ABSTRACT

Objective: In this study, we aimed to evaluate the life experiences of individuals who are in the process of gender affirmation and have not undergone any surgical intervention for gender affirmation process.

Methods: The research was conducted in a phenomenological type using a qualitative research design, and a purposive sampling method was used in the selection of the sample. The sample consisted of 32 individuals with gender dysphoria who applied to the Endocrinology and Metabolism Outpatient Clinic of Istanbul University Cerrahpaşa, Cerrahpaşa School of Medicine, Istanbul, Turkey between February 1, 2019, and July 1, 2019. Data were collected using a face-to-face in-depth interview method and the interviews were tape-recorded. Content analysis was used in the analysis of the collected data.

Results: The themes determined by this study include defining suffering discrimination in social life, discomfort in transgender males due to being identified as lesbians, the impairment of family relationships, hiding of gender identity, suicidal ideation or attempt, and the increase in self-confidence after hormonal therapy.

Conclusion: In the study, we observed that individuals with gender dysphoria were exposed to discrimination in society and their family relations were negatively affected. It was determined that they tried to cope with the situation they were in by hiding gender identity and when they could not cope, they had suicidal thoughts or attempts. With the appropriate treatment plan to be applied and holistic nursing care to be given, individuals can be adapted to this process.

Keywords: Transgenders, gender dysphoria, gender identity

Introduction

According to the definitions of gender identity disorders and transsexualism by the World Health Organization (WHO 1992) and gender dysphoria (GD) by the American Psychiatric Association (APA 2013), there may be clear discrepancies between the gender identity adopted by a person and the gender assigned to the person at birth. Naturally, individuals experiencing such discrepancies may want to live and be accepted as a member of the opposite sex.1,2 Individuals diagnosed as having GD are advised to go through the gender affirmation process (GAP) with the aim of improving their psychological status and body satisfaction, as well as increasing their self-actualization by decreasing the unease they experience as a result of their birth gender.3,4 The GAP includes practices such as hormone use and sex reassignment surgery that enable individuals to achieve desired gender characteristics.5,6

According to data from the World Professional Association for Transgender Health, the prevalence of GD ranges between 1/30 400 and 1/200 000 among those labeled female at birth and 1/11 900 and 1/45 000 in those labeled male.3,10,11 However, it is assumed that the real prevalence of GD could be much greater due to the number of individuals seeking medical help to undergo the GAP. Because of cultural prejudices and insufficient research, the true number of transgender individuals in Turkey is unknown.2,12,13

All over the world, in Turkey as well, there is great prejudice toward lesbian, bisexual, gay, or transgender (LGBT) individuals, and especially individuals with GD, all of whom are often heavily marginalized within society. Individuals with GD are ostracized by their families and friends,
discriminated against to the point of losing their jobs, and are regularly the target of hostile behavior. According to the Ipsos 2016 Global Attitudes Toward Transgender People survey, Turkey ranked 18th among 23 countries in supporting gender reassignment.14-16

In our country, the GAP is regulated by law and includes a variety of procedures. On the one hand, problems such as social discrimination and exclusion and on the other hand, long legal procedures cause individuals to experience a very difficult process. In this study, we aimed to examine the daily life experiences of individuals diagnosed with GD, who have not yet undergone any gender-affirming surgery, to guide the nursing care for individuals in the GAP process, and add to the scarce Turkish literature on the issue.

Research Questions
1. What are the problems experienced by individuals in the process of gender reassignment?
2. How do individuals with GD cope with problems?

Methods

Study Design
This study is of qualitative nature, conducted as phenomenological research. Phenomenology focuses on phenomena that we are aware of but do not have a detailed and deep understanding. Phenomenography research is concerned on how people perceive, understand, and experience the phenomenon they encounter in the universe in which they live. The definitions put forward by individuals regarding the phenomenon to be examined are categorized. This is because categorizing definitions makes it clear what individuals think.17,19 In the study, it was aimed to determine in detail the experiences of individuals with GD during GAP and to reveal their thoughts by using the phenomenological study method.

Samples
As this is a qualitative research, there are no set of rules for sample size, the research question, or the study purpose. After reaching a saturation threshold, if similar answers are repeated by participants with enough frequency, the sample size is acceptable.17,18

The population of the study consisted of 60 patients who applied to Istanbul University Cerrahpaşa—Cerrahpaşa Medical Faculty, Endocrinology and Metabolism Outpatient Clinic between February 2019 and July 2019. Purposive sampling method was used in sample selection. The sample consisted of 32 GD individuals (24 female-to-male [FtM] and 8 male-to-female [MtF]) aged 18 years and older, who had not undergone sex reassignment surgery and who did not have any psychiatric disease and volunteered to participate in the study. Some of them were receiving hormone therapy at the time of their contribution to the research. They were followed up by a mental health specialist (S.T.), who regularly works with individuals with GD for at least 3 months before referring them to the endocrine clinic.

Data Collection
An information form prepared by the researcher in accordance with the literature, which contained questions about the experiences of the individual in the GAP within their family, society, and social environment, was used to record demographic information during an in-depth interview. After obtaining the consent of participants for the study, interviews were conducted in an outpatient clinic where individuals could feel comfortable. During each interview, the interviewer and participant were alone. The interviews lasted approximately 30 and 60 minutes. All individuals who participated in the interviews gave permission to record the interview. Written notes and a voice recorder were used to record both verbal and non-verbal expressions. The data were collected by a nurse working in the Endocrinology and Metabolism Outpatient Clinic, a female researcher PhD S.S.T who had previous training in qualitative research and qualitative research experience.

Statistical Analysis
Content analysis was used in the analysis of the data. This method aims to identify the concepts and relationships that can explain the data collected. Analysis was conducted in 4 stages: coding, theme-finding, code and theme arrangement, and the description and interpretation of findings.18 In accordance with these steps, the voice recordings were decoded manually. The preliminary data obtained as a result of decoding were read in detail, coded, and grouped by selecting similar expressions. In the next stage, themes and sub-themes were determined according to the similarity of coded expressions. The relationships between the determined themes and sub-themes were reviewed. In the final stage, the findings were described and interpreted through patient quotations which best represented the themes and sub-themes.

Qualitative findings often allow for in-depth exploration of the research problem and understanding of different aspects of social reality. In this respect, it is important to give all the details of the data obtained from qualitative research. However, qualitative research findings are often longer, because they contain more detail than quantitative research findings. In accordance with the principles of academic writing, it is necessary to make significant reductions in the word count of qualitative research reports. Thus, although everything the participant relays is important, the researcher must focus on the most vital points of interest while reporting the findings.20 In order not to decipher the names of the individuals participating in the study, a number was given to each individual and coded, for example, FmM-1, Mtf-1, etc.

Validity and Reliability of the Research
Validity in quantitative research is closely related to the correct measurement of the phenomenon using the appropriate tool to enable the collected data to reflect the truth of the results. In qualitative research, validity means that the researcher observes the phenomenon under investigation as objectively as possible.16 In this study, the researcher acted with meticulous care to maintain uniformity throughout the interviews in order not to impact the feelings or thoughts of the participants. All questions were asked clearly and objectively. All interviews were conducted as casually as possible to ensure participant comfort. Alongside using a voice recorder, the researcher took notes of individual observations (such as body language, etc.). All the data obtained, including taken notes, were transcribed. The findings were examined by separate researchers for the creation of themes. The determined themes were examined and coded by 3 experts with prior experience in qualitative research. In order to check the reliability of the data, these encodings were additionally coded by 2 experts who did not have information about the purpose of the research.

Results
Regarding participants’ gender identities, 8 were MtF, and 24 were FtM. The mean age of participants was 25.5 ± 6 years and 50% of participants were high school graduates, 65.5% lived with their families, 56.3% were self-employed, and 53.1% were using hormones at the time of the study.

Based on the statements of the FtM and MtF individuals, 6 main themes were determined. An additional 3 sub-themes were identified for 1 of the themes (theme 3). The themes determined by this study include suffering from discrimination in social life, discomfort in...
transgender males due to being identified as lesbians, the impairment of family relationships, the hiding of gender identity, suicidal ideation or attempt, and the increase in self-confidence after hormonal therapy.

These themes are shown in Table 1.

**Table 1. Themes Identified in Those Individuals with Gender Dysphoria**

<table>
<thead>
<tr>
<th>Themes</th>
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</thead>
<tbody>
<tr>
<td>Theme 1: Suffering discrimination in social life</td>
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<tr>
<td>Theme 2: Discomfort in transgender males due to being identified as lesbians</td>
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<tr>
<td>Theme 3: The impairment of family relationships</td>
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<td>Sub-theme 1: The family’s failure to accept the individual’s condition</td>
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<td>Sub-theme 2: Being forced by the family to act in accordance with biological/physical identity</td>
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<td>Sub-theme 3: Suffering from physical violence</td>
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<td>Theme 4: Hiding gender identity</td>
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<tr>
<td>Theme 5: Suicidal ideation or attempt</td>
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<tr>
<td>Theme 6: The increase in self-confidence after the use of hormones</td>
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**Subtheme 1: The Family’s Failure to Accept the Individuals’ Condition**

Individuals with GD stated that they did not accept the situation of their family and that this caused their relationship to deteriorate.

*I still have a bad relationship with my family. It’s terrible, they disowned me. It is not so important though. Among my family and siblings I am not accepted in any way.* (MtF-6)

**Subtheme 2: Being Forced by the Family to Act in Accordance with Biological/Physical Identity**

Individuals with GD stated that they were forced by their families to act in accordance with their biological identity.

There were four males in the house, they were putting pressure on me by saying ‘do not behave coquettishly while walking, walk like a man’. The male model was very dominant. (MtF-8)

**Subtheme 3: Suffering Physical Violence**

In the study, it was determined that individuals with GD were subjected to physical violence by their families due to their condition.

At the age of 16, when I wore rings on different fingers, plucked my eyebrows, put on shiny lipsticks and nail varnish, my family noticed the situation and they used violence against me. I have been subjected to so much violence directly by my father. He has beaten me with a dough roller or kicked me out of the house on occasion. He also called and instructed my relatives not to take me into their houses. I slept on the streets for days. (MtF-3)

**Theme 4: Hiding Gender Identity**

Individuals with GD revealed that they hid themselves and their gender identity because of the condition that they were in.

*I became an introvert in order to hide myself. For this reason, I felt like a loser. I have always run away and hidden myself, I always had others buy my clothes.* (FtM-23)

*I lived in Tokat for 23 years. Nobody knew it, only I myself knew. I was hiding it from everybody. I did not show myself too much, I hid myself.* (MtF-2)

**Theme 5: Suicidal Ideation or Attempt**

The participants stated that they thought about or attempted suicide due to the condition that they were in.

*I attempted suicide 3 or 4 times, I took drugs. It was more difficult to overcome this situation when I was a kid, I could neither give a name to my identity, nor do anything about it. I attempted suicide for this reason.* (FtM-1)

*I made suicide attempts because of my transsexuality. My suicide attempts occurred generally in adolescence. I tried to kill myself 4 times. On one occasion, I burned the house when everyone was in it. I said “if I cannot live in peace, then everybody should die with me.”* (MtF-3)

**Theme 6: The Increase in Self-confidence after the Use of Hormones**

In the study, the individuals stated that their self-confidence increased after starting to use hormones. It was found that the use of hormones partially caused them to have the body they wanted and their self-confidence increased.

*My self-confidence increased after I started to use hormones. I started using them on my own. Having even taken the risk of death, why would I not do that to be myself.* (MtF-1)

*I have concealed myself for years. I was a bearded and thick-waisted woman 8 months ago. Now I am in the shape that I want, I have the body that I desire, and I feel better.* (MtF-7)

**Discussion**

Individuals with GD are subjected to discrimination, even verbal, physical abuse, or harassment in settings such as the workplace, school, or healthcare facility.14,21 It was reported in the Kaos GL 2019 Report of Hate Crimes that LBGT individuals experienced violence frequently at school and that this violence was primarily verbal in Turkey.22 Reisner et al’s study21 reported that 65% of transgender and gende
r-non-conforming people had experienced discrimination in at least 1 public accommodation setting in the past 12 months. Grant et al reported that 63% of individuals with GD experienced discrimination in all areas of social life and 23% at a serious level. In our study, it was determined that individuals with GD were discriminated against in social life (theme 1). The study findings support the literature and other study findings.

In our study, some of the FtM participants stated that they felt discomfort being labeled as lesbians (theme 2). FtM individuals identified themselves as male, despite being biologically female, and stated interest in women. Unlike individuals with GD, lesbians are satisfied with their bodies while showing interest in the same sex. Thus, this mislabeling was determined to be greatly uncomfortable for FtMs who identify as male. The transmale individuals participating in this study had not yet completed the process and their appearance was not fully male. That being the case, alongside the fact that their partners were women, may have created the perception that they were lesbians in society. It is thought that the interchange of the concepts of homosexuality and transsexuality in society creates this wrongful perception, creating discomfort within GD individuals toward their societal labeling.

In the study, it was determined that individuals with GD had a deterioration in their relationship with their families (theme 3). Their families failed to accept their process (sub-theme 1) and forced them to behave in compliance with their physical gender (sub-theme 2). Individuals in the study also revealed that some family members resorted to physical violence (sub-theme 3). One of the transgender individuals in a similar study also stated that he was physically abused by his father when he disclosed his situation to his family. In Turkey, Polat et al.'s study revealed that 65.9% of families failed to accept the GAP (sub-theme 1) and endeavored to alter it by talking or applying force to transgender individuals (sub-theme 2). However, 40.4% accepted the gender identity of their children and approved surgeries for gender affirmation. In a recent study, Yıldızhan et al. reported that 68% of individuals with GD had experienced stress from their families to live in accordance with their physical sex (sub-theme 2). In another qualitative study conducted in Turkey, the poor family relationships of transgender individuals were further ascertained. Increased social support and acceptance are very important for individuals with GD's ability to cope with stress and mental health concerns. Additionally, social support can help in enhancing general health through improving positive emotional experiences. The finding of deterioration in family relations and lack of family support supports the findings of other studies. It can be said that the lack of family support affects individuals psychologically negatively.

In the study, it was determined that individuals with GD hide their gender identity (theme 4). Hiding or endeavoring to suppress gender identity and isolating are identified methods of avoiding excessive stress, which results due to the extreme negative attitudes toward these individuals by their family or other social companions. Through this method, individuals manage to stay away from the negative responses of family members and avoid worrying about going through further problematic periods in society.

In studies, the rate of suicidal ideation and attempts among individuals with GD was reported to range from 21.4% to 64.3%. Problems in social areas and lack of family support which lead to the development of mental disorders such as depression increase the risk of suicide in individuals with GD. The transgender survey has further reported that the rate of homelessness, suicide attempts, and experience of serious psycho-social problems is higher in transgender individuals who do not receive family support. In our study, it can be said that factors such as social discrimination experienced by individuals and the lack of social support due to the deterioration of family relations of individuals cause suicidal thoughts/attempts (theme 5).

Gender-affirming hormone therapy is one of the most important steps of GAP. In this process, individuals can request hormone therapy to achieve the phenotype of the opposite gender identity. In the majority of the literature, authors report that hormone therapy helps individuals with GD identify their bodily experiences as positive and reduces anxiety and depression. Colizzi et al. reported that the levels of stress decreased significantly in individuals with GD with hormone therapy, and Gomez-Gil et al. similarly indicated that the levels of anxiety and depression in individuals who had not started hormone therapy were significantly higher compared with those who had. Hughto and Reisner's study also reported significant improvements in the psycho-social status of transgender individuals at the 3-, 6-, and 12-month marks after the initiation of their hormone therapy. In this study, it was determined that the self-confidence of individuals with GD who used hormones increased (theme 6). As a result, it can be said that hormone therapy, alongside gender-affirming surgery, helps individuals feel better psychologically and increases their self-confidence.

Study Limitations

The limitations of this study are as follows. The study sample consisted exclusively of individuals who were admitted to the hospital for GAP. Although sufficient for qualitative research, the number of MtFs was low compared to the number of FtMs. This factor might have restricted the identification of the diverse experiences that MtFs have in society.

Due to the low number of transwomen who applied to the outpatient clinic in the study, the number of transwomen in the sample was lower than that of trans men. In general, when the number of transgenders applying to the outpatient clinic throughout the past years was examined, it was observed that trans women applied less than trans men.

Finally, although the participants’ permissions were obtained, the use of a voice recorder may have caused the participants to have difficulty in expressing themselves.

According to the results of the research, it was determined that individuals with GD were discriminated against society and their families did not accept the situation. It has been determined that individuals try to hide their situation from the society in order to cope with the situation and even have suicidal thoughts or attempts. It has been observed that individuals who use the hormone partially reach the body they want, as a result of which there is an increase in their self-confidence. According to the findings of the research, GAP is a process that is psycho-socially difficult and traumatic for individuals with GD. It is vital for nurses to adopt an unbiased attitude and a professional approach so that they can communicate effectively with these individuals who are already exposed to intense discrimination in society, in order to determine the problems that individuals experience in this process. Individuals should be evaluated not only in terms of possible problems related to hormone use and sex reassignment surgeries but also in terms of psychosocial aspects. As a nurse, the problems they experience with society and their families and their coping methods should be determined. It may be suggested to cooperate with Liaison psychiatry in order to solve the problems and to include the families in the process by informing them.

Ethics Committee Approval: This study was approved by the Istanbul University-Cerrahpaşa Clinical Research Ethics Committee (decision No: 10391, dated January 18, 2019).
Declaration of Interests: The authors declare no conflicts of interest in the research reported.

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