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# **How Transsexuals Cope with Discrimination: A Grounded Theory**

*A thesis presented in partial  
fulfilment of the requirements for the degree  
of Master of Arts in Psychology  
at Massey University*

**BRONWEN AVIS ROSKILLY**  
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## ABSTRACT

The coping strategies of transsexuals who experience discrimination have previously received little research attention. The primary objective of the present study was to generate a grounded theory to explain how transsexuals cope with discrimination. Eight transsexual individuals were interviewed and each interview was audio taped and transcribed in verbatim. The data was qualitatively analysed utilising the grounded theory methodology. Participants collectively described experiencing numerous instances of discrimination and described using a variety of coping strategies to help alleviate anxiety caused by discrimination. The core category of 'understanding discrimination to be an anxiety-provoking phenomenon' emerged from the data. It was determined that the core category was established by three pre-existing conditions. The first of these was an awareness of the self to be vulnerable to discrimination. The second condition was an awareness of discrimination to impact negatively on the self, and the third entailed an understanding of why discrimination occurs. The coping strategies were broken into three selective codes. Participants adopted constructive strategies which were primarily rational and realistic. Cognitive coping strategies addressed anxiety caused by discrimination by changing the appraisal of cognitions pertaining to the discriminatory experience. Direct action strategies were behavioural approaches which entailed the altering of the situation. Implications of these findings are discussed in relation to clinicians working with transgendered people, with emphasis on the common occurrence of discrimination and its detrimental impact on the transsexual.

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*"I told my staff...that something had happened to me. It was as if the male and female ego inside me had been fighting and suddenly it had stopped and the female had taken over and the male was taking a back seat. And I suddenly felt content with the world, or content with myself. At this point, I did not realise what the world was about to unleash on me in terms of discrimination." (excerpt from a participant's transcript)*

PART ONE  
Introduction

# OVERVIEW OF INTRODUCTION

How transsexuals cope with, deal with and understand discrimination is largely an uninvestigated area and thus, there is an extreme dearth of literature pertaining to this precise topic. Literature concerning the phenomenon of transsexuality is reviewed and structured so as to enable the reader to conceptualise transsexualism. A firm understanding of the nature of transsexualism is necessary for the reader of this work, particularly since much discrimination arises through misinformation and ignorance surrounding transsexuals and transgendered people. A brief discussion of history, definitions, prevalence, etiology, the transitional process, and the psychological impact of transsexuality is presented in Chapter 1.

Chapter 2 investigates the psychological conceptualisation of discrimination and prejudice. The concepts are defined and discussed in relation to transsexuality. Legal aspects pertaining to discrimination against transsexuals are also discussed.

The following chapter introduces cognitive dissonance and the related cognitive processes leading to the subsequent adoption of coping strategies.

Chapter 4 establishes an understanding of the analytical methodology of grounded theory. This is achieved by providing definitions and rationales firstly for utilising a qualitative approach and then for using a grounded theory approach. The coding and data analysis techniques are outlined, followed by discussion of criteria for assessing qualitative research.

The final chapter of the introduction outlines the method applied to conduct the present study. The objectives of the research are firstly listed, followed by a brief discussion pertaining to the participants and ethical considerations. The method of data collection (interviews) is discussed, accompanied by the rationale for using a semi-structured interview format. The precise process of data collection, entailing description of initial contact with participants, the interview process, the process of transcribing, and the follow-up is described.

The introduction provides insight into the background of the phenomenon under inquiry. It outlines the methodological procedure and provides clear rationale for utilising such methodology in relation to the present study.

## CHAPTER 1

# Conceptualising Transsexualism

The society we live in is based on a lie. We, in New Zealand society, have been led to believe that there are just two sexes - male and female. Indeed, even our language is a 'two-sex' entity. However, John Money, a psychologist specialising in congenital sexual disorders, states that "*as many as four percent of people are born a mixture of male and female: intersexual*" (Alexander, 1994, p 60). Alexander claims that certain intersexual states are biologically obvious: The true hermaphrodites (those who possess both testicles and ovaries), the male pseudo-hermaphrodite (those who possess testicles and certain aspects of female genitalia but no complete ovaries), and the female pseudo-hermaphrodite (those who have ovaries and certain aspects of male genitalia but lack testicles). However, on a more psychologically complex level is the condition of transsexuality - a state of incongruence between mind and body. Why such differences exist in human beings is still unclear. However, what is clear is that such states do, and always have, existed. This study will focus solely on the transsexuality state.

This chapter will firstly investigate the history and evolution of transsexuality across time and culture. The definition of transsexualism will be outlined, followed by brief definitions of transvestism, drag queens, fa'afafine, homosexuality, lesbianism and hermaphroditism. The prevalence of the phenomenon will then be summarised and possible biological and social/family etiological causes explored. The procedures used in gender transition are discussed as are the psychological impacts of transsexualitiy.

## HISTORY OF TRANSSEXUALISM

Transsexualism is certainly not a recent phenomenon. Ancient history of gender dysphoria dates back to Hippocrates and Herodotus who described the 'Disorder of the Scythes', that is, male to female gender changes in a Caucasian tribe (Hohberger, 1991). Numerous historical personages have lived, at least intermittently, in an opposite gender role including James I of England and Henri III of France. Around 100 court cases

were reported in Netherlands in the 17th and 18th centuries of women expressing a male gender identity, who joined the army or were sailors. (Hohberger).

Moreover, the ability to assume the opposite gender has been greatly admired among many cultures. According to Green (1969), men who took on the feminine role were often considered to possess supernatural or magical powers, while others were valued for their unusual insights and contributions (Warren, Ritter & Pollack, 1993). When looking at cross-gender identity in non-Western cultures, many have a special place for this third-gender population. The Berdache in Native America, the Acault in Burma, the Kahunain in the South Pacific and the Hijras in India are considered to be priest-like people or shamans. These people will often live in the female gender and marry men (Fraser, 1990).

The first medical description of transsexualism was classified as 'mono-symptom delusions' in 1838 (Hohberger, 1991). Related works were written late in the century and in 1910, the term 'transvestism' was coined by Magnus Hirsch before the inception of Berlin's Institute of Sex Science in 1918. In 1930 the first medically supervised sex-change operation including plastic surgery was performed on Danish artist Einar Wegar, who became Lile Elbe (Blake, 1985; Money, 1970). The term 'transsexuality' was introduced by Cauldwell in 1949 and first came into general use in the 1950s particularly after American George Jorgenson became Christine Jorgenson through a series of hormonal and surgical treatments in Copenhagen in 1951-1952 (Crown, 1976; Hamburger, 1969). John Money established the term 'gender' in relation to 'gender identity' and 'gender role' (Hohberger) before the Harry Benjamin International Gender Dysphoria Association's inception in 1978 set out the Benjamin Standards of Care, guidelines designed to assist the person who is exploring the process of gender identity confirmation (Ingersoll Gender Centre, 1996). However, the history of transsexualism reveals a preoccupation with sexuality and the error of considering transvestism as an equivalent entity slowed the discovery of transsexuality as a gender identity disorder (Hohberger).

Since such notions were introduced, an increasing awareness of transsexuality has evolved through research, investigation, and documented personal biographies such as those written by writer Jan Morris and musician Wendy Carlos (Wilson, date unknown). However, mainstream literature has tended to concentrate not only on the male to female transition through familiar celebrities such as Martina Navratilova's former tennis coach, Renee Richards (Slee, 1995), but on the male to female transition, *per se*. The female to male experience rates only a footnote in comparison.

The occurrence of gender transition seems to have conjured mixed societal perceptions. The New Zealand media have made purposeful attempts to expose transgender issues and experience, this seen in reports of transgender beauty pageants, (Mr Maria, 1996) reports of transsexual experience (Hammond, 1996; Gregg, 1996) and television documentaries such as the screening of 'Born Again', a documentary about transsexualism featured on 20/20 in 1994. However, although transsexuality has existed across time and culture, the rise of modern medical procedures enabling gender transition has educed mixed societal perceptions towards transsexuals.

## DEFINITIONS

It is imperative to clarify the definition of transsexualism and the definitions of similarly related concepts. There appears to be a general social ignorance and public confusion in New Zealand society when distinguishing transsexualism, transvestism, drag queens, homosexuals, lesbians, and hermaphrodites, and this often contributes to subsequent prejudice and discrimination (Johnson, 1996). Thus, the purpose of this section is to clarify any misconceptions in terminology.

### Transsexualism

Transsexualism is a gender dissatisfaction. In an idealised case of transsexualism, a person believes that their gender is completely and irrevocably incompatible with their physical sex (Brown, 1988). Brown further states, "*a transsexual is also a post-operative person whose body has been changed through sex reassignment surgery*" (p 157). Such individuals are likely, throughout their lives, to strive towards projecting themselves as their desired gender rather than as their designated biological sex. The transsexual may do this by presenting in the clothes typical of the preferred gender, adopting mannerisms and voice tonations. The transsexual may take steps to bring his or her body in line with his or her gender identity and undergo genital surgery and hormone treatment to make his or her body assume, as closely as possible, the anatomy of the other biological sex (Davison & Neale, 1994).

The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM IV) notes transsexuality as a condition termed 'Gender Identity Disorder.' Some medical professionals term the phenomenon 'Gender Dysphoria', 'dysphoria' meaning

'discomfort' or 'uneasiness' (Huxford, date unknown). Gender dysphoria is defined as a "*persistent sense that one's gender identity is in discord with anatomical sex, and may be accompanied by gender-discordant behaviour*" (Burns, Farrell & Brown, 1990, p 265). The DSM IV states that an individual may be considered transsexual if there is,

- \* "A strong and persistent cross-gender identification.
- \*...A stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.
- \*...Persistent discomfort with his or her sex or sense of inappropriateness in gender role of that sex.
- \*...Preoccupation with getting rid of...sex characteristics (eg., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex" (Kaplan & Sadock, 1994, p 684).

## Transvestism

Transvestism, according to Davison & Neale (1994) is in effect when "*a man is sexually aroused by dressing in women's clothing while still regarding himself as a man*" (p 339). Female-to-male transsexuals and some lesbians aside, there appears "*no women known who have an irresistible urge to imitate men*" (Crown, 1976, p 229). Thus, transvestites are men who are predominantly heterosexual (Klein, 1996), and many are married with successful careers. For this reason, cross-dressing may often necessitate secrecy so to obscure their transvestism from their families.

It has been reported that cross-dressing may arouse particular aspects of excitement, although they tend to emphasize that their activities are focused primarily on sexual release (Doorn, Poortinga, Verschoor, 1994). Bolin (1988) and Davison & Neale (1994) maintain that one component of this excitement is its sexual aspect. Dressing in women's clothing facilitates sexual arousal for the transvestite. This sexual excitement may be considered as fetishistic whereby a sexual attraction is attached to the feeling of been dressed femininely. A second component is that of the potential for discovery when cross-dressing in public. Bolin suggests that escaping detection when cross-dressed may act as a source of excitement. In the same vein, the widespread negative stigma associated with cross-dressing can be reversed. Hence, a person who may otherwise discriminate who is unable to detect a cross-dressed man, may be considered a 'fool'. Thus, the transvestite may derive pleasure from, what he may see as, fooling the rest of the world.

Differing from the transsexual, the transvestite has no doubt concerning his masculine gender orientation. Further, he has no desire to surrender his male role or seek surgical conversion. For some, transvestism can be considered merely a hobby whereas for the transsexual, the phenomenon is incessant. However, the two terms are often confused since male to female transsexuals, in their quest for identity, cross-dress, although their motivations are distinctly separate.

## **The Drag Queen**

The 'drag queen', or female impersonator, refers to the cross-dressing role institutionalised in the gay community. However, drag queens are a subgroup to this community with distinctly different lifestyle attributes. They are part of a broader group of effeminate men in the gay community known as 'queens' although the 'drag queen' is the most extreme form of a 'queen.' They may work professionally, presenting themselves in the most extravagant attire (Bolin, 1988).

Above all else, however, they are gay men. Unlike transsexuals, they do not suffer any gender conflict. They do not conceive of themselves as female and do not yearn to possess the genitals of the opposite sex.

## **Fa'afafine**

In the Samoan culture, 'fa'afafine' denotes a transgendered person. The definition of fa'afafine is apt in this section considering Samoan immigration has been bringing fa'afafine to New Zealand for years (Queens of Samoa, 1994). Genetically and physically, fa'afafine are men and most want a relationship with a man. Inclined to be entertainers, some define fa'afafine as "*to be like a woman*". They may differ from transsexuals in that some do not seek surgical conversion due to the belief that "*it's what's inside that counts*" (Queens of Samoa).

## **Homosexuality**

Homosexuality denotes being "*sexually attracted to those of the same sex*" (Hayward & Sparkes, 1985, p 561). Transsexuals are commonly regarded as homosexual as their actions, motivations and gender identity are widely misunderstood.

## Lesbianism

Lesbianism is defined by Hayward and Sparkes (1985) as "*homosexuality in women*" (p 671). Much like homosexuality, lesbianism may be a discriminatory term used to refer to some transsexuals.

## Hermaphroditism

A hermaphrodite is a person (or an animal) combining in itself both male and female organs, or someone who possesses "*to a greater or less extent the characteristics of both sexes or other opposite attributes*" (Hayward & Sparkes, 1985, p 548).

Hermaphroditism can be confused with transsexualism perhaps because of the seemingly similar attribute of being 'double sexed.'

The prevalent motivation for inclusion of these terms, homosexuality and lesbianism, turns to the general misconception that transsexualism is closely equated to homosexuality or, perhaps to a lesser extent, lesbianism. It is important to clarify that sexual preference is unconditionally separate from gender identity. Hence, the particular gender someone is sexually attracted to is separate from the gender with which they identify themselves.

It must be noted also, that the range and diversity within the transgendered community is immense. The definitions supplied are general and it is important to bear in mind that every transgendered individual is different in his or her needs, motivations and beliefs concerning personal transgenderism.

## PREVALENCE OF TRANSSEXUALISM

It appears fairly difficult to establish the frequency and prevalence of transsexuality. Jonas (1976) postulates that this may be due to many factors - the existence of only a few centres in the world for surgical treatment, the lack of clear differential diagnostic criteria (until only recently) and the constant migration of transsexuals. Furthermore,

the uncertain legal situation coupled with society's largely negative attitude tends to promote concealment of transsexuality, rendering statistical analysis difficult. Thus, there are few official statistics available for transsexuality and even fewer still on female to male transsexuals (FTMs) (Slee, 1995).

The most reliable estimates indicate there are approximately 5,000 post operative transsexuals living in America, while in Australia, the figure is likely to be close to 1,000 (Slee, 1995). Hollund (1992) estimates that there are 500 transsexuals in Auckland alone.

According to Bloom (1994), approximately 2 people in every 100,000 are diagnosed as high frequency transsexuals, meaning they will be motivated to bring their bodies in accord with the gender they know themselves to be. Other studies have proposed a prevalence ratio for transsexualism to be 1:24,000 to 1:37,000 for men and 1:100,000 to 1:150,000 for women (Walinder, 1971; Ross, Walinder, Lundstrom & Thuwe, 1981). Another UK study suggests a prevalence of 1:40,000 in men and 1:110,000 in women (Hoenig & Kenna, 1974). A more recent investigation (Eklund, Gooren & Bezemer, 1988) found a prevalence ratio in the Netherlands of 1:18,000 for men and 1:54,000 for women. Such statistics clearly indicate a lower incidence of female-to-male transsexuals. Until around a decade ago, clinical literature reported that for every four men seeking to be anatomically female, there was one woman seeking the opposite change. Now, however, experts agree that the ratio is equal (Bloom; Slee, 1995).

## ETIOLOGY

The causes of transsexualism still remain largely undetermined. Numerous studies have been conducted in an attempt to explain transsexuality yet, on the whole, results remain inconclusive. Denny (1996) states that transsexualism is a "*behavioural manifestation with underlying causes which might be biological, psychological, sociological, or familial in nature*" (p 1).

### Possible biological causes

The etiology of transsexualism is suggested by a variety of scientific observations. It has been proposed that in men, transsexuality is due to an abnormally low exposure to androgens during sexual differentiation of the brain, whereas in women it is due to an

abnormally high exposure to androgens (Orlebeke, Boomsma, Gooren, Verschoor & Van Den Bree, 1992; Dorner, 1988). Kaplan & Sadock (1994) believe that testosterone affects brain neurons that contribute to masculinisation. However, Kaplan & Sadock further state that whether testosterone contributes to so-called masculine or feminine behavioural patterns in gender identity disorders, remains a controversial issue.

Further, a number of transsexuals have been reported to have abnormal electroencephalograms (EEGs) (Hoeing & Kenna, 1979), although another study (Blumer, 1969) failed to confirm this.

The unchangeable nature of the transsexual's gender identity has led researchers to speculate that transsexuals differ hormonally from 'normal' gender identity. Hormonal causes brought out by experimental studies on rodents and primates have shown significant differences in sexual behaviour in adult life resulting from hormonal influence in fetal life (Michale, 1967; Harris, 1964; Money, 1965). However, Kaplan & Sadock (1994) state that masculinity, femininity and gender identity are products of postnatal events rather than prenatal hormonal organisation. Gladue (1985) found few differences in hormone levels in adult male transsexuals, heterosexuals and homosexuals.

Further, it has been hypothesised that a gene of sex identification might be attached to the wrong chromosome (Melicow & Uson, 1964). However, attempts to pinpoint chromosomal abnormalities have failed, as have attempts to find differences in brain structure (Emory, Williams, Cole, Amparo & Meyer, 1991).

Most recently, animal studies have shown that if a fetus receives too much estrogen, hence if the mother has been administered a natural or synthetic estrogen during the critical period when genes attempt to express masculinity, the switch from female to male is disrupted (Sharpe, 1996). Sharpe further suggests that estrogenic pollutants in our environment may contribute to this.

In sum, attempts to locate a scientific or genetic cause for transsexualism have been largely unsuccessful. However, Schrang (1996), a leading sex reassignment surgeon in the U.S.A. notes that "*we are quite certain that the problem occurs in utero, and is therefore Congenital in nature and not genetic*" (p 1). Although particular studies have resulted in significant findings, others have failed to replicate such results. Thus, etiological links which are biological in nature remain highly speculative and largely

inconclusive, although it seems that the transsexualism is not passed from generation to generation.

### **Possible Social/Family Causes**

It has been suggested that early learning, family interaction and upbringing can contribute to the development of transsexualism. As with the biological literature however, theories linked to upbringing have been largely inconclusive. The importance of upbringing has led to the proposal that aberrant parental attitudes and rearing play a role in the development of transsexualism (Garden & Rothery, 1992). This is seen in the case of an identical twin boy who was successfully reared as a girl following accidental amputation of his penis at the age of seven months (Garden & Rothery).

Kaplan & Sadock (1994) postulate that a child may receive a parental message that they would be valued more if they were to adopt the opposite gender. Hence, a rejected or abused child may act on the understanding that they would be treated comparatively better if they were the opposite gender. Jonas (1976) believes transsexuality to be an imprinting phenomenon and thus sees early learning to be crucial in psychological gender development. Such statements, however, have no supporting evidence.

Further, the quality of the mother-child relationship in early life is seen to be paramount in establishing identity of gender. Greenson (1968) agrees that the mothering role is cardinal in the formation of core gender identity. It is at this stage that the mother facilitates the child's awareness and pride of their gender (Kaplan & Sadock, 1994). Thus, hostile mothering may disrupt the identification. Kaplan & Sadock suggest that in the event of the mother's death, prolonged absence, or depression, gender identity problems may arise whereby a young boy may take on the feminine (mother) replacement role. Stoller (1968) suggests that the male's desire to cross-dress is caused primarily by the mother's wishes which may be translated into behaviours such as a failure to discourage feminine behaviour in her son.

Similarly, the role of the father may be crucial in the child's gender identity development. In the absence of a father figure, the mother and child risk remaining in an overly close bond. Kaplan & Sadock (1994) suggest that this may lead to a lack of male identification. Green (1974), however, places less emphasis on psychodynamic concepts and gives greater weight to socialization factors such as peer-group interaction. For the investigating researcher, it is important to realise that such

speculations are just that - speculations. There is no empirical evidence to support such hypotheses so such theories remain unconvincing.

Whether or not the causes of transsexualism stems from family upbringing, it may be true that the reactions of family members to a child's early gender conflict may shape the development of emerging transsexuality. Because it is socially acceptable for a girl to present as a 'tomboy' yet not as acceptable for a boy to be a 'sissy', different reactions are elicited by the parents in each situation. In a study conducted by Jones & Tinker (1982) investigating family interaction in relation to child transsexualism, it was the father who condemned an effeminate son and the mother who protected him. Such reactional behaviour is believed to shape the formation of transsexualism. Thus, the relationship between family dynamics and transsexualism is interactional. The parental reaction to inappropriate gender behaviour prompts a particular response or reaction from the child, and vice versa. The ebb and flow of such interaction therefore shapes the terrain of emerging transsexuality.

Green (1974) concluded there to be no consistent etiological patterns existing for gender dysphoria in males. Similarly, for women, Green states that research findings are inconsistent so generalisations must be tentative.

## TRANSITIONING

Constantly surrounded by people who are gender congruent, transsexuals live in a state of psychological discomfort. They are swamped in a highly sex conscious society which not only functions with differentiated sexes, but places emphasis on physical attractiveness. Impossible to escape the perpetual bombardment of ever reminding stimuli, the transsexual is burdened with an innate longing for true gender expression. Thus, transition is initiated. The decision has little room for choice as the position they live in is impossible to sustain without constant anxiety.

Transsexuality is usually diagnosed first by the individual, then by endocrinologists, G.Ps, psychiatrists, physiologists and psychologists (Bloom, 1994). Before surgical reassignment is considered, hormonal treatment of at least one years duration and often several years duration is carried out (Brown, 1988), this following approval from a GP, psychologist and endocrinologist (Gregg, 1996).

After consulting psychologists widely knowledgeable in the area of gender transition, the following information (pertaining to New Zealand) was gathered. Within New Zealand, there are no mandatory guidelines for the psychological treatment of prospective transsexuals and transsexuals undergoing gender reassignment. Unlike in the U.S.A. where Harry Benjamin Standards of Care are mandatory across all cases (Ingersoll Gender Centre, 1996), the psychological treatment and counselling received in New Zealand is entirely contingent upon the particular area the individual is seeking transition, the recommendations and referrals of particular G.Ps, and the requirements of the gender reassignment surgeon. There is a gender team in the Auckland region which have specific guidelines to comply with, while certain G.Ps in more obscure cities such as Palmerston North and New Plymouth require a psychologist's report before acceptance for transition and full gender reassignment. Some G.Ps may or may not refer the transsexual individual to an endocrinologist to assess blood chemistry. Certain surgeons in New Zealand require two reports from psychologists or psychiatrists. Reassignment surgery has previously been conducted in Christchurch, Hamilton, Rotorua and Auckland. A psychologist's assessment of the individual may entail investigation into the possibility of psychosis and delusions, the possibility of schizophrenia, and investigations into the psychosexual history. Typically, counselling is required because of guilt, shame, discrimination, depression or anxiety.

The hormone course is the first step in gender reassignment (Slee, 1995). Hormonal sex reassignment denotes the administration of androgens to genotypic and phenotypic females, and the administration of estrogens and/or progesterones to genotypic and phenotypic males for the purpose of effecting somatic changes in order for the patient to more closely approximate the physical appearance of the opposite sex (Ingersoll Gender Centre, 1996). For the female-to-male, tablets, injections or implants of testosterone result in facial hair growth and a restructuring of body fat (Slee). Deepening of the voice, clitoral enlargement, and cessation of menstruation occurs and the ovaries stop working resulting in permanent sterility. For the male-to-female, hormones will stimulate breast growth, lighten body hair, and soften facial features. Muscles will become thinner and the skin softer (Brown, 1988). For both parties, oil glands may become enlarged resulting in acne, while mood swings including uncharacteristic feelings of aggression may occur (Beatty & Blackwell, 1995).

Patients applying for sex reassignment surgery are carefully assessed in a clinical setting where it be imperative they fulfil the DSM-IV criteria for genuine transsexuality (Bodlund, Kullgren, Sundbom & Hojerback, 1993). Bodlund et al. state that the candidate must have adequate intellectual and personality capacity to withstand the

stress that transition may imply. The most essential requirement, however, is that the candidate must have lived and worked in the opposite gender role for at least two years (Gregg, 1996; Bodlund et.al.; Burns, Farrell & Brown, 1990). However, through informed close-knit transgender circles, and through much prior research in the area, many candidates bring to the professionals all the correct answers, regardless of whether they are truly applicable to themselves. In the presentation of their personal history, there is the possible tendency to distort the facts solely to fit the clinical picture (Grimm, 1987). Thus, the confounding situation may see the acceptance of unsuitable candidates for surgery.

Once the candidate has full approval for sex reassignment surgery, transition can be conducted. Surgical sex reassignment denotes the *"surgery of the genitalia and /or breasts performed for the purpose of altering the morphology in order to approximate the physical appearance of the genetically other sex in persons diagnosed as gender dysphoric"* (Ingersoll Gender Centre, 1996, p 2).

For the male-to-female, castration and demasculinization is carried out and the left over soft tissue and skin are used to form the labia and an artificial vagina (Crown, 1976). Crown states that it is possible to achieve satisfactory results both cosmetically and sexually, so that the patient can later function sexually as a female partner in a sexual relationship, in some cases maintaining the ability to orgasm. Genital surgery aside, cosmetic surgery may also be requested, this commonly including breast implant surgery, nose surgery, tracheal shave (shaving of the adam's apple) and corrective rhinoplasty (Bible, 1996).

For the female desiring the male transition, one of two possible genital surgeries are available - phalloplasty or a metoidioplasty (Bloom, 1994). The more expensive option of phalloplasty entails the construction of a false phallus from skin, thigh muscle, arteries and nerves (Cameron, 1995). A rolled tube of flesh is then attached to the naval and pubic area to develop a blood supply. After three months, it is detached and permitted to drop down. However, the simulated penis has no head, no erectile function nor urinary function, although erectile rods can be inserted and inflated via pumps to achieve erection (Gregg, 1996).

The other option is that of metoidioplasty or genitoplasty in which the testosterone enlarged clitoris is shaped into a small penis and the labia majora sculpted into scrotum (Gregg, 1996). Gregg claims that creating new genitals requires at least four operations and the option of a transplant is not yet feasible.

Top surgery or mastectomy is commonly performed prior to the genital surgery. This procedure entails removing the nipple, sizing down the breast, and replacing the nipple. During keyhole surgery, fat is liposuctioned from the breast through a small hole (Cameron, 1995).

Unfortunately, little literature is available for the phase immediately following surgery (Hunt, 1996).

## **PSYCHOLOGICAL IMPACT OF TRANSSEXUALITY**

Carrying the consistent burden of gender conflict impacts on transsexuals, not only during the transitional stage, but throughout the individual's life. Of course, the psychological impact of transsexuality differs vastly from one transsexual to the next.

Transsexuals typically have suffered many years of immense feelings of alienation and isolation as they consider themselves to have an exclusive and unique problem (Green, 1996). When discovering the transsexuality phenomenon and discovering there are others who share the same condition, there may be feelings of relief in understanding that they are not alone. However, in fear of humiliation, they may still obscure their gender dysphoria from friends, family members and others with whom they have a close relationship. Green suggests that the sense of isolation and sometimes shame that accompanies such secrets, can have a detrimental effect on self esteem. Further, family relationships, friendships, work relationships, and love relationships may suffer. This may ultimately lead to compartmentalization of their lives and obvious problems with intimacy, since they may be unable to share their greatest secret (Satterfield, 1988).

Many transsexuals report previous bouts of depression due to their sense of alienation which, in turn, becomes one of the greatest diagnostic dilemmas from the clinician's perspective (Satterfield, 1988). Satterfield suggests that depression may result also as a reaction to discrimination they have received. Jonas (1976) agrees that depressive episodes may be common for the transsexual individual. Jonas maintains that family and friends' opposition to the transsexual's cross-gender aspirations may promote a blocking from the general tendency of humans to live in a group and be basically like others. Thus, unable to cope, the transsexual may shift from basic depressive states into increasingly severe depressive episodes.

Jonas (1976) acknowledges that suicidal tendencies are part of the clinical picture. If there is a lack of self-assurance or a lack of a strong support system, transsexuals may fall prey to doubts and rejections. Further, hormone therapy can produce vicious mood swings and depression which may lead to suicidal ideation or suicide attempts (Beatty & Blackwell, 1995). When a gender dysphoric individual begins to feel that life is hopeless and happiness seems an unattainable goal, danger of suicide or self-mutilation may lurk. Beatty & Blackwell suggest that self-mutilation of the genitals may be an attempt to perform their own reassignment surgery particularly if application for surgery has been rejected or finances are preventing chances of gender reassignment.

Beatty & Blackwell (1995) report other forms of self-hurt which may be inflicted in an attempt to cope with the pressures of being gender dysphoric. Retreating may lead to immense loneliness and thus, severe bouts of depression. Neglect of physical and mental health may stem from low self-worth, this becoming justified behaviour by believing happiness is an unattainable goal. Further, while alcohol and drug abuse may temporarily achieve an easy escape and a quick remedy for hurt and confusion, this may lead to bodily damage or, in some cases, the risk of suicide.

Galvin (1996) postulates that transsexuals may endure a period of self-hate and self-punishment to purge themselves of guilt feelings. Such hatred and punishment may manifest itself in self-abuse or physical self-mutilation. Guilt feelings may surface from a preoccupation with gender identity and neglecting other areas of their life. The guilt may be related to a realisation of failing to develop their human potential (Galvin; Green, 1996). Further, Galvin states that while the transsexual cannot unreflectively follow the path of social conformity, he or she is forced to make some crucial personal decisions to essentially be self-honest. This exercise of personal freedom and acknowledgment of one's personal uniqueness may give rise to considerable existential guilt, this being an inescapable aspect of life not to be considered an unhealthy guilt.

## SUMMARY

The history of transsexualism reveals issues of gender identity occurring in all cultures at all times, the term transsexuality coming into common usage only in the last half century. Definitions of transvestism (cross-dressing primarily for sexual purposes),

drag queen (gay female impersonator), fa'afafine (transgendered Samoan), homosexuality, lesbianism and hermaphroditism have been presented to clarify terminology. On the whole, figures indicate transsexuality to have a 1:100,000 ratio. Specific biological causes of transsexuality are inconclusive, although it is suggested that causes are congenital rather than genetic. Causes in terms of social interaction and family upbringing remain unconvincing and inconclusive. During the transitional phase, hormones are taken and after acceptance from medical authorities, sex reassignment can occur, this usually entailing a mastectomy, and a phalloplasty or metoidioplasty for the female-to-male and the castration and construction of an artificial vagina for the male-to-female. Alienation, depression, suicide, guilt, self-abuse and self-mutilation can all be products of the impact gender dysphoria can have on an individual. The next chapter discusses the concepts of discrimination and prejudice in relation to transsexualism.

## CHAPTER 2

# Prejudice and Discrimination

## DEFINITIONS

This chapter will investigate the psychological conceptualisation of discrimination and prejudice. It will then be discussed in relation to transsexuality.

The term **discrimination** is used, whether active or passive, to refer to

*"the distancing from and avoidance and exclusion of persons in low-status social categories by persons with greater power"* (Lott & Maluso, 1995).

Bourhis (1994) demonstrated empirically that without power, social categorisation is not sufficient to trigger discriminatory behaviour. Hayward & Sparkes (1984) state **to discriminate against** denotes *"to distinguish or deal with unfairly or unfavourably"* (p 321).

**Prejudice** is described by Hayward & Sparkes (1984) as denoting

*"Opinion, bias, or judgement formed without due consideration or facts or arguments; mischief, damage, or detriment arising from unfair judgement or action"* (p 896).

Myers (1990) suggests that prejudice refers to an unreasonable negative attitude towards a groups and its individual members, while discrimination is an unreasonable negative behaviour towards a groups and its individual members. Therefore *"prejudice is a negative **attitude**; discrimination is a negative **behaviour**"* (Myers, 1990). Lott & Masuso (1995) define **attitude** as *"a covert affective (or feeling) response to stimulus"* (p 23) and overt action is the **behavioural** response to that same stimulus (Lott & Maluso, 1995). Myers (1990) states that an attitude is a *"distinct combination of **affect, behaviour and cognition**"* (p 332). A prejudice (a negative attitude) may manifest itself by disliking a particular group , behaving in a discriminatory manner against a

particular group, and believing a particular group to have certain unfavourable attributes.

## DISCRIMINATION AND TRANSSEXUALS

Predictably, transsexuals arouse the disapproval of others. Since the prevalence of transsexuals is so low, transsexuals are indeed a minority group within our society. According to Myers (1990), the favouring of one's group may lead to an exaggerated stereotyping of outgroups. Thus, the majority group within society may develop a prejudice towards the transsexual minority group which may result in outward discrimination. Transsexuals in our society today face discrimination from other members of the public who have developed a prejudice against this minority group. As Neil (1991), discussing New Zealand transgender discrimination, states,

*"Heterosexual dominance is so entrenched and prejudice so rife...minorit[ies] such as transpeople are constantly subjected to belittling and derogatory comment and statements as well as actions" (preface).*

The consequences of discrimination are well known to include interference with access to resources, and the restriction of movement and opportunities - the defining characteristic of minimum or low power (Lott & Maluso, 1995). To deal with discrimination, coping strategies are employed. Coping strategies are discussed in detail in chapter 3.

According to Neil (1991), discrimination against the transsexual can manifest itself in a variety of forms. **Passive, concealed** and **administrative discrimination** can occur subtly and is prone to occur in the dealings of bureaucratic matters and/or in the working environment.

*"You aren't told vital facts, information is withheld, your rights certainly withheld or not explained...The negative and questionable statements made about you, your work, reasonings on their part to justify their discrimination and ensure others continue it too. How personal information is tampered with, doctored, and altered, or removed, and falsified" (Neil, 1991, p 3).*

**Obvious (active) discrimination** (Neil, 1991) may occur more publicly to cause fear, trauma, or deliberate humiliation to the transsexual individual before an audience.

*"In some cases clear threats to my safety were involved. Accidents happened as a consequence and severe financial loss and economic hardship experienced....The extent to which you become excluded...forgotten about, ostracised at group functions, in memberships, unwelcome as a friend or visitor, or relative even, rather not be associated with" (Neil, 1991, p 4-5).*

Discrimination, according to Lott & Maluso (1995) can take the form of **humour, put-downs, institutional exclusion, personal distancing, ignoring, excluding, devaluing insult, harassment, intimidation, sexual abuse and physical abuse and murder**. The theme of discrimination was directly pursued in the interviews. The central theme of the present study focussed on discrimination and how transsexuals cope with the experience.

## LEGAL ASPECTS

The issues surrounding discrimination are important to transsexuals living in New Zealand, as transgendered people are basically the only group in our society to have no reliable legal support in the instance of discrimination. If a transsexual lays a complaint of discrimination with the Human Rights Commission, it is taken on a 'case by case' basis which usually ends in unsatisfactory results (Information obtained through participant, 1996). Fortunately however, under the new and present law of Births, Deaths and Marriages Amendment Act 1995, a post operative transsexual is now legally their nominated sex and consequently is covered under the existing Human Rights Act. However, a pre-operative transsexual is not covered by this law. Until the portfolio on transsexual rights is brought back into parliament, transsexuals will continue to have little legal support (Information obtained through participant, 1996). Inquiry into transsexual discrimination, such as the research at hand, may help in this reassessment.

Certain states in the U.S.A. have now passed laws prohibiting discrimination against transgendered people. In December 1994, San Francisco passed a gender-identity anti-discrimination law to protect the rights of the transgender minority (Unknown author, T.N.T., 1995). Along with Minneapolis, Santa Cruz and Seattle, San Francisco no longer tolerates ridicule or physical abuse directed at a transgendered person for the act will be deemed a slur or a hate-crime. If such an anti-discriminatory law were to be passed in New Zealand, transgendered people could rest assured that they would definitely have legal aid in the event of discrimination.

Within the workplace, covert measures of discrimination such as demotion, transfer to a less desirable assignment, and verbal abuse may occur. This is mostly true for the male-to-female working in a predominantly male field (Unknown author, *Counselling the transsexual*, 1996).

The situation regarding legal documentations for transsexuals has certainly improved in New Zealand. Legally, a transsexual's sexual status is entirely dependent upon personal documentation. If medical proof can be produced proving the endeavour to alter one's sex, approval to alter the sex on the passport may be granted (Gregg, 1996). In some cases, however, the sex on the passport of the pre-operative transsexual may be simply illustrated with a hyphen. Transsexuals are now able to change their original sex to the desired sex on the birth certificate (Gregg, 1996; Hammond, 1996) as well as alter their drivers license (Hammond, 1996). New Zealand transsexuals can now marry under their new gender (Hammond, 1996; Gregg, 1996). Passed in November 1994, the legal judgement for this Act acknowledges that marriage is an entity dependent on more than mere procreation (Gregg, 1996).

## SUMMARY

This chapter has discussed prejudice and discrimination in relation to transsexuality. Prejudice is a negative attitude (an attitude consisting of affect, behaviour and cognition) while discrimination is solely a negative behaviour. Ingroup bias projected onto minority outgroups (transsexuals) gives rise to discrimination in New Zealand, which may take a variety of forms including passive or active discrimination. The particular types of discrimination vary from minor to extreme. Further, the legal standing of transsexuals in New Zealand maintains little legal support in cases of discrimination, although transsexuals are able to marry and change their sex on documentations. Chapter 3 introduces the cognitive dissonance theory and discusses its application to transsexuals and discrimination. This directly leads into the employment of coping strategies.

## CHAPTER 3

# Cognitive Dissonance in Relation to Discrimination Against Transsexuals

The nature of transsexual gender expression coupled with the experience of discrimination involves a psychological contradiction which may well be expressed by cognitive dissonance theory.

This chapter introduces the concept of cognitive dissonance. It is explained how the drive to reduce dissonance motivates the use of coping strategies. Coping is defined and specific coping strategies are then presented. Inclusion of the theory of cognitive dissonance is necessary as it may describe the transsexual's cognitions following the experience of discrimination and preceding the adoption of a coping strategy.

## THE ESTABLISHMENT OF COGNITIVE DISSONANCE

A transsexual individual, when seeking his or her authentic identity, may present themselves in terms of the opposite sex. The metamorphic journey is usually one accommodating expression of great relief and disclosure of true gender. The realisation of transsexualism and its application to the self may bring to an end years of psychological confusion.

*"To honestly look at yourself and make the choice to change what you don't like is healthy and necessary" (Kaye, 1996, p 1).*

*"I have been able - for the first time in my 57 years - to accept this important side of myself...It was a wonderfully liberating experience to be out of the closet at last" (Smith, 1996, p 1).*

The continual living as the preferred gender is wholly fulfilling as freedom of true identity is unveiled and permitted to show. Thus, the experience of true gender expression is wholly positive.

However, society does not perceive transsexuality in such a positive light. Society denies the ready acceptance of the transsexuality phenomenon and negative perceptions are manifested in discrimination and projected, either overtly or covertly, onto the transsexual. Neil (1991) confirms that the experience of discrimination is abominable and offending. Thus, the experience of discrimination is wholly negative.

As a result, the transsexual may be faced with an ambivalence. The great positivity surrounding the true expression of self sharply contrasts with the incessant negativity harboured by society, this often tainting the perceptions of personal friends, family, workmates and associates. Consequently, the transsexual may be burdened by inconsistent cognitions.

This cognitive inconsistency is commonly termed **cognitive dissonance**. According to Festinger (1962), the founder of cognitive dissonance theory, this state is a psychological tension having motivation characteristics. The theory of cognitive dissonance is primarily concerned with conditions that arouse dissonance, and the strategies with which dissonance can be reduced (Brehm & Cohen, 1962). According to Zimbardo (1968),

*"When a person has the cognition that he has voluntarily chosen to commit himself to a behaviour which has negative consequences for the satisfaction of some relevant, salient motive, a state of cognitive dissonance is created (p 15).*

Thus, the theory assumes the existence of a basic tendency towards consistency of cognitions about one's self and one's environment. When psychological elements are inconsistent, dissonance is aroused. The psychological theory of cognitive dissonance, defined in terms of ill-fitting cognitions (Pepitone, 1966), can be applied to the phenomenon of transsexuality and discrimination. The positive cognitive associations with gender expression collide dramatically with society's negative perceptions and actions (prejudice and discrimination) thus arousing a psychological dissonance for the transsexual individual.

## THE DRIVE FOR DISSONANCE REDUCTION

Cognitive dissonance is an antecedent condition which naturally motivates activity towards **dissonance reduction** (Festinger, 1962). The existence of psychological discomfort thus motivates an individual to achieve consonant cognitions. Kreitler & Kreitler (1976) postulate that the reduction of dissonance is a manifestation of the homeostatic tendency. Thus, the motivation to dissolve dissonance is derived from the psychological tendency to maintain cognitive consistency.

Pertaining to the instance of cognitive dissonance aroused in transsexuals, the need to reduce the psychological imbalance may be directly contingent upon the importance of each opposing element. Festinger (1962) maintains that,

*"If two elements are dissonant with one another, the magnitude of the dissonance will be a function of the importance of the elements"* (p 16).

The decision to sway in the favour of one cognition, therefore, is largely dependent on the process of weighing the pros and cons of each opposing cognition.

## COPING STRATEGIES

This leads into specific methods to reduce dissonance. The dissonance arising from the colliding cognitions calls for the utilisation of coping strategies to reduce or eliminate stress-arousing cognitive dissonance. The employment of a **coping strategy** assists in reducing, tolerating or overcoming demands created by stress (Weiten, 1992).

A precise definition of coping is difficult to reach, considering definitions proposed by researchers vary, often with only subtle differences between them. Fleishman (1984) refers to coping as *"overt and covert behaviours that are taken to reduce or eliminate psychological distress or stressful conditions"* (p 229). However, Lazarus & Folkman (1984) provide a definition which does not imply that coping will always be successful. They maintain that coping entails *"constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person"* (p 141). Lazarus & Folkman consider that coping strategies have two major functions: regulating emotional distress and attempting to solve the problem. However, little is known about whether or not some coping behaviours are more effective than others (Foster, 1995), and there appears to be

an infinite number of coping strategies and so agreement on what makes up a complete set of strategies is difficult (Matheny, Aycock, Pugh, Curlette & Cannella, 1986).

For an individual facing stress or anxiety, certain personalised strategies may be employed, this contingent upon the strength of negativity from opposing cognitions. Obviously, the perceptions and impact of such cognitions vary from one individual to the next, inevitably sculpting the personalised behaviours and motivations.

Various researchers have proposed specific types of coping strategies. **Direct action** or action oriented coping strategies (Mandler, 1975) primarily targets personal behaviour. Such strategies involve the direct appraisal of a situation and the consequent direct altering of that situation. Such action aims to reduce stress. Mandler suggests that individuals adopting direct action strategies may primarily focus on the avoidance of the stress-arousing source. Festinger (1962) claims that an individual may actively avoid situations and information which would likely increase the cognitive dissonance. In application, an individual may obscure his or her transsexuality to those around him or her, or simply avoid situations in which discrimination may arise.

Mandler (1975) maintains that one may deal with dissonance by changing one's appraisal of cognitions and appraisal of dissonance arousing events. Thus, by initiating a change in **cognition**, the prevailing dissonance may be minimised. In the instance of discrimination against transsexuals, the victim may take on any of the defense mechanisms in order to cope with the state.

Defense mechanisms are considered essentially cognitive, and therefore could be grouped with the cognitive coping strategies. **Defense mechanisms**, according to Kalat (1990) are utilised for "*protection of anxiety*" (p 690). Certainly, defense mechanisms are employed as a means of dissonance reduction (Brehm & Cohen, 1962) and thus are a "*protection of anxiety*" (Kalat, p 690). Brehm & Cohen, acknowledging the similarity between defense mechanisms and psychoanalytic theory, suggest that defenses are established as reactions to characteristic conflict-arousing situations as a means of handling inner impulses. Defenses, therefore, become behavioural modes per se which can be adopted in a variety of situations. Anxiety can be reduced by the employment of a defense mechanism as a coping strategy. Such defensive cognitions, outlined by Weiten (1992) may be manifested in a **denial of reality**, balancing cognitions by **fantasising**, a process of **intellectualisation**, or **overcompensating** for the anxiety provoking behaviour (p 478). Kalat further describes cognitive coping strategies in terms of the motivated forgetting in **repression**, personal **rationalisation** of actions or

cognitions, **displacement** of anger and frustration, **regression** to a juvenile level of functioning, and the presentation of oneself contrary to what one really is in **reaction formation** (p 502-503). During **projection** (Kalat; Weiten; Bransford, 1979) anxiety provoking impulses are "*externalised by attributing them to others*" (Bransford, p 119).

**Constructive coping** maintains action-oriented, rational, reality-based coping strategies. Such strategies are usually realistic and healthy attempts to reduce anxiety. As Weiten (1992) points out, these may include **planning** a strategy, **suppression of competing activities**, talking to someone to **seek social support for emotional reasons**, talking to others who have suffered the same anxiety to discover how they coped (**seeking social support for instrumental reasons**), **acceptance** of negativity, asking God for help by **turning to religion**, turning to other activities for **mental disengagement**, focussing on the healthy cathartic **venting of emotions**, and giving up by **behavioural disengagement** (p 495).

## SUMMARY

This chapter has described the cognitive dissonance concept and its application to transsexuality. Considering coping strategies is the central focus of the present study, the study of cognitive dissonance is relevant as it provides insight into the possible cognitive processes involved in the employment of coping mechanisms. While the experience of true gender expression is primarily positive for the transsexual, society's actions and attitudes towards the transsexual are primarily negative, thus potentially creating cognitive dissonance for the transsexual individual. Thus, when anxiety-provoking dissonance is present, there is a strong drive for dissonance reduction. Dissonance reduction may be achieved by adopting a coping strategy. Coping strategies are a response to stress. Coping strategies may take the form of direct action, entailing the appraisal of the situation and the direct altering of the situation, cognitive strategies whereby defense mechanisms may be employed, or constructive strategies whereby rational and realistic tactics are exercised. The following chapter discusses the grounded theory methodology.

## CHAPTER 4

# Grounded Theory

This chapter defines grounded theory methodology and outlines its origin. The rationale for why a qualitative approach has been employed will then be outlined. The reasons why grounded theory methodology is applicable to the present study are then outlined. The coding and data analysis techniques of grounded theory will be summarised. Lastly, a general criteria for judging qualitative research will be outlined.

### DEFINITION

For the purpose of the current research, the grounded theory method of analysis was utilised. Simplified, this method is one which is derived from the study of the represented phenomenon. The theory is recognised, developed, and verified with the direct illustration of quoted extracts from the data. Thus, during the process of data collection and analysis, the theory emerges. Differing from much quantitative research methodologies, the researcher does not set out to prove any preconceived hypothesis or hypotheses. Rather, the researcher initially chooses a relatively broad area of investigation and the theory is emergent from that data. Thus, the theory is grounded within the data, hence, the term 'grounded theory'.

Strauss and Corbin (1990) define the grounded theory approach as,

*"a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon" (p 24).*

Within the methodology, the concepts and relationships, derived solely from the data, constitute a theoretical formulation to ultimately highlight the specific area under investigation. Imperatively, the foundations of the theory are grounded within the immediate data and not from the material of other theorists or from other extraneous sources. Similarly, any personal deductions and logical assumptions about the area of investigation should not constitute any part of the theory unless evidence is rooted within the data (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

## THE ORIGIN OF GROUNDED THEORY

The original founders of grounded theory, two sociologists Barney Glaser and Anselm Strauss, saw specific needs to devise such a methodology. Strauss, influenced by a strong tradition of qualitative research through the University of Chicago, considered it important to be emerged in the field of study in order to fully comprehend the phenomenon under inquiry (Strauss & Corbin, 1990). Further, Glaser, who studied at Columbia University and who was influenced by Paul Lazarsfeld, a man renowned for the innovations of qualitative methods, recognised the need for a cognitively planned, systematic set of procedures for coding and testing hypotheses generated during the research process (Strauss & Corbin). The traditional research backgrounds of both Glaser and Strauss emphasised the production of research which would be useful for both professionals and lay persons (Glaser & Strauss, 1967).

In the 1930s, the generators of theory largely utilised qualitative methodology nonsystematically while relying primarily on personal logical assumptions loosely connected to their collected data. Consequently, the resulting qualitative work was claimed to be either atheoretical or too impressionistic (Glaser & Strauss, 1967). At the same time, strong advances in quantitative research methods appearing to prove theories with empirical facts overshadowed qualitative methodology. Such emerging systematic rules of quantitative analysis accommodated issues of reliability, validity, sampling, coding, frequency distribution, and conceptual formulisation. Comparatively, qualitative research methods, lacking in such "scientific" criterion, failed to gain such credibility (Glaser & Strauss).

However, advocates of qualitative methodology now adopt a rather quantitative approach to research methods (Glaser & Strass, 1967). Thus, by quantifying methods of collecting recording and analysing data, and by noting exact procedures of interviewing, sampling and coding, qualitative methodology is able to adhere to the quantitative verifications so readily accepted as credible scientific research. Bearing in mind this historical development of scientific inquiry, the qualitative research methodology, grounded theory, has gained credibility as a sound research approach. Strauss & Corbin (1990) note that,

*"its systematic techniques and procedures of analysis enable the researcher to develop a substantive theory that meets the criteria for doing "good" science:*

*significance, theory-observation compatibility, generalizability, reproducibility, precision, rigour, and verification" (p 31).*

## **RATIONALE FOR ADOPTING A QUALITATIVE APPROACH**

To examine the suitability of the research method, the researcher had to consider the methods in relation to both the research question being asked, and the understanding of the epistemological stance underpinning the proposed method. (Ramsay, 1994).

Qualitative analysis is a tradition in social science that is fundamentally contingent upon observation of people in their territory, initiating interaction in their language and on their terms. Considered naturalistic, ethnographic, and participatory, qualitative analysis is a socially located phenomenon offering analytic induction, content analysis, semiotics, elite interviewing, and the study of life histories (Kirk & Miller, 1986).

Marshall & Rossman (1989) define qualitative research as an approach that

*"values participants' perspectives on their worlds and seeks to discover those perspectives, that views inquiry as an interactive process between the researcher and the participants, and that is primarily descriptive and relies on people's words as the primary data" (p 11).*

Qualitative research is distinctly separate from the quantitative approach. Firstly, 'quality' denotes nature and character whereas 'quantity' denotes amount. Secondly, a qualitative observation identifies the presence or absence of something whereas a 'quantitative analysis' involves measuring the degree to which some feature is present. The difference primarily, however, is the analytical treatment of data. While quantitative researchers utilise statistical and mathematical operations, qualitative researchers analyse their data with a variety of nonmathematical techniques (Strauss, 1987).

Qualitative research results in linguistic data rather than numeric data (Stiles, 1990). This seemed appropriate for the study of coping strategies adopted by transsexuals in response to discrimination since the topic per se is essentially socially psychological. Considering language is the primary medium for communication in society, it makes sense to analyse results which are in terms of language. Thus, participants are able to

express themselves linguistically (as opposed to ratings on a scale). The linguistic data reflects the direct immersion into participants' thoughts, feelings and perceptions, this being a direct reverse of the behaviourist ideology.

Directly pertaining to this, qualitative research not only acknowledges the participant's inner experience, but the inner experience becomes the analytic data. This differs from traditional research methods where participants' behaviour is considered the basic data source. Qualitative methodology encompasses meaning, acknowledging the purposes and significance people attach to actions or events (Stiles, 1990). Thus, the researcher's task lies not only in acknowledgment of those personal perceptions and philosophies, but to empathise with the individual's perspectives.

Investigating qualitatively, with the emphasis on context rather than significance of numbers, rendered appropriate for the present inquiry, taking into account the rarity of transsexualism (Davison & Neale, 1994).

## **RATIONALE FOR ADOPTING A GROUNDED THEORY METHODOLOGY**

The grounded theory approach was suitable for the study of transsexuals' responses to discrimination for a variety of reasons. Firstly, since there is no pre-set theory pertaining to the coping strategies of transsexuals in response to discrimination, the grounded theory methodology seemed an appropriate choice. The methodological thrust of this approach is directed at the development of theory, without commitment to specific kinds of data, prior research or theoretical interests (Strauss, 1987). The absence of theory leaves room for the current researcher to explore a new domain and develop a fresh theory.

Further, since the method is a "*constant comparative method of data analysis*" (Strauss & Corbin, 1990, p 62), all the data is used, studied and compared. With such an abundance of fruitful data, the differing approaches and attitudes covered during the interviews are all relevant and note-worthy.

The grounded theory methodology also lends support to creativity (Strauss & Corbin, 1990) and ideation (Glaser, 1978). The procedures of the methodology force the researcher to let his or her mind wander and establish free associations that are necessary for generating stimulating advances in the developing theory. The creativity

accommodated for in the methodology pushes the researcher to discard any preconceived assumptions surrounding the topic under inquiry, and encourages and welcomes new discoveries.

Moreover, personally developing a grounded theory from fresh data promotes great achievement on the part of the researcher. Challenging aspects of the qualitative inquiry appealed to the researcher at hand, particularly in application to the topic of choice. Because grounded theory has great productive emphasis, it assumes to make the quest worthwhile (Glaser, 1978).

Grounded theory is also context sensitive. The methodology is largely concerned with deep inner perspectives. This approach is greatly applicable in the study of transsexuals' coping strategies for dealing with discrimination since it can be a personally sensitive topic with deep-seated and private emotions attached. Thus, grounded theory methodology acknowledges the emotions caught up in the data and utilises such emotions to develop the core theory.

## **CODING AND DATA ANALYSIS TECHNIQUES**

### **Open Coding**

The first step in analysis is to conceptualise the data, hence, break down paragraphs, sections, sentences and incidents and label the represented phenomenon. Particular represented incidents or ideas are to be constantly compared with other incidents or concepts. Each represented phenomenon should be identified in each instance by asking questions: What is it? What does it represent? (Strauss & Corbin, 1990).

The researcher codes as many substantive categories as necessary, whether new categories emerge or fit existing categories. It is imperative to continually ask, 'What is the data a study of?' 'What category does this incident indicate?' 'What is actually happening in the data?' (Glaser, 1978). These questions help to keep the researcher theoretically sensitive and help to transcend the previously empirical perspective.

Instances should be compared for particular similarities or differences, each phenomenon then labelled by the researcher. Labels chosen are those which the researcher figures most logically fit the represented phenomenon. Each transcript is coded separately. When open coding is completed, the data has been broken into

fragmented sections and is then ready for reassembling into categories, properties and dimensions.

### **Axial Coding**

The purpose of the axial coding is to establish connection between the categories and subcategories. This is done by utilising a paradigm involving conditions, context, the action/interactional strategies, and the consequences of such strategies (Strauss & Corbin, 1990). Such features within the category are termed 'subcategories' since they give the category precision and are dimensions of a larger category. Thus, the substantive codes with similar criterion are grouped together and given an axial code.

### **Selective Coding**

During selective coding, the axial codes are further integrated into a broader level of coding, much the same as the process during axial coding. Thus, the same paradigm of cause, context, contingencies and consequences guide the grouping of particular categories into a larger category. The researcher then labels the larger phenomenon with a selective code. As coding proceeds, comprehensive terms label subcategories in hierarchical fashion.

During selective coding, the core category is selected and systematically related to the other categories. The core category is defined as "*the central phenomenon around which all the other categories are integrated*" (Strauss & Corbin, 1990). The core category is the integral theme which appears repeatedly. Relationships between the core category and the other categories need to be validated, and through this selective coding process, the emergent theory begins to unfold. In order to derive a core category from the data to enable a parsimonious theory, a conscious effort must be made to detect and deduct a core category throughout the coding process. The identification of the core category is a direct result of constant analysis and comparison between conceptual analysis and data verification.

## CRITERIA FOR ASSESSING QUALITATIVE RESEARCH

The philosophical underpinning of qualitative research challenges the quality, reliability and validity of studies employing this methodology (Ramsay, 1994; Henwood & Pidgeon, 1992). A set of criteria are therefore required to determine the absolute quality of qualitative research. Outlined is a diverse array of criteria proposed for this purpose. The stance of Stiles (1990) focuses wholly on a qualitative research while criteria proposed by Henwood & Pidgeon (1992) apply more specifically to a grounded theory methodology. The criteria are not designed to interrupt the researcher's creativity or theoretical development. One single criterion can judge the quality, but with criterion compounded, assessment of the general quality of the work is achieved. The researcher has addressed each criterion in the present study in order to maintain quality in both the results and the active methodology. The researcher's assessment of the criteria is outlined later in the research.

Firstly, **testimonial validity** refers to the checking with participants that the researcher has correctly comprehended and interpreted the participants' intentions (Stiles, 1990). Similarly, Henwood & Pidgeon (1992) stress the importance of the theory being recognisable to participants. They chose to term this criterion **sensitivity to negotiated realities** (p 107).

The process of **triangulation**, the seeking of information from multiple data sources, methods and prior interpretation to assess convergences, maintains quality research (Stiles, 1990).

**Coherence** (Stiles, 1990) or as Henwood & Pidgeon (1992) refer to it, **keeping close to the data** denotes the apparent quality of the interpretation per se. Categories constituting the steps of the emergent theory should adequately describe and fit the data.

Although **consensus among researchers** (Stiles, 1990), is a pragmatic criterion, the potential for flaws by vulnerability to conformity pressures gives rise to invalidity and untrustworthiness. However, the number of later adherents to certain interpretations may represent the coherence of the research.

Stiles (1990) further outlines the criterion of **catalytic validity** (p 33). This criterion directly addresses the empowerment of research participants. Thus, an interpretation is catalytically valid if it has an impact on those whose experience is being described.

Henwood & Pidgeon (1992) further suggest criteria to assess the quality with more specific interest to the grounded theory approach. They maintain that the theory should be "*integrated at diverse levels of abstraction*" (p 105), hence, the theory should be rich, complex and dense while integrated at ranging levels of generality.

**Reflexivity** or acceptance of the inevitable role of the researcher in the research process, should be obvious within the research. Acknowledgment of the researcher should be highlighted and revealed in documentations (Henwood & Pidgeon, 1992).

Henwood & Pidgeon (1992) further signify the importance of the **documentation** of values, assumptions and memos throughout the course of the research.

**Theoretical sampling and negative case analysis** refers to the "*tendency for grounded theorists to seek, wherever possible, to falsify working hypotheses derived from the emergent model*" (Henwood & Pidgeon, 1992, p 107). This is simply a manifestation of the perpetual comparative analysis nature of grounded theory since while falsifying, one is systematically exploring differences in expanding data.

Lastly, the **transferability** (Henwood & Pidgeon, 1992), of a research theory reflects the extent to which resultant findings have a more widely general significance.

## SUMMARY

This chapter has discussed the approach utilised in the present study. The grounded theory methodology, founded by Glaser and Strauss, is a derivative of the represented phenomenon, using only the data to develop a theory grounded within the collected data. The origin of grounded theory has been outlined. The reasons for adopting a qualitative methodology have also been discussed. A qualitative methodology works with language, a social-psychological phenomenon in line with the studied phenomenon, and so acknowledges inner perspectives. The grounded theory methodology has been employed as it allows a fresh development of theory, all data is relevant, it encourages creativity and ideation, it has great productive emphasis, and is context sensitive. The coding and data analysis techniques of grounded theory have

been summarised. Open coding involves conceptualising data and coding substantive categories, axial coding entails the connection of categories and subcategories using a specific paradigm, and selective coding sees integration into broader categories using this same paradigm. The emergent core category should be identified during this process. Lastly, the criteria for judging the quality of qualitative research has been briefly discussed. Chapter 5 outlines the method utilised to conduct the present inquiry.

## CHAPTER 5

# Method

This chapter will summarise the objectives and outline the method used by the researcher to conduct the present study. The first section outlines criteria for participant selection, recruitment methods, and sampling. Secondly, ethical considerations are considered. Thirdly, the rationale for adopting a semi-structured interview schedule for data collection is summarised and lastly, the method of data collection is explained. Aspects of data collection include initial contact with participants, interviewing, transcribing, and follow-up.

## OBJECTIVES

The objectives of the present study are:

1. **To establish** a grounded theory to explain how transsexuals cope with discrimination.
2. **To establish** a firm personal understanding of transsexuality.
3. **To establish**, on behalf of the transsexual community, a channel for transsexual individuals to voice their opinions and concerns surrounding discrimination in New Zealand.

## THE PARTICIPANTS

The primary criterion for the selection of participants was that they were to identify themselves as being transsexual. Eight persons of transsexual orientation participated in the study, six Caucasian and two Maori. Of the eight participants, three were female-to-male (FTM) transgendered and five were male-to-female (MTF). The ages of participants ranged from mid-twenties to late-fifties.

Concerning the recruitment process, the researcher contacted a transsexual whose story had been printed in a women's magazine. Contact was by letter, informing him of the nature of the study and requesting assistance. This person sent back several other names and contact addresses of transsexual persons as well as the names and contact addresses of others who may have been of assistance.

Each potential participant was sent an introductory letter (Appendix A) explaining the research and introducing the researcher. Responses to these letters were pursued by an information sheet (Appendix B) which clarified who the researcher was, what the research was about, and what participation entailed. Any interested person was then sent a consent form (appendix C). During the course of contacting various persons in relation to the research, further contact to potential participants were made and these were followed up in the same manner as previously outlined.

## ETHICS

It was imperative that the method of conducting the research complied with the ethical guidelines outlined by Massey University. The researcher was granted approval from the University's Human Ethics Committee (Appendix D) which meant that the research met ethical requirements for conducting research on human participants.

The information sheet contained information pertaining to the rights of the participant during the course of the research. Complete confidentiality was also assured, this entailing the secure storage of tapes, transcripts, or other material, this being accessible to the researcher alone. Confidentiality also entailed the exchange of one's name for a pseudonym, thus making it impossible to identify participants in any reports which result from the study. The sheet further indicated that support, reference to appropriate counselling, would be available should any participant require it. Lastly, the addition of the researcher's and the researcher's supervisor's address and contact phone numbers made contact with the researcher easily accessible for participants with enquires.

A consent form was also issued before the interview commenced. The participant was required to read it, after reading the information sheet, then sign it on the understanding that participation involved the conditions outlined on the information sheet. This was necessary as to confirm, in writing, that both the researcher and the participant had agreed to conduct the interview under the conditions outlined on the information sheet. Hence, informed consent was made official.

Before the commencement of each interview, the researcher verbally repeated the rights of the participants so to avoid any ambiguity. Particular emphasis was placed upon confidentiality. The researcher also assured the omission of any information which could lead to participant identification, and explained the rationale for using pseudonyms. After each interview was completed, the researcher asked participants to choose a pseudonym.

## **THE METHOD OF DATA COLLECTION**

### **Interview Format**

For the collection of data, the researcher devised a semi-structured interview format (Appendix E). Derived from the researcher, the questions contained within the schedule were basic yet focussed. Within the semi-structured interview format, the researcher, in advance, planned specific areas of subject focus. A guideline for the interviews was prepared to ensure that information elicited from individual participants was consistent across interviews. Predictably, the approach towards specific lines of inquiry changed as the interviews progressed. Hence, through trial and error the most effective way to approach specific topics evolved as the number of interviews increased.

During the interviews, the focus of discussion revolved around the topic of discrimination against the transsexual participant, and branches of this topic were explored in greater depth. The opening questions aimed to establish rapport, comfort, and a base of information. Specific avenues of possible discrimination were suggested by the researcher, and the participant discussed personal experiences of discrimination. The researcher inquired about emotional consequences of discrimination, initial responses to discrimination, and ways of coping with the discrimination. Participants were then asked to consider their theories concerning the occurrence of discrimination within New Zealand.

Throughout the interview, the researcher maintained a productive tone and pace through verbal probes (directed cues for extended information) (Lincoln & Guba, 1985). Probes took the form of silence, "pumps" (sounds such as "uh-huh" or "hmm") or verbally asking the participant to embellish topics previously discussed. Probes were

often open-ended questions, with closed questioning only being used when necessary. The reasoning for this was that open questioning not only allows expression of personal word choice, but also indicates what is salient in the respondent's mind and the strength of his or her feelings in relation to that (Foddy, 1993). However, where appropriate, closed questioning was utilised either to clarify a point or to produce a less variable answer. This required constant following of narrative to sense salient information. Such information often had to be mentally retained so not to interrupt the verbal flow of the participant. Such information was then followed up later.

### **Rationale for Adopting the Semi-Structured Interview Guide**

By employing a semi-structured interview guide for data collection, the researcher was able to benefit from its many advantages. Firstly, qualitative interviews resemble conversations without the strict formality (Marshall & Rossman, 1989). Secondly, the semi-structured interview schedule allowed ample room for participants to speak the most important issues. Thirdly, the semi-structured format appeared apt since the loose schedule acted only as a guidance during the interviews. Thus, the questions were initially addressed and then further explored and elaborated on through probes. The conversational aspect was appropriate to elicit the participants' emotions and natural expressions, so important in qualitative research. The liberal exploration of topics gave leeway to narrative within the interview. The broad questioning and the informal tone of the interview prompted participants to narrate events from their lives. Mishler (1986) suggests that narratives are one of the natural cognitive and linguistic forms through which individuals attempt to order, organise and express meaning. Therefore, by encouraging free expression of individual narrative, the data content became rich with meaning. Lastly, the interview schedule allowed informality. Since issues explored were sensitive and personal, it was only fair to the participants to discuss them in a respectful yet relaxed manner.

# THE PROCESS OF DATA COLLECTION

## Initial Contact

As previously outlined, initial contact was made with participants with an introductory letter. Seven of the participants were contacted in this way. One participant was contact by telephone. On initial contact by telephone, the researcher introduced herself and her topic of research. She then extended an invitation to participate, explaining the process and clarifying queries. Approximately a week before the researcher travelled to the respective cities, the participants were contacted to arrange a venue for the interview, a date and a time. Of the eight interviews, seven were conducted within the participants' homes while one was conducted in the participant's place of work.

## The Interview Process

Upon arrival, introductions were made and rapport was established. The researcher reiterated the participant's rights, assured confidentiality, and outlined the foci to be covered within the interview. Any unanswered questions concerning the study were clarified. Once the participant was comfortable and informed consent ensured, the tape recorder was turned on and the interview commenced. Interview spans ranged from 30 minutes to 1 hour 50 minutes. The average interview was approximately 1 hour.

Subsequent to interview termination, the researcher personally thanked the participant for participation. The participant was reminded that the interview would be transcribed by the researcher in verbatim and a copy of the transcript posted to him or her for checking, editing and correction.

When possible, the researcher stayed for a time after the interview was terminated. The reasoning for this stems from Renzetti & Lee (1993) who believe it is necessary to restore equilibrium in the relationship and to advocate a type of 'debriefing' when the topics discussed are largely sensitive and personal.

### **Transcription**

Interviews were transcribed, by the researcher, in verbatim. Any information which may have led to personal identification of the respective participant was omitted and exchanged for either a pseudonym in the instance of a person's name, or a chain of asterixs (\*\*\*\*\*) if the identifying information was a place. In this way, any clues which may have exposed the identity of a participant were eliminated and thus, confidentiality was secured. The transcripts were posted, accompanied by a letter (appendix F), to the respective participants. The letter thanked the person for participation and clarified permission to alter, delete or append to the transcript if they considered it necessary. A stamped, self-addressed envelope was enclosed to provide simple postage back to the researcher. Seven of the eight participants altered their transcripts.

### **Follow-up**

After analysis was conducted, participants were each sent a summary of the findings (Appendix G) along with a letter requesting participants to express their thoughts on the results of the research (Appendix H). Brief participant profiles were written and a copy of each profile was also sent with the letter for participants to check over. The sheet containing the profiles allocated space for the response to the findings and an option of being sent a copy of the final report (Appendix I).

## **SUMMARY**

The primary objective of the study is to establish a grounded theory to explain how transsexuals cope with discrimination. This chapter has summarised the method utilised by the researcher to conduct the investigation. The prevalent criteria for participation was for participants to identify themselves as being transsexual. The method utilised to recruit participants has been outlined. It has been shown how potential ethical considerations have been surmounted. It has also been discussed how the participants were accessed initially and also how data was collected by conducting semi-structured interviews. The rationale for employing a semi-structured interview has been given and the process of transcribing described. The precise process of data collection has been

summarised, this including initial contact, the interview process, the process of transcribing, and the follow-up. The following chapter begins the 'Findings' section. Brief participant profiles are presented, this followed by a categorical listing of discriminatory experiences.

PART TWO  
Findings

## OVERVIEW OF FINDINGS

The results of the research are presented in Chapters 6 to 11. The findings section begins with brief participant profiles, included so to introduce the backgrounds and circumstances of each participant interviewed. A categorical listing of the instances of discrimination extracted from the data is then presented. This inclusion was hoped to indicate the nature and prevalence of discrimination participants had experienced and hence, had responded to.

The grounded theory is then presented, an introduction of the central core theory beginning the theory analysis. Although the written order of the analysis is opposite to the practical chronological ordering of the data analysis, it is hoped that the initial discussion of the central category will clarify and direct the reader through the subsequent discussion of the grounded theory. The presentation of the core category is accompanied by the discussion of the core category's pre-existing conditions.

The three identified selective codes are then discussed, each respectively broken down into axial codes and then substantive codes. The first of the selective codes is constructive coping strategies addressing anxiety caused by discrimination, this essentially involving rational, realistic strategies. Cognitive strategies are then discussed, these strategies based primarily on thought rather than action. The third identified selective code discussed is direct action strategies. These strategies entailed the appraisal of a situation and the adoption of behaviour to respond to the appraisal.

The final chapter in this section integrates the findings from the grounded theory data with the concept of cognitive dissonance to provide a detailed account of the typical cognitive processes involved in experiencing discrimination and adopting appropriate coping strategies. Participants' responses to the findings from the research are then reviewed.

## CHAPTER 6

# Participant Profiles and Experiences of Discrimination

Chapter 6 will briefly profile each participant to introduce the backgrounds, circumstances and lifestyles of each participant. The second section of the chapter categorically lists those instances of discrimination extracted from the participants' transcripts.

### **Pat (Female - Male)**

Pat grew up in a town in the North Island, suffering largely from a very hard, insecure and violent upbringing. By no means, however, does he reproach his upbringing as the reason he is transsexual today. His first realisations that he was distinctly disparate from other peers were during primary school. As a young girl, Pat recalled a preference to play the stereotypical 'little boy' games rather than the 'little girls' games. Indeed, his play friends were predominantly male. These unorthodox preferences gave rise to physical abuse and ostracism from his family. When puberty hit, Pat recalled feelings of absolute disgust, horror and betrayal, menstruation being a product of God's personal hatred for him. On the whole however, Pat recalled his secondary school years as being enjoyable, reaching U.E. level before leaving to follow a military career. It was while in the military that Pat first had a relationship with another female, and this resulted in the labelling, 'lesbian.' After withdrawing from the military, Pat fell in and out of three other relationships, all of which proved detrimental to both Pat and the other parties. For a time he lived alone. Disowned by his family and struggling to find his personal identity, he suffered a breakdown and spent time in a psychiatric ward. Not long after, Pat met Fay, his wife today. Three months into the relationship, Pat disclosed his gender concerns to a warm and accepting partner, and at the age of 29, Pat consulted a G.P. who assisted in commencing the transition. In retrospect, Pat believed that the four years subsequent to his transition have been the most mentally and emotionally progressive as he now knows where his future is bound. He has landed employment in law firms and has suffered relatively little discrimination over transsexual issues since his transition.

## **Liz (Male-Female)**

At the time of my meeting with Liz, she was officially retired mainly due to a painful and inhibiting medical condition. She had occupied an extensive range of positions during her life including teaching, customs clearance, psychiatric nursing, institutional cooking, owning a business, and for many years, was employed by a Government Department. Throughout her personal and employment history, she has been subjected to continuous discrimination. She was educated, from kindergarten through to secondary school, at prestigious educational establishments. From college, she furthered her training at Teachers College. After moving around jobs, a promotion saw a move to another city, which meant leaving behind friends and familiarity. She was then living full-time as a woman. Once in the new city, Liz began to mix with the gay community and established a support group for people who crossed-dressed and people who were transgendered or transsexual. She has continued this support, standing as a dominant figure within the transgender community and having been involved in the Minorities Trust, an organisation addressing the welfare of minority groups in New Zealand. She has suffered from discrimination in areas such as employment, public services, shops, family and acquaintances. She has written numerous research papers on the topic of transsexuality, including a paper on discrimination.

## **Joe (Female - Male)**

Joe was born in the United States and came to New Zealand at the age of one. He grew up, as a female, in a city in the North Island, then shifted to a nearby city at the age of 18. Well educated, Joe is presently studying at University. At the time of our meeting Joe was in his early 30s, and in the early stages of transition, beginning a hormone course only several weeks before. Discrimination up to that point had been minimal, with full support and acceptance from family and friends. Joe recalled first realising his gender differences before starting school. During puberty, any related feelings were quickly repressed. However, he disclosed that he spent fifteen years of adult life trying to fit into being a woman and suppressing everything else. At the age of 29, however, these feelings resurfaced which triggered the decision to transition. He claimed to have received no discrimination.

## **Mary (Male - Female)**

Mary, married to Jim (also a participant), was in her late 40s at the time of our meeting. She had recently completed a Master of Arts receiving first class honours. Mary grew up, as a boy, in a small town in the South Island and moved to the North Island at the age of 24. Three years later, she initiated transition. Shortly after, she met Jim and they were married. Mary has subsequently been the recipient of much discrimination in relation to her transsexuality, although her family has been most accepting. She has received discrimination from avenues such as employment, education, and the medical profession.

## **Jim (Female - Male)**

Jim, now married to Mary for seventeen years, grew up in a small New Zealand town. An only child, he claimed a normal and uneventful upbringing, despite feelings of comparative divergence from others. Puberty, for Jim, was filled with much trepidation as his female frame gained weight and developed large breasts. In response, Jim grew reclusive and bulimic. He figured that his differences were due to lesbianism until, in his late 20s, a counsellor informed him about transsexuality. The family doctor suggested brain operations to resume normality, but the concept did not sound appealing to Jim so he quickly left for the city. He began to transition to a male shortly after. In the early stages of Jim and Mary's transition, Mary's transsexuality was unobscured and consequently, Jim was classified as being homosexual by work associates. With an accepting family, he has suffered relatively little discrimination, although he has been the recipient of discrimination from the medical profession and has witnessed discrimination aimed at his wife and at others.

## **Tanya (Male - Female)**

Tanya recalled identifying her differences from early childhood, and at the age of eight, she began experimenting with her mother's clothes and make up. An effeminate boy, she was often labelled 'sissy' by peers, choosing to play with the girls and attempting to emulate their behaviour. Throughout her childhood, she was shipped around the country to different Welfare homes. The teasing worsened and she suffered physical and sexual abuse at a number of the homes. Attending boys school was her Uncle's ploy to "*make a man of him*" and while achieving academically, Tanya began exploring the gay scene. After discovering her transsexuality and dressing full time as a woman, she drifted into the sex industry and the accompanying drug scene. After five years of this lifestyle, she was put into a male prison for numerous offences where she was pack raped a number of times which led to suicidal intentions. Following release, Tanya turned a new leaf and begun study. At the time of our meeting, Tanya was working in a major New Zealand city helping younger transgendered people and prostitutes. Other than the discrimination described, Tanya has received discrimination from the legal profession, the police and customs.

## **Shannon (Male - Female)**

The eldest of four, Shannon grew up in the United Kingdom. At the early age of 3 or 4, she became aware that she desired to be female, yet recalled knowing this to be inappropriate. Thus, she spent much of her early life developing strategies to conceal this part of her, projecting a positively masculine image, particularly as she grew older. Experimenting with her Mother's clothes was a fulfilling experience of becoming feminine and later, after migration to New Zealand, Shannon cross-dressed in her wife's clothes. Shannon was unaware of the concept of transsexuality until coming into contact with a transvestites group. During her marital years, Shannon fathered two children and taught to support the family. However, amongst other factors, Shannon's seeming transvestism called the end of the marriage. After spending two years in Japan contemplating future decisions, she decided to transition. At the age of 52, after living as a woman for a few years prior, Shannon had sex-reassignment surgery in Australia. At the time of our meeting, Shannon was in her late 50s, studying art, and participating in theatre. She described receiving discrimination from her ex-wife and from members of her ex-wife's family.

## Joanne (Male - Female)

Born in Australia, Joanne came to New Zealand at the age of five. She distinctly recalled feeling different to other male peers and not easily fitting in. These feelings elevated during her teenage years and as a result, she reclused. At the age of 19, she discovered transsexuality and its application to her. Much time has been spent researching this topic and in 1994, she began hormone treatment, changing her name at the end of 1995. During her early 20s, she would work as a male by day and then, by night, would lower her mask and allow herself to be Joanne. Prior to our meeting, she had recently begun dressing in complete feminine attire for work and has received minimal discrimination. However, she reported hostility from certain acquaintances and still has to act as her male counterpart around her non-accepting mother.

## INSTANCES OF DISCRIMINATION

The categorical listing of discriminatory instances extracted from participants' transcripts was designed to indicate the nature of discrimination participants had experienced. This was also designed to present the nature of the discrimination the coping strategies were respondent to. The listing also illustrates the extensive prevalence of discrimination within New Zealand society. Cases of discrimination mentioned by participants, yet experienced by transsexual acquaintances, have been included as they were a part of the data. These instances are indicated by '\*'.

### Family Discrimination

Physical beatings

Disowned from family (x 2)

Teased at foster homes

Spouse refuses to use female name

Coldness from spouse's family

Discrimination from others \*

Non-acceptance from mother

Insistence to be male role in mother's house

Threats to kill if walked into family home again \*

## **Employment and Workplace Discrimination**

Tagged as a lesbian in the army

Military interrogation circle accusing participant of creating lesbian acts

Classed as a lesbian

Called 'her' when wearing suit, tie and goatee beard

Life at work made difficult

Ordered not to use 'ladies' toilets

Made to use cleaner's toilets where field officers had urinated on the floor

Made to use toilets on eighth floor of building two miles from workplace - where company was moving to

Having to leave work because of no access to toilets.

Personal reports tampered with

Work associates typing in statements on reports after they have been personally signed by participant

Moral blackmail from supervisor

Hassles with finances

Refused a legal right of reply

Insulted because of the reference to 'Miss'

Promotion advertisement withheld

Derogatory remarks written on file

Discrimination from workers in senior positions

Interviews set-up for promotions clearly unobtainable

Made an amusement

Made to order a filing system which was then abolished shortly after

Harassed to change hours to mainly night work

Ignored at conferences

Told to wear male clothing to work

Not equally treated as another woman

Asked leading questions in interview, provoking the disclosure of transsexuality, then not getting the job

Made redundant because of transsexualism

Sniggering behind the back

Making life at work hard

Staff members purposely hid company keys while in participant's care

Staff member openly urinated in front of participant

People going out of their way to make life difficult and uncomfortable  
 Discriminated against numerous times while trying to get a job  
 After transsexuality uncovered, life made difficult  
 Nasty comments from workmates  
 Loss of job \*

### **Discrimination from the medical profession**

Refused a mammogram  
 Nurses making hospital stay uncomfortable  
 Hospital staff ordered to wear gloves when dealing with transsexual person to eliminate risk of 'catching something' (participant one of hospital staff)  
 Refused personal service during reassignment tests

### **Discrimination from friends and acquaintances**

Negative attitudes from friends  
 Disowned by friends  
 Previously friendly neighbours now ignore participant after learning of her transsexuality  
 Nasty comments from neighbours

### **Discrimination from other organisations and services**

Refused extension on sickness benefit  
 Unsatisfactory service concerning four-year benefit  
 Unequal service from city council  
 Ordered out of flat for no apparent reason  
 Asked to repay \$40 over benefit issue when it had been provisionally written off  
 Discriminatory behaviour from landlord  
 Discrimination from churches  
 N.Z Employment worker failed to go out of her way to find participant a job

## **Discrimination from shop staff and bar staff**

Refused access to store dressing room to try on a dress  
 Called 'Mr' while wearing women's clothes, wig and make-up  
 Unsatisfactory service from appliance firm  
 Banned from shops \*  
 Banned from nightclubs \*  
 Thrown out of nightclub for wearing 'drag'

## **Education Discrimination**

Refused acceptance into Masters course on no specific grounds  
 Declined for tutoring without reason

## **Legal Discrimination**

Ignored when attempting to contact legal help for discrimination  
 Discrimination from police  
 Pack raped in prison  
 Automatically searched (often stripsearched\*) through customs because of having a '-'  
 (dash) by 'sex', thus revealing transsexuality  
 Lawyers refusing to take cases on

## **General Discrimination**

Unpleasant comments made\*  
 Called 'faggot'  
 Getting picked on "  
 Yelled 'Faggot' at by adolescent males

## SUMMARY

This chapter has presented participant profiles so to introduce the backgrounds, circumstances and lifestyles of those interviewed. The second section categorically listed instances of discrimination participants had spoken about. These were extracted only from the eight transcripts. Profiles and instances of discrimination were located at the beginning of the 'Findings' section as they introduced and personalised participants and conceptualised the types of discrimination the coping strategies were respondent to. It was hoped also that the listing of discriminatory experiences was indicative of the extent of discrimination experienced by the participants collectively, and also indicative of the extent of active discrimination against transsexuals within the New Zealand community. Chapter 7 introduces the core category of the emergent grounded theory and then discusses the core category's pre-existing conditions.

## CHAPTER 7

# The core category and its pre-existing conditions

The core category and its three pre-existing conditions will be presented initially followed by the exploration of the coping strategies data in subsequent chapters. The ordering of the analysis in this way encourages a more comprehensive understanding of the emergent grounded theory by promoting clarity and direction in a structured manner.

### THE CORE CATEGORY

#### Understanding discrimination to be an anxiety provoking phenomenon

The core category of **understanding discrimination to be an anxiety-provoking phenomenon** underpinned the participants' data. For participants to understand and cope with discrimination and its application to themselves, discrimination had to be understood to be anxiety-provoking. Hence, understanding discrimination to elicit anxiety was a pre-established condition to coping with discrimination.

The core category of 'understanding discrimination to be an anxiety-provoking phenomenon' was established with the existence of three conditions. These conditions essentially built the core category. Elaborate discussion of these pre-existing conditions with reference to their groundings in the data, is presented further in the chapter. The core category and its fundamental conditions are presented in Table 1 (p 54).

The first of these conditions was **an awareness of the self to be vulnerable to discrimination**. In essence, the comprehension of discrimination to be anxiety-provoking could only come into effect if there was a recognition of ones vulnerability and susceptibility to discrimination. This naturally came into effect not only with the

**Table 1. The core category and its pre-existing conditions**

**The core category**

**Understanding discrimination to be an anxiety-provoking phenomenon**

**1st Pre-existing condition  
RECOGNISING THE SELF  
TO BE VULNERABLE TO  
DISCRIMINATION**

**2nd Pre-existing condition  
RECOGNISING DISCRIMINATION  
TO HAVE NEGATIVE  
CONSEQUENCES**

**3rd Pre-existing condition  
RECOGNISING WHY  
DISCRIMINATION  
OCCURS**

**Awareness of  
the self to be  
transsexual**

**Fear of  
Discrimination**

**Negative  
Feelings**

**Negative State  
of Mind**

**Negative  
Bodily responses**

**Social  
Conditioning**

**Religious  
Conditioning**

**Human  
Nature**

Futility  
Paranoia  
Undervalued  
Alienation  
Hurt  
Deflated  
self-esteem  
Anger  
Fright  
Stress

Suicidal  
Depression

Bladder release  
Nightmares  
Crying

Lack of  
Misinformation  
Labelling

Christian ethic  
Attitudes  
towards  
masculinity

A threat  
A need to  
discriminate

acceptance of the self to be transsexual, but this vulnerability was often in effect in the earlier childhood years or teenage years when noticing disparities between themselves and their peers. Identifying a fear of discrimination also enhanced the perception of vulnerability. This first condition was integral to the parent category.

The second pre-existing condition was **recognising discrimination to have negative consequences on the self**. This condition was likely to be understood as early as childhood, in the event of being discriminated against for not conforming to the norm. This condition may have been understood by participants by observing other transsexuals, and reinforced by their own experiences of suffering. Participants described various negative consequences which they had experienced following discriminatory circumstances, this clearly indicating an awareness of discrimination and its detrimental impact on the self.

Furthermore, **a recognition of why societal discrimination occurs** was the third pre-existing condition contributing to the complete establishment of the core category. This condition contributed by adding the element of essential understanding to the phenomenon of discrimination. Each participant had his or her own opinions and theories of why discrimination against transsexuals occurs, and this helped participants conceptualise discrimination. This also helped individuals anticipate discrimination, and understand the reasons underlying their vulnerability. Further, this condition also protected individuals from interpreting the attack as personal.

The presence of the core category prepared the transsexual individual for the necessary employment of coping strategies used to deal with anxiety resultant from discrimination. Coping strategies were grouped into constructive strategies (realistic and rational), cognitive strategies (thought orientated), and direct action (behaviour respondent to the appraisal of a situation). The way in which transsexuals cope with discrimination was the central focus of the current study and this will be discussed in depth in subsequent chapters. However, it was necessary to integrate all pre-existing conditions into the analysis as the conceptual understanding of discrimination and its application to the self was crucial for the generation of resulting coping strategies.

Regarding the structure of the written analysis, the three pre-existing conditions will be discussed first. The reasoning behind this is to establish an understanding of the existence of the core category. The specific coping strategies will then be discussed in detail in subsequent chapters.

# 1. RECOGNISING THE SELF TO BE VULNERABLE TO DISCRIMINATION

\* **Acknowledging the self to be transsexual or different**

\* **Acknowledging the self to be fearful of discrimination**

The first condition to contribute to the core category of 'understanding discrimination to be an anxiety-provoking phenomenon' was that of **recognising one's vulnerability to discrimination**. This vulnerability was only possible following the acknowledgment of the self to be transsexual or at least to be different from others. This usually was established from an early age. Participants recollected identifying their differences from an early age:

*JOANNE: "I felt a little bit out of kilter with the rest of the boys...During my teenage years I felt things were definitely wrong. At 19, I sort of found out what I was."*

*PAT: "I knew from a young age that that wasn't right because I used to get a hiding for being different...I believe I was transgendered since I knew what the word meant or even before that."*

*JIM: "I had a normal upbringing except that I knew from an early age that I was different."*

*SHANNON: "At a very early age, probably around the age of 3,4, I became aware that I didn't really want to think of myself as male. I wanted to be female."*

*JIM: "I guess my first feelings of that was before I started school."*

*TANYA: "From an early age I realised that I was different to other children."*

The **awareness of the self to be transsexual or at least to be different** could be identified with an awareness of vulnerability to discrimination, as with Pat,

discrimination and ill treatment brought about an awareness of being different. Shannon even recalls identifying this vulnerability at an early age:

*Shannon: "I thought of myself as very vulnerable."*

Furthermore, this sense of vulnerability to discrimination was often heightened by a **fear of discrimination**. The fear constantly maintained an awareness of the anxiety capable of being produced by discrimination. Two participants mentioned being fearful of discrimination:

*SHANNON: "There's an example where I fear discrimination."*

*TANYA: "Everyone is afraid of discrimination of some form."*

Therefore, the first pre-existing condition contributing to the core category was recognising vulnerability to discrimination. This vulnerability was essentially established through the identification of the self to be transsexual or at least to be different to others. Differences were usually established at an early age and for some, disparities were identified through acts of discrimination. Thus, a vulnerability and susceptibility to discrimination was usually determined from early childhood. Further, perceived vulnerability was perhaps exacerbated by a fear of discrimination. This condition prepared the individual for the understanding of discrimination as an anxiety-provoking phenomenon by linking themselves with an awareness of the potential discrimination-caused anxiety.

## **2. RECOGNISING DISCRIMINATION TO HAVE A NEGATIVE IMPACT ON THE SELF**

- \* Negative feelings**
- \* Negative state of being**
- \* Negative bodily responses**

As shown in Table 1 (p 54) the second condition contributing to the core category was **an awareness of discrimination to have a negative impact on the self**. This category was cardinal to the parent category. There needed to be an awareness of the negative consequences of discrimination in order to comprehend the notion that discrimination evokes anxiety. Once this recognition was ascertained, effective coping strategies could develop. The awareness of discrimination as having a negative impact usually originated from personal experience. Participants described manifold negative feelings, negative states of being, and negative bodily responses following instances of discrimination. These will be discussed in brief:

### **Negative Feelings**

- \* **Futility**
- \* **Paranoia**
- \* **Undervalued**
- \* **Alienation**
- \* **Hurt**
- \* **Deflated self-esteem**
- \* **Anger**
- \* **Fright**
- \* **Stress**

Constant reference to negative feelings saturated the transcripts and cemented a firm understanding that the experience of discrimination was wholly unpleasant. It certainly ensured powerful awareness of discrimination to have negative consequences. Firstly, the feeling of **futility** was prevalent throughout many transcripts. Participants described perceiving their actions or defenses to be worthless, hopeless, or useless in the fight against discrimination. Defenses were often unsatisfactory and there was often little chance of preventing similar discriminatory circumstances. This produced emotions of futility.

*JIM: "Everything she [Mary] tries to do, it's always hard. It's like beating your head against a brick wall...It's bloody hard existing in a so called normal world because they won't let you. There's such discrimination. There's such anti-ness."*

*LIZ: "...and it's like banging your head against a brick wall with a lot of these people."*

*JOANNE: "But there is nothing I can do about it...I don't know how to handle that."*

*JIM: "But there's nothing I can do about it."*

Paranoid feelings emerged at times for discrimination became so frequent that the participants sometimes were unable to detect whether the ill treatment was a discrimination against their transsexuality or whether there were completely separate reasons prevailing. This produced feelings of **paranoia**. Repetitive discrimination also augmented the expectancy of discrimination, thus heightening paranoid feelings.

*MARY: "But do I become paranoid about it? I suppose sometimes I do, you know?"*

*MARY: "Now, did they get rid of me because they didn't like me questioning their morals, or did they get rid of me because I was transgendered and the fact that I had questioned their morals gave them the excuse? You see, you don't know."*

*LIZ: "So was this a deliberate act of discrimination, or was it just coincidence?"*

Mary and Joe also explained how transgendered people have a tendency to expect discrimination (paranoia) and thus immediately attribute discriminatory events to their transgenderism.

*MARY: "I think we attribute discrimination to the fact that we're transgendered, when in fact the discrimination is a general thing. And it's very hard to know where the difference comes in."*

*JOE: "I think that it's really easy for people who are part of a minority group, transsexuals....to say, "The reason that I haven't got this job...is because I'm a transsexual.""*

Therefore, excessive discrimination coupled with a heightened awareness of vulnerability to discrimination sometimes produced paranoid feelings.

Moreover, some participants felt that they were not treated with the recognition they deserved because their transsexuality was a hindrance to peer acceptance. This created feelings of being **undervalued**.

*MARY: "Sometimes I resent the fact that others see me as inadequate. I resent the fact that others don't accord me the standing that goes with the abilities I have. They don't accord me the recognition of my abilities because they see me as different. And therefore, no matter how good I am at what I do, it's still not good enough."*

*LIZ: "A lot of rigmarole went on about this [introduction of an Island names dictionary] at the high power meeting and then all of a sudden, it all got dropped. You see, I wasn't supposed to be intelligent enough to suggest such a thing."*

Both Liz and Mary claimed that their transsexuality, or more accurately other's perception of their transsexuality, prevented their peers from recognising their intelligence and their abilities. Feelings of being undervalued compounded with other negative feelings to tie into the larger understanding of discrimination to produce anxiety and psychological unease.

Fourthly, as a repercussion of ostracism and negativity, Liz suffered from feelings of **alienation**. These feelings enhanced the understanding of discrimination to be an anxiety-provoking phenomenon.

*LIZ: "I've been a loner largely...I got pushed out."*

*LIZ: "Nobody would speak to me at conferences I was isolated."*

*LIZ: "You have no friends, nobody would listen to you, nobody would believe you, everybody was against you. The whole world was against you."*

Three participants reported feeling **hurt** after experiencing discrimination. These participants were intimately in touch with the hurt they felt and this was a reminder of the negative impact discrimination can have. This also reinforced the awareness of discrimination as anxiety-provoking.

*JOANNE: "That really hurts."*

*JOANNE: "It [discrimination] can hurt quite drastically and it can make it quite hard for me."*

*PAT: "And I still hurt from that today...It hurts today when I just go through my life and go over that. And that really hurts, being labelled a lesbian."*

*JIM: "And it does hurt. I mean, it hurts you [Mary], but it hurts me when people hurt you."*

The impact on self-esteem and self-perception appeared dramatic for many of the participants particularly following excessive or hurtful discrimination. A diminished self-esteem fortified the awareness of discrimination to take a negative toll. Three participants described their **deflated self esteem**:

*PAT: "Oh, that did me the world of ungood. That really destroyed me...I didn't have much self-esteem then, but my entire what I had left of self esteem just ran away."*

*LIZ: "But overall self perception, self esteem. Of course the hell it does [affect it]. It very much does."*

*LIZ: "Self esteem was very much put down, but I was educated enough and I was fighting enough to try and cope. But I didn't cope very well really."*

*JOANNE: "Like when that guy from work made that comment, I felt really sort of peculiar. I sort of thought to myself, "Well what sort of freak am I?"*

A recognition of **anger** was reported by some of the participants. Whether or not the anger was vented physically or verbally, the basic identification of the presence of anger aided participants in further understanding their personal responses to discrimination. This, in turn, contributed to the development of effective coping strategies. Recognition of anger reinforced the awareness of discrimination's negative impact. Jim, Mary and Liz acknowledged emotions of anger following discrimination.

*JIM: I feel very angry, and still do, over several incidences."*

*MARY: "I know that I was angry."*

*LIZ: "I knew I was angry."*

*JIM: "I mean, God, I was annoyed."*

*MARY: "I was quite pissed off about it."*

Four participants also recapitulated a reaction of **fright** to unpleasant discrimination, this cementing the notion of discrimination to impact negatively. Feelings of fright may have amplified the awareness of discrimination to elicit anxiety.

*LIZ: "I was so petrified with fear."*

*JIM: "I found that a little frightening at times."*

*PAT: "So I've been through that sort of discrimination and it's really scary."*

Finally, Liz described experiencing extreme **stress** caused by discrimination, which perhaps was induced by a combination of those negative feelings previously discussed. Jim also emphasised the stress discrimination had caused Mary.

*LIZ: "And, I mean, I've been through it all. You have no idea the stress it causes you."*

*JIM: "That job you [Mary] had, you used to come home and grind your teeth at night because of the pressure that was there. Sniggering behind your back."*

In sum, acknowledgment of negative feelings helped participants to identify discrimination to impact negatively on the self. Feelings such as futility, paranoia, being undervalued, alienation, hurt, deflated self esteem, anger, fright, and stress all came into effect following discrimination either together or individually.

Acknowledgment of such feelings strengthened the individual's understanding of discrimination as being anxiety provoking.

## Negative State of Being

\* **Suicidal**

\* **Depressed**

Secondly, it was clearly demonstrated that discrimination could have a drastically negative impact on the **state of being**. An altering of the state of being following excessive, malicious, or an accumulation of discrimination resulted in suicidal intentions and depression for some participants. Both Liz and Tanya reported feeling **suicidal**:

*LIZ: "You see, it was no wonder I was suicidal...The times I stood on my roof of a three floor apartment building thinking that if I jump, would that be the easiest way of solving it? Something inside me wasn't prepared to give in."*

*LIZ: "Now, I was on the verge of jumping off the roof of the building at this point."*

*TANYA: "But that was really hard to deal with [pack raped in prison]. I wanted to commit suicide but I held in there. I had to fight. Yeah, I had to fight."*

These excerpts illustrate the detrimental impact discrimination was capable of having on transsexual individuals. Having experienced suicidal intentions, the awareness of the negative impact on oneself was extreme.

Discrimination impacted negatively on Mary and Pat, resulting in bouts of **depression**:

*PAT: "I almost hit rock bottom. But I was really down there, really low...I really recluded. I just didn't want to go out, didn't want to do this, didn't want to do that. Didn't want to do nothing except play sport."*

*MARY: "Every now and then I get depressed and crabby."*

Therefore, experiencing suicidal intentions and depression contributed to a greater understanding of discrimination to be anxiety-provoking, as the impact may have increased sensitivity to anxiety.

## Negative Bodily Responses

\* **Bladder release**

\* **Nightmares**

\* **Crying**

Finally, three passages taken from transcripts were demonstrative of discrimination's negative impact in regards to bodily responses. The responses accompanied the anxiety. Firstly, Liz described automatic **bladder release** while receiving direct discrimination:

*LIZ: "I remember I was so petrified with fear in the Bosses office that I actually wet the floor...I just couldn't hold it."*

Liz also described experiencing **nightmares** as a direct consequence of excessive discrimination against her as a transsexual:

*LIZ: "I don't get nightmares now, but for a while I used to get nightmares about some things that went on."*

Mary also described **crying** to be a direct consequence of discrimination. Crying was likely to be a coping strategy utilised as a natural frustration release.

*MARY: "You get upset and you might come home and have a good cry."*

Negative bodily responses were evident in the data as being directly caused by discrimination, and awareness of these responses reinforced the understanding of discrimination as impacting negatively on the self. Natural bodily responses occurred in conjunction with negative feelings and negative states of mind to reinforce the awareness of the negative consequences discrimination can have.

In sum, the second pre-existing condition of recognising discrimination to have negative consequences on the self has been discussed. Clarification of negative feelings such as futility, paranoia, feeling undervalued, alienation, hurt, deflated self-esteem, anger, fright, and stress illustrated that participants were attentive of the negative impact of discrimination. The further identification of the negative impact on the state of being in the form of suicidal intent and depression strengthened this notion. The identification of unruly bodily responses such as bladder release, nightmares, and crying also fortified this concept. A detailed exploration into the negative consequences was imperative in order to present an understanding of how participants were affected by these experiences, and how such experiences influenced the understanding of discrimination to elicit anxiety. It was also necessary to expose the extent to which discrimination impacts on the transsexual individual so to contribute to a greater understanding of the phenomenon of discrimination and its ramifications.

### 3. RECOGNISING WHY SOCIETAL DISCRIMINATION OCCURS

- \* **Social conditioning**
- \* **Religious conditioning**
- \* **Human Nature**

The third pre-existing condition comprising the larger core category of 'understanding discrimination to be an anxiety-provoking phenomenon' was a **recognition of why societal discrimination occurs**. This category was significant in helping transsexuals understand the reasoning and motivations behind the discriminatory perpetrator's actions and attitudes and to make sense of the discriminatory situation. It appeared that a firm comprehension of discrimination aided participants to equate reasoning and justification with the event of discrimination. This simultaneously allowed participants to resist accepting discrimination to be a personal violation. Instead, the event or events could be deemed an attack against the transsexual minority as a whole. Participants were largely versed in this area of discussion, many suggesting numerous possible causes as to why discrimination occurs.

## Social Conditioning

- \* Deficiency
- \* Misinformation
- \* Labelling

**Social conditioning**, as termed by Liz, featured as a primary cause to societal discrimination. Such conditioning, as described by participants, could be broken into three broader categories; deficiency, misinformation, and labelling. **Deficiency** referred to the lack of proximity, education, knowledge, positivity, and psychiatrists. Pat, Joe and Jim shared their views on the **deficiency of proximity**:

*PAT: "Lack of seeing us."*

*JOE: "I think a lot of it stems from the fact that it's completely new to them and they don't know how to deal with it."*

*JIM: "Not a lot of discrimination, I suppose, only because I haven't visually been different."*

Participants partly attributed the rise of discrimination to the lack of seeing, hearing about, and being around transsexuals. However, as Jim stated, many transsexuals blend into society so that many members of society would not realise the presence of transsexuals. There seemed to be a general consensus that society is largely oblivious to the existence of transsexuals. Both Mary and Jim described incidences which conveyed this notion:

*JIM: "She was hostile. Absolutely hostile that this girl was going to be a boy. Of course, I was sitting there saying, "Really? Oh, really?" Yeah, but I thought, "My God lady. If only you knew you were actually talking to one of those people!""*

*MARY: "I did a research paper and I chose to do it on transsexuality. And a group of women in my class who were interested in what I was doing were discussing it with me. And one of them looked me straight in the face and said, "You know, I've never met a transsexual. I really don't know how I would cope if I met one.""*

Further, some participants believed that a **deficiency of education** and a **deficiency of knowledge** pertaining to transsexuality has induced a general social ignorance on the topic, thus encouraging discrimination.

*PAT: "Lack of knowing...lack of knowledge and the lack of education."*

*JOANNE: "And that's the biggest discrimination. The fact that the information isn't there...The biggest thing with discrimination is the lack of knowledge, the lack of education. If there was information available, more proper information, it would make it a lot easier."*

*TANYA: "...and people just can't accept something that they know nothing about."*

*JOE: "If the whole issue of transsexuality was one which was greater understood and accepted, it would have been easier for them to come to terms with it. I guess that's social ignorance."*

A **deficiency of positivity** surrounding transsexuality was largely considered a contributing factor to prevalence of discrimination. Shannon considered this to be the fault of the media.

*PAT: "A lack of positive things."*

*SHANNON: "I think that the exposure that, particularly in some of the more rabid newspapers, transgenderists, drag queen, transvestites have been given, has generated a very negative view."*

Pat also attributed the discrimination to a **deficiency of psychiatrists**:

*PAT: "And the lack of psychiatrists too. I think psychiatrists would lead the way for the community to understand."*

Thus, lack of proximity to transsexuals, lack of education, knowledge, and positive things pertaining to transsexualism, coupled with a lack of psychiatrists, were the contributing factors specified by participants in the evolution of discrimination against transsexuals.

Secondly, **misinformation** was rendered largely responsible for the occurrence of much discrimination. Misinformation regarding matters surrounding transsexuality was thought to contribute to a general social prejudice which often results in discrimination.

*SHANNON: "I think that also there is a lot of misinformation about transgenderism, and prejudice which is a product of that misinformation."*

*JOANNE: "That's the worse thing, is having to overcome people's pre-existing ideas of what a transsexual is."*

*JOANNE: "Some people at my work had some really weird ideas about what I did...They were expecting to see something out of 'Priscilla.' Most of my friends were misinformed as well."*

Particular topics of misinformation were specified by participants and these were able to be divided into smaller categories, the first being the common **association of transsexuality with sexual preference**. Participants agreed society had major misunderstandings concerning the differentiation between gender preference and sexual preference.

*JIM: "Just because you feel that your gender's wrong, still doesn't change who you're sexually attracted to."*

*RESEARCHER: "Gender orientation is completely separate form sexual preference."*

*TANYA: "Yeah, it's the gender and the sexuality that people don't -"*

*RESEARCHER: "Yeah, and it's the root of a lot of discrimination."*

*TANYA: "Discrimination, yes."*

*JOANNE: "There's heterosexual transsexuals...They can also have homosexual relationships. They can be bisexual or they can stay mutual."*

*RESEARCHER: "Just like anybody else."*

*JOANNE: "Anybody else. Most people don't know these things."*

Participants reported understanding that members of the public largely **associate transsexuals with deviant sexual behaviour and prostitution**. Again, participants attributed this to the media's typical portrayal of the transsexual. This was another prevailing myth which was thought to generate much discrimination.

*PAT: "And a lot of people out there think of transgender or transsexual and they think of, "Oh, street workers.""*

*LIZ: "The media don't help matters because we are presented as prostitutes by the media predominantly."*

*MARY: "Transgendered people have had bad publicity. For one, you've had the drag queens where you look at the newspapers, the magazines, the television - they've all had this image of the drag queen, the street walker, someone who comes out at night who is out to guile men, rather loose morals."*

Jim further believed there to be a general public **association of transsexualism with transvestism**. This, again, was perhaps a product of social ignorance.

*JIM: "There are still people that don't know the difference between a transvestite and transsexual... They just label all men who dress as women as transvestites."*

Further, a widespread **belief that transsexuals choose to be transsexual** was identified to be another common misconception.

*JIM: "There's no choice in the matter. If I'd had a choice, I'd have stayed the way I was because that would have been a damn sight easier. It's not a choice."*

Therefore, the mounting misinformation regarding transsexualism has painted a very stereotypical and deviant portrayal of the transsexual. Such misinformation perhaps is a product of the lack of information and appropriate education.

Thirdly, it was believed by some participants that the introduction of labels has inflated this negative portrayal of transsexuals, this encouraging discrimination.

*MARY: "It's a step towards labelling and categorising and ostracising. If it's unidentifiable, if you can't put a label on it, you can't discriminate...And the very labelling of something, the very fact that we are labelled transsexuals, makes us different...By creating labels, they're singling people out."*

*JOANNE: "But anyone who's different, usually, we try to find a label for them. Like, 'transsexual.' "*

To sum, participants largely believed that social conditioning has, to a great extent, influenced the modern portrayal of the transsexual. Because of an extreme deficiency of proximity, education, knowledge, positivity and specialised psychiatrists, society is largely ignorant and this has generated a collective negative prejudice within our society. It seems that the lack of education has resulted in much misinformation surrounding transsexualism and thus, people predominantly identify transsexuals with deviant sexual preference, prostitution and deviant behaviour, and transvestism. A greater awareness of transsexuality has seen the adoption of labels which, to some participants, were considered a step towards categorising and ostracism. Growing awareness of transsexualism has unfortunately been accompanied by such misinformation and therefore, the categorical labelling is largely negative.

## **Religious Conditioning**

\* **Christian Ethic**

\* **Attitudes towards masculinity**

As termed by Liz, **religious conditioning** was generally considered a predominant contributing factor to the rise of societal discrimination against transsexuals. Participants attributed much negativity towards transsexuals to the teaching of the **Christian ethic** and the emphasis on heterosexualism and procreation.

*JIM: "We're not Christians, you see. And I tend to be a little anti sometimes because of the bigotry that's involved. Just the image you've got, male and female, and there's no room for anything else. And unfortunately, it's not always black and white."*

*JOANNE: "If you're anything other than heterosexual, bang, you are a pervert and a degenerate. Bang, you're non-human...It's just a religious difference."*

*MARY: "We live in a society which is based on Christian concepts, which is based on the idea of 'male and female' and 'men and women' and 'husbands and wives.' "*

*JIM: The whole thing is coming down to the Christian thing again. It's like being in league with the devil."*

Joe proposed that discrimination often arises due to **attitudes towards masculinity**. This was categorised under religious conditioning as Christian teachings support the masculine role for the importance of procreation. Thus, male to female transsexuals may be deemed disloyal to their masculinity. The fact that they are disadvantaged by physical prominent male features (height, Adam's apple, voice, facial structure, hand and feet size) may also readily reveal their transsexuality. Thus, male to female transsexuals are more prone to discrimination because of these reasons.

*JOE: "I think that MTFs [male to females] have more difficulties [with discrimination] because of attitudes towards masculinity...And it's a lot harder for them to pass."*

Religious conditioning has encouraged Christian ethics. The principles and morals of Christianity have become society's fundamental moral basis thus aligning societal ethics with Christian ethics. Transsexuality seemingly contravenes these principles, hence the widespread opposition, prejudice and discrimination.

## Human Nature

**\* A threat**

**\* A need to discriminate**

A number of participants further postulated that discrimination is essentially a component of human nature. This was perceived from two perspectives. Shannon, Jim, Mary and Joanne believed that because transsexualism challenges the gender norm, **people become threatened** by the concept. It was understood that the challenge to the norm generates discrimination because it is human nature to discriminate against those who are different.

*SHANNON: "By being a transgenderist, you're actually challenging this absolutely central thing in people's existences, whether they are male or female...They feel like some sort of central, well cornerstone in the fabric of society is being shaken, is being undermined...so they feel incredibly threatened".*

*MARY: "The whole idea about construction of gender is something that I think means that transgendered people and gay people are seen as being threats. Threats to the norm."*

*JIM: "It's not just black and white...Society finds it so threatening."*

*JOANNE: "It's just human nature to discriminate against people who are different...I think that it's built into the human psyche that anyone that's different is possibly a threat."*

Furthermore, Liz and Tanya hypothesised that **people need a group to discriminate against** in order to unload their frustrations and anxieties.

*LIZ: "The government has to have someone to discriminate against, or society has to, and we are next in line."*

*TANYA: "I think it's to channel their frustrations onto something different...They've got to have someone to lash out at."*

Thus, participants believed that the human psyche allows discrimination in order to scorn those who challenge the norm, just as transsexuals do. Participants largely believed that society finds the differences a threat to human society. There were suggestions also that people need a minority to discriminate against so to channel their frustrations.

## SUMMARY

This chapter has introduced the core emergent theory and its three pre-existing conditions which constitute its existence. The fundamental theme which underpinned all data in the exploration of discrimination and the relative responses, was the 'understanding of discrimination to be an anxiety-provoking phenomenon.' For this understanding to be fully established, three specified conditions were required to be existent. The first of the three pre-existing conditions was that of 'a recognition of the vulnerability to discrimination.' This was established with the acknowledgment of oneself to be transsexual, or at least to be comparatively different to peers. Considering identification of differences usually began from an early age, this vulnerability was likely to have been in place for much of their lives. Fear of discrimination was also thought to enhance one's perceived vulnerability. The second identified pre-existing condition was 'a recognition of discrimination to have negative consequences on the self.' Negative feelings identified in transcripts such as futility, paranoia, feeling undervalued, alienation, hurt, deflated self-esteem, anger, fright, and stress reinforced participants' awareness of the negative impact of discrimination. This awareness was also fortified by identification of negative states of being such as being suicidal or depressed, and negative bodily responses such as bladder release, nightmares and crying. This, in turn, contributed to the understanding of discrimination to evoke anxiety since anxiety may have been more readily aroused after experiencing such detriment. The 'recognition of why societal discrimination occurs' emerged as the third pre-existing condition whereby an understanding of the evolution of discrimination against transsexuals helped participants to make sense of discriminatory events, empowered participants to anticipate discrimination, and reject full acceptance of discrimination to be a personal attack. Participants postulated that social conditioning, religious conditioning and human nature were the primary causes of discrimination.

The emergent core category and the three pre-existing conditions constituting the core category have been discussed in this chapter. The next chapter will focus exclusively on the conceptual analysis of the constructive coping strategies employed by participants to address anxiety caused by discrimination.

## CHAPTER 8

# Constructive Strategies which Address Anxiety caused by Discrimination

The participants described certain constructive strategies which helped direct attention away from hurtful discrimination, acted as a release, assisted in protecting oneself from discriminatory events, and protected oneself from future discrimination. Each strategy was essentially action-oriented, rational and reality-based. The strategies devised by participants actually addressed the anxiety caused by discrimination rather than addressed the actual discrimination per se. A comprehensive presentation of the axial codes and substantive codes identified under the selective code of 'constructive strategies' is shown in Table 2 (p 76).

### **Axial Codes:**

- \* **DISTRACTION BY ACTIVITY**
- \* **PHYSICAL BEHAVIOUR**
- \* **SEEKING HELP FROM PROFESSIONALS**
- \* **MAKING INFORMATION WELL KNOWN**

#### **DISTRACTION BY ACTIVITY**

- \* **Sport**
- \* **Gardening**
- \* **Study**
- \* **Running support group**

Three of the participants mentioned participating in hobbies or activities as a means of diverting attention from discriminatory experiences. Achievement in extraneous activities also helped to compensate for the negative self-perception resulting from discrimination and the negativity others cast onto the participant. Pat revealed that his

**Table 2. Constructive Strategies Which Address Anxiety Caused By Discrimination**

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Selective Code

**CONSTRUCTIVE COPING STRATEGIES**

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Axial Codes

<b>Distraction by activity</b>	<b>Physical Behaviour</b>	<b>Seeking professional help</b>	<b>Making information well known</b>
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Substantive Codes

<p><b>Sport</b></p> <p><b>Gardening</b></p> <p><b>Study</b></p> <p><b>Running support group</b></p>	<p><b>Physical retaliation</b></p> <p><b>Physical intimidation</b></p> <p><b>Smashing crockery</b></p>	<p><b>Counselling</b></p> <p><b>Complaining to authorities</b></p> <p><b>Legal aid</b></p>	<p><b>Documentation</b></p> <p><b>Talking freely on transsexuality</b></p> <p><b>Being oneself</b></p>
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involvement in **sport** alleviated negative cognitions and anxiety:

*PAT: "I excelled in sports. That was my other escape."*

Liz, in contrast, described the involvement of the comparatively relaxed activity of **gardening** to help distance herself from discriminatory pressures and negative cognitions resultant from past discrimination. This strategy diverted attention from negativity, while she disclosed that a more relaxed lifestyle has been a therapeutic strategy for her.

*LIZ: "It was only since I retired and came out here and started doing some gardening, the stress and pressures very slowly wore off as much as possible."*

Partaking and excelling in tertiary **studies** was a strategy used by Mary to divert attention away from the anxiety induced by discrimination. This was achieved for her by compensating for the negative self-perception resulting from discrimination with a highly positive achievement standard.

*MARY: "I study...I threw my self into it [Masters course] and I got straight A's."*

Liz also initiated the **running of a support group** for other transgendered people. This was likely to help distract her from anxieties and compensate for negative cognitions by helping others cope with the pressures of being transgendered.

*LIZ: "I put my time into running a support group."*

Therefore, 'distraction by activity' strategies were physical, constructive coping strategies adopted by participants to mitigate anxiety induced by discriminatory events. They aided distraction from anxiety and distraction from negative cognitions. Achievement in activities also compensated for negative self-perceptions arising from hurtful discrimination.

## PHYSICAL BEHAVIOUR

- \* **Physical retaliation**
- \* **Physical intimidation**
- \* **Smashing crockery**

**Physical behaviour**, in this context, simply denotes the utilisation of the body as either a primary defence, or a vent for anger. Relatively few participants described acts of physical behaviour as a response to discrimination. However, this may be due to the fact that any responsive physical aggression may have been illegal considering the lack of legal support for transsexuals facing discrimination in New Zealand.

Firstly, only one participant recalled an instance of discrimination which was responded to by interactive **physical retaliation**. The act however, may be considered a defence tool as the physical actions of others at the time may have provoked the individual's inclusion.

*TANYA: "Ten years ago, transsexuals were beaten up...We used to always have big fights...with yobbos. Yeah, big fist fights."*

Further, **physical intimidation** was utilised by one participant as a means of defence against a discriminatory perpetrator. Physical contact was unnecessary as the threat of potential violence was suffice not only to overcome the present situation, but also to deliver the message of intolerance to personal discrimination. The incident helped to prevent recurring discriminatory incidences.

*PAT: "I threatened him with a roar like a lion, and standing two inches from his face. Of course he almost shit himself and he scurried out whimpering (I'm sure out of fear). It never happened again. I have no problems standing up for myself."*

Liz, however, mentioned the destructive physical act of **smashing crockery** as a means of venting pent-up anger.

*LIZ: I might take it out on myself. I haven't smashed all my crockery but I've nearly come close to it."*

Although these were the only mentions of strategies involving physical behaviour, two participants mentioned a strong potential desire to physically retaliate at times. This suggested that physical exertion may act as a release in response to anxiety-provoking discrimination.

*LIZ: "There have been times, although I didn't respond physically, I bloody well could have."*

*JIM: "I thought of hitting them over the head with a lump of 4 by 2, which is what I'd like to do now."*

Therefore, it appeared that physically responding to instances of discrimination provided an instant defense, acted as a deterrent, released frustration, and delivered the message of an intolerance to discrimination. Clear indications of the potential desire to physically retaliate reinforced the notion that physical exertion may be a spontaneous form of frustration ventilation.

## SEEKING HELP FROM PROFESSIONALS

- \* **Counselling**
- \* **Complaining to Authorities**
- \* **Legal aid**

A number of participants opted for **professional assistance** in response to discrimination. This took the form of counselling, complaints to authorities, and the general seeking of legal aid.

Seeking professional help in the form of **counselling** appeared to help participants deal with anxiety by sharing the hurt with another, and by taking the steps to manage the negative psychological impact of discrimination.

*JIM: "I'm actually seeing a psychotherapist at the moment because I had a bit of a crisis this year and all my years of burying things and running away from them have caught up with me."*

**Complaining to authorities** concerning discriminatory circumstances was a common response for one participant in particular, perhaps as it was not only a legal and correct means of retaliation, but the act proposed an intolerance to discrimination against the transsexual community.

*LIZ: "I laid a complaint against the boss."*

*LIZ: "I complained to the Privy Commission."*

*LIZ: "So I complained." [housing]*

*LIZ: "The complaint to the Human Rights Commission was ignored on the grounds that it was legal to discriminate. I mean, I've had this all along."*

Liz's persistent strategy of complaining to authorities was often a futile effort considering it is legal to discriminate against transsexuals in New Zealand. Therefore, although the complaints were lodged, results were not always satisfying and thus, the pressures of discrimination continued to accumulate.

Pat and Tanya also chose to **seek legal assistance** as a response to discrimination.

*PAT: "So I sought a lawyer" [work related discrimination]*

*TANYA: "And I complained to the medical council, aye."*

Thus, it appeared that the request for appropriate professional help was a strategy often employed to ameliorate current conditions and alleviate anxiety caused by discrimination. However, when a complaint was ignored, frustration originally caused by discrimination was only doubled. Liz also described how she perpetually attempted to deal with discrimination legally, yet the continuous task was difficult to cope with.

*LIZ: "...trying to do all the things that one should do legally, but it's too much for one person."*

Liz described the hurtful and largely negative consequences of her constant complaints and self-defence in cases of discrimination.

*LIZ: "But because I'm known, because I'm prominent, because I dared to stand up for my rights, I was constantly stabbed in the back. I never, ever wanted the publicity that I had, that I knew was necessary. It did some good. It's no doubt helped some people...It would appear in many ways that I've been the public football to be kicked around by everybody...To be made an amusement or something to make fun of because I dared to stand up and fight."*

Thus, the constructive coping strategies employed by some of the participants involved the aid of professionals. Seeking counselling aimed to ameliorate the psychological management of anxieties caused by discrimination. Lodging complaints and the general seeking of legal assistance helped to deal with immediate anxiety resulting from discrimination by dealing with the situation legally. Complaints to authorities also presented an intolerance to discrimination against themselves as transsexuals and against the larger transsexual community. However, in the course of standing up for one's self, anxiety often increased and self-perception decreased due to complaints being ignored and defenses being ridiculed.

## **MAKING INFORMATION WELL KNOWN**

- \* Documentation**
- \* Talking freely of transsexuality**
- \* Be self**

A constructive approach utilised by some participants encompassed the willing exposure of the individual's transsexuality. In essence, this approach was preventative since the primary objective of the action taken was to prevent future discrimination from occurring. 'Making information well known' was classified as constructive as the strategies were essentially rational and reality-based with a clear objective in mind. The utilisation of such strategies was a reaction to the rationale that society is largely ignorant of transsexuality and thus requires educating on issues surrounding transsexuality so to avoid future discrimination against them and their transgendered peers.

Firstly, two participants had taken action to **document** information concerning their personal transsexuality, incorporating general information about transsexuality into the material. The purpose of this was to assist in lifting future discrimination from society in general, rather than primarily for personal benefit.

*PAT: "...and that was the main reason for my article in \*\*\*. To let people know. And my point was, I'm an everyday person...I'm not a sex-worker. I work a normal job and it is possible, folks out there, to be an everyday transgender."*  
 (\*\*\*) Name of women's magazine omitted for confidentiality purposes)

Therefore, by openly discussing transsexuality in application to an "everyday person", there was hope in preventing, or at least decreasing, future discrimination against transsexuals. The reason for documenting a biography was to challenge the general stereotypical perception of transsexuals as prostitutes. Liz also opted to document much material concerning transsexuality, partly in hope of educating the ignorant.

Further, in order to **make information well known**, there was a willingness among some participants to openly disclose information concerning their personal transsexuality should anyone question or inquire. Moreover, this **willingness to talk freely of ones transsexuality** was guided by the rationale that society needs educating, just as Pat and Liz reasoned when documenting personal material. Joanne stated her approach:

*JOANNE: "The only thing I have done is try to short-circuit any discrimination from work by talking to people that I know, well, pass information around the place. I've given them the bare facts. "This is what I am. This is how I am. Anything you hear to the contrary is wrong. If anyone has any questions, come talk to me." In the space of the first two months, most of my tea times and lunch times were pretty busy, hahaha."*

Joanne's approach was a strategy to cope with possible discrimination. Rather than reacting to one instance of discrimination, this coping strategy reacted to an awareness of societal discrimination, or more precisely, reacted to an awareness of discrimination to be an anxiety-provoking phenomenon. Thus, the strategy aimed to prevent discrimination from occurring. Joanne's approach was not solely limited to work relationships, however, but intended to cover practically any dubious person.

*JOANNE: "If anyone were to stop and ask me, I'd tell them".*

Further, after receiving discrimination from previously friendly neighbours, her approach to making information well known remained.

*JOANNE: "I mean, maybe as their [the neighbours] kids get older, they might want to know what it is I am or whatever. If they ask, I'll tell them."*

Tanya took a similar stance in her approach to talk freely of her transsexuality. She believed it to be important not to obscure things, but instead to openly **be oneself**.

*TANYA: "I would just try to talk to that person, approach them, and tell them a bit - probably try and tell them a little bit about myself as a person. Yeah, and let them get to know me if they are willing to."*

*TANYA: "But yeah, I just be myself."*

Amongst these participants, there was a belief that this tactic was the strategy to be employed to tackle discrimination issues in both personal circumstances and also extrapolated to the wider society. Joanne stated her reasoning for being so open about her transsexuality in the working environment.

*JOANNE: "That's the only way, I think, that discrimination can be avoided, is by making the information well known."*

In a similar vein, Tanya reasoned why she openly educated others on transsexuality issues.

*TANYA: "I think education is the way to go. Just educating. We do a lot of talks and lectures and things on transsexuality. If people know what they are dealing with, then I think they will be less afraid and there will be less discrimination, hopefully."*

Therefore, 'making information well known' addressed personal and societal discrimination in a preventative manner. Participants employing these types of strategies were aware of discrimination to be an anxiety-provoking phenomenon, had planned how to overcome such situations, and had actioned their beliefs and strategies accordingly.

## SUMMARY

The adoption of constructive strategies empowered participants to cope with the anxiety discrimination elicited or was expected to elicit. This was achieved by adopting action-based, rational, realistic coping strategies. 'Distraction by activity' such as sport, gardening, running support groups, and studying effectively distracted participants from uncomfortable anxiety, while achieving in one's chosen activity assisted in compensating for negative cognitions arising from discrimination. Responding with 'physical behaviour' was a reality-based approach which acted as an immediate defence, proposed an intolerance to discrimination, aimed to prevent instances from recurring, and acted as a vent for anger. 'Seeking help' in the form of counselling, lodging complaints and seeking legal aid helped to psychologically manage anxiety induced by discrimination (counselling), and presented an immediate defence and intolerance to discrimination (complaints and general legal action). Unsatisfactory legal support however, only added to discrimination pressures. The substantive code of 'making information well known' responded to the rationale of preventing future discrimination against the self and/or other transsexuals by means of education. The objective of documenting material was to prevent future discrimination, and thus, prevent future anxiety for the transsexual community. The open discussion of transsexuality and being oneself attempted to prevent future discrimination projected onto the self, hence preventing future anxiety.

Therefore, the adoption of constructive coping strategies all addressed the occurrence or awareness of anxiety generated by discrimination. The following chapter will explore the cognitive strategies adopted by participants to address anxiety.

## CHAPTER 9

# Cognitive Strategies which Address Anxiety Caused by Discrimination

Cognitive coping strategies featured as a major group of responses to discrimination. Tactics based on cognition were often applied to help participants cope with anxiety-provoking discrimination. Cognitive, or thought-based methods, offered a spontaneous or rationalised response to instances of discrimination which, in turn, protected the individual from harmful anxiety. Such strategies initiated the changing of one's appraisal of cognitions surrounding the discrimination which subsequently reduced anxiety or eliminated anxiety generated by discrimination. For cognitive strategies to be adopted, there first had to be a clear awareness of discrimination to be an anxiety-provoking phenomenon. The axial codes and respective substantive codes comprising the cognitive strategies selective code are presented in Table 3 (p 86).

### **Axial Codes:**

- \* DEFENCE MECHANISMS
- \* POSITIVITY

### **DEFENCE MECHANISMS**

- \* **Repression**
- \* **Denial**
- \* **Rationalisation**
- \* **Displacement**
- \* **Reaction Formation**

**Table 3. Cognitive Strategies Which Address Anxiety Caused By Discrimination**

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Selective Code

**COGNITIVE COPING STRATEGIES**

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Axial Codes

<b>Defence Mechanisms</b>	<b>Positivity</b>
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Substantive Codes

Repression Denial Rationalisation Displacement Reaction Formation	Ignore Carry on / don't worry
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All but one of the participants described the application of some type of cognitive **defence mechanism**. Such strategies directly addressed anxiety caused by discrimination by prohibiting anxiety from manifesting in the individual's consciousness.

Firstly, the coping mechanism of **repression** was adopted by Jim as his primary method of dealing with anxiety evoked by discrimination.

*JIM: "My way of coping with that is burying it and moving on....You just sort of store it away...Because I'm a burier. I'm a push-it-away, bury it, change what's going on, and run away."*

The repressive nature of burying hurtful discrimination experiences helped Jim cope with everyday life through the active rejection of anxiety-provoking material from the consciousness. However, he described how the cognitive strategy was essentially temporary and only dealt with anxiety during the time of discrimination. Hence, the strategy of burying did not deal with any adverse effects.

*RESEARCHER: "Do you think you can really, truly bury it?"*

*JIM: "No, you don't and that's the problem. That's what happened now...Of course, just over the years, all this time of doing this, burying it and pushing it out of the way, and rationalising it, and seeing the other person's side of it, has just built up and built up and I'm at a stage now where I have to deal with it...Eventually the pot fulls up and smacks you in the head."*

Thus, repressive burying of discriminatory information proved to only temporarily ease anxiety. The accumulation of repressed anxiety and ill emotion eventually caused unavoidable psychological pressure over time.

Further, **denial** was another defence mechanism which addressed anxiety. Mary spoke of transsexual acquaintances whose response to family prejudices and negativity was to deny the existence of their transsexuality, per se.

*MARY: "Other instances of people who have fathered children and deny it. "I was never a man." Um, "I'm a hermaphrodite" or "Actually, the doctors have found that I'm really a genetic woman. That I'm XXY" or something."*

*JIM: "That's usually because of families, because of family prejudices."*

Such an extreme form of denial safely protected against anxiety that may have arisen from prejudice or discrimination. Thus, an assertion that the information was incorrect, and thus removing the stimulus known to be the source of discrimination, enabled the individual to cope with the prejudice. Personally, the stimulus known to be the cause of anxiety was rejected from the consciousness.

The defence mechanism of **rationalisation** also featured predominantly among the participant's cognitive strategies used to address anxiety. Personal rationalisations, attempts to prove that actions or other's actions are justifiable, removed the burden of anxiety which may have resulted from discrimination. Joe rationalised other people's negative attitudes towards transsexuality:

*JOE: "I just leave them be and figure that, for most people, they've just got to deal with it in their own time."*

By rationalising the behaviours or attitudes of others, the event of discrimination could be a less negative experience and hence, one which elicits less anxiety. Jim also possessed the same type of rationalisation when he stated,

*JIM: "Well, it's their problem."*

In essence, this type of rationalisation was a blame. Similarly, Pat utilised a rationalisation mechanism in the form of blaming after experiencing discrimination, again lifting anxiety by projecting the negativity onto another.

*PAT: "I started hating the world, hating people, hating everybody, really hating the family I grew up with. Then I really started hating my mother who died and I'd think, "Well if you didn't die, I wouldn't be in this situation"...But, yeah, I started blaming everyone."*

Tanya also rationalised leaving work following discriminatory experiences:

*TANYA: "And they just made life really hard for me so I thought, "Well bugger this. Who wants to work in a hellhole like this anyway?""*

Tanya also described rationalising discriminatory circumstances in the event of a person resisting befriending her on the basis of her transsexuality.

*TANYA: "It's your loss. You didn't get to know me. I could have been a friend to you."*

Therefore, by converting the hostility towards her transsexuality into the loss of a potential friend, the negative anxiety was discarded.

Liz discussed the use of general rationalisation as a coping strategy to respond to discrimination, although she admitted that rationalisation was not a primary means of dealing with discrimination for her.

*LIZ: "Sometimes I could make personal rationalisations but frequently it made me all the more determined to fight back because it was morally and politically wrong."*

Therefore, making rationalisations to justify their actions or the actions or motivations of others in the event of discrimination lifted psychological discomfort from the consciousness and returned the cognitions into a balanced and dissonance free state.

The defensive strategy, **displacement**, was used by two participants. By diverting a behaviour away from its natural target and projecting the behaviour onto a less threatening target, anger or frustration resultant from discrimination was able to be vented without experiencing increased anxiety (Kalat, 1990). Jim described how his wife, Mary, displayed this type of coping strategy:

*JIM: "It happens on your down days, when you do get these depressed days, when you get grumpy and you get your 'wrinkly lips' look. But she does get down and get grumpy and shitty and takes it out on everybody around her."*

Thus, instead of taking frustration and anxiety out on her original perpetrator or perpetrators, they were projected onto other people around her. This strategy also

avoided the anxiety of confrontation with her original discriminatory source. Liz also described utilising displacement:

*LIZ: "I suppose I did take my frustration out on others at times. You don't like ripping into other people. It's not their fault. You just can't help it sometimes."*

Liz's explanation of taking frustration out on others was indicative of the strategy to be natural and spontaneous as opposed to intentional.

Finally, the defence mechanism utilised by Shannon entailed the presentation of herself as the opposite to what she really felt she was. With this approach, anxieties resulting from inappropriate instincts were rejected, and potential anxiety caused by discrimination was also rejected. This is termed by Kalat (1990) as **reaction formation**.

*SHANNON: "So I went to the other extreme and went to a very male character, I guess. I played all the appropriate sports, rugby football and all that sort of thing...I did all the right things - boozed on Saturday nights, played sports obsessively, got myself fit and all the rest of it."*

Shannon's obvious portrayal of malehood when she was younger enabled repression of seemingly undesirable and socially unacceptable impulses to present as a woman. The presentation as a typical male kept others from suspicion. She was aware that she would be vulnerable to such discrimination if she acted on such seemingly unacceptable impulses.

Therefore, the employment of defence mechanisms as coping strategies featured largely as major cognitive mechanisms in response to discrimination. The defensive strategies discussed enabled participants to deal with discrimination adequately by directly rejecting anxiety from the consciousness.

## POSITIVITY

\* **Ignore**

\* **Carry on / don't worry**

Some participants responded to discrimination with a **positive** perspective. An optimistic approach lifted anxiety. This was effectively achieved by either ignoring the event or not allowing it to interrupt the current state of being. By ignoring discrimination, anxieties were prevented from psychologically affecting the individual. The strategy of 'ignoring' differed from the denial mechanism in that ignoring entailed the choice of pretending not to notice discrimination. 'Denial', comparatively, was a psychologically deeper mechanism used to prevent discrimination from occurring. Three participants described **ignoring** discrimination when possible:

*TANYA: "I tend to ignore."*

*MARY: "And I just ignored it. I didn't hear it, you know?"*

*LIZ: "You can ignore some of it but not when it's so consistent and heavy."*

Liz described an ability to ignore discrimination yet admitted it was impossible to completely ignore all instances. Therefore, ignoring discriminatory events was a positive means of rejecting anxiety capable of being generated by discrimination. However, Liz suggested that the consistent utilisation of such a method was unrealistic.

The approach to dealing with discrimination by simply **carrying on and not worrying** was described by three of the participants. Based on optimism, this strategy succeeded in overcoming the negativity associated with unpleasant discrimination. Joanne described such a coping strategy:

*JOANNE: "Oh, I just carry on. You know, it doesn't worry me."*

Similarly, Mary would often not allow minor discriminatory incidences at work bother or interrupt her.

PART THREE  
Discussion

*MARY: "The thing is though, they're little things and there's no point in worrying about them. It hasn't made any difference to the job."*

Discussing discrimination in general, Mary maintained an optimistic approach:

*MARY: "I think I cope pretty well with everything that happens. I try not to allow it to affect anything I do."*

Mary explained how she would simply "get on with living" (MARY) while Jim revealed that "You get through it. You just carry on." (JIM) This approach enabled both Jim and Mary not to dwell on the instance (thus reducing anxiety), but to positively accept that the discriminatory event had occurred.

## SUMMARY

To conclude, cognitive strategies utilised primarily to address anxiety produced by discrimination offered defence from anxiety. Defence mechanisms were often adopted to push spontaneous anxiety from the immediate consciousness, thus enabling the individual to manage frustration, anxiety, and impulses in an acceptable manner or a manner which relocated discriminatory burdens. By repressing, denying, or rationalising discriminatory events, anxiety was removed from the consciousness. Similarly, the displacement of frustration onto another reduced personal anxiety. Application of 'reaction formation' also prevented discrimination and related anxieties from occurring. A positive perspective was also adopted by some participants in order to reject anxiety. This was achieved by either attempting to ignore the discriminatory event or simply carrying on and not worrying about the event. These coping strategies prevented anxiety from festering.

Cognitive or thought-based coping strategies therefore were widely adopted by participants as a means of protecting oneself from discrimination-caused anxiety. Chapter 10 will discuss the utilisation of direct action strategies.

## CHAPTER 10

# Direct Action Strategies which Address Anxiety Caused by Discrimination

Certain coping strategies described by participants entailed the assessment of the discriminatory or potentially discriminatory situation and the direct altering of the situation. These coping strategies were termed direct action (Mandler, 1975). Direct action strategies were immediate strategies which were actioned directly and consciously, addressing anxiety caused by discrimination. Table 4 (p 94) presents the axial codes and the substantive codes linked to the direct action selective code.

### **Axial Codes:**

- \* **DISCURSIVE**
- \* **AVOIDANCE**

### **DISCURSIVE**

- \* **Challenge**
- \* **Retaliation**
- \* **Confrontation**
- \* **Politeness**

Strategies which were essentially language based were classified as direct action since the approach entailed conscious and immediate action directed at the perpetrator. Many participants described the utilisation of voice in the event of discrimination to manage a discriminatory situation.

A **discursive challenge** to the discriminatory perpetrator featured as a strong spontaneous response amongst the participants. Liz frequently responded to

**Table 4. Direct Action Strategies which Address Anxiety caused by Discrimination**

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Selective Code

**DIRECT ACTION COPING STRATEGIES**

---

Axial Codes

<b>Discursive</b>	<b>Avoidance</b>
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Substantive Codes

<b>Challenge</b>	<b>Avoid situations</b>
<b>Retaliation</b>	<b>Avoid people</b>
<b>Confrontation</b>	<b>Avoid places</b>
<b>Politeness</b>	

discrimination by means of verbal questioning. One such example was during an interview where she was not treated equally.

*LIZ: ""That's nine times you've asked that question. Are you having a problem?""*

Mary similarly challenged the manager of a bar on his reasoning for asking her to leave the premises.

*MARY: "I had been in there for a couple of hours and somebody must have gone and said something and the manager came and asked me to leave. And I said, "Why?""*

Tanya also chose to verbally challenge others.

*TANYA: "Yeah, I've just had lawyers that wouldn't take my case on. I've asked them why and they wouldn't give me an answer."*

Verbal challenging was also described by Pat, although his position required a more defensive stance.

*PAT: "The way I was treated, stuck in a circle with all this hierarchy and getting yelled at saying, "You're a lesbian, aren't you! Admit it!" And I'd go, "No, no I'm not." "You're a lesbian, admit it!" I says, "No, I'm not.""*

Therefore, some participants used a discursive challenge as it was an instant and direct form of defending oneself.

Participants also opted to **discursively retaliate** against discriminatory perpetrators. Retaliation was a form of individual defence while it also allowed a vent for frustration and related anxieties associated with the unpleasant experience. Pat described verbal retaliation as a response to a discriminatory event.

*PAT: "So I hit the roof. "Do not discriminate me like that!""*

Pat also described verbally retaliating to the police over the same instance of discrimination.

*PAT: "I says, "Look, go away. We were at work and if you don't believe us, look in our diary at work... And you can stop this stupid man from accusing us again because I will do something about it.""*

Discursive expression was a form of self defence while it also informed perpetrators of a ready will to retaliate. Joanne verbally responded after a workmate made an unpleasant remark about her transsexuality.

*JOANNE: "And I just sort of stood there, and I just turned my head, looked at him and I said, "David, you have got no idea.""*

Moreover, Tanya described verbal retaliation as an immediate coping strategy when faced with anxiety-provoking discrimination.

*TANYA: "And we used to get smart to everyone who used to call out, "Faggot" and we used to start screeching at them.""*

Liz also verbally retaliated to much discrimination. She described one instance:

*LIZ: "Now, how did I respond at the time? With all knives sharpened. I mean, I retaliated of course. I didn't sit down and take it. I retaliated. The person responsible for approving the promotion I didn't get, I tore him up for arse paper.""*

As demonstrated, the coping strategy of verbal retaliation empowered participants to inform their perpetrator or perpetrators that they were not prepared to tolerate discrimination. Retaliation vented strong emotions associated with the discrimination while it warned of a ready will to defend oneself. In some cases, perhaps a retaliation may have deterred discriminatory perpetrators from re-offending.

A third discursive response was confrontation. **Discursive confrontation**, however, lacked the strong defensive and emotionally charged element that retaliation possessed. Perpetrators' perceptions were not questioned but instead were confronted. For example, Joanne confronted her mother concerning her refusal to use her female name. This enabled her to voice her perceptions and her opposition to her mother's discrimination.

*JOANNE: "She won't call me Joanne. She doesn't call me Matt\* anymore because I've put my foot down on that." (\* Name changed for confidentiality purposes)*

Similarly, Tanya confronted a discriminatory perpetrator from the medical profession:

*TANYA: "I just confronted him mildly."*

The final category of verbal strategies was **politeness**. Tanya's politeness to customs officials was a means of coping with their discriminatory behaviour.

*TANYA: "But yes. It's really awful. And how I deal with that is like I go along with it. Be polite. As long as you're polite, they will be polite back to you."*

In sum, discursive responses in the form of challenges, retaliation or confrontation enabled participants to voice their opinions and opposition in cases of discrimination. Discursive coping strategies were often spontaneous and instant, this creating a natural channel for the ventilation of frustration, anxiety, concerns or opinions while also provided an instant self defence. These strategies often entailed the appraisal of a situation and the adoption of suitable discursive behaviour.

## AVOIDANCE

- \* **Avoid people**
- \* **Avoid situations**

A second category of direct action strategies for addressing discrimination was that of **avoidance**. The adoption of avoidance strategies appeared to be a response to a fear of societal discrimination and thus, a fear of personal anxiety. Avoidance strategies were predominant amongst many participants, this reflecting not only an extreme awareness of discrimination to be an anxiety-provoking phenomenon, but also the scale of discrimination within New Zealand. Participants who adopted avoidance strategies would simply anticipate discrimination and avoid it accordingly.

Before commencing description of substantive codes, the axial code, avoidance in general, will be discussed. Shannon's primary method of coping with discrimination was that of complete avoidance.

*SHANNON: "The way I've coped is to identify points where I'd be likely to suffer discrimination, and avoid it."*

Shannon later described how this form of coping stemmed from an extreme fear of discrimination.

*SHANNON: "The strategies I've designed for myself have been effectively avoidance strategies and I've feared discrimination. I've certainly feared being exposed. I've feared the humiliation, you know, that I thought would follow exposure."*

Thus, Shannon's coping strategies, based on a discrimination fear, essentially shaped her lifestyle.

*SHANNON: "One still has this underlying dread that something can happen. You know, that circumstances can suddenly, quite out of the blue, you know - you get discovered."*

Participants described intentional **avoidance of certain people** so to avoid discrimination. Mary stated this:

*MARY: "We tend to avoid certain people."*

Likewise, Pat and his wife simply excluded people who had previously been negative over transsexuality issues.

*PAT: "The friends that I've developed who are nothing but torturous, negative and wanting, they're out of our lives. You know, on both sides, both our friends, we've managed to just go, "No. You just stay right there.""*

Further, Shannon's immediate family were unaware of her transsexuality. This was a direct avoidance strategy addressing the fear of discrimination.

*SHANNON: "I never told my family in England. My parents don't know. My two sisters and brothers don't know."*

The statement also indicated that discrimination and transsexual prejudices are alive in other westernised countries also. Therefore, particular people who had, in the past, conveyed prejudiced attitudes were identified by participants and simply avoided.

In the same way, participants described the careful anticipation of discriminatory situations and **avoided situations** accordingly. Mary stated how such cognitions guided her and her husband, Jim, away from potential discrimination.

*MARY: "We tend to avoid situations...We anticipate discriminatory behaviour so we avoid getting into situations where it could occur. So, therefore, we don't give it the opportunity to happen."*

Mary earlier told of the strategies she had developed to avoid discriminatory circumstances, for example, changing her clothes at the beach.

*MARY: "I'm reasonably circumspect about things. I mean, I don't get myself into situations where I may put myself in an embarrassing situation. If we go to*

*beaches anywhere and I have to use a public shed, I find a cubicle or somewhere rather than just throw my clothes off in front of everybody. Not so much because I'm embarrassed of the look of my own body. I'm not. But just in case I get side glances or something."*

Mary's self awareness of being vulnerable to discrimination coupled with an awareness of discrimination to be an anxiety-provoking phenomenon, motivated her to anticipate potential discriminatory situations, and avoid them. Shannon's avoidance of returning to teaching as a woman was based on the same principle.

*SHANNON: "I can't really talk about what would have happened if I'd said, "Look, um, I used to, you know, be such-and-such a person, male, who taught all these years whereas I'm such-and-such a person who's now female. Will you accept me as a teacher?" So it was never an issue. So I mean, I didn't get any discrimination."*

Shannon's current choice of occupation was motivated by a fear of discrimination against her as a transsexual.

*SHANNON: "Last year I started looking for a job which would enable me to work at home and the transgenderism thing was never an issue."*

Both Mary and Joanne also described how their choice of attire would sometimes be motivated by a desire to minimise the chance of discrimination.

*MARY: "I avoided wearing clothes that would accentuate my masculinity. So I paid big prices for well cut and well tailored clothes that minimised the masculinity and accentuated the femininity"*

*JOANNE: "There were a few sort of double takes and things like that but luckily I've been mainly wearing trackpants and sweatshirts which are sort of very, very gender neutral."*

Joanne explained how the fear of physical harm motivated her to avoid particular situations. On the whole however, her avoidance strategies were not as extreme as

those of Mary and Shannon. Her avoidance, conversely, was primarily motivated by self-protection.

*JOANNE: "But I also have had to be careful when and where I go anywhere, um, for obvious reasons. I don't want to get caught in a dangerous place, get knocked around or anything."*

Moreover, Joanne recognised herself to be vulnerable to discrimination in a social environment and therefore attributed her lack of discriminatory experiences to her avoidance.

*JOANNE: "I don't go out that much now, so that could be one reason. I'm avoiding it. Maybe if I had a more active social life I might experience a bit more of it."*

The lengths to which participants had gone to avoid discrimination contrasted sharply with those who had intentionally made their transsexuality public. The motivations for utilising strategies discussed in the constructive strategies section of 'making information well known' involved the ready disclosure of their transsexuality. This was contrary to the fundamental motivations of those who employed avoidance strategies. Thus, while participants who intentionally disclosed their transsexuality supported the notion of educating the public, those employing avoidance strategies opposed the approach because of the increased likelihood of disclosure.

*SHANNON: "And that is the sort of image that most people have of a transgenderist [Stereotypical image of drag queen, prostitute, or sexual deviant ]...Oddly enough, for those of us who are not like that, then they won't suspect us because we don't conform to the norm. So that me for me, in an odd way, is a useful kind of defence thing. Yeah, I think that there is a greater awareness, but there's also, as a result of that awareness, there's more likelihood of people being exposed, being sprung. People tend to look for it."*

Mary supported a similar viewpoint:

*MARY: "People [are] becom[ing] more and more aware of the issues of transgenderism...But it's making people out in the community look twice at*

*every woman so that it does make us more visible. And that is something that we have to learn to live with."*

Therefore, both Mary and Shannon, who primarily employed avoidance strategies to deal with societal discrimination, conveyed an underlying fear of discrimination and a fear of the anxiety discrimination elicits. Their opposition to making information well known was fuelled by a resistance to society being more aware of the transsexual as it may increase the likelihood of the exposure of their own transsexuality.

## SUMMARY

Direct action strategies provided immediate, conscious action, involving the appraisal of a situation and the adoption of suitable discursive or physical behaviour. Discursive strategies of challenging, retaliation, confrontation and politeness empowered transsexual individuals to voice their opinions, frustration and oppositions to discrimination. The strategies enabled individuals to defend themselves, vent their anger, present a will to fight, present an intolerance to discrimination and, in the case of politeness, prevent anxiety-eliciting confrontations. Avoidance strategies entailed the anticipation of discrimination and the adoption of suitable physical behaviour to avoid such discrimination. Avoidance strategies branched into the avoidance of particular people and particular situations. These avoidance strategies were fundamentally motivated by a fear of discrimination and this directly stemmed from an awareness of discrimination to be an anxiety-provoking phenomenon.

Chapter 11, the final chapter in the 'Findings' section, discusses the integration of the cognitive dissonance concept, the core category and its three pre-existing conditions, and the resulting generation of constructive, cognitive and direct action coping strategies.

## CHAPTER 11

# Integration

This chapter integrates the concepts of transsexualism, discrimination, and cognitive dissonance with the findings from the grounded theory. The findings will also be discussed in relation to the larger cognitive processes of adopting coping strategies. A detailed exploration of the processes of transsexuals' coping with discrimination will clarify the identified grounded theory. The second section of this chapter outlines the participants' responses to the grounded theory.

### INTEGRATION OF CONCEPTS, DATA, AND THE GROUNDED THEORY

Cognitive dissonance theory (Festinger, 1962) and its relation to discrimination against transsexuals will firstly be reviewed. The ideas pertaining to transsexuality and discrimination were discussed in Chapter 3 when the steps towards the adoption of coping strategies were described. With analysis complete, these ideas are now followed in relation to the data. This is hoped to clarify the complete picture of the evolution of the employment of coping strategies.

Transsexuality typically entails a metamorphic expression of true identity. The journey, for the current participants, was tainted by the experience of, or the fear of, discrimination. This research explored how transsexual victims of discrimination coped with that experience. An exploration into the perceptions and beliefs of participants on the topic of discrimination was embarked on in order to understand the cognitive processes which resulted in the necessary adoption of appropriate coping strategies.

Participants' experience of true identity expression was generally described to be cognitively positive. Prolonged suppression of perceived gender was believed to be psychologically detrimental. Tanya stated this:

*TANYA: "But I know that it's something that's in you and if you try to suppress it, it just mixes you up psychologically."*

However, after discovering the phenomenon of transsexuality and its application to themselves, transition was able to commence and they were able to lower their masks to express their true gender identity. With this, participants described great relief. Thus, the experience of expressing the true gender identity was positive. Pat described this:

*PAT: "When that happened, a light went on and a great revelation took place inside me as if my guides were jumping up and down with joy going, "Yes, you finally got it!"...and everything was going. "Yes, yes, yes, yes, yes," inside. "Finally you've admitted to yourself who you really are.""*

However it seems the perception of transsexuals in society is largely derogatory and non-accepting. This was reported time and again throughout participants' transcripts. Jim stated this:

*JIM: "We have always existed. We were actually revered. We were the special people in the tribe...But suddenly, in western society, we've become alien and feared. We've become a certain part of society, if you like. Instead of being accepted into society, we've been pushed to the side."*

Whatever the reasoning behind this widespread perspective, it appeared that the collective perception of transsexuals was largely negative.

Positivity generated by transsexual expression thus collided with negativity from society's perception of transsexuals and projection of discrimination. This inevitably generated ambivalent cognitions. Hence, participants experienced a state of dissonance. As Festinger (1962) stated, cognitive dissonance naturally motivates activity towards dissonance reduction. This arises from the homeostatic tendency (Kreitler & Kreitler, 1976) whereby the motivation to resolve dissonance is a derivative of the psychological tendency to maintain consistency in cognitions. Therefore, in order to reduce anxiety or stress caused by dissonance, participants utilised specific coping strategies.

In relation to discrimination, before coping strategies were adopted, participants experienced an 'understanding of discrimination as an anxiety-provoking phenomenon.' This emerged as the core category, central to the grounded theory. This understanding could only come into effect with the presence of three pre-existing conditions. Table 5 (p 106) illustrates the complete generated grounded theory. The criterion representing each of the conditions were extracted from the data. Firstly, the participants needed to consider themselves as vulnerable to discrimination. This was established by an awareness of themselves as transsexual, and was enhanced by a fear of discrimination. The second condition comprising an 'understanding of discrimination to be anxiety-provoking' was 'an awareness of the negative impact discrimination can have on the self.' By constant reference to negative effects on feelings, state of being, and bodily responses to discrimination, verification of this condition was established. The third condition, that of 'a recognition of why societal discrimination against transsexuals occurs, contributed to the core category by conceptualising a fundamental understanding of the occurrence of discrimination against transsexuals. Participants postulated that social conditioning, religious conditioning and elements of human nature were the cardinal causes of discrimination. This was indicative of a general understanding, amongst participants, of the reasoning behind the projection of discrimination onto their minority group.

The presence of the pre-existing conditions generated the core category of 'understanding discrimination to be an anxiety-provoking phenomenon.' All coping strategies rested on this core category. The adoption of coping strategies, a response to the drive for dissonance reduction, primarily assisted in easing anxiety caused by discrimination.

The coping strategies utilised to address anxiety caused by discrimination were divided into three selective codes. The first of these, constructive coping (Weiten, 1992), entailed the adoption of rational, reality based and action-orientated strategies. Such constructive coping strategies were realistic and essentially action-oriented. Cognitive coping strategies (Mandler, 1975) were the second category used to address anxiety caused by discrimination. These strategies were primarily thought-based and formulated effective rejection of discrimination-caused anxiety. Direct action strategies (Mandler, 1975) was the third identified selective code used to address anxieties caused by discrimination. Identified by the immediate and conscious action in an instance of discrimination or potential discrimination, direct action strategies entailed the direct appraisal of a situation and the direct altering of that situation.

**Table 5. The Core Category and its Pre-Existing Conditions**

The core category

**Understanding discrimination to be an anxiety-provoking phenomenon**

<b>1st Pre-existing condition RECOGNISING THE SELF TO BE VULNERABLE TO DISCRIMINATION</b>		<b>2nd Pre-existing condition RECOGNISING DISCRIMINATION TO HAVE NEGATIVE CONSEQUENCES</b>			<b>3rd Pre-existing condition RECOGNISING WHY DISCRIMINATION OCCURS</b>		
<b>Awareness of the self to be transsexual</b>	<b>Fear of Discrimination</b>	<b>Negative Feelings</b>	<b>Negative State of Being</b>	<b>Negative Bodily responses</b>	<b>Social Conditioning</b>	<b>Religious Conditioning</b>	<b>Human Nature</b>
		Futility Paranoia Undervalued Alienation Hurt Deflated self-esteem Anger Fright Stress	Suicidal Depression	Bladder release Nightmares Crying	Deficiency Misinformation Labelling	Christian ethic Attitudes towards masculinity	A threat A need to discriminate

## PARTICIPANTS' RESPONSES TO THE SUMMARY OF FINDINGS

All participants were sent a draft of the summary of the findings (Appendix G). Minor changes were subsequently made. Each participant was asked to respond by briefly writing their thoughts on the findings. Seven of the eight participants commented on the findings.

Responses to the findings were very positive. Participants described the findings as "good," "accurate, concise and well written," and that they "made interesting reading." Participants also reported "agree[ing] on what [the researcher] had stated" and being "impressed" by the findings. One participant also claimed that it was "very good research," and another praised the researcher by stating "well done." All participants specified a desire to read the final document.

One participant suggested that some people discriminate against transsexuals because of "doubts concerning their own inadequacies". The same participant suggested that under 'avoidance' strategies, there may be an "avoidance of confrontation, so the transsexual's fantasised self image as a 'real man woman' is left unthreatened."

One participant made a suggestion for future research:

*"It would be interesting to do a comparison with some other groups such as gays or an ethnic minority to see if coping strategies are group specific or are generally much the same for all groups."*

Therefore, there was a high rate of response to the findings. Responses were very positive and participants largely agreed with the findings. Acknowledging participants' responses was an important step in assessing the quality of the research, as it was necessary for participants to believe the findings to accurately reflect their intentions and perspectives.

## SUMMARY

In sum, this chapter has integrated the previously discussed concepts of transsexualism and discrimination and has integrated the concept of cognitive dissonance with the findings. It has been shown how discrimination against transsexuals triggers cognitive dissonance which, in turn, motivates a drive for dissonance reduction. This results in the adoption of coping strategies. All coping strategies extracted from the transcripts were based on the core category, an understanding of discrimination to be anxiety-provoking. The core category, in turn, was contingent upon three pre-existing conditions, a vulnerability to discrimination, an understanding of the negative consequences of discrimination, and a larger understanding of societal discrimination against transsexuals. The second section of this chapter discussed the responses of participants to a summary of the findings from the study. Responses to the research were generally very positive, some participants making additions to the findings and suggestions for future research. The following chapter will lead into the final section, 'Discussion.' Chapter 12 reviews the findings, reviews the objectives of the study, assesses the quality of the qualitative research, and discusses the limitations of the research.

## OVERVIEW OF DISCUSSION

The third section, covered in Chapters 12 and 13, discusses and summarises the findings of the research, presents limitations, and discusses implications. Chapter 12 reviews the findings of the grounded theory. The objectives of the study are reviewed and the criteria for assessing qualitative research are applied to the study.

In chapter 13, the limitations of the present study are considered and recommendations for future research in the area of transsexuality, discrimination, and coping strategies are suggested. The findings are then considered in relation to clinical implications and implications for those working with transgendered people.

## CHAPTER 12

# Discussion and Limitations

This chapter discusses and summarises the findings from the present study. The initial objectives of the study will be reviewed and the criteria for assessing qualitative research will be applied to the present study. The limitations of the study will then be examined and discussed.

## DISCUSSION

The present study, concerning the utilisation of coping strategies in response to discrimination among transsexual participants, resulted in the establishment of a grounded theory. The grounded theory directly concerned the particular types of coping strategies the participants had utilised to address anxiety caused by discrimination. The theory rested upon the notion that discrimination primarily arouses anxiety in the victim. Thus, the core category, which linked the participants' perceptions of discrimination and the relative coping with discrimination, emerged as 'understanding discrimination to be an anxiety-provoking phenomenon.' The core category, interpreted from the participants' perspective, generally appeared prominent in the participants' understandings of discrimination. Thus, it was this aspect and knowledge of discrimination which shaped the employment of coping strategies. The researcher did not specifically query participants about their perceptions on discrimination as anxiety-provoking, however. Instead, the core category emerged as the strongest theme pertaining to the understanding of discrimination. No participant specified this, but it was an impression which emerged strongly from the collective data as a whole.

The core category underpinned the development of each coping strategy described. Hence, there needed to be a firm cognitive understanding of discrimination as eliciting anxiety before a coping strategy would be needed. Conversely, if this understanding was not present and the participant did not believe discrimination to be anxiety-provoking, there would be no apparent drive to reduce or avoid anxiety. Thus, there would not be a need to utilise a coping strategy. This paramount understanding of discrimination as anxiety-provoking, in turn, was contingent upon the three pre-existing conditions.

The first of these conditions was an awareness of the self as vulnerable to discrimination. This perception of vulnerability was simply established, usually at an early age, with the understanding of the self to be transsexual, or at least the understanding of the self to exhibit differences to others. Most participants described noticing differences between themselves and peers, and this indicated that they were aware of their vulnerability. Participants also described being fearful of discrimination. This was assumed to heighten the perceived vulnerability.

The second identified condition emerged as a firm awareness of the negative impact discrimination can have on the self. This condition was collectively conveyed through the data by the consistent referral to the negative consequences discrimination had had on the self following past discriminatory experiences. The simple mention of the negative impact discrimination had had on others signified an awareness of this factor.

The third condition contributing to the larger core category pertained to an understanding of why societal discrimination against transsexuals occurs. This factor was actually put to the participants in their respective interviews, and this resulted in a variety of possible causes hypothesised by the participants. In essence, the instant ability of the participants to list possible causes of discrimination was indicative of a firm awareness of why discrimination occurs in society. This was the final condition constituting the core category and was one which provided meaning to the event of discrimination.

The presence of the core category in the cognitions of the transsexual participant directly prepared the self for the subsequent employment of coping strategies. The drive to adopt a coping strategy was motivated by the drive to reduce cognitive dissonance resulting from the juxtaposition of the negative experience of discrimination and the positive expression of true gender. The research findings clearly indicated that coping strategies were utilised as a direct response to discrimination. This appeared to occur regardless of whether the participant was motivated to avoid anxiety by avoiding the discrimination, or whether this was in response to an instance of discrimination.

The coping strategies described by participants could be broken down into three selective codes. These emerged as constructive, cognitive and direct action, and each selective category represented a drive to address and reduce anxiety caused by discrimination. Constructive strategies essentially provided rational, realistic approaches designed to reduce anxiety. Strategies of this classification were largely

physical. Cognitive strategies however, maintained a fundamentally cognitive approach to reduce anxiety induced by discrimination. By changing ones appraisal of cognitions surrounding the discriminatory circumstance, anxiety could be effectively reduced. Direct action strategies identified in the data essentially involved the appraisal of the situation and the adoption of appropriate verbal or physical behaviour.

The coping strategies outlined in Chapter 3 were written well before the interviews were conducted and hence, were not inserted specifically to fit the data at hand. Likewise, analysis was in no way modified or shaped to fit the specific categories of coping strategies outlined previously. There were no expectations of what would emerge. Data analysis was conducted, this entailing the extraction of substantive codes, followed by the grouping into axial codes. The terming and grouping of the wider selective codes fitted easily into the suggested codes, constructive, cognitive and direct action.

Specific coping strategies may generally fall into such wider categories as those which emerged in the present research. Verifying this, Folkman & Lazarus (1980) found that both emotion-focused and problem-focused coping strategies were used in nearly all stressful events they investigated. Therefore, the researcher investigating the coping strategies employed by differing sample groups such as disabled people, a minority race, and homosexual men, may well obtain very similar results to those found in the present study.

Further, Edwards (1988) postulates that coping occurs when an individual is motivated to reduce stress, and directs coping strategies towards the causes of stress. The present findings were consistent with this belief as participants utilised coping strategies in order to decrease stress. Coping strategies were also aimed at the source of that stress, whether they addressed the perpetrator, the avoidance of the perpetrator(s) or society's negative perception of transsexuals. Thus, consistent with Lazarus & Folkman's (1984) theory, coping strategies found in the data regulated emotional distress and attempted to solve the problem.

## EVALUATION OF THE OBJECTIVES OF THE STUDY

It was imperative that the three initial objectives of the research were achieved. The researcher aimed to generate a grounded theory to explain how transsexuals cope with discrimination. This was successfully achieved. The researcher also aimed to establish a firm personal understanding of the transsexuality phenomenon. This was also achieved over the course of the research. Thirdly, the researcher aimed to establish a channel for transsexuals to express their opinions and concerns associated with discrimination. Through the generation of data, this was achieved. Participants' concerns over discrimination issues and other issues concerning transsexuals have been conveyed throughout the document.

## EVALUATION OF THE QUALITY OF THE RESEARCH

As an evaluation of the standard of the current qualitative methodology, the criteria proposed in Chapter 4 are reviewed. The set of criteria to determine the absolute quality of the research challenges the reliability and validity of the methodology utilised.

Stiles (1990), who proposed general criteria for assessing qualitative research, emphasises the importance of the research to correctly convey and interpret the participants' intentions. This criterion, termed **testimonial validity**, was met since the participants checked over their transcripts and later read over and responded to a summary of the findings.

Henwood and Pidgeon (1992), focussing more specifically on qualitative research with a grounded theory methodology, similarly proposed the **sensitivity to negotiated realities** criterion. Like testimonial validity, sensitivity to negotiated realities was met through the positive participant responses from the summary of the findings.

Findings from the research incorporated, and were consistent with, the coping strategies literature and Festinger's (1962) theory of cognitive dissonance. Thus, the research methodology incorporated the process of **triangulation** (Stiles, 1990).

**Coherence** (Stiles, 1990), or **keeping close to the data** (Henwood & Pidgeon, 1992) was achieved as the theory presented categories which adequately fit the data. As shown in the data analysis, selective, axial, and substantive codes appeared as appropriate and understandable terms which closely described the specific categories.

**Consensus among researchers** (Stiles, 1990) is perhaps difficult to evaluate at this stage as this criterion concerns the number of adherents to the interpretation of the theory.

The research was indeed **catalytically valid** (Stiles, 1990) as the findings impacted positively on the participants. This was demonstrated in the positive responses from the participants after reading the summary of the findings.

Further, with the theory being complex and dense with respect to the core category and its elements, the generation of coping strategies, and the utilisation of specific coping strategies, the grounded theory is "*integrated at diverse levels of abstraction*" (Henwood & Pidgeon, 1992, p 105).

**Reflexivity** (Henwood & Pidgeon, 1992) was achieved in the research as acknowledgment of the inevitable role of the researcher in the methodology is documented. This is emphasised in the discussion concerning the limitations of the study. Assumptions pertaining to the research are documented also (Henwood & Pidgeon, 1992). It was assumed that participants adopt coping strategies, the experience of discrimination would motivate participants to reduce cognitive dissonance, all participants had experienced discrimination, and a grounded theory could be generated from the data.

Furthermore, through the process of generating the grounded theory, the researcher consistently explored differences in the data, seeking to falsify an emergent theory. Thus, **theoretical sampling and negative case analysis** (Henwood & Pidgeon, 1992) was achieved.

Finally, the theory achieved **transferability** (Henwood & Pidgeon, 1992) since the resultant findings were theorised to have wider general significance. These are discussed in chapter 13.

To conclude, after reviewing the criteria set for assessing the quality of the research, it appears that the research at hand meets the standards set by the criteria. This indicates that the research is adequately valid and reliable.

## LIMITATIONS OF THE STUDY

The present study was perhaps limited in certain areas. Firstly, the findings were affected by limited availability of participants. Considering the study focussed on the experiences of just a small number of participants, the instances of discrimination, responses to discrimination, coping strategies utilised, and postulated causes of discrimination, were subject to just eight viewpoints. Further, the researcher could only manage a certain number of interviews in the workload.

The nature of the research method allowed only a single interview with each participant, thus providing a 'snapshot' of perceptions towards discrimination at that point in time. Therefore, the specific time was representative of their immediate perception of discrimination, current coping strategies, and current causal considerations. Participants' descriptions were therefore reliant on memory, with emphasis on particular instances freshest in the memory affecting participants' perceptions of the phenomena being studied.

The individual circumstances of respective participants were considerably important to the outcome of the results. The fact that only three participants were FTM (female to male) perhaps accounted for particular aspects of the findings. The range of individual discriminatory experiences may also have affected the findings in that some believed themselves to have suffered very little or no discrimination while others claimed to have received consistent and often severe discrimination. This would have individually affected participants' views on coping with, responding to, and understanding discrimination.

Individual circumstances also presented a range of experience in gender transition. Participants' transitional experience ranged from a few months hormone treatment with

no sex-reassignment surgery, through to twenty years of complete transition. Thus, participants with longer transition experience may have experienced an accumulation of discrimination over the years. This factor would have affected the perception of respective participants. The participants interviewed in the study, also, were predominantly middle-class, middle-aged (age ranged from late twenties to late fifties), intelligent, mature and most with secure employment. This transsexual group, existent because of the recruitment method (contacting friends of friends), was perhaps characteristic of a certain personality type and social status. Of course, the study could not incorporate those who had not coped with discrimination well at all, this particularly referring to those who were suicidal (or had committed suicide), were totally reclusive, or were totally avoiding of discrimination. Hence, the study's findings may lean towards a group with particularly strong personality characteristics.

The generated grounded theory was also directly influenced by the researcher's age, social status and background. The researcher, aged 23, is a white European, heterosexual, Protestant, University graduate from a rural, middle socio-economic background. These factors would have affected the researcher's perception of the data.

## SUMMARY

The findings of the present study have been discussed and summarised. It was found that transsexuals do employ coping strategies, namely constructive, cognitive and direct action. These coping strategies contribute to the alleviation of anxiety and stress caused by discrimination. It was also found that the employment of coping strategies rested on the understanding of discrimination as an anxiety-provoking phenomenon. In turn, this category was characterised by three pre-existing conditions. The findings were consistent with previous theories pertaining to coping strategies. The objectives of the study have been met, and after assessing specific criteria, the methodology appears to represent quality research. The limitations of the study have been outlined. These consist of the limited availability of participants, the limited ability to interview large numbers, the single 'snapshot' interview with respective participants, individual differences in circumstances of participants, transitional experience, social status of participants, an inability to incorporate those transsexuals who could not cope with discrimination, and the social status and background of the researcher. The following chapter proposes implications for future research and implications for clinicians or people who work with transsexuals.

## CHAPTER 13

# Implications

Implications for future research with transsexual people, looking more extensively at discrimination and coping experiences, are suggested. Implications and salient issues arising from the present study are discussed to inform clinicians and those working with transsexuals.

### IMPLICATIONS FOR FUTURE RESEARCH

The present study provided the researcher with ideas for future exploration in the field. A more elaborate qualitative investigation into the contexts surrounding discrimination may illuminate, in more depth, situations where coping strategies are needed and utilised. Research could incorporate a larger sample size (perhaps with shorter interviews). Such a study would need to consider severity of discrimination, source of discrimination, type of discrimination, and impact of discrimination. These factors would need to be considered in relation to the age of participant, sex of participant (MTF or FTM), accumulation of discrimination, race, social status, personality type, and experience in gender transition. Perhaps an investigation into the major sources of discrimination on MTFs in comparison to FTMs could indicate the potential areas of discrimination for particular transsexual groups. Consideration of personality type (extrovert or introvert, internal locus of control or external locus of control) may link effective coping strategies with particular personalities. Investigations into these areas may prove helpful in targeting specific transsexual groups and helping them gain control in the event of discrimination.

The same phenomena could be explored using quantitative research methods, the quantitative method having the advantage of managing a substantially larger sample size and thus, being more representative of the transsexual community as a whole. Reliable measures for quantifying anxiety and vulnerability would have to be devised. Quantitative methodology however, in the form of questionnaires and surveys, runs the risk of conveying insensitivity, particularly when delving into the potentially sensitive area of discrimination. Sufficient participant numbers may also be difficult to obtain, due to the covert lifestyle of the transsexual population.

An approach entailing multiple longitudinal case studies could provide insight into changes in maintenance of particular coping strategies over time. Such an approach may more elaborately target discriminatory instances inducing the most anxiety, and target the most common effective coping strategies in response to such events. It became apparent over the course of the research that within the transsexual community there are generally two types of transsexual groups - those who live an "everyday" life (are in full time employment, have obtained higher education qualifications) and those who live the more deviant lifestyle (working on the streets, drug involvement). It may prove valuable to compare these two groups in terms of upbringing, traumatic childhood events, peer association, family support, and intelligence to understand the trends towards the subsequent adult lifestyle. Factors could be measured by questionnaires. Insight into this area could assist in the intervention during early stages to help prevent an individual from falling into the "fringes" of society. Further, it may be that these two groups respectively reflect certain abilities to cope with transsexuality and gender transition. Insight into why certain transsexuals cope with the transition and others do not may also help other prospective transsexuals psychologically manage and cope adequately with the transition.

Moreover, certain experiences described by participants in the data (nightmares, bladder release, extreme stress, depression, anger, and suicidal thoughts) were similar to the types of symptoms typical of those suffering from post traumatic stress disorder (PTSD) (Davison & Neale, 1994). Quantitatively measuring depression and suicidal intentions of participants who have experienced severe discrimination could more accurately equate such instances with PTSD. A qualitative investigation into other consequences of discrimination not accommodated for in the quantitative measure could support the findings from the quantitative inquiry.

Participants described inadequate professional support, counselling, and screening for transsexuals prospecting for sex reassignment surgery and post-operative transsexuals following surgery. This was reported to often have extremely detrimental effects on individuals. *"There's been some tragic results. No follow up. There's nothing. You just have the op and then you come out and you're left to your own devices"* (MARY). *"The one we know...had the operation simply because they wanted to have it before somebody else"* (MARY). *"Came back and went into fits of depression and now is in the process of reversing it"* (JIM). An investigation of post-operative transsexuals' experiences of transitioning needs to be conducted urgently. This investigation would assess professionals' methods of dealing with pre-operative and post-operative transsexuals, and the psychological impact on the transsexual clients. A qualitative

investigation could entail interviews discussing such issues. A quantitative inquiry could measure the degrees of reported depression and suicidal tendencies following transition. An inquiry into the professionals' (psychiatrists, G.Ps, surgeons, psychologists, counsellors) perspectives should also be conducted so to obtain an accurate picture.

## **IMPLICATIONS FOR CLINICIANS AND THOSE WORKING WITH TRANSSEXUALS.**

In light of the present findings, recommendations for clinicians and associated workers point to the acknowledgment of the common occurrence of discrimination. It is apparent that discrimination is a major cause of anxiety and related stress and these issues must be addressed to protect the mental well-being of transsexuals. Thus, just as transitional stresses may be addressed in the clinic, so too should discrimination stresses. It has been shown through the current research that unpleasant discriminatory experiences can detrimentally influence an individual's self-esteem and self-worth, this ultimately impacting on the mental health of the individual. A greater understanding of the role of coping strategies may help other victims of discrimination effectively manage anxiety caused by discriminatory situations.

With the experience of discrimination comes the risk of deteriorating mental health and perhaps suicide. It is at this point where coping interventions could be introduced. This may be achieved by the development of discrimination support groups to counter the effects of discrimination. Support groups could cover issues of effective coping strategies (whether they be constructive, cognitive or essentially avoiding) and suggestions to prevent future discrimination. Most importantly however, support groups would provide empathy and support from others in an accepting and welcoming environment. Group gatherings may also initiate contacts and friendships among attenders. Ways of handling discrimination at the time may be covered so as to empower transsexuals to have the skills to manage a discriminatory event effectively. Such support groups would not necessarily need to be continuously work-focussed; allocated sessions could be social so as to encourage peer interaction and provide entertainment without the burden of vulnerability to discrimination. This may alleviate stress and anxiety for those facing constant discrimination, raise attenders' self-esteem and sense of self-worth eroded by discrimination, and create an accepting and enjoyable environment, particularly for those who avoid participating in other social events because of a fear of discrimination.

Preventative intervention could primarily address the causes of discrimination, hence, preventing or helping to ease societal discrimination induced by misinformation and general negativity surrounding the transsexual community. As participants suggested, this would entail the appropriate education on transsexuality issues. This may pertain to education in schools whereby factual information concerning transsexuality could be introduced. This would not only provide a better understanding for school children, but also could clarify any concerns for the gender dysphoric child. However, opposition to this type of education in schools would be expected as some may believe that such information may encourage children to think of themselves in such terms. Education could be conveyed through the media - magazines articles, newspaper articles and television documentaries. Readily available information in the form of pamphlets located in doctors' and hospital waiting rooms could contribute to informing the public about the facts of transsexuality. Such education should be factual and to the point, able to cater for a range of ages and abilities. Information should portray transsexualism in an acceptable manner so to counter the existing negative portrayal of the transsexual. Educating information should include contact phone numbers, reference to helplines or at least a guide to professional support. However, the information available to the public should not be clinically focussed, as a psychiatric label may immediately elicit a negative image.

The paramount concern for the mental health worker dealing with transsexuals should be the mental well-being of the individual. Interventions at the points discussed would directly contribute to the maintenance of positive mental health by alleviating stress and anxiety caused by discrimination. Preventative education and discrimination support groups could be a step towards preventing suicides and depressive states following unpleasant discrimination.

The generated theory was an attempt to make sense of how the eight transsexuals managed and coped with discrimination. The theory illustrated how participants made sense of discrimination and how the discrimination impacted upon themselves and their lives. Coping was an essential and necessary step in maintaining mental well being.

## SUMMARY

Implications for future research in this area have been presented. Qualitative or quantitative examinations into the various discrimination contexts in relation to personal status and background may help certain transsexual groups gain greater control in the event of discrimination. Multiple longitudinal case studies of transsexuals' coping with discrimination would illustrate patterns of coping over time. Background factors of specific transsexual groups could be compared to gain insight into why some transsexuals subsequently live "everyday" lives, while others fall into the "fringes" of society. Consequences of severe discrimination could be investigated in relation to PTSD. The professional treatment of pre-operative and post-operative transsexuals immediately before and after sex-reassignment surgery is an area needing research attention. Implications for clinicians and related workers point to the common occurrence of discrimination and its detrimental consequences. Specific interventional points to help transsexuals cope with discrimination and to prevent discrimination have been identified. These would include the development of discrimination support groups and preventative education to the public in order to alter the collective negative perception of transsexuals.

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## APPENDIX A

Psychology Department  
Massey University  
Palmerston North

(Date)

(Street Number and Name)  
(City)

Dear (Participant's name),

My name is Bronnie Roskilly and I am a Post-Graduate Psychology student studying at Massey University. I am currently working on my thesis for a Master of Arts Degree.

My thesis topic is in the area of discrimination against the transsexual individual and my aim is to explore how the individual responds to discrimination and which coping strategies he or she may adopt. The research will be in qualitative style and I hope to conduct a handful of non-formal interviews with persons identifying with transsexual orientation. I have attached a brief summary of the objectives and justification of the research in the hope that you will take further interest in my work.

At present, the research is in the early stages, and I have just submitted an ethics proposal to the Human Ethics Committee which should be assessed within the next two weeks. However, I have been familiarising myself with the transsexual literature and have been attempting to contact potential participants. I have been in contact with (Participant's name) and it was from him/her I obtained your name and address.

In relation to the topic of discrimination against transsexuals, I warmly invite your participation in my research. Also, I would greatly appreciate any help in the accessing of participants, or the reference of other suitable people who may be able to help with my research. I would be more than grateful with any assistance you could offer.

Hopeful that you will want to participate in my research, I have enclosed a self-addressed envelope for you to request an information sheet. I sincerely hope that you do not assume this too presumptuous of me.

I look forward to hearing from you soon.

Yours sincerely

Bronnie Roskilly (Miss)

## APPENDIX B

### RESEARCH PROJECT ON DISCRIMINATION AGAINST TRANSSEXUALS

#### INFORMATION SHEET

##### **What is this study about?**

*The aim of the study is to explore experiences of discrimination from the perspective of transsexuals, and to investigate how the individual responds to and copes with such discrimination. The research is being conducted by Bronnie Roskilly as a thesis for her Masters Degree under the supervision of Dr Keith Tuffin in the Psychology Department at Massey University.*

##### **What would I have to do?**

*If you agree to participate, you will be interviewed by the researcher whenever and wherever it suits both you and the researcher. The interview will likely take place within the first half of this year. The interview will be conducted in a relaxed manner and should last between thirty and sixty minutes. During the interview, you will be invited to discuss your own personal experiences of discrimination, how you have responded to instances of discrimination, and how you cope with such discrimination. If you agree, the interview will be audiotaped to be later transcribed by the researcher.*

##### **What are my rights?**

*If you decide to participate in the study, you will have the right to:*

- \* refuse to answer any question at any time*
- \* withdraw from the study at any time.*
- \* ask for the audio tape to be turned off at any time during the interview.*
- \* ask any questions concerning the study at any time during the course of the study*
- \* provide information on the understanding that it is completely confidential. All tapes and transcripts from the study will be securely stored and will be accessible only to the researcher. Your real name will be exchanged with a pen name for confidentiality purposes, and it will not be possible to identify you in any reports that result from the study.*
- \* have access to your own transcript taken from the interview.*

- \* change, delete, or add to any part of your transcript*
- \* to be given the option of having your audio taped interview returned to you, kept for archiving or destroyed.*
- \* be given a summary of the findings from the study once it is concluded.*

*If you wish to withdraw from the study during or after the interview is conducted, you will have the choice of having your audio tape of the interview returned, archived or destroyed*

*In the unlikely event of any personal issues arising for you as a consequence of the interview, full support will be available.*

\*\*\*\*

*I warmly invite you to participate in my research. If you are interested in taking part, please contact me. I can be contacted at: B Roskilly, c/o Keith Tuffin, Department of Psychology, Massey University, Palmerston North, or phone (06) 3504140 if you have any queries at all.*

*Thank you*

*Bronnie Roskilly*

**APPENDIX C****RESEARCH PROJECT ON DISCRIMINATION AGAINST  
TRANSSEXUALS****CONSENT FORM**

I have read the information sheet provided and understand the nature of the study. I have had all my questions concerning the research answered satisfactorily, and I understand that I am free to ask any further questions at any time.

I also understand my rights as a participant, and realise that I am free to withdraw from the study at any time. I realise that I am free to refuse to answer any question I am not comfortable with. I understand any information I give will be completely confidential and will not be used for any other purpose besides this study.

I agree to have the researcher audiotape the interview, and also allow her to use brief quotations from the interview in reports of the study on the condition that these do not identify me in any way.

I agree/do not agree to the interview being audio taped.

I agree to participate in the study under the conditions outlined on the Information Sheet.

Signed: ..... Date .....

Name: .....

Address and/or contact phone number.....

Researcher: .....

MASSEY  
UNIVERSITY

## APPENDIX D

A L B A N Y

FACULTY OF SOCIAL SCIENCES  
DEPARTMENT OF SOCIAL POLICY & SOCIAL WORK

27 June 1996

Bronwen Roskilly,  
c/- Keith Tuffin,  
Psychology Department,  
Palmerston North.

Dear Bronwen,

Thank you for your amendments to the information sheet and consent form as requested following our meeting. The amendments mean that the project meets the University's ethical requirements as far as research on human subjects is concerned and you should now proceed with the project. Best wishes.

Yours sincerely,

Mike O'Brien  
Acting Chairperson, Human Ethics Committee.cc. Keith Tuffin,  
Psychology Department

## APPENDIX E

### INTERVIEW FORMAT

#### *BROAD QUESTIONS AND AREAS OF DISCUSSION*

- \* Would you like to start by telling me a bit about yourself?
  - eg. age, occupation, family status, marital status, leisure activities
- \* Could you tell me a bit about your background?
  - eg. family life, schooling, places where lived
- \* What personal experiences of discrimination can you recall?
  - eg. at work, from friends, from family, night life, shops, other

(After each instance)

- \* How did you feel at the time?
- \* How did you respond at the time?
  - eg. respond verbally, physically, ignore
- \* How do you cope with such discrimination?
  - eg. forget it/deny it, revenge, take it out on others, make personal rationalisations
- \* Do such instances of discrimination affect any other areas of your life?
  - eg. family life, social life, overall self perception/self esteem
- \* Why do you think people are prejudiced and discriminate against transsexuals?

**APPENDIX F**

Psychology Department  
Massey University  
Palmerston North

(Date)

(Street number and name)

(City)

Dear (participant's name),

Thank you so much for participating in my study, and sharing your history and experiences with me. I really enjoyed meeting with you and have no doubt that the information you disclosed will be of value to my study. I have enclosed a copy of the transcript taken from the interview. Could you please check it and feel free to alter, delete or add to it. I have enclosed a stamped, self-addressed envelope for you to post the transcript back in. Once again, it was lovely to meet you and thanks for all your help.

Bronnie Roskilly

## APPENDIX G

## Summary of Findings

### A GROUNDED THEORY INVESTIGATING HOW TRANSSEXUALS COPE WITH DISCRIMINATION

The core category of **understanding discrimination to be an anxiety-provoking phenomenon** clearly underpinned the participants' data discussing discriminatory events and resulting coping strategies. For participants to deal with, respond to, and understand discrimination and its application to themselves, an understanding of discrimination had to be cemented.

The core category of understanding discrimination to be anxiety provoking was more intricately conceptualised by participants with the existence of three conditions. The first of these conditions was **an awareness of the self to be vulnerable to discrimination**. In essence, the comprehension of discrimination to be anxiety-provoking could only come into effect if there was a recognition of their vulnerability and susceptibility to discrimination. This naturally came into effect not only with the acceptance of the self to be transsexual, but this vulnerability was often in effect in earlier childhood or teenage years through noticing disparities between themselves and their peers. Identifying a fear of discrimination also enhanced the perception of vulnerability. Thus, basically acknowledging oneself to be transsexual was the first pre-existing condition to the understanding of discrimination to be anxiety-provoking.

The second of these pre-existing conditions was **an awareness of discrimination to have negative consequences on the self**. This condition was likely to be understood as early as childhood when receiving discrimination (although the incident may not have been termed as such) for not conforming to the norm. This condition may have been understood by the observation of other transsexuals or reinforced by their own experience of suffering following discrimination. Participants described various negative consequences which they had experienced following discriminatory circumstances which clearly indicated an awareness of discrimination to impact detrimentally on the self. These included **negative feelings** (futility, paranoia, undervaluement, alienation, hurt, deflated self-esteem, anger, fright and stress), **negative states of mind** (suicidal intentions, depression) and **negative bodily responses** (bladder release, nightmares, crying).

Furthermore, **an awareness of why societal discrimination occurs** was the third pre-existing condition contributing to the complete establishment of the core category. This condition assisted in conceptualising the whole phenomenon of discrimination and its application to the self. Each participant described their own opinions and theories of why discrimination against transsexuals exists and this not only helped participants to construct reasoning to the occurrence of discrimination, but it helped individuals anticipate discrimination and prepare for the event of discrimination by being informed. This condition also resisted complete acceptance of the attack to be personal. Participants postulated that **social conditioning** was a primary cause of discrimination, including a **lack of** (seeing transsexuals, education, knowledge, positivity and psychiatrists), **misinformation** (paralleling transsexuality with sexual preference,

deviant sexual behaviour and prostitution, transvestism, and a belief that transsexuals exercise a choice to be transsexual), and **labelling**. Participants also attributed discrimination to **religious conditioning**, (Christian ethic and attitudes towards masculinity) Thus, societal conditioning has wholly influenced the modern portrayal of the transsexual and has generated a collective negative prejudice. A greater awareness of transsexuality has seen the adoption of labels which, to some participants, were considered a step towards categorising and ostracism. Growing awareness of transsexualism has unfortunately been accompanied by such misinformation and therefore, the categorical labelling is largely negative. Further, some participants believed it part of **human nature** to discriminate, so to scorn those who challenge the norm, just as transsexuals do. Participants largely believed that society finds the differences a **threat** to human society. There were suggestions also that **people need a minority to discriminate** against so to channel their frustrations onto a seemingly more vulnerable societal group than themselves.

The coping strategies, all resting on the core category, were divided into three categories. The first of these, **constructive coping strategies** empowered participants to cope with the anxiety discrimination elicited or was expected to elicit. This was achieved by adopting action-based, rational and reality-based coping strategies. **Distraction by hobbies** such as sport, gardening, running a support group and studying effectively distracted participants from uncomfortable anxieties while achieving in ones chosen activity assisted in compensating for negative cognitions arising from discrimination. Responding with **physical behaviour** was a reality-based approach which acted as an immediate defence, proposed an intolerance to discrimination, aimed to prevent instances from recurring, and acted as a vent for anxieties and frustrations. Coping strategies of this sort consisted of physical retaliation, physical intimidation and smashing crockery. **Seeking help** in the form of counselling, lodging complaints, and seeking legal aid helped to psychologically manage anxieties induced by discrimination (counselling), and presented an immediate defence and intolerance to discrimination (complaints and general legal action). Unsatisfactory legal support however, only enhanced anxiety and frustration. The substantive code of **making information well known** responded to the rationale of preventing future discrimination against the self and/or other transsexuals by means of education. The primary objective of documenting material was to prevent future discrimination and thus prevent future anxieties for the transsexual community. The open discussion of transsexuality and being oneself was an attempt to prevent future discrimination projected onto the self, hence, preventing future anxiety.

**Cognitive strategies** utilised primarily to address anxiety produced by discrimination offered defence from anxiety. **Defence mechanisms** were often adopted to push spontaneous anxieties from the immediate conscious mind, thus enabling the individual to manage frustrations, anxieties and impulses in an acceptable manner or a manner which relocated discriminatory burdens. By repressing, denying or rationalising discriminatory events, anxiety was removed from the conscious. Similarly, the displacement of frustration onto another reduced personal anxiety. Application of 'reaction formation' also prevented discrimination and related anxieties from occurring. A **positive perspective** was also adopted by some participants to reject anxieties. This was achieved by either attempting to ignore the discriminatory event or simply carrying

on and not worrying about the event. These coping strategies prevented anxiety from festering.

The third category of strategies were **cognitive/behavioural**, classified as such as their existence was essentially thought-based action. **Verbal** strategies of challenging, retaliation, confrontation and politeness empowered transsexual individuals to voice their opinions, frustrations, and oppositions concerning acts of discrimination perpetrated against them. The strategies enabled individuals to defend themselves, vent their angers, present a will to fight, present an intolerance to discrimination and, in the cases of politeness, prevent further anxiety-eliciting confrontations. The second axial code of **avoidance** was a strong coping mechanism which branched into the avoidance of particular people and particular situations, thus anticipating discrimination and avoiding the occurrence of discrimination. These avoidance strategies were fundamentally motivated by a fear of discrimination and this directly stemmed from an awareness of discrimination to be an anxiety-provoking phenomenon.

## APPENDIX H

Department of Psychology  
Massey University  
Palmerston North

(Date)

(Street number and name)  
(Town or City)

Dear (Participant's name),

I hope all is well with you. I have attached a copy of the summary of findings from my research. I realise that it may sound a little hazy without the quotes to back it up, but I hope you get the general gist of it. I am including a section in my report on participants' responses to the findings of the study, so I'd really appreciate it if you could take the time to read through the results and then note down your thoughts of what I've come up with from the data.

I have also written brief profiles of each participant and have included yours for you to check over. If you have any problems with it, just change it, and send it back with your response to the research findings. I have enclosed a stamped, self-addressed envelope so to save you any postage hassle.

I hope to be completely finished within the next month and if you would like to read it, I will be sending a copy of the final product around to everyone after that.

Again, thank you so much for all your help with my research, and I hope to hear from you shortly.

Thanks

Bronnie Roskilly

## APPENDIX I

### Joanne (Male - Female)

Born a male in Australia, Joanne came to New Zealand at the age of 5. She distinctly recalled feeling different from other male peers and not easily fitting in. These feelings elevated during her teenage years and as a result, she reclused. At the age of 19, she discovered transsexuality and its application to her. Much time has been spent researching this topic and in 1994, she began hormone treatment, changing her name at the end of 1995. During her early 20s, she would work as a male by day and then, by night, would lower her mask and allow herself to be Joanne. Prior to our meeting, she had recently begun dressing in complete feminine attire for work and has received minimal discrimination. However, she reported still having to act as her male counterpart around her non-accepting mother.

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**I would like to be sent a final copy of the thesis to read  
YES / NO**

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THOUGHTS ON THE RESEARCH FINDINGS.....

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