

**INCOMPLETE SEX RE-ASSIGNMENT SURGERY AND
PSYCHOSOCIAL FUNCTIONING: A PRELIMINARY STUDY**

Submitted by

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In partial fulfilment of the requirements for the degree

MASTER OF SCIENCE

In

CLINICAL PSYCHOLOGY

In the School of

HUMANITIES

Department of

CLINICAL AND APPLIED PSYCHOLOGY

At the

UNIVERSITY OF LIMPOPO (MEDUNSA CAMPUS)

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May 2010

ABSTRACT

This study is about sex-reassignment surgery and psychosocial functioning. Sex reassignment surgery is the culmination of a personal process which includes a decision to change one's biological sex through the use of surgical intervention.

Trans-sexualism is a condition in which a person experiences a discontinuity between their assigned sex and what they feel their core gender is. For example, a person who was identified as "female" at birth, raised as a girl, and has lived being perceived by others as a woman, may feel that their core sense of who they are is a closer fit with "male" or "man." If this sense is strong and persistent, this person may decide to take steps to ensure that others perceive them as a man. In other words, they may decide to transition to living as the sex that more closely matches their internal gender.

The impact of sex change on interpersonal relationships is studied and presented. The research question is: How does an individual with incomplete sex change surgery experience him/herself in relationships with males and females?

The predominant finding is one of a mixed clinical picture wherein although the sex change does bring satisfaction in one area of their lives, it also raises dissatisfaction when it comes to other aspects of their lives.

The indication is that psychotherapy and surgical intervention are to be considered jointly in order to aid effective integration for individuals considering such an option.

DECLARATION

I, Musa MaseTshaba, hereby declare that the work on which this dissertation is based, is original (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or shall be submitted for another degree at this or any other university, institution for tertiary education or examining body.

Musa MaseTshaba

May 2010

ACKNOWLEDGEMENTS

First and foremost, I would like to thank God Almighty for giving me the strength to persevere when odds were against me and the wisdom to understand the material.

I would like thank my wife for her continued, consistent and unwavering support during my Masters studies. She has provided both the environment and resources required for me to start and complete my Masters degree. I could not have done it without her. Thank you for keeping the home fires burning while I pursued my academic dreams.

I would like to thank my parents, Thomas and Hilda Tshabalala, for their continued belief in me and for carrying me when my legs no longer could. I would like to thank my siblings, Maserame, Sadiki, Winston and Andy, for providing life challenges that helped me grow.

I would like to thank a dear friend, Sandra Siane, for her financial support and encouragement when it counted the most.

Thank you to Medunsa Campus MSc 1 class of 2007, for allowing me space in their private lives through which training material was provided.

I would like to thank Professor Charl Vorster for his continued supervision and imparting passion for psychology which sustained me during rough times.

I would like to thank Medunsa Campus Masters lecturers for providing the academic support required to complete this project.

Finally, I would like to thank The Medical Research Council for their financial sponsorship.

DEDICATION

I dedicate this thesis and my degree to my all time anchor and beloved wife, Mantepu Tshepo MaseTshaba. Without you, this would have remained just a pipedream, thank you.

I also dedicate this to my young family, (Tshepo & Sabata Tshepiso MaseTshaba), for your unconditional love.

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CHAPTER 1

INTRODUCTION

Gender can be seen as a system of social differentiation and social placement, (Ekins & King, 2006). The same authors also state, societies have an understanding about what constitutes gender, how many gender categories there are, what characterises members of each category and so on. Any particular society will express its understanding of gender in complex and largely unwritten, a set of rules that tell us what to expect of other people's behaviour in both predictive and in a normative sense. Gender is also, of course, an important part of individual identity, (Ekins & King, 2006).

Sexual identity, also termed gender identity, is a fundamental identity feature. It may be considered as encompassing three components, an individual's basic conviction of being male or female; an individual's behavior, which is culturally associated with males or females (masculinity and femininity); and an individual's preference for male or female sexual partners, (Green, 1974). In this study, the concepts trans-genderism and trans-sexualism, are used interchangeably.

We find it useful to think of gender not as something which people have, but to see the production of a gendered social identity as an on-going accomplishment, something which is constantly being done. In societies which recognises only two genders, the basic rule of gender identity is that only biological males are expected to be male and only biological females are

expected to be female, (Kessler, 1978). Trans-sexualism poses a perplexing challenge to psychosocial theories of human development, to social organisation and to medical theories of the sources of maleness and femaleness, (Feinbloom, 1976). Trans-sexualism represents a disruption of 'everyday reality' and significantly jars basic beliefs.

The term trans-sexual may therefore be used for persons of either sex who display the following characteristics:

1. A sense of belonging to the opposite sex and of having been born into the wrong sex ,
2. A sense of estrangement from one's own body, so that any evidence of one's own biological sex is regarded as repugnant,
3. A strong desire to resemble physically the opposite sex and to seek treatment, including surgery, towards this,
4. A wish to be accepted in the community as belonging to the opposite sex,
5. Persistence of these feelings and convictions, often since childhood, and
6. No evidence of biological or associated psychiatric illness, such as schizophrenia, (Olsson & Moller, 2004).

The trans-sexual individual often feels that he or she is trapped in the wrong body. Male trans-sexuals feel feminine from childhood and often believe they were "girls". This belief is typical of these individuals, and it is consistent with their distaste of their own genitals, which are described as "not mine", "not wanted" and "useless". A lack of interest for the penis as an

insignia of maleness and a source of erotic pleasure is accompanied by the wish to be rid of it and to be given a woman's body.

The same applies to the female trans-sexual who demands removal of the breasts and of the womb, (Feinbloom, 1976). These individuals often remember puberty as a painful confusing period, during which erections and emissions for the male, and breast development and menstruation for the female, shattered the illusion that they were to grow up in the preferred body.

He or she, often from the earliest memories feels that the biological sex assigned at birth is incongruent with subjective feelings of maleness or femaleness, (Ekins, 1997). Cross-dressing often begins in early life, usually on the individual's own initiative and without associated sexual gratification. Cross-dressing often produces a sense of wellbeing which cannot be obtained by any other means. Passing successfully in the opposite gender role reinforces the belief of being trapped in the wrong body and makes imperative the request for hormonal and surgical treatment, (Meyerowitz, 2002).

Some trans-sexual individuals have a very limited or absent sexual life. The male trans-sexual prefers masculine "straight" men intimately. These sexual relationships are explained as "heterosexual". This is mainly because the patient believes that he is female and therefore naturally attracted to men. Heterosexual activity is accompanied by the fantasy of being a woman made love to by a man. This fantasy is necessary in order to achieve arousal and orgasm.

The concept of body image has particular relevance to the phenomenon of trans-sexualism. Body image has come to mean not only the way one perceives his or her own body, but also the way he or she feels about these perceptions. As such, it is an important part of one's overall self-concept, (Farber, 1985). The trans-sexual is unable to form a satisfactory body image because of the incongruence between anatomic sex and gender identity. Thus, the reality of the trans-sexual's body does not conform to the preferred or desired body image. The result is a disturbance in the formation of a complete and consistent self-concept, thus trans-sexualism, (Farber, 1985).

In order to bring the physical body in alignment with the psychological gender identity, some trans-sexual individuals opt for the process of sex re-assignment surgery. The process typically entails three elements of triadic therapy, which starts with hormone therapy → real-life experience → surgery, or sometimes: real-life experience, (Bowman & Goldberg, 2006). The entire process is often referred to as 'sexual transitioning', as it truly does require a transition over time. Social reassignment, which is often recommended before the individual commits to sex reassignment surgery, entails living and working for perhaps two years as if the individual were already a member of the opposite sex, (Barrett, 2007).

Ekins & King, (2006) refer to this stage as 'migrating' insofar as the individual literally moves from one gender to another. Because of migration that individual is 'out of place', translating

into out of the birth sex and not yet into the preferred sex. The right to be both in the birth sex and in the preferred sex is in some way and by someone, questionable.

Given the severity of the conflict and ordeal suffered over an extended period of time, one would expect that once started, the process would be smooth sailing with individuals getting the anticipated relief. However, this is found not to be the case. A significant number of transitioning individuals do not see the surgical process through, and decide to leave the sex change process at the stage of hormone therapy (www.genderdynamix.co.za).

The focus of this study is thus the individual's life experience after hormone therapy and not beyond the surgical process of altering the genitals, thus the psychosocial functioning of an individual after an incomplete sex re-assignment surgery.

In order to investigate the above, an effective context, which allows for the appropriate conceptualization of this study, needs to be established. Chapter 2 attempts to achieve this by discussing the theoretical perspectives on trans-sexualism as well as the historical background to the phenomenon. Chapter 3 outlines the investigation process. Chapter 4 is designated to the analysis and discussion of the results. The last chapter deals with conclusions and recommendations for future research in relation to the findings of the present study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter aims at conceptualizing trans-sexualism as the umbrella context under which incomplete sex re-assignment falls. The focus of this study is the individual's life experience after hormone therapy and his or her psychosocial functioning after an incomplete sex re-assignment surgery.

In order for a clear understanding of the study to be achieved, the historical background of the sex re-assignment process is briefly discussed.

This chapter further examines the current and popular understanding of trans-sexualism by describing various perspectives that attempt to explain trans-sexualism. These perspectives are the social learning, the feminist and the medical perspectives.

This chapter then proceeds to discuss the process of transitioning from the birth sex to the preferred sex. It further discusses what the research literature reveals about the sex reassignment process. The psychosocial functioning of such an individual after an incomplete sex re-assignment surgery is thus elucidated upon.

2.2 HISTORICAL BACKGROUND

The history of trans-sexualism in western culture, during the classical period, the middle ages, the renaissance and modern times, suggests that this phenomenon was known in all these times. In the classical period, the goddess Venus Castrina was said to respond with sympathy and understanding to the yearnings of feminine souls trapped in male bodies, (Green & Money, 1969).

Other myths which dealt with sex change as a result of both desire and as punishment are found in the story of Tiresias and in explanations for illness among the Scythians. Hippocrates in the fourth century B.C described no-men among the Scythians and suggested it was caused by testicular trauma from excessive horseback riding. Among the same group Hippocrates described quite virile aggressive women who rode, are adept at archery and throw the javelin, (Feinbloom, 1976).

The phenomenon of trans-sexualism first entered the medical literature in 1853. Dr Frankel described a case of 'homomolia', viz a man who masqueraded as a woman and had many sexual involvements with soldiers and sailors. He was eventually arrested, disease-ridden and committed suicide, (Chilland, 2003).

In 1930 a Danish painter Eingar Wegemar underwent castration surgery in Dresden, and a book was published in English in 1933, *Man into Woman*, (Chilland, 2003).

Earlier, in 1925 Hirshfield had been the first to classify transvestite behavior in males as distinctive from homosexuality per se, (Chilland, 2003).

In 1949 Cauldwell first coined the term 'psychopathia transsexualis' and a few years later the world read of George Jorgensson who changed to Christine Jorgensson. Danish surgeons carried out this castration in the belief that it would help their patient overcome overriding sexual impulses, (Chilland, 2003). The outcome of the surgery was that a man had actually become a woman. Jorgenssen became a cause celebrity, a fact that could not go unnoticed, (Arndt, 1991). The sensationalization that accompanied the case invited social responses to Jorgensen as a unique freak, the whole process regarded with amusement, disbelief and praise for 'her' courage. This precluded the possibility of 'her' ever being able to move into social life routinely as a woman, (Arndt, 1991). As a result, Christine was plagued by an unsatisfying life experience and depression, which begged the question 'was the surgery worth her while?', (Brazier, 1984).

The publicity accompanying the Jorgenssen case also generated the now real possibility of medical sex change. It is significant to note that as more people presented themselves with similar concerns, the general response of the public was defined by that of the medical profession, hence trans-sexualism became medicalized, (Brazier, 1984).

Currently, the medical perspective holds authority over who is defined as trans-sexual and whether to render surgical services to individuals so diagnosed; this will become clear in the section dealing with the medical perspective, (Brazier, 1984).

The modern approach and study of trans-sexualism as a recognizable phenomenon can be dated to an early paper by Benjamin, 1953 (Tully, 1992). It was Harry Benjamin's book 'The Trans-sexual Phenomenon' published three years after the George Jorgenssen's surgery, which put trans-sexualism on the map as a condition to be recognized and diagnosed.

Benjamin believed that trans-sexualism was an incurable endocrinological condition. He believed that the palliative treatment of 'sex re-assignment surgery' (altering bodies to conform more closely in appearance to the desired other gender) was life saving for people whom he stated were among the most miserable he had met, (Tully, 1992). It was Benjamin's and associates' work that laid the foundation for what is today's medical criteria for the treatment of trans-sexual phenomenon, which is discussed under the sex re-assignment process.

The next section introduces three theoretical perspectives that seem relevant to the present study, namely the social learning, the feminist and the medical perspectives.

2.3 THEORETICAL PERSPECTIVES

2.3.1 The Social Learning Perspective

This perspective suggests that trans-sexualism is learnt. ‘Masculinity’ and ‘Femininity’ are not simply the result of birth as a boy or girl. The gender role, seen as a reflection of the gender stereotypes of the culture, is assigned to the child based on his or her biological sex. It then becomes the aim of the parents to ensure that he or she adopts and assimilates that role, (Nielsen & Rudberg, 1994). Once society has agreed on a gender label, the child must learn the gender-appropriate forms of behaviour.

The early learning of appropriate gender-role behaviour takes place through differential reinforcement from parents, siblings, peers and teachers. The wider social context is considered in this process. By observation, children learn the behaviour of both parents. However, when they actually perform this behaviour, they are rewarded or punished, depending on the appropriateness of the behaviour contingent on their sex, (Brazier, 1984). Children soon learn what they can and cannot do and begin to anticipate the consequences of various behaviours.

Adoption of the appropriate gender role is reinforced by parental approval and is reflected in the increased frequency with which such behaviours occur in the repertoire of the boy or girl.

Often trans-sexual individuals are ostracized for their gender identity. Therefore, the concept of reward-and-punishment fails to explain the phenomenon of trans-sexualism explicitly

according to social learning perspective. Moreover, some trans-sexual individuals would rather forfeit the love of their parents in pursuit of their gender identity conviction. The next perspective, the feminist perspective, compensates for this criticism.

2.3.2 The Feminist Perspective

This perspective suggests that any society which provides two or more statuses in a certain category, such as sex, opens the way to conflict because a person supposed to be in one status may identify with a significant other in another status. Thus trans-sexualism is the reflection of an artificial sex role system, people who do not fit into the established sex role system may become trans-sexual in order to fit in, (Monro, 2005).

Trans-sexualism is stereotyped in cross-gender behavior, (Green, 1974). Trans-sexualism is viewed in part as a social protest or as an act of defiance against a system that defines maleness and femaleness so rigidly, thus the male to female trans-sexual is seen as trying to repudiate male privilege by identifying with women.

For the female-to-male trans-sexual, she is seen as complying with the rigidly defined gender roles by upholding the male gender while rejecting her own. She is seen as a victim of patriarchy against which she could not stand, so she gives into male dominion by identifying as and becoming a male. Furthermore, it may be viewed as her validation of patriarchal domination, thus it does not solve the gender revolutionary politics which feminism attempts addressing.

This perspective is criticized for the fact that trans-sexual individuals, in rejecting their biological gender, are in fact supporting the gender binary which they are determined to change. They are seen rather, to be replacing one type of gender stereotype with another.

2.3.3 The Medical Perspective

The medical perspective generally includes the assertion that normalcy is preferable to abnormalcy, therefore, trans-sexualism is viewed as abnormalcy. Normalcy is a synonym for health and abnormalcy is a synonym for pathology, (Feinbloom, 1976).

Health and pathology are defined in terms of a scientific standard which claims objective truth based on experiments, laboratory research and proven hypothesis, (Bolin, 1988).). Because it is better to be healthy than it is to be sick, the medical model has within it implicit support for interventions both requested and forced to provide health for the patient.

The patient is regarded as not responsible for his or her condition and since the condition is viewed as unwanted, he or she is assumed to want to get well. The patient is assumed to be unable to do this him or herself and therefore is dependent upon others for help. The benefits that may be enjoyed are a gain, but only permitted given the understanding that the patient see him or herself as sick, actively participating in the curative process and expecting to resume 'normal functioning' as soon as possible, (Tully, 1992).

Since the medical model conceptualizes social reality as thoroughly determined and since it regards social and human processes as static and natural entities, it cannot account for social factors. Its application to functional disturbance has thus been criticized as inappropriate and reductionistic. In solving the medical problem, it creates interpersonal difficulties for which the individual is not thoroughly prepared. This becomes the downfall of the medical perspective, in that it focuses on the trans-sexual individual as though he does not have interpersonal relationships, (Feinbloom, 1976).

This perspective is further accused of being based on unscientific ideas and maybe causing more harm than good. Sex change surgery is viewed as mutilation of a physically healthy body in pursuit of fame for the medical doctors than authentic treatment for the so called patients. Having laid the theoretical foundation, the focus now shifts to the sex re-assignment process.

2.4 THE SEX RE-ASSIGNMENT PROCESS

Technically, you cannot truly change one's sex. That is why the procedure is not really called "sex change surgery" but "sex re-assignment surgery". The idea is to alter the physical appearance of a person's anatomy to approximate as nearly as possible the anatomic arrangement of the other sex, (Mocke, 2006).

Part of this procedure involves extended hormone therapy, which alters secondary sexual characteristics. In male to female trans-sexuals, it leads to the growth of breasts and the build up of body fat in particular areas. In female to male trans-sexuals it lowers the voice and causes body hair and beard to grow, (Bowman & Goldberg, 2006). In as much as patients have the right to be medically treated, they have certain obligations to fulfill as part of the process. These patients' obligations are discussed in the next section.

2.4.1 The Patients' Obligation Towards Sex Re-Assignment Surgery (SRS)

Sex re-assignment surgery has proven to be an effective intervention for the individual with gender identity incongruence. Patient satisfaction following sex re-assignment surgery is high and reduction of gender incongruence following surgery has psychological and social benefits, (Bowman & Goldberg, 2006). As with any surgery, the quality of care provided before, during and after the procedure has a significant impact on the outcome.

Once a diagnosis of trans-sexualism has been made, recommendation for SRS should be based on strict criteria as laid down by The Harry Benjamin International Gender Dysphoria Association (1985) as follows:

1. The individual should show evidence of stable transsexual orientation
2. The individual should show insight into his or her condition and should not suffer from any serious psychiatric disorder
3. The individual should be able to pass successfully as a member of the opposite sex, and there should be clear evidence of cross-gender functioning

4. Improvement in personal and social functioning should be predicted for the individual prior to and after surgery, (Bowman & Goldberg, 2006).

Professional involvement with individuals with gender identity disorders involves any of the following; psychotherapy, real life experience, hormonal therapy, surgical therapy and once again real life experience, (Bowman & Goldberg, 2006).

Furthermore, the individual seeking SRS must meet the following specifications:

1. Live for at least one year full-time in the new gender role (called Real Life Training or RLT)
2. Engage in hormone therapy for at least one year (which can be simultaneous with the real life experience). The administration of hormones is not to be undertaken lightly because of their medical and social risks. Three criteria exist for hormone therapy:
 - 2.1. Age 18 years;
 - 2.2. Demonstrable knowledge of what hormones medically can and cannot do and their social benefits and risks;
 - 2.3. Either:
 - a) A documented real-life experience of at least three months prior to the administration of hormones; or

- b) A period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of three months).
3. Gain the recommendation of a psychologist or therapist after an appropriate series of sessions.
 4. Gain a recommendation of a psychiatrist that surgery is not contrary to the mental health of the patient.

When all these qualifications have been met, each surgeon also requires an HIV test to read negative (which they have performed at their facilities) and a personal interview so that they may verify the individual's mental and physical condition personally, (Levine,S.B., Brown, G.,Coleman., Cohen-Kettenis,P., Hage,J.,Van Maasdam,J., Petersen, M., Pfafflin,F., Leah, C., Schaefer,EdD. 1998). As a joint venture, the professional has obligations to fulfill in the treatment of the trans-sexual individual. These obligations follow next.

2.4.2 The Professionals' Obligation Towards Sex Re-Assignment Surgery

Mental health professionals (MHP) who work with individuals with gender identity disorders may be regularly called upon to carry out some of the following responsibilities. To accurately diagnose the individual's gender disorder according to either the DSM-IV or ICD-10 nomenclature; namely

- a) To accurately diagnose any co-morbid psychiatric conditions and see to their appropriate treatment

- b) To counsel the individual about the range of treatment options and their implications
- c) To engage in psychotherapy
- d) To ascertain eligibility and readiness for hormone and surgical therapy
- e) To make formal recommendations to medical and surgical colleagues
- f) To document their patient's relevant history in a letter of recommendation
- g) To be a colleague on a team of professionals with interest in the gender identity disorders
- h) To educate family members, employers, and institutions about gender identity disorders
- i) To be available for follow-up of previously seen gender patients, (Levine, et. al. 1998).

The overarching treatment goal of the specific psychotherapeutic, endocrine, or surgical therapies for people with gender identity disorders is lasting personal comfort with the gendered self in order to maximize overall psychological well-being and self-fulfillment. Having discussed the professionals' obligation, it now becomes important to describe the actual process of trans-gendering.

2.4.3 The Processes of Trans-Gendering

Trans-gendering is accomplished by altering the signifiers in some way through a process consisting of various steps, the first of which is 'erasing', which entails the eliminating of aspects of maleness or femaleness, masculinity or femininity. A genetic male may undergo

castration thereby replacing a penis with a vagina, or a genetic female may undergo a hysterectomy, referred to as Bottom Surgery, (Cohen-Kettenis & Pfafflin,2003). Both males and females may wear unisex clothes and adopt un-gendered mannerisms.

The second sub-process involves ‘substituting’, the person who is trans-gendering replaces the body parts, identity, dress, posture, gesture and speech style that are associated with one gender, with those associated with the other gender, (Ekins & King,2006). In relation to the body, for example, a flat chest is replaced with breasts, referred to as Top Surgery, (Cohen-Kettenis & Pfafflin, 2003), smooth skin replaces rough skin, no body hair replaces body hair, a short hair style is often replaced with a longer hair style.

The degree of substitution will depend on a number of factors such as the particular personal project of the individual, the personal circumstances, the development of any technology and aids that may be used, and the financial resources to afford them, (Ekins & King, 2006).

The third sub-process refers to the concealing or hiding of things that are seen to conflict with the intended gender display, (Ekins & King, 2006). It may involve hiding body parts, wrapping a scarf around the Adam’s apple, tucking the penis or binding the breasts.

The fourth sub-process entails implying. Because the body is usually apprehended in social interaction in its clothed form, it is possible to imply the gendered form of the body beneath, (Ekins & King, 2006).

The fifth sub-process is 'redefining'. Whereas the meanings of substitution, concealing and implying, are relatively easily grasped, particularly in relation to the acceptance of the binary divide, redefining is more subtle and multilayered, (Ekins & King, 2006). At one level, the nature of the body, body parts and gendered accompaniments may be re-defined.

However, for some individuals the sex re-assignment surgery process is not completed for a variety of reasons. These reasons could be financial, in that the individual is not able to pay for the required surgical procedure to complete the process. Other reasons could be that an individual achieves a sense of congruence on the basis of just the hormone therapy.

Yet for others it could be the apprehension with which they view the surgical process and lack of guarantee that the desired genitals will function to their satisfaction or the satisfaction of their future partners. For the female-to-male trans-sexual, phalloplasty (construction of a penis) is a complex multi-stage operative procedure with universally unsatisfactory results so far. Until surgical techniques improve, the female trans-sexual can be better served by penoscrotal prostheses obtained from a manufacturer of plastic surgical appliances. In this way some relief of anxiety and embarrassment about physique and inability to function sexually as a male can be achieved, (Walters & Ross, 1986).

For the male-to-female trans-sexual the end-product of the treatment process is by appearance a female, bearing female secondary sexual characteristics. Since surgery is directed at these

superficial manifestations, these constructed 'females' retain their male chromosome pattern and internal male secondary sexual organs, they do not menstruate, have neither a uterus nor ovaries and thus are incapable of reproducing, (Kuipers, 2005).

Having obtained the body of a female, the ultimate success of this transformation depends on the development of a 'feminine' demeanor and life style to reinforce and complement bodily appearance.

For those who eventually decide that the physical surgical change is not possible because of financial reasons or fear of unintended consequences of surgery such as complications or the failure of the surgically constructed genitals to 'launch', this stage of incomplete sex change continues and varies in duration from anything between two years and a lifetime.

While acknowledging the role of the medical model as the point of departure in the diagnosis and treatment of trans-sexualism, it is important to recognize the multifaceted nature of human existence. Therefore, it becomes necessary to include the political and cultural processes of the individual, hence the need to discuss the political context of being trans-gender.

2.4.4 The Political Context of Being Trans-gender

The very nature of trans-gender experience is political. From personal rights to public policy, gender transgression is at the forefront of the human rights movement. Trans-gender issues

have recently found a place among many lesbian, gay and bi-sexual organizations, hence many groups have added a 'T' to the end of their respective acronyms as a strategy to incorporate trans-identified members into their communities, (Forshee, 2006).

Lesbians, Gays, Bi-sexuals and Trans-gender individuals share a common history, social pathologization and struggle against the dominant paradigms of sex and gender. Socially and politically, the 'oppression of gay men and lesbians overlaps that of trans-sexuals', (Forshee, 2006). The bias against gender variant behaviour affects all individuals, even those who do not identify as trans-sexual.

Trans-sexual individuals often appear to be the most devout believers in the either-or of maleness or femaleness. It appears as though at every point they insist, and demand the agreement of others, that they really belong and belong entirely, to the sex with which they identify, (O'Donovan, 1986).

Trans-sexual individuals often pin all their faith in the finality of the male-female distinction, and precisely by wishing to cling to this distinction while at the same time defying its bodily manifestation, they elevate it from the biological to the psychological level as a cardinal reality of social relationships, (O'Donovan, 1986). It is this faith that results in them being discriminated by the Homosexual Community and their lack of biological gender that results in their exclusion from the Heterosexual Community. As a result, many of the social, medical,

health and human service programs available to marginalized populations fail to meet the most basic needs of trans-gender individuals.

Trans-sexual individuals often confront numerous barriers and systematic biases in attempting to access appropriate healthcare due to mistreatment and denial of treatment.

On a more personal level, what options are in store for the individual who has not completed sex change, in terms of getting married legally? The implications of the process for intimate relationships are far reaching. Some individuals opt for being single, which further exacerbates the feeling of loneliness and emotional difficulties associated therewith. Having discussed the political context of being trans-gender, it is important to point out some of the criticisms leveled against sex-reassignment surgery.

2.4.5. Criticisms Leveled Against Sex Re-Assignment Surgery

While the above stated procedural specifications are just basic guidelines for professionals working in the field of sex re-assignment, there are criticisms that they have to contend with. The best a psychiatrist or psychologist can do is to see if the individual understands what the change entails. Moreover, how can one predict outcomes?

It is understandable that some professionals regard the task as awesome, and in certain instances, therapists withhold their surgical recommendation for years because they do not

want to assume responsibility. Some individuals who have undergone sex re-assignment have later become disenchanted with their 'new sex' and sued the therapist or the surgeon for his or her participation in their sex transitioning process, (Bullough, Bullough & Elias,1997). It is for these reasons that the minimum standard of care must be adhered to by the professionals.

For the individual who is certain about his or her decision to alter his or her biological gender, the process and procedure may be viewed as unnecessarily long and frustrating.

The difficulty is that there is money involved both for the therapist and for the surgeon. Some individuals want the surgery so intensely that they will literally pay anything they have to get it. In this situation, medical hustlers appear. Some individuals often lie to their therapist, they know what answers they are expected to give and will gladly feed the therapist information that will facilitate their desired goals. Though this might get them the hormone therapy and/or surgery, it might not be conducive to the best adjustment in their new life.

Sex re-assignment has been considered by some to be palliative, as it does not do away with the 'problem', but rather eases the pain and suffering of the individuals concerned by allowing them to live in the other gender role, (Bullough, Bullough & James,1997).

There are also troubling implications for the individual's physical wellbeing due to the fact that secondary sexual characteristics of the new gender-role can be sustained only with intensive

and continued hormonal therapy, which may contribute to, or complicate other serious conditions, (Bullough, Bullough & James,1997).

Persistent regret after sex re-assignment surgery, a treatment aimed to resolve a patient's gender incongruence, must be considered, along with suicide, as the worst conceivable outcome. Regret, considered the most obvious sign of dissatisfaction after the process, can manifest itself in several ways. It may lead to application for retransformation to the original sex, however, instead of unsatisfactory possibility of physical reversal, a trans-sexual may choose to stay in the re-assigned role and try to adjust to it, (Olsson & Moller, 2004).

Regret is quite a complex concept and is influenced by a number of factors including the presence of psychopathology, psychosocial adjustment, the cosmetic and functional results of the process, the resulting ability to experience pleasure from sexual relations, the existence and quality of a partner and other interpersonal relations.

Currently there are conflicting claims as to the measure of improvement in psychological and social welfare that can be expected from the change of sex. Studies indicate a high vulnerability to depression in postoperative trans-sexuals and a disturbing minority of patients desire to return to their original sex role, (Olsson & Moller, 2004).

However, not much documented experiences have been written about those who decide not to do the surgical genital change. Based on the findings of those who have completed the

surgical gender transfer, we can extrapolate that challenges are experienced by those who have not completed the surgery.

For the subjects of the current study, those individuals who did not complete the sex reassignment surgery process, the dynamics of medically made inter-sex identity can have far-reaching consequences for the individual and for his or her relationships.

To the extent that the sex reassignment process allows the individual to be the 'self which she/he believes herself/himself to be, success would thus be measured, (Rogers, 1961). In this manner, she/he would be more able to live fully in and with each and all of her/his reactions.

During this stage of incomplete sex change the individuals must nonetheless continue with their lives. The result of the incomplete sex re-assignment process can be assessed by including a measure of social integration, psychological stability and adequacy of sexual function. The focus of this study is therefore on the psycho-social functioning of these individuals, who have not undergone the bottom surgery with regard to the gender transitioning process. How do individuals frozen in the process, continue to live, sustain themselves and relationships both on a psychological and social level. This will be investigated in the following chapter.

CHAPTER 3

THE INVESTIGATION

3.1 INTRODUCTION

In this chapter, the research design and the method applied in the investigation will be presented.

3.2 RESEARCH QUESTION

How does an individual with incomplete sex change surgery experience him/herself in relationships with males and females?

3.3 RESEARCH DESIGN

Research design is a plan outlining how information is to be gathered for an assessment or evaluation that includes identifying the data gathering method(s), the instruments to be used/created, how the instruments will be administered, and how the information will be organized and analyzed, in short a plan of how the researcher intends conducting the research, (Creswell, 2003).

Research can be divided into two types, qualitative and quantitative research.

3.3.1 Quantitative Versus Qualitative Research

The simplest way to distinguish between qualitative and quantitative approaches to research may be to say that qualitative methods involve a researcher describing kinds of characteristics of people and events without comparing events in terms of measurements or amounts, (Thomas, 2003). Quantitative methods, on the other hand, focus attention on measurements and amounts (more or less, larger and smaller, often and seldom, similar and different) of the characteristics displayed by the people and events that the researcher studies, (Rossouw, 2003).

Quantitative research uses numbers and statistical methods. It tends to be based on numerical measurements of specific aspects of phenomena, it abstracts from particular instances to seek general description or to test causal hypotheses, and it seeks measurements and analyses that are easily replicable by other researchers, (Thomas, 2003). In quantitative research, the researcher's role is to observe and measure, and care is taken to keep the researcher from 'contaminating' the data through personal involvement with the research subjects.

Qualitative research is normally associated with interpretive research where the researcher collects data in the form of written or spoken language, or in the form of observations that are recorded in language (Creswell, 2003). This data is then analyzed by identifying and categorizing themes, (Mouton, 2001).

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of meanings people bring to them, (Henning, Gravett & Rensburg, 2005).

Qualitative researchers seek to make sense of personal stories and the ways in which these individuals interact.

Qualitative research allows for active involvement of participants and effective building of rapport thus improving credibility in the study. Furthermore, qualitative research is emergent rather than tightly prefigured. Several aspects emerge during a qualitative study. The research questions may change and be refined as the inquirer learns what to ask and to whom it should be asked. The data collection process might change as doors open and close for data collection.

Qualitative inquiry is an umbrella term for various philosophical orientations to interpretative research. According to the goals of this research, an exploratory methodology will be used, as the researcher aims to investigate relatively unknown areas of research. As such, it is conducted in natural settings with the explicit purpose of discovering phenomena, variables, theory or combinations thereof. In the case of this research, the aim is to discover personal experiences of individuals who have had incomplete sex re-assignment surgery and the impact of such on their lives.

The present study will apply the qualitative research approach due to the fact that its perception and approach are open in all aspects, namely, with regard to its research subjects, the research situation or the research method to be employed, (Sarantankos, 1998). Hypotheses in this research process are not a condition but the aim of the research. The study will be qualitative in order to get in-depth information on the participants' feelings and interactions.

3.4 PROCEDURE

Permission will be requested from three organizations that deal with trans-gender communities for research participants; these are Gender DynamiX, GALA and Out. Thereafter the researcher will arrange an interview with the participants. Structured interviews will be conducted at a mutually convenient venue. A consent form will be completed by the participants. They will be interviewed in privacy and their confidentiality will be ensured. The interviews will be audio taped and data will be transcribed verbatim by the researcher. Thereafter, the researcher will give the transcript to three independent Clinicians with the request to analyze the data to safeguard the validity and reliability of the study.

3.5 RESEARCH SAMPLE

Sampling is the process used to select cases for inclusion in a research study, (Neuman, 1997). For most sampling strategies one needs a sampling frame which is a list of all the members of the population from which one can then draw the sample. One assumption common to all research is that the samples of individuals we are studying are representative of the population of individuals we wish to generalize to. For this reason, the samples are expected to be chosen by means of sound methodological principles.

The researcher, of course, cannot hope to select a group of individuals who are exactly the same as everyone in a population, so by representative sampling we aim to select a group who are not systematically different from the population on any important variables, (Breakwell, Hammond & Fife-Schaw, 2000). Consideration of representativeness of the sample to the target population is also an issue for research with special groups. There are various sampling strategies, viz; simple random, stratified random, cluster sampling and purposive sampling strategies which fall under the category of probability sampling.

We also have non-probability sampling procedures which do not employ the rules of probability theory, do not claim representativeness, and are usually used for exploration and qualitative analysis. The purposive sampling, quota sampling and snowball sampling are examples of non-probability sampling techniques, (Breakwell, et al, 2000).

Simple random samples aim to achieve a sample where each person in the sampling frame has an equal chance of being selected for the survey, (Breakwell, et al, 2000). The advantage is that it permits the full use of conventional statistical techniques. The downfall is that it is cumbersome when one wishes, say, to sample from the whole of South Africa. Interviewers would need to be sent to all corners of the country, an almost impractical proposition.

Stratified random sampling addresses one of the disadvantages of simple random sampling by initially dividing the sample into strata of separate subpopulations then draw samples from within these strata, (Breakwell, et al, 2000). The advantage of this strategy is that it increases the likelihood that key groups end up being in the sample. The disadvantage is that one might not have the necessary information with which to create the strata, (Breakwell, et al, 2000).

Cluster sampling first selects a smaller number of clustering units and then drawing the sample from within these smaller units. The advantage is that geographically large areas can be studied without excessive travel and subsistence costs being involved. The disadvantage is that errors associated with parameter estimates tend to be higher than with simple random strategies, (Breakwell, et al, 2000).

With snowball sampling strategies, the researcher begins the research with the few respondents who are available to them. They subsequently ask these respondents to recommend any other persons who meet the criteria of the research and might be willing to participate in the project, (Sarantakos, 1998).

Quota sampling is a version of stratified sampling with the difference being instead of dividing the population into strata and randomly choosing a number of respondents, it works on quotas set by the researcher, (Sarantakos, 1998).

Purposive or judgemental sampling is an acceptable kind of sampling for special situations or populations. It is used to select members of a difficult to reach, specialized population, (Neuman, 1997). It is best left up to the researcher or the interviewer to decide which sample unit should be chosen, and is employed in exploratory research, observational research and qualitative research, (Breakwell, et al, 2000).

When applying a snowball sampling strategy, a small number of known members of the target population will be asked to introduce the researcher to other members who, in turn, are invited to nominate other members to take part in the project, (Breakwell, et al, 2000). By this means the researcher hopes the initial small sample will ‘snowball’ into a larger one. This procedure may often be the best available to the researcher though it has obvious built-in biases. The researcher will only ever get to contact people who are in the social network one taps into. People in another network or in no network at all will not be sampled.

In this study, due to the potential difficulty that might be experienced in finding research samples, the researcher will use two sampling strategies in order to maximize the possibility of obtaining research samples and these are the purposive or judgemental as well as the snowball

sampling techniques. Purposive or judgemental sampling best suits the current research because it is less strict and makes no claim for representativeness.

Therefore, the snowball sampling technique and the purposeful sampling strategy will be applied due to the inaccessibility of research populations.

3.5.1 Inclusion Criteria

The research sample must meet the following criteria:

- Must have undergone either Hormone Therapy or Top Surgery or Bottom surgery.
- At least one of these treatments must have been undertaken at the time of the interview.
- These are individuals who have started with hormone treatment but have not, as yet completed surgery to change their biological sex.
- **Age:** 18 years and older.
- The subject shall be able to communicate in English.
- They should be willing to participate in the study and share their experiences. This requirement will add significant bias which will have to be kept in mind when interpreting results.

3.5.2 Sample Size

Qualitative research studies a small number of respondents. The sample size of nine (09) participants as planned did not materialize. The final sample comprised of five (05) participants. A further reason to support this decision is that in qualitative research the tendency is to look intensively at a few cases rather than broadly at many cases, (Mouton, 2001). When attempting to make parameter estimates, it is usually the case that the bigger the sample the better the estimates.

3.6 DATA COLLECTION

When people speak of research methods, they often are referring to processes and instruments used for gathering information. Three important processes are content analyses, observations and interviews, (Thomas, 2003).

Content analysis entails searching through one or more communications to answer questions that the investigator brings to the search. The advantage of content analysis is the lone technique suitable for gathering information about what communication contain, (Thomas, 2003). The limitation is that it is time consuming and laborious in relation to the amount of information obtained.

Observations involve gathering information by means of watching and /or listening to events, then recording what occurred. Observation can be either direct or mediated. In direct observation, the researcher immediately sees and hears what is happening. Observation is mediated when the researcher hears or sees a reproduction (audiotape or videotape) of an earlier event, (Thomas, 2003).

The advantage of direct observation is that it provides information from spontaneous, unplanned and unexpected events. Mediated observation has the advantage of furnishing an authentic auditory and/or visual record of what occurred, a record that the researcher can review time and again to help ensure that important aspects of the incident are not overlooked, (Thomas, 2003).

The disadvantage of observation is that the researcher using recording equipment may intimidate an event's participants and thereby alter the incident from the pattern it would naturally have assumed, (Thomas, 2003). Furthermore, the need for researchers to operate the equipment (change tapes, move to a more convenient location) can distract them from noticing significant features of the event.

Interviews usually involve a researcher orally asking questions for individuals to answer orally. Traditionally, interviews have been conducted face-to-face and one-on-one, with the researcher speaking directly with one interviewee at a time. However, in recent decades, telephone interviews have become increasingly common. Interviews can also be conducted in written

form, with the research sending typed questions via a computer network to respondents who answer in typed form. There are two types of interviews, the structured and unstructured, (Thomas, 2003).

Structured interviews involve a fixed set of questions which the researcher asks in a fixed order. Commonly, respondents are asked to choose an answer from a fixed series of options given by the researcher. The options may include rating scales. This type of interview structure yields information which is easily quantified, ensures comparability of question across respondents and makes certain that the necessary topics are included, (Breakwell, et al. 2000). The disadvantage of structured interviews is that it leaves little room for unanticipated discoveries. People often feel constrained because they are not free to give their information which they feel is important. The researcher may miss salient issues in this way.

In unstructured interviews, the researcher has a number of topics or open-ended questions to cover but the precise questions and their order are not fixed, they are allowed to develop as a result of the exchange with the respondent, (Breakwell et al, 2000). Open-ended answers allow the interviewees to say as little or as much as they choose. Comparability across respondents is sacrificed for the sake of personal relevance. Analysis of unstructured interviews is time-consuming and difficult but not inevitably qualitative. Content analysis will provide categorical data, which are open to quantification.

In this study unstructured interviews will be used to gather information whereby the researcher orally asks questions for individuals to answer orally thus allowing the interviewees to speak for themselves, telling their own stories. The reason for using interviews as a method of data collection is because this method is deemed the most suitable to gather the required data. Interviews have the advantage that the interviewers can establish rapport with the persons being interviewed. Interviewers may be able to notice when respondents seem to misunderstand a question and explain its meaning.

Qualitative data collection will consist of the following steps:

3.6.1 The researcher will collect the data herself through the use of interviews.

3.6.2 The data will be collected in the form of structured interviews whereby five standardized questions will be asked to the participants. The questions will be developed as follows; three independent clinicians will be approached and requested to utilize their clinical judgement to formulate three to five questions that would yield relevant information pertaining to the research question. These questions will form the basis of the research.

3.6.3 The participants will be interviewed in privacy at pre-arranged convenient place whereby five set questions will be asked.

3.6.4 The interviews will be conducted client centredly, whereby the researcher will reflect the participants' feelings in order to make them feel understood and heard and to allow them to be themselves.

3.6.5 The time frame for each interview will be approximately one hour.

3.6.6 The entire data collecting process will be approximately three weeks.

3.6.7 Participants will be informed that a debriefing session will be arranged for them, should the need arise due to their participation in the study.

3.7 DATA ANALYSIS

After the interview process, the audio-taped information will be transcribed into written text. This written text will then be analysed through the data analysis process. Data analysis is a process of gathering, modeling, and transforming data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making, (Sarantakos, 1998).

The researcher will give the transcripts to three independent Clinicians with the request to analyze the data to safeguard the validity and reliability of the study.

The independent clinicians will be requested to interpret the life experiences of the participants through answering the research question:

‘How does an individual with incomplete sex change surgery experience him/herself in relationships with males and females?’

Data analysis involves a process of intuitively analyzing and interpreting data, with a view to understanding each participant’s meaning world, (Breakwell, et al. 2000). This stage begins

analysis with coding which is the process of organizing the material into ‘chunks’ before bringing meaning into them. It involves taking text data or pictures, segmenting sentences or paragraphs into categories and labelling those categories with a term, often a term based in the actual language of the participant, (Creswell, 2003).

Then, use the coding to generate a small number of themes or categories. These themes are the ones that appear as major findings in qualitative studies and are stated under separate headings in the findings sections of studies. They should display multiple perspectives from individuals and be supported by specific evidence, (Creswell, 2003).

Beyond identifying the themes during the coding process, the researchers interconnect themes into a storyline or develop them into a theoretical model. Themes are analyzed for each individual case and across different cases or shaped into a general description, (Creswell, 2003). These emergent themes are pieced together to form a comprehensive picture of the collective experience and meaning, (Mouton, 2001). When linked, the themes should form a lucid pattern. Then the themes will be presented in the qualitative narrative to convey the findings of the analysis. Many qualitative researchers also use visuals, figures or tables as adjuncts to the discussions.

Finally, the University will receive a written document in the form of a dissertation.

3.8 ETHICAL CONSIDERATIONS

Permission will be requested from MCREC (Medunsa Campus Research Ethics Committee). Thereafter, the researcher will request permission from the participants. Ethical issues and considerations will be discussed with interview participants prior to their participation in the study, including informed consent, confidentiality and advising the participants of the project's goals.

Participants will not be forced to participate, and may withdraw without supplying a reason. Participants will be informed that there is no payment included. All information provided will be kept and treated confidentially. Participants will also be informed that psychotherapy will be arranged for them, should the need arise due to their participation in the study.

3.9 BIAS

To safeguard the study against bias, the researcher will use three independent Clinicians to analyze the data previously discussed. The Clinicians will not be familiar with the aims of the study, neither will the study be discussed with them.

The researcher bias will be minimized through 'bracketing' which entails keeping aside the researcher's bias, pre-conceived ideas and presumptions about the phenomenon under

investigation thus allowing the researcher to engage in a ‘purified consciousness’ of the subject matter, (Neuman, 1997).

Due to the nature of the topic, some people will not be willing to participate, therefore the sample is highly selective and such does not represent the general population.

3.10 VALIDITY AND RELIABILITY

To safeguard the validity and reliability of the qualitative data analysis, the researcher will note the bias that she brings to the study. The researcher’s sexual orientation, that of being same sex practitioner, will be cautioned at various intervals so as not to allow it to unfairly identify with the research samples thus avoid taking a favourable attitude towards the research. This self-reflection creates an open and honest narrative that will resonate well with the readers.

For the purpose of this study, peer debriefing will be applied which entails asking three experienced independent Clinicians to analyse the data after the researcher has gathered, recorded and transcribed the interviews verbatim. In the next chapter, the results and discussion will be presented.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

In this chapter, the research results will be presented.

4.2 RESEARCH QUESTION

How does an individual with incomplete sex change surgery experience him/herself in relationships with males and females?

4.2.1 Case Study 1

Background to diagnosis

Participant 1 is a twenty four year old trans-woman. The participant was born male and reported that she had difficulties identifying with male roles since age of four years. She stated that she underwent bottom surgery in July 2008 to align her anatomical sex to her psychological gender. She reported that she has not undergone top surgery as she feels that the one area, her genitals, were corrected and she feels content with this change.

The analyses of the three clinicians are presented below in the form of themes and the integration thereof follows for each participant.

4.2.1.1 Themes Identified by Three Independent Clinicians:

Clinician A	Clinician B	Clinician C
<p>Participant 1</p> <p>She experiences discrepancy in terms of fitting in, in female gender roles.(v)</p> <p>She feels content with the construction of the sexual organ that participant feels completes her gender identity .(ii)</p> <p>She feels torn, judged, and possibly rejected (i) between the two sexual orientation groups (gays, and lesbians) because of the decision to have sex re-assignment surgery.</p> <p>She feels discriminated against by the gender groups (i) (gays and lesbians).</p> <p>She feels unaccepted by extended family members (i) after the sex re-assignment surgery.</p>	<p>Participant 1</p> <p>She experiences the surgery as a very individual – personal choice that depends on one’s views and experiences. She feels satisfied with the change already undertaken. (ii) She does not have the need for top reconstructive surgery.</p> <p>She feels uncertain with her new gender role in intimate relationships. (iv)</p> <p>She has not been in intimate relationships before or during the transitioning period. She refrained from relationships. (iv)</p> <p>She experiences difficulty in intimate relationships. (iv)</p> <p>She wants her partner to know her and accept her as she is now without any explanations. But</p>	<p>Participant 1</p> <p>She feels that her transition from one gender to the other needs to be functional, which she currently is struggling with.</p> <p>Following surgery, she now believes she is the sex she was born to be, but she feels that she has missed out on the socializing she would have experienced as a female. (v)</p> <p>She withdraws from intimate relationships. (iv)</p> <p>She feels that people who knew her prior to undergoing the sex change operation are unable to accept her as she is now.(i)</p> <p>She is still finding difficulty finding her place in the world. (v)</p> <p>She experiences difficulty doing something that is generally</p>

<p>Feeling responsible for disruption and embarrassment experienced by the family members.</p> <p>She feels that her history plays a role in current interactions leading to feelings of conflict when interacting with people for the first time (iv) in that the participant feels unsure of how to handle introducing herself.</p> <p>Participant experiences that when interacting with people, they may only interact with the intention of curiosity and not of interest in the participant.</p> <p>The participant feels uncertain, insecure, and doubtful (iv) in her current relationship as the she feels uncertain of the partner's sexual preference. At the same time, she feels loved and receives empathy and unconditional positive regard from the partner.(iii)</p> <p>She experiences isolation, loneliness and doubt (iv) from time to time.</p> <p>She experiences congruency between the physical body and sexuality identity (ii) after re-assignment.</p>	<p>she realizes that her past is part of who she is – it is difficult though.</p> <p>She experiences feelings of rejection and isolation (i) on disclosing her trans-gender identity.</p> <p>She feels discriminated against. (i) She feels that society is ignorant and does not adapt. She experiences judgment from society. (i) Society needs more awareness on the topic of trans-genderism.</p> <p>She feels that she is an embarrassment to her mother.</p> <p>Friends react with shock to her sex re-assignment surgery.</p> <p>She feels content with new gender (ii) and can congruently live as a woman.</p> <p>She feels uncertain about new female gender role. (v)</p> <p>She's been socialized as male but is now learning her female roles. She feels her physical body now represents her psychological identity. (ii)</p> <p>However, she now feels that she needs to catch up with being</p>	<p>unheard of within her culture, namely sex change.</p> <p>Withdrawal from work due to the transition process thus leading to job termination</p>
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	<p>female – having this new identity. She needs to learn what the expected societal behavior of females are (v)</p> <p>She experiences financial strain, the transitioning process causes financial strain. Her lifestyle and eating habits has changed. The surgery also made her homebound and thus often absent from work.</p>	
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4.2.1.2 Integration

Themes identified by all three clinicians:

- The participant experiences judgement, rejection and discrimination from society, gender groups (gays and lesbians) and old acquaintances. (i)
- The participant experiences difficulty in intimate relationships in that she feels uncertain, insecure and doubtful regarding intimacy leading to feelings of apprehension, regarding sexual involvement with her boyfriend. (iv)
- The participant experiences difficulty in terms of fitting in, in her female gender role.

Themes identified by two clinicians:

- The participant feels content with the constructed genitalia and feels that her physical appearance now is congruent with her gender identity. (ii)

Themes identified by only one clinician:

- She feels loved and unconditionally accepted by her boyfriend.
(iii)

4.2.1.3 Summary

After the surgery, the participant experiences sense of satisfaction with the surgically constructed genitalia and now her physical appearance represents her psychological gender. However, there seems to be social challenges through which she still has to go, such as finding her identity as a female and being accepted by significant others as being a female.

The sex change process has brought an element of mixed feelings in initiating romantic relationships whereby she experiences anxiety and caution, yet she yearns for romantic attachment. The work life has been impacted, insofar as having to resign from work during the transition and afterwards, she now has to launch herself into the work industry as a female and this proves to present her with a new set of challenges.

4.2.2 Case Study 2

Background to diagnosis

Participant 2 is a thirty year old trans-man, he was born female. He has started the transitioning process at the time of interview, going through what is referred to as the real life test stage. This entails a process whereby the participant starts living as a male to establish a pattern of living in the preferred sex.

4.2.2.1 Themes Identified by Three Independent Clinicians:

Clinician A	Clinician B	Clinician C
<p>Participant 2</p> <p>The re-assignment surgery created feelings of rejection (i) from his previous partner.</p> <p>The transitioning also created confusion from the previous partner as it confused how they related.</p> <p>The participant feels indifferent about how the external environment views him.</p> <p>Currently the participant experiences empathy and unconditional positive regard (iii) from his current partner</p>	<p>Participant 2</p> <p>He feels comfortable with himself now and knows where he fits in.</p> <p>He does not experience any blatant rejection or isolation.</p> <p>He feels supported by his father.(iii)</p> <p>He feels supported in his work environment. (iii) With regard to other people – he chooses not to worry about their reactions.</p> <p>He is open about his trans-gender identity.</p> <p>He feels content with new</p>	<p>Participant 2</p> <p>The participant feels satisfied with his new gender identity. (ii)</p> <p>He experiences a sense of indifference with other people’s opinion of himself.</p> <p>He feels judged by lesbians (i) with whom he previously shared friendships.</p>

<p>who acknowledges his trans-sexual identity.</p> <p>The re-assignment has enhanced his quality of work as the participant works for the course of trans-genderism and believes that sexual orientation should be irrelevant when it comes to work issues and the person should only be judged on their abilities.</p> <p>The participant feels scrutinized (i) by the external environment, strangers and old friends looking at him with questioning eyes.</p> <p>The participant feels accepted and supported by his family (iii) members</p>	<p>gender. (ii) . He feels comfortable with himself now and knows where he fits in.</p>	
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4.2.2.2 Integration

Themes identified by two clinicians:

- Participant feels rejected on a social level by friends and he responds to this by distancing himself from such friends, thus leading to feelings of social isolation. (i)
- The participant feels satisfied with the change in the sense that the physical appearance represents for him, the psychological gender with which he identifies.(ii)
- He experiences unconditional love and empathy from his girlfriend and his father. (iii)

4.2.2.3 Summary

The participant reports a sense of acceptance and support from his family and girlfriend. He presents a closed system attitude insofar as he rejects feedback that questions his gender. The participant experiences difficulties with male, female and lesbian acquaintances with whom he identified previously.

Furthermore he reports that his transitioning has enhanced his work relationship due to the fact that he works in a transgender activism environment. Although he reports satisfaction with his girlfriend and father, there seems to be poor integration on the social level, thus leading to social isolation.

4.2.3 Case Study 3

Background to diagnosis

Participant 3 is a twenty nine year old trans-man. He was born female. He has undergone Top Surgery to have his breasts removed and has been living officially as a male now for six years. He has undergone hormone therapy.

4.2.3.1 Themes Identified by Three Independent Clinicians:

Clinician A	Clinician B	Clinician C
<p>Participant 3</p> <ul style="list-style-type: none"> • He feels supported by family members.(iii) • He experienced conditional acceptance and lack of empathy from his partner during his transitional period, leading to break up in romantic relationships.(i) • He feels acknowledged and validated for his outward appearance by males in his social circle. 	<p>Participant 3</p> <ul style="list-style-type: none"> • He feels more confident about his gender identity. • He feels more congruent now. (ii) • He is apprehensive about intimate relationships, leading to withdrawal. (iv) • Intimate relationships are not easy. He feels he is in a vulnerable position – when to tell the other person now or later about his trans- 	<p>Participant 3</p> <ul style="list-style-type: none"> • He feels uncertain in romantic relationships, leading to withdrawing from intimate relationships (iv). • He feels satisfied with surgery (ii) • He feels accepted by family and close friends(iii) • He experiences

<ul style="list-style-type: none"> • The participant feels uncomfortable and scared to start a new relationship (iv) because he is afraid of feeling rejected and uncertain of the outcome of the courtship as soon as the other party find out about his trans-gender status. • He feels conflicted in first time interactions as he feels unsure of how much to share about his sexual identity journey. (iv) • The participant has experienced difficulty, hassles and challenges in terms of administration issues concerning his identity(vi), this results in feelings of 	<p>genderism. It is an uncomfortable experience because of the incongruence that he experiences. (v)</p> <p>This leads to withdrawal from intimate relationships.</p> <ul style="list-style-type: none"> • He experiences feelings of rejection and isolation on disclosing his trans-gender identity. (i) • He experiences his mother as supportive. (iii) There is increased closeness between them since he has completed the transitioning process. • Legal documentation causes frustration and embarrassment – i.e. not having an ID document that states 	<p>difficulty with identifying himself to Police, the ID and person do not match, now a different sense of incongruence (vi)</p> <ul style="list-style-type: none"> • He feels inconvenienced, refrains from new financial obligations such as buying a house because he has to explain himself to the banks about why the ID says female and he is male. (vi) • He feels uncertain when meeting new people,(iv) how to introduce himself, especially to females.
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<p>incongruence as his administrative identity does not reflect his physical appearance (labels him as female when physically he appears male).</p> <ul style="list-style-type: none"> • He experiences discrimination and prejudice (i) from his lesbian gender group, leading to strained friendships. 	<p>your new sex. (vi)</p> <ul style="list-style-type: none"> • He feels content with new gender (ii) • He feels more comfortable and congruent now. (ii) 	
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4.2.3.2 Integration

Themes identified by three independent clinicians:

- He experiences unconditional acceptance and support from significant others, i.e. his mother and close friends. He experiences acknowledgement and confirmation as a male in male social circles. (iii)
- He experiences ineffective integration in intimate relationships leading to termination of existing relationship. Furthermore, he experiences apprehension to initiating new relationships resulting in alienation. (iv)

- The participant experiences difficulty, hassles and challenges in terms of administration issues concerning his identity when it comes to producing identity document for administrative purposes. (vi)

Themes identified by two independent clinicians:

- He feels discriminated and judged by lesbian friends leading to termination of friendships.(i)
- He feels satisfied with the surgery to realign the physical body to his psychological gender. (ii)

Themes identified only by one independent clinician:

- He experiences incongruence in intimate relationships. He feels uncomfortable and vulnerable.(v)

4.2.3.3 Summary

This participant experiences mixed feelings with regard to the outcome of the sex change. Firstly, he experiences ineffective integration in intimate relationships leading to termination of intimate relationship. Furthermore, he experiences apprehension when it comes to initiating new intimate relationships. His outward appearance is masculine yet he lacks the genitalia that complete the male identity. The sex change seems to have resolved some difficulty yet it presents new ones in terms on feelings of inadequacy as a male.

The themes concerning practical inconvenience when it comes to identifying himself when officially required comes to the fore. There appears to be a mismatch, once more, between the physical identity and the administrative documents, be it at work or with service providers.

4.2.4 Case Study 4

Background to diagnosis

Participant 4 is a twenty one year old trans-man. He was born female. He went through real life experience as well as hormone therapy. At the time of the interview, he was scheduled for top surgery the following month.

4.2.4.1 Themes Identified by Three Independent Clinicians:

Clinician A	Clinician B	Clinician C
<p>Participant 4</p> <ul style="list-style-type: none"> The participant feels concerned and worried about his relationship during this transitional period, the upcoming top surgery. He needs reassurance 	<p>Participant 4</p> <ul style="list-style-type: none"> He experiences feelings of rejection and isolation by some friends on disclosing his trans-gender identity(i) He experiences acceptance and 	<p>Participant 4</p> <ul style="list-style-type: none"> He feels happy and supported by his girlfriend (iii) He feels worried that the girlfriend might change her mind about her support after the top surgery.

<p>from his partner in that she will be comfortable with his “change” in their relationship.</p> <p>Currently he feels uncertain of what these changes will mean for their relationship. (v)</p> <ul style="list-style-type: none"> • The participant experiences support from his family members.(iii) • The participant experiences lack of empathy from his lesbian friends. He experiences judgement from his lesbian friends.(i) • He also feels offended and insulted 	<p>unconditional positive regard from his family. (iii) He took his family with him through the process.</p> <ul style="list-style-type: none"> • Lesbian friends struggle to accept his decision to transition and they have difficulty in supporting him. • Other friends are supportive, especially male-friends. • He feels supported in his work environment. 	<ul style="list-style-type: none"> • He feels satisfied at work(ii) • He feels supported and acknowledged by his family (iii)
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<p>by his lesbian friends in terms of the question they pose to him about his surgery.</p> <ul style="list-style-type: none"> • He experienced acceptance and acknowledgement from his previous and present employment. (iii) • He feels satisfied with his surgery. (ii) 		
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4.2.4.2 Integration

Themes identified by all three clinicians:

- He experiences empathy and unconditional family support. The participant feels satisfied and acknowledged as a male at work thus enhancing his working environment. (iii)

Themes identified by two clinicians:

- He experiences feelings of rejection and isolation by some friends on disclosing his trans-gender identity. The participant feels undermined and judged by his lesbian friends leading to social isolation. His concern over the possibility that his girlfriend might change her mind after top surgery. (i)
- The participant feels satisfied about the surgery in that he now feels that his physical appearance matches his psychological gender identity. (ii)

4.2.4.3 Summary

The participant experiences mixed feelings about the outcome of the sex change. He feels satisfied insofar as he now feels that, for aesthetic purposes, he appears masculine and this resolves his gender in-congruency on one level. Furthermore, he feels acknowledged as a male by his family, by his girlfriend as well as at work. However, he feels uncertain as to the ultimate impact that the upcoming top surgery might have on his intimate relationship.

He also realizes that in as much as his physique is male, he will remain lacking in the male genitalia and this is something with which he will struggle for as long as science is not able to create a well functioning penis. This inadequacy considered, an incomplete sense of

masculinity will dominate his identity and it is one outcome he is unhappy and feels powerless about.

On a social level, he feels judged by his previous lesbian friends leading to loss of friendships.

4.2.5 Case Study 5

Background to diagnosis

Participant 5 is a trans-man in his late thirties. He was born female. He underwent hormone therapy and top surgery.

4.2.5.1 Themes Identified by Three Independent Clinicians:

Clinician A	Clinician B	Clinician C
<p>Participant 5</p> <ul style="list-style-type: none"> • He experiences a sense of freedom to express his opinions about what transgender is without fear of not being allowed to transition. • He feels congruent 	<p>Participant 5</p> <ul style="list-style-type: none"> • He experiences peace in his own body and feel that he belongs. (ii) • Transitioning brings new dynamics into a relationship which brings new life 	<p>Participant 5</p> <ul style="list-style-type: none"> • He feels congruent in terms of body image and psychological perception after hormone therapy. (ii) • He feels rejected by the males in his family. (i)

<p>(ii) in terms of body image and psychological perception after hormone therapy.</p> <ul style="list-style-type: none"> • He experiences rejection from the males in his family (i). • He experiences unconditional positive regard (iii) from a partner. • He feels supported (iii) by the current partner during and after the transitioning process • He experienced loss of friendships (i) due to challenges and judgments from the friends. 	<p>challenges.</p> <ul style="list-style-type: none"> • After transitioning all his relationships needed to be redefined, with his family, girlfriend, friends and colleagues. • He experienced rejection by the males in his family. (i) • He experiences congruency in terms of body image and psychological gender (ii). • Post-transition, he feels that everything falls into place. 	<ul style="list-style-type: none"> • He feels accepted and loved by the females in his family. (iii) • He feels acknowledged and accepted (iii) as a male by his in-laws. • He has managed to re-launch himself as a male in his working industry. • He feels supported and understood by colleagues. (iii)
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<ul style="list-style-type: none"> • feeling more content in terms of body image and interactions within his environment.(ii) 		
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4.2.5.2 Integration

Themes identified by all three clinicians:

- He experiences interpersonal rejection and hostility, particularly from the males in his family. (i)
- He feels congruent in terms of body image and psychological perception after hormone therapy and top surgery. (ii)

Themes identified by two clinicians:

- He experiences unconditional positive regard and empathy from his girlfriend, his in-laws, friends and the females in his family. He feels acknowledged as a male by males in his social circles. He feels acknowledged and respected as a male by his in-laws.(iii)

4.2.5.3 Summary

He presents a relatively well-introspected sense of self with mixed feelings regarding the results of the transitioning process. Although he experiences high levels of satisfaction regarding the hormone therapy treatment and top surgery, he feels inadequate as a male due the fact that well functioning genitalia could not be created.

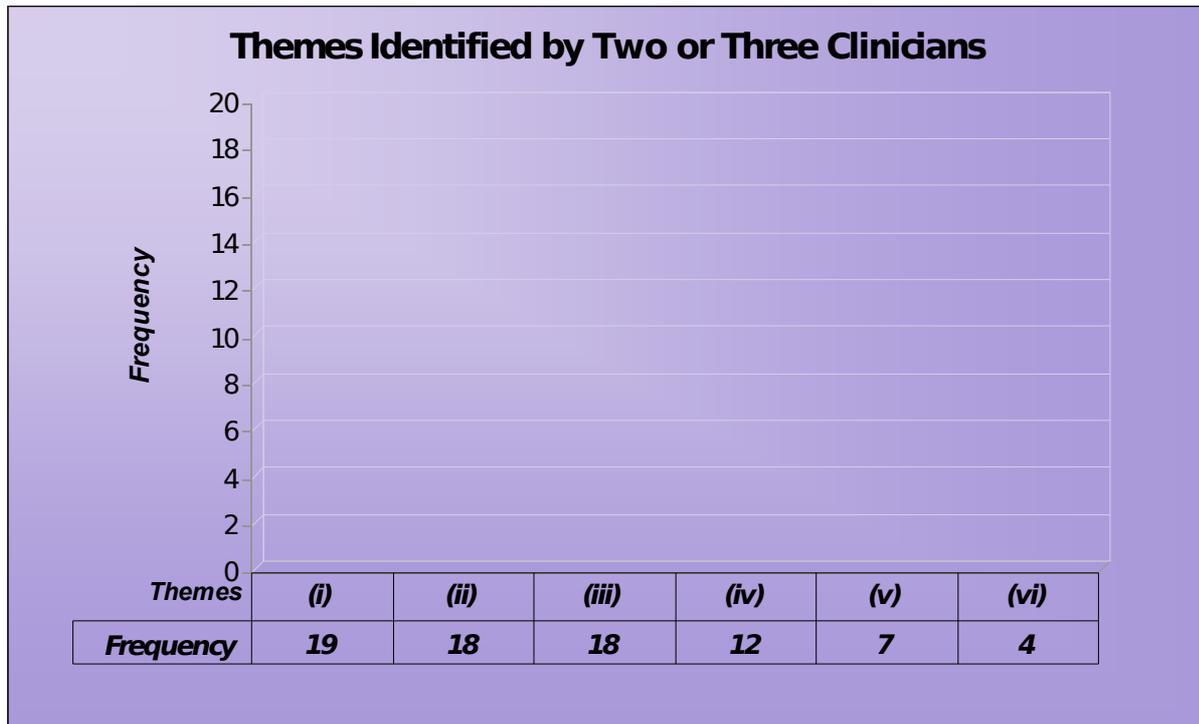
Although the transitioning has resolved some aspects about his gender identity, it has left him with an unfulfilled masculine identity due to lack of the genitalia that is the core of male identity, this being the lack of a penis. Furthermore, he experiences rejection from the males in his family due to his sex change and this causes significant distress to him in that he would like to have a close relationship with his father and brother, which currently seem like a distant dream.

The total picture emerging from the themes generated in respect of the five case studies appears to be highly erratic and contradictory as would be reflected in the histogram below.

4.3 HISTOGRAM

The identified themes in all five cases, by two or three clinicians will be presented by means of a histogram below.

4.3.1 Histogram of Themes Identified by Two or Three Clinicians In All Five Cases



Theme (i) was identified 19 times followed by themes (ii) and (iii) which were identified 18 times. Thereafter theme (iv) was identified 12 times. Theme (v) was identified 7 times. Theme (vi) is the least identified appearing 4 times.

The themes identified above are explained in the table 4.3.2 below.

4.3.2 Themes and Frequencies

Themes identified	Frequency
i. Feeling judged and rejected after sex reassignment surgery	19
ii. Feeling content with the surgery undertaken in that the physical	18

appearance now represents for the participant his/her psychological gender	
iii. Experiencing unconditional acceptance and empathy	18
iv. Ineffective integration in intimate relationships leading to feelings of uncertainty and withdrawal	12
v. Subjective experience of incongruence and uncertainty with regard to new gender roles	7
vi. Pragmatic and administrative difficulty when it comes to identifying oneself to authority and service providers	4

4.4 DISCUSSION AND CONCLUSION

The purpose of this study was to determine the individual's experience of him/herself in intimate relationships after the transitioning process. It aimed at describing the experience of the gender transitioning process and its impact on interpersonal relationships. The general finding of the research is that sex re-assignment surgery is a complex phenomenon that requires a multi-disciplinary approach if it is to yield a psychologically stable outcome.

The findings present a mixed clinical picture wherein although there is some level of satisfaction and contentment with the transitioning process, there are some new difficulties experienced. The experience of unconditional acceptance and empathy is shadowed by

personal experiences of not being able to effectively integrate in intimate relationships leading to uncertainty, isolation and withdrawal from such relationships.

Of significance is that although the participants experience personal satisfaction with the surgical changes undertaken, these experiences are shadowed by feelings of rejection on an interpersonal relationship level and this is experienced as dissatisfaction on an emotional level. Furthermore, the participants identified subjective experience of incongruence and uncertainty with regard to new gender roles and this presents difficulty in integrating in social contexts.

The solution seems to have become a new problem insofar as it presents the participants with similar practical difficulties. After the transition the participants find themselves having to explain their gender to authorities, new friends, potential lovers and colleagues. The gender-transitioning, seems to have solved the gender identity dilemma yet replaced it with a set of complex pragmatic difficulties.

Mixed results seem to be predominant with all five respondents. In as much as sex change resolves the gender identity, it brings to the fore a myriad of complex interpersonal difficulties which indicate that there is no simple yes answer to sex change. Sex change does have a huge impact on the work context, to the degree that it complicates work relationships and creates new challenges. On a romantic level, some respondents experience acceptance, though it is not without major adjustment difficulties and the risk of losing existing relationships and apprehension in initiating new relationships.

Sex re-assignment surgery needs in-depth psychological counselling before and after the surgery to assist the subject to achieve a higher likelihood of adjustment in interpersonal relationships afterwards. It appears that psychotherapy would be required after the sex change so as to better equip the participants in the final adjustment to their new gender realities.

4.5 LIMITATIONS

The current sample is relatively small thus implying that the data is unrepresentative of the actual population. This study was conducted in an exploratory manner which allowed for in depth exploration of unique individual experiences. Therefore, for this reason, all conclusions should be tentative before the study can be replicated with a greater sample.

The participants in this research were willing and eager to share their experiences, this may have biased the findings. However, their bias was safeguarded by the use of independent clinicians in analyzing the interviews thematically.

CHAPTER 5

CONCLUSION

The aim of the current study was to explore the intrinsically personal process that individuals who identify as trans-gendered go through. It aimed at describing the participants' accounts of their transitioning and the impact that the transitioning has had on various aspects of their lives. Of specific focus was the participants' experience of interpersonal relationships after transitioning.

Various stages of transitioning were described and the impacts of changes at various points of such transitioning were discussed. Looking at the research question, has the research purpose been achieved?

RESEARCH QUESTION

“How does an individual with incomplete sex change surgery experience him/herself in relationships with males and females?”

What the current research discovered is that, individuals who decide to undertake sex change surgery are faced with multitude of complex decisions that do not necessarily guarantee the desired outcome. They strive for the trappings of the conventional heterosexual relationships, which they often do not find even after the surgery.

Due to the interpersonal impact of such a surgery, these individuals often find themselves unable to have fulfilling intercourse due to the inadequacy of their medically constructed genitalia; this applies specifically in the case of male-to-female trans-sexuals.

For the female-to-male transsexuals the picture is much bleaker due to the fact that, currently, it is scientifically difficult to construct a penis, as a result, they are left with the trappings of penis-less male which leads to dissatisfaction in most trans-sexual individuals. These individuals have to contend with the rejection they often experience from families, friends, lovers and the apprehension with which they approach new relationships.

The financial impact of gender transitioning is one that should be taken seriously due to the cost of such medical procedures. The cost of the surgery itself, the aftercare medication, the psychological services to assist the individual to adjust to the new gender are all to be carefully decided upon.

The role of long-term psychotherapy and thorough research cannot be emphasized enough for individuals who decide to take the sex change route. Psychotherapy is required before, during and long after the transition so as to assist the individual best cope with the reality that they experience after the surgery.

For future research, recommendations stemming from the current study entail the use of a larger sample of participants. Furthermore, this study was preliminary in purpose, so further and more detailed research would need to be conducted before the outcome of the current study could be accepted as conclusive.

REFERENCES

- Arndt, W.Jr. 1991. Gender Disorders and the Paraphilias. International Universities Press, Inc. Madison Connecticut.
- Barrett, J. 2007. Trans-sexual and other disorders of gender. Identity: A Practical Guide to Management. Radcliffe Publishing. Oxford. New York
- Bolin, A. 1988. In Search of Eve: Trans-sexual Rites of Passage. Bergin & Garvey Publishers, Inc, Massachusetts.
- Bowman, C., & Goldberg, J. 2006. Care of the Patient Undergoing Sex Reassignment Surgery (SRS). Transgender Health Guide
- Brazier, S. 1984. The Demystification of Trans-sexualism. University of Natal.
- Breakwell, G. M, Hammond, S., & Fife-Schaw, C. 2000. Research Methods in Psychology
- Bullough, B., Bullough, V.L. & Elias, J. 1997. Gender Blending. Prometheus Books
- Chilland, C. 2003. Trans-sexuality: Illusion and reality. Continuum. London. New York
- Cohen-Kettenis, P & Pfafflin, F. 2003. Trans-genderism and Inter-sexuality in Childhood and Adolescence: Making Choices. Developmental Clinical Psychology and Psychiatry. Sage Publications
- Creswell, J. W. 2003. Research Design : Qualitative, Quantitative, and Mixed Methods Approaches. 2nd ed. University of Nebraska, Lincoln
- Ekins, R. & King, D. 2006. The transgender phenomenon. Sage Publications
- Ekins, R. 1997. Male Femaling: A Grounded Theory Approach to Cross-dressing & Sex Change. Routledge: London. New York
- Farber, M. 1985. Human Sexuality: Psychological effects of disease. MacMillan Publishing Company New York
- Feinbloom, D.H. 1976. 1940-Trans-sexualism: A study in individual and social response identity change. Boston College, PhD, 1976 Sociology, social problems

- Forshee, A.S. 2006. Perceptions of masculinity among transgender men. Umi Dissertation Services
- Green, R. 1974. Sexual Identity Conflict in children and adults. Duckworth Publishers
- Green, R. & Money, J.M. 1969. Transsexualism and Sex Reassignment. The John Hopkins University Press, Baltimore
- Henning, E., Gravett, S. & van Rensburg, W. 2005. Finding your way in Academic Writing. 2nd ed. Van Schaik Publishers
- Kessler, Suzanne. J. 1978. Gender: An Ethnomethodological Approach, A Wiley-Interscience Publication. John Wiley & Sons New York. Chichester. Brisbane Toronto
- Kuipers, A.J. 2005 . Anne's Meta-morphosis : A true story. Cameleon Book, Cape Town South Africa
- Levine, S.B., Brown, G., Coleman, E., Cohen-Kettenis, P., Hage, J., Van Maasdam, J., Petersen M., Pfafflin, F., Leah C., Schaefer, EdD. 1998. The Standards of Care for Gender Identity Disorders
- Moberly, Elizabeth. R. 1983. Psychogenesis, the early development of gender identity. London Boston: Routledge & K. Paul
- Meyerowitz, J. 2002. How Sex Changed: A history of trans-sexuality in the United States Havard University Press. Cambridge Massachusetts London England
- Mocke, N.A. 2006. The Shipping Mistake. Lulu.com Publishers. South Africa
- Monro, Surya, 2005. Gender Politics. London, Ann Arbor, MI : Pluto Press.
- Mouton, J. 2004. How to succeed in your masters and doctoral studies: a South African guide and resource book. Pretoria: Van Schaik.
- Neuman, W.L. 1997. Social Research Methods: Qualitative and Quantitative Methods. Allyn & Bacon. Boston.
- Nielsen, H. B. & Rudberg, M. 1994. Psychosocial Gender and Modernity Scandinavian University Press Oslo Copenhagen Stockholm

O'Donovan, O. 1986. Trans-sexualism and Christian Marriage. Grove Booklet on Ethics No. 48

Olsson, S.E & Moller, A. 2004. Archives of Sexual Behaviour, Vol.35, No.4. August 2006, pp.501-506

Rogers, R. R. 1961. On Becoming a Person: A Therapist's View of Psychotherapy. Constable. London

Rossouw, D. 2003. Intellectual Tools: Skills for the Human Sciences. 2nd ed. Van Schaik Publishers.

Sarantakos, S. 1998. Social Research. Charles Sturt University, Australia. 2nd ed

Thomas Murray, R. 2003. Blending qualitative and quantitative research methods in Thesis and Dissertations. Corwin Press, Inc

Tully, B 1992. Accounting for Trans-sexualism and Trans-homosexuality: the gender identity careers of over 200 men and women who have partitioned for surgical reassignment of their sexual identity. Whiting & Birch, Ltd. London

Walters, W.A.W. & Ross, M.W. 1986. Transsexualism and Sex Reassignment Melbourne: Oxford University Press. Wells E

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APPENDIX A

INTERVIEWS

1. Introduction

The data was collected using personal face-to-face interviews and these are transcribed verbatim, below.

2. Data Collection through Conducting Interviews

PARTICIPANT 1

Researcher : Please tell me a bit about your journey to having sex re-assignment surgery.

Participant 1 : So the reason I thought let me respond to what you want to do was the fact that when I looked at the whole thing that people who are more or less involved in the whole psychiatry and psychological analysis come from a different background, are mostly white. And I thought what happens to a person like me who says I've got gender issues, gender identity issues and at the very same time I need to belong within a certain social structure and background.

Researcher : mh,

Participant 1 : Now how would you then as a psychiatrist, when having to do that analysis base your results of assessments because probably the white community has evolved over the years and we are

still a bit backward, even the roles. The issue of gender identity is clearer. For us it is not the case, it is a whole dimension all together. As I went on they use something like Real Time Test. Subsequent to that I realized that in the process that it is an interesting subject because I was doing research for Centre for African Renaissance.

Researcher : the one at Unisa?

Participant 1 : Ja, Shadrack Ghutto's, and I said to them you know what I would like to, you know they have a journal that they keep. It would be interesting to also indulge in the subject of trans-genderism within the African Perspective or African Context so that whether you've changed into a he or she what's the functionality because at the end of the day we are looking for functionality and not only the issue of change.

Researcher : Ja, that's my area of interest, functionality.

Participant 1 : Because what would happen is that I still need to respond to certain roles, like blood type subjects because you know I come from somewhere, we have ancestors and there are certain things and practices that come into play such as initiation school or rituals so that I know who I am in that context. So all those things come into play. And I am a woman who don't bear kids, I don't have ovaries. I also had to post my change, so these things need to be put as factors that could give rise against the subject of trans-genderism. But as I said this is functionality. And I proposed it to them but then I realized that I don't have the energy.

Researcher : It could be a nice doctorate study

Participant 1 : You know I came out in the media saying I want to enter Miss South Africa simply to say to South Africa especially within the African context, that when you change your sex you need to follow mainstream. As we speak, I have completed my bottom sex change and I have a South African Identity document that says I am female, I am a miss and all that, so why would I not enter a beauty pageant. This is where I could more or less portray what is mainstream because I've got issues that I need to wear a panty-liner. I now have a fully functioning vagina. I have menstrual periods, although they are not exactly like those of biological female, (*giggles*), aha, for all intents and purposes I have menstruation. The only thing is that I don't bear kids. I realize that now if I stand for women issues, and if I am far removed from the angle of orientation because orientation has nothing to do with this. I can change and still be oriented otherwise, you see. And I thought it would take some time.

Then I came up with the issue that I want to go for the female initiation ritual so as to spark the angle that practices such as female initiation is very important, even if I changed.

Researcher : This is very gender based.

Participant 1 : Exactly. Cause this is where you start getting your gender role initiation because currently it is lacking as I do not have the role. I have not been taught around the issues of female gender role because when I grew up they probably neglected me saying this is a boy and I had to go through a different guide.

Researcher : So your gender socialization was that of a male, whereas you felt you were a female. So you did not quite fit either gender role perfectly. Now you identify completely as female and your outward appearance fits your identity but there is a discrepancy in terms of female gender role identification which you feel you need to catch up with.

Participant 1 : True, you've actually captured the essence of my position. Because obviously when there are things such as funerals or weddings or other functions, women are expected to carry themselves in a certain way and perform certain duties. I would not like to undermine this longstanding tradition, yet I would like to advance myself within the social liberation context. When you look at humanity evolve as a community, can we then take things and link them as they are because this would be seen as social liberation. This would be seen as someone who is saying I've got the right.

Researcher : It is breaking new grounds!

Participant 1 : Yes, it is breaking new ground. But then how do I break new ground and belong to a certain culture and still take them along without being seen as deviating from mainstream. It simply does not mean that I have to become an activist, this is happening in our community where we are neglecting the concept of identity as Africans as South Africans. It is still a problem of identity, so if I've done that it could be misinterpreted as something else that I am deviating from what I am all about. And I'm saying, no, no, by the way we need to create it there. Gender identity is a problem because you grow up not even understanding where you are going to as a person. Because I think the most important analysis is childhood because as I grew up I had different dreams. My dreams were more, I had the satisfaction of living out my dream as a young girl, (*chuckles*), you see. I had a dream that I would go in a platform of women, even if it is teaching but be Mrs something because for me it was more into the

nurturing and motherhood aspect of that. When you play you are restricted because this began when I was still young, I think I was six years old. I even had an imaginary friend whom I called 'Mmakgosi'. It is funny enough that I took someone and called her Mmakgosi because I wanted to mother somebody. I realized that this was another figure who was older than me because my mind had to reason with me twice (*deep exhale*) and yet I can't tell my mother, I can't tell anybody within society about it. So in a sense my maturity came early as I had to grow up fast.

Researcher : So you had to grow up fast. As other kids your age at that time had to deal with other playful matters you had to deal with a whole different matter.

Participant 1 : True, I had to deal with issues that my peers never had to deal with. I grew up in an environment where my father was absent, it was one of those illegitimate environment where kids do not belong to the same father.

Researcher : As far as I've seen in townships, fathers function more as sperm donors where they contribute to the making of the baby and it ends there.

Participant 1 : Exactly and they disappear and you realize when you are by yourself that you lack somewhere. The extension of love, to affirm yourself, you realize it comes from somewhere and in future, it can probably give problems when you relate to your partner where you now want to cover all these years and the expectations of a father figure. But in my case I did not even see that absence as it was all girls at home and this is my mother who I have to play around, I played girls' game. The reception from girls was warmer than that of boys and I continued playing with girls until I went to

primary school. When I started school, it was a hustle because you know there used to be two queues, one for the boys and one for the girls.

Researcher : So the experience was one of not fitting in, you did not fit in with the girls nor did you fit in with the boys.

Participant 1 : Yes yes, I did not fit into either gender to the extent that as time went by I realized I started to play with the boys but it was something that did not have fulfillment then I had to be absorbed more into the academic side of things. So I focused on my school so that when I passed they could say at least I'm good at school they'll say let us not bother him. I remember when I got to Std 5 we did something called Basic Techniques for boys and the girls would go to the other side to do cooking. Actually, I would get 80% in all my subjects but when it came to Basic Techniques I would get 0%.

Researcher : Was it because you were assigned to the traditionally boy subject which did not match your identity at the time?

Participant 1 : Exactly. Now that I am older I realize that what if there are many other kids who are assigned to such subject yet they do not belong there. And now your aspirations are not in line with your dreams, your purpose because of the gender identity issue, then your mission in the world becomes lost.

Researcher : Gender issue encompasses, I think the essence of who you are in the sense that if you identify yourself as female in a male body you develop conflict in terms of having aspirations. You can't openly aspire that you want to become something that is not socially acceptable for your gender.

Participant 1 : It's true.

Researcher : Then you end up just going to the socially acceptable subjects such as carpentry, which you are not really interested in and as a result you underperform.

Participant 1 : Exactly.

Researcher : But then again within the context of your gender identity it becomes a problem.

Participant 1 : True, because I ended up being confused when I got to Matric because I was an A student, that was a fact. When I was 16years old it hit me more because I was dealing with puberty yet I had no direction of how to adapt my puberty because I can't engage with these girls who are my friends who are talking about their periods. Now I'm carrying two things. At that time I'm dealing with issues of orientation, I used to be gay and issues of gender identity. I did not feel I was gay and even the clothes that my mother bought never represented who I was inside, that is why now I am into dresses because that is who I am. That is why now I am so much into dresses. That represents freedom although not completely because think about it, my voice still says something else.

Researcher : The issues of sexual orientation and trans-genderism, they are two departments yet there's so much confusion because we do not understand them.

Participant 1 : Exactly. Imagine if people had, think for instance as I am wearing like this walking in the street there's the issue that it is indecent, you see, because as you were saying, we are socialized. You know I was talking to, I was invited to a Girls' High School to go and talk to pupils, it is a multi-racial school, about what it means being a woman and it was Women's Day. So when I went there I realized that some lady was speaking and said as women, this lady was talking about Adam and Eve and those things. Then I stood up and realized that, and you know what I said to those kids, that what I realize in my case we are socialized to become women and the becoming part throughout my transition I had to like wear a dress, you know and look like a woman and all that. But I realized that being a woman on the street, me asserting my being as a woman and I said that to further that what it is being a woman when you reach a stage where you know yourself and that point is contentment. Where your culture and conscience are balanced because that is what being a woman is all about, the satisfaction and how you enforce that is to actually, you know after I said that they were okay, they never wanted more. I told them what they did not expect, and it was ignorance.

Researcher : What surgery have you completed at this stage and how do you feel about it?

Participant 1 : In July 2008 when you made the initial contact for appointment, I was about to go for my surgery. So I had my penis removed and vagina constructed. They put the labia part, under anesthesia, then they take a piece of my colon to construct the vagina. The colon helps by lubrication so that it does not get too dry and after that they create the labia's and all those, you see. The other day my doctor told me I can go for breast implants, but I told him I don't need bigger ones, this is my size. I

said no, no, no, I don't need to do the transplants, I am okay like this. I mean one part has been done that has been an issue for me and I feel content inside. It would not be correct for me to now respond to cosmetic things because being a woman I am not faking it, I'm not dragging it, it is inside, hee, so whether I've got small breast or big breast is not important. Then he said to me maybe surgery for the voice because over the years all those things are okay for me. I mean what has been done is the most important one, because then again whereas does femininity lie, though there is some level of imperfection.

Researcher : But then again it depends on how you define it, it is a personal choice, it depends on what you as the individual view as femininity or what. For you, when the bottom part is covered it gives some contentment.

Participant 1 : Exactly

Researcher : You don't need the extra's

Participant 1 : If there is I would appreciate it because people say for you to look pretty, then I realize that I'm still functioning, whether skinny or what. What you must strive for (*is that Somizi, yes that's him*).

Researcher : (*then it means I don't know him*) How do you experience people's reaction towards you after surgery?

Participant 1 : But then the transition itself is not absolutely complete, this is not the end because what is happening is that society is still not sure about me. When I'm quiet then they greet me the issue is the voice that says something else

Researcher : But then again I don't understand, it's just rigidity of social conditioning because there are women with deep voices and she appears all female but when she speaks a deep voice comes out, who questions that.

Participant 1 : And now for me the worst part is that the whole media part of it. I'm now, to be honest, I'm now caught up in a situation where people who have issues of sexual orientation, gay people and lesbians are putting me between the two, where socially they want to isolate me because they think I've done something which is totally out because at the end of the day we might share similar things,

Researcher : Fundamentally, there are similar things between the gay people and the trans-people, in that they are equally discriminated to a certain degree, unfair treatment because of one's identity is the same. But then again, we judge each other so much on the basis of standards that were set up ages ago before we were even born. The thing is within the gay and lesbian culture there are rules that there must be a man and there must be a woman. Who said we must run our lives along those line if there are partners one partner must be butch and the other must be femme, according to whose rules are such things done, yet we say we are different.

Participant 1 : Which is true

Researcher : We are fighting the social rules as gay men, gay women but when a bisexual person comes we don't see that the fight is the same. We sideline them.

Participant 1 : When you go to women it is another issue, where they ask why do you want to become a woman? And questions that I've been getting are, why does he change? You know all those things. So I realized that what the situation dictates to me is to educate and educate simply to link it up to identity cause if people have problems with this is that they have problem with issues of identity because who said your identity should conform to certain standards? There is nothing that we are doing to harm issue of society. Now as one a eh eh eh, progresses to deal with issue of change, now I have to change my ID. Now one is considered sort of male person who has publicly changed her sex, you know young black person who has changed her sex in this country and now issue of being black or white enters into the mix. *(I never wanted to invite the media)* In the long run how do I use it as a platform to create awareness because what is needed now is awareness around the issue. Now this is broad, you've touched on the issue of what if someone is caught up in this issue when it comes to aspirational issues. You know, teachers are also not knowledgeable. When you look at educational structures, teachers are not informed

Researcher : Yes it is not there, there are issues of pupils who are not performing, remedial classes and stuff, *(coughs, sorry)*, even that is only a fraction of their training even then they can't pick up when the pupil has difficulties. SO let alone this issue, it would be clouded by a person's standpoint when it comes to attitude so if the person is biased against homosexuals and trans-gender people, as a teacher, that attitude is going to come into the classroom where they might discriminate or sideline the

pupil instead of treating her/him like other pupils. Teachers need assistance on these issues, but the minute we talk about sexual orientation they say pupils did not come to school for sexual orientation or sex for that matter. Generally speaking, people are fighting over issues or teenage pregnancy, but then life is so broad that we need to learn that there is aids, there is sex, there is sexual orientation, there is trans-genderism and we cannot run away from those things.

Participant 1 : My sentiments exactly. What I've realized in my case . 1. I wanted to try that to structure something out...around issue of ...teachers....

Even at schools you've got boys toilets and girls toilets. Honestly, I never went to the toilet. I would use my home's bathroom, and when done I'd go to school.

Researcher : Only when you come back to school, would you use the bathroom at home?

Participant 1 : I would the bathroom at home because at school it is not conducive. *(laughs)* Because of the procedure, it takes at least two years to change, but what if you find a young person. What if you find a young person who goes to the toilet and finds a man there.

Researcher : By the time you get...

Participant 1 : You don't have your own image

Researcher : Its an eye opener. The difference between reading from the book and, it does not cover

Participant 1 : The thing about reading it from a book is that the transgender topic is covered from all around the world. Even in countries like the United States, there was a show on Tyra Banks about a trans-gendered woman and they did not want her. Tyra wanted to donate for her to go for change. The other negative about it is people do not know about trans-genderism and think that we are all gay. when you are gay I did not have ideas but I can see that there is a need for shows that will specifically look at the being of people, you see, and not only look into the topic itself, but talk about how things unfold in society so that they can look around it. Because once you start, like when I entered Ms South Africa, someone said..

Researcher : You got the country talking about Ms South Africa

Participant 1 : This was even prior to the whole change. They used to tease me and call me Ms South Africa. One newspaper in Durban, Isolezwe and the radio stations

Researcher : This is the one I heard of

Participant 1 : They are the same. There is one where. So looked at an angle of, if you want to look at this, target conventional industries, or in the modeling industry, according to it, its kind of, coming into it, with someone who has changed their sex, I said to them, you are hanging clothes, because

designers still had a problem. Lets say it is a facial product, if you use it on a transgendered person, and it is known, they think it will send negative vibes.

Researcher : What negative vibes?

Participant 1 : Eh,I realized that to ... in society with such changes, and allowing that evolution we are in, ..., which I did I went to a workshop...forced by the constitution, it had to go to the constitutional court to say gender has changed,

Researcher : In every aspect and every right, what do they say they look for when they say they want a girl to model, especially the modeling world, they need a certain height, they need a certain .which you have, and (*are they*), they cant say they are looking for your womb because the womb has got nothing to do with what they want. You are not going there to make babies but just there to be, like you are saying, a hanger. You don't need to even speak.

Participant 1 : I realized that those are the things that one has to do. I've never seen people, and the reason why more and more people who have changed sex have changed it and have moved on with their lives. They never thought that the publicity issue...and even when I had an interview with Motswako on ETV, the most important thing was publicity has to be used correctly. Its not supposed to be used as...and now when I look at the tv, there is no, I'm trying to say, industries should be flexible. What if you employed someone, you see, if you have changed and no one knows, but if someone changes while employed at that company, how will you try and adapt , we need to orientate people because this process will scare them, like I said, it takes tow years, so they normally give them a card or something,

Researcher : Tell me then about it, what happens in the beginning, tell me about your case.

Participant 1 : In my case, in the beginning, back from the age of 16, in honest truth, I lived as a young girl, I used to wear some tight pants, I dressed to a level that when I was about 16 and 17, at university, it was a problem, then I went to find out, I want to a doctor, this was an English doctor, funny enough, and he asked me, “orientation wise, what are you?” I used to have very good communication with him, I told him that I did not feel right just as a person. I have not changed anything. I had done a lot of things, I did business science, engineering, accounting and until I did my BComm, it did not make sense because it seemed as if I had a problem. Whenever I did those school subjects, I did not enjoy whatever I was doing. So he said that actually there is a possibility of changing your sex but you need to follow the proper procedure in terms of hormonal therapy, and the whole counseling because you cannot change without going through the experience. Then I went through all that. I started out by being out of the closet ..I was about 18, I went , then when I was about 22,23 I stated having psychological counseling, which is frustrating because it is taking so much time

Researcher : Like they are blocking your process

Participant 1 : Ja, to the extent that every time I’d go there, the whole lobectomy and you know the whole transition and and funny enough eh, I figure some kind of pain. There’s pain but you realize that

Researcher : So the pain is more accepted as part of the process

Participant 1 : Exactly, because at the very same time, I realize that again, if this thing was done when I was about 6 years or 16 years, I realize what is the trick, remember that it is irreversible and the reason why you need psychiatric analysis they need to determine the suitability. Now how do you determine when someone is ten years, you know, because there is a young girl, a young boy who changed when she was still very young, I think it is overseas, youngest transgender in the world, but I don't have details. They did an issue about her before they did an issue about me in Marie Claire Magazine, I think it was September's issue of Marie Claire.

Researcher : Oh, September last year, so I can still get it

Participant 1 : You can also call them, but I think I can also give you that issue, my issue

Researcher : You said January this year, your issue and that of the other boy was last year's issue

Participant 1 : mh,

Researcher : But then at the age of ten it means the parents, they are the one who have to fast track the process

Participant 1 : How do you then fast track it in the society like the Black people, our, or in the township where I come from as a child grows up he is a boy, you know and this again becomes an issue and one can broaden it up. How does one become conditioned in society because one can attempt

Researcher : That requires awareness on the part of society

Participant 1 : Exactly

Researcher : Awareness of how to look out for signs that can help so that when you realize that this boy is different, maybe you can try not to condition him like other boys

Participant 1 : Exactly,

Researcher : Then channel him towards something

Participant 1 : Yes, channel him into the kind of person that he is. In my case for instance, at home they had issues about it and I think my mother still has issues about it. She is thinking it is something that was not supposed to be done to an extent that

Researcher : You say your mother had a problem

Participant 1 : mh, she would end up saying that it would have been better if you had remained gay, you know,

Researcher : So that would have been a better option

Participant 1 : That would be a better option because now for her it is like an embarrassment in the community and in the society. And this is your mother to an extent where you want to share things about boyfriends, you know the extent of it and I realize that it is because of pressure she has from society and yet she feels that this is shock to the extent that she wants to go to the traditional healers and sangoma's to find out exactly what is wrong with her son. And the sangomas, I remember the some of the responses were that this thing is not normal, you know, so if such things, if there is such things happening in our society and such thoughts occurring that immediately they want to consult then it is a process of where do you start, do you start with sangoma's, or churches you know or leaders within the community to then hit the household because what the household does is, is that it has already identified itself as a unit within society and it cannot, it is like a human being. It always sees itself competitive among, and it can't make decisions of its own. Now imagine if you've got society and society says no no this is not allowed

Researcher : Even they are in a difficult position.

Participant 1 : That's true, now the entire household becomes disrupted and it crushes.

Researcher : So were you in an intimate relationship prior to embarking on the sex change process?

Participant 1 : No, not at all. Before my surgery and before I started Hormone Therapy and during the Real Test Experience, I was too busy dealing with my gender identity issues that I had no time to deal with relationships. For starters, I knew I was a woman, but I appeared male so I could not date men because then I would be classified as being gay, and that would have been inaccurate. So I refrained from intimate relationships. Come to think of it, I was a virgin as a man and now I am a virgin as a woman. My vagina has fully healed, it's been six months since my operation and it works just fine. I'm just scared to test drive it at this stage, that is too risky, I must meet the right person. And I realized that there is a lot of things that are not. Like myself, I never had a relationship before the surgery, not even a gay relationship simply because of my state of being was not allowing it. At that time I can't entertain the sexual aspects simply because there was something not right with my state of being. And at the end of the day there is a lot of discomfort and now I need to turn back to, even when I was at university those that knew me then and they know me now they would say but the thing that you did, why did you not stick as you are?

Researcher : So it is still a shock to them

Participant 1 : Yes, these are people who have been elevated because of their education

Researcher : You would think that they would be a bit more open-minded

Participant 1 : Ja, you would think they would think otherwise and have an open mind, but no, it does not happen like that. You enter into a meeting and they are talking about something and immediately when you walk in they stop talking and look at you and this becomes an issue. So I thought this is a reflection of society because that's where society is at the moment. Look at gay people

for instance, they are now getting better because there's lots of stories about their accomplishment, you find them in the arts, you find them in music you know, you find them in business and they get the publicity and at the very same time the entertainment industry has accommodated them very well. And I'm saying it's not supposed to be just the entertainment industry, they are suppose to be everywhere. What happens if a trans-gendered person, and I realize that we do not have enough coverage as black people, obviously this is the beginning of black

Researcher : How do you then introduce yourself to potential relationship partners?

Participant 1 : I have attained this sex change, but where is functionality? I wish that people never knew who I was before

Researcher : Almost like you have always been this person that you are now. Like you can move to a different country and start life as you are now without people referring to an earlier you because that history almost hinders the change that you are aiming for

Participant 1 : And now it comes to the issue of partners, obviously when you change your sex you change your sex you realize that there are men who would like to date you but immediately when a man meets you and you start talking it is like he does not know you and issues come up. Then I realized that fair enough, it is a process where you must introduce yourself that this is me, that was me and

Researcher : But then again it is complex in a sense that that is the essence of who you are and before you interact with people or potential boyfriend they have to know who are

Participant 1 : Exactly,

Researcher : But then again the very who you are repels them from you, so how do you make it work?

Participant 1 : Ah, well I came to a conclusion that as you said they are repelled, I have to truly explain to them

Researcher : Do you explain in the beginning,

Participant 1 : Ja, I explain in the beginning, that if you spend time with this person, it comes at the level of honesty and loyalty that where is my honesty in relating to the person. I realize there is resistance because what comes into play is social pressure, you know and social pressure at the very same time that a guy will ask you a question at the same time and immediately you move into genitals and the sexual part of it. Then you ask yourself is it not about you getting involved or you being in love with the person, you know

Researcher : But then that is my thing that boys and girls, let's say in terms of being raised, men and women are different. Generally women tend to associate on an emotional level, it does not matter, you may be crippled or something along those lines, it does not matter, if we click emotionally relationships develops

Participant 1 : I like that

Researcher : That is why I think, lesbian relationships last longer and they have a bit of substance, if I may call it that than gay relationships because why, it is because of the emotional connection. But then again come to the boys, we raise the boys, I'll also link it to issue of being raised, they are raised to like more on the physical level and if the physique does not attract then they discard it, do you understand

Participant 1 : Ja,

Researcher : So also, maybe when they see you there they see a girl and they also undress you and if the vagina is not there, it is going to be an issue, you understand, and they stop right there.

Participant 1 : Just adding to what you saying, you are right because the other day I was chatting to these people and even this issue of philandering is more evident among the gay guys because there is no emotional connection because people have the satisfaction that to date this guy is more on the physique and after that you pass and you go to the next guy. That one creates a void inside because that is why a lot of these gay men and gay boys and there is a lot of social disturbance because a lot of them turn to substance abuse and things like that because whoever you got you go to extremes to assert yourself. I realize again when it comes to men they are enclined to want to know more about how you, then I realize that I came to a conclusion that I, you know what, I need to be very careful if a person comes and understands my issue it will be clear that this person does not really like me but has other ideas and

I will not be interested in a person who sticks around simply because of their curiosity they want to know what is happening down there.

Researcher : How do you experience yourself in relationships with males?

Participant 1 : As time went I met someone, this is huge, this is a man who was previously married and he's got children and this man is older than me, I think he is approaching 40years. Now that is a state of maturity because a young boy would feel very threatened by society. Now this guy moved out of a relationship and fell in love with a boy, you see, and dated this boy for some years. Now this man all of a sudden, there was some kind of a emotional connection and at first I thought it was just an attraction because how can this man want me if he is, I don't know but apparently this man came and dated some young men. But we would discuss in terms of if you are looking at it in terms of society, is it orientation clash or is it gender clash? So I want to ask him if he were to be asked a question right now who do you classify yourself. And he says to me I am a gay man, you see and I say to him as a gay man and dating me completely he would then need to re-classify himself.

Researcher : Because now you are female, for all intents and purposes,

Participant 1 : Yes, it sometimes scares me because I have so much connection with him and at the same time I said to him we need to trace this because your initial encounter, for you to be even in a marriage what had happened. And secondly maybe your environment back then did not allow you to live as who you are so in a way you were forced to follow that route. But then we move on and say in between in your life you were involved with boys and all of a sudden you are engaged with me, you are

more or less in a relationship with me. So I tell him the reason I'm asking you this is that I do not want to face a problem where you are also having your own issues

Researcher : So you need to know exactly where he stands, for your own safety

Participant 1 : Yes, and secondly I need to know because for me it is something very, it is totally new and it is totally different. This is a straight-acting gay person, you see, to the extent that even if I have to sit down he will pull a chair out for me and he's got those gentlemen mannerism. And I realize that gentle mannerisms to the extent of being able to connect with me emotionally whereas I see a man that is gentle

Researcher : So it feels strange,

Participant 1 : Yes, it is strange and an eye opener

Researcher : So he does not fit the stereotype of gayness nor does he fit the stereotype of heterosexual

Participant 1 : He does not fit the stereotype of trans-genderism, so he says to me this is tri-sexualism. The reason why I'm being caught up in the situation are that is that this is a subject on its own. This goes back to what you were saying that do we ultimately get involved with people

irrespective of gender, irrespective of sexual orientation, because I said to him that when he saw me for the first time, he saw a woman

Researcher : And the fact that that femaleness that he saw attracted him to a point where he wanted to engage in a conversation what does it mean to him.

Participant 1 : And I said to him, people, men that you dated previously were they more feminine or how, just to trace and highlight history and he said to me, honestly those men looked more feminine. So I say to him what was the main attraction, was it the woman with something else or were you looking for someone who is an equal to you. And I got scared, scared in a sense that I'm competing with someone who can be with anyone, he can be with either men or women

Researcher : It feels twice the risk, but do you get the answers to your questions?

Participant 1 : Yes, I get the answers and the answers are that he loves me and he has to reassure me by calling me in the morning and it goes to the extent of wanting to call me all the time

Researcher : So it's comfortable to be reassured but it is also scary

Participant 1 : It is scary because I also tell him that I need to get involved with someone matured and maturity in terms of handling this, you need to be emotionally sound

Researcher : Or else it will mess you up

Participant 1 : Exactly, and secondly my age has gone passed where I can be caught up in situations of being in situations where I can be bed-hopping, then yes certain things will come my way but he understands the whole me, the self that I am. But the trick is from this side although he does not treat me like a man, but from this side is he gonna be comfortable in the long run? Would there be any discomfort that would come in, would he still feel that he needs to be with another man, you see,

Researcher : Mmh!

Participant 1 : Or would he still feel that he wants to be with another woman because he has done two things in his lifetime and now he is embarking on a third thing

Researcher : This is a new journey

Participant 1 : Yes, this is a new journey, now obviously where is he going with this thing?

Researcher : Now you have to explore and see where it leads you

Participant 1 : Yes, but psychologically it is something else,

Researcher : It feels unstable because you don't know where you are heading and you can't fully involve yourself because you have these fears. But then again those fears can contribute to him wanting to run away because you are not sure. So how do you

Participant 1 : Then I realized that, as you are saying, what I'm getting is something that I've always wanted. I've always wanted to be loved, to be respected and to be taken care of

Researcher : Then it begs the question that do we want to be loved by genital or the person? Which is which? Does it really matter whether the person that loves you is male or female? If that person can give you the emotional connection and safety, whether it's a male or female, why should it matter? That is my question.

Participant 1 : And secondly I realize that now that you are mentioning it, passive roles are things that are more emotionally based. You can determine if one is more passive or active in a relationship but that does not have to, because roles are more on the physical aspect of being like saying this is the man and this is the woman. But that on its own has shown me that gentle as he is he's got a way of showing me that he is matured and this compliments who I am as much as it complements on the emotional front.

Researcher : That makes the connection between the two of you a bit stronger

Participant 1 : Yes and as I think about it, I've faced a lot of rejection over the years. In the process of trans-genderism, I have not dated anyone and then again my fear could be rejection. So I

have to teach myself not to allow things to happen simply because I am scared of loneliness, you know, because loneliness is when people don't understand you because I can simply be told, why did you not stick with so and so. This happens when you've been dating this guy and tell others that he is frustrating me and people would say did you not see that this person is not right, you get what I mean. So you could have remained as such. I have found somebody with whom I am able to talk to at that level of saying where are we actually heading and again that aspect I've never seen being covered.

Researcher : Let's go back a bit. During your transition, how long was it, was it two years

Participant 1 : It was two years because the Doctor then realized that I was busy with therapy and he had to make sure that I was suitable

Researcher : So, during that time were you dating or were you in relationships?

Participant 1 : No, I was not dating,

Researcher : How come?

Participant 1 : As we were talking and he would tell me that what would be your comfort when a man proposes? So those were the questions that would come up but we never touched the possibilities of dating. During my test, this was a white person talking, so this is my urge even to you, that if this thing was done by a person of my same background, because people would say that you have to marry

a white person because white people are more advanced and open minded. And I thought certain things in the process were neglected, I could feel that the Real Time Test is a benchmark that Harry Benjamin came up with and he dealt with a different culture and environment.

Researcher : What kind of work do you do?

Participant 1 : Like I said earlier, I've done accounting, BCompt Accounting, but I feel like it's the wrong thing I've done. It does not fit into what I am now. Things that I've done are only experiences during the journey towards change and those are so much treasured than what I've accomplished because I would have done something completely different. I would have been a full time Model. I would have been in the creative arts, I would be in different spheres as a person.

Now I'm starting to, and it's a problem again, I'm starting to, as I'm saying there are responsibilities and expectations that I need to meet and economically it can be a problem because you find that if I say I'm going back to do a certain course what happens to those. Even when I talk to young people who say they want to take the route that I've taken, I need to be honest with them that this will take so much out of you because it is so much. There's no, you can't wake up in the morning and get started and have continuity, no it does not work like that. You can't change and walk into your job, still there is adjustment that you need to do because you are playing a certain role, your approach and attitude to what you're doing, you know, changes. There is a lot of adjustments that take place and the adjustments take time. So either you go forward or you become clumsy.

In my case I did some consulting jobs, like now and then. So I freelance, which is not nice, but I am not doing something heavy.

Researcher : Ok, so I wanted to ask in terms of how did it, the sex change, how did it affect you at work, going back?

Participant 1 : I used to work, I think when I was about 18 or 19 years I started a small consulting firm which did consulting around research for the Banking Council and all those things. After that I started working for FNB, Econometrix and Momentum and through that I was able to save some money for the surgery. Besides saving, my whole idea was that I need to complete my sex change first. My sense of maturity at that time was such that I did not concern myself with issues of getting a car because I had a goal to start somewhere. I thank God for having those strict objectives although it became hard in the process because this thing, say for psychological and psychiatric consultation it cost around R750 and I had to go maybe ten times. Then your medical bills, your hormonal therapy can be about one thousand something and all this things are expensive.

And then I realized that in the process then when I did my transition then again it's another cost. You can either do it public or in private hospital, but for me the other element that is very discriminating is that like the Academic Hospital used to do sex change for white people years back especially when they were identified psychologically. All of a sudden they increased their prices and I think when I did my other procedure there, because my doctor was the first female neurologist now she's heading that division there, because you have to start with neurology, then gynae and the plastic surgery. I realized that there was a price and at that time the price was not an issue back then in the 80's, 90's when they used to serve white people. But now was a price where for instance they would do referral letters for me to get my pills and the cost implication was high because I had to go for six months for blood checkups for hormonal balances and check ups because they need to dilate it. But financially it has a huge huge impact because you change your whole lifestyle, your eating habits. During the process you lose so much time at work

Researcher : So you can't work

Participant 1 : You can't work because throughout the process, maybe if I worked in a Government institution where I know I have leave days, consistent medical aid then it would make sense. So in my case where I hold temp jobs from time to time it is very costly because economically you can't make it. I think I had to step out of work for six months, being at home because you need to heal.

Remember that we don't get into a car but we get into a taxi or bus in order to get to work, so you need to be careful because now for two weeks after the op you have a catheter. After the catheter you have the healing that needs to be done, you've got to nature the area you know the whole process.

Researcher : So for the duration of that treatment you need to be at home

Participant 1 : Yes, you need to be at home and in my case for instance I had to take myself to hospital, I had to take myself to counseling and I had also to dress myself. There was no one to do my dressing for me. My mother is working and all those things so I did not have the luxury that someone would stay and baby sit me. And all that creates a lot of emotional burden because now you say why should I go through this and I'm alone and it's painful and I can't go to work and it's painful and the swelling and there's discomfort and in the process you need to go and change your ID just in case you fall in the street you know. So this needs a prolonged, you need to be financially sound. But now I need to work harder because I am independent.

Researcher : That's what I was thinking that this whole process needs someone who does not have to go to school or to work, but the irony of it is that if you are not working how do you fund the procedure?

Participant 1 : Exactly

Researcher : So you need to work and by going there you need to take time off and how will that affect your work? Now you are considered one who is always absent from work and that

Participant 1 : It has a negative impact on you. And now, what are company policies when it comes to, regarding this?

Researcher : It is non-existent

Participant 1 : True, so you find that one would have to have another paper that tries and addresses this in terms of labour relations. Like while I'm still transitioning and I don't have my ID how am I being treated, you see. And my medical aid does not cover the expenses for such a surgery, so is this cosmetic or is it you know,

Researcher : I'm not sure, but as far as I know, as things stand right now on the 7th January 2009 I don't think it is considered a medical condition enough to be paid for by the medical aid, I think they

classify it under cosmetic surgery and cosmetic surgery is generally not covered by medical aid, such as breast augmentation or reduction, they don't pay for it.

Participant 1 : So if I'm caught up in a situation where there is a young boy or young girl who wants to transition one has to pay for them but what if that person does not even have money, do you get my point, can they be subsidized?

Researcher : No it's fine. I think the questions that I had have been answered somehow:

How do you experience yourself in relationships with males and females?

How do you feel about the surgery, before and after, you've covered that.

Were you in a relationship before the process, you've answered that.

The change, how has it affected you and your relationships, you've spoken at length about this.

Then, people, how do you feel about people reacting to you after the procedure?

What has the effect of surgery been on your work? I think that was covered as well. Looking back where you are, would you do it again? I think you've answered that in terms of you would not want to put your body through that. So I think the essence of my questions have been answered. Thank you for your assistance. If there are other people that you know who are in this process, please do refer me to them so I can continue with the interviews.

Participant 1 : Do you want Black or White people?

Researcher : Either, any one that would be willing to take part.

PARTICIPANT 2

Researcher : Wena (you) you tell me what you want to tell me.

I think you can start by your background, personal background into how you came to the decision that you are trans-gendered.

Participant 2 : Hmm, where do I start? My name is Participant 2 and I'm 29 years old, this year I'm turning 30 years.

Researcher : We can go through that at a later stage, it is just permission forms that I need you to read and sign for me.

Participant 2 : Oh, ok. Oh, you can start asking questions now. I can't just randomly give out information. Oh, I forgot to tell you that I am in charge of the East South Trans-Movement, so I'm in charge of the Southern side of things. I was elected last year December during a conference.

Researcher : I think you should tell me, say in terms of the whole transitioning process, where you are in the transitioning process, maybe start there and my other questions will follow from there.

Participant 2 : But I cannot be in the process if I don't tell you when did I discover and all of that.

Researcher : You see, hence I had said to you, tell me where you are in the process, where you want to pitch it and my follow up questions will follow from there.

Participant 2 : Oh, ok, let's see, when did I discover that I am trans, it's been a while. Maybe that explains why I did not get along with these so-called lesbian women. Not that they irritate me, it's that we just don't get along. From my side, it's not even an opinion, it's a fact, normally when there are these demonstrations and picketing or court cases, the most people who are visible are the trans-people, before you actually spot any other people, like the lesbians. Whether they wear heels or what, the first people that are visible to the media are trans-people. So I just felt I need to draw a line whereby I know ukuthi (that) they are there and we are here. We've helped them in their struggle. Now that we are in our own struggle they seem not to care, they don't want to be part of it, so I decided to deviate a bit from them but I do work with them when necessary but when I have a choice I choose not to work with them.

Researcher : I sense some level of pain and unpleasantness, somewhat bitterness

Participant 2 : No, no, no, there's no bitterness, I've just realised that we've concentrated too much on lesbian issues, they've had their struggles and now it's time for me to concentrate on trans-issues and inter-sex issues.

Researcher : So you'd rather have the focus on your issues, okay.

Participant 2 : Ya, there are no hard feelings, I realise that we are here where we are because of them somewhere somehow. They've taught us how to be visible because if it were'nt for us helping them we would not be visible to begin with.

Researcher : Mmh

Participant 2 : They've allowed us into their spaces but now we feel it is time to take over. It's time for us to take a stand and create our own space and be visible. No bitterness whatsoever. No hard feelings. So let's see what else. So when I discovered I realised ukuthi (that), hm, it will only be wise for me, as I said before, to concentrate on me. And now, as far as transitioning is concerned, I haven't started but I am well aware of what I'm gonna be doing. The reason it's on hold now is that there's the baby and I don't want Mpho (the girlfriend) to be worrying about me taking the medication and this and that and worrying about the baby. I'd rather have her worry about one person at a time and when the baby is of age I can carry on with that. I'm thinking of what to take, I'm still looking at my options but I know people who have done sex change or corrective or reconstructive surgery, whichever way you wanna put it. So, ja, that's basically it. I'd like to get started probably mid this year, with the counselling because you have to start with the counselling, then they check your state of mind, mentally ukuthi (that) where are you, your IQ and all that is needed. So that they don't do something that you might regret in the near future. And they give you options of if you don't want to do the corrective surgery you can do. You can either bind your breasts, or have a vest that people normally buy and wear that. That is not to say that you are a man, but you are avoiding the fact that people normally give you a second look every time you walk down the street. There's always gonna be, the people will look at you, they are gonna pin point you and they're gonna start poking the person they are walking with and ask what is that. So to avoid all that, the whole point of a vest is to avoid that people trying to figure out

what are you. It's not that you are running away from the fact that you are born into a female body while you are a male.

Researcher : Mmh, so the vest i sebenza (it also works as), it introduces you to the world as a man?

Participant 2 : Yes, it does. There's different means, there's the vest, there's something that looks like corset. Ja, there's a lot. Some people choose to bind and some people choose not to bind, it's a personal choice. It's up to the individual actually, how you want to go about it. The other method is, when it comes to peeing, you choose ah, you can either buy this spoon that they use to give babies medicine with, so it teaches you how to pee by yourself standing or you can choose to buy to dicta, that's in a form of a silicone to practice peeing while you are standing. So you can either buy that or buy that thing that looks like a spoon. I'll try and look for it for you, I bought some from the chemist, Dischem. So you use that so that when you finally buy the little dicklet you know how to use it. You can actually go into the male toilet and pee using that and not be spotted. Or some people choose they want to take testosterone, it differs, there's different types of testosterone. So I can, what I can do is give you a disc to look at, or you can copy it because you are not supposed to have it. Some people use the testosterone and it elongates your clitoris and now you start adolescence all over again, you start growing beard, your hands change. As my hands are now, they start having a v-shape, even the legs and the thighs. Ok, even if you don't have big thighs there'll still be a difference. You know what I've realised as I have different conversations with people, even lesbians, there's always a part of your body that you want to change one way or another they want to reconstruct their body. Some wanna chop down on the breast.

There's a catch though, if you take whatever type of testosterone that you take you must know that it's gonna interfere with your periods, if you stop taking them they will come back. If you don't want them again you can stop again. You can also remove your womb and that is also part of surgery. There's the

top part, so I'm supposed to explain to you how it works. It starts with you doing counselling, maybe with eight to ten sessions of counselling, there's plus minus ten sessions according to people that I've spoken to. Then after that they decide that you are ready for top surgery, then you go. There's two ways of doing it, you can do it with actually showing visible scars or without showing visible scars. They cut out the flash and they take out the mammary gland and when they put the flash back together they use laser, then it leaves scars. Then there's the other method, you can open very carefully the nipples with the laser and take out the mammary gland and put the nipples back together again, but the only problem is that you are gonna lose sensations on your nipples for quite a while, but then it comes back again, it's only temporary. After that you can decide if you don't want to have cancer or something because these eggs are gonna keep creating blood because they are not going anywhere, and you keep ovulating, you can just remove your womb. But while you are busy taking them it elongates your clitoris, it becomes longer and longer.

Researcher : Mmh!

Participant 2 : It becomes longer, it does not stay the same. Or while you are taking them, you can decide that they design a dick for you with the flash coming from your thighs or if you have these love handles, they can design the dick from there, whichever part of your body you want it designed from but not from your butt because the flash from the butt is not the same as the flash from your thighs.

Researcher : So it has to be your own flash?

Participant 2 : Yes, it has to be your own flash otherwise you will rot. It will work but it has lots of disadvantages. Not everybody, actually most doctors don't advise people to go through with that extremes of having one designed for you, rather keep your clit and elongate it.

Researcher : Mmh, but to what extent does it elongate?

Participant 2 : To what level?

Researcher : Mmh, and does it get hard and how does it work?

Participant 2 : Yes, it gets hard, it is part of you. You'll be sexually active like crazy when you start taking hormones. It is the male hormones that you take that bring out the hormones in you that you already have that just raising up everything, like it wakes everybody that's been sleeping. Ja, that's it, so what else?

Researcher : So that discovery that you are trans-gendered, how did it affect your relationship?

Participant 2 : With the person I was dating at the time, she called me 'an it' and she gave me Liesl's card and she was like no way, she called me 'an it' and she said no ways I can deal with a lesbian but I cannot deal with a trans-person because I don't know how to classify you, you are just 'a it' to me and I don't know how to deal with you or handling you because you just drive me nuts. You need to discover yourself and just stay away from me.

Researcher : So it was like outright rejection, ha,

Participant 2 : Ja, and she just gave me Liesl's card from Gender DynamiX, she was helping you know in a way.

Researcher : Just as long as you stayed away from her, sort yourself out and keep away. She was helping you for your own self, but not with her in your life.

Participant 2 : Ja, you and me are no more. I've realised that certain women don't care whether you are trans or lesbian, but some they do because they realise that there is a difference between you and a lesbian and a bisexual, they can spot you actually these women. But when I was in Cape Town I realised that some trans-people have some charm and they seem to be attracting white women. And these women who are black they do attract them but they're gonna have to be versatile because some lesbian women use their fingers but trans-people do not prefer using fingers, but they do use fingers only as you know, as warm-up as foreplay to them.

Researcher : Let's say you meet this person for the first time, how do you introduce yourself to them? Do you say my name is Participant 2 and introduce the trans-element, or what, just how does it work with you?

Participant 2 : In general, I am very honest, I don't hide things, you must ask Mpho and she will tell you, I just come straight up. I don't change my name, I haven't changed my name and that is how it's gonna be. It is too much work, now I'm gonna have to change my id which is a process that I'm gonna have to do eventually but I don't want to change my name.

Researcher : So to the person that you've never met, you introduce yourself as Participant 2 and that you are trans.

Participant 2 : Then I explain what a trans is.

Researcher : whether they like what you are telling them or not,

Participant 2 : it's none of my problem, I'm not going to try and please people, either you accept me as I am or you don't. I think the fact that I am comfortable in my own skin I don't think I should try and please other people. Because happiness begins within, if you are not happy how are you going to make other people happy.

Researcher : So if that person is not happy with the package,

Participant 2 : They can go away, .it's my way or the freeway.

Researcher : But that sounds arrogant?

Participant 2 : Ja, it is, I am arrogant, I am not like other people, I just am, certain things just are. Now when I make decisions there is compromise only when it comes to baby. Even my girlfriend, I don't compromise much with her, maybe before the baby was born, but now the baby comes first then it's me then it's her, then other people I just don't care.

Researcher : Just as long as the three of you are fine.

Participant 2 : Ja, I don't and I know people always want to know how did you get the baby and blah blah blah, but I tell them it's none of their business, the sooner people stop worrying about other people and concentrate on themselves the better.

Researcher : For everyone

Participant 2 : Because that's where the gossiping starts, and I'm happy with the way things are and people should just be happy with me.

Researcher : Mmh, ok, so let's go back to the introduction, to where you first met Mpho,

Participant 2 : Oh, we met in a very awkward situation because when we met she was busy speaking to Steve and I did not greet her, I said hi and she answered and I said I'm not talking to you I'm talking to Steve and she just thought this thing is so full of itself, we were in court actually and she said what an arrogant thing and I was looking at her and I thought mh, nice, eye candy and then she went and we did not speak. We were in court and there was no space so I asked her to come and sit on top of me and she sat and that's how we started off and she does not have a problem with the fact that I am trans. She actually tells other people that I am trans and I don't mind then I explain to them because most people would mistake me for a lesbian and she tries and reinstate them on the right path.

Researcher : So she has shared responsibilities to educate the 'ignorant'?

Participant 2 : Yes, she does willingly, I have not forced her to do that, I think she is doing that so she makes life easier for everybody involved.

Researcher : So she is supportive to you?

Participant 2 : Ja, she is and we do our own work, and we are not about to go knocking on people's doors for income.

Researcher : So following on that you are self-employed, I wanted to ask how does your transgender identity affect your work?

Participant 2 : In my case, it's actually good because it's part of my work, going and shooting and taking photos.

Researcher : So it's actually perfect, you are working while living your life.

Participant 2 : Ja, I am documenting my own life, and I am also documenting parts in the East South Trans Movement, taking notes, so I live and enjoy my work.

Researcher : So for you it does not affect you in a sense that now you have to introduce yourself as she and come back as a he?

Participant 2 : Ha a, I don't have to deal with those issues. You know I have a problem with the way media addresses trans-people. You know on Metro-fm there's this person, ah, who is this person, ah, Leo, Leo is trans and the sooner people start recognising that and leave that person alone the better because in the newspaper instead of reporting on what they had to report on, what they said was 'he, she, it or whatever it is ', and they forgot to mention that this is a public figure and the only time they need to make comparisons is about the work that Leo does and leave their personal lives alone, they went and balded 'shim', and this is a Sunday newspaper, Leo works for Metro fm, the broadcaster and they must focus on that and leave the sexuality alone

Researcher : That sucks ha!

Participant 2 : Ja, that sucks big time, they must just focus on Leo as a public figure. Leo puts on a suit and at first when I heard the voice then I saw the face I thought hhm, trans and I did not discuss it with anybody, I just left it at that because it's none of anybody's business. Metro hired Leo knowing what she is and they must leave Leo alone. The person works well with Thomas, BB King and the rest of the morning crew, and that's all that matters. Now I know why nobody wants to be in the media because they don't want to be scrutinised. I am fine shooting videos because that's what I am good at, as for being a presenting for something else, no thank you. Soon I'll be approaching Cape TV and I want to do some work with them but I don't think I want to be in the limelight until I am ready because I know how I am gonna be under scrutiny. I did filming and broadcasting at Boston, I did not do presenting so I want to do what I am good at which is holding a camera and shooting and editing afterwards.

Researcher : and about guys' relationships?

Participant 2 : Guys approaching me? Oh, let me tell you the funniest thing, luckily for me they don't. There's this guy that I bumped into and he's like so what are you? He was staring at me and he said if you are a woman I'd like to date you and if you are a guy I'd like to date you and I said to him you are one confused dude, because either way you'd date me, now you are really really confused.

Researcher : So he likes you for the person that you are, he is not interested in gender.

Participant 2 : Ja, I just thought he is twisted, he is versatile ja I don't mind, but he does not know from a bar of soap. If my girlfriend says that then it's fine because I know she is in love with me, but for a stranger, no I don't accept it.

Researcher : And, did you tell other people, your family that you are trans and how did you introduce that you are now trans and how did you experience their reaction?

Participant 2 : My dad, ahh, they did not have a problem. I was raised by my dad and he sells male clothes and I stayed temporarily with my aunt and I was with my dad, no he does not have a problem. He does not refer to me as a she in any case, I had an older brother who died so I guess I just, not took over but continued, that's how things have been even when my brother was alive. It's just, he's open minded.

Researcher : So you are one of the lucky few?

Participant 2 : He dates men too, my dad, so what do you expect, he is open minded and he is a very versatile guy. Even when I was a lesbian people would ask when did I come out and I'd say to them how can I come out when I was never in, it's not like a dress that I'm gonna be in and then out, being in and out is one process that I don't think I can manage. I've never been in. For goodness sake, if I can pee standing what does it tell you? I've always peed while standing. There's this one cinema that I used to enter but I've never figured it out that I'm entering the male toilet, I would see people peeing but I would just go in and use the toilet and get out. And after a while that I've been going to that cinema I realised that there's a men's toilet. I followed this woman the other day and I realised it was the women's toilet and went out and went into the men's toilet, and I realised that it is the men's toilet all along I've been using this toilet, how many times have I been there and people did not even pay attention to me, they saw me and did not even say anything.

Researcher : I see, so have you decided when the surgery part is going to happen?

Participant 2 : Just after the counselling, but when the baby is of age so that the mother does not have to worry about me and the baby at the same time. But hey, I'm enjoying fatherhood, I'm changing nappies and bottles, at first I struggled because I did not know then I was told that there's instructions and measurements and that makes life even easier. Other than that I'm enjoying, even the sleepless nights, the mother feeds the baby then I help with the burping and put him to sleep.

Researcher : So you are a fully actively involved dad and he knows you as his father

Participant 2 : Ja, and by the time he is aware of digesting things I'll be long done with the top surgery and counselling and the womb I can remove, but he won't even know, but we'll tell him as time goes on.

Researcher : Ok, I think I'm covered, most of my questions relate specifically to post transitioning, either hormone therapy, top or bottom surgery, how has that transitioning process affected your life.

PARTICIPANT 3

Researcher : I think I'd rather ask you to give me the background of where you are in the process, when did you discover, just a little picture so I can understand where you are in relation to my topic.

Participant 3 : Ok, I think discover, it's been there all my life it's just not having the resources to help a person that made it take that long. Since I was young, I did not feel like a girl, I preferred playing soccer and I was uncomfortable when they dress me up like a girl or force me to live like a girl. Sometimes when I was playing with other kids and they would tease me about being a girl I would cry and run to my father and tell him that they say I am a girl and he would say it is okay I will take you to Hospital so that they can change you. Somehow I would feel fine that okay my Dad is gonna do something about it. But then he passed away.

Researcher : And the dream went away with him?

Participant 3 : The help that I will get help it went away with him. I think it was easier to deal with this thing when I was young because even when I was with my friends most people could not tell that I was not a boy. When I was going through my teenage years, it started becoming difficult, the breasts and the periods, I really could not handle it.

Researcher : The nightmare really started?

Participant 3 : Yes, it was a nightmare. I was doing matric when my mother took me to Bara to see a Psychologist because I just could not stand the periods and the breasts.

Researcher : Your decision was clear at that time that you want to change, no second thoughts or doubt about it?

Participant 3 : Ja, I was sure and when I went to Bara I just told them that I don't want the breast because I could not stand them. The psychologist said I am still young and there are complications with these things and I must be sure because it is a bit easier changing from male to female than changing from female to male, the sexual organs. She convinced me that I was gonna meet people like me and it was not end of the world and I must just focus on my studies which is what I did.

Researcher : And it worked?

Participant 3 : For that period ja, it worked. But then I realised when I went to tertiary I used to hang around with my boys. Then I met a group of friends who were gays and lesbians and I thought maybe this is what I am and I tried to fit in. The more time I spent with them the more I realised that no, no, this is not it, I do not belong here. I like them as friends but this is not what I am. So I just focused on school and work until I could not take it anymore especially with people calling me a woman, I used to fight to defend myself that I am not a woman and I am a man. Sometimes I'd fight with people even to a point of almost fighting with people because of these issues of people calling me a she.

Researcher : So you felt quite strongly about it, huh?

Participant 3 : Ja, very much, so much so that it got to a point where I could handle the other side of my life, but relationships it was very difficult because I would find a girl that I liked but she kept on telling me that I am a girl and I just could not stand that. Then I tried to find help and I met Liesl of Gender DynamiX, do you know her?

Researcher : Yes, I know her.

Participant 3 : Then she managed to give me contact of people who have the same problem as me. And I started taking T, it was in 2007, towards the end of 2007 and I have been on that treatment ever since. Before that, before I even met Liesl, 2005, my mother gave me money for breast operation which I did and I took say 80% of it and I just thought cutting off my breast would be okay then most people would when they look at me they won't see a woman, but it did not stop, then I met Liesl and I started taking T and now at least now it's fine.

Researcher : So from 2005 you started, you started with taking off the breast, then followed in 2007 by hormone therapy. So tell me how did you experience yourself now after these treatments, how do you feel in relationships with males and how do you feel about it?

Participant 3 : Without going even to relationships, I think mina(I) personally, emotionally I feel much fine, I feel at peace and I am confident, even at work I am more confident and I am more productive. Not that I was not, but back then now I am more productive.

Researcher : Maybe back then, it took away from you giving yourself fully because you were not fully yourself.

Participant 3 : Ja, a lot and I think this whole thing has delayed me quite a lot in life .

Researcher : Almost like both emotionally and productively at work, it was like you were held back, like somebody clamped your wings and you could not fly as high as you wanted.

Participant 3 : Yes, and it's like a whole new world to me. I feel calm and I don't go around fighting with people anymore.

Researcher : Now you don't need to fight for that recognition, you are at peace.

Participant 3 : Yes, and even my Mother noticed it because I, she has always treated me like her son, but I did not tell her when I started taking T, I don't know I was a bit scared. When I told her because I had to explain to her because she does not understand these things, I told her Ma, I have found people who are going to help me with my situation and she said you know what, I've noticed there is something different about you! Back then you would get angry quickly when people do things to you to a point where I became scared that you are gonna kill yourself and now you are just, okay.

Researcher : Mmh, so it was a relief to her as well?

Participant 3 : Ja, to her as well.

Researcher : So this process, it affected not only you.

Participant 3 : Ja, it affected everyone closer to me.

Researcher : Like your mother in this case who feared for your life.

Participant 3 : Ja, a lot, to a point where at some point where it was hurting her so much that she would ask herself if it was her mistake why I was like this.

Researcher : So she took blame for what you were going through?

Participant 3 : So at least now she is fine and I am fine.

Researcher : So the relationship between (wena na ye) you and her has become even lighter and easier, especially from your side where the self blame is no longer there and she is at peace and no longer worried that she'll receive a phone call that you are no more.

Participant 3 : Ja, now she is fine.

Researcher : So in terms of relationships, before the transition, were you involved in relationships, intimate relationships?

Participant 3 : Yes, I was but I must say it was not easy.

Researcher : Mmh.

Participant 3 : It was not easy because I mean ah, when you are in a relationship there are things that have to be dealt with and you feel so much uncomfortable with it.

Researcher : So you withdraw from certain things and that withdrawal affect the other person as well.

Participant 3 : Ja, and it would also take time for the other person to accept me as I am. I would date straight people because now I feel that I am a man and I want a girlfriend to the extent that up to today, the relationship of mine that lasted a long time was with a lesbian woman. But at the same time although it lasted a long time hey, we used to fight a lot about my situation because I would feel that she is pushing me to be a lesbian and I am not a lesbian I am a man. She would tell me that I am trying to be something that I am not and I want to be more powerful in this relationship, and all those staff.

Researcher : You felt misunderstood?

Participant 3 : Yes, yes, in such a way when I met her even after the T and we were not even going out then, I met her a few months back just to her, she was like hai, no she can't handle me like this, the way I am because I have changed a lot compared to back then.

Researcher : Let me see if I get you correctly, in that specific relationship you had difficulties which affected the other partner because she tried to turn you or to mould you into something that was of comfort to her and that was killing you and both of you could not handle it until it ended.

Participant 3 : Ja, ja, we would never go for more than two weeks without a fight and I thought it was too much.

Researcher : So now if you meet a new person, say you meet a Maria for the first time and it's the person who does not know you and you don't know her, how do you introduce yourself? How do you approach the introduction, do you openly start with "I am trans", or how do you go about it?

Participant 3 : Back then I was trying just to get to know the person with the intention of wanting to ask her out but I think some of them did not even see that and I noticed that and women now they don't even give me a chance if they don't want me to speak to them. Back then they would speak to me maybe thinking that I just want to be a friend. Now I laugh about it, but back then I used to blame the people that I was trying to get to know that they what, maybe they are just wasting my time by talking to me.

Researcher : Like they were leading you on?

Participant 3 : Ja, like they were leading me on, yet maybe if they just saw that I am not coming as a friend maybe, then I realised that some women if they don't want to talk to you they don't and that's how they treat me now compared to back then, ja, something like that.

Researcher : With guys, you did not have difficulties?

Participant 3 : With guys, no, I did not have difficulties except for people I don't know, ja.

Researcher : So how would it turn out with the people you don't know, the guys?

Participant 3 : The guys, eish, especially with people I don't know, if I am with girls, it is better if I'm around Pietermaritzburg, my hometown because my brother protected me and people never used to harrass me. But you would find that I am out in Durban with girls and you would find that these guys want the girls and they would start calling me names and I would want to fight and I would get angry, but I am not the person who likes to fight but it would get to a point where I feel no, these people are undermining me. It never used to clique to me that no, they don't see that I am a man, they see something else.

Researcher : So for them they would see say four girls and yourself, as far as you are concerned it is three girls and a guy, so for them you were part of the girls and you were feeling undermined because of that?

Participant 3 : Yes.

Researcher : So the picture that came, the outside saw something and you felt something else

Participant 3 : Yes, and I realised now that I would go to places with straight girls and nobody would try to force themselves on them, even now it does not happen.

Researcher : How does that make you feel?

Participant 3 : (chuckles) It feels good.

Researcher : You finally get the recognition that you are the man and nobody tries and take their chances around you.

Participant 3 : Yes, very much.

Researcher : Before you started with the process, say in 2005, before you had breast surgery, were you in a relationship back then?

Participant 3 : Ja, at that time.

Researcher : So how did the changing affect your relationship?

Participant 3 : The night before my surgery we fought, it was the same person I spoke about and she asked me why are you doing this? And I said I need to do this, I don't care the pain or how much it's gonna cost I just need to do this, I just can't take it anymore.

Researcher : Mmh,that was hard and the eventuality of that was that the relationship fell apart, partly because the person could not accept who you are.

Participant 3 : Ja, I guess so, she never accepted me and according to her she thought I was trying too much, I was trying to be a guy or something like that.

Researcher : And to you, you were you!

Participant 3 : Yes, I was just being myself. We would fight about little things that according to my culture a woman must do and to her she would say why don't you do it yourself, little things like that.

Researcher : Mmh, and now you don't have to worry about those little things anymore! And after that relationship, and after the treatment, how has it affected you, the T and the breast removal, how has it affected you?

Participant 3 : Well I've dated one person since I've started taking T, and that person was in KZN, so it took, it lasted over 18 months but it was because we were so far apart, it was a distance relationship. It took time to get that person to go out with me, everything just took time. The reason we broke up, we broke up the beginning of the year, it was because that her parents just don't want this. I don't know how true is that, but that is what she told me.

Researcher : But what are her reasons?

Participant 3 : I don't know, I asked her and she does not want to open up.

Researcher : So it's a loss?

Participant 3 : Ja, and it hurts me a lot, and started to be grateful for moving from where I was to where I am with myself and I must be happy. Even now I'm afraid to ask people out, I don't know but I'm not comfortable to be in relationship at the moment because I don't know how I'm going to,

Researcher : It is too much work

Participant 3 : Yes,

Researcher : So you ask yourself if it worth it because it is too much effort, you put yourself in a vulnerable position and protection is not there so it becomes difficult.

Participant 3 : Yes, and I don't even know whether I should be honest in the beginning or try to explain things later.

Researcher : There is no fast rule, it might work with person A but not work with person B. A missed opportunity, even if there was not going to be an intimate relationship, the friendship does not happen, it's a catch 22.

Participant 3 : Ja, so I just told myself that if it happens it will happen, that's it. Now I should just focus on other things.

Researcher : So at this stage you are focusing at work, you are back to where you focus at work.

Participant 3 : Yes, I still have a problem with my documentation, my ID, each time I come accross a road block I start shaking when I have to produce my lisenca which is written female and the other time this Policeman asked me where is your ID, this is not you and I said this is mine, bank accounts and even accounts, it becomes a problem. People will call you, maybe from one of your account looking for Miss Xulu and, eish, I don't know how to deal with these things. I need to sort out my things, my paperwork so I don't have to deal with these things because it is a problem.

Researcher : The complexity of changing physically it has to match all those documents, because you are constantly, to me it seems as if you are back to where you started, you are starting the same issues as before, it's just that earlier you were fighting to be recognised as a male but being female and now you look as a male but the papers are contradicting you.

Participant 3 : Ja, neah, but once I sort that one out I'll be at peace.

Researcher : So if you have to buy a car, the same thing happens?

Participant 3 : Ja, to the extent that I have not been buying anything lately, because I just said let me relax without those papers.

Researcher : So you don't travel out of the country where you need your passport and things like that?

Participant 3 : No.

Researcher : That would be another difficulty if you had to fly out of the country and you get to the Airport and the passport says female and you appear male, then you won't fly.

Participant 3 : Ja, it's a problem.

Researcher : But then looking at those difficulties and challenges, and where you are physically, and having to deal with those challenges, do you feel satisfied that it is worth the process? Had you known before you started the process that these are the challenges you'll be going through, would you have continued with the process?

Participant 3 : Ja, the battle I'm fighting now is better than the previous one. This one I can deal with, me personally, myself I am confident and I am happy. But back then, these things would kill me inside, it was difficult.

Researcher : How do you experience people's reaction towards you now after the transitioning process?

Participant 3 : I don't know if it's me but I feel that with people, I'm not talking about people who are strangers, I'm talking about people, I feel more discrimination being a trans-sexual, from homosexuals than from the heterosexuals, especially lesbians, gays are fine, lesbians think that I'm trying to be a man or something.

Researcher : Where you work right now, when did you join the company?

Participant 3 : It was towards the end of last year.

Researcher : How did you introduce yourself, as male, as female as trans?

Participant 3 : I told the CEO because he was referring to by 'it' and I was confused during the interview and so I just told him and this year I even gave them some pamphlets from Gender DynamiX to read about trans-genderism so that there should not be any conflict in terms of my paperwork and the clients and stuff like that and I told them I'm gonna sort out my paperwork then we can change everything. But they are fine and told me that, but I wish I had come in having sorted all my paperwork because then I would not have to explain myself but now I had to because we are putting in tenders and other deals.

Researcher : How much of that does it affect your work?

Participant 3 : I've been dealing with my colleagues and clients as who I am, so it does not affect me at all.

Researcher : So in terms of your surgery, you've done the top surgery,

Participant 3 : Ja, I've done the top surgery, the bottom one I'm scared, I still need to read more and understand how it works. I'd rather not have a penis than have a pennis that is not going to function. My main worry that frustrates me with this thing is that I would like to have kids very much. I think my previous relationship made me realise that I'd like to have a child, I had a step-son that I was really really close to, even now with the end of the relationship I'm struggling to get over the boy.

Researcher : You identified with him that much, so it is like a double loss.

Participant 3 : Ja, I think that was even part of the break-up because I could not handle the biological father being called the father because I was the one who was caring for the boy. The family they kept on reminding her that this is the truth and it will never change.

Researcher : So you acknowledged that he was the father but you did not want to have that shoved in front of your face all the time.

Participant 3 : Ja, and I just don't know and that thing just made me think, you know I've always thought of adoption as an option but after this whole thing with my stepson, I just thought although the

child does not have to be biological for you to be a father, people think the genetics are more important than other factors. So now I'm considering the option of saving my ovaries so that when I meet a potential partner she can rather carry that, I've been thinking about that but I'm not sure how practical is that.

Researcher : The option of you carrying the child?

Participant 3 : (laughs), no, no ways, ha a, ough hell no, I can never do that!

Researcher : I had said I have five questions neah, so let me try and recap to see if we've covered them all. The first was in general where you introduced where you are in the changing process. Then how do you experience yourself in relationships with males and females respectively. And then intimate relationships before the change started, if yes how did the changing process affect your relationship? If no, how come. The next one, how do you experience people's reaction towards you?

Participant 3 : I think we did not cover that one, no.

Researcher : Okay, so your personal feelings, how do you feel people respond to you after the transitioning process, people who knew you before and people who are entirely new?

Participant 3 : People who knew me they get shocked and they say hey, you've changed. The ones who were in my life before and are in my life now, they are happy for me and they see I am changing and they say they are happy for me.

Researcher : So they do not outright reject you, because that is another option that could happen.

Participant 3 : And I think with the people who are guys and who were much closer to me then, they don't see the need to protect me every time we go out.

Researcher : So it is minus one problem, it works for them. Then the next question is what has the effect of surgery been on your work? In your current job, there is no challenge except that you had to tell them for official purposes and documentation. Prior to this job, did you work elsewhere?

Participant 3 : It was difficult, the owner of the company, I sensed that he wanted me to be a Black woman in his company for him to benefit from, for his own benefit and I felt that it was not right for me and I did not get a chance to sit down with him and explain the whole thing. I'm not sure how much he knew about my transitioning, maybe he just thought I was a lesbian, ja I don't know.

Researcher : And for you it did not make sense, it was against everything that you stood for, it would be betraying the core of you.

Participant 3 : Yes.

Researcher : How do you feel about the surgery that you had?, that's the last question. You said you feel more calmer, balanced and more complete, so you are satisfied with where you are.

Participant 3 : Ja, that is it.

Researcher : Ja, that is it, thank you very much for your assistance.

PARTICIPANT 4

Researcher : The first question is just the background that please tell me about your journey and when did your understanding of trans-genderism start?

Participant 4 : Basically I would say ah, when I was young say maybe at the age of about six years I would see that there is something going on with me but I did not know that I might have problem with my gender which I don't really get, I could tell that I am different from other girls but I did not know the transgender then. All I could see was that people were expecting something from me and I was not doing it, maybe like play with dolls and other things that girls do. So ja, growing up and I started expressing myself maybe at the age of nine to ten years and my family thought that maybe it is a phase and I will outgrow it. So I noticed that there is other people who are like me but these people we did not necessarily identify the same with me

Researcher : It was like there is a distinguishing aspect that separate you

Participant 4 : Ja, I could chat with my friends about my feelings but sometimes they would get irritated and I would ask myself why, are they not like me? So I realised that these people do not have a problem with their identity and they like these 'butch' role which it was not like for me. With me I just wanted to be a man, and that was the problem with me so I figured it out at the age of say twelve years.

Researcher : So you had some clarity at that early age? I think the solution to any problem is identifying it, so the sooner you identify it the sooner you can solve it.

Participant 4 : Ja, so basically that's what happened. I realised that I was not like other teenagers at puberty and fortunately I read about Theo of Boom Shaka that he was also having the same problem that I was having and they gave him a label so I took that label and I applied it to myself so that is how I started looking for information. My parents could see that I am doing things that were surprising them and they asked why I am not doing what other children are doing and that is when I started realising that there is a problem with me but I did not have a name for what I am having. So after having a diagnosis it was easier to look for information.

Researcher : So as soon as you had a diagnosis you started seeing the light, that if you can have a name for it, then it can be solved.

Participant 4 : Ja, because what I did is I phoned OUT, and OUT gave me Robert's contact and I called Robert and that is when I starting knowing about these things. Then I realised that I was not a lesbian because I did not like the idea of females sleeping with females, and I don't see myself like that.

Researcher : So in your mind, you did not belong to the category of lesbians because you liked girls as a man and not woman to woman, you identified yourself as a heterosexual man

Participant 4 : Ja, that was it and they told me ukuthi (that) there are people like me in South Africa and I asked if it would be difficult to change my gender in South Africa.

Researcher : During that time, were you in an intimate relationship?

Participant 4 : I was going in and out of relationships at the time and the problem was that, ah, I was hiding myself in the relationships, sometimes I did not like the touching and I would not tell them I am a female in the beginning but they would find out soon and in two weeks the relationship would be over and I start again. I did not like telling people that I was not a man.

Researcher : It must have been hard because you want to appear to be seen as a male but when you start a relationship you can't hide it for too long and as soon as they find out you loose a relationship

Participant 4 : Ja, and that is what was happening. But then I started the relationship with this other lady since I was sixteen years and we are steady and still together now and I'm now 22 years old.

Researcher : So in terms of that relationship, it's the relationship that you've been in since 2003 until today, you were in it during your discocery phase, so how did the discovery affect the relationship at that time?

Participant 4 : Ah, what happened with this girl when we started is that she knew that I was not a genetic man and I had to convince her that we should at least give it a try and see what happens. Not that I loved her and she did not love me, but I just wanted a relationship and then she told me that I am not promising you anything and I am not saying that this relationship is going to be successful but we can at least try, it is my first time with someone like you but let's see what can happen. And we did give a try and try became a reality and the reality became my life, and we are still together.

Researcher : So she took a chance on you and you took a chance on her.

Participant 4 : Ja, and I did not love her

Researcher : So it was like a gamble

Participant 4 : Ja, exactly it was a gamble and the relationship went far and now we are really into each other.

Researcher : Mmh, I think you are one of the fortunate few because people run a mile, you meet a person and they see a man but you identify yourself as trans and they say I am not interested in a half, you must either be a man or get lost. You become disappointed, then you meet the next person you decide let me get to know this person better first and they get to know me better and tell them later that you are trans and they feel that you lied to them and betrayed them and cut you off. So it is a risky one introducing yourself.

Participant 4 : Ja, it is risky. At first I was doing that, I did not tell people but then people say you lie to them and when you tell them first they don't want to give you a chance.

Researcher : It must have been hard,ha!

Participant 4 : Ja, that was difficult, but now my relationship is solid. But I have a concern, I am now eight months on hormones and I'm just wondering maybe she liked or loved the person that I was

before the hormone and now I am changing, so I'm just worried that will she still love me? I know that she is a heterosexual woman, she loves men, but she knows me, she knows my body that she has come to know over the past six years and now I'm changing and I don't know if she will be comfortable with the changes. We discuss this everyday and she says she is going to be fine because that is what she also wanted, but she is a heterosexual woman who dates guys you know and when I present myself as a masculine person she will be very happy but I'm just worried you know she knew me for six years with that body and now I am changing

Researcher : So you are worried about how the changes are going to affect her! You are scared that she might run a mile after the actual change?

Participant 4 : Ja, I don't know, I'm just worried, but we do talk about it.

Researcher : So you think the relationship is strong enough to discuss these kinds of concerns that maybe that you talked before you started taking hormones that these are pictures that you are going to see but when it finally happens the reality becomes overwhelming.

Participant 4 : Ja, we did talk about it a lot, my first meeting with Robert she was there so we come a long way, but I just ask myself

Researcher : The preparation, the research and therapy when you talk about it in theory it sounds okay but when the reality comes you might react differently. So your concern is that after having been

used to the one package now comes a different package and she may become disappointed with the new package

Participant 4 : Ja, that is what worries me a lot, but I hope she will be fine.

Researcher : But then I hope you guys have the basic of relationship, being able to talk openly because those are real concerns and it becomes difficult to let someone know that you know what I am scared because the minute you say that it becomes as if you are not sure and one can ask if you are not sure yourself how do you expect someone else to support you!

Participant 4 : So far it's been good and she has not reacted differently.

Researcher : So the voice change, did it change after or was your voice always like this?

Participant 4 : No the voice has changed a bit, now it is a bit louder and it is more natural and before it was not natural and by then I had to practice for it to come out like that. So I could tell that I was faking it and now it just happens.

Researcher : So now there is no effort when you speak, it just comes out like that.

Participant 4 : Ja,

Researcher : It must be a relief now. Apart from the voice and hormones, did you have any surgery?

Participant 4 : No, I'm having my top surgery on the 8th of April this year, and I'm quite excited.

Researcher : Excited and scared at the same time!

Participant 4 : Ja, so ja, I'm looking forward to it.

Researcher : So the dream finally come true!

Participant 4 : Ja, I am so excited. Otherwise I am now binding with this western things where I use a vest, it is a comfortable vest you can wear it with something else on top and noone can see your breast, it is a comfortable vest.

Researcher : You know when I first met you I saw this guy and in my head you have registered as a man, so that image is the one that you wanted the outside world to see because you have been feeling that way all along but the body was not agreeing, the body was betraying you somewhat, it does not match, so now the journey is almost complete, it is quite a journey. So how long did it take you from the first day of counselling to the day when you finally set up the date for the operation?

Participant 4 : I am through State Hospital in Cape Town, so it started when I was still in Johannesburg when I started seeing Karen, the psychologist who then diagnosed me with Gender Identity Disorder then he referred me to Academic Hospital who then referred me to a private Doctor who charged something like R900.00 just to see you, I think it was a neurologist I can't remember. And then I decided to leave as a man full time without hormones for a full year because I had financial problems, so I delayed myself for a year. So I went to Cape Town last year something like March and I started with the State Hospital where they referred me to their own psychiatrist and I started seeing the guy for one session and the second session he evaluated me and referred me to go for hormone therapy in the State Hospital, at Groote Schuur and it did not cost me anything. Ja, so it took maybe a year to get through the whole process, I started seeing the psychiatrist in March, then hormones in August and my op is in April this year.

Researcher : That went quite fast, especially for Government Hospital. How do other people, say your family, respond to you after the hormone therapy?

Participant 4 : I think they have accepted me because I started dealing with this from a very early age, so they don't have a problem. They call me as a man now, I am now the Uncle, they used to call me and say Auntie, but now it is just uncle, brother and the masculine names, especially my sister she calls me brother and my mother say to my niece hey your uncle is her and my grandmother who is very old, she has accepted me and she calls me a man, so they have accepted me.

So after the surgery they won't be surprised because I have taken them with me through the process and I tell them each step. When I started taking hormones, my first testosterone shot I told them today I took hormone treatment and I told them I am having top surgery in April and they support me.

Researcher : So it is not a secret to them, they have known you as a she for twenty years and now you change to a he, for some it takes time to adjust from she to he, and for you it seems it was not difficult.

Participant 4 : My family have taken time to get used to this and I am also patient with them. They don't make mistakes of saying she when I am around, so if it happens I don't know about it and I know the support and it is nice. They refer to me with those masculine identities so I am quite happy with my family's support. And my friends are also supporting me, they saw me one time on tv and they told me that hai, we saw that you are changing and are happy for me.

Researcher : So curiosity plays a role because maybe people want to know but they do not have the guts to come and ask you directly. So you used to have friends as a guy and now they see you as 'nerig outie', the man now, how do you experience your friends relating towards you?

Participant 4 : My lesbian friends do not take very well, they think I am overdoing things a bit, they think I am confusing myself when I'm going through this thing, they are difficult and they ask are we not friends and are we not the same, they are not understanding, I feel uncomfortable around them because they just want to know what I look like.

Researcher : So, do you feel they isolate you?

Participant 4 : Not isolate because I don't hang around with them anymore, if they know that I am around Soshanguve and they come I just stay for thirty minutes and then I excuse myself because I am

not comfortable around them. They want to know a lot of things that make me feel uncomfortable, they want to know how you use your dick and I say who said I have one now? So stuff like that and personal things which makes me uncomfortable. So I feel that they don't want to support me but they want to tease me,

Researcher : So that makes it uncomfortable for you and it is better to be away from them.

Participant 4 : Boys, my male friends they respond very positively, I've never had a problem with them, they feel that I'm doing a very good thing because that's how I always feel. I don't really talk about my trans-genderism too much because I don't want to be the only thing.

Researcher : That is only a portion of your life and there are other things you'd like to talk about.

Participant 4 : Yes, so if people ask me about it I am open to talk about it but I don't want people focusing on it as if it the only thing, it is good to teach people yes, and we have to talk about it but that is not the main or the only thing that we talk about.

Researcher : At work, how does your transitioning affect you?

Participant 4 : I don't have a problem, now I'm working at Gender DynamiX so it is quite easy, I work as I live. Before I went to Gender DynamiX I worked here at Ster Kinekor and they did not have a

problem. I introduced myself as trans and they gave me male uniform and things that needed to be done by men I was also included.

Researcher : So in your first job you already introduced yourself as a male and there was no issue, you did not get discriminated because of your gender identity.

Participant 4 : Ja, I was okay, they accepted me, if there were positions that guys had to apply for they also let me apply, so I was okay. My previous Boss is my friend now, so, ja.

Researcher : So your journey was quite smooth, it was like a fairytale from beginning to ending. So your general feeling now is that you are satisfied

Participant 4 : Yes, I am satisfied and I am looking forward to my surgery. My partner and I are very very okay and my family supports me, so transitioning for me was the best decision because I am seeing what I've always wanted to see and I am happy as a man now.

Researcher : Thank you for your participation.

PARTICIPANT 5

Researcher : Ja, we can start.

Participant 5 : We are really happy when people do research, it was one of our main things when we started Gender DynamiX, so we try to help people with their research. You know, the written word, the academic and newspaper articles is the truth and history. The more people you interview, the more happy I am about it and I've been a part of a few of these interviews and researches. But coming to the point now where I am in a position of having experienced a lot of trans-gender people, first of all and second of all I'm in a position of leadership for the Trans-movement in South Africa at the moment. I do not intend for this to be long-term thing, but while at it I've made some discoveries and I've made my mind up about certain things, contrary to, actually not contrary to, it just folds open the rhetoric, the script, you know every movement, every minority group, I don't know the academic word for it, while we talk about this issue, this issue has a script and it has to have a script because that is a departure point.

Researcher : Mmh,

Participant 5 : This is what I wanna communicate to you, you'll do your study and you will discover what you need to discover whatever assumptions you need to have in the beginning. But I'm hoping to bring home to you that you will find a lot of script in these interviews, especially when they are in the beginning of their transition. You'll find that a lot of their answers and their journeys seem the same and it will look amazing as I can imagine to a researcher because, oh, alright that is what the researcher

is looking for, commonalities, you know, like this is the journey of these people and this is what you will find. Please I'm not gonna assume anything about your work, I've never read anything,

Researcher : Mmh,

Participant 5 : But the fact of the matter is, to be cautious about those findings. Because you will not find it easy to interview people in the so-called post-transition period because a lot of those people kinda disappear into society and move on with their lives and because they don't do sort of critical observation of their lives in relation to before and after. So you'll have a lot of information on people who are just starting out in their lives and I think that is often the equivalent of interviewing a six year old.

Researcher : True that, because I had difficulty finding people who were eager to take part and these are people who are actively involved with Tebogo and these are people who are early onto their journey, either they are just on hormone therapy or trying to figure out what to do and so on, and people who are years into it, I had difficulty finding.

Participant 5 : Ja, that's why I'm sitting here, I'm just bringing caution to, and I'm not trying to interfere with your work, but I'll stress again, when they are just starting up it's like you are interviewing six year olds and when they are in hormone therapy it's like you are interviewing twelve year olds. The real case of what our lives mean is popular media and let's say Jerry Springer and YOU type magazine, not very many people have access to academic papers and fair medical papers, okay. They don't know what is going on with them so they grapple for role models and things and until recently we did not have them at all, now we are starting to get that on the internet. My guess is that

most of that information is not worth much in a sense of if you are not observing it intuitively which you can as a psychology student as opposed to a medical doctor. The next thing I'd like to bring home, and this is personal, is that, let me get the terminology right, I don't like the concept of post-transition, but we do have to have mutual context, so let's say I am post-transition because I still have things I can consider lifetime, but I feel that I can go on with my life. Right now I am seen as a male in society and with my partner, I have my ID document recently, so in the light of that, I am free to express my opinions about what transgender is without fear of not being allowed to transition. So besides not knowing who you are when you start your transition, there's the other thing that you have to consider constantly and that is somebody is standing in your way.

Researcher : It's like you have to say what they need to hear so they can fully assist you with your transition.

Participant 5 : There are gate keepers, for many, like my psychologist for instance, by way of example, is not one of those who would stand in your way. He would basically see you once and if you say this is your journey he will test you for any psychological illness and he will give you your letter of recommendation if that is what you need. Even though he expressed that to me, the space that you are in when you start the transitioning, is like you are basically throwing yourself out of society. The two pillars of society don't matter, you are without roots, you are not a man and you are not a woman, so you are almost not a human.

Researcher : Ja, that's the area that intrigued me, what happens between the decision point where you decide 'I want to transition' and how long does it take and what happens in-between?

Participant 5 : What happens in between, that is a terrible time! It's a time where you can probably compare to other human traumas where people feel they are not part of any kind of a group.

Researcher : They don't belong to the males and you don't belong to the females?

Participant 5 : Yes and if you don't belong, and you need to survive and to survive you need to belong to a group, you don't have allies and ah,

Researcher : No support,

Participant 5 : If you don't have allies totally, or you don't have anybody that understands where you are, it's like being a different species and a paranoia results. Paranoia is a big word, I mean paranoia in a broader social sense that you have to consider every interaction with every human being, how is this person seeing me and there is no assumptions. You can't assume that this person has no prejudice. You can't assume that this person sees you as a male or as a female or has sexual issues. So it is this really heightened state of awareness that you are in.

Researcher : It's like you are suspicious as well!

Participant 5 : Yes, you are suspicious of everybody and they are suspicious of you and your perception of it is that, until you start being comfortable in your transitioning and that starts fading away.

Researcher : That is your most vulnerable state, and if you can get through that, anything that comes after that becomes easier to handle.

Participant 5 : Ja, what I wanted to come back to is, I'm sorry I speak in big circles, which I believe is a feminine thing and I retained, (*laughs*), that's my little prejudice. What I come back to is although I had a psychologist who is extremely sympathetic and who is very progressive in gender identity, I did not believe him. I totally did not believe him and in all those monies I spent to see him before I demanded my letter of recommendation, he said oh, I thought you were never gonna ask. In all that time, I mistrusted him, because you are just in that state of paranoia.

Researcher : Mmh,

Participant 5 : You assume the worst to protect yourself. So I come back to the bigger circle, now supposedly after post-transition, I feel that all the psychological analysis and scrutiny that happens on trans-gender people and it is part of trans-gender people's journey, is wasted, I think it is wasted. It is an energy that is over-examined, the expectations that we have on that level is too much. It is totally wasted, because really, in retrospect, and I say this as someone who really examines my own life daily, I do it by writing, I do it in my art and I do it in my day-to-day in my Gender DynamiX work and this is an international trend also which I was glad to discover after I came to this decision on my own, is this is not a psychological condition at all. The trauma that goes with transitioning off course, causes psychological disturbances. It is a physiological thing that is not being studied enough.

Researcher : So you feel it is a misdiagnosis?

Participant 5 : Yes, it absolutely it because especially in men, the effect that the medical treatment has on us is so severe and satisfying that you, it will lead you to a space where you are comfortable as part of society, that all the other social issues that come with it, just fall away. So suddenly everything is okay, you don't have the drama with sexuality any more, you don't have drama with people around you anymore, you even have less drama with your body. For instance, I think a lot of our, mmh, notions of transgender, is of transwoman because we know them and they've been out there the longest time. Like they go into the hospital today and tomorrow they come out of hospital without the penis, they have breasts and they are woman. The journey of a trans-man is so,so different that I get concerned that we get lumped into one category.

Researcher : You think there should be a category for trans-men and a category for trans-women?

Participant 5 : Yes, there should be, it's so different it's like men and women are and so ah, so I come back to our bodies which is, in society you are expected to have a penis and it is this penis that makes you a man. Our hopes of getting a penis is, ah, is not very good, so many of us so happily live on without a penis. It becomes a minor disturbance. It becomes something you have to deal with like some people have to deal with a body shape they don't like, okay. It does that kind of severity in your life and I believe that is the case because except for this being in a continuum or scale, some people are transsexual than others, except for that, I feel that the hormone treatment fixes everything that is physiologically wrong that has not been pinpointed in medical field.

Researcher : That is your take that the hormone treatment should basically cover your need to change from female to male? So according to you it is more physiological so if that gets fixed the penis issue becomes less significant!

Participant 5 : Mmh, if you look at trans-women, they have such issues with their penises so much so that some of them when they hear that their penis will be inverted to make them a vagina, they even reject that because they hate the penis so much. And that is an intensely physiological experience. Some of them will have those feelings and they've never had any bad experience with penis. So what happens with trans-men is that their journeys are different. Like my journey, I never had those typical things as a child, I was definitely sure I was a boy, and so on, ja, we can go onto your questions.

Researcher : Ja, tell me more about your journey.

Participant 5 : My journey was different, before that let me answer your question about hormone treatment. With trans-men it's different that puberty interrupted their lives. Puberty interrupted my life, until they have puberty, they don't care, it does not matter, you know females are more liberated in that way, you get to wear whatever you like, boy's clothes or whatever, it does not matter, you can just be yourself. Then the hormones start making you feel like you are dissociated from yourself and everything becomes further away from you and it's like life has been interrupted and it's got nothing to do with having your periods or breasts or that kind of thing. It's some kind of experience of your environment and how you observe life and how that makes you connected with others around you. You just feel like suddenly you've been propelled from out of space and you are observing life from somewhere else.

Researcher : Like you don't belong?

Participant 5 : You can probably compare it to what a lot of women report after pregnancy, they call it 'sponge brain' or something like that and that's hormonal imbalance that causes that and they have to be brought back to a point where they are okay again. So we just feel like that all our lives and suddenly when we have high testosterone levels we return to, ah, we return to feelings that we had before puberty and we are like oh, I'm interested in life, I wanna be here, oh, here is my body I feel like I'm in it.

Researcher : Mmh,

Participant 5 : It's got breast and whatever but I can live with it, at least I'm feeling connected and that sort of thing. And most people don't understand it until you confront them with it, and you ask is this how you felt and they say ja, but I just thought that's how it is to be a woman and that you don't connect and so on. But if you speak to women who are critically observant of their lives that is not how they feel about being women. So when you bring that to them, they often take that information and they see and they are like there is this hormonal thing going on with me. So that is my answer to your question about hormones, now can we go to your questions, your first question was about my journey, ja right.

Researcher : Yes, it was about your journey, please give me a background with regard to your own personal journey.

Participant 5 : As a child I experienced myself absolutely in a masculine way, I identified with other boys. I desired only things that boys desired, bicycles, cars and dolls, I had dolls but they would play extremely contrived and stereotypical roles in my life like and the girls I would even dress up as boys. I even had boys who would bully the girls. I had masochinistic things with dolls that other boys had, like I would beat up my girl dolls, hang them, break their heads and knock nails into their heads and other kinds of absurd things that I saw little boys do and I identified with them. Mmh, but my mother is what I call and I hear it a lot these days, what I would call organic feminist.

Researcher : Mmh, and what's that?

Participant 5 : It's supposed to be a woman, somebody who would be called in those times, the 70's and 80's, a women's liber, she believes in women's rights but it's not a very intellectual thing to them. So she couldn't understand this child, (*chuckles*), but she did like it on one hand because I seemed like I would demand my freedom as a girl child so she would encourage it in some way.

Researcher : Okay,

Participant 5 : But she couldn't understand why I got so unhappy to a point of drama and tears when she tried to force me into dresses or into girls' things. And she would get very worried and often very violent when I insisted on urinating while standing until my grandmother solved the problem by saying you know it's really more comfortable to sit, you can stand if you want, and that's always been the key with me where I'd say let me do what I want or give me a better option. So there were drama's about gender things and the usual stuff, like clothes and so on, but like I said, girl children are more liberated than boys in that sort of way. Girl children do have the options.

Researcher : Ja, of playing with boy stuff and no one gives you the eye but if it's the other way round, no, boys can't wear dresses and it's frowned upon.

Participant 5 : So, their journey is harder that way. I must say that during my transitioning I examined my childhood and it did not mean anything to me because I was living in a community of lesbians and I found that 80% of them had the same experience and that does not make them transgender, right! It is just our experience of being on a gender continuum. So I feel lesbians and trans-men have the same journey there that's why I feel, considering those things, it seems unfair to say trans-men shouldn't be allowed to transition. So alright, that was my childhood. I was five foot tall when I was eleven and that is when I got my first period and my breast started to develop. And then it became the terrible struggle of, I think that's where lesbians and trans-men split. I'm sure what I know from my lesbian friends, their experience is that they eventually grow into a woman and,

Researcher : Acceptance of being a woman comes into being,

Participant 5 : Ja, and off course you get different types of experience and people are different, but that's what happens with a trans-man and it's at that point when for me,

Researcher : All hell break loose?

Participant 5 : For me, no, it was in fact a dampening, the opposite of all hell break loose.

Researcher : Mmh,

Participant 5 : I felt like I was suddenly cushioned in cotton wool, my whole head felt like there was cotton wool, things were fuzzy, life started being really fuzzy and as an artist I felt really depressed and I couldn't verbalise it then but in retrospect I can understand it. Colour seemed muted, life seemed muted, and I promise you I had to do this in retrospect because at some point I just considered that I suffer from depression and prepare to have chemical intervention, suicidal thoughts and there was nothing environmental that was,

Researcher : There was nothing exciting or stimulating to make you want to go on, like the energy was drained!

Participant 5 : Yes I felt weak, very weak, ah, but off course I had a, people who know me find this hard to believe, because I had a very prominent sort of school career. I was active at school, I was popular, I was sporty and I was a head-girl but even that was really awkward. And my dress was, you know all the girls had short dresses and mine was long over my knee, I was embarrassed obviously, and I never wanted to shave my legs, I loved my hairy legs. I did not know what it meant, I didn't know that I wanted to be a guy, I looked at my legs and they looked good to me. I would defend and I would never be honest because my father was gay, so the consciousness of sexual difference was so high in our home that everything had words already, like queer, trans-gender, gays, and all were politically incorrect off course. And my mother's anger with my father was so enormous that to be in any way differently gendered I would lose my mother's love I believe. I would never express, not even to myself, that, and off course my mother is a big ah, I don't have a nice academic word for masochinistic,

or the female version of it because people speak of men-haters, it's a stupid colloquial word, ah, my mother does not like men. So I couldn't express being sexually different and I couldn't express wanting to be masculine,

Researcher : Because you want to become that which your mother hates!

Participant 5 : Yes, and I wanted my mother's love and I didn't want to disappoint her and I had a great observation of my mother's pain. Ah, and her experience of that so for me being that it would be the end of my mom's world.

Researcher : You had to balance protecting your mother's feelings and maintaining her love versus being yourself, so it was quite a dilemma you had.

Participant 5 : Ja, so I never worded to myself that ah, I want to be a guy because that was a shame. I just thought obviously I'm just an awkward girl and I got some other things going for me so that's okay you know. I had experiences with boys, oh ok, (*chuckles*) let's just stick to your questions, I had my journey and that's that. Did you want in your first question when did I first open my eyes?

Researcher : Ja, when did you start knowing you were trans-gendered?

Participant 5 : I never knew there was such a thing as I want transitioning from female to a male, can you believe it? My first girlfriend was a intersex girl but she had been raised as a boy and insisted at puberty that she was a girl and she was assisted through surgeries and things like that.

Researcher : Mmh,

Participant 5 : And she was a really psychologically messed up person, so my experience of a trans-person, even though she was intersex, we didn't even know what intersex was, was that a trans-person was this screwed up, messed up person, so I could not fit myself into that, I had never heard of anyone that transitioned into male in the first place and in the second place I could not be transgender because to me that is what trans-gender is this messed up person. So all my life I felt depressed and I didn't know why, so I just thought it's because I'm an artist, because being an artist gives one a lot of room to be anything and it often obstructs one in that way. So I sort of constructed my life and I thought to be a woman you have to look a certain way, let me show you, so being an artist, making pictures and constructing things, I constructed this picture of myself, (*shows a picture of herself as a woman*), and this is what I constructed. So if you look at that picture of a beautiful, well built girl in a costume, suntanned, long hair, sexy pose with a hand on hip, oh, I'm just describing it for the sake of the interview, you couldn't think, now you understand why people in my environment don't want to believe my transition, because I constructed a picture that people want and let's face it, if you're good at gender, that's powerful. It gives you power, a beautiful woman has power and a strong man has power. Yeah, so all that time it was hard, I was unable to perform sexually in a nice way. I always had issues with sexuality, a lot of anger and aggression going with sexuality, always thinking it was my partner's fault, frustrated sexual life until I went to the United States.

Researcher : Mmh, that's when the liberation came?

Participant 5 : Ja, that is so stupid because we had access to all that information here, but I think there I didn't have to be this construct because nobody knew me. I just let myself go there. I think for two years before I went to the United States I had extreme depression, I was overweight, I weighted something like a 100 kilograms and my weight is like 69, I was depressed and all I did was eat and drink. I had drinking problem, I was really at the height of my discomfort with myself and I made some pretty good art in that time, isn't that just a cliché? While I was there, I was there for two years, I had time to just sit on the internet and meet other kinds of people and I discovered a website, just by accident, ja, well ja, any event is a sum of things coming together. And it was a sum of things, first of all I met a trans-woman on the internet and I kind of wrote to her everyday and I watched her journey until she was ready to have surgery and things like that.

Researcher : Mmh.

Participant 5 : I asked her a question one night 'what does it feel like to be inside a woman?', and she wrote me back a very angry letter and she told me she does not want to think about those things, she finds the whole notion of fucking a woman disgusting and she has had all her life, the desire of wanting to be penetrated and that's her experience of sexuality and she does not even want to talk about my question. I was totally devastated, I could not believe that somebody did not enjoy the one thing that I wanted so much. And when she got over her anger she wrote back to me and said to me I am sorry I got so angry with you, but that was a typical illustration of what a trans-woman goes through. She said you should perhaps consider and measure how much that desire of yours is and how big part of it do you see it as your identity. And I was like I can't do it it's just a desire and whatever, but that thought stuck with

me. And then I started as by the way kind of thing, doing research on male identified woman and I landed on a website of Louren Cameron, he is a very famous trans-man who just takes off his clothes and he's like a body builder, beautiful. I think a lot of trans-men in this world transition because of him. You open this sight and there is the picture of this perfect male body and he has no penis. I must confess the first time I saw that picture, it was that terrible fuzz that we go into when we are confronted with gender differentness, like we are taken out of our little groove, and I can only describe it as a fuzzy feeling that happens in your head and I had to grapple for, for steadiness. There I was, I saw the male body with a vagina on it, and I got that hot feeling in my head that you get when something does not make sense, and I thought wow, that's a cool way of being a woman. Then I thought I could be that kind of a woman, I still didn't get it in my head that that is a way of being a man, not a way of being a woman. Because in our heads that's what we think, that a vagina equal being a woman and penis equal being a man. So I had to have this long journey before I realised that that is a way of being a man, that day, in retrospect off course, was a lot of relief, it was like clouds moved out of the sky and light came through. And just shortly after that we came back from to South Africa and I announced to my community here that I want to transition. I didn't know the word trans-gender, I think that's important to know, I didn't know the word transition or F-to-M, or any of that, so all you have, and I think a lot of rural F-to-M experience this or any trans-gender people, so what do you have, you have gender to refer to, so you say I'm not a woman I'm an oke, I'm a guy, I'm a man and then you start getting the rejection and you are stalled by your community because you are not. So I came back and I started examining my options, what are your options? Hormone treatment, chest surgery, genital surgery, hysterectomy and those kinds of things and it all seemed terribly scary to me. Gee, I had constructed a woman in my life, surely I could construct a man, and all those physiological interventions. And for the longest time, the longest longest time, I was so afraid of loss, that I would lose my community, that I would lose my work, that I would lose my girlfriend, my family that I kept pacifying their response by saying that I am a male and I believe that I am a male and I hope you'll respect me as a man and I've changed my name to Participant 5, but don't worry, I was always in this vibe of saying don't worry I won't do anything to my body. It just illustrates how we make our body belong to everyone around us.

Researcher : Except yourself,

Participant 5 : Which is fine, we cannot exist without others, but you also need to own your body. And I think that is tantamount to being a trans-man. My experience was very linear, like when I started hormones, I could see my breasts and I decided they don't belong there. Now that I had chest surgery and I looked down, I couldn't stand what I was seeing, but before that I was just fuzzy and I just didn't see it. So finally again the one thing that gave me a kick that I wanted to take the next step, taking hormones, I met someone that was on hormones, okay, and I had met him before he started hormones and I could see the change. I had the experience, I can understand why in movies they have the picture of the angel singing ooe ooe aah, I had the same experience only the angels did not sing, I had this cloud opening up and I heard a sound. It is the sound that made me want to cry and it sounded like the truth, it is very emotional and I started crying when I saw him. I had seen him in January and then I saw him again in June, so it was six months since he started hormone treatment and it changed someone from what looked like a butch female and awkward into a beautiful young man. We all like metamorphosis, it is a beautiful thing to see change and I just wanted to cry, for days and days, I was not sad but I just wanted to cry because for me I had witnessed what to me was beauty. And I realised that the reason why it rang so true and beautiful was because it was my truth and it was time to jump and I started making plans.

Researcher : So now comes talking to family, girlfriend,

Participant 5 : Ja, I just told them and I think the good that came with taking so long was that it helped them see my journey gradually and it happened and it was not some wimp, like the people in my industry thought I was just pulling a stunt to get publicity and stuff like that in my art.

Researcher : So when you decided to transition, whatever that time was, you were in a relationship, how was your relationship affected by your decision to finally transition?

Participant 5 : I can't say I finally decided to transition, it was like I finally decided to take hormones, at that point I rejected the notion of surgery, so I decided to take hormones, I'll tell you now about the relationship. When I started taking hormones it was maybe three or four weeks, when I walked into the studio and again, it was like something opened, colours, that muted feeling I told you about earlier, my head didn't feel like it was full of wool anymore, colours became bright, it felt like I could judge faces. Like you sitting in front of me right now, I don't doubt the spaces, no more paranoia, before, everything was about mistrust, and just like that, in four weeks it went away, because that's what it took for my hormones to come onto male levels. So that was my experience up to let's say, committing to transition. Then a partner, I had the other partner then, her name was Lee, for the sake of your story being clear, I'm now with Sally, Lee is a male, not a male, but a masculine type of lesbian, or let's call her androgynous, I think she'd like to see it that way. Mmh, I think our relationship was based pretty much on that picture I showed you, she is attracted to females, to feminine women and I constructed this feminine woman, but off course it caused a lot of problems in our relationship sexually because she treated me the way males treat women sexually and ah, I hated it and it caused a lot of problems, I wanted to be masculine sexually and she wanted to be masculine sexually, so she didn't like that because she is masculine.

Researcher : (laughs), aha,

Participant 5 : But we were great brothers, I always say, really we had a trust between us that was incredible and I think I could compare it to our romantic notion of male bonding, and sexually I think we were really dysfunctional, I can say that she would really testify to it as well, but on any other level we were such good friends that the longest relationship I had with anybody, our relationship was like seven years. And when I told her that I'm a man, she was like, oh, great, nice, so what are we having for dinner?

Researcher : Was it like she just moved on?

Participant 5 : No, it was like her response to my life, she always called it the 'Participant 5 Humbling Show', she finds my life exciting and shocking, so that was like another thing I was gonna do. And because she rejects gender and also gender notions, she loved it and she thought it was great. But then we had to start considering our new power and dynamics in the relationship, and we actually, we, in the year when I started socially transitioning before I started taking hormones, we, things became clearer. Obviously all kinds of fuzziness there was in my life, about why I'm not responding sexually, and why am I this way and why this problem, became clear in that year because gee, I had an answer, I had Gender Identity Disorder and everything started making sense,

Researcher : Mmh,

Participant 5 : to her and to myself and that kind of made the relationship also start making sense and we both realised that this is not a marriage anymore, but this is a very good friendship. I would like to stress very much for you that people in my environment thought, ja, you are transitioning and now you are suppose to be a lesbian, obviously your girlfriend is gonna leave you and it wasn't like that. Transitioning made who I was make sense, so in context of the rest of your life other things started making things as well.

Researcher : So the puzzle fell into place!

Participant 5 : It was not like she rejected me because I was transitioning, we kinda like realised what was wrong with our relationship, because we were both guyz, so we decided to dissolve the relationship. But we didn't tell anybody, it wasn't a drama. We still lived together for a period of a year without anybody knowing that we were not together anymore because essentially nothing had changed between us.

Researcher : You just redefined the relationship from one of intimacy to one of friendship.

Participant 5 : We were both free to pursue other relationships but we both didn't, we didn't at that point. So ja, the relationship, it impacted on the relationship in the sense that everything became clear for both of us. And it clarified a lot of our problems. So it was good, we are still very close. We are like family now, we speak to one another everyday, we are really close, we consider one another family. But that made me realise that I'm stereotypical in a sense that I want a feminine woman and the women I've been attracted to all my life are feminine women. But I just didn't feel that I had the right to pursue them as a lesbian because I rejected the gender and now to expect of a woman to be feminine it would

be unfair, right, so that is me reconstructing my life again. So I pursued relationships with people that weren't my type and that's a masculine thing, to identify somebody as my type. Like a woman, you know what it is that does it for you, sexuality is so important to a man. And that is not a construct, it's physiological. If you heed your desires, things fall into place and you can go on with what's important for the rest of your life. And then I pursued a relationship with Sally after that and she was just an absolute perfect fit, it was someone I had known for ten years, someone I had had a relationship with before. She was a beautiful feminine woman. What I liked about her is that she does not identify as heterosexual or homosexual or bisexual, she likes men and women she actually hates the word bisexual and that's a nice sort of female energy in that way, it's about love. I see it a lot with heterosexual men who transition to be women and they have wives before they transition, wives who absolutely identify as heterosexual women but stay with these people. They would end up as being lesbians, right, but they don't identify with lesbian at all because they don't like other women, but it's about this person. But I think there was a few discoveries for Sally as well. I think she thought she was maybe that sort of open, but she will admit that the masculine process really did it for her. That the more masculine I became the more sexual she became about me. Where my relationship used to be, before the body changed, our relationship was very sentimental and maybe what happens between women, but then the more masculine I became the more enthralled she was. The more hairier I became, the more she liked my body and even she can tell you that her response to my body became more sexual. And we were a bit disappointed about how heterosexual we were, we liked the notion of being queer you know but you know, ja, that's my relationship. I think I'm very lucky in a sense that I got someone who could not only deal with the transition, but also loves me.

Researcher : Ja, that is acceptance and living through it, that's amazing.

Participant 5 : Ja, not just acceptance, you find that trans-people have relationships and people accept them but they aren't interested in the transition. Sally is a big feminist and a gender activist so she is fascinated with the changes and has learnt many things herself and has adjusted her own notions of feminism.

Researcher : I hear it's more like it perfected the relationship and the satisfaction that came with it.

Participant 5 : Ja, I think, and we have no misconstrued notions of this is a universal thing that we're experiencing, in fact it is not at all. I think we happen to be people who can just move around in their spaces who happen to find almost colourful spaces for both of us. We very much could have been in a relationship as both women, we try and look beyond social constructs.

Researcher : Other people, apart from friends, say family, how did they react towards your transition?

Participant 5 : My lesbian, and often you will find trans-men say it too, my lesbian friends did not have a very good reaction to it. Ah, I was very forceful and demanding, so them expressing their discomfort with it often came via other people back to me, they would never do it in my face. But I could sense it in their spaces that I wasn't welcome anymore as I used to be. My masculinity would often be challenged all the time and I would be challenged by stereotypes and their notions of masculinity disgusted me and I didn't know how to deal with it. Now when they do it, I've managed to, so at some point a lot of friendships were dissolved in unhappy circumstances.

Researcher : Mmh,

Participant 5 : You know they would so straightfoward tell me that they don't like men, that I smell like a men and they can't stand that about me. They'll come visit me but I can't come to their house or sleep over at their place because the thought of my hair being in their bathroom and stuff like that, it was all very hurtful.

Researcher : Pscheew, just outright disgust and rejection that you don't belong!

Participant 5 : Ja, and when you tell them of the notion of men hating, they get angry with you. But you can judge people only by their actions right. So they weren't all like that, most of them listened to me because I have a mouth, this mouth that never stops talking and we managed to rekindle our friendship especially now that I am less paranoid and judging of them as well. But I do have a different space in their spaces. I found that heterosexual friends had much less hard time with it and when I say friends you must understand I work in artistic circles so my friends also are artistic or academic sort of people. I think on a social scale people who are affluent, wealthy or intellectually wealthy they have less issues because they are not threatened that I'm gonna take their women, their food, their houses, so it's like who cares or whatever. On a bigger parameter of my friends, men, heterosexual men had a hard time in the beginning, especially when I started, just before I started hormone treatment, they didn't know where to place me, they were really uncomfortable and I don't think men have the means of really hiding those discomfort. While the women really started being protective of me, yes they acknowledged my musculinity and whatever, just like that so they were accepting and nurturing and the men were suspicious and kept me at a distance. I did not experience any rudeness or violence or that kind of stuff, but then the more I started looking like a man, the more physiological response, in the

sense that I could not spend any more time with my women friends, they started irritating me, when they talk altogether I just get really nervous, I started not being able to spend more time with them and the males in my circles saw that and they started pulling me into their space and then they don't want to talk about transitioning, that's it, men don't, women are curious, they wanna know what's going on with your body. Men, it took a while before they started trusting me with their privacy and their stories, which is hard for men anyway, they have to drink before they start talking about, you know, about private things and that took a long time. But I'm in that space now, and I actually don't feel tempted to share that information with men because my issues are the same as theirs. So I think I'm very intergrated into the male spaces in my life except with my family.

Researcher : What's happening there?

Participant 5 : Ah, my family live far away so I haven't had an opportunity to spend time with them for them to get used to me. The men have totally rejected me, they don't come to family gatherings when I'm there. They had violent responses to it, they threatened me with violence, ah, so I haven't had a chance to test that or show myself to them.

Researcher : It's such a loss though!

Participant 5 : Ja, but time fixes a lot of things. I'll see what's in my life's journey and maybe that will be fixed. But the men in Sally's family they've always respected me. We are getting married in May and we had an engagement party last year and Sally's father stood up in front of all the people and he said he couldn't have wished for a better man for his daughter and he has consistently treated me that

way and so has the rest of her family and the men in her family. So that side of the family I feel like I just have a normal life. Ja, I told you the story is short from here.

Researcher : And then were you working, you said you worked in an artistic environment, the response at work how was it?

Participant 5 : I came back from the United States and I had a very successful career as a woman. I was a well-known artist and a photographer in the television industry. So I worked with actors and celebrities all my life and I had exhibitions where, you know, the room would be filled with red carpet and paparazzi and actors, it was like this glamorous and beautiful life. I constructed a very good picture. So I was afraid that that might desolve when I, when I fuck with gender you know. But I came home and I made it a very official thing. I went and, you know it's easier if you give people something to hold onto, it's easier to deal with change, even if this thing you are giving them to hold onto isn't true. So I had this event at my house where I invited my clients and people in the parameter of that life and I made an announcement. I showed them my films, I told them what I was gonna do and I allowed them to ask questions, and did they ask questions! But in my industry that kind of display is part of the life and so it made sense to them. So I gave them something to hold onto, here is a performace that's about to happen, performace makes sense to them. What was hard was that I started insisting on male pronouns before I started on hormone therapy and I think that alienated a lot of people out of my life. And I was a bit in denial about it then that I lost work but I think I did lose some clients and I only realised it in retrospect because they started coming back recently. I thought it was just life, clients come and clients go, but I realise in retrospect that in that pupae stage, they never gave me work, I didn't see them and when I did see them in public we were uncomfortable. But now they are starting to come back. I didn't in any way suffer because other people came into my life and gave me work. That

is the wonderful thing that is my life and ja, I survive and I like what it is. But the thing that I'm worried about now, is my fine art work, I haven't produced an exhibition in the last three years.

Researcher : So what do you attribute that to?

Participant 5 : Ja, I don't know, it could be an artist's block, it could be I'm busy constructing another picture which is my body, it could be very well that I could only create art under pain or circumstances of pain. All my female observation of life was so unclear that I had to make pictures to make things clear for me, which could be a tragedy because I'm working on a show now and it's not happening, I've made three pictures and that's where it stopped.

APPENDIX C

QUESTIONS TO THE PARTICIPANTS

1. Please tell me about your transition journey, eg, when did you discover. When did you start the process
2. How did you experience yourself in relationships with males and females, (friends and family) pre transitioning
3. And how do you experience yourself now post transitioning
4. Were you in an intimate relationship prior to embarking in the transition,
 - if yes, how has the transitioning impacted on that relationship.
 - if no, how come and how has the transitioning impacted on that aspect of your life(intimacy)
5. How do you experience people's reaction towards you after the transitioning
6. What has the impact of the transitioning been on your work/career
7. How do you feel about the transitioning process right now, that is looking back on the entire process?

APPENDIX D

REQUEST TO INDEPENDENT CLINICIANS

Research Topic:

Psychosocial functioning of individuals with incomplete sex reassignment surgery: A preliminary study

Research question:

How do you experience yourself in intimate relationships?

Aims of Research:

To determine the individual's experience of him/herself in intimate relationships prior, during and after the gender transitioning process.

Did the process/es undergone solve the gender identity dilemma?

How does the individual feel about her or his gender of choice?

The impact of medically constructed males or females on work dynamics.

The assumption is that after the sex change, be it at the stage of hormone therapy or after either top or bottom surgery, the individual will experience a relatively optimal functioning sense of self, which will impact upon the individual 's various spheres: e.g. The intimate relationships, work, social, in a certain manner. Thus, the outcome of the sex change is investigated to establish whether the reality meets the expectations.

To establish the expectations, the following set of questions was asked;

1. Please tell me more about your transitioning journey
2. How do you experience yourself in relationships with males and females?

3. Where you in an intimate relationship prior to embarking on the sex change process?
 - 3.1 If yes, how has the incomplete sex change process impacted on that relationship?
 - 3.2 If no, how come and how has the incomplete sex change process impacted on that aspect of your life?
4. How do you experience people's reaction towards you after the process?
5. What has the impact of the surgery been on your work?
6. How do you feel about the surgery that you have had?

Instructions to the Clinicians:

To analyse themes discovered by the researcher.

Search for other themes that the researcher may have overlooked.

Themes discovered:

1. A belief that one's physical body does not represent what the individual believes to be his/ her gender identity.
2. A desire to connect the physical body to match the psychological identity.
3. The feeling of alienation and turmoil within ones biological sex.
4. The resolve to correct the birth sex.
5. Withdrawals from intimate relationships.
6. The feeling of rejection and isolation on disclosing one's gender incongruence.

Verbatim transcripts of all participants in the study have been included fro your perusal

Thanking you in advance for your assistance.