

Is Transgenderism a result of Nature or Nurture?

Do misperceptions, prejudices and ill-conceived behaviors necessitate educating the general public about this condition?

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L8: Can pose questions and use methods of formal inquiry to answer questions and solve problems.

L9: Can find a problem or topic of interest, formulate it into a question, discover its background, and create a research proposal for contributing to the research, based on specific methodology(ies).

Research Proposal

I. The problem and its setting

A. Statement of topic to be explored

The history and causes of transgenderism are fundamental to the focus of this proposal. The ignorance of those in principal support relationship roles can result in rejection of the transitioner during a tumultuous period when emotional support and understanding is paramount.

B. Statement of the Problem and Sub-problems

Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person's internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics. "Trans" is sometimes used as short hand for "transgender." While

transgender is generally a good term to use, not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person.¹

The ways in which transgender people are talked about in popular culture, academia, and science are constantly changing, particularly as individuals' awareness, knowledge, and openness about transgender people and their experiences grow.²

Until 1952 transgenderism was unheard of in the United States until a Male to Female Transsexual named Christine Jorgenson burst on the scene. The New York Daily News broke the story on December 1st, 1952, and what was to have been a quiet, private surgery and the transition to a new life were now titillating front page stories across the country. The surgery was not common, having been performed in Denmark since the 1930's, but the furor caused by Christine's transition shattered conventional thoughts about sex and sexuality that are still being redefined today.

While transitioning to male or female is no longer front page news, it can still be scandalous and life destroying in some quarters due to misperceptions about what a transgendered person is. Transitioning should be an exciting time for the transitioner. Starting the journey to alter ones physical appearance to match ones brain sex is a lifelong dream of many transgendered people. But in reality 'coming out' and

¹ American Psychological Association (2011). Answers to your questions about transgender people, gender identity, and gender expression. Retrieved from <http://www.apa.org/topics/lgbt/transgender.aspx>

² American Psychological Association. (2011). Answers to your questions about transgender people, gender identity, and gender expression. Retrieved from <http://www.apa.org/topics/lgbt/transgender.aspx>

announcing the change is a scary time for the transitioner. For younger people with Gender Dysphoria being kicked out of their home, disowned by their family and ostracized by their communities are all distinct possibilities when coming out. For older Americans transitioning can mean the destruction of the families they have created, loss of their job and the financial security that comes with it. For all segments of transitioners violence is a distinct possibility if one is accidentally 'outed', and legal anti-discrimination protection is not available in all 50 states.

I propose to do a study investigating the causation of transgenderism. I will assess if environment plays a role in creating a transgendered person or if the indicators are hormonal.

C. Statement of the Question

Being transgendered designates that the individual in question feels his or her emotional and psychological identity as a male or female is opposite to his or her biological sex. I intend to show while a segment of the transgender community comes out and transitions with virtually no disruption to their life or the quality of their life, a larger portion of the population faces prejudices and ill-conceived behaviors when they transition. Hence the question I propose: Is a transgender condition a result of nature or nurture?

D. Statement of the Hypothesis

The hypothesis I will test through this research will be: Transgenderism is a result of nature, thus further public education is required to end the discrimination that transgender people currently experience.

E. Delimitations

For the purpose of this study I will confine my discussion to people that have transitioned or are in the process of transitioning from Male to Female or from Female to Male. In addition, I will not focus on or include children under the age of 18.

F. Assumptions

For the purpose of this research:

- I assume that Transgender persons are a result of Nature.
- I assume that Transgender persons will continue to emerge in all walks of Society.
- I assume that there are societal misperceptions regarding those with gender dysphoria.
- I assume these misperceptions will remain until the public understands the causes of gender dysphoria.

G. Definition of Terms

Androgen: is the broad term for any natural or synthetic compound that stimulates or controls the development and maintenance of male characteristics.

Brain Sex: the gender your brain identifies as.

Cisgender: (often abbreviated to simply cis) describe related types of gender identity where the way individuals experience their own gender matches the sex they were assigned at birth.

Core gender identity: an individual's fundamental sense of self as male or female.

Diagnostic and Statistical Manual of Mental Disorders (DSM): published by the American Psychiatric Association, offers a common language and standard criteria for the classification of mental disorders.

Female-to-male (FTM or F2M): transgender person who was assigned female at birth but has a male gender identity.

Gender expression: the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.

Gender identity: a person's concept of himself or herself as male or female.

Gender dysphoria: The condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex.

Gender identity disorder (GID): is the formal diagnosis used by psychologists and physicians to describe people who experience significant dysphoria (discontent) with the sex they were assigned at birth.

Gender Reassignment Surgery: a procedure that changes a person's external genital organs from those of one gender to those of the other.

LGBTQ: is an initialism that stands for lesbian, gay, bisexual, transgender and gender queer.

Male-to-female (MtF): a transgender woman

MTF: is a male-to-female (or M2F) transgender person who was assigned male at birth but has a female gender identity.

Mental Disorder: is a mental or behavioral pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life (disability), and which is not a developmental or social norm.

Sex chromosomes: chromosomes associated with the determination of sex. In mammals, XX is female and XY is male.

Sexual differentiation: The process by which male or female characteristics develop. Sexual differentiation is the process of development of the differences between males and females from an undifferentiated zygote or fertilized egg. As male and female individuals develop from zygotes into fetuses, into infants, children, adolescents, and eventually into adults, sex and gender differences at many levels develop: genes, chromosomes, gonads, hormones, anatomy, and psyche.

Sexual orientation: is an enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or

gender, or to both sexes or more than one gender. These attractions are generally subsumed under heterosexuality, homosexuality, and bisexuality.

Sex Reassignment Surgery: gender reassignment surgery is a procedure that changes a person's external genital organs from those of one gender to those of the other.

Sex-type behavior: in children can have many forms, reflecting various ways in which a child relates to his or her gender.

Somatization: the generation of physical symptoms that suggests physical illness or injury due to a psychiatric condition.

Testosterone: A major hormone which regulates development of the internal and external genitalia in the male pattern. It also influences other tissues.

Trans: A term used to describe individuals who live as members of the other sex, typically having undergone hormonal and surgical treatment for sex re-assignment.

Transgender: Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth.

Transsexualism: is characterized by a prolonged, persistent desire to relinquish one's primary and secondary sex characteristics and acquire those of the other sex. It particularly describes individuals who live as members of the other sex, typically having undergone hormonal and surgical treatment for sex re-assignment.

Trans man: is a female-to-male (FTM or F2M) transgender person who was assigned female at birth but has a male gender identity.

Trans woman: (sometimes trans-woman or transwoman) is a male-to-female (MTF or M2F) transgender person who was assigned male at birth but has a female gender identity.

I. Review of the Related Literature

A. Major Issues Explored by Scholars who have Researched this Topic and Problem

Until relatively recently, gender was thought of as being a proportionately social construct, with most of our gender development occurring by the age of 4 after being initially decided in utero. It was thought social influences could alter the direction of mental gender development, but a male was born a male and a female was born a female. It has since been scientifically discovered that all babies start out as females. In the first trimester of development in utero the fetus' physical sexual characteristics are determined, while it is not until the second trimester that the baby's brain sex develops.³

Transgender people have a condition that is not widely understood. When transitioning and after, they are often consider to be trying to fool the world by posing as something they are not. There is a misperception that living as the sex their brain

³ Garcia-Falgueras, A., & Swaab, D. F. (November 01, 2009). Sexual hormones and the Brain: An essential alliance for sexual identity and sexual orientation. *Endocrine Development*, 17, 22-35.

identifies with makes them mentally unstable sexual deviants who con the unsuspecting. Being transgendered is none of these. Transgenderism is the condition where one's brain does not match the body they were given, causing difficulty socially and culturally, depression, anti-social behaviors, substance abuse and even suicide.

Very few people are able to discern or define the difference between transgendered, transsexual and gender queer persons, and as a result much confusion and many stereotypes are born. The goal of a transgendered person is to publicly pass undetected as their chosen sex, or as a cisgender person (naturally born man or woman).

The Washington Post estimates there are over 1,000,000 transgendered people in the United States alone. It is hard to determine the exact number because transgender people cloak themselves in secrecy. The ultimate goal of the Male-to-female (MtF), or Female to Male (FtM) transgender person is to pass in society as a Cis Gender Male or Female. A Cis gendered male or female is a person who was born male or female and the individuals experience of their own gender matches the sex they were assigned at birth. Thus many people are unaware that their neighbor or coworker may be a transgender person.

To understand the misunderstandings surrounding Gender Dysphoria and the discrimination suffered by transsexuals it is important to consider how recent are many of the changes in society's attitudes and norms with regard to sexuality. As of 1972 the

DSM (Diagnostic and Statistical Manual of Mental Disorders) classified transgenderism as a mental disorder. In 1973, the American Psychiatric Association removed transgenderism from its list of mental disorders and it was only in 1992 that the World Health Organization declassified transgenderism as a mental illness. In many parts of the USA it is still within the law to discriminate against transgendered people. In the United States only 13 states prohibit discrimination on the basis of gender identity (The Williams Institute, 2008).

It was thought that APA classification of transgenderism as an illness “rests chiefly on the fact that society disapproves of this behavior” and that psychiatrists who continue to hold this belief are “merely acting as agents of such cultural value systems.”⁴ In February 1973 an APA committee began to formally study whether transsexualism should continue to be listed as a mental disorder in the DSM.

Dr. Henry Brill, chair of the committee, indicated a shift in professional opinion when he noted that such listings tend to foster prejudice against transgendered individuals. Dr. Judd Marmor, vice president of the APA, added that he believed transgenderism was not an illness but rather an alternative form of sexual expression, albeit one that engendered much societal disapproval.⁵ Thus, after careful deliberation

⁴ Sexuality, Gender, and Science. (2011). In Susan R. Burgess (Ed.), *The New York Times on Gay and Lesbian Issues*. (3rd ed., pp. 77-122). Washington, DC: CQ Press. <http://dx.doi.org.ezproxy.depaul.edu/10.4135/9781608717545.n3>

⁵ Sexuality, Gender, and Science. (2011). In Susan R. Burgess (Ed.), *The New York Times on Gay and Lesbian Issues*. (3rd ed., pp. 77-122). Washington, DC: CQ Press. <http://dx.doi.org.ezproxy.depaul.edu/10.4135/9781608717545.n3>

of the available research, in 1973 the American Psychiatric Association (APA) reclassification of transgenderism to Gender Dysphoria was enacted, taking transgenderism out of the realm of mental disorder and placing it firmly in the world of physical maladies.

The World Health Organization (WHO) is revising another standard diagnostic tool, the International Classification of Diseases (ICD). The revision is altering both the name and classification of transgenderism on a world platform, thus allowing for a standardized view of the condition, and (optimistically) allowing for a greater understanding of the condition which is not a mental condition; rather, it is a physical one.

The significance of all these events is that many transgender individuals would have grown up in a time of harassment, misunderstanding and discrimination against LGBTQ people. Some potential consequences of this are discussed further below, but one very important consequence was that being transgendered was kept hidden by many. Being transgendered was considered to be a mental illness or a choice. One respondent in a research project stated, for example, that "I'm going back quite a long way... when I was young we didn't have any choices... we didn't have any choice about

whether we would declare we were going to transition or not, we didn't change. You just accepted that fact, and you got on with it..."⁶

Transgenderism is not sexuality. Many cisgender individuals do not understand there is a difference between an individual's sex and their gender. A person's sex refers to the genitalia they possess when born, while a person's gender is what they were assigned at birth and what they think they are. Put simply, sex is your anatomy. Gender is what's between your ears. When they match, you're cisgender, and when they don't, you're transgendered.⁷ Although this concept continues to evolve, the term transgender is generally used to describe people who wish to move away from, or transcend, a given gender, which is typically a product of the anatomical sex assigned at birth by parents and physicians.

Thus, babies born with male genitalia are generally classified as of the male sex and expected to behave according to masculine gender norms, while babies born with female genitalia are typically classified as of the female sex and expected to fulfill feminine gender norms. However, as noted in a September 24, 2006, Times report, in up to .05 percent of cases, sexing babies by their genitalia is not as straightforward as has often been assumed. Transgender people challenge sex and gender categories in a

⁶ Sargeant, M. (2009). Age discrimination, sexual orientation and gender identity: UK/US perspectives. *Equal Opportunities International*, 28(8), 634-645. doi:<http://dx.doi.org/10.1108/02610150911001670>

⁷ McDonald, S. (2014, February 13). Seven questions about transgender issues you were afraid to ask. *The Washington Post*. Retrieved February 4, 2015, from <http://www.washingtonpost.com/blogs/she-the-people/wp/2014/02/13/seven-questions-about-transgender-issues-you-were-afraid-to-ask/>

variety of ways. Some believe they have been born into a body that does not correspond with their gender and seek to have their sex reassigned through surgery. Others identify as the opposite gender of their birth but do not surgically alter their anatomy at all or choose to modify some sex characteristics but not others. Some have been born with both male and female sex characteristics, but do not necessarily identify with one gender or the other. Still others question the idea that there are only two varieties of sex (male and female) and gender (masculine and feminine), arguing instead that there are multiple ways to enact sex and gender identity, and that it is possible for one individual to occupy various versions of such identities.⁸

There is a hormonal theory of sexuality, which holds that, just as exposure to certain hormones plays a role in fetal sex differentiation, such exposure also influences the sexual orientation that emerges later in the adult. Prenatal hormones are seen as the primary determinant of adult sexual orientation.⁹ Differences in brain structure that come about from chemical messengers and genes interacting in utero on developing brain cells are believed to be the basis of sex differences in countless behaviors, including sexual orientation. This hypothesis is originated from countless experimental studies in non-human mammals, yet the argument that similar effects can be seen in human neurobehavioral development is a much debated topic among scholars. Recent

⁸ Sexuality, Gender, and Science. (2011). In Susan R. Burgess (Ed.), *The New York Times on Gay and Lesbian Issues*. (3rd ed., pp. 77-122). Washington, DC: CQ Press. doi: <http://dx.doi.org.ezproxy.depaul.edu/10.4135/9781608717545.n3>

⁹ From Wikipedia, the free encyclopedia

studies, however, have provided evidence in support of prenatal androgen exposure influencing childhood sex-type behavior.¹⁰

Evidence exists in rats that the stress levels of the mother can also have an effect on fetal development.¹¹ These results have been applied to human sexual orientation, although studies of maternal stress often lack generalizability due to small sample sizes and the inherent difficulty of accurately measuring stress levels in pregnancy.¹²

Some people feel that Gender Dysphoria is a choice.¹³ Gender Dysphoria is a direct result of hormones being released at the wrong time in the wrong quantity during fetal development. Sexual Organs develop in the first trimester of fetal development, while Brain sex, the gender your brain identifies as, develops in the second trimester. Occasionally, a person's sexual identity will not match the body he or she has been born with. As a result of this incongruity, the person is usually desperately unhappy with their given sex as their body does not match what their brain knows them to be.

¹⁰ Bao, Ai-Min; Dick F. Swaab (18 February 2011). "Sexual differentiation of the human brain: Relation to gender identity, sexual orientation and neuropsychiatric disorders". *Frontiers in Neuroendocrinology* **32** (2): 214–226.

¹¹ Ellis, Lee; Shirley Cole-Harding (26 September 2001). "The effects of prenatal stress, and of prenatal alcohol and nicotine exposure, on human sexual orientation". *Physiology & Behavior* **74** (1-2): 213–226.

¹² Ellis, Lee; Shirley Cole-Harding (26 September 2001). "The effects of prenatal stress, and of prenatal alcohol and nicotine exposure, on human sexual orientation". *Physiology & Behavior* **74** (1-2): 213–226.

¹³ Robinson, B. (2008, June 1). Is transsexualism genetically determined at conception? Retrieved March 3, 2015, from <http://www.religioustolerance.org/transsexu3.htm>

What differentiates transgenderism from mental disorders? "It's different from mental disorders," says Jack Drescher, a New York psychiatrist who was part of the American Psychiatric Association's work group on gender identity, which revised the latest manual of mental disorders, the DSM-5. "Usually, with a mental disorder, we try and change the person's mind," he says. "This is the only condition of the mind where the treatment is changing the body."

The new DSM-5 changed the diagnostic name from "gender identity disorder" to "gender dysphoria," which refers to the distress that may be associated with having your identity not match your body. Drescher says the challenge was to reduce stigma, yet maintain access to medical care, which can include psychological support as well as hormones or surgical treatment. All the treatments require a diagnosis for insurance, he says.

"It's not called a disorder, but it is in the handbook of mental disorders," Drescher says. "The truth is we actually don't know what it is. There's no absolute reason why it has to be in the mental disorders section, except as a fact of history, it's always been there. It is in the DSM as we had no place else to put it." What had been called "transsexualism" is now recommended to be "gender incongruence" in the ICD-11 (The International Classification of Diseases **11th** Revision), slated for 2015. There is a proposal to move the gender dysphoria diagnosis out of mental disorders and put it in another, yet undecided, section.

There are many issues facing transgender individuals societally today. They are denied many of the basic civil liberties that cis gendered peoples enjoy. They are denied marriage licenses, often loses his/her job after coming out, his/her birth certificate list him/her as the wrong sex, he/she may lose their family, the list of issues is large. Legal problems persist in many localities to this day because some states allow postsurgical transgender people to change the sex on their birth certificates, while others do not. In addition, relationships that involve transgender people are often penalized in a variety of other ways, as, for example, they are denied spousal recognition, and the ability to be recognized as a parent.

Contrary to expectations, the odds of specific types of enacted stigma (verbal harassment, problems getting a job, problems getting health and substance abuse services) are high for transgender men and women. Transgender individuals face serious barriers to meeting their basic needs, starting with employment. Cavanaugh (2011) reports that ninety percent of National Transgender Discrimination Survey respondents reported being harassed, mistreated or discriminated against on the job. Another forty-seven percent reported being fired, not hired or denied a promotion. These workplace struggles mean that transgender individuals are four times more likely to live in poverty (less than \$10,000 a year) than the general population.¹⁴

¹⁴ Cavanaugh, T. (2011, Mar 31). Discrimination rampant in transgender life. *Between the Lines* Retrieved from <http://ezproxy.depaul.edu/login?url=http://search.proquest.com/docview/861736286?accountid=10477>

Overall, 63 percent of respondents experienced a "serious act of discrimination," an event that the National Center for Transgender Equality (NCTE) says "would have a major impact on a person's quality of life and ability to sustain themselves financially or emotionally." Such events include: loss of job, eviction, dropping out due to bullying/harassment, teacher bullying, physical and sexual assault, homelessness, loss of relationship with partner or children, denial of medical care, and incarceration. Another twenty-three percent said they had experienced three or more events on that list. "These compounding acts of discrimination - due to the prejudice of others or lack of protective laws - exponentially increase the difficulty of bouncing back and establishing a stable economic and home life," the NCTE writes in its executive summary of the survey.¹⁵

The rights of those with Gender Dysphoria are at the "new civil rights frontier". The cultural right has largely lost the argument on homosexuality. Those who argued against gay marriage and gay adoption are increasingly at odds with changing social norms and the type of popular pseudo-religious discrimination that was common in the days of the Defense of Marriage Act. Yet gender and sexuality still need to be policed -- as the current system allows no alternatives. One is either mainstream in their sexuality or the "other" against which "normality" is defined.

¹⁵ Cavanaugh, T. (2011, Mar 31). Discrimination rampant in transgender life. Between the Lines Retrieved from <http://ezproxy.depaul.edu/login?url=http://search.proquest.com/docview/861736286?accountid=10477>

The time is coming when individuals who believe in equality and social justice must decide where they stand on the issue of trans rights -- the right to equal opportunities at work or simply the right to walk down the street dressed in a way that makes them comfortable. Those are rights that the feminist and gay liberation movements have fought for over generations and those who have made gains have a responsibility to stand up for those who have yet to be accepted. If one believes in social justice, one needs to support the trans community as it makes its way proudly into the mainstream.¹⁶

B. Methodologies utilized by Scholars to Research this Topic and Problem

Bockting et al. (2013) conducted a survey research on a sample of 1093 male-to-female and female-to-male transgender persons, stratified by gender. Their aim was to determine “the association between minority stress, mental health, and potential ameliorating (making something bad good) factors in a large, community-based, geographically diverse sample of the US transgender population.”

Participants completed an online survey that included standardized measures of mental health. Guided by the minority stress model, they evaluated associations

¹⁶ Penny, L. (2014). Not everyone is born a boy or a girl and stays that way. It's time to rethink gender. *New Statesman*, 143(5215), 42.

between stigma and mental health and tested whether indicators of resilience (family support, peer support, identity pride) moderated these associations.

Their results showed: respondents had a high prevalence of clinical depression (44.1%), anxiety (33.2%), and somatization (27.5%). Social stigma was positively associated with psychological distress. Peer support (from other transgender people) moderated this relationship. They found few differences by gender identity.¹⁷

In “Sexual differentiation of the human brain: Relation to gender identity, sexual orientation and neuropsychiatric disorders” Bao and Swaab (2011) explain in great detail the hormonal processes that determine if a fetus will be male or female. As endocrinology studies have revealed sexual differentiation of the brain takes place at a much later stage in development than sexual differentiation of the genitals, these processes can be shaped independently of each other. Therefore the degree of genital development to male or female may not match the brain development of male or female resulting in a person who is transgendered. Furthermore the pair elucidate that there is no evidence that one’s postnatal social environment plays a role in gender identity or sexual orientation.

Hines (2010) builds on Meta-Analysis research in ‘Sex-related variation in human behavior and the brain’ that reiterates and proves prenatal hormones clearly contribute

¹⁷ Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health*, 103(5), 943-951. doi:10.2105/AJPH.2013.301241

to the development of sex-related variation in human behavior. Such differences are hard wired into our system. This repudiates the theory that Gender Dysphoria is a choice. Rather it is a genetic variation due to a congruence of influencing factors that take place in utero during fetal development.

Many sex differences have been described in the human brain but only a subset of these have been related to transgenderism. A female who has yet to transition has a brain structure that maps as if she were male, and a male who has yet to transition has a brain that maps as female. As these differences are not learned behaviors they are considered to be hard wired into the subjects brain, therefore cannot be changed. The only solutions are to deny this reality or change the subjects' exterior to match their interior.

The case studies reviewed and presented by Martin (2008) in "My experience working with transgendered clients" cover a period of over 15 years and are very illuminating. These phenomenological research studies give great insight to the progression of individuals 'coming out' and transitioning, as well as Martin's journey to put aside his preconceived notions of the subject population. Martin observed that the strength, patience and fortitude required to successfully transition were characteristics that were needed in abundance by his clients. What greatly intrigued me was that for Martin's older cases there were no precedents to observe or emulate when coming out or transitioning. These pioneers of the transgender movement had to 'make it up' as

they went along. They forged a path for the transitioners of today, though that path is still evolving.

Martin dutifully chronicles the challenges faced by emerging transsexuals. Feelings of loss, incidences of violence aimed at the transitioner, employment challenges and feeling unaccepted by any group were commonly reported. What struck me as most insightful about Martin's works was the report of underlying sadness in many of his transitioners despite their triumph. While the bulk of the subjects were happy to have had transitioned with seventy-seven percent of the respondents reporting great satisfaction with their new identity, many were left with an underlying sadness at what they had sacrificed or missed by transitioning. Most reported the greatest sense of dissatisfaction in interpersonal relationships. Either through the preconceived notions of others, or their own anxiety, transgendered people have a difficult time finding an accepting community.

In *Being Transgender: The Experience of Transgender Identity Development*, Levitt and Ippolito (2014) present findings that are based on a grounded theory analysis of interviews with transgender-identified people from different regions of the United States. Interviews documented the process the participants experienced in arriving at their gender identity. The article presents clusters of findings related to the common processes of transgender identity development. The process of transitioning was made possible by narratives that injected hope into what was a childhood replete with criticism

and scrutiny. Ultimately, participants realized their identities by weighing their internal gender expectations with considerations about the availability of resources, their coping skills, and the possible consequences of gender transitions. The findings enriched understanding of gender theory, validated research, and increased clinical support for transgender clients.

One of the overarching themes present in this work reinforced the feelings of loneliness and isolation experienced by young Trans individuals. There is great anxiety and confusion caused when one realizes they are different and searches for an appropriate identity that matches what their brain knows. The scarcity of openly transitioned transgendered individuals left a vacuum as relates to role models and possible paths for investigating or initiating a transition or creating a new identity. The research also focused on incidents of childhood harassment and invalidation for members of the Trans population.

The methods of qualitative study seem to have variables that cannot be accounted for in design phase. I am more attracted by the qualitative approach than the quantitative approach. The qualitative approach used has a more anthropological approach than a quantitative approach would. The subject matter being dealt with would not lend itself to a large scale longitudinal study. Anecdotal evidence suggests that further education regarding the inherent nature of being transgendered would result in a greater understanding for those that suffer from the condition.

This greater understanding would create larger acceptance of the transgender population and their situation. This increased acceptance would pave the way for less discrimination, and a more rewarding and fulfilling journey for those that find themselves in the precarious position of needing to transition. One's social acceptance should not be predicated on outdated understandings of what amounts to a birth defect. Nature does make mistakes, and nurture does not factor into the process.

III. Proposed research methodology

A. Data or evidence to be collected

I propose a cross sectional study based on empirical evidence as well as the positivist experiences of transitioned or transitioning individuals. The study population will consist mainly of transitioned or transitioning subjects in the Midwest area of the United States.

The positivist qualitative data will be collected through surveys questioning participants transitioning experiences, how long they have been in the process of transitioning or transitioned, when they first realized they were transgendered and the reaction given to their announcement of plans to transition by their immediate support group. My questions will examine perceived reactions to the transition, what challenges they faced in transitioning, what challenges they think they will face as they age, incidences of violence, and incidences of discrimination and loss of emotional support.

In order to collect a reliable population of subjects I will be working with local non-profit organizations that aid individuals in their transition as well as non-profits that recognize, promote and support the greater transgender community. I am working with these groups to add validity to the subject group being sampled.

B. Techniques for collecting data

A communication will be sent out to subjects interested in participating, advising such potential participants of the study's parameters and guaranteeing that participation is anonymous. Shortly thereafter a survey designed to qualify and quantify subjects' experiences will be forwarded to participants, asking for a return of completed survey no later than one week from receipt.

C. Methods of analysis

Statistical analysis will be used to evaluate the quantitative data. I will then explore the relation of the data to the underlying population, creating a model to illustrate and summarize such relationship. This illustrated understanding of the data should prove the validity of the model. This in turn will allow me to engage in predictive analytics to determine the scenarios that require future actions.

IV. Outline of the Final Report

The final report that I will present will be structured as follows:

Title Page	i
Acknowledgments	ii
Table of Contents	iii

Chapters

- I. The Problem and its Setting
- II. Review of the Related Literature
- III. Research Methodology
- IV. The Results Appendixes

V. Expected Outcomes

I anticipate that my research will be of significance to:

1. Medical workers currently serving the transgender population,
2. Outreach workers currently serving the transgender population,
3. Individuals looking to transition,
4. Individuals in the process of transitioning, and
5. Individuals looking to further educate the general public.

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