Exploration of Gender Role Conflicts in Transfeminine Individuals: An IPA Study

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Abstract

Gender role conflict theory explains transgender individuals fail to abide by the stereotypical norms of the society and experience gender role conflicts. Moving away from the traditional masculine role, transfeminine individuals suffer from conflicts that reduces their psychological well-being. Interpretative Phenomenological Analysis (IPA) using a constructive paradigm with epistemological assumptions was used in the current study. A purposive sample of 4 transfeminine transgender individuals was selected, and in-depth semi-structured interviews were carried out; responses to questions were recorded, transcribed and sifted into categories and themes using IPA. Seven major themes emerged from gender conflict experiences of transgender individuals; experiencing unwanted self, psychological effects on health, feeling of worthlessness, developmental differences, emotional reactions and experiences, source of humiliation, and positive perception of life. The study gives an insight into the psychological problems of transfeminine transgender persons. This research has great implications for psychologists to create awareness of the psychological issues of this marginalized community.

Keywords: gender role conflict, psychological well-being, transfeminine individuals, transgender

Gender Role Conflict (GRC) is a natural consequence of societal taboos and stigmas that discriminate and ostracize transgender individuals. This conflict arises when they are restricted to express their real *self* and face societal humiliation. The main idea behind conducting this research is to know about how transfeminine individuals deal with the GRC in their life and how these conflicts reduce their psychological well-being. This study questions the experiences and beliefs of transfeminine individuals using a qualitative analysis.

Decades ago, researchers focused on masculine traits before they started working on masculinity. Pleck (1981) suggested that the Gender Role Identity Model (GRIM) completely fails to identify the various problems faced by men and strengthens gender roles than evaluating them. The model suggests that identity of the individual must match the gender role (Sarma et al., 2013). Gender roles are defined as behaviors, attitudes, expectations and set of values that the society holds and defined it as feminine or masculine (Fowell et al., 2007; Pederson & Vogel, 2007). After Pleck (1981), other researchers (Good et al., 1995) expanded the GRC theory to include socialized gender roles that have negative consequences on the person.

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Along with this line of research, Bates et al. (2010) investigated the effects of GRC in male adolescents and adults, and found if power and achievement decreased, so did resilience decreased, and if limit emotionality increased. resilience decreases. O'Neil (2008) identified different types of GRC that included conflicts in males represented by negative thoughts and experiences based on gender role devaluations, restrictions, and violations; conflicts expressed toward others; conflicts experienced from others; and conflicts experienced from role transitions. These Gender Role Conflicts (GRCs) can be reduced by identifying the conflict and accepting behaviors of others and showing flexibility in one's behavior (Bolich, 2007). Functionally, GRC can be explained by different types of psychological patterns, several social contexts and various personal experiences (Altmaier & Hansen, 2012). Wester et al. (2010) examined the role of GRC in counseling transgender individuals and found counseling to be effective when focused on gender socialization. This evidence from the literature shows that GRC has tremendous impacts on an individual's life, and they should be dealt with precaution to ensure the optimal quality of life of transfeminine individuals.

When men transition their gender role to becoming a woman, they experience a conflict between the idealistic and realistic self. Not only this, but they also face societal consequences such as belittling, disobeying and/or limiting oneself or others (Altmaier & Hansen, 2012). GRC constitutes six components that include limiting emotions, confining feelings and sexual behaviors, fear of homosexuals, problems

of biological health, obsessing behavior relating to success and accomplishment and dominancy issues (Kimmel & Aronson, 2004). These issues are highly likely to impact the psychological well-being of transfeminine individuals.

Well-being negatively correlates with GRC transfeminine or other transgender individuals. Psychological well-being is a mixture of positive conditions such as happiness and joy compounded with a well-balanced social life. According to Huppert (2009), psychological well-being is only about living well, living happy and functioning optimally. Psychological well-being thus contains several characteristics like independence, satisfaction, actualization, etc. Ryff and Keyes (1995) identified six domains of psychological well-being, which include accepting oneself, ability to form quality relationships with others, the capability to fulfill the desires and goals, ability to solve problems in a difficult environment, continuous personal growth, and a sense of independence in thinking (Ryff & Keyes, 1995). When this concept of happiness is applied to the life of transfeminine individuals, they tend to have lower probability to lead a happy life as they experience numerous psychological consequences.

In Pakistani culture, traditional beliefs about the role of a man or a woman are fixed; anyone deviating from their sex-assigned role is met with fierce opposition and blame. A male who shows feminine characteristics is labeled as transfeminine (Bolich, 2007) and a female that expressed male gender characteristics a transmasculine person. Transgender individuals that face the fear of rejection, sexual harassment and discrimination are at risk of developing

emotional health problems, physical and social problems (Witten & Eyler, 2012). An online survey with more than a thousand transgender males and females (Abbas et al., 2014) concluded reduced or absent social and peer support resulting in social stigma-related stress; and that transmasculine individuals experience greater stigma than transfeminine individuals for job and health care.

In the western society, there exists literature exploring menta health issues of transfeminine individuals, but there has been very little research in countries with strong religious beliefs like Pakistan. Therefore, this study fills in the gap of literature by providing an in-depth understanding of experiences that arise from GRC in transfeminine individuals.

Research Questions

Two research questions were posed for this study, a central question was: What are the experiences of transfeminine individuals regarding GRC? A second more peripheral question was, what emotional and psychological experiences result from GRC in transfeminine individuals?

Method

Participants

Four participants were selected through purposive sampling for this study. Transfeminine individuals in this study did not suffer from gender dysphoria, a mental condition marked by distress due to dissatisfaction with the sex assigned at birth (Davy & Toze, 2018). Transmasculine individuals were excluded from the study and any transgender with physical disabilities were also excluded from the study.

Table 1Demographic characteristics of the participants

Alias	Age	Religion	Siblings	Birth Order	Education	Birthplace
Tamanna	28	Islam	7	7	4th grade	Lahore
Khusboo	32	Islam	5	5	Unschooled	Lahore
Rani	33	Islam	9	5	Matric	Lahore
Arzoo	27	Islam	4	4	Matric	Lahore

Paradigm

We used constructive paradigm to interpret experiences of participants because it focuses on how individuals make sense of their lives (Creswell & Creswell, 2009). The core approach of constructionism is based on the fact that people make meaning of their personal experiences based on their surroundings. This approach is based on epistemological assumptions of how knowledge is acquired by a being that is aware of a certain reality, where, what and how, are known (Creswell & Creswell, 2009).

General Assumptions

Transgender individuals, from childhood encounter GRC, based on a gender role they want to adopt but experience societal hindrances. In this conflict, their identity collapses and they experience conflict between their wishes and societal demands. When such a conflict occurs, transgender individuals suffer from mental stress and their psychological well-being is disturbed. They fight for their survival in every way and try to get approval from society. But the societal approaches impact their psychological well-being in a negative way.

Research Design

We used Interpretative Phenomenological Analysis (IPA) research design (Smith, 2008) that allowed us to get in-depth information about the lived experiences of transgender participants and the impact of GRC on their psychological well-being.

Data Collection Techniques

Demographic characteristics such as age, gender, religion, education, siblings, birth order, and birthplace (see Table 1) were collected followed by a screening question (Do you have any kind of physical disability?) was posed to screen the participants for physical disability.

Interview Guide. An interview guide was established to acquire rich comprehensive information from each participant. Six open-ended questions and prompts (Table 2) were sequentially posed to the participant, starting with some general questions to break the ice and build a rapport. Interview questions were developed on five domains that included, problems faced by transgender individuals, opinion of society regarding them, coping strategies, self-worth and frame of mind.

 Table 2

 Part of the Open-ended questions to elicit responses from participants

Questions	سوالات
What views does your family have about you?	آپ کے خاندان والے آپ کے بارے میں کیا رائے رکھتے ہیں؟
What opinion does society has about you? Explain in detail?	معاشرہ آپ کے بارے میں کیا نظریہ رکھتا ہے؟ واضح کریں۔
How does societal thinking and behavior impact your	معاشرے کی سوچ اور ردِعمل کا آپ کی نفسیاتی صحت پر کیا اثر ہوتا ہے؟
psychological well-being? Elaborate?	وضاحت كرين.
How does gender conflict impacts your everyday life?	جنسی اختلافات کا آپ کی روزمرہ زندگی پر کیا اثر پڑتا ہے؟
How does gender conflict impacts your psychological well-	جنسی اختلافات کا آپ کی نفسیاتی صحت پر کیا اثر پڑتا ہے؟
being?	
If gender conflicts are encountered how do you deal with	اگر جنسی اختلافات کی وجہ سے مشکلات ہوتی ہیں تو آپ کس طرح ان کا
them?	سامنا کرتے ہیں؟

Pilot Study

To test the interview guide, a pilot study (In, 2017) was carried out on one participant (not part of the sample) to make certain questions in the Interview Guide were understandable; some questions had to be modified or removed and others included to comprehensively ask pertinent questions about GRC. All questions were posed in Urdu for communication and rapport purposes.

Main Study

To carry out the main study permission was taken from Kinnaird College for Women, Lahore and Fountain House, Lahore. The researcher/interviewer described the purpose of the study and sought informed consents from all participants before they were interviewed at the Fountain House. All personal and interview data was held in privacy and information was coded with numbers and aliases before sharing or making it public. The researcher obtained some general information about the participant to make them feel relaxed so that they were able to discuss more freely followed by the interview (30-35 minutes in duration), which was recorded, along with field notes researcher made. Recorded interviews were transcribed. For some participants, two

sessions were carried out to gather additional information to establish better clarity on the first interview material.

Data Analysis

Reading and rereading interviews were carried out to develop a sense of coherence in the data; IPA interprets experiences of the participants (Smith, 2008), how they make sense of their personal and social world. In this analysis generally four steps were taken, each step build on the previous one, and include, establishing initial, emergent, superordinate themes and cross case analysis.

Analysiss and Discussion Unwanted Self

Transfeminine individuals face an existential crisis every time they question their identity and try to find the purpose of their life. When they perceive different responses from society and from their parents reject them, they start feeling that they are of no use, and they shouldn't be here in this world (Russell et al., 2011). Transfeminine individuals feel like a stranded soul between the two genders and so they have a hard time accepting their gender identities. Reports show such feelings lead them to end their life, for they perceive this as an unbearable burden (Fitzpatrick et al., 2005).

(Translation) "God should have created us either a man or woman. We are neither hanging in middle. We do not belong to society or our home" (Khusboo).

(Translation) "We are just passing the days left of our life. We have no respect in the society and neither society nor our homes consider us worthy of being a human. We have no purpose" (Arzoo).

"الله تعالیٰ یا ہمارے کو عورت پیدا کر دیتا یا مرد ۔ ہم نہ ادھر کے ہیں نہ ادھر کے بیچ میں لٹک کر رہ گئے ہیں۔ ہمارا کوئی نہیں ہے نہ معاشرے میں اور نہ گھر میں" (خشبو)۔

"ہم صرف دن گزار رہے ہیں جو ہماری زندگی کے رہتے ہیںہماری معاشرے میں کوئی عزت نہیں ہے اور نہ ہی معاشرہ ہمیں کچھ سمجھتا ہے اس لئے ہمارا کوئی مقصد نہیں ہے" (آرزو)۔

Psychological Effects on Health

Not only society but also our views play a significant role in our psychological development. Transfeminine individuals suffer from a lot of psychological difficulties when they face GRC in their lives. In recent years researchers (Pollock et al., 2012) have focused on the experiences of transfeminine individuals, which comprise of difficulties and psychological

problems when fulfilling their desires. Repressed feelings that result when such desires that are not met lead to many psychological disorders like depression and helplessness (Bouman, et al., 2016). We noticed that a number of sad emotions and use of strong stimulants were prevalent in the participants.

(Translation) I get very sad, we suffer within ourselves but people continue to taunt us. No matter how much we try to be good, they still taunt us... If I think about it, it impacts me a lot. Either I start smoking or I go out with my friends" (Tamanna)

(Translation) "I often get very irritated. I feel angry most of the time. I feel better if I stay alone in the room for a period of time. If nothing helps, I cry or try to distract myself" (Rani).

"مجھے بہت دکھ ہوتا ہے، ہم خود ہی کڑھتے رہتے ہیں، مگر لوگ طنزیہ الفاظ استعمال کرنا نہیں چھوڑتے ہم بھلے جتنا بھی خود کو اچھا کرنے کی کوشش کریں لیکن وہ زبان سے پھر بھی طنزیہ جملے ہی کہتے ہیں ۔۔۔ "گر سوچوں تو بہت اثر پڑتا ہے۔ میں سگریٹ پیتی ہوں اور دوستوں کے ساتھ باہر نکل جاتی ہوں" (نمنا)۔

"چڑچڑا پن آ جاتا ہے۔ غصہ بھی آتا ہے۔ تھوڑی دیر کے لئے کمرے میں جا کر اکیلی بیٹھ جاتی ہوں تو اس سے ٹھیک ہوجاتی ہوں۔ زیادہ کچھ نہیں بس تھوڑا رو لیتی ہوں یا ذہن کسی طرف لگا لیتی ہوں" (رانی)۔

Feeling of Worthlessness

Criticism by society and being abandoned by the family leads to a feeling of worthlessness for transfeminine individuals. When they face a lot of difficulties in life their

motivation dries up and they think of themselves incapable of anything just worthless. Continuous harsh attitudes expressed by people leads them to think that they are useless and thus deserve inhumane behaviors from others (Lyons et al., 2015).

(Translation) "We are of no use to anyone, and therefore we don't have any purpose. We are not even worth that people think about us" (Rani).

"ہم کسی کے قابل نہیں ہیں اس لیے ہمارا کوئی مقصد بھی نہیں ہے۔ ہم اس قابل ہی نہیں کہ لوگ ہمارے بارے میں سوچیں" (رانی)۔

Transfeminine individuals are considered worthless and abandoned by their parents (Jones et al., 2017; Divan et al., 2016) early on, criticized for their gender orientation like trans-dressing, they are degraded all the time. In Pakistani, theyhave faced a long battle to be accepted as full citizens with equal rights according to the country's constitution (Haider & Bano, 2006; Talwar, 1999). The societal reactions and parental negligence only bring pain and frustration to them (Billard, 2018; Jones et al., 2017).

Developmental Differences

Developmental differences in transfeminine cause perennial stress when society rejects them early on. Transfeminine children like to express themselves like girls. These desires and expression can be seen in early childhood. As children they play with girls and act like girls, like to have "dupatta" (scarf) of their sisters, wear their sister or mother's makeup, and engage in activities that are more preferred by females (Divan et al., 2016).

(Translation) "I was very fond of dancing and wearing lipstick. In my childhood, I used to wear dupatta of my sisters very fondly. Now, I go to the streets with my friends to enjoy dancing" (Arzoo).

"مجھے ڈانس کرنے کا بہت شوق تھا، لپ اسٹک لگانے کا، میں بچپن میں بہنوں کا دوپٹہ بڑے شوق سے لیتی تھی۔اب میں دوستوں کے ساتھ جاتی ہوں گلیوں میں۔ ہم ڈانس کرتے ہیں" (آرزو)۔

Societal stereotypes expect boys and young men to behave more masculine like men and if they don't, they must face repercussions of such deviations. Extreme form of such repercussions includes parental rejection that leads them to leave their household and enter a strange new cruel world (Nuttbrock et al., 2012). Such children are raised by other transgenders or "Khawaja seras" In Pakistani community, as they become older they start dancing in the streets and at birth parties to earn money, and to express their joy and happiness (Abdullah et al., (2012).

Emotional Reactions and Experiences

People often make fun of transfeminine individuals, which hurts them (Schilt & Bratter, 2015). They feel anger and pain when they come across sarcasm and negative attitudes of people towards them (Elischberger et al., 2017). This negative attitude stigmatizes them and excludes them legally and economically from society. They report that this exclusion begins with their parents and spreads more widely in society. They feel this is largely due their gender orientation and their behaviors (Divan et al., 2016).

(Translation) "Many people society have tried to take advantage of us, but I try not to think about those experiences now. Before leaving the home, people are already looking to take benefit of us, but I don't think about that time. If I think it will only create problems for me" (Rani).

"فائدہ اٹھانے کی تو بہت لوگوں نے کوشش کی لیکن اب ان کو یاد کر کے کیا فائدہ۔ جب ہم لوگ گھر سے نکلتے ہیں تو لوگ پہلے سے ہی ہمارے تاک میں بیٹھے ہوتے ہیں لیکن میں اس وقت کے بارے میں سوچتی نہیں ہوں۔ اگر سوچوں گی تو خود کو ہی پریشانی ہوگی" (رانی)۔

Sources of Humiliation

Early on in their lives, transfeminine individuals experience parents as a source of humiliation; parents feel ashamed when introducing them to others. In addition, transfeminine live with guilt of non-compliance with their

parents from early childhood (Mohammadi & Khaleghi, 2018; Yang et al., 2015). Sources of humiliations increase in the lives of transfeminine people as they enter general society; people don't accept them, they are ridiculed (Nobili et al., 2018) and abused physically and sexually...

(Translation) "Our families do not view us as good. They think that we are a source of shame for them that is why they make us leave our homes" (Tamanna). "خاندان والے اچھا نظریہ نہیں رکھتے ۔ وہ سمجھتے ہیں کہ ہم ان کے لئے بد نامی کا باعث ہیں اس لئے وہ ہمیں گھر سے باہر نکال دیتے ہیں" (تمنا)۔

Positive Perception of Life

Media has played a vital role in sharing transfeminine problems to our society, which has led to better and more tolerant society and has increased their courage to face the difficulties of life (Valashany & Janghorbani, 2018). In addition, they feel grateful to Allah for all of the things they have which brings positivity in their lives.

(Translation) "One should be grateful to Allah. One should comply with what God gives; but people can never remain satisfied. Everyone wants to go further, no one wants to look back" (Tamanna).

"الله کا شکر ادا کرنا چاہیے۔ اس کی رضا میں راضی رہنا چاہیے۔ لیکن بندہ کبھی راضی نہیں رہ سکتا۔ ہر کوئی آگے جانا چاہتا ہے۔ پیچھے مڑ کر نہیں دیکھتا کوئی بھی" (تمنا)۔

Social activism and strong interpersonal relationships can help transfeminine people to create a positive self-identity (Blotner & Rajunoy, 2018). Riggle et al. (2011) reported some transfeminine people took empathy as a positive aspect of their identity.

Implications and Suggestions

The study gives a brief personal insight into the psychological problems and coping mechanisms of transfeminine people in Pakistan. Highlighting these problems in gender and psychological literature should help them and reduce stigma against this community. In addition, seminars

and workshops can be arranged to help transgender people to teach them some coping strategies and introduce them to our society in a different light. Perhaps the most important group of people that need some reflection, are the parents who can be made to think differently; come closer to their offspring and mend relationships that have sour for a long time. Government and non-government agencies should address issues related to jobs and education and open up avenues for transgender community to support themselves other than traditional dancing and sex work.

References

- Abbas, T., Nawaz, Y., & Ali, M. (2014). Social adjustment of transgender: A study of District Chiniot, Punjab (Pakistan). *Academic Journal of Interdisciplinary Studies*. doi: 10.5901/ajis.2014.v3n1p61
- Abdullah, M., Basharat, Z., Kamal, B., Sattar, N., Hassan, Z., Jan, A., & Shafqat, A. (2012). Is social exclusion pushing the Pakistani Hijras (Transgenders) towards commercial sex work? A qualitative study. *BMC International Health and Human Rights*, 12(1). doi: 10.1186/1472-698x-12-32
- Altmaier, E., & Hansen, J. (2012). *The oxford handbook of counseling psychology*. New York, NY: Oxford University Press, Inc.
- Bates, S. G., Rosemary, V. B., & Mark, A. B. (2010). The effects of gender role conflict on adolescent and emerging adult male resiliency. *The Journal of Men's Studies*, 18, 3-21. doi: 10.3149/1801.3
- Billard, T. (2018). Attitudes toward transgender men and women: Development and validation of a new measure. Frontiers in Psychology, 9. doi: 10.3389/fpsyg.2018.00387
- Blotner, C., & Rajunov, M. (2018). Engaging transgender patients: Using social media to inform medical practice and research in transgender health. *Transgender Health*, 3(1), 225-228. doi: 10.1089/trgh.2017.0039
- Bolich, G. G. (2007). *Today's transgender realities: Cross-dressing in context*. Raleigh, North Carolina: Psyche's Press.

- Bouman, W., Davey, A., Meyer, C., Witcomb, G., & Arcelus, J. (2016). Predictors of psychological well-being among treatment seeking transgender individuals. *Sexual and Relationship Therapy*, 1-17. doi: 10.1080/14681994.2016.1184754
- Creswell, J., & Creswell, J. (2009). Research design: Qualitative, quantitative, and mixed method approaches. London: Sage Publications.
- Davy, Z. & Toze, M. (2018). What is gender dysphoria? A critical systematic narrative review. *Transgender Health*, *3*(1), 159-169
- Divan, V., Cortez, C., Smelyanskaya, M., & Keatley, J. (2016). Transgender social inclusion and equality: A pivotal path to development. *Journal of the International* AIDS Society, 19(3). doi: 10.7448/ias.19.3.20803
- Elischberger, H., Glazier, J., Hill, E., & Verduzco-Baker, L. (2017). Attitudes toward and beliefs about transgender youth: A cross-cultural comparison between the United States and India. Sex Roles, 78(1-2), 142-160. doi: 10.1007/s11199-017-0778-3
- Fitzpatrick, K., Euton, S., Jones, J., & Schmidt, N. (2005). Gender role, sexual orientation and suicide risk. *Journal of Affective Disorders*, 87(1), 35-42. doi: 10.1016/j.jad.2005.02.020
- Fowell, C. H., David, L. G., & Stephen, R. W. (2007). Gender role conflict and psychological distress: The role of social support. *Psychology of Men and Masculinity*, 8(4), 215-224. doi: 10.1037/1524-9220.8.4.215

- Good, G. E., Holmes, S. E., & O'Neil, J. M. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology* 42 (1), 3-10
- Haider, S. K., & Bano, M. (2006). Fallacy about male-tofemale gender dysphoric in Pakistan. *Pakistan Journal of Psychology*, 37(2), 45-60
- Huppert, F. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, *I*(2), 137-164. doi: 10.1111/j.1758-0854.2009.01008.x
- In, J. (2017). Introduction of a pilot study. *Korean Journal of Anesthesiology*, 70(6), 601. doi:10.4097/kjae.2017.70.6.601
- Jones, B. A., Arcelus, J., Bouman, W. P., & Haycraft, E. (2017). Sport and transgender people: A systematic review of the literature relating to sport participation and competitive sport policies. Sports medicine, 47(4), 701– 716. doi:10.1007/s40279-016-0621-y
- Kimmel, M., & Aronson, A. (2004). *Men and masculinities: A social, cultural and historical encyclopedia.* Washington, DC: Library of Congress.
- Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. Substance Abuse Treatment, Prevention, and Policy, 10(1). doi: 10.1186/s13011-015-0015-4
- Mohammadi, M., & Khaleghi, A. (2018). Transsexualism: A different viewpoint to brain changes. *Clinical Psychopharmacology and Neuroscience*, *16*(2), 136-143. doi: 10.9758/cpn.2018.16.2.136
- Nobili, A., Glazebrook, C., & Arcelus, J. (2018). Quality of life of treatment-seeking transgender adults: A systematic review and meta-analysis. *Reviews in Endocrine and Metabolic Disorders*, 19(3), 199-220. doi: 10.1007/s11154-018-9459-y
- Nuttbrock, L., Bockting, W., Rosenblum, A., & Mason, M. (2012). Gender identity conflict/affirmation and major depression across the life course of transgender women. *International Journal of Transgenderism*, 13(3), 91-103. doi: 10.1080/15532739.2011.657979
- O'Neil, J. (2008). Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale. *The Counseling Psychologist*, *36*(3), 358-445. doi: 10.1177/0011000008317057

- Pederson, E., & Vogel, D. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, 54(4), 373-384
- Pleck, J. H. (1981). *The myth of masculinity*. Canbridge, MA: MIT Press.
- Pollock, L., & Eyre, S. (2012). Growth into manhood: Identity development among female-to-male transgender youth. *Culture, Health & Sexuality*, 14(2), 209-222. doi: 10.1080/13691058.2011.636072
- Riggle, E., Rostosky, S., McCants, L., & Pascale-Hague, D. (2011). The positive aspects of a transgender selfidentification. *Psychology and Sexuality*, 2(2), 147-158
- Russell, S., Ryan, C., Toomey, R., Diaz, R., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health*, *81*(5), 223-230. doi: 10.1111/j.1746-1561.2011.00583.x
- Ryff, C., & Keyes, C. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 719-727.
- Sarma, M., Morrison, T., & Cormac, O. (2013). New directions in gender role conflict research.

 Masculinities in a Global Era, 17-51.
- Schilt, K., & Bratter, J. (2015). From multiracial to transgender: Assessing attitudes toward expanding gender options on the US census. *TSQ: Transgender Studies Quarterly*, 2(1), 77-100. doi: 10.1215/23289252-2848895
- Smith, J. (2008). *Qualitative psychology: A practical guide to research methods*. London: Sage.
- Talwar, R. (1999). *The third sex and human rights*. New Delhi: Gyan Publishing House.
- Valashany, B., & Janghorbani, M. (2018). Quality of life of men and women with gender identity disorder. *Health and Quality of Life Outcomes*, 16(1). doi: 10.1186/s12955-018-0995-7
- Wester, S., McDonough, T., White, M., Vogel, D., & Taylor, L. (2010). Using gender role conflict theory in counseling male-to-female transgender individuals. *Journal of Counseling & Development*, 88(2), 214-219
- Witten, T. M., & Eyler, E. A. (2012). Gay lesbian, bisexual and transgender aging: Challenges in research, practice and policy. Baltimore: John Hopkins University Press.
- Yang, M., Manning, D., van den Berg, J., & Operario, D. (2015). Stigmatization and mental health in a diverse sample of transgender women. *LGBT Health*, 2(4), 306-312. doi: 10.1089/lgbt.2014.0106

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Table of recurrent themes

 Table 3

 Table representing recurrent themes obtained from the interviews

Super ordinate themes	Case 1	Case 2	Case 3	Case 4	%
Unwanted self	✓	✓	✓	×	75
Psychological effects on health					
, .	✓	✓	✓	✓	100
Feeling of worthless	✓	✓	✓	✓	100
Developmental differences					
1	✓	✓	✓	✓	100
Emotional reactions and					
experiences	✓	✓	✓	✓	100
Source of humiliation	✓	✓	✓	✓	100
Positive perception of life					
r	✓	×	✓	✓	75

Frequency table

Table 3.1 *Table showing the percentage to which each participant contributed in the development of each major theme*

Super ordinate themes	Case 1	Case 2	Case 3	Case 4	Overall
Unwanted self					
Psychological effects on health	ΪΪ	Ϊ	Ï	IİI	
Feeling of worthlessness		×			##
Developmental differences	İİI		Ϊ	Ï	
Emotional reaction and experiences	II	II			
Source of humiliation					
Positive perception of life	×	×	j	į	ii.