Qualitative Study on the Psychological Experiences of Trans-man and Trans-woman

Takeshi SUDO[*1, 2], Kenji YAMAMOTO[*1] and Reiko YOSHIKAWA[*3]

[*1]*Department of Psychiatry, Tokai University School of Medicine*
[*2]*Course of Communications, Tokai Graduate School of Letters*
[*3]*Department of psychological and sociological studies, Tokai University School of Letters*

(Received December 15, 2017; Accepted March 6, 2018)

Transsexuals have problems associated with self and gender identities, as well as with their relationships with specialists such as doctor and counsellors. On the basis of the principle of interpretative phenomenological analysis, an exploratory research was carried out on self by studying the psychological experiences of participants and their relationships with specialists. Consequently the following needs of the transsexuals were identified: (1) understanding and alleviation of grief, conflict, and anxiety associated with gender dysphoria; (2) recovery and improvement of self-esteem; (3) support in real-life experiences and measures related to social and legal issues, such as coming out; and (4) necessity of information provision at medical institutions and among peers. To meet these needs, it was suggested that the specialists should (1) help recover their self-esteem through the exploration of their sexual identities and maintain and improve their quality of life and (2) provide comprehensive support to alleviate the grief caused by gender dysphoria. Such support will facilitate affirmative psychological experiences of transsexuals, which will require further attention in the form of clinical intervention.

Key words: transsexuals, gender identity, psychological experience, interpretative phenomenological analysis

INTRODUCTION

In 2006, the World Health Organization (WHO) defined sexuality as follows: "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced of expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors" [1]. It has been indicated that individuals who are a sexual minority are likely to experience difficulty in their daily lives due to negative experiences entwined with their sexuality [2]. People experiencing transsexualism (TS) — defined in the ICD-10 as "a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex" — are one such sexual minority. Transsexual people differ from gay, lesbian, and bisexual people, in that, due to an incongruence between their gender identity and their given sex, they are perhaps often faced with the philosophical problem of "who am I?" and existential anxiety in their daily lives. Furthermore, when these individuals have low self-esteem, they might have difficulty in accepting their own gender identity [3]. These problems manifest as mental health problems such as suicidal ideation and suicide attempts; public health problems such as HIV infection; and various problems related to their life stages from childhood/adolescence to adulthood/old age [4–6]. Within this background, it is possible that these individuals experience (1) problems regarding the self, including their gender identity, and (2) problems with their relationship with specialists such as doctors and counsellors, whom they often meet when their oppressive lives have reached a limit. Accordingly, we explored the process of self-realisation by examining the psychological experiences of transsexual individuals during their involvement with specialists, and investigated clinical interventions for these individuals.

MATERIALS AND METHODS

There is little existing research on the narratives of TS individuals; given this narrow scope, we could not confirm the prerequisite perceptions or design a theoretical framework, making it necessary to focus on the subjective perceptions of participants. Accordingly, as a method for analysing the inner aspects and personal experiences of participants, an analysis was performed in line with the principles of interpretative phenomenological analysis (IPA[i]). Smith *et al.*, the creators of IPA, offer cases for utilising it in research on sex and sexuality as a method of analysing the sensitive inner aspects of research subjects [7]. The objective of IPA is to obtain a detailed explanation of personal

Takeshi SUDO, Department of Psychiatry, Tokai University School of Medicine, 143 Shimokasuya, Isehara, Kanagawa 259-1193, Japan
Tel: +81-463-93-1211 Fax: +81-463-94-5532 E-mail: t-sudo@hope.tokai-u.jp

experiences, and it can be implemented with a small, homogeneous sample, because it is based on idiographic phenomenology. We conducted IPA in three cases, because IPA is now treating $n = 3$ as the default size for an undergraduate or Masters-level study. It provides an opportunity to conduct a detailed analysis of each case — in effect, to develop three separate case studies — but then also allows for development of a subsequent micro-analysis of similarities and differences across cases [8]. The research participants were adults diagnosed using "the diagnosis and treatment guidelines for gender identity disorder (4th edition)" of the Japanese Society of Psychiatry and Neurology (2012), and who were receiving continued examination by a physical or mental health department physician, and continued counselling from a clinical psychologist. They were also going through real-life experience (RLE), and experiencing the step-by-step process to reach sex reassignment surgery (SRS). Table displays the characteristics of the participants (hereafter, individual descriptions will be represented as P1, P2, and P3).

Research participants were recruited by focusing on clinics and the relevant community, and researchers individually contacted relevant individuals who voluntarily applied for participation. After obtaining a consent form, a semi-structured interview was conducted. The average interview time was approximately 70 minutes. Participants' speech was recorded after obtaining their permission, and after the interview had been complete, it was transcribed verbatim by the researcher. This study was conducted after receiving approval from the "Ethical Review Board regarding 'Research with Human Subjects' of Tokai University" (Approval No.: 14050, 15063).

The interviews were conducted according to the flow of conversation from the research participant, but were also guided using the following questions: (1) Around when did you begin to experience feelings of gender dysphoria? (2) How did you come to face your sexuality? (3) What circumstances led you to be involved with specialist organisations, including medical treatment? (4) What was your expectation and personal goal for the specialist organisation? (5) What did you think about doctors and counsellors? (6) Did your involvement with doctors or counsellors influence your outlook on life? (7) What kind of life are you living now?

In order to grasp the mental health of the participants at the time of the study, they were asked to complete the self-reported General Health Questionnaire (GHQ-30) to evaluate scores in general disease status, physical symptoms, sleep disturbance, social dysfunction, anxiety, and depression. The total score of each subscale is 5 points, with the total GHQ-30 score of cut-off value of 6/7. The GHQ-30 scores of the participants are shown in Table.

The analysis procedure was conducted in the following steps: (1) interview implementation (emphasis on contents relating to individual experiences, perceptions, and emotions), (2) data creation and loading[ii], (3) theme identification, (4) theme stratification, and (5) theme integration.

RESULTS

The categories derived from the results of the IPA were organised and themes identified. Next, we performed stratification and integration of each theme, generating higher-order themes (shown in [ ]) and the concepts composing these themes (shown in << >>). Note that, although the trends in GHQ score for P2 differed from that of other participants, P2's speech data were collected based on purposive sampling, and no problems occurred during the analysis process due to the differences in GHQ scores.

[Discomfort] referred to an uncomfortable feeling related to one's own sexuality, and all research participants experienced this before entering school. This was expressed in various ways, such as "an uncertain feeling" and "a sense of confusion." The vague discomfort became clearer as they developed (e.g., "Having a chest and having a period forced me to realise that I really was a woman after all" (P2)). From adolescence onwards, participants began to think that they could never completely become their desired sex (e.g., "I can't become a complete man because I can't have children (as a man)" (P3)) and became upset and confused about their own sexuality (e.g., "At that time, I thought I was a transvestite. Even so, I still had discomfort" (P1)).

[Isolation] referred to the inability to talk to anyone about sexuality as well as experiences describing problems that could be resolved alone (e.g., "I can't tell anyone. Even if I told my friends, they wouldn't understand" (P3)). When someone with [discomfort] — expressed as "an uncertain feeling" — accepted their secondary sex characteristics, they had to become aware of their given sex both physically and socially, and might retreat into their inner world as a result (e.g., "For now, I just have to endure it. If I endure it, it will be fine" (P3)).

[Difficulty in social life] referred to the experience of exploring one's sexuality while relying on information from the Internet or magazines, and the experience of attempting non-verbal expressions as a transgender person, while experiencing difficulty in being accepted by society.

i IPA shares the view that human beings are sense-making creatures, and therefore the accounts which participants provide will reflect their attempts to make sense of their experience. IPA also recognizes that access to experience is always dependent on what participants tell us about that experience, and that the researcher then needs to interpret that account from the participant in order to understand their experience. It can be said that the IPA researcher is engaged in a double hermeneutic because the researcher is trying to make sense of the participant trying to make sense of what is happening to them. This captures the dual role of the researcher. He/she is employing the same mental and personal skills and capacities as the participant, with whom he/she shares a fundamental property — that of being a human being. At the same time, the researcher employs those skills more self-consciously and systematically. As such, the researcher's experience through the participant's own account of it. IPA is committed to the detailed examination of the particular case. It wants to know in detail what the experience for this person is like, what sense this particular person is making of what is happening to them. This is what we mean when we say IPA is idiographic [9].

ii There are three perspective of data and loading: (1) descriptive comments focused on describing the content of what the participant has said, the subject of the talk within the transcript, (2) linguistic comments focused on exploring the specific use of language by the participant, and (3) conceptual comments focused on engaging at a more interrogative and conceptual level [10].

Table Profile of Participants

No.	sexuality	age	SRS	lifestyle	Job style	community	GHQ30						
							general disease trend	physical symptoms	sleep disturbance	social dysfunction	anxiety	depression	TOTAL
P1	Transsexual: MtF	40's	orchiectomy	live in solitude	full time	yes	4	1	3	3	2	3	16
P2	Transsexual: FtM	40's	phalloplasty	live in solitude	part time	yes	0	0	0	0	0	0	0
P3	Transsexual: FtM	40's	testosterone treatment	living with a family	full time	no	0	3	4	0	2	0	9

[The pursuit of sexuality] refers to the specific experience of searching for a way of being that is more characteristic of oneself, and continuing to explore that. In order to verify whether the sexuality they were experiencing was a reliable experience, or merely the result of temporary doubt or confusion, participants began engaging in sexual intercourse with an unspecified but large number of people. This conduct, which can be referred to as <<sexual anomaly>>, was accompanied by regret. Participants were tormented by <<feelings of guilt>>. Participants also experienced feelings of despair, <<conflict>>, and confusion at the fact that no matter how many sexual encounters they had, it did not lead to the acquisition of a specific gender identity (e.g., "If a woman likes women, she's called a lesbian. But I'm not a lesbian. That's where the conflict was) P2).

[Confronts existential issues] referred to participants' experience of facing the philosophical problem of "who am I?" and regarding the self that they were searching for on their own through sharing their experiences with a specialist. This was positioned among organising, understanding, and choosing the future course of one's life, including SRS and its related preparatory steps. Participants had accumulated negative experiences in their involvement with others, which prompted them to strike a therapeutic alliance with medical care professionals in order to alleviate their gender dysphoria, while embracing <<misanthropy>> and <<acceptance of despair>>. However, they had negative experiences in those relationships as well, and sometimes <<misanthropy>> and <<acceptance of despair>> temporarily intensified (e.g., "They only give treatment intellectually. They don't consider the patient's inner aspects" (P1); "I was told 'Did you tell your parents you're going to get SRS? Then get counselling and come back, okay?'. It was different from the image I had" (P3); "As far as psychiatrists are concerned, I think in the end, all they can do is judge" (P1)). Finally, they met specialists that they could trust, and began to attempt genuine <<self-understanding>> and mutual understanding with the societal majority. This theme was also related to the <<internalisation of phobia>>. Additionally, participants experienced problems in coming out in the home and workplace.

[Disentangle from conflict] refers to participants' liberation from the distress and existential anxiety that they had experienced until now. Participants forged a self-concept that could be verbalised with "trans is my lifestyle," and discussed the resolve and hope to live in a way characteristic of themselves as an independent existence, not an existence relativized within society. These experiences eventually brought about <<self-esteem>> and self-efficacy.

[The self will became functional] was obtained through experiences of objectively understanding oneself and considering one's future lifestyle. Participants believed that the self is not regulated by a framework (e.g., "With LGBT, we should consider what those who fall between, such as, L and B, should do" (P1)). Regarding the relationship between their own existence and society, an increase in <<intellectual interests>> — that is, attempting to understand things intellectually — was observed.

Fig. 1 visually demonstrates the themes generated

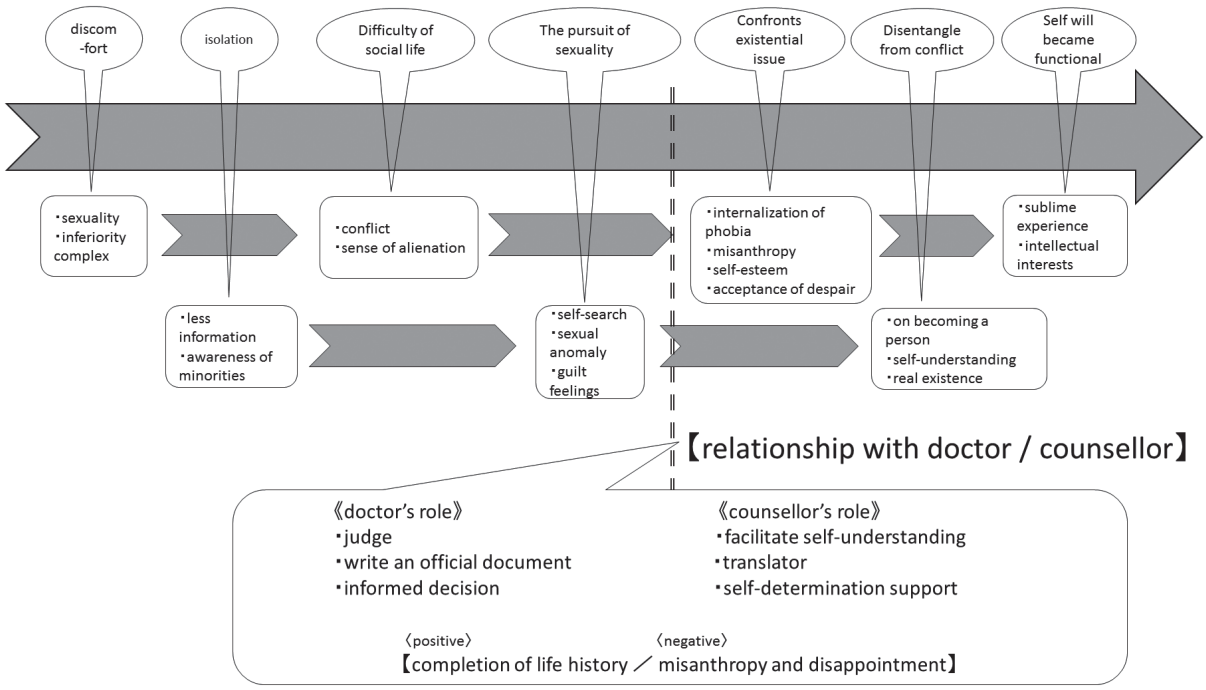

Fig. 1 Relationship between themes. This figure shows visually demonstrates the themes generated from the analysis and the relationships between them. The top themes appeared in stages according to the story of the participants, but they were not steps that progressed one-by-one after resolution of the previous step.

from the analysis and the relationships between them. The top themes appeared in stages according to the story of the participants, but they were not steps that progressed one-by-one after resolution of the previous step. For example, [discomfort] was always felt, not only in childhood and adolescence; sometimes, it came to the forefront and sometimes retreated to the background. In this way, each theme that appeared was kept within the inner world of participants while it changed shape, and was brought again to the forefront by some life event.

DISCUSSION

Transgender individuals, including TS, sometimes struggle while exploring their own gender identity [3]. In comparing the mental experiences of participants, we observed that it is possible to establish the self at the end of the gender identity exploration. In that process, crises such as [isolation], <<alienation>>, <<conflict>>, and <<acceptance of despair>> are frequently observed, but it is thought that the participants' strong thoughts about <<self-understanding>> allowed them to survive. However, from the GHQ-30 scores at the time of the interview, it was evident that continued care is necessary for the recovery of self-esteem and mental stability. Additionally, the top themes generated from the IPA seemed to be maintained within the inner aspects of the participants, and were not resolved.

Multiple problems could be set off by external factors among individual participants. These often took the form of questions about life — that is, questions about the value of one's own existence. These problems covered a wide range of topics, including conformity to a society created by the majority, coming out to the former, discomfort with one's sex from childhood onwards, physical disgust towards one's given sex, isolation and alienation, and acquisition of societal roles. Transgender individuals also experience a number of dangers specific to various life stages, including a greater probability of suicide attempts during middle school and after finding a job [6]. The American Psychological Association (APA) Task Force calls for supportive and affirmative involvement with these individuals in a protective environment [11]. However, for participants, relationships with specialists were characterised by business-like interactions from beginning to end aimed at the implementation of SRS based on standard guidelines, or their expectations for therapy turning into disappointments. Accordingly, for specialists, in addition to the basic attitude requested by the APA Task Force, it is perhaps necessary to sensitively accept the state of the transgender individuals with whom they are interacting, who are undergoing inner conflict, and to always interact with them calmly [3], while maintaining a neutral and non-directed attitude.

Participants attempted <<self-understanding>> through the two experiences of 'trans within the self', originating from their gender dysphoria, and 'trans to the majority community'. The essence of these experiences lies in aiming for self-congruence while attempting to compromise with other people and the environment created by the real world. Regarding this environment, sexual minorities sometimes are forced to represent the sexual minority community as 'this side' and the world created by the majority as 'the other side'. For participants, specialists with greater involvement functioned as a bridge between these two sides. Additionally, we inferred that, through the process of pursuing their sexuality, participants felt a divergence between 'this side' and the inner aspects of the self due

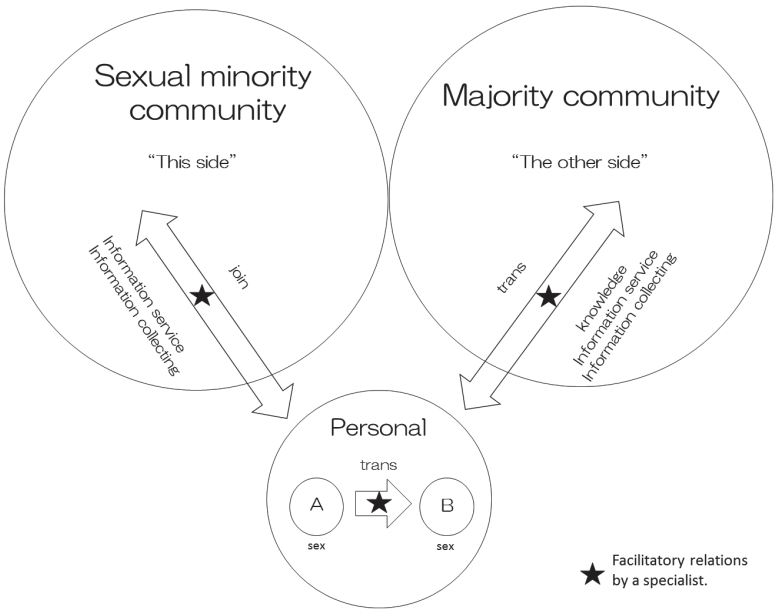

Fig. 2 Two worlds in participants. This is the schema of internal environment of sexual minorities. Sexual minorities sometimes are forced to represent the sexual minority community as 'this side' and the world created by the majority as 'the other side'. For participants, specialists with greater involvement functioned as a bridge between these two sides.

to the diverse concepts of transgenderism. Accordingly, the existence of an approving specialist who functioned partially as a social resource (by providing information and interpreting concepts and words from 'the other side') was a useful support for alleviating the difficulties that plagued every aspect of participants' trans experience (Fig. 2). In the 7th version of the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, by the World Professional Association for Transgender Health (WPATH), cultural competence for interacting with gender-nonconforming people is sought as a quality of specialists dealing with adults with gender dysphoria [12]. Through relationships with specialists prepared with cultural competence to connect the two sides, participants were able to experience a <<real existence>>, which perhaps helped contribute to the search for a lifestyle that contributed to a formation of their self.

LIMITATION

There are some limitations for this study. First, due to the selection criteria for participants, the results cannot be generalised to all transgender or TS individuals. However, as trans is a broad concept, if all of transgenderism is used as a research subject, the data would be too vague, making it difficult to eliminate the possibility of bias. Second, the contents are limited to the experiences of these participants. Third, the survey was implemented in a limited area. As this study was an exploratory investigation of the inner experiences of certain transgender individuals, qualitative research was deemed appropriate. However, in the future, it is necessary to conduct quantitative research over a large area to explore the general trends.

REFERENCES

1) World Health Organization. Developing sexual health programmes. A framework for action. [PDF]. Switzerland: Department of Reproductive Health and Research World Health Organization, 2010. Available at: <http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf> [Accessed 8 August 2014].
2) Hayashi N. Psychotherapy for lesbian and gay people. Japanese journal of psychiatric treatment. 2016; 31(8): 1027–1032.
3) Koh J. Psychotherapy for transgender. Japanese journal of psychiatric treatment. 2016; 31(8): 1039–1043.
4) Nkatsuka M, Hiramatsu Y. Gender identity disorder in adolescence. Obstetrical and Gynecological Therapy. 2009; 99(6): 589–593.
5) Harima K, Ishimaru K. Gender identity disorder and suicide. Japanese journal of psychiatric treatment. 2016; 25 (2): 245–251.
6) Matsumoto Y. Prevention of self-injury and suicidal ideation among transgender people in Japan. Japanese journal of psychiatric treatment. 2016; 31(8): 1021–1026.
7) Smith, J. A., Flowers, P., & Larkin, M. Interpretative phenomenological analysis. London: Sage, Inc, 2009: 135–146.
8) Smith, J. A., Flowers, P., & Larkin, M. Interpretative phenomenological analysis. London: Sage, Inc, 2009: 40–55.
9) Smith, J. A., Flowers, P., & Larkin, M. Interpretative phenomenological analysis. London: Sage, Inc, 2009: 3.
10) Smith, J. A., Flowers, P., & Larkin, M. Interpretative phenomenological analysis. London: Sage, Inc, 2009: 84.
11) American Psychological Association. Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. [PDF]. 2009. Available at: <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> [Accessed 24 June 2014].
12) World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. 7th version. [PDF]. 2012. Available at: <https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf> [Accessed 21 July 2014].