



# CREATE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Copyright © and Moral Rights for this thesis are retained by the author and/or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder/s. The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given e.g. Zitz, C. (2011) Friendships in the lives of transgender individuals. D.Clin.Psych. thesis, Canterbury Christ Church University.

Contact: [create.library@canterbury.ac.uk](mailto:create.library@canterbury.ac.uk)



CLAUDIA ZITZ BSc Hons PGDip

FRIENDSHIPS IN THE LIVES OF TRANSGENDER INDIVIDUALS.

Section A: Transgenderism and Friendships: A Literature Review

Word Count: 5500

Section B: Trans Men and Friendships: A Foucauldian Discourse Analysis

Word Count: 8000

Section C: Critical Appraisal

Word Count: 1908

Overall Word Count: 15408

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of  
Doctor in Clinical Psychology

SEPTEMBER 2011

SALOMONS  
CANTERBURY CHRIST CHURCH UNIVERSITY



## **Acknowledgments**

I want to thank all participants for taking part in this study and spending time to talk about friendships. Thank you to Jan Burns for being supportive, challenging and containing at the right moments and for guiding me through this process. Thank you to Erasmo Tacconelli for being so enthusiastic and encouraging throughout this time and helping me with access to participants, conferences and papers. I want to thank Joe Swift for his invaluable contributions and insight. I am very grateful to Kairos for being so generous and letting me use their beautiful rooms for interviews.

Nathaniel and Gina, you are family.

Caroline, my love and my inspiration.



## **Summary of the MRP Portfolio**

This portfolio investigates friendships in the lives of transgender individuals. Section A provides a literature review of transgender people and their friendships. The first part of the literature review explores the historical context of transgenderism and its relation to medical and psychiatric diagnosis. The following part concentrates on biopsychosocial issues of transgender identity formation highlighting the need for support in light of interpersonal losses and societal discrimination. The final part reviews the friendship literature more generally, then specifically in relation to transgender persons. The review concludes by identifying an absence of friendship research with transgender individuals and suggesting directions for future research.

Section B describes a study carried out with seven trans men, which investigates discourses they use to construct friendships and negotiate intimacy within friendships. The paper provides a rationale for the study, describes how creative methodologies were used to gather data, and how interviews were analysed using Foucauldian Discourse Analysis. The findings of prominent discourses about friendships are discussed and highlight how friendships can become platforms in which power and privilege associated with (trans) masculinities are contested. Centralising discourses of friendships as sites for creative practices of intimacy and care are illuminated and implications for further research and clinical practice are discussed.

Finally, section C provides a critical appraisal of the study and offers the researcher's reflections on research skills developed, what she would do differently if she could do the project again, how the research may impact her clinically and what further research she would like to carry out.

## **List of Content**

### **Section A: Transgendersim and Friendhips: A Literature Review**

Abstract	11
Structure of the Paper	13
Historical Context of Transsexuality	13
Transition Process in the UK	16
Prevalence	17
Psychological Tasks for Transgendered Individuals	17
Discrimination, Transphobia and Mental Health	23
General Research on Friendships	25
Sexual Minority Friendships	25
Demarcations between Friendships and other close Relationships	26
Transgender Friendships	27
Summary of Transgender Friendships	30
Future Research	31
References	33

### **Section B: Trans Men and Friendships: A Foucauldian Discourse Analysis**

Abstract	46
Introduction	47
Methodology	52
Results	55
Discussion	73
Conclusions	77
References	78

### **Section C: Critical Appraisal**

Question 1	88
Question 2	90
Question 3	91
Question 4	93
References	95

## **List of Appendices**

Appendix 1: Search Strategy Methodology

Appendix 2: Submission Guidelines for Feminism & Psychology Journal

Appendix 3: Ethics Approval Letter

Appendix 4: Interview Schedule

Appendix 5: Participant Information Sheet and Consent Form

Appendix 6: Examples of Participants' Genograms

Appendix 7: Sample Transcript

Appendix 8: Letter to Ethics Panel about Completion of Research

Appendix 9: Poster Presentation

Appendix 10: Research Diary



Transgenderism and Friendships:

A Literature Review

Word Count: 5500



### Abstract

This paper provides a review of the literature on transgender people and their friendships. It outlines the historical context of transgenderism and its relationship to psychiatric diagnosis. The paper reviews the literature on biopsychosocial issues in relation to transgender identity, which include medical transition, identity formation, disclosure and mental health. The review suggests that transgender people are vulnerable to experience multiple psychological stressors in light of societal discrimination and transphobia; higher rates of mental health problems and losses of familial relationships being commonly reported. In view of these findings, the paper draws attention to transgender individuals needing increased support and thus reviews the role of friendships as one source of support.

A review of friendships in general, followed by sexual minority friendships and then friendships of transgender people highlights that friendship research of trans individuals is largely absent from the literature and has only been investigated as secondary to other psychological topics. However, these secondary findings suggest that friendships are vital in transgender people's lives, particularly in terms of mirroring, affirming and differentiating the desired transgender identity. Nonetheless, the review also indicates that friends can be experienced as rejecting and a source of threat. Additionally, the review illuminates that research on male-to-female trans individuals is dominant within the field, and there is a lack of research involving female-to-male trans people. Thus, the review concludes with suggestions for further research, which could explore friendship experiences of female-to-male individuals and draw on qualitative and non-pathologising methodologies.



## Transgenderism and Friendships

### **Structure of the Paper**

The present paper reviews the role of friendships in the lives of transgender identified individuals in the United Kingdom (UK) and the United States (US). The first part of this review will provide a historical context of transsexuality and its relationship to psychiatric diagnosis. Subsequent sections will discuss the process of sex/gender transition in the UK, report on prevalence rates and explore some of the psychological tasks involved in the transition process, which include identity formation, choices about physical changes and disclosure. Furthermore, vulnerabilities of transgender individuals in relation to discrimination, trans-phobia and mental health difficulties will be discussed and the need for support highlighted. Subsequently, the paper will focus on friendships as one possible source of support and will review the current literature on the role of friendships in the lives of transgendered people. Finally, the paper will conclude by identifying gaps in the literature and highlighting areas for further research.

### **Historical Context of Transsexuality**

Modern diagnosis of transsexuality started in the 1880s in Germany within the field of sexology. Transsexuality was seen to be interlinked with homosexuality in that men attracted to other men were seen to be like women, and women attracted to women were considered to be like men (Krafft-Ebing, 1888). Even though transvestism was a further category often confused with transsexualism, as early as 1910 Hirschfeld distinguished between these categories; the former involving cross-dressing with the knowledge of not being the opposite sex, and the latter consisting of people who considered themselves to be of the opposite sex – so called *metamorphosis sexualis paranoica* (as cited in Stryker & Whittle, 2006, p.33).

Harry Benjamin popularised the term ‘transsexual’ in English speaking countries through his publication *The Transsexual Phenomenon* in 1966. By that time transsexuality had shifted from a moral to a medical paradigm and the proposed aetiology of transsexuality ranged from mental illness, paranoia, psychosis, insanity (Krafft-Ebing, 1888; Hirschfeld, 1910 as cited in Stryker & Whittle, 2006, p. 28), genetic predisposition or adverse childhood events (Cauldwell, 1949) to perversion or repressed homosexuality (Wiedeman, 1953; Socarides, 1969). This medicalisation also led to the creation of research communities and gender identity clinics in the 1950s and 1960s in the United States (US) and the 1970s in the United Kingdom (UK). These clinics provided transsexual people with hormones and performed sex reassignment surgeries (SRS). In 1967, a change in the law allowed the performance of SRS in the UK. However, it was not until transsexualism was included in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* in 1980 (American Psychiatric Association [APA], 1980) that medical treatment for transsexual people became widely available and genital reassignment surgery was seen as legitimate treatment for a mental health issue rather than a cosmetic option (Pauly, 1992, p.3).

In the DSM-III, transsexualism was defined as a person showing a strong desire to change one’s physical sex characteristics and gender role continuously for at least two years (APA, 1980). Additionally, transsexualism was sub-coded in terms of sexual orientation, and a separate category was developed for children called gender identity disorder of childhood (GIDC). Treatments discussed included psychotherapy or SRS.

A number of controversies surrounded the inclusion of transsexualism as a new diagnostic category. The DSM-III was the first edition without the diagnosis of homosexuality, and some argue that the introduction of transsexualism and its relationship to sexual orientation in the DSM-III was a new way to pathologise homosexuality (e.g.

Richardson, 1999). However, this argument was denied by members of the DSM subcommittee (e.g. Zucker & Spitzer, 2005). A further criticism involved the rigid notions of gender. The transsexual diagnosis was based on the assumption that sex and gender were binary categories with clear divisions between male and female with the consequence that 'treatment' of transsexualism became strongly linked to SRS. Thus people who showed more gender ambivalent or diverse behaviours were not seen as 'true transsexuals' within these categories and were not deemed eligible for SRS. As a result transsexual individuals had to demonstrate extreme male or female gender normed behaviours and presentations in order to receive genital surgery (Denny, 1992).

In 1994, the DSM-IV created a new over-arching diagnosis, replacing the term transsexualism with gender identity disorder (GID). The term GID merged the previous diagnosis of transsexualism for adults and adolescents with GID for children into one diagnostic category (APA, 1994, 2000). The following components of GID must be present for a diagnosis: Firstly, strong and persistent cross-gender identification with the desire, or the insistence that one is of the other sex. Secondly, evidence of persistent discomfort about one's assigned sex or a sense of inappropriateness in the gender role of that sex. Thirdly, the diagnosis does not apply to anyone with a 'concurrent intersex condition' and finally, there must be evidence of clinical significant distress or impairment in social, occupational, or other important areas of functioning (APA, 2000). As in the DSM III, sexual attraction towards men or women needed to be specified for adults. People who do not fall within these criteria can be diagnosed as 'Gender Identity Disorder Not Otherwise Specified'.

Even though the diagnosis still plays an important role for legal recognition of gender variant people in the UK, there are some concerns with the current diagnosis. The diagnosis assumes that cross-gender identification itself is disordered (Wilson, 2002). Furthermore,

Winters (2000) argues that the diagnosis lacks reliability and is over-inclusive. For example, it does not distinguish between distress caused by the 'gender dysphoria'<sup>1</sup> or societal discrimination and prejudice (Winters, 2000).

In contrast to the DSM, influences of postmodernism and queer theory have provided a reconceptualisation of gender. Challenging the essentialist assumptions of the DSM, an increasing number of academics argued that gender is socially constructed and performative (e.g. Burr, 1995; Butler, 2004). As such, gender can be seen as learned cultural expressions, behaviours and performances, the sum of which we ascribe to a biological sex (Green, 2004, p. 4-5); a multiplicity of expressions, identities and performances being possible (Bolin, 1994, p.447-48). In the 1970s, these ideas were expressed through the increased usage of the term 'transgender'. Although initially the term described gender-variant people who did not want to undergo hormonal or genital reassignment procedures (Cromwell, 1999), over time it became an umbrella term for people who felt their gender identity did not match their assigned gender at birth. The term allowed for a wide range of idiosyncrasies in gender expressions, such as gender-queer, gender-warrior, bi-gendered etc., but also included transsexual gender identifications (Wilchins, 1997, 2002). Thus trans identities were not limited to hormonal or surgical procedures.

### **Transition Process in the UK**

In the UK, the Gender Recognition Act (2004) has been in operation since 2005. This act legally allows a person to 'transition' from female-to-male (trans man) or male-to-female (trans woman). After agreement by a Gender Recognition Panel, the transgendered person

---

<sup>1</sup> Lev (2004, p.10) defines 'gender dysphoria' as 'psychological discomfort experienced with the physiological body and associated gender expectations, as well as a presence of clinical symptomatology associated with emotional difficulties'.

receives a Gender Recognition Certificate (GRC) and a new birth certificate to legally recognise the new 'acquired gender'. The UK Act is one of a few worldwide where trans individuals do not require surgical or hormonal treatment to obtain a GRC. The Gender Recognition Panel base their decision of recognition of the 'acquired gender' on a diagnosis of 'gender identity disorder' or 'gender dysphoria'. The panel asks for two medical reports, one of which must be from a doctor or chartered psychologist specialising in the area of gender dysphoria. Additionally, the individual must have lived in the new gender role for at least two years prior to application.

### **Prevalence**

The prevalence of GID is debated, but research indicates that there is an upward trend with a current increase of 12% each year in the UK (Gender Identity Research and Education Society [GIRES], 2009). Currently, reports suggest that one in 4000 people receive medical treatment for gender identity issues in the UK (GIRES 2009), whereas a Swedish review estimates the prevalence of GID to 0.15-1.58 per 100 000 (Olsson & Moller, 2003). In the US, the APA estimates the prevalence to be 1 in 65 000, whereas Conway (2002) proposes that 1 in 500 people show GID in the US. There are weaknesses regarding these surveys and confusions of classification between different countries. With the exception of Conway (2002), the rates only include people who seek medical intervention through the health service. Thus, the reports do not include people who use private means of obtaining medication or surgery. Overall, the estimates differ greatly, indicating there are higher levels in the community than indicated through reports obtained from health institutions.

### **Psychological Tasks for Transgendered Individuals**

Despite the fact that not all gender variant people physically ‘transition’, they still undergo a number of psychological tasks and decision-making processes in order to integrate their gender identity. These can include identity formation and acceptance, making choices about physical changes and disclosure.

### **Identity Formation and Acceptance**

Most research exploring this topic is qualitative in nature and suggests that individuals go through a number of processes before a transgender identity is accepted and integrated. Many experience a sense of initial confusion and gender dissonance when their perceived sense of self does not match their biological sex. Research on male-to-female (MtF) transsexual people indicates that many learn from an early age that non-conformist gender behaviours (e.g. cross-dressing) are inappropriate, which frequently leads them to conceal a transgendered identity, isolate themselves or enact a hyper-masculine persona (Gagne, Tewksbury & McGaughey, 1997; Gagne & Tewksbury, 1998). They are aware of stigma surrounding transsexuality and may blame themselves and internalise trans-phobic beliefs (Gagne, Tewksbury & McGaughey, 1997). Similarly, in his sample of mostly female-to-male (FtM) individuals, Devor (2004) reports that many find it difficult to manage their anxiety about not fitting in (e.g. not being interested in the same things as other girls) or feeling out of place socially; frequently oscillating between conforming their gender expression to social expectations versus the need for self-expression.

With a few exceptions (e.g. Devor, 2004; Nuttbrock, Rosenblum & Blumenstein, 2002), models addressing the identity formation of gender variant people are limited. Nuttbrock et al. (2002) propose a conceptual framework of transgender identity development in the context of social relationships, including four processes: awareness, performance, congruence and support of identity. The authors propose that the support of the transgender

identity by others plays a crucial role to the transgender person in accepting their identity, which can impact on their mental health. Although the model is not empirically validated, it suggests the importance of interpersonal reciprocity in identity development, which is also a foundation of Devor's 14 stage model of transsexual or transgender identity formation (Devor, 2004).

Devor's 14 stage model has adapted Cass's framework of lesbian and gay development (Cass, 1979, 1984) and is based on qualitative research with mostly female-to-male transgender people (Devor, 2004). Devor emphasises the role of two social processes underlying identity development: witnessing and mirroring. Witnessing involves others seeing and recognising who we think we are, and mirroring refers to seeing oneself in another person who is similar (Eliason & Schope, 2007). The model proposes that transgender and transsexual individuals experience initial anxiety and confusion, because others seldom witness their sense of gender identity. However, Devor argues that this sense of discomfort is eventually replaced by self-acceptance and identity integration when the gender variant individual seeks information, makes contact and reality tests their own transgendered identity with other trans-identified people, who witness and mirror them accordingly.

One of the strengths of the model consists of its theory being drawn from research with actual transgender people. Mallon (1999) argues that traditional identity development models, such as Erikson's model of identity formation, are not appropriate for gender variant people because traditional gender assumptions and biological frameworks stigmatise transgendered identity emergence. Nevertheless, the model has some limitations. The author acknowledges that it may not be applicable to all transgendered people, because they have a range of unique experiences and idiosyncratic pathways. However, the model assumes that the psychological stages of transsexual identity formation are equal for FtMs and MtFs, but

the gender trajectories may be very different for both groups. Since the model suggests that interactive processes are very important in identity formation, it is likely that wider issues of privilege, power and socialisation intersect differently with birth-assigned males or females. Additionally, stage models in general assume that the final stage is the best outcome, thereby privileging outcome over process and suggesting there is a 'best identity' (Cox & Gallois, 1996).

### **Choices about Physical Changes**

Choices about external gender presentation are areas most trans-identified people engage with. This is not surprising given that a 'real life test' (living as the other sex) is compulsory prior to recognition of the desired gender. Even though not all gender variant people choose to permanently modify their bodies, most investigate this avenue (Lev, 2004, p. 259). Within the medical field gender reassignment surgery refers to all of the surgical interventions a transgendered person will receive in order to present as the desired sex, whereas sex reassignment surgery solely concerns the construction of the genital area (Selvaggi & Bellringer, 2011). In the UK, gender reassignment can be obtained within the National Health Service (NHS), and can involve feminising or masculinising hormone treatment and a range of surgical procedures such as mammoplasty and/or vaginoplasty for MtFs and chest reduction and/or phalloplasty for FtMs (Tacconelli, 2008; Department of Health [DoH], 2008). Often transgender people become involved with psychological services at this stage, because, in line with standards of care, the World Professional Association for Transgender Health (WPATH) stipulates that no gender surgical procedure should be carried out without prior psychological assessment or evaluation (WPATH, 2001). Interestingly, despite involvement with services, Rachlin (1999) found that FtM clients relied

mostly on information from other FtMs when deciding whether and what kind of surgery to obtain.

Some trans-identified people do not have genital surgeries, and they reveal variability in the gender presentations they choose. For example, trans men frequently choose to rely on testosterone treatment without genital surgery, because surgical procedures for phalloplasty are not as advanced as genital surgeries for trans women (Lev, 2004, p. 261). Some trans people cannot have genital surgeries for medical reasons. Additionally, within mainstream media, the US story of ‘the pregnant men’ pushed boundaries further, when a trans man chose to keep his female reproductive organs in order to have children (Barkham, 2008). However, testosterone often achieves desired effects for alteration of secondary characteristics and trans men can ‘pass’ in public. Although this is not necessarily the goal for every trans person, because some enjoy gender fluidity or flexibility, generally trans men find it easier to ‘pass’ than trans women (Lev, 2004).

Psychosocial outcomes of gender confirmation surgeries have been investigated and shown the following findings. Research indicates that ‘passing’ and satisfactory surgical procedures are linked to psychosocial adjustment in trans women (Ross & Need, 1989; Rakie, Starcevic, Marie & Kelin, 1996). Furthermore, a Swedish study has identified poor support from families as risk factors for post-surgical regret (Landen, Walinder, Hambert & Lundstrom, 1998). However, overall post-surgical regret is not commonly reported by trans men and women (Carroll, 1999; Lawrence, 2003). Decisions about body modifications are clearly important aspects in transgender emergence (Lev, 2004), even though gender presentation also involves assimilation of dominant and cultural practices of gender embodiment such as actions, postures or styles of communication (Johnson, 2007).

## Disclosure

Existing literature on disclosure of gender variant identity is largely based on small scale qualitative studies. Topics of investigation include relationship maintenance and challenges for couples, children, family of origin and friends after 'coming out'. Generally, most transgender individuals find initial disclosure of their gender identity to others frightening and intimidating (Gagne et al. 1997; Lev, 2004). The fears are not unfounded, given that transgender identities are generally not well understood in mainstream society and frequently face ridicule and discrimination (Gagne & Tewksbury, 1998). Many may have already reached out to support groups, obtained information or made contact with other transgender people over the internet before coming out to significant others (Lev, 2004, p.248). Gagne et al. (1997) found that their sample of 65 MtF transgender people were fearful about firstly, how they would be treated by others, and secondly, how the other person would cope with the disclosure. However, only a small proportion of the people interviewed reported negative responses after their first disclosure. The authors argue this was a result of participants being selective about who they told (choosing someone who was more sympathetic) and laying the groundwork before coming out (Gagne et al. 1997). However, findings from the same sample indicated that over time a majority of people experienced either losses of relationships with friends and family members; rejection or distancing by families being the norm (Gagne & Tewksbury, 1998).

Further studies have explored the impact on couple relationships post disclosure. They found that female partners of MtF transsexual people responded with feelings of shock, anger and betrayal, but partners also thought disclosure could strengthen their relationship (Gurvich 1991). In another study, Alegria (2010) interviewed 17 couples of MtF transsexual individuals and their natal female partners. She found that disclosure made the female

partners question the impact on their own sexual identity and the future of their relationship; particularly because their relationships had been established on the basis of cisgendered<sup>2</sup> identities. The participants also identified activities which helped the couple to overcome the challenges following disclosure. These included open communication, positivity, engaging with supportive social networks, managing public impressions strategically, cultivating self-talk which framed the relationship in a positive way and social activism (Alegria, 2010). Some of the limitations of the study, as pointed out by the author, included age and length of relationships. Most of the participants were above 50 years of age and had been in the relationship for an average of 16 years. Cohort effects mean younger couples may use different relationship maintenance strategies or respond differently to disclosure. Finally, a study of lesbian relationships, where one partner discloses FtM identity, indicates disclosure can bring up challenges for the lesbian partner in terms of sexuality, relationship and future (Joslin-Roher & Wheeler, 2009). Stresses regarding public presentation and losing support from their lesbian communities were also reported during transition.

Thus, overall these findings suggest that disclosure is a stressful time for transgender people and people close to them, making trans individuals vulnerable to loss of family or community support.

### **Discrimination, Transphobia and Mental Health**

Gender variant individuals need resilience and support to manage potentially stressful intra- and interpersonal experiences. The impact of minority stress has mainly been discussed in relation to minority sexualities and ethnicities (Lehavot & Simoni, 2011; Wei et al., 2010), but also applies to transgender people. A number of studies in the UK and US highlight high

---

<sup>2</sup> Cisgender refers to someone who lives and identifies as the sex they were assigned at birth (Serano, 2007)

incidences of transphobic verbal abuse, threatening behaviour, physical abuse and sexual abuse in public spaces (e.g. GIRES 2009; Lombardi, Wilchins, Priesing & Malouf, 2001). The result of stigma and discrimination are further visible in relation to employment, transphobic crime, poverty, social isolation and the impact on mental health (e.g. Minter & Daley, 2003; Nuttbrock et al., 2010; Nemoto, Operario, Keatley & Villegas, 2004). Links between poverty, isolation and the development of mental health difficulties are widely acknowledged in the psychology literature (e.g. Gupta & Huston, 2009; Rutter & Smith, 1999).

Indeed, several American studies found a higher prevalence of mental health difficulties in this group. Research amongst gender variant people presenting at gender identity clinics show higher levels of depression and anxiety than the general population. Large scale community-based surveys also found higher rates of depression. For instance, in a study of 515 transgender people, Clements-Nolle, Marx, Guzman and Katz (2001) found that 62% of MtFs and 55% of FtMs were depressed. Moreover, one third of the transgender individuals reported to have tried to commit suicide at least once. Furthermore, in a large scale study using participatory research, Nuttbrock et al. (2010) investigated the link between gender-related abuse on mental health in MtFs at different life stages. They found a strong link between gender-related abuse and depression during adolescence and early adulthood, but a weaker link in later life stages. The authors suggest the discrepancy may be a result of better coping mechanism and smaller prevalence of abuse in later life. Nevertheless, the impact of gender-related abuse on feeling suicidal was strong across the life span.

These research findings clearly highlight that transgender people can be vulnerable in terms of societal and individual stressors, and robust support is vital. The literature discusses different relational sources of support for gender variant people, which include professional,

partner, family and social relationships (Lev, 2004). The current paper will focus on one potential source of support and will review the role of friendships in the lives of adult transgendered individuals in the UK and the US. Prior to turning to this area of research, it is useful to provide a general background of research findings on friendship.

### **General Research on Friendships**

To a large extent, friendship research in psychology has focused on the friendship patterns amongst heterosexual people. Considerable attention has been given to sex differences in the function and the maintenance of friendships. The findings suggest that men tend to have more activity-based friendships (e.g. Caldwell & Peplau, 1982), whereas women tend to be more affectionate and emotionally expressive in same-sex friendships (e.g. Duck & Wright, 1993). However, heterosexist bias underpinning this area of research has been highlighted by various authors (e.g. Kitzinger & Perkins, 1993; Rose, 2000). An increase of research over the last two decades exploring friendship patterns amongst sexual minority individuals indicates that friendships in these groups can differ to those in the heterosexual population.

### **Sexual Minority Friendships**

In comparison to heterosexual friendships, sex differences do not manifest as clearly in sexual minority friendships. Using self-report questionnaires, lesbian women and gay men reported equal levels of self-disclosure, activity and emotional expression in their friendships, thus displaying no sex differences in this area (Nardi & Sherrod, 1994). Reasons for similar expressions of friendships in sexual minority groups could be linked to more fluid notions of masculinity or femininity in this population. As Weinstock (1998, p. 124) notes, gender identity and gender-related role behaviour have rarely been explored as separate from

biological sex identity within friendship research. Furthermore, less representation of LGB lives in popular culture may mean there are fewer social scripts and norms available to follow. As a result, LGB individuals may have greater freedom to express and experiment with wider ranges of friendship roles and performances, which may be less bound by traditional notions of gender expression.

### **Demarcations between Friendships and other close Relationships**

Friendships have been compared to other intimate relationships. Typically, friendships are portrayed to take a hierarchically subordinated position to intimate partner relationships (Rose, 2000). Some argue this is a result of the cultural significance attributed to sex (e.g. Rubin, 1984). Indeed, sexual contact is commonly understood to be a distinct feature of heterosexual partner relationships, whereas friendships tend to be conceptualised as non-sexual relationships which prioritise self-disclosure and intimacy (Rose, 2000). However, some researchers have challenged the assumptions of normativity underlying these hierarchical notions of friendship (e.g. Shepperd, Coyle, Hegarty, 2010).

Findings from lesbian and gay friendships show that the demarcations between friendships and sexual or family relationships are more fluid and complex than in heterosexual people (Peplau & Fingerhut, 2007). Indeed, Kitzinger and Perkins (1993) argue that the demarcations between lovers and friends are artificial and propose that friendships are love relationships. Research tends to support these propositions. For instance, lesbian and gay people are more likely to stay friends with ex-partners (Harkless & Fowers, 2005; Weinstock, 2004). Furthermore, in Nardi and Sherrod's study (1994) gay men were more likely to have had sex with close friends, whereas lesbian women were more likely to define their current or ex-partner as their best friend.

The demarcations of friendships have also been investigated in relation to family of origin. The concept of ‘family of choice’ is frequently used to describe strong ties within lesbian, gay, bisexual and transgender (LGBT) community friendships. These ties extend beyond the biological family and can include family of origin, friends, lovers, ex-lovers, adoptive parents etc. (Weeks, Heaphy & Donovan, 2001), or these friendship networks can be replacements for often rejecting families of origin (Weinstock, 1998).

Since research indicates there are differences between heterosexual and LGB friendships on the one hand, and differences between lesbian and gay friendships on the other, it is plausible to conclude that sexual orientation may impact friendship dynamics. It is thus likely that sexual orientation may also raise questions for transgender people and their friends, as they may need to negotiate sexual attraction during the course of transgender identity formation. Consequently, the generalisability of friendship research and theories, which are predominately based on heterosexual individuals, may not be applicable to transgender people. Instead, friendship processes for transgender people may differ from those involving heterosexual people and perhaps also differ to LGB friendships.

### **Transgender Friendships**

Despite calls by researchers such as Weinstock (1998) to expand friendship research to transgender people, friendship experiences of transgender individuals have been under-researched. So far, the importance of friends in transgender persons’ lives has mainly transpired through investigation of other topics. Several qualitative studies have illuminated the importance of friendships when exploring processes of transgender identity formation and disclosure (Lee, 2001, Johnson 2007, Gagne & Tewksbury, 1998, Gagne et al. 1997, Alegria, 2010).

Firstly, research indicates that some friendships can help FtM individuals to differentiate their gender identity from other identities available. For example, Lee (2001) compared lesbian women's with FtM's stories of identity. The research was very relevant given that many FtMs seem to identify as lesbian women initially. The study has pointed out that lesbian friendships are particularly important for FtMs, because these friendships help FtMs to define who they are not. The interviews indicate that through interactions with lesbian individuals, FtMs realised they were not lesbian women, but considered themselves to be on the FtM spectrum. Lee (2001) has used the concept of 'othering' to describe this process whereby an identity is recognised and defined by being 'other', befitting to philosophical notions for the need of the 'other' to define the 'self' (e.g. De Beauvoir, 1949/1972).

Secondly, findings indicate that friends play a crucial role in supporting and affirming the desired gender identity. Similar to Lee's (2001) study, the 'other' is also important in the qualitative study carried out by Gagne and her colleagues (Gagne et al. 1997; Gagne & Tewksbury, 1998). They interviewed 65 MtF transsexual people at different stages of the transgender spectrum about their transgender experiences throughout their lives. The authors concluded that interaction with others has a crucial affirmative function in the attainment of a new authentic gender identity; kinship networks, support groups and families of choice being particularly important.

In addition, researchers have compared to what extent gender identity is affirmed across different types of relationships. In a large scale cross-sectional study, Nuttbrock et al. (2009) interviewed over 500 MtF transgendered people about their experiences of gender identity affirmation within different kinds of relationships throughout their lives. The authors conceptualised gender affirmation as consisting of two dimensions: gender identity disclosure

and desired gender role casting (to be treated in the preferred gender identity), however the theoretical basis of these dimensions was not provided or evident from the study. They asked participants retrospectively to talk about gender identity disclosure and desired gender role casting as experienced with parents, siblings, long-term sexual partners, friends, fellow students or co-workers.

Focusing first on disclosure and friends, approximately 40% of the younger group (age 19-39) and 28% of the older group (age 40-59) disclosed their gender identity to all of their friends during early adolescence; both groups steadily increased their rates of disclosure by about 40% throughout their life time. Only disclosure to sexual partners has a higher rate. When it comes to desired gender role casting and friends, this also increased marginally over time in both groups; approximately 89% and 86% of participants reported being treated in their preferred gender identity by their friends in the most recent life stages. The data suggest that friends are more likely to express desired gender role casting than sexual partners or family members. The authors conclude, it may be easier to be achieved in acquired than in family relationships.

However, in Nuttbrock et al.'s (2009) study, desired gender role casting was only rated if the MtF participants had come-out to a person. Choice may have been a confounding variable, because participants were less likely to have had a choice about coming out to families than to friends. As past research by Gagne et al. (1997) suggests, transgender people may only decide to come out to friends who they deem not to be critical. This could account for the higher reports of gender affirmation through friendships in Nuttbrock's et al. (2009) study. Strengths of the study consist of the large sample size, analysis of gender affirmation across different life stages, but also taking account of cohort effects by stratifying the sample into a younger and older group.

Finally, in addition to studies indicating that friendships fulfil an affirmative and supportive function, they can also be a source of threat for transgender individuals. For example, the accounts of seven MtF and seven FtM participants in Johnson's (2007) study show that close relationships can be experienced as affirmation or as disavowal of transitioning. Johnson argues transgender people use two strategies to account for self-hood during their transgender emergence; one involving 'being a new person' and negating the past self, the other involving 'being the same person' and thus adapting a self-continuity strategy. She suggests friends can act as mirrors and reflect the 'new' self. Alternatively, friends can become too threatening when they represent mirrors which show a gendered self no longer wanted from the past. From Johnson's (2007) descriptions it appears that some of the transgender participants in the study discontinue their social relationships, because the non-recognition of their acquired gender identity can lead to fractures in their sense of self.

Similarly, support and rejection were also experienced by US participants in a study carried out by Alegria in 2010. The researcher interviewed 17 MtF and their natal female partners. Qualitative analysis of questionnaires and semi-structured interviews revealed that social networks were one of the main beneficial factors which helped 33 out of 34 participants to manage disclosure and transition. The author also reported that the lesbian community was very welcoming to the MtF participants, because they transitioned to same-sex couple status. In contrast, previous reports have indicated that some trans men and their female partners have experienced rejection by lesbian networks (Joslin-Roher & Wheeler, 2009).

### **Summary of Transgender Friendships**

Despite a growing literature on friendship and recommendations to explore transgender friendships further, this review has highlighted that research explicitly addressing

transgender people's friendships is virtually non-existent. Friendships of gender variant people are predominately addressed as small parts or add-ons of other subject areas. The findings of those studies which include friendships of transgender individuals have focused on areas of disclosure and transgender identity formation. They suggest that friends are particularly important during those times in a number of ways. Friendships have the potential to help trans people compare and differentiate their gender identities. Furthermore, friends can become vital 'mirrors', who affirm and recognise the acquired gender, often more so than families or partners. By contrast, trans individuals can experience friends as rejecting and may terminate such friendships. Group membership may also be important in that lesbian communities appear to show differential responses to trans women and men following transition, with trans men being vulnerable to be rejected by lesbian communities.

However, we know little about the dynamic and reciprocal processes involved in the friendship processes of trans communities. Furthermore, we have little information how friend relationships change and develop over time, beyond times of disclosure or transgender identity formation. Finally, research on transgender friendships, in line with the general literature on transgenderism, is heavily weighted towards trans women, and may be less reflective of trans male communities.

### **Future Research**

In view of the gaps identified, future research is needed which specifically focuses on transgender friendships. Given the lack of visibility of trans men in the literature, which has received criticism from FtM communities (e.g. Cromwell, 1999), further research could explore trans men's friendships. In addition, forthcoming research would need to pay attention to the historical context of transgender people, which predominately used clinical samples and positioned trans individuals within pathologising discourses and practices.

Thus, further studies would benefit from approaching community samples and applying a sensitive methodological approach, which allows for questioning and situating findings within wider societal practices. Discourse analytic approaches may be particularly well suited for this reason. Finally, from an epistemological position, discourse analytic methodologies would also be in line with current understandings of gender as being sculpted by language and hierarchies of power.

### References

- Alegria, C. A. (2010). Relationship challenges and relationship maintenance activities following disclosure of transsexualism. *Journal of Psychiatric and Mental Health Nursing*, 17, 909-916.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (Third edition). Washington, DC: APA.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (Fourth edition). Washington, DC: APA.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Fourth edition, Text revision). Washington, DC: APA.
- Barkham, P. (2008). 'Being a pregnant man? It's incredible'. *The Guardian*. Retrieved from <http://www.guardian.co.uk/lifeandstyle/2008/mar/28/familyandrelationships.healthandwellbeing>
- Benjamin, H. (1966). *The transsexual phenomenon*. New York, NY: The Julian Press.
- Bolin, A. E. (1994). Transcending and transgendering: Male to female transsexuals, dichotomy, and diversity. In G. Herdt (Ed.), *Third sex, third gender: Essays from anthropology and social history* (pp. 447-485). New York: Zone Publishing.

Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.

Butler, J. (2004). *Undoing gender*. London: Routledge.

Caldwell, M. A., & Peplau, L. A. (1982). Sex differences in same-sex friendship. *Sex Roles*, 8(7), 721-732.

Carroll, R. (1999). Outcomes of treatment for gender dysphoria. *Journal of Sex Education and Therapy*, 24, 128-136.

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235.

Cass, V. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Homosexuality*, 20 (2), 143-167.

Cauldwell, D. O. (1949). Psychopathia transexualis. *Sexology*, 16, 274-280. Retrieved from [http://www.wpath.org/journal/www.iiav.nl/eazines/web/IJT/97-03/numbers/symposion/cauldwell\\_02.htm](http://www.wpath.org/journal/www.iiav.nl/eazines/web/IJT/97-03/numbers/symposion/cauldwell_02.htm)

Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health*, 91(6), 915-921.

Conway, L. (2002). How frequently does transsexualism occur? Retrieved from

<http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html>

Cox, S., & Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality*, 30(4), 1-30.

Cromwell, J. (1999). *Transmen & FTMs: Identities, bodies, genders & sexualities*. Chicago: University of Illinois Press.

De Beauvoir, S. (1972). *The second sex*. (H. M. Parshley, Trans.). New York: Penguin. (Original work published 1949).

Denny, D. (1992). The politics of diagnosis and a diagnosis of politics: The university-affiliated gender clinics, and how they failed to meet the needs of transsexual people. *Chrysalis Quarterly*, 1, 9-20.

Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. In U. Leli and J. Drescher (Eds.), *Transgender subjectivities* (pp. 41-67). New York, NY: The Haworth Press.

DoH. (2008). *Guidance for GPs, other clinicians and health professionals on the care of gender variant people: Transgender wellbeing and healthcare*. London: DoH.

Duck, S., & Wright, P. H. (1993). Reexamining gender differences in same-gender friendships: A close look at two kinds of data. *Sex Roles*, 28, 709-727.

- Eliason, M. J., & Schope, R. (2007). Shifting sands or solid foundation? Lesbian, gay, bisexual, and transgender identity formation. *The Health of Sexual Minorities*, 1, 3-26.
- Gagne, 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.
- Gagne, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45(1), 81-101.
- Gender Recognition Act, c.7 (2004). Retrieved from [http://www.legislation.gov.uk/ukpga/2004/7/pdfs/ukpga\\_20040007\\_en.pdf](http://www.legislation.gov.uk/ukpga/2004/7/pdfs/ukpga_20040007_en.pdf)
- GIRES (2009). *Gender variance in the UK: Prevalence, incidence, growth and geographic distribution*. London: GIRES.
- Green, J. (2004). *Becoming a visible man*. Nashville: Vanderbilt University Press.
- Gupta, A. E., & Huston, A. C. (2009). Depressive symptoms and economic outcomes of low-income women: A review of the social causation, social selection, and interactionist hypotheses. *Social Issues and Policy Review*, 3(1), 103-140.
- Gurvich S. E. (1991). The transsexual husband: The wife's experience [Abstract]. *Dissertation Abstracts International*, 52-08A, 3089.

Harkless, L. E., & Fowers, B. J. (2005). Similarities and differences in relational boundaries among heterosexuals, gay men, and lesbians. *Psychology of Women Quarterly*, 29, 167-176.

Hirschfeld, M. (1910). Selections from the transvestites: The erotic drive to cross-dress. In S. Stryker and S. Whittle (Eds.), *The transgender studies reader* (pp. 28-39). New York, NY: Routledge.

Johnson, K. (2007). Changing sex, changing self: Theorizing transitions in embodied Subjectivity. *Men and Masculinities*, 10(1), 54-70.

Joslin-Roher, E., & Wheeler, D. (2009). Partners in transition: The transition experience of lesbian, bisexual, and queer identified partners of transgender men. *Journal of Gay and Lesbian Social Services*, 21, 30-48.

Kitzinger, C., & Perkins, R. (1993). *Changing our minds: Lesbian feminism and psychology*. London: Onlywomen Press.

Krafft-Ebing, R. (1888). *Psychopathia sexualis: The complete English language translation*. New York, NY: Arcade Publishing.

Landen, M., Walinder, J., Hambert, G., & Lundstrom, B. (1998). Factors predictive of regret in sex reassignment. *Acta Psychiatrica Scandinavica*, 97, 284-289.

Lawrence, A. A. (2003). Factors associated with satisfaction and regret following male-to-

- female sex reassignment surgery. *Archives of Sexual Behavior*, 32, 299-315.
- Lee, T. (2001). Trans(re)lations: Lesbian and female to male transsexual accounts of identity. *Women's Studies International Forum*, 24(3/4), 347-357.
- Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology*, 79(2), 159-170.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. London: Routledge.
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101.
- Mallon, G.P. (1999). Knowledge for practice with transgendered persons. *Journal of Gay and Lesbian Social Services*, 10(3/4), 1-18.
- Minter, S., & Daley, C. (2003). *Trans realities: A legal needs assessment of San Francisco's transgender community*. San Francisco: National Center for Lesbian Rights. Retrieved from <http://www.nclrights.org/publications/transrealities0803.htm>
- Nardi, P. M., & Sherrod, D. (1994). Friendship in the lives of gay men and lesbians. *Journal of Social and Personal Relationships*, 11, 185-199.

Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care*, 16(6), 724-735.

Nuttbrock, L., Rosenblum, A., & Bluenstein, R. (2002). Transgender identity affirmation and mental health. *The International Journal of Transgenderism*, 6(4). Retrieved from [http://www.wpath.org/journal/www.iiav.nl/eazines/web/IJT/97-03/numbers/symposion/ijtvo06no04\\_03.htm](http://www.wpath.org/journal/www.iiav.nl/eazines/web/IJT/97-03/numbers/symposion/ijtvo06no04_03.htm)

Nuttbrock, L. A., Bockting, W. O., Hwahng, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy*, 24(2), 108-125.

Nuttbrock, L. A., Hwahng, S., Bockting, W. O., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47(1), 12-23.

Olsson, S., & Moller, A. (2003). On the incidence and sex ratio of transsexualism in Sweden. *Archives of Sexual Behavior*, 32, 381–386.

Pauly, I. B. (1992). Terminology and classification of gender identity disorders. In W. O. Bockting and E. Coleman (Eds.), *Gender dysphoria: Interdisciplinary approaches in clinical management* (pp. 1-14). Binghamton, NY: The Haworth Press.

Peplau, L. A., & Fingerhut, A. W. (2007). The close relationships of lesbians and gay men.

Annual Review of Psychology, 58, 405-424.

Rachlin, K. (1999). Individual's decisions when considering female-to-male genital reconstructive surgery. *International Journal of Transgenderism*, 3(3). Retrieved from <http://www.wpath.org/journal/www.iiav.nl/eazines/web/IJT/97-03/numbers/symposion/ijt990302.htm>

Rakie, Z., Starcevic, V., Marie, J., & Kelin, K. (1996). The outcome of sex reassignment surgery in Belgrade: 32 patients of both sexes. *Archives of Sexual Behavior*, 25(5), 515-525.

Richardson, J. (1999). Response: Finding the disorder in gender identity disorder. *Harvard Review of Psychiatry*, 7, 43-50.

Rose, S. (2000). Heterosexism and the study of women's romantic and friend relationships. *Journal of Social Sciences*, 56, 315-328.

Ross, M. W., & Need, J. A. (1989). Effects of adequacy of gender reassignment surgery on psychological adjustment: A follow-up of fourteen male-to-female patients. *Archives of Sexual Behavior*, 18(2), 145-153.

Rubin, G. (1984). *Thinking sex: Notes for a radical theory of politics and sexuality*. In C. S. Vance (Ed.), *Pleasure and danger: Exploring female sexuality* (pp. 267-319). London: Pandora Press.

Rutter, M., & Smith, D. (1995). *Psychosocial disorders in the young: Time trends and their causes*. Chichester, UK: John Wiley and Sons.

Selvaggi, G., & Bellringer, J. (2011). Gender reassignment surgery: An overview. *Nature Reviews Urology*, 8, 274-282.

Serano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. New York: Seal Press.

Shepperd, D., Coyle, A., & Hegarty, P. (2010). Discourses of friendship between heterosexual women and gay men: Mythical norms and an absence of desire. *Feminism & Psychology*, 20(2), 205-224.

Socarides, C. W. (1969). The desire for sexual transformation: A psychiatric evaluation of transsexualism. *American Journal of Psychiatry*, 125 (10), 1419-1425.

Tacconelli, E. (2008). Supporting transsexual clients. *Clinical Psychology Forum*, 187, 17-21.

Weeks, J., Heaphy, B. & Donovan, C. (2001). *Same sex intimacies: Families of choice and other life experiments*. London: Routledge.

Wei, M., Liao, K. Y., Chao, R. C., Mallinckrodt, B., Tsai, P., & Botello-Zamarron, R. (2010). Minority stress, perceived bicultural competence, and depressive symptoms among ethnic minority college students. *Journal of Counselling Psychology*, 57(4), 411-422.

Weinstock, J. S. (1998). Lesbian, gay, bisexual, and transgender friendships in adulthood. In C. J. Patterson & A. R. D'Augelli (Eds.), *Lesbian, gay, and bisexual identities in families* (pp. 122-153). Oxford: Oxford University Press.

Weinstock, J. S. (2004). Lesbian FLEX-ibility: Friend and/or family connections among lesbian ex-lovers. *Journal of Lesbian Studies*, 8(3/4), 193-238.

Wiedeman, G. H. (1953). Letter to the editor. *Journal of the American Medical Association*, 152, 1167.

Wilchins, R. (1997). *Read my lips: Sexual subversion and the end of gender*. Ann Arbor, MI: Firebrand Books.

Wilchins, R. (2002). Gender rights are human rights. In J. Nestle, C. Howell and R. Wilchins (Eds.), *Genderqueer: Voices from beyond the sexual binary* (pp.289-297). Los Angeles, CA: Alyson Publications.

Wilson, K. (2002). DSM-IV-TR: Gender identity disorder in adolescents and adults. [GIDreform.org](http://www.gidreform.org): Challenging psychiatric stereotypes of gender diversity. Available from <http://www.gidreform.org/gid30285.html>

Winters, K. (2000). Issues of GID diagnosis for transsexual women and men. *GID Reform Advocates*. Retrieved from <http://www.gidreform.org/GID30285a.pdf>

WPATH (2001). *The Harry Benjamin International Gender Dysphoria Association's*

standards of care for gender identity disorders, sixth version. Retrieved from  
<http://www.wpath.org/Documents2/socv6.pdf>

Zucker, K. J., & Spitzer, R. L. (2005). Was the gender identity disorder of childhood diagnosis introduced into DSM-III as a backdoor manoeuvre to replace homosexuality? A historical note. *Journal of Sex & Marital Therapy*, 31 , 31-42.

Trans Men and Friendships:  
A Foucauldian Discourse Analysis

Word Count: 8000

For submission to *Feminism & Psychology: An International Journal*<sup>3</sup>.

---

<sup>3</sup> In line with the journal's submission guidelines, the references follow the Harvard system.



## Trans Men and Friendships

### **Abstract**

While research focusing on friendships of sexual minority individuals has increased over the last two decades, studies of transgender persons' friendships have been largely absent. Given that trans individuals are vulnerable to a range of psychological stressors in the context of societal lack of understanding and discrimination, friendships may be particularly important. This study explored the gap in the friendship literature and drew on creative methodologies (drawing of systems maps) that offered empowering strategies to facilitate trans men's stories of friendships. Foucauldian Discourse Analysis was applied to analyse discourses of friendship and gender identity. Dominant discourses identified included 'friends as family', 'romantic love', 'equality and reciprocity', 'change in lesbian friendships' and 'disowning male privilege'. The results indicate that trans men elevate the status of friends to those of other culturally dominant relationships (e.g. biological family or sexual partner). Furthermore, their friendships, in particular lesbian friendships, can become complex platforms from which to contest privilege and power associated with their (trans) masculinities. Implications for further research and clinical practice are discussed.

**Key Words:** friendship, discourse analysis, transgender, trans man, masculinity, creative methodology, gender identity

## Introduction

Friendships may be particularly important for transgender<sup>4</sup> individuals, as they experience multiple stressors and vulnerabilities based exclusively on their gender identification. Although friendship research on sexual minority groups has increased over the last twenty years (e.g. Nardi and Sherrod, 1994; Weinstock, 1998; Shepperd et al. 2010), little is known about transgender people's friendships and the experiences of trans men are particularly absent in the literature (Cromwell, 1999).

### Minority Stress and Mental Health

Even though gender identity disorder is still classified as a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association [APA], 2000), some vulnerabilities of transgender persons can be understood within wider societal factors of transphobic oppression and discrimination. The theory of minority stress proposes that gay and lesbian people are exposed to chronic stress and stigma as a result of their minority status (Brooks, 1981). Although this theory has predominately been discussed in relation to minority sexualities and ethnicities, it also applies to transgender individuals. For example, research in the United Kingdom (UK) and United States (US) has shown that a large number of transgender people experience transphobic abuse, including verbal, physical and sexual abuse (e.g. GIRES, 2009; Lombardi et al. 2001). In addition, results of stigma and discrimination have been highlighted in areas of employment, poverty and social isolation (Minter and Daley, 2003; Nuttbrock et al. 2010; Nemoto et al. 2004).

---

<sup>4</sup> The term transgender is evolving, but is generally an umbrella term for people whose gender identifications or expressions fall outside the norm and differ to their biological sex assigned to them at birth (GIRES, 2009; Boehmer, 2002). The term allows for a multiplicity of social identities, performances and practices (Butler, 2004), which include transsexual, MtF (male-to-female), FtM (female-to-male), genderqueer, trans, intersexed, cross dressers amongst other gender variant identities (Lev, 2004).

Furthermore, a study of MtF participants indicates that over time, trans women experience losses and distancing from friends and family members following disclosure; rejection by their family being the norm (Gagne and Tewksbury, 1998).

In light of well-established links between poverty, social isolation and development of mental health difficulties (e.g. Gupta and Huston, 2009), it is unsurprising that findings of several American studies show that trans individuals are at higher risk of developing mental health difficulties. For example, a large scale community-based survey by Clements-Nolle et al. (2001) found that over half of trans men and women were depressed, and one third attempted suicide at least once. A further large scale study involving MtF participants looked closer at the link between gender-related abuse and mental health (Nuttbrock et al. 2010). The authors found a particularly strong link between gender-related abuse and depression during adolescence and early adulthood, whereas the link between gender-related abuse and feeling suicidal was strong across the life span (Nuttbrock et al. 2010). These findings show that transgender people can experience a range of societal, interpersonal and individual stressors, possibly contributing to mental health difficulties and illuminating the need for support.

### **Friendships and Support**

Even though discussions of relational sources of support for transgender people include professional, partner or social relationships (e.g. Lev, 2004), friendships research of transgender people is virtually non-existent. For this reason it is useful to provide a background of findings from mainstream friendship literature.

### **Sexual minority friendships.**

Generally, psychological research on friendship has been criticised for its heteronormative bias (e.g. Rose, 2000). An increase of research on sexual minority friendships suggests that friendship patterns differ to those of heterosexual people, but also differ between sexual minority groups. One focus has been on demarcations between friendships and other intimate relationships. Research indicates that demarcations between friendships and sexual or family relationships tend to be more fluid and complex than in heterosexual identified people (Peplau and Fingerhut, 2007). A frequently reported notion within lesbian, gay and bisexual (LGB) communities is the concept of 'family of choice', which has been adapted to describe strong ties within LGB friendships extending beyond biological families (Weeks et al. 2001). Weinstock (1998) argues that 'family of choice' operate as substitute friendships for often rejecting families of origin.

When it comes to sexual relationships, sexual contact is usually defined as a distinct feature of heterosexual partner relationships, whereas friendships tend to be understood as non-sexual relationships prioritising intimacy and self-disclosure, equality being a distinct attribute (Rose, 2000; Fehr, 1996). However, studies with lesbian and gay participants challenge this understanding. Kitzinger and Perkins (1993) suggest these demarcations are artificial and argue friendships are love relationships. This is supported by research which indicates that lesbian and gay individuals have a greater tendency to stay friends with ex-partners (Solomon et al. 2004). In addition, studies suggest lesbian women are more likely to define their current or ex-partner as their best friends, and gay men were more likely to have had sexual contact with close friends (Weinstock, 2004; Nardi and Sherrod, 1994).

### **Transgender individuals and friendships.**

Despite this increase of friendship research on sexual minority populations, authors have highlighted that we know little about friendships of transgender individuals and have called for further research in this area (Weinstock, 1998). So far the importance of friendships in transgender people's lives has mainly transpired through research of other subject areas, where qualitative studies exploring transgender identity formation and disclosure have indicated friends are crucial during those times.

Firstly, friendships can help FtMs differentiate their gender identity from other identities available. Lee (2001) compared FtM's with lesbian women's stories of identity, because many FtMs identify as lesbian women at some point. The study indicates that lesbian friendships are particularly important, because they can help FtMs define who they are not. Lee (2001) uses the term 'othering' to describe the process of an identity being recognised and defined by being 'other', befitting to philosophical notions for the need of the 'other' to define the 'self' (e.g. De Beauvoir, 1949/1972).

Secondly, studies indicate that friendships play an important role for support and affirmation of the desired gender identity. Gagne and her colleagues interviewed 65 MtF transgender people about their gender experiences throughout their lives (Gagne et al. 1997; Gagne and Tewksbury, 1998). They found that interaction with others fulfils affirmative functions in the attainment of a new authentic gender identity; kinship networks, support groups and families of choice being crucial. Additionally, a cross-sectional study (Nuttbrook et al. 2009) involving 500 MtF individuals explored gender affirmation within different kinds of relationships (parents, siblings, long-term sexual partners, friends, fellow students or co-workers) throughout life. The main findings in relation to friendships indicate that transgender people are most likely to disclose their gender identity to friends and sexual

partners. Additionally, friends are more likely to treat participants in their preferred gender identity (desired gender role casting) than sexual partners or family members. The authors conclude gender role casting may be easier achieved in acquired relationships than in family relationships (Nuttbrook et al. 2009).

Finally, in addition to affirmation and support, friendships can also be a source of threat for transgender persons. Johnson's (2007) interviews with seven MtF and seven FtM individuals indicate that close relationships can be experienced as disavowal of transitioning. This is particularly key to trans people who separate their acquired gender identity from their past identity by positioning themselves as a 'new person'. In these accounts, some transgender participants discontinue their social relationships, because non-recognition of their acquired gender identity may lead to a fragmented sense of self (Johnson, 2007). Similarly, support and rejection were also experienced by participants of an American study carried out by Alegria in 2010. The researcher interviewed 17 MtF and their natal female partners. Qualitative analysis of questionnaires and semi-structured interviews revealed that social networks were one of the main beneficial factors that helped participants to manage disclosure and transition. The author also reported that the lesbian community was very welcoming to the MtF participants, because they transitioned to same-sex couple status. In contrast, previous reports have indicated that some trans men and their female partners have experienced rejection by lesbian networks (Joslin-Roher and Wheeler, 2009).

### **Aims of the Present Study**

Given the lack of research on transgender people's friendships and the need for support in light of societal discrimination, this study aims to provide a deeper understanding of transgender people's friendships. Since research on trans men is under-represented, the study will focus on this group. Foucauldian discourse analytic methodology is deemed the

most appropriate qualitative method, since the general consensus is that gender is socially constructed and sculpted within hierarchies of power. The following research questions guide this study:

1. What discourses do trans men draw on to construct friendships?
2. What discourses do trans men use to communicate their change of gender identity with friends?
3. How do trans men negotiate change of gender identity and intimacy reciprocally?

## **Methodology**

### **Design**

A research design was employed which aimed to be sensitive of the trans community. Research with trans communities has historically been dominated by a pathologising stance, and previous consultation with trans communities has indicated that they would like non-pathologising and qualitative research (Staunton et al. 2009). Consequently, the research design was qualitative in nature and used a creative methodological approach. The value of creative methods within research has received increasing attention over the last ten years and aims to take a stance which is empowering and acknowledges participants' creative and reflective skills (Gauntlett and Holzwarth, 2006; Barker, 2010). Drawing of friendship system maps (Tapsell, 2010) was used so participants could generate and explore discourses of identities and relationships in non-rehearsed and empowering ways.

### **Epistemological Position**

This study employed a Foucauldian discourse analytic approach to analyse the social constructions of friendship and gender. Foucauldian Discourse Analysis (FDA) is situated within a social constructionist epistemology, whereby language is constitutive and constructive of psychological experience and is linked to social practices (Burr, 1995). Discourses are situated within particular social, historical or cultural conditions and ideologies (Parker, 1992) and make available subject positions, which allow individuals ways of being, feeling and seeing (Willig, 2001: 107). From a Foucauldian perspective these subject positions produce, re-enact and legitimise certain power relationships (Foucault, 1977), whereby hegemonic discourses have the function of legitimising and benefiting existing institutions, systems or practices such as the medical system, religion or family (Allen, 2003). Over time these dominant discourses become seen as ‘truth’ and ‘common sense’ (Burr, 1995), however these dominant positions can also be resisted through practices, strategies and counter discourses.

Participants of this study are part of a sub-culture within society. FDA was used as the appropriate theory and methodology to enable analysis of discursive productions of friendships and gender beyond grand narratives of truth. Thus, discursive productions of friendships could be explored in terms of their implications for selfhood, power relations and dominant social practices.

### **Participants and Recruitment**

Interviews were conducted with seven trans men residing in the United Kingdom (UK). ‘Trans’ was conceptualised as part of gender identity, experience or history and was irrespective of medical intervention. Ethical approval was obtained from Canterbury Christ

Church University, and participants were recruited through online forums (e.g. Critical Sexology), trans community groups (e.g. Gendered Intelligence) and subsequent snowballing. Of the interested participants, two dropped out prior to interview and further participants were recruited through snowballing. Written consent was obtained from all participants prior to interviews. Five of the interviews were carried out in an interview room at a lesbian, gay, bisexual, transgender (LGBT) organisation, one in a café and one in a participant's home. The seven participants ranged in age from 22 to 53 years. In terms of ethnicity, three participants self-identified as White-British, one as Jewish, one as Mizrahi Jewish, one as White and one as White-British/White-Welsh. Participants' work and educational backgrounds included administrator, Phd researcher, academic tutor, health and safety manager, graphic designer, youth justice worker and artist. To uphold anonymity no specific further demographics of individual participants are presented.

### **Procedure**

Trans men were interviewed and asked to tell stories of their friendships and gender identities by drawing system maps (Tapsell, 2010) of their most significant friendships. Initially, participants self-identified stages of their gender identity across a timeline. They then drew symbols of their friends during these stages and were asked semi-structured questions about their relations with friends at each stage of gender identification. The semi-structured interview questions were developed in consultation with a member of the trans men community and then piloted. The questions focused on the dynamic relationship between friendship and gender identity across participants' lives. Particular attention was paid to changes of friendships in terms of gender identity.

The interviews were audio-taped, transcribed then analysed following Willig's (2001) six stages of FDA. The accounts were read repeatedly whereby the focus was on 'friendship'

and ‘gender identity’ as discursive objects. All implicit and explicit references to these discursive objects were systematically identified. Ideas and themes related to the research question were noted in the margins of the transcripts, and the relevant discursive objects were searched for variability and consistency within and across transcripts (Willig, 2001). The discursive constructions were then located within wider discourses and attention was paid to how ‘friendship’ and ‘gender identity’ were conversed in relation to change and how these discourses positioned participants (e.g. how others and self were placed). The discourses identified were explored in terms of subjectivity, namely what can be felt and experienced by participants, on a micro and macro-level. They were then analysed for their implications for practices and power in wider society.

In consonance with the social constructionist epistemology of this research, the analysis in this project is one possible way of reading and interpreting the data. Alternative readings offered by supervisors were discussed, and in some instances interpretations were adapted accordingly.

## **Results**

In line with other discourse analytic studies (e.g. Scior, 2003; Allen, 2003), the results section presents findings of discourses and relates them to wider published literature. Subsequently, the discussion section considers the findings more generally and discusses clinical and research implications.

### **Friends as Family Discourse**

Participants commonly constructed ‘friends as family’, which allowed them to ascribe status to their friendships and create subject positions which enabled an expression of

emotional ties and intimacy usually exclusive to biological families. Like Frances<sup>5</sup>, who is in his twenties and identifies as male, most participants refer to reciprocity and longevity as qualities which provide access to membership of ‘friends as family’.

Extract 1 (158-171)

Frances: I’ve got what other people would consider friends who are family to me, um, and those people, I know that I can count on them and they can count on me and, um, they might have, er, some odd quirks but er, even if I wouldn’t want to live with them I can put up with that in ... in short term situations or, um, on a day to day not living together thing. (158-162) [...] there’s an expectation that it’s going to last for much longer (170-171)

Interestingly, Frances starts his account by positioning his and other people’s viewpoints of friendship as different (line: 158). Although it is not clear who ‘other people’ are, he could be constructing ‘the other’ as his internalised norm. Indeed, he constructs the status of friendships as lying in the eye of the beholder. In his account, ‘other people’ construct friendships in a hierarchically subordinate position to blood relationships, and he resists this relegation of friendships by constructing ‘friends as family’, thus elevating their status to that of blood relations.

Furthermore, Frances’ account explains how qualities of reciprocity, such as being able to count on each other, and the expectation of a long-term relational investment, allow him to tolerate ‘odd quirks’. Like biological families, no matter what ‘friends as family’ do, they remain ‘family’. This can also be seen in Daniel’s account.

---

<sup>5</sup> Names have been changed to protect confidentiality.

Extract 2 (217-223)

Daniel: [...] they're somebody who has been around for a certain period of time or who you've had, like, such a close relationship with or whatever, they're somebody who's going to stick around and so you know to just kind of let that thing do its thing...

Interviewer: Yeah, oh right.

Daniel: ... and if they needed something or if you needed something, you know that you'd put that fact that you're not quite sure how to be friends right now to one side and you'd still be family, if that makes any sense.

Here, the 'friends as family' discourse establishes participants' mutual and lasting commitment, whereby challenges are not a threat to friendship. Julian provides more detail about ups and downs that 'friends as family' can withstand.

Extract 3 (266-270)

Julian: Um, friends for me, good friends are people who can, um, withstand an explosion or that we have a fight and, you know, or, you know, we get mad at each other or I get mad and they continue to put up with me or something. So, you know, for me friendship ... friends challenge each other as well.

Arguments and challenges are constructed as part of the relationship. They can be worked through and are not grounds for exit of the friendship. Participants in the 'friends as family' discourse do not need to be active participants to receive its benefits, as the family discourse overrides personal agency and can 'do its thing' (Daniel, line: 219). Like biological families, despite discord, friends continue to be 'family'. Thus, for the trans participants of this study, positioning 'friends as family' becomes a powerful discursive

strategy for relationship maintenance, and ‘friends as family’ discourse counters suggestions that friendships only last as long as they are satisfying (Rose, 2000: 322).

One of the questions arising is why trans men position ‘friends as family’. A discourse of ‘estrangement from biological families’ gives one account of why friends are discourses as ‘family’.

Extract 4 (117-123)

Anthony: Don’t know it’s always, especially because when I knew that I liked girls from very young, when I started highschool and stuff, my mother said that I kind of cut myself off from her, I wasn’t talking to her, she’s a very strong Christian and I suppose I just didn’t feel that, that, I could talk her about it.

Interviewer: Yeah.

Anthony: So, from leaving school and everything, my friends, in my twenties, my friends were my family more than my family.

Interviewer: Alright.

Anthony: Yeah.

Interviewer: Yeah.

Anthony: That kind of happens in the gay world, you kind of, you know, you’ve got your family but then you’ve got your other family.

Anthony, who is in his forties and identifies as genderqueer/trans, describes estrangement to his biological family through reference to his sexual minority status. Due to their shared sexual minority status, ‘friends as family’ are positioned as providing understanding, which he did not have at home in his twenties. However, for Anthony, this positioning is transitory and becomes a passed identity in his forties.

Extract 5 (154-166)

Anthony: But what happened was, I suppose, I just kind of just kind of feel closer to my family and more respected by them and you know, but uh in the last ten years. My relationship with my mother has got better, I had a really good relationship with my father, kind of dealt with all the issues that I had with them in my twenties, you know, about being brought up and them not being terrific parents

Interviewer: Uhm

Anthony: and all that sort of

Interviewer: Uhm

Anthony: Uhm but not all my friends are gay, my best friend is straight I don't choose friends based on their sexuality, their colour or anything.

For Anthony, the 'friends as family' discourse becomes decentralised with age. His friendship boundaries are constructed as more permeable and seem to be dynamically linked to having resolved discord with his biological family.

Julian, who is in his fifties and uses fluid gender identifications such as genderqueer, trans or hermaphrodyke, also speaks about family estrangement. However, in contrast to Anthony, Julian's 'friends as family' discourse is constructed as constant throughout the interview.

Extract 6 (250-253)

Julian: [...] but for someone who's lived outside of kind of the family embrace or expectations, friendship is more ... I've noticed that friendship is more important to me than it is to other people who maybe have stronger biological family ties. Um ...

At a later stage of the interview, when speaking about having experienced neglect by his family of origin, he explains:

Extract 7 (1977-1978)

Julian: Friendship is an optional relationship for many people. For me it's been survival.

Thus, for some of the participants, the 'friends as family' discourse is dynamically linked to 'estrangement from biological family' discourse; 'friends as family' being constructed as less prevalent when closeness to biological families is discussed. Overall, the 'estrangement from biological family' discourse relates to findings in the wider literature where friends of sexual minority communities are frequently positioned as taking on the role of substitute biological families (e.g. Weinstock, 1998).

### **Romantic Love Discourse**

Two participants drew on a romantic love discourse when describing their close friendships. Robert, who is in his thirties and identifies as a man, illustrates this in the following way:

Extract 8 (306-315)

Interviewer: What's ... how would ... how do you think, um, friends and lovers are different or similar?

Robert: Well, I think I'm different ...

Interviewer: Or the same?

Robert: ... from a lot of people I know because being polyfidelitous, um, I don't, you know, part of it is that I ... I have an emotional sort of almost romantic love, loving connection with most of my friends, even though I don't have any sexual or physical contact with them, um, and what I mean by that is, like, I'll send my friends care packages or, um, kind of be very huggy with them or make them a candlelight romantic dinner or something.

In his account, Robert positions himself as different from many people through identifying as polyfidelitous in terms of his intimate relationships. Speaking from a position of difference, he then draws on a discourse of romantic love to describe his emotional connections and practices with friends. The romantic discourse is pervasive within popular culture and typically linked to (heterosexual) love, marriage and monogamy in intimate sexual relationships (Willig, 2001; Scior, 2003). Although Robert draws on the romantic love discourse, he particularises it to his friendships. He chooses practices which go hand in hand with dominant understandings of the romantic discourse, such as romantic love and candle light dinners, but rejects other practices, such as sexual contact. Adapting the romantic love discourse is a way for Robert to position himself as an autonomous person, who self-determines practices of intimacy and care within friendships. This position is highlighted through his use of first person throughout most of his account and through introducing himself as different, and seemingly cognisant, of normative expectations at the beginning of the extract. His autonomous and knowing stance could therefore be interpreted as political resistance to the normative status associated with romantic relationships.

Julian also draws on a romantic love discourse when speaking about some of his friendships.

## Extract 9

(1547-1550)

Julian: And again, that was kind of like also a romantic friendship in a sense but more to do with, you know, politics and ideas and feminism and because in a lot of my other friendships what I lack is, um, intellectual stimulation or academic stimulation.

(319-323)

Julian: I've ... I've had ... I've had experiences where I've had to break up with friends in a similar way, you know, and I've ... and I've called that or I've even said, "I have to break up with you." I have passionate friendships. My friendships are very passionate. They are not sexual, if I called ... if they were sexual, I would call them something else.

Interviewer: Right.

Julian: But there's a lot of, um ... a lot of the same kind of imagery of being excited to be around someone, getting, you know ... having great conversations, sharing things, you know.

Julian's use of the romantic love discourse emphasises his subjectivity; his feelings of platonic passion, excitement and desire of intellectual engagement and sharing with friends. The focus on emotionality fits with dominant notions of romance. For instance, Burns' (2000) research on heterosexual intimate relationships indicates that romantic love is linked to a discourse of emotion. However, like Robert, Julian's use of the romantic discourse excludes sexual intimacy. It is not clear if his construction of romantic friendships as 'not sexual' refers to practices or feelings, but he clearly redefines notions and practices of romance. Interestingly, Julian notes that he uses 'imagery', such as 'being excited by someone' or 'having to break up with someone', which are similar to sexual relationships. Thus, the romantic discourse can serve legitimising and regulatory functions, thereby allowing regulation of access and exits of romantic friendships in similar ways as romantic sexual relationships.

Both Robert's and Julian's use of the romantic love discourse and their adaptation of practices associated with it could be understood within the notion of 'normative creativity', a theory proposed by Brown in 1989. She suggested that lesbian, gay and bisexual individuals have fewer role models for relationship scripts and become more creative in how they live their lives and relationships. Even though the theory of 'normative creativity' originally did not include trans people, it is applicable to Robert's and Julian's constructions of romantic friendships, as both engage creatively with practices of friendship. Furthermore, the practices of intimacy, care and passion illustrated by the interviewees support Berlant's (2000: 554) view that non-normative subjectivities challenge the coupling of intimacy with the ideology of familialism<sup>6</sup>.

### **Discourse of Equality and Reciprocity**

All of the trans men interviewed drew on a discourse of 'equality and reciprocity' when speaking about their friendships.

Extract 10

(277-278)

Patrick: Er, yeah, I mean ... yeah, friends for me is somebody who ... who ... you know, there for you, you're there for them.

(129-132)

Anthony: I kind of, I've got, I've, I am very happy that I've got really good friends and I know the friends that I have I can trust and...

Interviewer: uhu

Anthony: uhm that if I need help they help me, and if they need help I'll help them.

---

<sup>6</sup> Familialism can be understood as a Western ideology which promotes family as an institution (Revillard, 2006).

(113-115)

Frances: Um, well I guess the most important thing probably is that it's mutual and um, there's um helping each other out and um, making effort to understand each other and um.

The use of the 'equality and reciprocity' discourse positions participants as accountable and moral social actors who invest mutually in friendships. The discourse produces interdependence and entitlement for support, reflected as a dynamic 'give and take'. Constructions of equality and reciprocity allow participants to experience feelings of trust, and by implication, they can be trusted in turn.

Nathan, who is in his twenties and identifies as a trans man, also constructs friendships as an egalitarian bond. He provides an account when the equilibrium is disrupted.

Extract 11 (230-236)

Nathan: The majority of the time they are there to kind of make sure I do the best that I can, and I do the same for them.

Interviewer: Uhu. So it's quite reciprocal?

Nathan: Yes. Yeah I think friendships have to be, good friendships have to be completely equal.

Interviewer: Uhu

Nathan: I don't think it's healthy to have a friendship where one person is the dominant one, so gets gets and receives a lot more than the other.

Here, Nathan constructs equality in reference to support as a vital criterion for good friendship. In Nathan's construction inequality produces imbalance and is equated with dominance of one person. Dominance in turn is discourses as an undesirable subject position, whereby the dominant person is becoming the recipient of resources, privileges or

social power at the expense of the other. Social power and dominance are constructed as having ‘unhealthy’ effects on the other participating friend and can be understood as a threat to the other person. Even though it is not articulated what form this threat can take, dominance could be understood as an ‘oppressor’ subject position. This discourse of dominance contrasts with the discourse of equality and reciprocity; one creating undesirable subject positions of ‘oppressor’, the other producing desirable subject positions of moral and ethical social actors.

The polarity between discourses of equality and reciprocity versus dominance echoes wider societal and ideological discourses about feminism and patriarchy. Reciprocity and equality can be situated within feminist ideologies about intimate relationships, where desire for egalitarian relationships is core to many feminist texts and critiques (e.g. Hare-Mustin, 1991; Kitzinger, 1994). In contrast, Connell (1995) argues that in Western culture, dominance is powerfully located within idealised discourses of masculine identity, which suppress subordinated forms of masculinities because of their link to femininity. Thus, it can be argued that discourses of equality and reciprocity are in conflict with discourses of dominance because of the implications for hegemonic masculinity and patriarchy.

So far it has been established that discourses of equality and reciprocity may be in conflict with discourses of dominance, because of the undesirable subject position the latter one seems to offer participants. The following discourse can illustrate why the trans men interviewed are so invested in the discourse of equality and reciprocity, and how the conflict with the discourse of dominance is contested within particular friendships.

### Change in Lesbian Friendships

Six of the participants described that they had been part of lesbian and feminist communities. When interviewees narrated stories of disclosure or ‘transition’, discourses of changes with lesbian friendships were particularly prevalent. Friendships with lesbian women were discourses as being amongst the most strenuous, rejecting and challenging relationships during their emerging (trans) masculine identities. Daniel, who is in his twenties and identifies as a queer trans man, retells a conversation he had with one of his lesbian friends, Sophia, shortly after ‘transitioning’.

Extract 12 (1825-1835)

Daniel: She said, you know, “There are things that you can’t do now that you could do before.”  
 Sophia is gay. [...] She knew that, like, in the past I’d been a bit of a player and she was like,  
 “You can’t dick people around in the way that you used to, because then you’ll just be a dick.”  
 And I knew what she was saying and I completely agreed.

In his account, his friend is positioned as a moral barometer, who highlights to Daniel that his behaviour will be interpreted differently as a man compared to a woman. Before ‘transitioning’, Daniel’s behaviour was constructed as ‘being a player’, whereas afterwards he was positioned as being ‘a dick’ for the same behaviour. Thus, behaviours are constructed as deriving different meaning, because of different (gendered) embodied subjectivities. Being male, and the seemingly privileged status associated with it, is discourses as needing to be managed in responsible ways and becomes the focus of scrutiny. In contrast, minority status is positioned as offering more freedom and less monitoring, judgement or criticism.

Robert also reflects on difficulties he experienced with his lesbian friends once he started to live as a man.

Extract 13 (1121-1127)

Robert: And it began very slowly, um, so ... I mean, I lost a lot of friends. I had a lot of lesbian friends ...

Interviewer: Right.

Robert: ... who said, "You know, you've betrayed me, you're a traitor. You're sort of going to the dark side. You're misogynistic. You're doing this because you have stereotypes about what a woman can be and all this crap," and so I really had to leave those environments and for ... for a while, I couldn't have any friends who were lesbian, just because it was too uncomfortable for me to sort of have to worry if they were thinking the same thing about me that all these other people had said.

Here, Robert describes how he was positioned as traitor, misogynistic and stereotypical in his views of women by his lesbian friends. In his account, his lesbian friends positioned him within a discourse of hegemonic masculinity and patriarchy, being rejecting of women and marginalised forms of femininity (Connell, 1995). Robert distances himself from being positioned in this way, but in this excerpt struggles to counter his positioning discursively. His strategy to manage this conflict was to distance himself from his lesbian friends.

A tendency of trans men to be positioned as traitors towards the women's movement and joining patriarchy has been noted by writers such as Halberstam (1998). Furthermore, Cromwell (1999) argues that feminist activists who position trans men in these ways do not acknowledge trans men's agency to redefine their bodies, genders or sexualities in their own idiosyncratic ways. However, what becomes clear from the participants' accounts is the relational aspects of gender performance, and how presentations of the self are intricately intertwined with readings by others. The readings go beyond individual agency and are

powerfully determined by limited categories in line with hegemonic discourses of masculinity.

Nathan also links the start of taking testosterone and coming out as trans to challenges and losses within his lesbian friendships.

Extract 14 (2538-2557)

Nathan: [...] I don't like going out on the gay scene at all and it's not like I don't like gay people, at all, like I just don't kind of, I find myself feeling more and more distant from it.

Interviewer: Hmm.

Nathan: Which is something I kind of wanted to avoid, initially, and it was one of the reasons I'm just kind of not sure about starting hormones, I'm not sure about coming out, because I was like I don't really want to lose the lesbian community. But now I'm kind of losing it and I, it's fine.

Interviewer: Hmm, hmm.

Nathan: I don't know, like I thought I would be more upset about it, but I just don't feel a massive amount of loss, because the friends that I've got, like Jenny and Caroline, are part of the lesbian community, but they'll stay my friends. Like they're more my friends than they are lesbians.

Like Robert, Nathan recounts losing friendships with people from the gay and lesbian community, however in his account he positions himself as the one experiencing distance. Unlike his lesbian friends, it is possible that Robert no longer positions himself as 'other' to the norm following his 'transition'. Shepperd's et al. (2010) research indicates that being 'other' to the norm can be a strong foundation for friendships and can be bonding through 'solidarity in difference'. If Robert no longer positions himself as 'other', it is possible that he has managed to maintain some of his lesbian friendships by discursively relegating sexual identity to a subordinated position and emphasising other aspects associated with friendship.

The discourse of change in lesbian friendships provides insight into how these friendships can become an arena where different ideological positions are contested, and trans men's masculinities are particularly challenged. Considering (past) links with lesbian communities and political ideologies is important to hold in mind for the following discourse identified.

### **Disowning Male Privilege**

Disowning male privilege was pervasive in many of the accounts. Subject positions of dominance and male privilege were constructed as sources of tension in most of the participants' accounts when discoursing their (trans) masculine identities. Given that interviewees are clearly invested in (trans) male gender positions, this may at initial glance seem counter-intuitive, but less so considering the previous accounts of change in lesbian friendships. Not surprisingly, discourses of negotiating male privilege were particularly evident when participants spoke about times of 'transitioning' or 'coming out' as trans. The extracts below may provide further insight why many of the trans men interviewed constructed male privilege as undesirable.

Extract 15

(618-629)

Julian: So, my ID ... I mean, I started passing as male, my ID ... I would say I probably had a more masculine identif... I had more investment in masculinity than I do now.

Interviewer: Right.

Julian: Now I'm trying to disown my ... my male privilege and my masculinity.

(1835-1842)

Daniel: Like, I think one of the biggest problems with starting to medically transition was the fact that people were seeing me as a person I didn't want to be seen as. People were seeing me as and treating me as and giving me the privileges of straight white dude and I wasn't happy with that, and like that's maybe one of the reasons why I'm so happy that ... that a lot of the time people don't know that I'm trans because I can get away with saying there are other ways for guys to be without that being tainted with ... and I'm like that because I'm trans, like, you know.

Julian's and Daniel's accounts reveal the construction of male privilege as being shaped by other people's readings and categorisations of them. Constructions of male privilege are influenced by participants' 'passing' as men in public and being ascribed male privilege based on their physical appearance. It is discourses that other people's categories are very limiting and position them within dominant readings of masculinity. Male privilege is discourses as being intersected by other dimensions such as race and sexuality, with the heterosexual, white male being discourses as powerful recipient of privilege. In their accounts hegemonic masculinity and male privilege are constructed as undesirable subject positions, despite their physical appearance casting them into these roles. However, it could be argued that the ability to regulate privilege is a powerful position in itself, being able to choose or reject dominant group membership is an option not available to everyone. Similarly, van Dijk (1996) argues that power is fundamentally based on preferential access to public discourse and desirable social resources and status.

The following extracts show what (embodied) discursive strategies participants use to resist patriarchal and hegemonic reading of their masculinities.

**Effeminate heterosexual male.**

Extract 16 (1805-1809)

Daniel: ...the thing that fitted best was to move through the world as largely male as, you know, a really stupidly effeminate male, as a male that everyone thinks is gay ... thinks is gay until they see me with my girlfriend and then they just get confused but, you know, still as ... as a guy rather than as a girl.

In his account, Daniel chooses to perform an embodied discourse of effeminate male, which is read as gay. He thereby chooses to disown dominant male privilege, but seemingly reclaims a muted version of masculinity.

**Gender fluidity.**

Extract 17 (61-67)

Anthony: I kind of, my approach is just to go whatever people perceive, because I have realised that it's actually, it doesn't matter. I mean, I know that I am genderqueer and I'm comfortable with that, but it depends on everyone else on how they see you. They they, you know

Interviewer: Uhu

Anthony: and then I just, if they go 'he' or 'she' then I just go with it.

Interviewer: Uhm

Anthony: And...that's been my approach with my friends and others as well. Yeah. You know, fluid, it's...whatever they feel comfortable with.

Anthony's positioning is less self-deterministic. He chooses a fluid gender identity position which becomes determined by the other and thereby gives up agency.

**Queer discourse.**

Extract 18

(2366-2373)

Patrick: I'm also mindful that, you know, I ... feminism has been a very big part of my life.

Interviewer: Feminism? Yeah.

Patrick: And that and I ... I ... I still, you know, would say I'm a feminist and that.

(159-182)

Patrick: I just say I'm queer because I don't really feel like a hundred per cent straight guy.

Interviewer: Mmm.

Patrick: So, you know ...

Interviewer: Yeah, that makes sense.

Patrick: ... I'm more comfortable and that sort of sits with my girlfriend shifting identity as well because she's been a lesbian and as this sort of, like, you know, impacted on her identity as well ...

Interviewer: Yeah, of course, yeah.

Patrick: ... so we're both at the moment sort of saying that we're queer, just because we don't want to identify as straight really.

Interviewer: Yeah.

Patrick: But recognising that in public we're sort of ... that's what we're taken as ...

Patrick's account highlights the ideological tension between his investment in feminist values and masculine identity. Drawing on a queer discourse allows him (and his partner) to integrate these positions and adapt a more accessible political stance.

Thus, discursive strategies of effeminate heterosexual male, gender fluidity and a queer discourse are possibilities for trans men to negotiate complex positions of power and are ways to disown male privilege. This may be particularly important in the context of limited readings by others, including lesbian friends.

## Discussion

The present study set out to provide insight into discursive constructions of friendships and gender identities of trans identified men. The study suggests that several findings from LGB communities can be extended to trans men. These include discourses of ‘friends as family’ and ‘romantic love’, which have been reported in LGB communities (Weeks et al. 2001; Kitzinger and Perkins, 1993). ‘Family of choice’ in LGB networks has frequently been referred to as replacement families within these communities, and the current study offers support that ‘estrangement from biological family’ may be one of the reasons for positioning ‘friends as family’. This is plausible given vulnerabilities to losses of biological family relationships (Gagne and Tewksbury, 1998). Trans men’s centralising of friendships and elevating their status to family and lover relationships can be understood as contesting dominant views on intimacy and care. Practices of intimacy, care and passionate engagement described in the present study support Roseneil and Budgeon’s (2004) research. They argue that practices of non-normative intimacies increasingly move beyond familial or sexual relationships, thereby challenging privileged positions of families and sexual relationships as key sites of intimacy and care.

Furthermore, the study indicates that general understandings of friendships as equal relationships (Fehr, 1996) also apply to trans men. However, discourses of ‘equality and reciprocity’ may pose unique challenges for trans men and their friendships. In particular, friendships with lesbian women may be a source of tension as reflected in the ‘change of lesbian friendships’ discourse. The descriptions of negative responses in this study sit alongside reports of Joslin-Roher and Wheeler’s (2009) research, where hostility from lesbian women towards FtMs and their partners was described. Since, on the other hand, lesbian

communities seem accepting towards MtF individuals and their female partners, these findings conjointly can be understood in terms of group membership processes and social identity theory (Tajfel, 1981). Central to social identity theory is the idea that the more a person identifies with a group, the more favourable bias they show towards their own group, to the detriment of the out-group. Minority groups in particular seem to show high in-group homogeneity (Devos et al. 1996). The current study indicates that many trans men are part of lesbian communities at some point, and shifting their gender presentation and/or identity has implications for group membership. They move away from minority lesbian group memberships into dominant (male) group memberships within society. Some trans men may try and resist this process through social practices and discourses, as suggested by the ‘disowning male privilege’ discourse, which is linked to positions of effeminate male, gender fluid or queer. However, the findings indicate that shifting of gender identity presentation involves complex negotiation of their identities, values and subjectivities within their friendships and is frequently further compromised by society’s demands of trans men needing to fit into legitimised binary gender taxonomies.

Furthermore, the ‘disowning male privilege’ discourse and practices associated with it provides an original contribution to the literature. It highlights that the trans men interviewed not only show autonomy and creativity in their practices and maintenance of friendships, but also in their performance of masculinities. Participants’ disavowal could be read as self-deterministic, alternative forms of masculinities, or as warding off from being positioned as the oppressor. Butler (2004) argues that self-determination in terms of bodies can only occur in the context of a society which permits this pursuit. It is plausible that in the micro-context of the interview, Butler’s argument also applies to the interviewer-interviewee relationship. Given that the researcher identifies as a lesbian woman, and FDA acknowledges the

researcher's part in co-constructing the interviews, the interviewer's sexual minority status could have unwittingly contributed, and in Butler's words 'gave permission', to participants' drawing on the 'disowning male privilege' discourse. It is possible, had a cisgendered male person carried out the interviews, these discourses would not have come to the fore.

Additionally, the trans men interviewed were well educated and had clearly engaged with gender theory. Arguably, this can be seen as a limitation of the current study as the participants may not reflect trans men who position themselves more fixedly on the gender binary. Most of the participants occupied more fluid (trans) male gender positions, not subscribing to binary discourses of gender such as 'being born in the wrong body'. Thus, it would be interesting to research if the discourse of 'disowning male privilege' also extends to more binary positioned trans men. Since this discourse challenges dominant practices of masculinity, future research could explore whether negotiating dominant masculinities is also a source of tension within biologically born men.

The elevation of friendships status to that traditionally associated with family and romantic relationships has important implications for therapeutic practice. Traditional definitions of family may need to be held in mind only tentatively and exploration of significant others could form an important aspect of therapeutic engagement. Many transgender individuals may present to services in light of transphobia, discrimination or mental health problems. Exploring sources of support may be a crucial task during therapy. Thus, including friends in assessment, formulation and possibly intervention is an important consideration given the findings of the research.

Trans men's investment in discourses of 'equality and reciprocity', and the construction of dominance as an undesirable subject position can have implications for the position of therapists. Power of therapists within therapeutic relationships has been written about in a number of texts (e.g. Hare-Mustin and Marecek, 2001). Given the construction of dominance and power as undesirable subject positions, a therapeutic relationship which is experienced as expert driven could easily be perceived as oppressive by the trans client. This is also understandable given the medicalisation and pathologisation of transgender people within medical and psychological settings historically. Consequently, models with a non-pathologising focus and use of self-reflexivity of 'difference' (e.g. Roberts, 2005) may be particularly useful when working with trans men. Approaches such as Narrative Therapy (White and Epston, 1990) or Brief Solution Focused Therapy (de Shazer, 1988) are founded on ideas of Foucault. These approaches pay attention to the constitutive nature of language, and aim to create change by emphasizing empowering narratives and discourses. Moreover, these systemic approaches openly acknowledge power differentials within the therapy room and would be able to explore the expertise trans clients bring.

Furthermore, the study highlighted that gender identifications of trans men can be fluid and transitive. For some participants this means their identities are relationally dependent, for others relatively stable. The findings show great variability amongst gender identifications and preferred terms. For this reason, it is important that clinicians do not make assumptions about gender pronouns or relationship formations, and ensure clients have the opportunity to self-define. Additionally, clinicians may consider that stage models may not adequately reflect the dynamic processes trans people experience. Instead, fluidity may open up possibilities therapeutically and suggests that trans men may be more practiced at inventing and telling new stories about themselves, thus they may be more amenable at 're-

authoring' their narratives (White, 1995). The basis of a good therapeutic relationship, which continues conversations through 're-authoring' could be an empowering process with the possibility of bringing subjugated stories, including those of creativity in terms of friendships or gender, to the fore.

### **Conclusion**

Trans men construct friendships in creative and self-deterministic ways, using discourses which elevate their status and regulate access and exits of these friendships similarly to those of biological family or lover relationships. While friendships are arenas which offer intimacy, care and support, especially in light of estrangement from biological family, change in gender identity presentations can create tensions within trans men's ideological positions and lesbian community links. Ideological positions of feminism and equality can conflict with negotiations and/or disavowal of (trans) masculinities and privilege associated with it. However, positions of gender fluidity, centrality of friendships and equality offer creative opportunities for clinical practice, in particular those which acknowledge power and difference within the therapeutic relationship. While more research on disowning male privilege with other trans community sample or natal males would be beneficial to further unpick the underlying processes, more general research on friendships with trans groups would further add value to this topic area. In particular, given that the study shows friendships offer creative ways for intimacy and care, but involve complex and sometimes challenging negotiations of gender identities and subjectivities.

### References

- Alegria CA (2010) Relationship Challenges and Relationship Maintenance Activities following Disclosure of Transsexualism. *Journal of Psychiatric and Mental Health Nursing* 17: 909-916.
- Allen L (2003) Girls want sex, boys want love: Resisting dominant discourses of (hetero) sexuality. *Sexualities* 6(2): 215-236.
- APA (2000) *Diagnostic and Statistical Manual of Mental Disorders (Fourth edition, Text revision)*. Washington, DC: APA.
- Barker M (2010) *Researching with Sexual Communities: Questions, Methods, Analyses*. International LGBT Psychology Summer Institute, August 2 – 6, University of Michigan.
- Berlant L (2000) Intimacy: A Special Issue. *Critical Inquiry* 24(2): 281-288.
- Boehmer U (2002) Twenty Years of Public Health Research: Inclusion of Lesbian, Gay, Bisexual, and Transgender Populations. *American Journal of Public Health* 92(7): 1125-1130.
- Brooks VR (1981) *Minority Stress and Lesbian Women*. Lexington, MA: Lexington Books, D.C. Heath and Co.
- Brown LS (1989) New Voices, New Visions: Toward a Lesbian/gay Paradigm for Psychology. *Psychology of Women Quarterly* 13: 445–458.

- Burns A (2000) Looking for love in intimate heterosexual relationships. *Feminism & Psychology* 10: 481-485.
- Burr V (1995) *An Introduction to Social Constructionism*. London: Routledge.
- Butler J (2004) *Undoing Gender*. London: Routledge.
- Clements-Nolle K, Marx R, Guzman R and Katz M (2001) HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention. *American Journal of Public Health* 91(6): 915-921.
- Connell RW (1995 and 2005) *Masculinities* (2<sup>nd</sup> ed.). Berkeley: University of California Press.
- Cromwell J (1999) *Transmen & FTMs: Identities, Bodies, Genders & Sexualities*. Chicago: University of Illinois Press.
- De Beauvoir S (1972) *The Second Sex*. (H. M. Parshley, Trans.). New York: Penguin. (Original work published 1949).
- De Shazer S (1988) *Clues: Investigating Solutions in Brief Therapy*. New York: Norton.
- Devos T, Comby L and Deschamps JC (1996) Asymmetries in Judgements of Ingroup and Outgroup Variability. *European Review of Social Psychology* 7(1): 95-144.
- Fehr B (1996) *Friendship Processes*. Thousand Oaks, CA: Sage Publications.

Foucault M (1977) *Discipline and Punish: The Birth of Prison* (1987 ed.). London: Penguin.

Gagne P, Tewksbury R and McGaughey D (1997) Coming Out and Crossing Over: Identity Formation and Proclamation in a Transgender Community. *Gender & Society* 11(4): 478-508.

Gagne P and Tewksbury R (1998) Conformity Pressures and Gender Resistance among Transgendered Individuals. *Social Problems* 45(1): 81-101.

Gauntlett D and Holzwarth P (2006) Creative and Visual Methods for Exploring Identities. *Visual Studies* 21(1): 82-91.

GIRES (2009) *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*. London: GIRES.

Gupta AE and Huston AC (2009) Depressive Symptoms and Economic Outcomes of Low-income Women: A Review of the Social Causation, Social Selection, and Interactionist Hypotheses. *Social Issues and Policy Review* 3(1): 103-140.

Halberstam J (1998) Transgender Butch: Butch/FTM Border Wars and the Masculine Continuum. *GLQ: A Journal of Lesbian and Gay Studies* 4(2): 287-310.

Hare-Mustin RT (1991) Sex, Lies and Headaches: The Problem is Power. *Journal of Feminist Family Therapy* 3(1): 39-61.

- Hare-Mustin RT and Marecek J (2001) Gender and the Meaning of Difference: Postmodernism and Psychology. In: Herrmann AC and Stewart AJ (eds) *Theorizing Feminism: Parallel Trends in the Humanities and Social Sciences*. Boulder, Col: Westview Press, 78-109.
- Johnson K (2007) Changing Sex, Changing Self: Theorizing Transitions in Embodied Subjectivity. *Men and Masculinities* 10(1): 54-70.
- Joslin-Roher E and Wheeler DP (2009) Partners in Transition: The Transition Experience of Lesbian, Bisexual and Queer Identified Partners of Transgender Men. *Journal of Gay and Lesbian Social Services* 21(1): 30-48.
- Kitzinger C and Perkins R (1993). *Changing our Minds: Lesbian Feminism and Psychology*. London: Onlywomen Press.
- Kitzinger C (1994) Problematizing Pleasure: Radical Feminist Deconstructions of Sexuality and Power. In Radtke HL and Stam HJ (eds) *Power/Gender: Social Relations in Theory and Practice*. London: Sage, 194-209.
- Lee T (2001) Trans(re)lations: Lesbian and Female to Male Transsexual Accounts of Identity. *Women's Studies International Forum* 24(3/4): 347-357.
- Lev AI (2004) *Transgender Emergence: Therapeutic Guidelines for Working with Gender-variant People and their Families*. London: Routledge.
- Lombardi EL, Wilchins RA, Priesing D and Malouf D (2001) *Gender Violence:*

Transgender Experiences with Violence and Discrimination. *Journal of Homosexuality* 42(1): 89-101.

Minter S and Daley C (2003) *Trans Realities: A Legal Needs Assessment of San Francisco's Transgender Community*. San Francisco: National Center for Lesbian Rights. Retrieved from <http://www.nclrights.org/publications/transrealities0803.htm>

Nardi PM and Sherrod D (1994) Friendship in the Lives of Gay Men and Lesbians. *Journal of Social and Personal Relationships* 11: 185-199.

Nemoto T, Operario D, Keatley J and Villegas D (2004) Social Context of HIV Risk Behaviours among Male-to-female Transgenders of Colour. *AIDS Care* 16(6): 724-735.

Nuttbrock LA, Bockting WO, Hwahng S, Rosenblum A, Mason M, Macri M and Becker J (2009) Gender Identity Affirmation among Male-to-female Transgender Persons: A Life Course Analysis across Types of Relationships and Cultural/lifestyle Factors. *Sexual and Relationship Therapy* 24(2): 108-125.

Nuttbrock LA, Hwahng S, Bockting WO, Rosenblum A, Mason M, Macri M and Becker J (2010) Psychiatric Impact of Gender-related Abuse across the Life Course of Male-to-female Transgender Persons. *Journal of Sex Research* 47(1): 12-23.

Parker I (1992) *Discourse Dynamics: Critical Analysis for Social and Individual Psychology*. London: Routledge.

Peplau LA and Fingerhut AW (2007) *The Close Relationships of Lesbians and Gay Men*.

Annual Review of Psychology 58: 405-424.

Revillard A (2006) "Work/Family Policy in France". *International Journal of Law, Policy and the Family* 20(2): 133–150.

Roberts J (2005) Transparency and Self-disclosure in Family Therapy: Dangers and Possibilities. *Family Process* 44: 45-63.

Rose S (2000) Heterosexism and the Study of Women's Romantic and Friend Relationships. *Journal of Social Sciences* 56: 315-328.

Roseneil S and Budgeon S (2004) Cultures of Intimacy and Care Beyond 'The Family': Personal Life and Social Change in the Early 21<sup>st</sup> Century. *Current Sociology* 52(2): 135-159.

Scior K (2003) Using Discourse Analysis to Study the Experiences of Women with Learning Disabilities. *Disability & Society* 16(6): 779-795.

Shepperd D, Coyle A and Hegarty P (2010). Discourses of Friendship between Heterosexual Women and Gay Men: Mythical Norms and an Absence of Desire. *Feminism & Psychology* 20(2): 205-224.

Solomon SE, Rothblum ED and Balsam KF (2004) Pioneers in Partnership: Lesbian and Gay Male Couples in Civil Unions compared with those not in Civil Unions and Heterosexual Married Siblings. *Journal of Family Psychology* 18: 275-286.

- Staunton G, Tacconelli E, Rhodes J and Wood N (2009) Transgender Memories of Relationships in Early Childhood: An Exploratory Study. (In Preparation).
- Tajfel H (1981) Social Stereotypes and Social Groups. In: Turner J and Giles H (eds) Intergroup Behaviour. Oxford: Blackwell, 144-167.
- Tapsell D (2010) Discussion about genograms. (Personal Communication, 10 June 2010)
- Van Dijk TA (2006) Discourse, Power and Access. In: Caldas-Coulthard CR and Coulthard M (eds) Texts and Practices: Readings in Critical Discourse Analysis. London: Routledge, 84-104.
- Weeks J, Heaphy B and Donovan C (2001) Same Sex Intimacies: Families of Choice and other Life Experiments. London: Routledge.
- Weinstock JS (1998) Lesbian, Gay, Bisexual, and Transgender Friendships in Adulthood. In: Patterson CJ and D'Augelli AR (eds.) Lesbian, Gay, and Bisexual Identities in Families. Oxford: Oxford University Press, 122-153.
- Weinstock JS (2004) Lesbian FLEX-ibility: Friend and/or Family Connections among Lesbian Ex-lovers. *Journal of Lesbian Studies* 8(3/4): 193-238.
- White M (1995) Reauthoring Lives: Interviews and Essays. Adelaide: Dulwich Centre Publications.
- White M and Epston D (1990) Narrative Means to Therapeutic Ends. New York: Norton.

Willig C (2001) *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Buckingham: Open University Press.

## Critical Appraisal

Word Count: 1908



### Critical Appraisal

1. What research skills have you learned and what research abilities have you developed from undertaking this project and what do you think you need to learn further?

From undertaking this research project I have learnt a range of research skills and abilities. These include carrying out a systematic literature search and being able to evaluate and review research findings in a critical way. I also learnt how to develop a research question and adapt and narrow it in accordance to the time frame in hand. One of the most exciting, but also most challenging aspects, was developing my ability to conduct Foucauldian Discourse Analysis. Although through analysing the data I have developed my skills of discourse analysis to a good standard, I also had the sense there is so much more I could learn, especially about theories underlying the methodology. In particular, I became interested in the idea of 'investment' in discourses, and how some participants seem to have a stronger emotional investment in some discourses than others, which may not be evident through analysing transcripts on their own. It highlighted to me that emotional subject positions are particularly difficult to analyse, and I would like to learn more about how to meaningfully analyse greater emotional investment in one discourse over another. Hollway (1998) offers her position on this issue, and I would like to engage with this area of discourse analytic theory further.

Additionally, I have learnt how to develop a meaningful interview schedule and how to integrate experts by experience in the research process. This process helped me to become aware of my own blind spots and assumptions in relation to the interview schedule, and the study in general. During the development of the

interview schedule I have also learnt about the importance of piloting the interview and adapting questions in response.

I also learnt how to integrate clinical skills within research through the use of the systems map as a data gathering device. I found the use of this creative methodology allowed meaningful conversations to emerge, even with participants who were more guarded. Generally, I observed that my interviewing skills developed over time, as I increasingly asked more open questions and developed greater clarity in the way I formulated questions. Since applying the systems map as a data gathering device worked very well, I would like to learn more about other creative methodologies within qualitative research. I am aware that researchers have started to use tools such as LEGO or photos to elicit narratives of participants. In addition to analysing the narratives elicited, I would like to learn more how to analyse the actual 'produce', i.e. photos, pictures or representations of LEGO, and how to deal with issues such as confidentiality when using photographs for example.

Further research abilities I developed included writing a proposal of my research for an international lesbian, gay, bisexual and transgender conference and presenting my research to other international academics in the form of a poster presentation (Appendix 9). Through this process, I realised how important the dissemination of results can be, and how research can influence clinical practice and affect people's lived experiences.

A further research skill I have learnt involves managing dual relationships and issues of confidentiality this can raise. Since I belong to a lesbian/queer community, I have met or been aware of three participants within different contexts. In order to gain access and build rapport with transgender individuals, I attended trans

community conferences and events, thus meeting some of the participants informally prior or post interview. This brought up challenges in terms of managing confidentiality, but also about my own professional and personal boundaries. During the interviews, I learnt to manage these dual relationships by being very transparent about having known or seen participants before. Additionally, if participants mentioned someone I knew during the interview, I made them aware of this. Thus, I believe the research project made me more aware of how to manage dual relationships in an ethical and responsible way.

Skills I would like to develop further include learning how to use computer software for reference management, as I have not spent enough time yet to learn this in an effective way. Since this research was qualitative in nature, I would also like to develop my skills in quantitative research further and compare the research processes to those involving qualitative methodologies.

2. If you were able to do this project again, what would you do differently and why?

One of the main things I would try to do differently would be to allow more time for data analysis and dissemination. Although I had allocated a lot of time for analysis, I underestimated how long it would take. This meant I have not yet disseminated the results to the participants in the way I wanted. I wanted participants to be more involved throughout the research process and engage in conversation about their interpretation of my findings. However, I aim to do this before publishing the study. Even though participants' feedback may raise challenges, if their interpretations are very different to mine, I would still like to include their comments, where appropriate, in the paper I will submit for publication.

A further issue I would do differently involves reducing the scope of the research. Asking participants to speak about and symbolically draw their friendships across their life span was a very time consuming and labour intensive undertaking. Although I was able to obtain very rich and meaningful data and findings, I experience a sense of frustration of not being able to write about further discourses identified, due to limitations in terms of word count. Thus, if I was able to do this project again, I would ask participants to focus their experiences of friendships at one or two particular meaningful time points in their lives in order to limit data.

3. Clinically, as a consequence of doing this study, would you do anything differently and why?

As a result of this study, I would do a variety of things differently. Carrying out interviews with participants from a subjugated group within mainstream society increased my awareness of power within the therapeutic relationship. It made me sensitive towards adopting therapeutic approaches which are less expert driven and take a more collaborative stance. I may draw more on systemic approaches for this reason. Even though I have already been aware of social realities contributing to mental health issues, I am even more aware of such contextual factors after speaking to participants and hearing some of their discriminatory and transphobic experiences. The research also made me think more about access to psychology services for trans people. Being part of a medical system which has discriminated and pathologised trans people historically, made me consider how to promote psychological services to people who may have had difficult experiences with services in the past. Thus, within a managerial role as a clinical psychologist, I would think about how to promote services to this group, perhaps drawing more on community psychology approaches.

Additionally, as a result of this study I would make fewer assumptions about different forms of relationships, gender identifications and the role of friendships in people's lives. I would generally pay more attention to my use of language. With trans clients in particular, I would engage in conversation and explore what gender pronouns to use within therapy or written communication. I would also rely less on stage models for assessment and formulation. Commonly linear developmental models, which focus on pre-, peri- and post- transition, do not apply to many trans people, because of their very idiosyncratic and dynamic pathways. Furthermore, I would explore how much to focus on gender in contrast to other psychological areas that may be important to trans clients, as clinicians can easily over- or under-emphasise gender identity with sexual and gender minority individuals (Butler, 2009).

Seeing how creative participants were when drawing their system maps of friendships would make me use systems maps or genograms more during therapy sessions. In particular, I would be able to offer a wider range of symbols that trans participants elicited. These go beyond traditional symbols for 'male' or 'female'. I would also be able to convey the limitations of traditional ways of drawing genograms through teachings to teams or other professionals.

In general, I would be interested to teach and train other professionals more about trans issues, formally or informally. For instance, asking about preferred gender pronouns, using non-pathologising language, enquiring about other intimate relationships beyond biological families or partners etc. may be crucial for engagement and building of a therapeutic relationship. Additionally, I would provide training about the Gender Recognition Act or legal issues concerning confidentiality about gender status, as many clinical professionals are still uninformed about the legal implications in this area.

Finally, I would also become more involved on a community psychology level, providing workshops, possibly to trans youth groups, and making them aware of potential challenges with friendships and communities following medical or social transition, but also highlighting the role of friendships as sources of support, intimacy and care.

4. If you were to undertake further research in this area what would that research project seek to answer and how would you go about doing it?

One of the most fascinating findings for me were the discourses about ‘disowning male privilege’ and ‘change in lesbian friendships’. If I was to engage in further research, I would be very interested to explore these discourses in more depth. It would be intriguing to explore how different trans individuals negotiate their (trans) masculine identities, and how they experience power or privilege ascribed to them (if this is the case). I would therefore aim to recruit trans men from a wider spectrum, thus ensuring those within more binary gender positions would take part. Given that transgender individuals are difficult to recruit for research studies, I would try and involve trans men as co-researchers throughout the study. For instance, one trans individual could co-author and help with recruitment strategy and access to participants. Since transgender people have expressed their wish for qualitative studies and non-pathologising studies, I would use a qualitative methodology again. However, instead of Foucauldian Discourse Analysis, I would use Grounded Theory. This approach could still sit within a social constructionist epistemological position, given that gender is commonly understood to be socially constructed, but would allow to adapt and tailor questions according to findings between different interviews.

Through this process ‘disowning male privilege’ could be explored in more depth and a model for these processes developed.

In addition to exploring ‘disowning of male privilege’, it would be worth considering how trans women negotiate femininity and possible changes in privilege. It could be useful to include participants from various ethnic or class backgrounds, as the intersectionality of varying minority group status may elicit a different picture of status, power and privilege.

A further topic I would be interested in exploring involves lesbian friends’ responses to change in gender identity. How do they feel about their friends ‘transitioning’ and what impact does transition have on their friendship, their identity and ideological beliefs? Again, a qualitative methodology would be the most suitable for this area of research.

Finally, I learnt the value of having a research community and building networks with other people who work in similar fields. If I was to undertake further research, I would ensure I would continue to nurture and access these research communities, through peer groups or attending workshops and conferences.

### References

Butler, C. (2009). Sexual and gender minority therapy and systemic practice. *Journal of Family Therapy*, 31, 338-358.

Hollway, W. (1998). Theorizing subjectivity: Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn and V. Walkerdine (Eds.), *Changing the Subject* (pp. 227-263). London: Routledge.

## Appendix of Supporting Material

### **Appendix 1: Search Strategy Methodology**

The literature search strategy consisted of a general search about the topic of transgenderism and a specific literature search on transgenderism and friendships.

#### **Search Strategy of General Literature on Transgenderism**

The search strategy involved accessing a range of sources such as electronic databases (COCHRANE database of systematic reviews, PsycINFO, Wiley Online Library and Web of Science), books and hand searching of bibliographies. The reviews retrieved were predominantly linked to medical aspects of 'transition', but were used as guide to follow up more relevant papers. Additionally, journal articles from electronic databases, books and scanning of bibliographies were used to identify core texts and papers, which informed the general review of transgenderism within its historical and psychiatric context.

#### **Search Strategy of Literature on Transgender Individuals and Friendship**

##### **Inclusion criteria.**

The review of transgender friendships is limited to studies of peer reviewed journals, including both quantitative and qualitative research. Transgender is an umbrella term and ever evolving (Lev, 2004), thus a wide range of variations of the terms were included. Due to the lack of friendship studies of transgender people, studies were included when friendship was secondary to the main topic under investigation. Only studies of the adult population

over the age of 18 were included. The search was limited to articles in the English language only.

### **Search strategy.**

The studies reviewed in this paper were identified through computer-based searches of the following databases: PsycInfo, Science Direct, Web of Science, COCHRANE library and Wiley Online Library (inception to March 2011). In addition, the reference sections were manually searched and search terms were entered into search engines such as ‘Google Scholar’ and ‘Mendeley’. Combinations of search terms using Boolean operators were employed to identify relevant papers; the main focus being ‘transgenderism’ and ‘friendships’. Truncation was used to search for different word stems and endings.

Transgenderism search terms consisted of:

[transsexual], [transgender], [transman], [transwoman], [trans], [MtF], [FtM], [gender], [gender identity], [gender identity disorder], [gender variance], [cross dressing], [gender minority], [sexual minority], [queer], [genderqueer], [LGBT], [gender dysphoria], [non normative gender] and [non traditional gender].

Friendship terms included:

[friendship], [friend], [peer], [kin], [network], [social], [relationship], [close relationship], [companion], [acquaintance], [buddy] and [intimate relationship].

## Appendix 2: Submission Guidelines for Feminism & Psychology Journal

### Manuscript Submission Guidelines:

We welcome manuscripts in a variety of formats, including work that introduces innovative forms of feminist psychology scholarship. In addition to full length Articles, Observations and Commentaries, and Brief Reports, we publish Book Reviews, and welcome submissions for Special Features. Queries about the latter should be directed to the Editors; submission guidelines for the others follow. If you are uncertain about the relevance of your manuscript for the journal, please contact the Editors.

### Articles, Observations & Commentaries, Brief Reports

Submissions of full length Articles, Brief Reports, and Observations and Commentaries should be emailed to the Editors, Nicola Gavey and Virginia Braun at [feminism.psychology@auckland.ac.nz](mailto:feminism.psychology@auckland.ac.nz)

Authors should consult the Aims and Scope before submitting a manuscript for review, and are also advised to consult the Editorial in volume 18(1) if more detail is required. Authors should also take note of the following:

1. Manuscripts must be written in English, and can not have been published, nor be currently under consideration, elsewhere. Manuscripts need to be at least 70% different to other previously published work.
2. The following word lengths apply and include references and any supplementary material: up to 8000 words for full-length articles (please contact the editors if you want to submit a substantially longer manuscript); 500-2000 words for Observations and Commentaries; up to 3000 words for Brief Reports. Please provide a word count.
3. All submissions fitting within the Aims and Scope will be peer reviewed anonymously.
4. Submissions should be prepared for anonymous peer review. This means that any identifiable author details (such as reference to previous works as part of the same project) need to be removed or anonymised (e.g., Author 1, 2007), and all author details should be sent as a separate cover-sheet document.
5. Submissions should be prepared in accordance with the following style. They should be double-spaced throughout, with generous margins, and not right-justified. References should be Harvard system, and in the following style:

Caplan PJ (1989) *Don't Blame Mother*. New York: Harper & Row, 00-00.

Woolsey LK and McBain L (1987) Issues of Power and Powerlessness in All-woman Groups. *Women's Studies International Forum* 10(2): 579-88.

Griffith AI and Smith DE (1987) Constructing Cultural Knowledge: Mothering as Discourse. In: Gaskell J and McLaren A (eds) *Women and Education*. Calgary: Detselig Press, 27-44.

6. Footnotes should be kept to a minimum, and presented as End Notes.

7. All figures should be of a reproducible standard.

8. Extracts of qualitative data containing transcription notation should be prepared in the exact format you wish them to appear, especially as regards punctuation, spacing, underlining, etc. Each line should contain no more than 80 characters in 10pt including numbering and the speaker's name.

9. Authors should avoid the use of sexist, racist and heterosexist language. Manuscripts that do not conform to these specifications will not be considered. Authors are encouraged to use clear language which avoids unnecessary jargon.

10. An abstract of approximately 150 words, plus 5-10 key words, should be included with each full length article submission.

11. Authors' names, titles and affiliations, with complete postal and email addresses and telephone/fax numbers, should appear on a separate cover page.

13. Authors will receive electronic offprints of their article and a complimentary journal copy. A maximum of 5 journal copies will be supplied for multi-authored articles. These will be supplied to the main author

### Book Reviews

Our aim is to publish book reviews (and reviews of other media or fiction, if relevant) which are informative and stimulate further discussion and debate. *Feminism & Psychology* publishes two kinds of book reviews, as well as review essays:

" A short review of between 500 and 1,000 words draws attention to the book, not simply by describing the book's contents but also by providing some discussion of the aim(s) of the book and an evaluation of the extent to which these aims are met.

" A longer review of between 1,000-2,000 words moves beyond a summary of the contents to provide a critical evaluation of the arguments and approach taken to the subject matter by the author(s). A book review that takes up the author's theoretical, conceptual, practical, political and/or methodological arguments and develops a debate around these issues can become a piece that is worth reading in its own right.

" In a review essay, several books in a topic area (on average 3) are reviewed together in order to explore the topic and the contributions of the texts. The arguments in a review essay will therefore be more wide-ranging.

Book reviews will normally be commissioned by the Book Review Editor although unsolicited reviews will be considered. If you are interested in reviewing for *Feminism & Psychology*, or have any other queries about book reviews, please get in touch with the Book Reviews Associate Editor, Rose Capdevila. Email: [r.capdevila@open.ac.uk](mailto:r.capdevila@open.ac.uk)

### Special Features and Special Issues

Special Features consist of a guest-edited collection of short pieces that address an issue of contemporary interest to feminism and psychology. Special Issues are similarly guest-edited issues of a journal focussed around a particular theme. Please direct inquiries regarding proposed Special Features or Special Issues to the Editors.

English Language Editing Services: Please [click here](#) for information on professional English language editing services recommended by SAGE

### **Appendix 3: Ethics Approval Letter**

This has been removed from the electronic copy.

## Appendix 4: Interview Schedule

### Interview Schedule

1. Demographic questions:
  - a. Age,
  - b. Ethnicity
  - c. Occupation
  - d. Gender identity
2. Can you tell me when you started living as a man/...? Full time?
3. As you know this research is about friendships and I first want to hear about your general views of friendship. Can you tell me what friendship means to you?
4. From your perspective how are family and friends similar/different? Partners/lovers and friends?
5. Friendships at different stages in your life. In terms of your gender identity can you self describe what stages we are talking about? (Draw stages)
6. Can you tell me which friends were important to you at each stage?
  - Can you place them on this 'map'. Place the closest ones closest to you.
  - Any other friends?
7. Pick one friend from each stage and tell me how your friendship with them has evolved over time?
  - a. Different from other people at each stage?
8. Have there been any changes with these friends over time?
  - a. Their behaviour towards you, you towards them?
  - b. Things talk about
  - c. Physical relationships, attraction
  - d. How much of these changes related to gender/'transitioning'
  - e. Did you talk about 'transitioning' with them?
9. What was it like making friends at each of these stages?
  - a. Supportive, unsupportive
  - b. Who stayed who moved on etc. at each stage
10. What is it like looking at this map of friendship?
11. In an ideal world, looking into the future, would you like to have the friends you have now or would you like it to be different? How?
12. Is there anything you would like to add? Anything we have not talked about and would be important to know?

## **Appendix 5: Participant Information Sheet and Consent Form**

### **Participant Information Sheet**

#### **Project Title: A qualitative study exploring transmen's discourses of gender identity and friendships.**

You are being invited to take part in a research project. Before you decide to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if anything is unclear or if you would like more information.

#### **Purpose of the project**

I will be asking people who identify as transmen about their relationships with friends. For instance, I am interested to find out how change in gender identity impacts on friendships, and how friends can be supportive or hindering during this process. I will also ask how intimacy and gender identity in friendships are negotiated over time.

#### **Why have I been chosen?**

You have been chosen through trans-organisations such as MtF London, Gendered Intelligence, Western Boys, Queer Youth Network, Trans London and Trans Online forums. People who heard about this project 'word by mouth' or through 'snowballing' are also being invited to take part in this study.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep. I will also ask you to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to stop and say you do not want to be involved at any time, or a decision not to take part, will not affect your involvement in anything else.

#### **What will happen to me if I take part?**

I will be asking you to draw a genogram (which is like a family tree) about your friends. The drawing is explorative and during this process I will be asking you questions about your particular friendships. There are no right or wrong answers, and there is no right or wrong way to draw the genogram. This will approximately take between 60-120 minutes. I will tape-record the interview and following our meeting I will transcribe the interviews.

I will interview seven individuals using the same format (genogram and questions). Afterwards I will use all interviews and look for patterns or differences of descriptions of friendships. I will use qualitative methodology (Foucauldian Discourse Analysis) to do this.

**What are the potential benefits for taking part?**

Participation is voluntary. The project aims to increase the visibility of transmen in higher education and research in a respectful and non-pathologising way.

**Will my participation be kept confidential?**

All information which is collected about you during the course of the research will be kept confidential i.e. your name will be removed so that you cannot be recognised. I may use quotations from the interview, but any information which could identify you will be removed or altered.

**What will happen to the results of the research project?**

You will receive a short report of the findings of the project. The findings may also be published in a report or journal.

**Who is organising and funding the research?**

This study is funded by the University of Canterbury.

**Who has reviewed the study?**

The University of Canterbury Research Ethics Committee reviewed this project.

**Who can I contact for further information, including questions about the research and participants' rights?**

For further information please contact:

Claudia Zitz

**c.zitz11@canterbury.ac.uk**

Trainee Clinical Psychologist

Clinical Psychology Doctoral Programme

Department of Applied Psychology

Canterbury Christ Church University

Broomhill Road, Southborough

Tunbridge Wells

Kent TN3 0TG

Supervised by:

Prof. Jan Burns

Dr. Erasmo Tacconelli

**Jan.burns@canterbury.ac.uk**

**Erasmo.Tacconelli@uclh.nhs.uk**

CONSENT FORM

Participant ID number: \_\_\_\_\_

Title of the project: **Transmen's discourses of gender identity and friendships.**

Please tick box

- |  |                          |
|--|--------------------------|
| 1. I confirm I have read and understand the information sheet of the above study.                            | <input type="checkbox"/> |
| 2. I have asked the questions I wanted to for this study.  | <input type="checkbox"/> |
| 3. I understand that my participation is voluntary and that I can stop at any time, without giving a reason. | <input type="checkbox"/> |
| 4. I understand and agree that quotations from the interview may be used.                                    | <input type="checkbox"/> |
| 5. I agree to take part in the above study.  | <input type="checkbox"/> |

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **Appendix 6: Examples of Participants' Systems Maps**

This has been removed from the electronic copy.

## **Appendix 7: Sample Transcript**

This has been removed from the electronic copy.

## Appendix 8: Letter to Ethics Panel about Completion of Research

Claudia Zitz  
Department of Applied Psychology  
Salomons Campus  
E-mail: c.zitz11@canterbury.ac.uk

Prof M. M. Callanan  
Salomons Ethics Panel  
David Salomons Estate  
Broomhill Road  
Southborough, Tunbridge Wells  
Kent TN3 0TG

14 July 2011

Dear Prof Callanan,

### **Completion of Research: A Qualitative Study Exploring Trans Men's Discourses of Gender Identity and Friendships.**

I am writing to inform you that the above research is now completed. I interviewed seven trans men to explore their discursive constructions of friendships and gender identity. Dominant discourses identified included 'friends as family', 'romantic love', 'equality and reciprocity', 'change in lesbian friendships' and 'disowning male privilege'. The results indicate that trans men elevate the status of friends to those of other culturally dominant relationships (e.g. biological family or sexual partner), and friendships become arenas from creative practices of intimacy and care. Furthermore, trans men's friendships, in particular lesbian friendships, can become a complex platform from which to contest privilege and power associated with participants' acquired (trans) masculinities, sometimes leading to rejection. Thus, to negotiate privilege, some participants choose to disown male privilege by taking 'effeminate heterosexual male', 'gender fluid' or 'queer' subject positions. Implications for further research and clinical practice include exploring 'disowning male privilege' further. This could focus on trans men who are more invested in binary positions of gender (e.g. represented by discourse such as 'being born in the wrong body') or with biologically born men. In light of dominant subject positions of power and privilege being constructed as undesirable by trans male participants, the research suggests clinical practice with transgender individuals needs to pay attention to power relationships, particularly within therapeutic relationships. Thus, less expert driven therapeutic approaches, such as second order systemic approaches, may be more suitable when working with this client group.

Please note, the findings will be disseminated to participants within the next four weeks and I aim to submit a paper of the study to the *Feminism & Psychology Journal*. Participants' will be able to comment on the findings prior to submission, and I aim to include their comments when possible and appropriate.

Please contact me if you have any further questions.

Yours sincerely,

Claudia Zitz

## Appendix 9: Poster Presentation

PowerPoint Slide Show - [Presentation Michigan [Compatibility Mode]] - Microsoft PowerPoint

# transmen and friendships

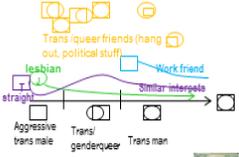
**Claudia Zitz**  
Supervised by Prof. Jan Burns & Dr. Erasmo Tacconelli



**Rationale:**

- **Pathologising discourses of trans men in clinical psychology:** Frequently positioned within medical or biological discourses.
- **Invisibility of trans men in psychology literature** 
- **Shifts in definitions of friendship, family & relationships:** Friends as 'family of choice' (Weston, 1991).
- **Mainly heteronormative representations of friendship within psychology** (Rose, 2000)

**Methodology:**

- **Interviews with 7 trans men:** 'trans' as part of gender, experience, identity or history.
- **Service User Involvement:** Trans man consults at various stages of research.
- **Genograms/ 'Systems Map' of friends to gather data**  

- **Foucauldian Discourse Analyses** 

**Research Questions:**

- To explore **what discourses trans men use to discuss their relationships with friends.**
- To find out **how change of gender identity is discursively negotiated between trans men and their friends.**
- To investigate **how trans men and their friends negotiate intimacy reciprocally.**

**Timeframe/ Results:**

- **Expected completion date: June 2011**

**Contact Details:**

[transresearch@hotmail.co.uk](mailto:transresearch@hotmail.co.uk)  
**Claudia Zitz**  
Clinical Psych. Doctoral Programme  
Salomons Campus - UK

Slide 1 of 1

## Appendix 10: Research Diary

### Research Diary

March 2009: I had this dream where I walked up the escalators of a tube station emerging into this busy colourful city street (like Castro in S.F.) and it was full of people whose gender could not be determined, bearded men in dresses, women with moustaches, young, old etc. Am fascinated by gender constructions, this dream really helps me to see beyond the gender binary. Got a sense how think outside of this gender box.

June 2009: Great, I have the supervisors I want. Erasmo seems to be very enthusiastic and keen on the genogram idea. Will focus on relationships, but not quite sure if I need to limit them. Will I do research with trans men and women? Lots of questions.

June 2009: Erasmo suggested for me to attend gay pride and go on the march, as will be able to meet trans people. Great idea.

July 2009: Went to gay pride and marched along with Erasmo and he introduced me to a range of trans people. Really exciting, a little taunting speaking about the research when I don't know much about it yet. Spoke to this trans woman, she lives partly as man (at work) and partly as woman (home). Have a lot to learn. Also met this trans guy, who seems really interested in project, he has links to lots of other trans men through community organisations. Hopefully he may be someone I can contact in future if recruitment proves difficult.

September 2009: Had meeting with Jan, so genogram idea may be conflicting with general interview, need to think what's my priority. Like the idea of participants drawing genograms and using post-it notes, seems more social constructionist, because can change post-its.

October 2009: Literature search quite overwhelming. Finding it hard to find papers that are non-medical. Need to look at different data bases.

October 2009: Ok so narrowed it down to 'friendships', seems more do-able rather than other relationships as well. Also decided to focus on trans men, exciting, there is not much research out there. Thought about recruitment strategy, worried I won't get enough people as seems notoriously hard to recruit from trans communities.

November 2009: Wiley seems to have lots on trans and gender in general.

November 2009: Gosh, just read this article about 'how and when a trans woman should disclose her trans identity to a man'... 'the trans woman should do this in a restaurant and disclose after the main course, as the other guy would already have invested time in staying with her rather than walking out of the restaurant'. Are you serious? Can't believe this. That's written by a well-established writer of trans issues. How insulting and patronising. What's this about assuming heterosexuality as well? Don't know whether to laugh or cry.

November 2009: Proposal is in, what a relief. Did not give my supervisors very much time to read my drafts. Need to remember to plan in time in future for them to read drafts.

February 2010: Handed in ethics application. Finding it still difficult not to finish last minute. Not sure about interview schedule, seems little long. Nevertheless, overall I am happy with proposal.

March 2010: Brilliant, full approval from ethics.

Met with Jan, didn't quite know where to start, so arranged timeline of whole IRP.

March 2010: I was accepted to go to the LGBT psychology summer institute at the University of Michigan and present my IRP there!!! Can't believe this, am so excited!!! Just incredible!

May 2010: Designed flyers. Feel very hesitant about sending them out. I guess sending them out 'makes it all real'.

Contacted xxx to post my flyer on their website. Guy got back and said he will put it up on notice board.

Contacted xxxxx, no response.

June 2010: Ok have advertised flyer on xxx. Within an hour already had response from one interested person. Can't believe it's real somehow. Did sent participant info sheet.

Wow, someone else contacted me from Australia. Another researcher doing research on intimate relationships with trans women. And another person contacting me who is not happy about the wording in my flyer - 'transmen' does not reflect his experience. He identifies as a man, not transman. Relieved he emailed me privately and I don't have to go into this publicly with the whole critical sexology group. He has a point though.

Ok changed it to 'trans man' now and made flyer more specific that 'trans' can stand for historical, attributes etc. Had another woman email me who potentially knows someone who may be interested, but wants to know more about how I define transman.

Had lots of other replies, a lot of them from US and Australia. Hadn't specified location in flyer. Spoke to Jan who suggested we could perhaps do skype interviews.

Still June: Had over 15 initial replies, but not all from UK. Have not thought about what I do if I have more than 7. Shall see how many will still be interested after info sheet.

Had reply from someone who I think is a friend of my partner's friend. Can I still interview them? Need to speak to Jan.

Have arranged my first interview. Have not thought about where to do this. Contacted LGB organisations and libraries, but no one seems to be able to offer private rooms at reasonable rates. Need or speak to Jan or Erasmo.

Ok so Jan's advice very helpful. So it's about managing 'dual relationships'. As long as I am transparent, it's ok. Good.

Great, spoke to xxx who I met at gay pride, he works for LGBT organisation, so they may be able to help with room.

July 2010. Just had first interview, have not had room organised yet, so did it in café, but I worry about background noise on recording. Found it quite hard to hear him. But the questions were ok, genogram was useful and seems to work, but it did take over 2 hours. Want to cut it down a bit next time.

One person asked me if I am FtM. Really brings up issues about my position as researcher and disclosure. Would know what to do in therapy, but what about as researcher? Told him I was a gay woman, I think that's ok.

July 2010: More interviews, this time at LGBT organisation. Rooms are great and quiet, and they are so generous to give me a good price for rooms. Finding the genogram really great in terms of eliciting conversation. Not sure what I should do with genograms at the end, they all seem to look very different and with lots of info on it.

One guy used really interesting symbols for trans people, so creative, why did I not think of that. Should really do something with this genogram idea.

July 2010: Went to trans community conference. How exciting. Need to remember this idea of 'second adolescence' that trans guys seem to experience when they start testosterone. Photos of trans guys symbolising 'second adolescence' are fascinating, really cool 'dudes', just so not visible within mainstream media. Really starting to get the hang of social construction of gender. Also need to check out research of this guy from xxxx, 'bodies without order'. Idea of why there is this organising structure of bodies and history of it. Genealogy of trans, would really like to follow his work.

July 2010: Designing my poster for poster presentation. Don't have findings as such yet, but should be ok to show methodology etc. Sorting out VISA stuff for US trip.

August 2010: The week in Michigan was definitely the most inspiring week in my life. I can't believe I just spent a whole week with solely LGBT academics, researchers and professors on LGBT topics for the whole week. I have learnt so much! My poster presentation went really well, people were really interested in the genogram idea. One American clinical psychologist said she would try out the genograms next week with her trans clients. I also understand more how to situate the genogram idea of data gathering, it's within 'creative methodologies'. Incredible what this has to offer, especially for minority groups as being more empowering. Great to have a theoretical context for my ideas. Also spoke about how to integrate participants' feedback in research findings. Ideas about responsibility of researcher, what do I do with findings that confirm e.g. negative stereotypes of people.

Also learnt more about community psychology, I get it now. Had amazing presentations and workshops with some of the top academics in fields, people whose books I have read and quoted. Also got such a better understanding of history of transsexuality in US. Learnt from UK academic about gender assignment in UK needs to occur within 4 weeks, even if genitalia are ambiguous. Questions around, if there was no gender binary, what do you do with biological differences, one person had the idea of having 'medical bodies' and making those distinctions then. Also implications for incarceration, trans people in US are really in vulnerable positions. Gender Recognition Act in UK is really ahead of time by not asking for trans people to have their reproductive organs changed. Need to check out 'deviance as resistance' Cohen and all those other references. How amazing also to find I am not alone with my struggles of research process. Recommended a book about how to write dissertation, the main idea being 'little and often', setting myself specific times every week where I will write, rather than it being determined by how I feel. Need to check out this idea of 'normative creativity' more, found it quite difficult to follow that lecture. Also to check out 'the transsexual empire strikes back'. And I also met this guy who was not happy about the way I used the terminology on my flyer, and actually it seems he likes debate and would like me to do the same i.e. feed back critical thoughts. Also realised how research can actually shape policy, probably more so in the US, but speaking to xxx who was crucial in getting proposition 8 overturned mainly because of her research. Amazing.

August 2010: Still on a high from Michigan, and carrying out more interviews. Also someone who I met in Michigan is now interested in taking part, fantastic.

Continuing with interviews. One person dropped out, he lives too far away and after I could not get enough funding to pay for his ticket, it went cold. Also decided not to do skype interviews, it wouldn't work with genograms, but told them I will keep them up to date.

September 2010. Had more people contact me, apparently my advert is now on facebook with thumbs up from a trans person who knows Erasmo. Snowballing and recommendation at its best.

November 2010. Have my 7 interviews now, but have promised to do a further interview in December.

November 2010. Starting to transcribe. I can't believe what a slow process this is. How will I fit this in with the other course work? Also every interview is about two hours long.

December 2010. My interview with participant 8 fell through because of the snow.

Writing Section A now. Just spent 2 hours trying to find out in what year the charing cross gender identity clinic opened. Managed to write one sentence about it. Progress is slow indeed.

January 2011. Stopped recruitment and am using transcription service.

February 2011. Starting to analyse data now. I still don't understand what the difference between a subject position and subjectivity is. Glad Willig's guidelines for FDA are very precise and clear. Am just in process of highlighting discursive objects in interviews.

February 2011. Not sure how to integrate it all. What system to use. I am starting to see themes across interviews, but what is the difference between a theme and a discourse? When does something become a discourse? Was good to talk to xxx, she does similar methodology, things seem a little clearer now.

February and March 2011. Spoke to Jan about various parts of transcripts. Interesting to hear her take on it. I found him to position himself as quite arrogantly and exclusively, whereas Jan thought he seemed quite vulnerable. She suggested to think if that person spoke about another event, would they speak in a similar way? Also to think about how they position me, include or exclude me.

April 2011. Continuing to write analysis section. Have no idea how to structure this. Have so many discourse, can't use them all. I am also aware that I feel like I want to please participants who were particularly outspoken or who I formed a stronger bonds with. Good I can check validity with Jan. Would like to get participants involved too, but there just doesn't seem to be enough time.

May 2011 Have had a set back and am at least three weeks behind schedule.

June 2011. Writing on analysis section and discussion. Am oscillating between the excitement of engaging with theory and research and feeling tired of it. Finding J Butler's idea really useful about trans people engaging in practices of self-determination, correction and normativity. Fits so well with what trans people describe about their friendships.

June 2011. Attended a training event at the Charing Cross Gender Identity Clinic. What a great opportunity to be in the building and meeting clinicians working there. Felt like overall it brought my research together. Spoke to a guy who works with trans youth and he could relate to the findings of the project. Also thought it may be good to speak to trans youth about project, as at that age friendships and peers are so important. Also learned more about Gender Recognition Act and our legal obligations as professionals. It is a crime to disclose trans gender identity status to other professionals (except for medical professionals such as nurses or doctors) and one would be prosecuted under criminal law. Need to make sure I pass on this information to others.

June 2011. Still writing section B. It feels difficult including the discourse of lesbian changes in friendship. Feels a bit like I am 'betraying' the community I identify with. Perhaps I can reflect more on my position in the write up. Also realising as I am writing it I am starting to re-analyse the data. Feels like there is so much more I could say.

July 2011. I can see the end now.