including Kinky's Closet. Trans Internetworks TV Chix,
<i>Lady G</i>	Woman Pre GRS	M	1947 67	Has tried different trans support groups over the years but not appropriate for her - feels different from everyone else. No trans internetworks.
<i>Lily</i>	Woman Post GRS 2010	M	1952 62	Regularly attends trans support groups. Runs own small local support group. Trans internetworks Gender Society, Facebook, Twitter , TV Chix, Badoo, Beaumont Society and Roses Repartee.
<i>Phoenix</i>	Agender Post GRS 2009	M	1962 52	Active trans researcher and transactivist runs a support group. Participant in groups including STA and Equality Network. No trans internetworks.

<i>Renee</i>	Bi-Gender CD Non GRS	M	1945 69	Organises and attends TV social and groups for Beaumont Society and Transliving. Trans internetworks – online moderator for Gender Society.com
<i>Rihanna</i>	Male CD Non GRS	M	1963 51	Not involved in trans support groups but has a very active TV social-sexual life and attends Kinky's Closet parties. Internetworks Facebook, Fabswingers and Grindr online hookup apps. Used to
<i>Rita</i>	Male TV Non GRS	M	1935 79	Was a trans activist and member of Equality Network, ran Glasgow support group as chairperson, was Scottish regional co-ordinator of Beaumont Soc
<i>Sabrina W</i>	Male TV Non GRS	M	1954 60	Regularly attends various trans support groups and has very active TV social-sexual life and attends Kinky's Closet parties. Trans internetworks - TV Chix, Transtatix, Transtreff and Travesta.
<i>Sally</i>	Woman Post GRS 1998	M	1952 62	Used to attend a national transgender group but became felt disrespected by the organisers. Use to be online but became frightened by it after a bad experience and gave away her computer
<i>Sara Wolf</i>	Bi-Gender TV Non GRS	M	1957 57	No longer attends trans support groups as became disillusioned. Used to hold transvestite parties. Internetworks TV Chix,
<i>Sindy</i>	TV Non GRS	M	1965 49	Tried trans groups but not appropriate for her. Used to run transvestite clubs. Internetworks participates in Facebook & Twitter
<i>Suzy</i>	Transwoman Pre GRS	M	1948 66	Regularly attends different local and national transgender support groups. No online transgender groups but subscribes to Facebook.
<i>Tristan</i>	Man Post GRS 2008	F	1987 25	Has loose connection with some transgender support groups – transman group. Internetworks participates in Facebook but not trans specific.
<i>Vaughan</i>	Man Post GRS 2014	F	1990 24	Has never been interested in attending trans support groups or organisations. Internetworks Facebook and has own Tumblr Blog detailing lower surgery transition.
<i>Vida</i>	Woman Post GRS 2012	M	1964 50	Attended trans support groups in past but became disillusioned and feels no longer appropriate. No internetworks.
<i>Wendy</i>	Bi-Gender TV Non GRS	M	1965 49	Has never been interested in attending transgender support groups or organisations. No trans internetworks only online fetish & BDSM

Appendix i Participants Portraits

Research participants

Name	Gender ID	Birth Sex	DOB age at interview	Area	Occupation	Class Roots	Self defined Sexuality & Relationship Status	Visibility	Communities & Internetworks	Gender ID a choice?	Social attitudes change?	Religious Roots	Date plus 2nd interview	Disability
Alex	GQ Non GRS	F	1978 36	Suburban South Lanarkshire	Academic	WC	Gay. Attracted to women. Long term relationship with gen fem partner.	Open about GQ ID to some but not at work. Parents accepting.	Has done some work with STA but no longer involved with orgs or trans support groups. Internetworks Facebook but not trans specific.	mix of birth & environment	Media Education Visibility	Church of Scotland	19.2.13 plus	none
Boxer-Rider	Queer TransMan Post GRS 1998	F	1961 53	Urban Fife	Postgrad Student	MC	Homosexual - as a lesbian was attracted to women, post testosterone mainly attracted to men, but currently in relationship with a transwoman.	Male since transition. Passes and fully open about past history. Mother accepting.	Trans activist very involved with trans groups and Equality Networks, also participates in trans internetworks - various FTM online sites and discussion groups.	mix of birth & environment	Internet Media	spiritual	8.3.13	ME Dyscalculia
Currick	Man Post GRS 2011	F	1985 29	Rural Perthshire	Musician	MC	Homosexual - attracted to women. In relationship with gen fem partner.	Male since transition. Parents reluctantly okrate. Passes and not open about trans history.	Used to participate in trans organisations and trans internetworks and online discussion groups but became disillusioned	NO	Internet Social Media	Catholic	26.9.13	Dyslexia
Carina	Woman Post GRS 2015	M	1972 42	Suburban Renfrewshire	Postal Worker	WC	Bisexual has male partners. Pre GRS attracted only to women. Currently Single	Female since transition. Hgd gender identity from partner and family until transition. Rejected by mother when told. sister now reluctantly accepting.	Used to participate in trans local support groups and online trans internetworks but now only Facebook. No longer identifies as trans.	NO	Changes needed in trans community	Mormon	9.7.14	Hearing impaired since birth 25% hearing one ear only
Cory	TG Non GRS	M	1969 45	Suburban North Glasgow	Factory Worker	WC	Homosexual. Attracted to women. Long term 25 year relationship with gen fem partner supportive of gender ID.	Dual ID male for work and fem for play. No longer dresses as much. Parents accepting	Used to participate in trans local support group but became alienated by power politics. Trans Internetworks are Transgenderzone and bbgys	NO	Visibility Role models	Catholic	4.2.13	Hearing impaired wears aids
Dolores	Woman Post GRS 2006 R	M	1952 62	Suburban Edinburgh	Police officer retired.	MC	Homosexual - Since GRS attracted to men but single and sexual abuse androgyn/bisexuals. Divorced. Ex wife and children reject female ID.	Female since transition. Passes and not open about trans history.	Used to participate in trans local support groups but became alienated by dynamics. Trans Internetworks Transistak and Roses Reptance.	NO	Visibility Internet	Church of Scotland	9.3.13	ASD. Heart condition triple bypass.
Grace	Woman Post GRS 2004	M	1936 78	Rural Village Strathguthrie	Army national service then own auction house business retired	MC	Homosexual. Since GRS attracted to men. Widowed after long marriage. Has male partners. Late wife supportive of fem ID but son and daughter rejecting.	Female since transition. Fully open about past history except to 16 yr old grand son for whom she remains GrandDAD and dresses male (Dual ID)	Trans activist for many years. Runs a regional support group and actively participates in other regional groups and the Equality Network. STA and Stonehall events. No Internetworks though has tried during sites in past.	NO	Visibility Media Education	Church of Scotland	15.10.12 plus	ASD. Heart condition 3 attacks, triple bypass, diabetes, hip replacement.
Helen	Transwoman Pre GRS	M	1947 67	Suburban Renfrewshire	School inspector & magistrate retired	MC	Lesbian - attracted to genetic women. Female ID rejected after coming out by all past girlfriends	Dual ID female ID with TG friends. male ID in home neighbourhood and different set of friends; recently came out to some friends and sister but rejected.	Attends most of the transgender social and support groups around the Central Belt, including Sandford group and STA events, often providing transport for others. No Internetworks at all.	NO	Visibility	Episcopalian	19.9.12 plus	ASD, chronic heart disease, high blood pressure, pulmonary oedema.
Iain	GQ Non GRS	F	1980 34	Urban Aberdeen	Chemical Engineer	MC	Bisexual. long term relationship with supportive gen fem partner	Open about GQ ID to some but not at work. Parents unaware of gender ID.	Never been interested in trans support groups. Internetwork Facebook and Utube not trans specific.	NO	Visibility Internet Social Media	Church of Scotland	10.10.13	none

Research participants

Name	Gender ID	Birth Sex	DOB age at interview	Area	Occupation	Class Roots	Self defined Sexuality & Relationship Status	Visibility	Communities & Internetworks	Gender ID a choice?	Social attitudes change?	Religious Roots	Date plus 2nd interview	Disability
Ivy	Transwoman Pre GRS	M	1952 61	Urban Glasgow West End & South Side Glasgow	Forklift Driver	WC	Lesbian - Attracted to women - Asexual since androgen blockers - Separated from wife, Gen fem girlfriend.	Dual ID - wife rejects fem ID, so keeps separate place for dressing and living fem ID and out at work, lives male in marital home; one daughter accepts the other rejects.	Tried trans support groups in the past including Sandyford group but not appropriate for her. Trans internetwork Twitter and Facebook.	NO	Media Internet Television	Church of Scotland	30.5.13 plus	none, high blood pressure since taking hormones
Jessica R	Transwoman Pre GRS	M	1987 27	Suburban South Lanarkshire	Student Beauty Therapist	WC	Bisexual Single Recently split from abusive long term relationship with gen male	Female ID lived openly, NOT accepted by father & siblings.	Has no trans friends and never attended trans support groups, may try in future. Internetwork Tumblr, Facebook, Twitter	NO	Media Television	none	29.10.13 plus	Dyslexia
Justine	Woman Post GRS 2015	M	1976 38	Rural Village Highlands	Traffic Warden	MC	Bisexual Single	Lives full time female ID. NON accepting natal family.	us	NO	Education Television Internet	Church of Scotland	23.4.14	ASD, Dyslexia,
Kylie	Transwoman Pre GRS	M	1981 33	Suburban Inverclyde	Cultural Worker	WC	Bisexual Single	Female ID now lives openly full time. Accepting parents and siblings.	Regularly attends different trans support groups and social gatherings. Trans Internetworks TV Click and Transistix	mix of birth & choice	Internet Media	Church of England	6.2.14	none
Lady G	Woman GRS 2016	M	1947 67	Rural South Ayrshire & Suburban South Side Glasgow	Truck Driver	WC	Heterosexual - attracted to men. Has male partners. Cohabits with though separated from long term wife. Initially accepted then rejected fem ID. Children accepting of fem ID but don't want it publicly known.	Dual ID, keeps separate place for living fem ID half the week, and lives half week male at work and in marital home.	Has tried different trans support groups over the years but not appropriate for her - feels different from everyone else. No trans internetworks.	NO	Media Visibility	Catholic	1.7.13 plus	ADHD
Lily	Woman Post GRS 2010 R	M	1950 62	Suburban Edinburgh	Property business retired	WC	Heterosexual. Since GRS attracted to men though previously attracted to women. Has multiple male partners. Divorced. Ex-wife and children reject female ID.	Female since transition. Fully open about past history.	Regularly attends trans support groups. Runs own small regional support group. Trans internetworks TV Click and Roses Reptape.	NO	Visibility Education	Church of Scotland	5.9.12	Heart Condition high blood pressure
Phebeax	Agender Post GRS 2009 R	M	1962 52	Urban Fife	Academic	MC	Heterosexual. Used to be attracted to women, in long term marriage to supportive gen fem. Since GRS attracted to men and currently in relationship with transman. But asexual since GRS.	Female but gender ambivalent since transition.	Trans activist runs support group. No trans internetworks.	Don't know	Don't know	none	8.3.13	Dyslexia
Renee	Bi-gender CD Non GRS	M	1945 69	Rural Village Scottish Borders	RAF maintenance engineer retired	WC	Heterosexual. Attracted to women. Recently widowed after long marriage. Late wife unaware of female ID but may have suspected. Children unaware of female ID.	Dual ID - only male ID known in home village, female when away at TG weekends.	Involved with organising and attends TV social and groups. Trans internetworks - moderator for Gender Society.com	NO	Internet Television Education	none	16.12.13	none
Rhanna	Male CD Non GRS	M	1963 51	Suburban Renfrewshire	Sales Rep building trade	MC	Bisexual - attracted to women when male and men when female. Recently separated from long term gen fem partner who rejects female ID. Multiple partners and in relationship with gen fem.	Dual ID - full time male for work part time female for play. Keeps separate place for storing clothes.	Not involved in trans support groups but very active TV social life. Internetworks Facebook and Grindr. Used to belong to TC Click but not enough time.	NO	Internet Social Media	Church of Scotland	3.12.13 plus	none
Rita	Male TV Non GRS	M	1935 79	Suburban South Glasgow	Brit Army PO Technician retired	WC	Attracted to women - widowed after long marriage. Late wife unaware of fem ID and only recently revealed to daughter.	Dual ID male for work and some friends, used to dress fem for play, but only occasionally now.	Was trans activist involved with Equality Network and ran local TG support groups now attends occasionally Trans internetwork Beaumont Society & Roses Reptape	Don't know	Education	Church of Scotland	21.1.13	arterial atherosclerosis, and foot amputated

Research participants

Name	Gender ID	Birth Sex	DOB age at interview	Area	Occupation	Class Roots	Self defined Sexuality & Relationship Status	Visibility	Communities & Internetworks	Gender ID a choice?	Social attitudes change?	Religious Roots	Date plus 2nd interview	Disability
Subrina W	Male TV Non GRS	M	1954 60	Coastal Town Inverclyde	Police officer retired	MC	Bisexual - Male self attracted to women female self attracted to transwomen. Multiple partners. Divorced. Ex-wife and children unaware of female ID.	Dual ID - male with certain associates and female with others.	Regularly attends trans support groups and has very active TV social life. Trans internetworks - TV Chix, Translato, Fabswingers & Facebook.	NO	Visibility Communication	Church of England	14.1.13 plus	none
Sally	Woman Post GRS 1998 R	M	1952 62	Coastal Town North Ayrshire	Brit Army Music Corps retired	WC	Attracted to women. Divorced. Single	Female since transition but rejected by family and persecuted in town she lives in and town she was born in so has recently moved.	Used to attend trans groups but has become disillusioned. Avoids the internet so no trans internetworks.	NO	Increased policing and penalties for trans hate	none	15.2.14	ASD, Heart Condition, triple bypass, diabetes,
Sam Wolf	Bi-gender TV Non GRS	M	1957 57	Rural Village Renfrewshire	Brit Army/Support Worker	MC	Bisexual. Divorced. Single for past 20 years.	Dual ID male for work and fem for play.	Dual ID male for work and fem for play. No longer dresses much or attends trans support groups. Trans internetworks TV Chix, Fabswingers, Upworthy.	NO	Television	Church of England	22.5.14	Heart Stents, Asthma, auto immune, blood disorder
Sindy	TV Non GRS	M	1965 49	Urban Southside Glasgow	Academic	WC	Attracted to women. Single past ten years caring for parents.	Dual ID male for work and fem for play although open and work is aware of fem ID.	Tired trans groups but not appropriate. Internetworks Facebook & Twitter not trans specific.	NO	Visibility Education	United Free Presbyterian	7.10.12	none
Suzy	Transwoman Pre GRS	M	1948 66	Rural Village Dumfries & Galloway	Brit Army Staff Surgeant retired	WC	Bisexual Divorced. In long term relationship with gen fem who accepts female ID but not GRS.	Dual ID - male identity with partner, children and in village, though rejected by ex-wife and children.	Regularly attends trans support groups. No internetworks.	yes	Perhaps early education	none	1.2.14 plus	Heart Condition, Diabetes, arthritis, hip replacement
Tristan	Man Post GRS 2008	F	1987 25	Urban Fife	Postgrad Student	MC	Heterosexual - Attracted to women. Single	Male since transition. Now accepted by parents and church comm. Passes trans list revealed on need to know basis.	Has loose connection with trans support group. Internetworks Facebook not trans specific.	NO	Education Visibility	Ecumenical	8.3.13	Dyslexia
Vaughan	Man Post GRS 2014	F	1990 24	Suburban West Glasgow	Uni Student	MC	Attracted to women. In relationship with gen fem partner supportive of male ID.	Male since transition. Passes and stealth; not open about trans history. Anon blog about transition process.	Has never been interested in attending trans support groups. Internetworks Facebook and has own Tumblr Blog detailing lower surgery transition.	NO	Media Television	Church of Scotland	11.2.13	none
Vida	Woman Post GRS 2012	M	1964 50	Suburban South Glasgow	Media worker/ support worker	WC	Heterosexual. Since GRS mainly attracted to men. Single. Divorced ex-wife always knew gender ID but thought to change her. Daughter accepting son not.	Female since GRS. Passes but fully open about past history.	Has attended trans support groups in past but no longer appropriate. No internetworks	NO	Education & attitude shift needed from trans comm	Catholic	29.1.13 plus	none
Wendy	Bi-gender TV Non GRS	M	1965 49	Urban Southside Glasgow	IT Consultant	MC	Male self asexual/female self bisexual long term marriage with k-sbian gen fem and has girlfriend.	Dual ID - male mostly and fem for play, wife encourages fem ID. Parents unaware of gender ID.	Has never been interested in attending trans support groups. Online fetish networks.	NO	Education Visibility	none	16.9.13	none