

Coming out of the closet: stressors and coping mechanisms associated with  
coming out as transgender in adulthood

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*“I know I’m not a man – about that much I am very clear, and I’ve come to the conclusion that I’m probably not a woman either, at least not according to a lot of people’s rules on this sort of thing. The trouble is we’re living in a world that insists we be one of the other – a world that doesn’t bother to tell us exactly what one or the other is.”*

(Bornstein, 1994, p. 8)

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## Statement of Authorship

**Statement of Authorship**

I certify that the attached material is my original work. I declare that no other person's work has been used without due acknowledgement. Except where I have clearly stated that I have used some of this material elsewhere, it has not been presented by me for examination in any other course or unit at this or any other institution.

I further declare that the ethical principles as specified by the Human Research Ethics Committee of the Cairnmillar Institute School of Psychology, Counselling and Psychotherapy have been adhered to in the preparation of this thesis.

HREC Approval

Number: 2015/1239-13

Student signature:

Student name: Simon Grace Lee

Date: 20 November 2015

HREC

Approval

Date: 29 April 2015

### Abstract

This study researched the experiences of eight transgender people in Victoria who had all chosen to 'come out' and reveal their situation to their intimate partners or family. A qualitative research design was considered most apposite to analyse the cognitive, emotional and behavioural impacts of 'coming out'. The journey of each participant through the pre and post 'coming out' period was followed. Common themes and sub-themes were identified, as was the impact of a variety of coping skills. The main themes included a sense of difference and negative appraisals of self which resulted in hiding and secrecy. Secrecy and hiding commenced early in life and led to entrenched negative mechanisms of coping. Coping mechanisms during the hiding phase included concealment, sublimation, denial and even humour to normalise the behaviour.

During the 'coming out' stage participants experienced a lessening of negative cognitions, and the expression of emotions including joy and relief. In the post 'coming out' period cognitive self-appraisals became more positive and new more positive emotions such as pride became apparent. Once 'out' participants found more positive and functional ways to think, feel and behave, including building supportive social networks and developing feelings of optimism about the future.

## Chapter One

### Study objectives

This study was designed to examine the experiences of adult transgender women in Australia and how they have coped with stress related to their gender identity and in particular how they have managed the disclosure of their transgender status to others.

The key questions that this study sought to address were:

1. How is the process of coming out experienced by transgender male to female adults in Australia?
2. What are the anxieties faced by transgender people before, during and after coming out?
3. How do transgender people cope with the anxieties and stress associated with coming out?

### Significance of the study

Using a phenomenological approach this study documents the retrospective experiences of older transgender women as they progressed through their lives. This study captures and reports on the experiences and coping strategies that transgender women adopted in the time before coming out, when coming out and after coming out. There are very few studies of coping associated with a transgender identity, and none that have been done within the Australian context.

This report seeks to expand the understanding of the coping mechanisms utilised by transgender women in Australia through the analysis, not just of behaviour but also, cognitions and emotions that led to those behaviours.

**Transgender terminology**

It is important to define the terminology used in this study (see Table 1 *Brief terminology*) so that it reflects the usage within the transgender community. Although all the community specific words and phrases may have formal definitions in dictionaries and other sources, many have been adapted through common usage. Frequently, there is no definitive source, and a word or phrase may have many variant meanings depending on the social context.

Table 1 *Brief terminology*

<b>Term</b>	<b>Definition</b>
Assigned Gender or Gender Assigned at Birth	The gender (or sex) usually noted on a birth certificate that is based on a child's external genitalia.
Crossdresser	A person who wears clothing traditionally associated with another gender.
Gender	The state of being male or female – often cultural rather than biological.
Gender Identity	An individual's sense of their gender.
Genderqueer	Someone whose gender presentation may be changeable, fluid or genderless.
Sex	The biologically defined state of being male or female.
Transgender	An umbrella term used to describe someone who is gender non-conforming. This may include those who have transitioned from one gender to another, who sometimes present as one or another gender, or who feel they have no gender.
Transition	The process of affirming one's gender identity to society, usually involves living full time as the preferred gender, and may involve medical interventions.
Transsexual	A term to describe someone who has undergone medical interventions and lives full-time as a gender other than that assigned at their birth.
Transwoman	A term to describe someone who was assigned male at birth but who lives as a woman either full-time or part-time.

**Review of the literature**

**The size of the transgender population.** Currently the number of transgender individuals in Australia is unknown (Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee 2014). The Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM V) (American Psychiatric Association 2013) notes prevalence rates for Gender Dysphoria of between 1:7,000 and 1:20,000. However, these figures are based on the numbers of people seeking treatment and receiving diagnoses. Olyslager and Conway (2007) attempted to take into account the wider definitions of transgender and the likelihood that many transgender people have not disclosed and have derived mathematically prevalence figures in the order of 1:100 – 1:500. In Victoria the referral rates to the Monash Gender Clinic exceed 250 per year (Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee, 2014), and the number of referrals to the Royal Children's Hospital has exceeded 100 in a year (Telfer & Feldman, 2015). These figures indicate that although it is difficult to determine the numbers of people who might be transgender the numbers are significant.

**Mental health amongst the transgender population.** A number of studies in Australia, New Zealand (NZ) and the United Kingdom (UK) have demonstrated a significant risk to the mental health of transgender people. Recent studies have consistently demonstrated much poorer mental health outcomes for transgender people (Couch et al., 2007; Hyde et al., 2014; Leonard et al., 2012; McNeil, et al., 2012; Smith et al., 2014). By way of example, the prevalence of depression amongst transgender individuals has been reported as to be as high as 53 per cent of those surveyed in a 2007 Australian report (Couch et al., 2007). Similarly, the levels of suicidal ideation, and attempted suicide have been found to be well above the national average for non-LGBTI individuals with 63 per cent of transgender respondents in a UK study reporting that they have thought about attempting

suicide in the preceding 12 months (McNeil et al., 2012). A study in the United States reports similar figures, with 32 per cent of transgender survey respondents reporting having attempted suicide (Clements-Nolle, Marx, & Katz, 2006).

It is important to note that although mental ill-health amongst the Australian transgender population is significantly poorer in terms of conditions such as anxiety, depression and substance abuse disorders, the prevalence of conditions such as schizophrenia and bi-polar disorders are much the same as the general population (Leonard & Metcalf, 2014).

**Models of transgender identity development.** There are few models of transgender identity development. One of the first attempts to define identity development of transgender people produced a fourteen-stage model that traced the cognitive and behavioural aspects of transsexual identity (Devor, 2004). The model was built from a wide range of sources, based on the author's twenty years of professional practice, and the author acknowledged that people are different so the model is not a specific pathway that fits everyone. The key components of the process were: initial anxiety; confusion about identity; finding out about transsexual identities; further confusion; seeking confirmation of their transsexuality; acceptance of their identity; transition; acceptance post transition; integration and finally pride. Levitt and Ippolito (2014b) presented a qualitative study of the experiences of transgender individuals through to adulthood revealing six categories of experiences: from early stages of hiding or ignoring the true self; through developing awareness of transgender narratives and language; identifying self in the preferred gender and finally physical transition. A broader review of sexuality and gender identity formation studies (Eliason & Schope, 2007) highlighted that gender and identity can be fluid, and that a simple staged model of development may not an accurate description of the pathways to identity maturity. Eliason and Schope (2007) also noted the importance of coming out as a stressor, and how

individuals could disclose to some but not all social and other contacts depending on the perceived risks.

**Complexity of gender identity.** Attempts to develop models of transgender identity development are confounded as our understanding of what constitutes transgender expands. Although many within our society accept a binary model of gender (Budge, Rossman, & Howard, 2014), those who are gender non-conforming take a wide variety of views as to what constitutes their gender identity. Genderqueer, for example, is a label applied by individuals who either perceive they have a fluid or changeable gender presentation (Beemyn & Rankin, 2011), whilst other non-binary gender identities can include those who do not identify as either male or female. Those with genderqueer and non binary identities have been found to constitute as much as one half of the identities expressed by individuals falling under the classification of transgender (Kuper, Nussbaum, & Mustanski, 2012). Genderqueer has been found to be a term used by younger transgender people and may reflect changes in terminology, for example a shift from the term crossdresser to genderqueer (Beemyn & Rankin, 2011). A study of transgender youth in Australia found that 16 per cent identified as genderqueer and 10 per cent as gender fluid; 'genderqueer' was the most prevalent transgender descriptor reported (Smith et al., 2014).

**Stigmatisation and gender non-conformity.** Within our society and culture the alignment of biological sex with gender is a requirement that is imposed on the individual from the day of their birth. Babies are generally assigned a gender (boy or girl) on the basis of the external signs of biological sex, the appearance of the external genitalia (Beemyn & Rankin, 2011). As children grow they are socialised to their assigned gender and gender role, based on their physical primary sex characteristics. When a child departs from the social norms and expectations of behaviour for their assigned gender they are often corrected; their inappropriate behaviour is pointed out by parents or peers and they may even be shamed into

behaving in the appropriate way (for example boys do not play with dolls, girls should be interested in crafts not football) (Lev 2004, p. 337), (Levitt & Ippolito, 2014b). This adherence to the assigned gender is something that is seen as immutable, it doesn't change once you have it. This concept underpins many beliefs about our world, that it is one based on dichotomies and opposites – women are seen as the opposite sex, which makes comprehension of the possibility of merging or moving between them so difficult to grasp for many (Lev 2004, p. 97).

For adult transgender individuals, breaking these rules of gender can have significant negative effects. Outright and blatant discrimination, harassment and violence are common reports (Bockting, Miner, Swinburne Romin, Hamilton, & Coleman, 2013), with over 80 per cent of some survey samples reporting discrimination, and up to 19 per cent of respondents reporting having been physically attacked (and 16 per cent being the victims of partner violence) (Couch et al., 2007). Young transgender people suffer wide ranging discrimination at school (Russell, Toomey, Ryan, & Diaz, 2014), with up to 80 per cent of Australian transgender students reporting harassment and hostility because of the gender identity whilst at school (Smith et al., 2014).

In addition to the highly blatant forms of harassment and discrimination, transgender individuals are often exposed to subtler forms of discrimination. This can take the form of verbal and behavioural aggressiveness that may not even be intentional, but is nevertheless hostile, derogatory or insulting (Nadal, Davidoff, Davis, & Wong, 2014).

**Minority stress and gender.** Studies examining the levels of mental health issues amongst transgender populations consider the impacts of stress, due to discrimination, marginalisation, shame and guilt to be major contributors to the development of the affective disorders and high suicide rates (Hyde et al., 2014; Leonard & Metcalf, 2014; Smith et al., 2014). Bockting et al. (Bockting et al., 2013) performed an extensive study that has

confirmed that the observed mental health issues of depression, anxiety and suicide were not the result of gender dysphoria, but driven by the stigma experienced with being transgender. These findings are in accordance with Meyer's (Meyer 2003) Minority Stress Model. This model was developed based on the experiences of Gay, Lesbian and Bisexual populations in the United States. The model proposed that social stress theories could be applied to those belonging to minorities. Meyer (2003) suggested that the additional stress experienced by those in sexual minorities, resulted from the stigmatisation and minority position is a distinct stressor that will compound the adverse health consequences experienced by those in the minority position. More recent studies (Bockting et al., 2013; Levitt & Ippolito, 2014a) have suggested that transgender populations may suffer the consequences of minority stress in a similar way to the LGB populations studied by Meyer, and that Meyer's model has applicability to transgender groups. The nature of the stressors for transgender populations have been explored (2014a) and the key areas of stress have been identified as: violence and threats to personal safety; risks to employment and opportunities; equitable access to health care and education; limited social supports and challenges to intimate relationships. These issues are also prevalent in Australian studies such as *Private Lives 2* (Leonard et al., 2012) and *From Blues to Rainbows* (Smith et al., 2014). However, most of the sources of minority stress will only be an issue once a person has come out, and the individual is identifiable as transgender. Prior to coming out, by definition, individuals may be invisible as transgender to their families and peers. Just as the studies that have identified the mental health issues for transgender people used convenience samples of those who self-identified as transgender, the minority stress studies have focussed on those stressors present in the lives of those identifying as transgender (Bockting et al., 2013; Levitt & Ippolito, 2014a; Nadal et al., 2014). The minority stress model does allow for internalised stressors in the form of anticipatory concerns about the potential for being stigmatised, rejected or abused (Bockting

et al., 2013); but that does assume that the individual will have reached a stage of identity development where they are aware of their transgender and minority status.

**Coping mechanisms.** Transgender people are subject to a range of minority and other stressors as a direct result of their non conforming identity. As described above, the stressors can take many forms, and can be real such as physical and verbal abuse and discrimination, or could be due to the fear of such events occurring. A transactional model of stress and coping is proposed by Folkman, Lazarus, Gruen, & DeLongis (1986) and is based on the relationship between the person and their environment. An individual will evaluate a stressful event for the potential it has to be harmful, as well as assessing the capacity of their resources to be able to deal with that stressful event. The individual will determine what responses they can evoke following their appraisal of the stressful situation. Furthermore, the cognitions occurring within a given situation will result in emotional responses, which in turn may drive behaviours. Folkman and Lazarus (1988) proposed that coping will involve a diverse range of cognitive and behavioural strategies for problem solving and emotion regulation. The coping mechanisms or responses used by transgender individuals have been classified in various ways: facilitative and avoidant (Budge, Adelson, & Howard, 2013); emotion-focussed and problem solving/behavioural (Nadal et al., 2014).

Problem focussed approaches include aggressive efforts such as standing one's ground, rational problem solving and seeking alternatives whereas emotion focused coping involves distancing, applying self control, seeking social support, avoidance, and positive reappraisal by finding something good in a bad situation.

The stressors that may impact upon transgender person fall into two categories, proximal and distal (Denton, Rostosky, & Danner, 2014). Thus social attitudes towards a group (such as transgender people) are appraised by an individual within that group and assessed for the likely harm those attitudes and ideas may inflict. That appraisal brings the stressor into the

realm of the proximal, and into a state of mind for that person. There will be a resultant emotional and psychological impact for which some coping mechanisms may be invoked. The concealment of one's stigmatised identity (in this case, that of a non-conforming identity) could be a major source of stress for transgender individuals, especially before coming out (Pachankis, 2007). Stigma has been defined in this case as "some characteristic individuals possess (or are believed to possess) that conveys a social identity that is devalued in a particular social context (Smart & Wegner, 1999). Herek, Gillis and Cogan (2015) proposed that those who have a non-conforming gender identity and the desire to express that identity through behaviours such as crossdressing will experience significant felt stigma; understanding that public crossdressing is likely to bring ridicule and abuse, the individual may choose to restrict their behaviour. Crossdressers often keep their behaviour secret to avoid embarrassment (Lev 2004). Although concealing a behaviour protects the individual from stigma, the act of concealment creates additional stresses (Smart & Wegner, 1999). The individual needs to maintain the secret, and in social interactions this enables them to feel they will be perceived as normal. However, this can lead to a preoccupation with secrecy, whereby the individual becomes obsessed with maintaining the secret. The use of thought suppression to help keep the secret works for a while, but subsequently intrusive thoughts about the stigma develop. These automatic thoughts result in additional stress as the individuals become preoccupied with trying to conceal that which others cannot see (Smart & Wegner, 1999). Therefore remaining in the closet, although reducing stress in one sense, also adds to the stress experienced.

The act of coming out, to reveal the concealed identity, is in itself a coping strategy. For a transgender person, coming out leads to better social support (Budge et al., 2013), an opportunity to gain greater control of their lives and a developing sense of pride and confidence in who they are (Klein, Holtby, Cook, & Travers, 2015).

**Summary.** Transgender individuals belong to a minority within our society. They are at risk of marginalisation and discrimination, and as a result many have poorer mental health than the rest of the community. There are several stages of identity development, each presenting a set of challenges to the individual. Stressors are the result of social and family pressures to conform, along with rejection and abuse. Understanding those coping mechanisms that are effective to the transgender person may enable them to find better ways to manage minority and other stressors.

## **Chapter 2: Methods**

### **Ethics**

This study was approved Human Research Ethics Committee at the Cairnmillar Institute (see Appendix 2 for HREC Approval).

### **Methodology**

This investigation used Interpretative Phenomenological Analysis (IPA) as the methodology of enquiry. The phenomenological approach seeks to capture a person's account of some of their life experiences, and the recollections are subjective rather than objective (Spinelli, 2005). The researcher's subjectivity is important as the personal experiences of the researcher serves to inform the enquiry and the interpretation (Smith & Osborn, 2003). The process of IPA involves hermeneutics; analysing the textual narratives of study participants, where the researcher attempts to make sense of the subject's understanding of their own situation and experiences (Pietkiewicz & Smith, 2014). The methods within IPA are predominantly focussed on cognitive processes and IPA draws on the subject's narrative, their thoughts and their emotional experiences (Smith & Osborn, 2003).

This study sought to document and understand the experiences of transgender women before, during and after coming out, through narratives elicited by the researcher. The study did not intend to explain the behaviour of the participants, but rather to understand what it was that they experienced and how their responses had shaped how they coped with those experiences and challenges.

### **Participants**

Participants for an Interpretative Phenomenological Analysis (IPA) study are selected purposely (Pietkiewicz & Smith, 2014) as the sample size is small, and the intention is to select a homogeneous sample. Sample sizes can vary but are recommended not to exceed fifteen and an ideal sample is six to eight participants (Pietkiewicz & Smith, 2014).

The participants for this study were recruited through a transgender social support (Seahorse Club of Victoria) group that largely consisted of members who were likely to meet the desired inclusion criteria.

The researcher made a presentation describing the research project, and the need for volunteers, to a meeting of the support group that was attended by about 40 members. The selection criteria for the participants were: self-identified male-to-female transgender individuals in the process of coming out; must have disclosed their status to a significant other, family and/or friends (not just support groups or specific trans social groups where the individual remains anonymous); either not fully medically/socially transitioned (ie not living full time as female), or only recently transitioned; not ever diagnosed with a serious psychiatric condition such as major depression, bipolar disorder or schizophrenia; over the age of 25 with no upper age limit; willing to discuss in detail their experiences including identity issues, relationships, sexuality, family, work, and social life, and participants were to be based in Victoria and able to attend in person for interview.

After the presentation, attendees were offered copies of the Plain Language Information Statement (see Appendix 3) describing the research project, a copy of the Consent Form (see Appendix 4) and contact details of the researcher. The researcher explained that she would be conducting all interviews and that the details would remain anonymous.

Attendees at the presentation were asked to indicate if they were interested in participating and their names and contact details were given to the researcher. Subsequent follow up with those who expressed interest resulted in the recruitment of eight participants who met the inclusion criteria. All eight were available for interview and so were included in the study.

## **Interviews**

**Interview schedule.** A semi-structured interview technique was used to encourage participants to recount their experiences of living as a transgender person. The researcher

attempted to elicit a narrative from the participant starting with early recollections of difference and gender diverse behaviour, following through with various experiences in adolescence and adulthood. The questioning followed an approach of cognitive, affective and behavioural enquiry.

The questioning by the researcher guided each participant to provide details of their feelings and thoughts during various episodes in the participant's life and particularly their hiding of cross gender behaviours and their experiences related to coming out. Open-ended questions addressing the specific areas of interest were used to elicit details from each participant. The opening question was: *When did you first get a sense you were different in terms of your gender identity; what was your earliest recollection?*

Follow up questions explored ways in which participants felt different: at what age they started crossdressing and what that meant for them; how they understood gender differences; what were their coming out experiences and how they managed their feelings and how they coped with the issues arising. The follow up questions were not specifically scripted and examples of the follow up questions taken from the transcripts are presented in Appendix 1. Participants were given the opportunity at the end of the interview to add anything they felt was relevant that may have been missed.

**Interview process.** The interviews were booked in advance with each participant and were carried out between 30 May 2015 and 8 August 2015.

At the beginning of each interview the researcher discussed the key information about the project from the Plain Language Information Statement, reminded the participants of the consent and highlighted that their participation was voluntary and that they were free to withdraw from the study at any time, including during the interview.

Participants were informed that they were free to reveal as much or as little as they wished, and that the interview could proceed at their pace and could be suspended or cease at any

time. Each participant was assured that identifying information would be removed from the submitted study material. Participants were given contact details for support services as well as being offered the opportunity to debrief with the researcher at the end of the interview if they wished.

Interviews ranged across approximately sixty – ninety minutes duration and were audio recorded.

The recordings were transcribed verbatim into Microsoft Word documents by the researcher, and then edited to remove identifying details.

All interviews were conducted by the researcher in quiet, safe spaces, that were free of distractions and interruptions. Locations included participants' homes, and the researcher's consulting rooms. In order to help participants feel as comfortable as possible they were told that there was no expectation on the part of the researcher for them to present in any specific gender, and that they were free to attend the interview dressed in whatever way felt appropriate for them. The researcher attended all interviews in professional female attire. All participants appeared comfortable during the interviews and no-one exhibited any signs of distress.

### **Characteristics of Participants**

For a summary of the participants see Table 2 *Summary of participant characteristics*.

**Age.** The age range of the participants was from 45 – 77 years.

**Mental Health.** Participants met the inclusion criteria for this study and none declared any serious mental health condition. In addition, none had made a suicide attempt.

**Gender Identity.** All participants were assigned male at birth. Most had an awareness of a transgender identity from an early age. That is to say they felt that there were parts of their personality that were identified as female or androgynous. All participants regularly crossdressed (dressed as women) and had presented as women outside of their home. They

had disclosed their transgender status to someone close to them in their family (such as their partner or sibling).

Participants were members of a transgender, male-to-female (FTM) social support group (Seahorse Club of Victoria) that has about forty members. Whilst some had been members of that group for decades, others had joined within the last two years.

Two participants had recently made social transitions to living full-time as women; in one case this included a workplace transition. These two participants were also taking cross-sex hormones. Neither subject had undergone gender reassignment surgery, although both were considering the option.

One other participant was planning some form of workplace transition in the next few years. One participant had established a long-term commitment to her family not to transition, but did maintain a high level of feminine expression (dressed in female clothes most of the time).

**Sexuality and relationships.** All participants identified as heterosexual (based on the gender assigned at birth), and had been in at least one long-term heterosexual relationship, or marriage. Seven participants had children.

Four were currently in stable long-term relationships, one was divorced, two were separated pending divorce and one was widowed. No participants disclosed having sex with men, one had pondered the potential for homosexual expression as part of her developing gender identity earlier in life, and one subject had engaged in sex with pre-operative Male-To-Female transsexuals.

**Socio-economic.** Six participants were employed, with professional occupations, one was retired (also professional) and one was self employed in retail. All participants owned their home.

Table 2 *Summary of participant characteristics*

<b>Participant</b>	<b>Pseudonym</b>	<b>Age</b>	<b>Transitioned</b>	<b>Married/ defacto</b>	<b>Sexual Orientation</b>	<b>Children</b>	<b>Notes</b>
S1	Emma	63	N	N	Heterosexual	0	Emma is divorced and lives alone. She has been cross-dressing regularly for the last 3 years, and likes to spend as much time as possible presenting as female.
S2	Julie	56	N	Y	Heterosexual	2	Julie lives in regional Victoria, has crossdressed all her life and is highly active in the transgender community
S3	Nicci	59	N	Y	Heterosexual	2	Nicci is married with 2 teenage children, recently came out to her wife and children
S4	Natasha	45	Y	Y	Heterosexual	1	Natasha is separated, has one son and she has recently transitioned to living full time as a woman, including at work, and has told most of her family about her identity.
S5	Jenny	50	N	Y	Heterosexual	2	Jenny is separated with 2 teenage children. Jenny has spent most of her life presenting as a successful man. She has a new partner who is very accepting of her new found identity.
S6	Sarah	77	N	Y	Heterosexual	3	Sarah is married with 3 adult children. Her family have all known about her transgender identity for many years.
S7	Mandy	58	N	Y	Heterosexual	2	Mandy is married with 2 adult children, and only recently disclosed to her wife her gender identity, although she had been out in the community many years ago
S8	Sally	57	Y	N	Heterosexual	0	Sally is widowed, lives alone, and only started exploring her identity in the last few years, she has socially transitioned and is taking hormones.

**Thematic Analysis**

A review of the transcripts was performed by the researcher using IPA (Smith & Osborn, 2003), with annotations added to the transcripts to highlight ideas, topics, and concepts.

The notes were then entered into the Microsoft Word document in the form of an indexed table allowing linking of the note to a specific response of the participant within the transcript. The first four interviews were reviewed in detail and groups of concepts derived from the notes that were subsequently confirmed across the remaining transcripts. The groups of concepts and ideas were organised into themes and sub-themes. During the analysis, in addition to identifying themes, representative quotations were captured. In the context of the thematic analysis, each transcript was also examined through a cognitive-behavioural lens, identifying thoughts, emotions and behaviours. The thoughts and emotions were then analysed for trends and changes within and between themes and participants.

The analysis details from each transcript were entered into an Excel spreadsheet with a tab for each participant. The details captured were: theme, sub-theme or context, brief description, index into the transcript, quotations, emotion identified, thought identified, and behaviour identified.

Finally, the transcripts were reviewed to identify stressors that were present within the themes and then the coping mechanisms and strategies that were employed by the participants.

**Reflection**

IPA is a qualitative methodology and the interpretation lies with the researcher performing the analysis. The researcher's interpretation in this study was influenced by her own life experience as a transgender person, who works as a counsellor with transgender clients within the transgender community.

In order to minimise the impacts of researcher bias, a free-flowing interview format was used which followed a basic schedule of questions but allowed for personal nuance.

All participants knew that the researcher openly identified as transgender. This may have influenced participant's responses; perhaps either positively in that the participants felt more relaxed with someone they perceived had a shared experience; or negatively in that they may have felt the need present a positive, successful interpretation to their narratives.

The researcher attempted to provide a neutral and non-judgemental atmosphere.

### Chapter 3: Results

Eight participants completed semi-structured interviews over a period of ten weeks.

#### Thematic Analysis

The responses of the participants were analysed and the themes and sub-themes are detailed in Table 3 *Themes and sub-themes*.

Table 3 *Themes and sub-themes*

Theme	Sub-theme
1.0 Being different – Entering the closet	1.1 Recognising difference
	1.2 Being different is wrong
2.0 Hiding – in the closet	2.1 The need to hide
	2.2 Views of self
3.0 Emerging – first steps	3.1 Disclosures
	3.2 Family and relationships
4.0 Coming out	4.1 Social connection
	4.2 Views of self

#### Theme 1 - Difference

The cognitions, emotions and behaviours associated with this theme are summarised by sub-theme in Table 4 *Difference - Cognitions, emotions and behaviours*.

Table 4 *Difference - Cognitions, emotions and behaviours*

Theme	Sub-theme	Cognitions	Emotions	Behaviours	
1.0 Difference - Entering the closet	1.1 Recognising difference	I am different from the others	Shame	Hide self	
		I like dressing as a woman	Relief/Joy	Crossdressing	
		I am relaxed and comfortable	Relief/Joy	Crossdressing	
	1.2 Being different is wrong	It is wrong to be different	I must not let others see I am different	Fear	Hide self
			I shouldn't do this	Shame	Hide self

**Sub-theme - Recognising difference.** For most participants the recognition of difference became apparent early in life. Six participants had experienced a sense of difference from other children by the age of six years, the other two became aware of their difference and that it related to gender around ten years of age. Four participants had recollections of wanting to be a girl at an early age (six years or before), one other felt bi-gendered and another felt non-gendered.

As Mandy said: *“I realised I was a bit different. And it wasn’t just dressing up like kids like to dress up as pirates. I really wanted to be a girl.”*

One participant (Sally) started to question her gender identity in her fifties. All of the participants had engaged in some form of crossdressing before the age of around 12 years, borrowing either their mother’s or their sister’s clothes.

**Sub-theme - Being different is wrong.** All participants reported thinking, at some stage, that their cross gender behaviour was wrong and unacceptable. Only two participants

said that they had been given any explicit indication from parents or family that that cross dressing or being like a girl was unacceptable, but a sign of disapproval can be seen elsewhere. For example, Jenny had a strong recollection of being at preschool when she was 4 years old. It was dress-up time and she rushed to claim the ballerina costume. She enjoyed this and felt good. The following week, she again went to get the ballerina costume, only this time some of the girls claimed they wanted it, and questioned why was Jenny trying to get it. That was when things changed for her.

*“And then I’d noticed the two female teachers whispering and looking at me, and so kids are smart, straightaway you know that this is not acceptable.”*

**Cognitions associated with the theme of Difference.** For participants at this stage of recognising their difference, their thoughts consisted of: ‘I am different from the others’; ‘I am not like the other boys’, and ‘I don’t fit in’. The participants also had thoughts about wanting to crossdress and thinking that they liked to do that.

The thoughts of being different were followed by thoughts of it not being normal, or that they shouldn’t be like that or that it was wrong to be different. Along with a sense of difference came a desire to be normal. Two participants expressed the desire to wake up one day and be normal, which in one case meant not wanting to dress as a girl, and in the other case meant waking up and being a girl. Three participants believed that they could be cured, either that they would grow out of it or that, later in their lives, that getting married would resolve the problem.

**Emotions associated with the theme of Difference.** Emotions experienced by the participants within this theme were contrasted between joy and relief associated with doing something they liked (two participants), and shame and fear once they understood that they were wrong to be like that (all participants).

**Behaviours associated with the theme of Difference.** The main behaviour that all participants displayed at some time or another was crossdressing. For most of the participants this was something that was kept for times when others would not be around to see.

The behavioural responses of all the participants on recognising their difference is in most cases that of hiding. The act of concealing their difference from others, including their family and friends, then became a lifelong behavioural response.

*I first became aware of my gender identity being different when I was at primary school. However, I am from a very conservative family with four siblings which means privacy is something you don't get much of, and I didn't get much chance to dress, which I did a few times. (Natasha).*

**Coping associated with the theme of Difference.** The coping strategies observed in theme Difference are summarised in Table 5 *Difference - Coping strategies*

Table 5 *Difference - Coping strategies*

Theme	Sub-theme	Coping Strategy	Defences
1.0 Difference - Entering the closet	1.1 Recognising difference	Escape/Avoidance	
	1.2 Being different is wrong	Self control Distancing	Denial Concealment Compartmentalisation

The coping strategies observed within the Recognising difference sub-theme were predominantly those of avoidance and were seen exhibited by all the participants. The escape/avoidance strategy adopted by all participants included the behaviours of hiding and concealment; wishing that things might be different, along with the crossdressing behaviours

that satisfy the participants' desires to express their identity and escape to a different life. Coping with thoughts that 'being different was wrong' focussed more on distancing; so all participants carried on with their lives but were careful to hide and conceal their difference. Self-control also came into play and involved keeping their thoughts to themselves and not telling others about their desires. In addition, there were a number of psychological defences observed, in particular denial and concealment being the basis for trying to hide the self, as well as compartmentalisation displayed by dividing their life into two, the open and the hidden life.

### **Theme 2 - Hiding**

The cognitions, emotions and behaviours associated with this theme are summarised by sub-theme in Table 6 Hiding - *Cognitions, emotions and behaviours*

Table 6 *Hiding - Cognitions, emotions and behaviours*

Theme	Sub-theme	Cognitions	Emotions	Behaviours
2.0 Hiding - In the closet	2.1 The need to hide	I must not been seen	Shame/sadness	Hide self
	2.2 Views of self	I must be a man	Self loathing	Act masculine
		I am not feminine	Guilt	Lie about self to others
		I wish I was normal	Envy	Wishful thinking

**Sub-theme - The need to hide.** All the participants reported feeling that they should hide their difference, especially regarding the crossdressing behaviour although all but two denied being given any explicit indication from family or friends that crossdressing behaviour was not acceptable.

Throughout their lives the participants had attempted to conceal their behaviours as well as the evidence, usually in the form of women's clothes.

Six participants had kept secret wardrobes, either hiding clothes in their bedrooms as children, or as adults hiding clothes in or around their homes, the remaining two participants borrowed their mother's or sister's clothes. Two common hiding places for clothes amongst the participants when adult were in the roof of the house, or in their shed or garage.

Sarah went to a lot of trouble to set her shed up, and it was a place her wife never went in to:

*I still had the clothes but I didn't do a lot of dressing due to lack of opportunity. But it was still the dressing part of it...I had a shed built up at the back, the usual shed. I ended up with a dressing table in there and all sorts of things...I used to be able to go there and put some underwear on, used to wear underwear under my clothes all the time. Went round to a little small tub washing machine, and everything, and a line inside.*

Nicci too kept her clothes outside the house in her garage away from her wife and children:

*...the secret nature of the dressing up continued. The wardrobe this time was in the garage; it wasn't in the house. I collected a few items and sometimes in rash moments I would give them all back to the op shop and then two months later buy another load of clothes. My wife didn't know about the wardrobe but she did know that this was part of my life.*

And for Mandy, she was aware of the risk of her secret being uncovered:

*But I didn't part with all my stuff till many years later. I had it stashed in the roof cavity of the house. There was a panic when the electrician came round to rewire the house!*

For these participants there was a secret life, another world where they acted out their desires for feminine expression. The need for secrecy during childhood meant their only opportunity for crossdressing was at night, when the participant was in their bedroom, or at times when their parents went out. For four participants that meant being caught or nearly caught on occasions. Mandy stayed away from school one day and was dressed in her mother's clothes, thinking she had lots of free time. Her mother returned unexpectedly and Mandy had to take quick evasive action:

*...and she came home and there I was sitting in one of her dresses and a nice pair of stockings, and I'm sitting there watching TV when I should have been at school. And her car came in the drive, oh boy did I panic, I hid in the wardrobe.*

For two participants being caught in the act was a reality, happening often to Julie and less so for Nicci. Both participants recall their mothers walking in on them while they were dressed in girls clothes, but in both cases there was no explicit judgement or reprimand. Nicci sums up the situation well:

*My mother caught me on a couple of occasions in the bathroom trying on underwear. There was this kind of knowing look in her eye that sort of said "Ah yes, that's right, that's what you do". There was no verbal exchange and my first fear was that she would tell my father.*

Three participants reported that they feared their father finding out about their behaviour.

**Sub-theme - View of self.** The secrecy resulted in six participants having to lie when almost caught or when real life got too close to the secret world. Jenny was out (dressed as a girl) in her car when her brother had driven past and recognised her car; when he phoned and asked her if she had been in a particular place she denied it. Jenny said that for her 'living a lie' was a real problem:

*I had to lie to people I love. What else do you do? You are just in this tangled web of emotions that just screws you up, your life up so badly. Because it is so wrong. And you perpetuate the lie through your whole life. And eventually your life becomes a lie.*

For all but two participants, an approach to hiding their true characters was to adopt strong male personas. Six participants engaged in stereotypical masculine activities in adolescence and adulthood including: martial arts, motor sports and skydiving as well as adolescent risk taking. Four participants reported that this reduced their need to crossdress as well as reducing their vulnerability to physical intimidation and improving their confidence. Two participants described being bullied at school, although neither attributed that to their sense of

gender difference; one suggested it was because they were physically small, the other to the psychopathic mentality of the bully.

*I thought if I don't do something I'm going to get sand kicked in my face the rest of my life. So I started boxing. (Emma)*

*Tae kwon do was totally different for me. When I took it up I took it up for the purposes of self defence. It also put the cross dressing under control for a few years because I was a zealot with regard to martial arts. I had a sense of purpose and a chance to prove myself as a male. (Natasha)*

In addition, all the participants were successful business people or professionals. They had generally done very well in their careers and were acknowledged as functional and effective men.

*I would spend all of my time either working, or training at the gym, or playing basketball, or running, or cycling, or racing the dirtbike or travelling to events or travelling back... And I worked in the financial markets so I was making good money. Starting work at seven or seven-thirty and the days weren't finishing until quite late. (Jenny)*

For several participants, their families and friends had commented that they would never have guessed they were transgender from the way they presented as men, they were perceived as typically masculine. As Julie explained:

*I have been reasonably successful in the male role. People would be surprised to learn, people are surprised to learn, about this side of me. And it is something that wouldn't be evident unless they found out or I chose to disclose. But it's always there, my whole life.*

For Mandy there was a conscious decision to behave in a more masculine way:

*...because I didn't feel normal. What you would feel, what the other guys were, I suppose. So that the outside appearance becomes very masculine. More masculine than, I guess, as what you felt. So you put on your image and away you went.*

**Cognitions associated with theme of Hiding.** The key thoughts that were present during this phase relate to keeping a secret. These thoughts included: ‘I must hide’; ‘I must not be seen’, and ‘I don’t want my father to know’. Initially cognitions were those of not wanting to be seen and the need to conceal oneself, but these thoughts developed later to the need to appear masculine to others: ‘I must be a man’; ‘I must be masculine’, and ‘I am not effeminate’.

**Emotions associated with theme of Hiding.** Emotions observed in this theme were based on shame and guilt, and was likely the participants’ feelings were a result of the negative self-appraisal of thinking it was wrong to be different. Three participants felt envy and expressed this as a wish to be normal and more like others. One participant felt self loathing, whilst five participants reported feeling very negative about themselves and the secret lives they had led.

**Behaviours associated with theme of Hiding.** The Hiding theme was characterised by the tendency of all participants to hide in some way. They crossdressed in secret out of view of their family. Participants would secretly borrow clothes from their mothers or sisters and they dressed when they could. When participants acquired their own clothes they found various ways of hiding them from parents and partners. For some participants the secret crossdressing was performed as ‘underdressing’ or wearing female underwear beneath their male clothing.

The second sub-theme ‘View of self’ involved participants showing themselves to be stereotypically masculine, engaging in various masculine behaviours including sport.

All participants had successful business and professional lives.

**Coping associated with the theme of Hiding.** The coping strategies observed in theme Hiding are summarised in Table 7 *Hiding - coping strategies and defences*

Table 7 *Hiding - coping strategies and defences*

Theme	Sub-theme	Coping Strategy	Defences
2.0 Hiding - In the closet	2.1 The need to hide	Distancing Self control	Compartmentalisation
	2.2 Views of self	Self control Escape/Avoidance	Sublimation Compensation Denial Reaction formation

Distancing and self control were the predominant strategies utilised by seven participants in separating their lives into two distinctive parts. Self control enabled these participants to keep information to themselves and at times all seven had lied to others in order to preserve their secrets.

In terms of defences their behaviours reflected a compartmentalisation, in that the two parts of their lives were kept quite separate.

For six participants, a further coping strategy to maintain the hidden selves was to present as strongly masculine. The strategies that were displayed included: self-control and escape/avoidance along with a denial defence to help keep their secrets. Defences were also apparent and could be explained through: Reaction formation seen in two participants – turning their feminine desires into the opposite masculine desires and behaviours by taking up sports that made them feel more masculine; two subjects exhibited sublimation in refocussing their unacceptable need for femininity into masculine qualities and interests through social conformance with other families, and two participants that used compensation in martial arts to overcome their self-perceptions of weakness because of their gender non-conformance.

### Theme 3 - Emergence

The cognitions, emotions and behaviours observed within the theme Emergence are summarised in Table 8 *Emergence - cognitions, emotions and behaviours*.

Table 8 *Emergence - cognitions, emotions and behaviours*

Theme	Sub-theme	Cognitions	Emotions	Behaviour
3.0 Emergence	3.1 Disclosures	I want to be accepted	Fear	Contact others
		I am not the only one		
I need to tell someone		Joy	Tell someone	
I must be careful		Anger/self-loathing	Plan the disclosure	
I must be in control				
	3.2 Family and Relationships	I don't want to hurt my family	Fear	Plan the disclosure

**Sub-theme – Disclosures.** This theme encompasses the decisions to come out and the disclosures that constitute coming out. Half the participants have come out more than once. Three participants first told a partner at an early stage of the relationship and some time ago. This was done in a light-hearted way, and focussed on the behaviour rather than the underlying gender identity. The most common phrases used in these early disclosures were along the lines of ‘I like to wear women’s clothes sometimes’.

*I haven't told her it's an ongoing thing, but I have told her that I like to wear women's clothes* was how Julie explained what she said to her partner when she was 20 years old.

Likewise Natasha told her partner: *"Look, I sometimes crossdress!" She thought it was a kinky thing. She did give me a maid's dress and made me clean the house a few times, which was rather amusing.*

Two participants came out to their long-term partner without any planning, and not having given their partner any reason to suspect that they were transgender. Sarah reached a point where she had to tell her wife about the crossdressing and the clothes she kept in secret. She

felt heavily burdened by her need to crossdress and express her feminine character, and was finding it very hard to stay in her masculine role.

*I got to a stage where I didn't want to be male. I just wanted to dress more and more and more. The need was overpowering, and I didn't really know what to do, and I said I've got to do something. And that's when I told my wife...I've just got to tell you I am not happy, this is what's going on. And she burst out crying. I didn't know what was going on because she was crying. Then she gives me a hug, and I told her what was going on and she said that she felt so sorry for me and she has been like that ever since. She has been ever so supportive.*

Similarly, Mandy came to a point where she felt she had to tell her wife about her crossdressing and gender identity. She was in her garage dressed in female clothes on a Saturday evening, and waited for her wife to return home.

*I called her from my mobile and said to her "You had better come down to the garage and have a look at the pathetic excuse for a husband that you've got". This was really brutal. I should not have done it this way. And so she came in and when she saw me presented to her, she just couldn't handle it. I said "Look, I'm trans, I can't help it, I've been hiding it for years, I can't stand it any more." It was just total shock, it was such an awful way of doing it, I don't know what I was thinking.*

Mandy's wife was highly shocked by this disclosure and Mandy did not feel she had resolved her issues. She felt that her actions had further complicated her life, with the possibility of trying to suppress her needs to express herself and stop going to social groups meetings by way of compromise.

Both Mandy and Sarah had reached a point where their distress was so severe that they could no longer maintain their secrets, and they were compelled to tell someone. However, for Mandy this was not the first time she had come out. She had told her mother many years before, prior to her getting married. On that occasion she had a need to tell someone:

*I knew I had to get it off my chest. I thought it would make me feel better. If I knew I had someone I could confide in. I needed to have someone that I could talk to, that I could tell. It's like if you did something really bad as a kid, to finally say "I did it. I broke the window dad, I'm sorry"*

Mandy's mother seemed to take the revelation reasonably well, she was accepting and even wanted to go out to a restaurant with Mandy dressed as a woman on one occasion.

For Sally, coming out to her mother was something that she had specifically tried to avoid, but it was her mother's persistent questioning that presented Sally with a dilemma where she felt she was left with no option but to tell her mother.

*One day my mother, who is one of these people who has to know everything, I had been down to Melbourne and it came out that I had gone down and had laser treatment on my chin.*

*Because I didn't want facial hair. She just pushed, and pushed, and pushed, and I said that I was fed up with shaving. And she said "You are not turning into a woman, are you?" We have always been brought up as kids not to tell lies. I thought for a few seconds what do I do here? And I said "Well as a matter of fact, Mum, I am." She didn't deal with it.*

In contrast to the above, at other times four participants used more detailed and considered approaches to disclosing to their partners and family. For them a major consideration was the desire not to hurt their families. Regardless of the shame and embarrassment they were prepared to endure, they did not want their families to experience that shame. Julie sent a detailed email with photographs to her close family prior to meeting them as Julie. Natasha planned her coming out to family "like a military operation". She also prepared herself for the worst-case, thinking that she could lose everything in terms of family and friends. That way she thought that the outcome could only be better than expected. She had decided who had to hear first (her son), and how they were to be told. She told her son one evening, and she provided a written explanation, so that he could take that away and consider later. As

most of her family were in another state, she arranged visits so that she could see people in a specific order. Natasha also made sure she was independent and didn't need to stay with relatives, so they would have the space to think about what they had been told. When she told her parents she met with them face-to-face and she had a letter for them as well. Nicci thought carefully before telling her wife that her gender identity was a major issue in her life. *The secret had gone on for too long and I promised her and myself that I would tell her when she came back. It was a risk because I worried that previously she had stated that it was something that she wouldn't be able to manage. And I said I've got to tell her.*

She had a gentle but fully disclosing discussion and her wife was very supportive, and open to trying to understand what it meant for Nicci. Together they planned how to tell their two teenage children.

Jenny had the support of her therapist (the first person she had come out to), who assisted her with planning her disclosure to her wife.

*I tried to keep it fairly innocuous, I didn't use any terms, not even a term like crossdresser or trans or anything like that. I just said "Look, I like to wear women's clothes." And that's what my psychologist advised me to say as well. And then we got her reading some books, she originally said she was a very open-minded person, and it became pretty obvious that she is not.*

**Sub-theme - Family and relationships.** Six participants had come out to their intimate partner, and at the time of the study, one of those relationships had dissolved as a direct result of the disclosure (Natasha who is in the process of transition), one had failed for other reasons (Jenny), three relationships seem to be going well with highly supportive partners (Julie, Nicci and Sarah), and one is strained but the couple are still together (Mandy). A major concern for participants was the impact their behaviour could have on their families. Jenny summed it up as follows:

*I can handle somebody, lets just say making fun of me. If someone wants to make fun of me, or hang a bit of gear on my head, but they could be doing that to my kids, to my wife, they could be doing it to my other friends. And I don't want that. I'm not comfortable with that. I don't want to see other people hurt through my actions.*

In terms of how the participants reflected on their disclosures, those who planned the process were generally satisfied with the outcomes, whereas those who didn't plan, one (Sarah) had a very good outcome, but two (Mandy and Sally) felt that things were less than satisfactory, with negative reactions from family members that the participants felt unhappy about.

**Cognitions associated with the theme of Emergence.** The thoughts experienced by the participants in this theme are in contrast to those of Hiding. In Emergence participants have thoughts of wanting to tell others. For several participants these became compelling thoughts that overwhelmed them. They also had thoughts about wanting to be accepted for who they were, and that they were not the only ones with con-conforming gender identities. These thoughts often preceded the decision to disclose. When thinking about disclosure participants felt they needed to be careful and to remain in control.

For many participants the main thought related to the consequences of disclosure was that they might lose or hurt their families (particularly partners and children), and that they would not be accepted by others.

**Emotions associated with the theme of Emergence.** Seven participants experienced fear as they considered the consequences of disclosure could have meant that they would not be accepted or that their families would not be supportive of them. All participants felt joy and happiness as a result of the recognition of not being the only one with gender identity issues. However, for three of the participants their feelings were so intense that they had to confess their secrets without much consideration or planning. In these cases fear, self-loathing and anger surfaced.

**Behaviours associated with the theme of Emergence.** Each participant came out and told someone about their gender identity and what it meant to them. Disclosures earlier in life seemed to be more conservative with the facts and often underplayed the importance of this aspect of their lives. All participants had formed some social contacts through a social club and with use of the internet had made contact with others in a similar situation. For most participants there was significant planning about how and when to disclose to significant others such as partners and immediate family.

**Coping associated with the theme of Emergence.** The coping strategies observed within Emergence are summarised in Table 9 *Emergence - Coping strategies*.

Table 9 *Emergence - Coping strategies*

Theme	Sub-theme	Coping Strategy	Defences
3.0 Emergence	3.1 Disclosures	Seeking social support Confrontive Planful problem solving	Rationalisation
	3.2 Family and Relationships	Planful problem solving	

All participants had found that meeting others with non-conforming gender identities provided them with social supports, and a reduction in their sense of isolation. The knowledge of others and better sources of information enabled all participants to reduce their anxieties through rationalisation, by being able to explain that their gender identity as a medical issue for example.

Four participants used planful problem solving to develop their approaches to disclosure, along with considering behavioural compromises with their partners. Three participants exercised confrontive coping strategies when under pressure, and when they hadn't had time to develop an effective alternative strategy.

**Theme 4 - Coming out**

The cognitions, emotions and behaviours within Coming out are summarised in Table 10

*Coming out - Cognitions, emotions and behaviours.*

Table 10 *Coming out - Cognitions, emotions and behaviours*

Theme	Sub-theme	Cognitions	Emotions	Behaviours
4.0 Coming out	4.1 Social connection	I can be accepted by others	Joy/Relief	Publicly present as a woman
		I could lose my family	Fear	Compromise
	4.2 Views of self	I am a different person	Joy	Publicly present as a woman
		I can start a new life	Joy	Transition at work
		I am changing my whole identity	Joy	Come out to others
	I can accept myself	Pride	Publicly present as a woman	

**Sub-theme - Social connection.** Once the participants had made their disclosures six felt empowered and in control of their lives.

As Natasha commented about life after coming out:

*Life is just too short; why didn't I do this 20 years ago? I'm so keen to be part of everything.*

*One thing my partner noticed is that I'm much happier as a person.*

All but one had expanded their social connections through greater involvement with support groups and friends as well as family. Three participants made compromises to maintain family relationships: Sarah agreed with her wife not to take hormones; Julie restricts her feminine gender expressions to outside of her hometown to avoid public scrutiny, and Mandy has limited her social group meetings and avoided showing her feminine self to her wife.

**Sub-theme - Views of self.** For the participants the result of coming out was to offer new freedoms and choices. All have accepted their identity and rather than hide chose to reappraise themselves and their lives. Natasha has come out at work and is planning on a full time transition to her feminine self; Nicci expanded her experiences out of the closet having joined a transgender social group which her wife also attended; Jenny adopted a freely expressive life with a new and accepting partner, and Sally was also on a transition pathway to full-time living and felt comfortable in her local community.

And Sally summed up her post coming out experience:

*My being trans, I am whatever and proud of it. My coming out to the world essentially means saying "Take it or leave it, here I am!".*

**Cognitions associated with the theme of Coming out.** Social connection became a significant factor in the lives of all the participants. From a life of hiding and secrecy these individuals have come out of the closet and their thoughts consist of positive reappraisals including: 'I can be accepted'; 'I can start a new life', and 'I can accept myself'. There were doubts, and thoughts about the risks of losing family and friends were present for seven participants.

**Emotions associated with the theme of Coming out.** On coming out joy became a predominant emotion for all the participants, along with relief and pride. There was residual fear in five participants, mainly associated with the potential to lose family and friends.

**Behaviours associated with the theme of Coming out.** There was a wide range of behaviours within this theme. Two participants are socially and medically transitioning, which for one means transitioning at work, and for both it means living full time as a woman. Four participants are out socially (but not at work) and spend significant time socialising with other gender non-conforming friends as well. One is only just coming out in the community

and limits her time socialising, whilst the other participant is restricting their social interactions whilst they manage relationship and family issues.

**Coping associated with the theme of Coming out.** The coping strategies observed in this theme are summarised in Table 11 *Coming out - Coping strategies*.

Table 11 *Coming out - Coping strategies*

Theme	Sub-theme	Coping Strategy
4.0 Coming out	4.1 Social connection	Positive reappraisal
		Seeking social support
		Accepting responsibility
	4.2 Views of self	Positive reappraisal
		Planful problem solving

The coping strategies observed amongst participants within this theme demonstrated positive reappraisal, with changing views of self moving from the self as shameful and something to be hidden, to the self as proud and out in society. All participants had found social supports and had formed close social connections within their support groups, as well as family and friends. The resolution of family conflicts, such as reaching compromises indicated coping through accepting responsibility and planful problem solving.

## Discussion

### Identity development

Transgender identity development has been described as a multi-stage or phased developmental process (Devor 2004; Eliason & Schope, 2007; Gagné, Tewksbury, & McGaughey, 1997; Levitt & Ippolito, 2014b). This conceptualisation was supported in the current study. Themes, or stages, identified included: recognising difference; understanding that difference is wrong; hiding one's true self from others; disclosure, and social connection. In addition, sub-themes also demonstrated how the view of self changed as the participants progressed on their journey of understanding and their attempt to accept their gender identities. The discussion follows the themes and sub-themes and examines how participants responded to the various stressors of coming out as transgender.

### Stressors and coping mechanisms

#### Theme 1 – Difference.

*Recognising the difference.* A feeling of difference is a common feature in transgender identity development models (Eliason & Schope, 2007), and is predominant in the narratives within this study. For most participants, the feeling of being different was experienced very early in life, and always by early teenage years. The feeling of difference took the form of not fitting in with same-gender peers; wanting to wear girls' clothes, or wanting to be a girl. However, in contrast to Devor's (2004) report none of the participants openly proclaimed their difference to their families or peers. In the current study participants only came out to parents much later in their lives, if ever. This may reflect the characteristics of the participants, as Devor's (2004) included many who transitioned early in life and would have been described as transsexual rather than transgender. Once participants recognised that gender difference was an issue of

difference, shame became the emotion experienced. For some participants the sense of not fitting in meant they felt envious and either wanted to be girl, or be with the girls. The coping strategies in this phase were simple and immature; based on avoidance and consisting of hiding and concealment. Participants tried to avoid being seen as different, or wished they were not different.

*Being different is wrong.* Levitt and Ippolito (2014b) reported that a sense of difference and the need to conform could result from peer pressure, such as harassment or ostracism. No participants in this study reported gender based harassment; two participants experienced bullying at school but they did not attribute that to their sense of gender difference. From an early age participants had an innate sense of ‘wrongness’, all but one participant denied being told appearing or behaving in a feminine way was wrong for a young boy. In four cases participants either noted subtle signals from their mother, or more direct statements about not crossdressing in their mother’s clothes. It seems likely that a sense of wrongness about expressing an alternative gender was derived from conditioning resulting from distal social pressures including the media, schools, churches and other institutions, and proximal pressures from family and peers (Levitt & Ippolito, 2014b). Under the pressure of felt stigma (Herek et al., 2015) to conform to gender norms, the participants’ shame and fear became the dominant emotions and the universal response was to hide the self. The coping mechanisms were avoidant, but for many the behaviours continued. Their desires to crossdress persisted and this was accompanied by distancing and concealment along with elements of compartmentalisation as defences.

### **Theme 2 – Hiding.**

*The need to hide.* The sense of difference experienced universally led to hiding and concealment behaviours which are consistent with the findings of Levitt & Ippolito (2014b) who named a theme “Hiding or ignoring my true self” (p. 1736). Devor (2004)

also highlighted the trend towards hiding, and attributed that to the impact of “social and psychological realities” (p. 49).

Along with the need to hide was the fear of being caught, or of having one’s secret exposed. Crossdressing at home during childhood / teenage years whilst family members were out of the house was common. The risks of exposure were significant, with participants either being caught (or nearly caught) in the act of crossdressing, or their mother’s noticing that clothes had been disturbed and worn. The participants’ mothers appeared to have been the ones to catch their children in the act of crossdressing. Where a participant’s secret had been uncovered by their mother, the subsequent fear was that their father would be told. The threat of discovery was a significant stressor for those with something to hide as explained by Pachankis (2007). The early hiding behaviours continued into adulthood. For example, some participants wore women’s underwear under their male clothes, and hid their secret stash of women’s clothes from their partners. The risks of exposure remained, and some participants led a double life where their feminine expression was compartmentalised and separated by secrecy and lies.

*Views of self.* The early childhood private crossdressing, the later concealing of clothes and the pursuit of masculine activities aligned with the behaviours reported in Levitt & Ippolito’s (2014b) theme of hiding. As also described by Devor (2004) individuals will try harder to meet society’s expectations for their behaviour and will attempt to conform towards their assigned gender. Exhibiting stereotypical masculine behaviours was believed to affirm their ability to appear male, and allowed them to hide in plain sight. In most cases, family and friends were surprised to learn about the participant’s transgender behaviours, and held no suspicions that they had concealed any feminine characteristics. This appeared to be an adaptive coping mechanism, although seemingly an avoidant response, for participants utilised mature defences such as

sublimation and compensation, and participants maintained emotional stability and led successful lives. The participants found ways to manage their needs and still meet familial and societal expectations of their outward gender presentation. This is in contrast to the findings of Budge et al. (2013) where pre-disclosure coping behaviours seen were avoidant and maladaptive and included negative metaphors such as being unable to see where they fitted in the picture of their lives, suicidal ideation, and substance abuse; behaviours not observed in the participants in this study.

### **Theme 3 - Emergence.**

**Disclosures.** Disclosure has been considered a key step in identity development models and was summarised in the review by Eliason & Schope (2007) as “People need to disclose” (p. 13). There was substantial cognitive reframing in this theme compared to prior themes. Cognitions shifted from the need to hide to the need to tell someone. Reframing also appeared as participants became aware that they were not alone in their identity struggles. Emotions shifted from shame and guilt to fear, joy and anger. Participants during this period broke the bonds of social isolation, affirmed their identity and thought about changes in the future. The reduction in distress as a result of greater social connectedness was expected (Bockting et al., 2013). Participants and their families acknowledged their greater happiness since disclosing. The processes of disclosure fell into three broad categories: partial disclosure to an intimate partner with downplaying of the significance; planned full disclosure to intimate partner and family, and unplanned full disclosure to an intimate partner. The partial disclosures were trivialised and humour was used as a coping mechanism. The unplanned disclosures were the result of extreme emotional distress and motivated by anger, self-loathing and fear, and the overwhelming of the participants’ ability to cope and were examples of confrontive coping. The planned disclosures demonstrated planful problem solving, where participants had the opportunity

to think things through, they had good social supports and reliable sources of information that enabled them to develop an appropriate and effective approach. Budge et al. (2013) detailed extremely negative emotions and cognitions experienced by participants during the transition phase of their study, which corresponded to this disclosure theme. There was a noticeable difference in the overall coping abilities of the participants between Budge et al. (2013) and the current study; participants in this study appeared to cope without developing signs of extreme distress or self harm.

*Family and relationships.* The prevalence of long-term intimate and family relationships was high in this study (6 out of 8) compared to other studies where up to 70 per cent of participants were single (Bockting et al., 2013) or their status was not disclosed but the data suggested that few were in permanent relationships (Budge et al., 2013). The dominant cognition for participants in the current study was to not harm their families and partners; where harming would have meant: upsetting them; damaging their relationships, or exposing them to ridicule and embarrassment. The disclosure to families appeared to be a major stressor, as their long-term concealment and hiding had in fact been from their families. Their secret lives limited their degree of self-expression. Being able to maintain the family relationships seemed to be a powerful motivator for compromise where possible. The role of family connections in coping was not specifically examined but this theme emphasised the importance of family and relationships in providing support and motivation for the participants. There was evidence of the need to reconcile their needs for identity expression, with the needs and desires of their families. Two wives of participants could not adjust to the needs of their partner's gender expression; there are very few studies on the wives of transgender women and it appears that some wives will stay with their partners and others will not (Lev 2004).

Nevertheless, four of the six participants previously in long-term marriages have found a way to maintain those relationships.

#### **Theme 4 – Coming out.**

*Social connection.* There was significant positive reframing for those who commenced medical transitions, and saw the possibilities for starting a new life. Whether or not they planned to transition, participants held the view that they could be accepted by others and that reinforced their belief in self, and they no longer felt ashamed about their identity. Participants became able to socialise more freely with their family and friends in their preferred gender presentation. Following coming out they found they had a wider range of social contacts.

*View of self.* This sense of self-acceptance is in contrast to the early life experience of shame regarding their sense of difference. The need to hide was replaced by the need to be seen. These facilitative cognitions are in accord with Budge et al. (2013) who identified a range of positive thoughts following transition along with a general optimism about the future. Likewise, Eliason & Schope (2007) described the authenticity experienced by the individual in moving from hiding and secrecy to full self acceptance and self expression. Participants reported feeling happy and proud of who they had become. There was a sense of pride and achievement amongst the participants in this study.

The shift in coping through this theme moved to positive reappraisal, social support and accepting responsibility, with very little in the way of avoidance type behaviours.

#### **Conclusion**

The participants in this study had apparently good mental health, which is in contrast to other studies of coping amongst transgender populations. Some commonalities and

differentiators observed that may be of importance are: the age of the participants; marital and family status; membership of a support group, and transitioning later in life or not at all. The transition status of the participants may indicate a different developmental pathway with regards to gender identity, and may have resulted in different stress-response characteristics compared to participants in other studies.

The early phase coping mechanisms focussed on concealment and attempts to deny the intensity of feelings associated with their gender identity. However, all the participants in this study reached the point of needing to tell others. Their coming out demonstrated more developed functional coping strategies and they moved away from the avoidant coping of hiding and denial to a more open acceptance of their identity and nature.

All participants had found ways of coping throughout their lives; they had managed to successfully conceal their difference and either sublimate or compensate for it. All participants had formed long-term relationships with intimate partners, and this contrasts with some study populations where participants were predominantly single. All participants had disclosed their identity to intimate partners, and following that most were optimistic about the future. The participants ability to lead a 'normal life' prior to disclosure may have provided them with strong family and social bonds which gave the necessary support for the emergence and coming out phases. In the post-coming out stage the participant relied on those social contacts and their family to provide the safety net from minority stress and social stigma. Under the minority stress model the major stressors include discrimination and isolation, and it is understood that social connectedness provides a buffer and resilience against those stressors. Family connections can provide strong social supports. This study population had emotional, financial and physical security along with living within a relatively open and accepting society with regards to diversity. Their relatively strong and effective coping skills along with

favourable social and environmental factors may point towards the reasons for successful outcomes for these participants.

Strong family bonds and responsibilities, along with an effective accessible support group, and maturity are factors which may have provided the level of resilience that this participant group has displayed. These factors may have contributed to the apparently low mental health morbidity experienced and could provide guidance in assessing and treating the mental health risks for transgender individuals.

### **Limitations and future research**

A limitation of this study was that recruitment was based on a small sample, purposefully selected from one transgender support group. The participants were mature adults who had led 'successful lives' in the traditional sense and had made long term efforts to fit in and conform to society's expectations regarding gender presentation. They all had some level of social support through the support group. Further, the participants had either not transitioned, or had only decided to transition in adulthood. These characteristics may limit the interpretation and wider applicability of the findings across age groups, ethnicities and social status, as well as those who transition much earlier in life.

Opportunities for future research could include the examination of the importance of family support on coping mechanisms and outcomes. In addition, it would be potentially very useful to explore the experiences of partners of transgender people and how they cope through the coming out process and beyond.

## Appendix 1 - Examples of questions taken from the transcripts

How were you different?

In what ways didn't you fit in?

Did you have any feelings of wanting to be a girl or I wish I was a girl or I am a girl?

When did you start crossdressing?

Did you have any thoughts then about the fact that you crossdressed, how did that make you feel about your masculinity?

Did you have a sense that you wanted to be a girl, or was there something else?

What did you feel about crossdressing?

Was there anything you felt about wanting to be a girl? Was it just "I want to be a girl", or was there something that you felt was special?

How did you feel about improvising clothes in private?

How did you feel when you were borrowing your mother's underwear, what sorts of thoughts went through your mind?

When/how did you come out to someone?

Can you remember when you actually came out to somebody?

Can you remember when you actually had to say to somebody who already knew you as a boy?

What did you tell her, how did you tell her?

Who else in your family knows and how did you plan about telling them?

Do you remember what was going through your mind when you thought to tell him this, to say this?

Do you think are coming out to him could be a shock?

When it comes to coming out then do you have a view about how you want to come out?

And in terms of him finding out what was your fear?

How did/does it feel to be out?

What did you think it would mean to you if you went out?

Did you learn something from that in terms of your coming out?

You thought he may walk out on you and you got the complete opposite of that, what do you think was happening?

What were you thinking the first time you went to the club? Can you remember what it felt like, were you frightened or excited?

So your first time going out, what sort of experience was it for you then?

How do you feel about being trans?

What would making you normal have meant?

You have been able to function as a male, so what has brought around that change that you decided that you are not going to continue to function as a male?

How do you feel about yourself in terms of man/woman, masculine/feminine?

Can you summarise how you are feeling about coming out to other people now?

So at that sort of time though, where were you in the thoughts about where you are going with this?

In your teenage years you still had this idea you can grow out of this? So how did you behave publicly and in front of the rest your family. What sort of male type of role did you take?

So what was your feeling about being caught?

## Appendix 2 - Ethics Approval



Treatment | Education | Research

14 May 2015

**Approval to Commence Research**

**Student Researcher:** Mr Simon Lee  
**Principal Researcher:** Ms Judith Cahill  
**Project Title:** "Coming out of the closet: Stressors and coping mechanisms associated with coming out as transgender in adulthood"  
**Approval Code:** 2015/1239-13

Dear Mr Lee,

**Re: Ethics Application**

I am writing to confirm that the above project has been granted approval by The Cairnmillar Institute Human Research Ethics Committee (HREC) effective 29 April, 2015.

The following are the conditions attached to the approval of the research:

1. Approval is strictly limited to the research proposal submitted to The Cairnmillar Institute HREC.
2. Approval of this research project is valid only to the proposed completion date as stated in application. If the research exceeds 12 months, the researcher must submit an annual report to the HREC through the Principal Researcher. The first annual report is due 12 months from the date of initial approval. Failure to submit a progress report will mean approval for the project will lapse and a new application will need to be submitted to the HREC. A researcher must not continue with the research if ethics approval has lapsed and or been withdrawn.
3. If a decision is made to discontinue and /or abandon the research, the researchers must provide a written report to the HREC and provide reasons for the decision within one month of the decision.
4. The researchers must notify the HREC in writing for any alteration to the research using the appropriate form.
5. It is the responsibility of the Principal Researcher to report any issue or occurrence that may warrant review of the ethical approval of the project, including any occurrence of serious or unexpected adverse effects of the research on participants, and any problems relating to the conduct of the project.

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6. At all times, the researchers are responsible for the ethical conduct of the research and must adhere to the guidelines established by The Cairnmillar Institute.

Yours sincerely,



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### Appendix 3 - Plain Language Statement

Project Name: Coming out of the closet: stressors and coping mechanisms associated with coming out as transgender in adulthood

Principal Researcher: Judith Cahill (Supervisor)

Additional Researcher: Grace Lee (Student)

Contact: 0400 490 809 or [grace@couragematters.com.au](mailto:grace@couragematters.com.au)

#### **Introduction**

We invite you to take part in a research project that will explore and document the experiences of transgender individuals when they decide to disclose their transgender status to others. The project will focus on adult, male-to-female transgender people.

Each participant will be interviewed one-on-one in private, to explore how individuals felt, what they were concerned about, and how they may have made decisions about coming out – when and to whom. Further exploration will seek to understand how they felt once they had been open about themselves.

Another aim of the project is to understand how individuals managed their anxiety before, during and after coming out. The project will attempt to identify common themes of coping, and where possible determine whether those coping mechanisms were effective from the participant's point of view.

The research process consists of interviewing each participant. The interviews will be audio-recorded so that everything that was said can be captured and analysed later. The analysis will involve the researcher listening to what was said, creating a written transcript that will then be reviewed and analysed for ideas and themes.

#### **Who has approved this project?**

The proposal for this project has been subject to Human Research Ethics Review under the auspice of Cairnmillar Insititute.

#### **How are participants recruited?**

The researcher made a presentation to a recent meeting at which attendees were asked if they wished to volunteer to participate in the project. Participants who expressed interest provided their contact details to the researcher.

#### **What I will be asked to do?**

We ask that you meet with the researcher for an interview that will last about 1 hour. The interviewer will ask you some questions about your experiences, feelings and thoughts before, during and after coming out.

Your interview will be audio-recorded to help with subsequent analysis.

Some of the information you may wish to disclose may be very personal and private. The researcher will respect your privacy and confidentiality throughout the process.

### **What are the risks?**

We don't expect any significant risks to your health or welfare in your participation in this project. You may find recollecting and discussing some events in your life a little upsetting but you are free to set the pace and you don't have to discuss anything you don't feel comfortable about.

If you do feel upset during or after the interview, you should tell the researcher who will advise you on how and where to get support if required.

The interview can be stopped at any time of your wish; you can withdraw from the interview at any time.

The following services are available if you need support at anytime:

Lifeline      13 11 14      24 hours/7 days      [www.lifeline.org.au](http://www.lifeline.org.au)

Access to crisis support, suicide prevention and mental health support services.

Beyondblue 1300 22 4636      24 hours/7 days      [www.beyondblue.org.au](http://www.beyondblue.org.au)

Information on depression, anxiety and related disorders.

Gay and Lesbian Switchboard 03 9663 2939 or 1800 184 527

Free and confidential telephone counselling, referral and information for the Victorian and Tasmanian gay, lesbian, bisexual, transgender and intersex (GLBTI) communities.

Mon-Thurs 6 pm - 10 pm, Fri - Sun 6pm - 9pm

[www.switchboard.org.au](http://www.switchboard.org.au)

### **How will my confidentiality be protected?**

Everything you share with the researcher will remain confidential. Your name and identifying information will be removed from the transcripts so that you cannot be identified.

The recordings of the interviews will be stored electronically with password protection, and the recording will be deleted once the transcription process has been completed. Documents containing the transcriptions will also be stored with password protection. Only the researchers will know the passwords.

Research findings will be published in a thesis and possibly journal articles. The results published will be summarised.

Transcripts of the interviews will be deleted/destroyed after 5 years.

### **What if I want to withdraw from the Research?**

Your participation in this research is completely voluntary. You are free to withdraw at any time and to withdraw any unprocessed data previously supplied.

### **Where can I get further information?**

If you have not understood any of this information please contact the researchers listed above. This research has been approved by the Human Research Ethics Committee.

If you have any concerns about this project please contact the Principal Researcher:

Ms Judith Cahill

(03) 9813 3400

Cairnmillar Institute

993 Burke Road

Camberwell, VIC 3124

### **Can I know the outcomes of the research?**

If you wish to receive a summary of the research findings, provide your email address on the consent form that you will be provided with.

### **How do I agree to participate?**

If you wish to participate please read and sign the consent form that you will now be provided with.

## Appendix 4 - Consent Form

Project Name: Coming out of the closet: stressors and coping mechanisms associated with coming out as transgender in adulthood

Principal Researcher: Judith Cahill (Supervisor)

Additional Researcher: Grace Lee (Student)

I have read the Plain Language Statement and understand that this project is conducted for research purposes only. I certify that this project has been explained to me. I certify that I am 18 years of age or older. I consent to participating in this study and know that the interview will last about 60 minutes and my responses will be recorded. I have been granted opportunities to ask questions about my role in the study.

I understand that the project is voluntary, and that I am free to withdraw at any time, and all data is confidential and stored anonymously.

I understand that I can receive further information and a summary of the results of the study by providing my email address here:

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## References

- American Psychiatric Association, A. P. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C.: American Psychiatric Association.
- Beemyn, B. G., & Rankin, S. (2011). *The lives of transgender people*. Columbia: Columbia University Press.
- Bockting, B., Miner, M., Swinburne Romin, S. R., Hamilton, H., & Coleman, C. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951.
- Bornstein, K. (1994). *Gender outlaw: On men, women, and the rest of us*. New York: Psychology Press.
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology, 81*(3), 545-557.
- Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A. S., Schneider, C. L., & Rodriguez, A. (2013). Transgender emotional and coping processes: Facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist, 41*(4), 601-647.
- Budge, S. L., Rossman, H. K., & Howard, K. A. S. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling, 8*(1), 95-117.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*(3), 53-69.
- Couch, M. A., Pitts, M. K., Patel, S., Mitchell, A. E., Mulcare, H., & Croy, S. L. (2007). *TranZnation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Denton, F. N., Rostosky, S. S., & Danner, F. (2014). Stigma-related stressors, coping self-efficacy, and physical health in lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology, 61*(3), 383-91.

- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. In Leli, Ubaldo (ed). *Transgender subjectivities: A clinician's guide* (pp. 41-67). New York: Haworth Press.
- Eliason, M. J., & Schope, R. (2007). Shifting sands or solid foundation? Lesbian, gay, bisexual, and transgender identity formation. In Meyer, Ilan (Ed); Northridge, Mary (Ed). *The health of sexual minorities* (pp. 3-26). New York: Springer.
- Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, 54(3), 466.
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, 50(3), 571-579.
- Gagné, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society*, 11(4), 478-508.
- Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee. (2014). *Transgender and gender diverse health and wellbeing*. Melbourne: State of Victoria, Department of Health.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2015). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Stigma and Health*, 1(S), 18-34.
- Hyde, Z., Doherty, M., Tilley, P. J. M., McCaul, K., Rooney, R., Jancey, J. (2014). *The first Australian national trans mental health study: Summary of results*. Perth: Curtin University - School of Public Health.
- Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, 62(3), 297-326.
- Kuper, K., Nussbaum, N., & Mustanski, M. (2012). Exploring the diversity of gender and sexual orientation identities in an online sample of transgender individuals. *Journal of Sex Research* 244-254.

- Leonard, W., & Metcalf, A. (2014). *Going upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people*. Australia: National LGBTI Health Alliance.
- Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., & Couch, M. (2012). *Private lives 2. The second National survey on the health and wellbeing of Gay, Lesbian, Bisexual, Transgender (GLBT) Australians*. Melbourne: The Australian Research Centre in Sex Health and Society, La Trobe University.
- Lev, A. I. (2004). *Transgender emergence : Therapeutic guidelines for working with gender-variant people and their families*. New York: The Haworth Clinical Practice Press.
- Levitt, H. M., & Ippolito, M. R. (2014a). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, 46-64.
- Levitt, H. M., & Ippolito, M. R. (2014b). Being transgender: The experience of transgender identity development. *Journal of Homosexuality*, 61(12), 1727-1758.
- McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). *Trans mental health study 2012*. Retrieved From Scottish Transgender Alliance.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- Nadal, K. L., Davidoff, K. C., Davis, L. S., & Wong, Y. (2014). Emotional, behavioral, and cognitive reactions to microaggressions: Transgender perspectives. *Psychology of Sexual Orientation and Gender Diversity*, 1(1), 72-81.
- Olyslager, F, & Conway, L. (2007). *On the calculation of the prevalence of transsexualism*. [Paper presented at the WPATH 20th International Symposium, Chicago, Illinois, September 5-8, 2007. ]
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328-345.
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7-14.

- Russell, S. T., Toomey, R. B., Ryan, C., & Diaz, R. M. (2014). Being out at school: The implications for school victimization and young adult adjustment. *American Journal of Orthopsychiatry*, 84(6), 635.
- Smart, L., & Wegner, D. M. (1999). Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology*, 77(3), 474-486.
- Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., Hillier, L., & La, T. T. (2014). *From blues to rainbows : The mental health and well-being of gender diverse and transgender young people in Australia*. Bundoora: La Trobe University.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In Smith, John (Ed); *Qualitative psychology: A practical guide to research methods*. (pp. 53-79). London: Sage Publications.
- Spinelli, E. (2005). Phenomenological research. In E. Spinelli. *The interpreted world: An introduction to phenomenological psychology*. Thousand Oaks, CA, US: Sage Publications Inc.
- Telfer, M., & Feldman, D. (2015). *Gender dysphoria in children and adolescents*. [Paper presented at Trans and Gender Diverse Youth Health Care Pathways in Your Region. Geelong]