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TRANS/FORMATIONS: A PHOTOVOICE ASSESSMENT OF TRANSGENDER PEOPLE'S WELLNESS

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ABSTRACT

The purpose of this study is to identify and understand ways transgender and gender non-conforming people living in Albuquerque, New Mexico are communicating about and understanding their health and wellness needs and the health and wellness needs of their community. Partnering with the Transgender Resource Center of New Mexico, I used a community-based participatory approach to work on a Photovoice project that identified health and wellness related needs as defined by the community. Emergent themes identified by the participants highlighted various challenges and strengths to health and wellness for transgender and gender non-conforming people. I identify five core cultural premises present in the themes identified by participants: (1) transition is a process deserving of chronicling and archiving; (2) trans-stress is persistent throughout the lives of transgender people; (3) bodies are central to transgender experiences but are not the essence of transgender experiences; (4) transition is an ongoing process; and (5) there is no singular transgender experience or narrative. In order to further investigate the dialectical tensions present in these premises, I offer a new framework of TransWellness.

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Introduction

In this dissertation, I set out to understand some of the ways transgender people are communicating about and understanding their personal health and well-being, as well as the health and well-being of the transgender community. Working with the Transgender Resource Center of New Mexico (TGRCNM), a community space dedicated to the various needs of transgender people in Albuquerque, New Mexico, I utilized a community based participatory research (CBPR) framework to create *Trans/formations*, a Photovoice project involving transgender people in a research process to better understand what health and wellness-related needs might be present in our community. The following account is a result of collaboration among me, TGRCNM, and nine other members of the transgender community in Albuquerque.

Working together over the course of four weeks, we developed a prompt for image collection, collected pictures, analyzed the photographs together as a group, generating themes of strength and challenge for transgender and gender non-conforming folks living in our city. Through the data gathered within this group process, I was then able to engage in deeper evaluation using Cultural Discourse Analysis (CuDA) (Carbaugh, 2007), formulating core cultural premises present in the transgender community of Albuquerque. These premises reveal deeper meanings and dialectical tensions present in the transgender community. In the final chapter, I propose a framework of TransWellness which may be utilized to better understand and address the health and wellness needs of transgender and gender non-conforming people.

The following sections of this introduction chapter provide the reader with some background information about who I am not only as a researcher, but also as a member of

the transgender community. This dissertation is written in first person because, as a researcher, I feel it is important I not distance myself too much from my research topic. Writing in the third person is too detached for this work given my intimate relationship to it. Not only am I transgender engaging in research with transgender people, but I am also part of the transgender community with whom I am collaborating on research, and I am participating in the *Trans/formations* project as well. My deployment of first-person language is a strategic way to ensure I do not become too far removed from my role as a study participant during the research and reporting process. Through this technique, I am able to anchor the subsequent pages reflexively and holistically in a manner reflective of my experience not only as a researcher but also as a research participant.

The following narrative section begins by providing context for how and when I began identifying as transgender, also detailing my relationship to the research site, TGRCNM. In addition to discussing my relationship with TGRCNM, I detail the research problem, researcher assumptions, my rationale for the study, and the explicit research questions guiding this project. This section also provides a variety of working definitions for a handful of transgender related terms that are used throughout this dissertation. While it is by no means a complete list of all of the transgender-related terms that exist, it serves as a useful starting point from which to understand identities and concepts within the transgender and gender non-conforming community. Finally, this chapter concludes with an outline of the dissertation study narrative and the chapters contained within.

Researcher's Narrative

At seventeen years old, I came out to my parents as a lesbian. I handwrote a multi-page letter addressed to my mom and dad, explaining that I liked other girls in a

way that most of my other friends who were girls did not. Yes, I was gay; yes, I was certain that this is who I am and I asked that they try to understand. I anxiously left the letter on the kitchen counter-top in our suburban Oklahoma home, disappearing to London for spring break. I was off to visit some friends of mine, a lesbian couple whom I met the summer prior in Olympia, Washington, where we all had attended Ladyfest, a feminist music and art festival. Earlier that year, I convinced my parents to let me drive cross country with a small group of people who they (and, to be quite honest, I) barely knew, to attend the festival that they had never heard of during the day and camp in the middle of the rural Washington state woods at night. A couple I met there, Jenny and Erika[1], were going to Ladyfest as well, staying at the same campsite as me and my small crew from Oklahoma at night. They were on summer hiatus from studies at Smith College in Northampton, Massachusetts, a school I had dreams of attending due to its reputation as a haven for queer folks, something that I could only dream about from my Oklahoma bedroom. The three of us hit it off immediately, striking up a friendship that carried beyond our time in Washington. We wrote letters back and forth to one another over the course of my senior year in high school. Erika grew up in a small mill town in Massachusetts, and Jenny was raised in the Church of Latter Day Saints in rural Oregon, so they recognized my fears around growing up gay in a conservative place like Oklahoma. Taking me under their wings, the two bought me a student fare plane ticket to London for my eighteenth birthday, encouraging me to follow through on my coming out plans at the same time. I had known I was gay for years even if I didn't always have the language for it, but entering high school around the same time that Matthew Shepard's

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[1] These are their first names. Though their relationship has since ended, Jenny, Erika, and I are all still friends. Jenny works as a public defender in Baltimore, and Erika is an OB/GYN with a practice in San Francisco, where one of her specialties in performing hysterectomies on transgender men.

body was found strung up on a barbed-wire fence, a scene eerily similar to one across the street from my childhood home, pushed me farther into the closet. I kept my secret inside out of the fear, rational or not, that I could be next. My parents found and read the confessional letter that I left for them, and when I called them from London to let them know that I was safe in my friends' grimy flat, they went out of their way to try to reassure me: "We've known for years," my father said. "We've just been waiting for you to tell us."

I was the type of kid most often referred to as a "tomboy," a little girl who does all of the same kinds of things considered typical for boys: getting dirty; playing with cars and trucks and toy army men; obsessing over sports teams and athletes; riding bikes through the mud; and, of course, getting into fights with boys in the neighborhood. I was never interested in playing with dolls made for girls, and there was never a time that I didn't hate wearing skirts and dresses. My mom recently shared with me that on my fifth birthday, I threw such a temper tantrum about leaving the house in a dress; as she put me into my favorite pair of OshKosh overalls, she thought to herself, "I wonder if she's gay?" So, for almost exactly thirteen more years, my parents continued to wonder. After revealing my tacit but burdensome secret, both of my parents vowed their continued love and support. With the weight of my own silence off of my chest, I was able to be more open and honest about whom I was with my other family and friends. Still a teenager living in conservative suburban Oklahoma, though, there were only so many options for affirming support.

Thankfully, these years coincided with the increasing importance of Internet connectivity in our increasingly mediated culture, and my father, not one to fall too far

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behind the technological curve, installed a dial-up Internet connection in my room during my senior year of high school.[2] Ostensibly, this connection was to be used for academic and potential economic purposes such as research for school term papers; requesting information from potential colleges; applying for jobs; and communicating with my sister, who was now living away from home in Lawrence, Kansas, and in possession of the family's first email address. In addition to this handful of sanctioned uses of the excruciatingly slow, pay-by-the-minute Internet connection, I became obsessed with using the technology to seek out a like-minded community. I didn't know any other openly lesbian, gay, bisexual, transgender, or queer (LGBTQ) people in Oklahoma, and the Internet of the late 1990s and early 2000s, flooded with social interaction in the form of chat rooms and message boards, provided exactly the type of LGBTQ supportive community that I was looking for.

My interest in riot grrrl quickly led me to discover that Chainsaw Records of Olympia, WA, one of the record labels releasing a lot of the music I liked, had a vibrant and active message board filled with all kinds of folks who identified as LGBTQ. I lurked on the message board for a while, meaning that I spent my time reading various threads related to various topics, all without ever responding to anyone else or making any posts of my own. I read conversations about fisting, anal sex, racial passing, working-class identities, herbal-induced abortions, and so much more that my teenage mind was hungry for. In a time prior to having the world at your fingertips via Google, these types of conversations were not readily accessible in my daily life, and just being able to read them felt uniquely liberating. After about six months of following other people's conversations, I joined in, adding my own thoughts to conversations about music,

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[2] For whatever reason, my father still doesn't have a cell phone or call waiting.

feminism, queerness, race, class, politics, and all of the other topics that would come up

within the different sections of the message board.

A frequent topic of conversation on Chainsaw's message boards was Michigan

Womyn's[3] Music Festival (MWMF, or "the fest") and its "womyn-born-womyn" policy.

MWMF was a week-long, women-only music, arts, and healing festival taking place in

rural Hart, Michigan, on 650 acres of land owned by Lisa Vogel, co-founder and

producer of the fest.[4] Thousands of women made the pilgrimage every year to "The

Land," as it is still often referred to, from all over the world, anxious to experience the

separatist and exclusive nature of MWMF, an assumed safe-space protected entirely from

the presence of men. MWMF's "womyn-born-womyn" policy has never been officially

codified by any festival body of governance, such as a board of directors or collective,

but was implicit and understood by festival goers for all forty years of MWMF. The

policy suggests that only people who are born female, who have lived their experiences

as female and woman-identified, and who still currently identify as women are allowed to

participate in activities on the Land. This means no cisgender[5] men (men who were

assigned male at birth and have lived their lives exclusively as men), no transgender men

(men who were assigned female at birth, but have undergone certain forms of social

and/or medical transitions to live their lives currently as men), and no transgender women

(women who were assigned male at birth, but have undergone certain forms of social

and/or medical transitions to live their lives currently as women). This unwritten but

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[3] This non-standard spelling of women has been adopted by some feminist circles to avoid using the word men.

[4] Lisa Vogel, MWMF's co-founder and producer, announced on Facebook that 2015, the festival's 40th anniversary, would be its last. Her full statement can be read here: https://www.facebook.com/michfest/posts/10153186431364831

[5] The terms cisgender, transgender, and other terms related to gender identities and expressions are more fully defined later in this chapter.

enforced policy was considered controversial in progressive LGBTQ circles of the late 1990s and early2000s.

This was the first time I was introduced to the idea that gender could be unbound from biology. Though gender inclusive and expansive policies were (and in some instances still are) somewhat fringe concepts within the mainstream LGB movement, conversations about the festival's exclusionary policy permeated the Chainsaw Records message board. I soon noticed a rift between two quickly dividing sides on the Chainsaw Records message board: some of the more strongly lesbian-identified, female users supported the "womyn-born-womyn" policy as adopted by fest attendees, citing the need for a safe and sacred space for cisgender women, while the transgender users and their supporters strongly opposed MWMF's trans exclusive policy. These trans people and allies argued transgender women are women regardless of anatomy, and as such should be allowed to attend the fest under the "womyn-born-womyn" policy. Over time, those who favored an inclusive gender policy at MWMF separated from the forums of the Chainsaw Records message board, beginning their own similarly structured message board based website, Strap-On.org (SO).

I followed SO from the time of its inception. I spent countless hours of my later teenage years on the website, reading various forums full of people's ideas about sex, mental health, and identity, engaging in conversations with people all over the country about music, art, sex, race, and gender. I couldn't get enough. I felt as though I finally found people I connected with, albeit through mediated channels. SO was where I first learned the word "transgender," realizing through online conversations that it wasn't actually *that* uncommon for people to disidentify with the sex they were assigned at birth.

Many of my friends from the SO forums had come out to me as trans both online and offline over the years.

Despite being introduced to the concept and reality of transgender people, the idea I might be trans didn't resonate for me and my own gender identity for quite some time. Rather, I considered myself an ally to trans people. While I didn't necessarily immediately relate to the types of body-centered experiences they shared, as a queer kid growing up in Oklahoma, I could certainly understand feeling like I didn't fit into the preconceived notions of who others expected me to be. The online connections and friendships I made through SO sustained me through the final months of high school, carrying me into my move from Oklahoma to Santa Fe, New Mexico in late 2001, where I attended the College of Santa Fe, a small, private liberal arts college in a sleepy mountain community. In this transitional time in my life, uprooted from one community and planted into another, I found stability and support from the online relationships I built with transgender folks on SO and still maintain close friendships with many of them today.[6]

From the ages of eighteen to twenty-two, I lived in Santa Fe, earning a degree in filmmaking and working at a grocery co-op. I learned early on during my formal film education that I didn't have the artistic vision or ego to make it as a filmmaker, but I still enjoyed the theories behind the artistry and learning about the political implications of different film texts. During my final semester of my undergraduate career, I took two courses that radically shifted ways I thought not only about film but also about life: *Film Theory*, taught by Dr. Joelle Collier, and *Media and Democracy*, taught by Professor

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[6] Coincidentally, one of the creators of SO grew up in the town just south of where I grew up, Noble, Oklahoma, and currently lives about 25 miles from the campsite where I attended Ladyfest in Washington.

Gene Youngblood. The former introduced me to different ways of reading the filmic texts I was introduced to during my studies, relying heavily on Marxism, Feminism, and queer theory as foundations for thought extending beyond the classroom; the latter focused on the power and function of the propaganda machine we were immersed in during George W. Bush's first term. These two modes of critical thought felt so radical, pushing together in my mind the ways the personal is also always political, something I read people post before on SO but I had never really understood until this time.

When I graduated from the College of Santa Fe in 2005, the United States was in the throes of the Iraq War and an impending economic collapse, and I was unable to find work. In 2006, I decided to leave Santa Fe for a city with more employment opportunities and wound up in Albuquerque. Still unable to find sustainable work outside of the service industry, I joined AmeriCorps VISTA, founded in 1964 by Lyndon B. Johnson as a domestic arm of the PeaceCorps. My placement was at the New Mexico Media Literacy Project (MLP), an organization I learned about when one of their representatives came and spoke to my college *Media and Democracy* course. They spoke about the language and techniques of persuasion; provided the tools to evaluate media messages based on our own experiences and values; and emphasized media justice, the idea that media rights, policy, creation, and consumption should be used in service to social justice. I served a brief stint as an intern with the organization after their classroom visit on my campus and I recognized the AmeriCorps VISTA placement as an opportunity to deepen my relationship with the organization while expanding my knowledge of media literacy and justice.

During my time at MLP as an AmeriCorps VISTA volunteer, I was placed on a project working on issues related to LGBTQ communities and tobacco use. Despite obtaining a degree in the moving image arts, I never stopped to consider the many ways media might influence health behaviors and outcomes. Working at MLP exposed me to ways major corporations that were generally all too happy to ignore LGBTQ people were more than willing to pander and take our money when it means selling us potentially dangerous and addictive products, such as tobacco and alcohol. It was eye opening. I never thought about LGBTQ people as a marketing demographic, and I had never considered the implications that duplicitous corporate behaviors could have on the health of my community. I was fascinated, motivated, and happy to spend my days working toward social justice. I worked at MLP for two more years before deciding to return to school in the wake of the financial crisis of 2007.

While at MLP, I deepened my personal and professional engagement in various parts of the LGBTQ community. Through my work at the organization I became more politicized, identifying more solidly as "queer" rather than "lesbian." Lesbian felt worn out and inaccurate; queer felt like a better fit, an umbrella term acknowledging the various ways sexualities and genders exist outside of binaries and normative expectations. I spent more time with other people who identified as part of the LGBTQ community. I used websites such as MySpace, Friendster, PlanetOut, and other online social networks to make LGBTQ friends, much as I had with SO in my high school days. I also started going out more to LGBTQ bars in Albuquerque. Generally, I spent my days online and my nights in gay bars searching for connections and trying to gain a better understanding of the increasingly complex queer identity I was carrying inside. It wasn't

always easy to understand myself ,and I couldn't readily explain to others what I was experiencing, a constant and growing state of discomfort with how people interacted with me and how I felt when I was by myself[7].

One day, during a particularly fraught personal struggle with a flare up of a chronic autoimmune disorder, I cut off all of my hair with a pair of office scissors. At this point, my hair was about 14 inches long and had been that length for the majority of my life. I sat in the aftermath of trimmings, the momentary fit of discomfort over. My hair was cropped beyond recognition, but something about the dramatic shift felt liberating. Who I truly was had been hiding behind my long hair the entire time. Now with this shorter cut there was nothing left for me to hide I was more myself than I had ever been prior.

Despite never really struggling with self-esteem, I became almost immediately more outgoing. I felt less physically and emotionally awkward in social situations and began spending more time and attention on my physical appearance than I ever had prior. Things that felt unconsciously off-limits when I had longer hair—such as dressing more masculine, shopping exclusively in the men's section, picking out and wearing ties—no longer felt taboo. A friend and former coworker of mine from MLP, who identifies as a queer femme,[8] shared she never paid much attention to me prior to giving myself that haircut, but there was something about this drastic change that made her notice me and my "masculine energy.[9]" I felt like somebody finally saw the real me. I felt as though I was able to communicate who I really was. People looked at me and now could see more

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[7] I now recognize this discomfort as gender dysphoria, a specific kind of distress experienced by people who are not fully comfortable identifying with the sex they were assigned at birth.
[8] *Femme* is a gender identity found in LGBTQ communities which emphasizes a broad spectrum of femininity and disrupting assumptions based on femininity.
[9] Her phrase, not mine.

than just some overgrown tomboy or a dyke whose hair was always pulled back in a long ponytail. I felt visible and validated expressing more complexity in my gender than I had ever allowed myself to explore, experience, or acknowledge.

In the months following the haircut, I explored this masculinity that had always been beneath the surface, experimenting with different types of clothing and shorter, messier hairstyles and various masculine postures. I went to Albuquerque LGBTQ Pride that summer sporting my new look and made eye contact with a person at a table with a sign that read *Transgender Resource Center of New Mexico* (TGRCNM). I walked to the table and introduced myself to Adrien Lawyer, founder and co-director of TGRCNM, who proceeded to tell me he was the head of an email listserv for transgender people in New Mexico. This group was not only an online space for social connections but also acted as an informal resource network (hence the name TGRCNM) connecting transgender and gender non-conforming people across the state with various forms of support they might need on their gender journeys. He shared that more than one hundred people were active on the email list, and despite not having a physical space, they still coordinated trainings, support groups, and social outings. Without much thought I added my name and email to the list. For the rest of the summer my inbox was full of messages from trans and gender non-conforming people across the state, sharing stories, asking for advice, and seeking support. I began to see more of myself in these stories, and this is when I began to seriously consider the fact that I might fall somewhere on the transgender spectrum.

Summer ended, and soon thereafter I left Albuquerque to pursue a Master's degree in Media Studies at the University of Texas. During my time in Texas I underwent

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a significant social transition. I was exploring and experimenting with my gender for the final months of living in Albuquerque, but it wasn't until moving to Austin that I settled into my newfound masculine appearance and deeper-felt identity. I was self-identifying in less explicitly female-gendered terms, such as moving away from using the name I was given at birth and going exclusively by Ricky, a nickname I had been given as a child. I moved away from using feminine pronouns "she" and "her" and after a short, uncomfortable stint using masculine pronouns, I eventually adopted gender neutral pronouns "they" and "them." I began binding my breasts in order to replicate a flatter, more masculine contoured chest, first binding down with an ACE bandage then with duct tape then with the control top from control top pantyhose and finally with a specifically designed compression chest-binder. In addition, I purged my entire wardrobe of anything with specifically feminine contouring; replacing all items with clothing purchased in men's and boy's clothing departments. As I was making these social transitions, I embraced a masculinity that had always been tacit in my personal experience but never explicitly explored or stated.

The same new media technologies that helped connect me to other queer people on SO also helped make transgender identities more visible over the course of the early 2000s. The explosion of online communications allowed many of us who did not have the language to identify ourselves as trans or gender non-conforming access to various resources allowing us to begin to do so. As I continued my formal education, I also continued my informal education in transgender identities online, seeking out identities that resonated with my own masculinity and increasingly obvious gender non-conformity. Eventually, I became more comfortable with using the words *transgender*

and *genderqueer* to describe myself. I never felt as though I had been born in the wrong body but I also knew I didn't fully identify as a woman. For most of my time in Texas I went back and forth about whether or not I should medically transition, taking testosterone ('T' as all of my trans friends called it), and saving up for top surgery (a double-mastectomy with nipple grafts designed to replicate the contours of a masculine chest).

These medical steps didn't feel as necessary as the other social steps I was already taking. Additionally, having experienced some persistent and fairly severe health issues throughout my early twenties, I was cautious of medical establishments and procedures. Because some of the medications I had taken prior for my conditions caused strain on my liver and kidneys, healthcare professionals were wary of having me on hormone replacement therapies of any kind. Besides, shifting my name and pronouns left me feeling confident about who I was and where I was with regards to transition.

Opting out of medical transition, I remained interested in discovering what resources, support, and services existed for me and other transgender and gender non-conforming people in my region. With the help of programming hosted by the Gender and Sexuality Center at the University of Texas as well as the Internet (again), I found and became part of a supportive trans community in Austin. With the help of the transgender and gender non-conforming community there, I learned more about myself by attending support groups, community forums, strategic planning meetings, panels, conferences, rallies, teach-ins, and more. I immersed myself in this community, finding friendship and kinship with others whose gender variance was also evolving into more explicit explorations and identifications. Though these relationships deepened and

became more important during my time living in Texas, I knew I would be leaving to pursue doctoral studies.

As soon as I decided to return to Albuquerque to attend the University of New Mexico (UNM) for my doctorate in health, culture, and communication, I reached out to people on the TGRCNM's listserv I had joined two summers prior. I sent an email letting folks know I was moving back to New Mexico and I was looking to connect with other transgender people upon my return. Adrien emailed me back letting me know about a transmasculine support group he and the other founder and co-director of TGRCNM, Zane Stephens, were running. I agreed to attend a session once I was fully settled into my life back in Albuquerque, and my formal relationship with TGRCNM was born.

Over the course of five years the email version of TGRCNM prospered. After recognizing the need for a safer space for trans and gender non-conforming people Adrien and Zane cobbled together enough community support to apply for and obtain 501(c)3 non-profit status. Doing so allowed them to apply for grant money from local, state, and federal agencies as well as from private foundations. After years of strategic outreach and organizing, TGRCNM was able to secure a brick and mortar location at 4100 Silver Avenue in the Nob Hill neighborhood of Albuquerque. This original location is connected to the then-offices for N'MPOWER, a non-traditional, community-based HIV-prevention program, active in Albuquerque since 1997. TGRCNM's attachment to N'MPOWER lends an air of legitimacy within the LGBTQ servicescape of Albuquerque.

I attended a few support group sessions prior to their securing a location, but as soon as the center had a brick and mortar location I began attending their bi-weekly transmasculine support group on a semi-regular basis. I also started spending more of my

free time at TGRCNM. I attended workshops, special events, and hung out at the center if I had a spare hour or two. I became more recognizable at the space and was eventually asked by Adrien to join the TGRCNM speaker's bureau. The speaker's bureau is a formal network of transgender and gender non-conforming people who go out and share a "Transgender 101" curriculum to various groups and organizations. This curriculum is a short-form crash course in transgender cultural competency specifically tailored to medical and social service providers (though it is also presented to educators, general office staffers, and various other work-based settings), including an hour long conversation at the end with a panel comprised of trans and gender non-conforming people. It was through participating in these panels, hearing the stories and experiences of other trans and gender non-conforming people, and having informal conversations with other trans people at these events that I really started to think more deeply about ways TGRCNM acts as the main social and services hub for transgender and gender non-conforming people not just in Albuquerque, but across all of New Mexico.

In the following section, I describe some of the prominent functions of TGRCNM, along with some of its history and role in supporting the wellness of transgender and gender non-conforming people in the state of New Mexico. I discuss the various incarnations of TGRCNM and describe how I have expanded my affiliation with the organization over the past few years.

Research Site Context: Transgender Resource Center of New Mexico

The Transgender Resource Center of New Mexico is a community center dedicated to serving the diverse needs of transgender people in New Mexico. TGRCNM has grown from an online listserv where community members were able to connect and

find support remotely into a physical drop-in center in Albuquerque, the largest city in New Mexico. The center is a unique space not only locally but also nationally. Despite the fact that every major metropolitan area in the United States has some form of LGBTQ community and resource center, TGRCNM is the only stand-alone community and resource center exclusively dedicated to serving transgender and gender non-conforming people in the United States.

TGRCNM houses a number of resources for transgender people in New Mexico. At the time of this writing, the center had an operating budget of just under $150,000, with one paid, full-time staff member, Executive Co-Director Adrien Lawyer, as well as two part-time staff members, Co-Director Zane Stephens and AmeriCorps Volunteer Kristy Lopez. A number of volunteers assist with staffing the various programming offered by the center such as counseling, support groups, and educational and advocacy components of outreach. Some of the drop-in services provided by TGRCNM are onsite counseling with licensed clinicians, peer-led support groups, assistance with name changes and other legal and medical transition related processes, syringe exchange, a lending library, a computer lab with printing, an open donation clothing closet, assistance with resumes and employment searches, and snacks and other food items. It is a space where trans people can generally feel safe being themselves.

The center recently became a practicum site for New Mexico Highlands University's Social Work program, which allows access to professional case management services for visitors of TGRCNM, and there is now a legal fellow to assist trans people with any kind of trans-related legal issues or concerns they may have. Other services provided by the center are the Transgender 101 trainings for various community groups

and organizations, as well as a Speaker's Bureau featuring over fifty trans and gender

variant individuals who go into the community to speak about transgender issues while

representing TGRCNM. The center recently moved into its second physical location, at

120 Morningside Drive NE, after outgrowing its first location across the street. Their

space now includes a shower for people to clean up in as well as a kitchen that people can

use to cook meals.

In my time as part of TGRCNM's Speaker's Bureau I have been on numerous

panels and participated in trainings across the state detailing transgender experiences to

community groups, mental health care providers, clinicians, and more. When the center

opened its first physical location in 2012, I asked Adrien what I could do to help the

center on a regular basis. He indicated unemployment and underemployment had been

issues for folks who were coming to the center. We decided that resume building and job-

search workshops might be a way to begin addressing this unmet need. I held open office

hours twice a week, assisting trans folks with their various employment needs. I also

facilitated TGRCNM's youth group meeting on the first and third Sunday of each month.

I spent time in the center weekly while living in Albuquerque, doing my best to be

present in the physical space as often as my schedule would allow. Currently, I live and

work in Chicago, and although I am still active in transgender and gender non-

conforming advocacy work, there is no designated community or resource space in the

city solely for trans people. This lack of dedicated community space is palpable and

TGRCNM is one of the things I miss most about living in New Mexico. TGRCNM is a

place where I feel comfortable and welcomed, where I connect with other trans identified

people in ways unavailable in most spaces. I sense I am not the only person in the center

who feels this way as most of the folks I see at TGRCNM visit on a regular basis. The center is a social and support hub for transgender and gender non-conforming people in Albuquerque and very much feels like home for a number of people, including myself.

Research Problem

My research interests center on transgender health and wellness, and although TGRCNM is not a health center in a clinical sense, it is my belief and experience that TGRCNM is a wellness center; it enhances the health and well-being of the transgender and gender non-conforming community by providing a place and programming where we are able to convene, connect, and commune. By housing a variety of trans-specific programmatic efforts, TGRCNM functions as a space within which health and wellness not only are conceptualized but embodied. Understanding these conceptualizations and embodiments of trans identity and health and well-being is a rich site for academic inquiry. Currently there are only a handful of compelling studies related to transgender health within the communication field (Kosenko, 2010; Kosenko, 2011; Ramierez-Valles, Kuhns, and Manjarrez, 2015; Redfern and Sinclair, 2014). These studies deal with safer-sex negotiations between transgender people and their sexual partners (Kosenko, 2010); using communication privacy management theory to explore passive, active, and interactive strategies used by trans people in reducing uncertainty about prospective sexual partners (Kosenko, 2011); a meta-analysis of the literature related to structural and communication barriers to trans health (Redfern and Sinclair, 2014); and the use of a film-based intervention to reduce negative attitudes and perceptions of transgender Latina women (Ramierez-Valles, Kuhns, and Manjarrez, 2014). The final two studies attempt to address both structural and interpersonal issues that might have negative impacts on the

health and wellness of transgender people, but they do not include the actual lived experiences or voices of transgender people. Kosenko's studies both include the experiences and voices of transgender people but center ways non-trans people receive disclosure about transgender status.

While these studies are helpful in understanding various passive and active strategies transgender people use to navigate some of the difficult terrain in their interpersonal relationships, they do not adequately interrogate various contextual issues faced by trans people nor do they engage the explanatory power of communication theories in understanding the health and wellness of transgender people on our own terms. None of the studies were conceived of or completed by transgender people. Given we are the experts in our own lives and our own experiences, it is critical we also engage on all levels in research that is about us. Using Photovoice as a methodological approach with a group of ten transgender people, *Trans/formations*, the name of this visual project and dissertation, creates a body of visual and verbal data from which to perform a community needs assessment. The title *Trans/formations* is a nod to ways trans and gender non-conforming people go through various forms of development and redevelopment over the course of our various social and medical transitions and how our different formations, ways we evolve, arrange, assemble, and communicate ourselves, are key to our individual and collective gender journeys. *Trans/formations* aims to illustrate and understand what some transgender people in Albuquerque are communicating about their personal and communal health and wellness and what core cultural premises related to transgender health and wellness emerge from the images collected by each of the

participants and are further explicated through group conversations, group analysis, and further individual analysis.

Researcher Assumptions

I approach *Trans/formations* as an interdisciplinary communication scholar utilizing an understanding of communication as being inextricably linked to culture (Carbaugh, 2005). In this understanding, cultural and group identities are accepted as both products and processes of communication, and how we make sense of our place in the world is determined by the various interactions and experiences we have (Carbaugh, 1996; 2005). With an interpretive lens, I assume communication in its various forms provides specific ways of knowing, being, and meaning to particular communities (Carbaugh, 2005; Lindlof & Taylor, 2011). Communication within this study is a cultural practice defined as the collaborative creation of shared and mutually understood signs and symbols informed by various rules, codes, and premises (Carbaugh, 2005; 2007). Within this study, I focus on the collaborative creation of shared experiences and meaning making related to the health and wellness of transgender people living in Albuquerque, New Mexico. This project illustrates and attempts to understand the various core cultural premises present in ways we understand our health.

Research Rationale

TGRCNM is a unique space within which to stage inquiry about the lives and experiences of transgender people, our health and wellness, and the role communication plays in the ways we understand ourselves and the world we live in. Grounding this study are a number of interdisciplinary conceptual and theoretical frameworks assembled to create a dynamic foundation from which to approach working with and within, describing

communication practices of, and interpreting the meanings imbued in ways a group of

transgender people in Albuquerque, New Mexico, communicate about health. The visual

and verbal articulations about personal and communal wellness shared among this group

of transgender people serve as a localized example of the rapidly mainstreaming

conversation about the overall social status of transgender and gender non-conforming

people in the United States. Despite the current rise in public visibility,[10] trans people

continue to experience extreme disparities in relation to economics, housing, education,

health, and more. This project attempts to bring increased attention to the myriad health-

related disparities encountered by transgender and other gender non-conforming people

while also illustrating the resilience within ourselves and our community. By approaching

this work in terms of both health and wellness, we are able to better understand the

physical state of a person in relationship to their transgender identity but also move

toward a better understanding of the balance between physical, social, spiritual,

emotional, intellectual, environmental, and occupational well-being. This dynamic

framing of the trans experience helps illustrate some of the unique challenges facing

transgender people. The work within these pages and within the project seeks to bring a

better understanding of ways transgender and gender non-conforming people understand

and communicate about their lives and their health as well as ways that transgender

people understand and are communicating about the health of their community.

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[10] Since beginning this dissertation project, the increase in attention to transgender issues has only
continued to rise. The introduction of North Carolina's contentious "bathroom bill," House Bill 2, Caitlyn
Jenner's coming out as a transgender woman, and the immense critical and commercial success of
Amazon's original series *Transparent,* are but a few examples of the variety of ways we are seeing
transgender issues come into public discourse with more frequency. This "transgender tipping point" will
be discussed in more length in Chapter 2.

Health-related research about trans experiences historically has been performed by cisgender researchers for the benefit of their careers and very rarely has it benefited the research subjects (Stryker, 2006). As Linda Tuhiwai Smith (2005) notes, "Research is not just a highly moral and civilized search for knowledge; it is a set of very human activities that reproduce particular social relations of power" (p. 88). Given that transgender people are among the most severely socially, economically, and politically disenfranchised within US culture, the sometimes vulture-like tendency of academic research to take what it wants and leave the rest can be especially dangerous when working with this vulnerable community. In response to this, I entered the development of *Trans/formations* with the intent to facilitate a project firmly grounded in the experiences of the participants, highlighting their voices on their own terms. The foundational drive of this project is to build a study about disparities and well-being aimed at increasing individual, collective, institutional, and societal capacity and wellness within the trans community of Albuquerque.

While this may be a valid starting point with regard to academic inquiry, I willfully acknowledge how my participation as both researcher and member of the transgender community complicate the notions of what it means to do traditional academic research. I am acutely aware of tensions these different subject positions elicit. I am at once professionally bound to the tenets of academic rigor and at the same time involved in activism actively challenging the academy and its institutional relevance. The tensions between personal and professional have been present at all steps of this project. I struggled with the idea of doing this work within TGRCNM, knowing it is a space special to me and worrying if I were to conduct research there it might change my personal

relationship with people inside of the organization and community. I also struggle with the basics of conducting research within the context of this particular study. When participants didn't want pieces of their stories recorded, the researcher in me was frustrated. I was asked to stop the tape at multiple points in the data-collection process, creating a disjointed and at times difficult to decipher collection of experiences. But the community member and peer in me understands entirely having participated in trans storytelling exercises led by non-trans members of the LGBTQ community where I wound up feeling used and like a spectacle.

It is my hope this work exposes the multiple subject positions I inhabit throughout the process: researcher, community member, advocate, ally, educator, volunteer, activist. A commitment to self-reflexivity situates this project as inherently laden with multiple value positions as a process "to enhance awareness of our situatedness and, subsequently, to be more receptive to perspectives that approach the world from a different position" (Saukko, p. 62, 2003). The voices of the participants of *Trans/formations* approach the world from many different positions, and it is my hope that their words and images are allowed to not only speak for themselves, but also speak with one another, as well as with the reader. There is no singular transgender experience, and the work within these pages is a testament to that. This project is relevant in the same way that the second wave feminist rallying cry, "the personal is political," is relevant: who we are matters, and what we do, in ways that we do it, matters.

Research Questions

In order to provide the most appropriate health-related services for transgender people in New Mexico, it is vital to understand ways transgender people are

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communicating about and understanding their personal health as well as the health of their community. TGRCNM serves as a physical space where this sort of inquiry can happen and questions related to transgender health can be safely explored. In order to be able to analyze how communication and sense-making occurs within the transgender community in Albuquerque, I asked the following questions:

> **RQ1:** What are transgender and gender non-conforming people in Albuquerque communicating about their personal and community health and wellness within the images collected for *Trans/formations*?

> **RQ2:** What core cultural premises about transgender people and transgender health and wellness are present in the images and subsequent conversations with transgender people in Albuquerque?

To answer these questions, this research centered the experiences of transgender people living in Albuquerque, New Mexico, who utilize the services of TGRCNM. The participants in this project entered into a conversation with these questions, exploring various ways transgender health and wellness are experienced and understood by members of the transgender community. Participants engaged in an exploration of the communicative practices of themselves and of their community through the use of visual data and group conversations and analysis. This project illuminates ways trans people in Albuquerque understand various meanings communicated about health through group analysis and conversations about the images they collected in response to research posed inquiries. The ultimate goal of this project is to use this information to facilitate more attuned responses to the unique health needs of transgender people in Albuquerque and beyond.

Definitions

  Defining transgender. Unless someone has a close family member or friend who is transgender or they identify as transgender, they typically are not familiar with the words or phrases transgender people use when speaking about ourselves, our experiences, and our lives. Articles and research about transgender people frequently are accompanied by glossaries, lists of various words and phrases created to present the conceptual messiness of transgender in a manner that is somewhat orderly and contained. This work intentionally avoids providing the reader with a neatly outlined glossary. I omit such an easily navigated reference from this work, in part because of the ways a glossary "gives the impression that all of these transgender-related words and phrases are somehow written in stone, indelibly passed down from generation to generation" (Serano, p.23, 2007). A great deal of the words used to describe transgender experiences today did not exist ten years ago and many of the words used then to describe our lives are now considered outdated at best, pathologizing and offensive at worst (Serano, p. 23, 2007). Transgender people often have difficulty agreeing with one another about what to call ourselves. "Even the terms that are used frequently today are regularly disputed, as individual transgender people may define words in a slightly different manner or have aesthetic or political preferences for certain words over others," says Julia Serrano in *Whipping Girl* (p. 23, 2007). Current phrases or terms, such as the use of an asterisk at the end of the prefix trans (*trans**) are contested within transgender circles and individual definitions may vary from person to person dependent on lived experience and individual aesthetic preference.

Foregoing a glossary in favor of this section I define certain terms and ways I use them throughout the project. This is my way of making these words and phrases specific to the context of this work, while at the same time avoiding generalizations of transgender people as a homogenous category. Though there are particular words and phrases that appear with regularity within this work, it should not be assumed they are understood as the ways *all* transgender people understand themselves and their experiences all of the time. These phrases contained within this section are those I and the participants of *Trans/formations* use the most frequently and with the most communicative utility.

Transgender as a word and as a category invites multiple conceptualizations and meanings (Spencer & Capuzza, 2015). Within this work, I center the idea of transgender as "not quite a verb and certainly not a noun," focusing on transgender as a "subject-in-motion" (Spencer & Capuzza, 2015, p. xi). The prefix *trans-* is Latin, meaning to move beyond, to cross, and to traverse, so it makes sense movement would be helpful when considering transgender identity. In perhaps the most frequently cited definition of transgender, Susan Stryker (2008) highlights the transient and mutable nature of transgender identities as well as myriad meanings they may hold saying

> Because "transgender" is a word that has come into widespread use only in the past couple of decades, its meanings are still under construction. I use it in this book to refer to people who move away from the gender they were assigned at birth, people who cross over (trans-) the boundaries constructed by their culture to define and contain gender. Some people move away from their birth-assigned gender because they feel strongly that they properly belong to another gender in which it would be better for them to live; others want to strike out toward some new location, some space not yet clearly defined or concretely occupied; still others feel simply the need to get away from the conventional expectations bound up with the gender that was initially put upon them. In any case, it is the movement across a socially imposed boundary away from an unchosen

starting place -- rather than any particular destination or mode of transition -- that best characterizes the concept of "transgender" that I want to develop here. (p.1)

This constant crossing, or *trans-ing*, over socially imposed gender categories calls into question not only the ways gender is not static, including the rich variety of meanings with which each motion is imbued, but also ways a desire to move away from a forced categorization is core to transgender experiences. Every transgender person's experience of how they move through the world is different, but Stryker's (2008) definition proposes that amongst trans people there is always the shared experience and commonality of being the subject-in-motion.

I favor this conceptualization of transgender over more rigid, clinical definitions based on biology because of its seeming openness and malleability tailored to each individual while still maintaining a community-level component of identification. Rather than enforcing a rigid category of transgender, keeping the definition open to individuals regardless of transition status or desire encourages a more expansive and rich understanding of the wide variety of gender identities and expressions present in the transgender community and in the case of the present study, specifically within the *Trans/formations* project.

Sex and gender. One of the first distinctions often made in the process of understanding transgender experiences is an explication of what is meant by the terms *sex* and *gender*. Though these two concepts are frequently conflated they remain distinct. Within this work the term *sex* is used when speaking about anatomy. Typically when a child is born a team of medical professionals or community birth workers assign a designation of either "male" or "female" based upon the visible presence of a penis or

vagina. The physical characteristics of a baby's genitals establish cultural expectations of the child from their first moments out of the womb with a great amount of dominant Western culture hinged upon the ways all of us uphold these expectations (Serano, p. 24, 2007). Social and legal categories are often contingent upon the notion of sex, and I use this term when speaking of and within these categories. The phrases *sex assigned at birth, assigned female at birth (AFAB)* and *assigned male at birth (AMAB)* are also used at times in this work to describe these same social and legal categories that individuals are placed into at the time of their natal delivery.

Gender is a term most frequently used in our culture as interchangeable with various physical, social, and legal categories of sex (Serano, 2007). Within this work, *gender* is used to understand and describe various ways we discuss and understand a person's *gender identity*; that is, how that person psychologically self-identifies within the culturally ascribed binary gender categories as male or female or within non-binary gender categories such as *genderqueer* or *two-spirit*. *Gender expression* is defined as how an individual externally displays or does not display their relationship to their gender identity through the use of body language, clothing, makeup, hairstyles, prosthetics, or other external cues. I use the word *gender* to broadly define categories of personal and aesthetic preference as well as to describe different expectations of gender roles and behaviors, such as the regulation of traditionally feminine roles to the domestic sphere and the regulation of traditionally masculine roles to the professional sphere.

Transgender. *Transgender* and the shortened version *trans* are the terms used most frequently throughout this work. Transgender has experienced an increase in public attention over the past decade, and one result of this growing visibility has been the use

of the word as a catchall to describe any individual whose gender does not align with the expectations and assumptions of what our culture considers "male" and "female." Under this broad definition are people who are *transsexual*, typically understood as those individuals who take medical and/or legal steps to live their lives as members of the sex other than what they were assigned at birth; *intersex* people, people whose genitals do not conform to what are typically considered male and female; *genderqueers*, people whose gender identity and expression fall outside of the binary of male and female; and other people whose gender expressions are different from their sex assigned at birth, including drag queens, butch lesbians, cross dressers, and so on. (Serano, p. 25, 2007). *Trans men* are people who were assigned female at birth and now identify as male, and *trans women* are people who were assigned male at birth and now identify as female. They may take some steps towards social or medical transition, or they may not be planning any transition steps at all. *Transfeminine* is a term used to describe someone who was assigned male at birth but who identifies and/or expresses themselves as more feminine. As the term suggests, transfeminine people's affects and appearance lean more towards the feminine end of the gender spectrum but it is not necessarily static. *Transmasculine* is a term used to describe individuals who are assigned female at birth and whose gender identity is more masculine than feminine. Transmasculine people's affects and appearance lean more towards the masculine end of the gender spectrum, but again this gender identity is not necessarily static. People may identify as either transmasculine or transfeminine AND as a trans man or trans woman, but just because someone identifies as transmasculine does not mean that they will identify as a trans man. For instance, I identify as transmasculine because my gender identity and expression lean more towards

the masculine end of the gender spectrum, but I don't identify as a trans man because I do not identify as a man.

To that end, the terms *gender variant* and *gender non-conforming* are used at various points throughout this work to generally describe people whose gender expressions and identities do not neatly align with traditional dichotomous gender categories of male/men as masculine and female/women as feminine and who at times hold aspirations to move into new spaces yet to be conceived within our current binary gender system. Many people whose identities fall into this wide rubric of transgender may not self-identify as transgender, and it is important to note that while I am currently using this term to signify *some* gender transgressions, the term cannot be used to describe *all* gender transgressions. An example might be a cisgender man who engages in various forms of crossdressing in his private life. While I may believe this individual would be included in the transgender spectrum, he may not feel as though his acts warrant the identity label. Additionally, some advocates argue that *only* those people who experience gender dysphoria can be considered transgender, but there are plenty of self-identified transgender people who report not experiencing the extreme dysmorphic feelings about their bodies that are often considered the hallmark of the transgender experience. Julia Serano (2007) notes the use of transgender as such a large, all-encompassing category can be complicated, stating

> the best way to reconcile the nebulous nature of the word is to recognize that it is primarily a political term, one that brings together disparate classes of people to fight the common goal of ending all discrimination based on sex/gender variance. (p. 26)

Transgender may be a useful term for coalition building, but it is still "too vague a word to imply much commonality between people's identities, life experiences, or

understanding of gender" (Serano, p. 26, 2007). Transgender men and transgender women may share some similarities, but their experiences are also likely to be divergent given the different gendered expectations of masculinity and femininity, and trans people of color may move through the world in ways white trans people are not able to relate to. Additionally, some people may reject the term *transgender* entirely despite experiencing the pull away from an unchosen starting point. These people may feel the word favors or condemns certain categories of visible gender variance over others, privileging certain forms of binary gender identity and expression. While this nuance is not to be dismissed as invalid or inappropriate, for the purposes of this work, I use *transgender* as a large-scale categorical term describing multiple degrees of gender variance. Using this term as an expansive category within the context of *Trans/formations* encourages continued exploration of an increasingly enhanced galaxy of gendered identities and experiences as they exist within the vast galaxy of transness while also serving as a theoretical starting point for the work of nuancing our understandings of these transgender experiences in question.

   Cisgender. Another frequently utilized term through this work is *cisgender.* This is a newer word that has seen an increase in popularity over the last five years thanks in part to its prevalence on online social media sites like Tumblr. *Cisgender* is a word typically used to distinguish non-transgender people from transgender people. In the same way *trans-* is a Latin prefix that means across, beyond, and crossing, *cis-* is a Latin prefix that means on the near side of, or on the same side of. This term acts as a signpost calling attention to what is assumed in dominant Western culture to be natural and given--that sex and gender inherently correspond with one another. When I say that someone is

cisgender, I mean that their gender identity and sex assigned at birth are aligned in ways perceived as culturally normative. The use of the term *cisgender* acknowledges and highlights the existence of binary gender categories and ways they are assumed to align. Using this term is a way to call into question the normativity of understanding gender through this limiting perspective of either/or. It should be noted that using the two categories *cis* and *trans* continues to reify binary conceptualizations of gender, and perhaps this is where the terms *gender variant* and *gender non-conforming* can help disrupt the duality. I prefer using the word *cisgender* over the phrase *non-transgender* because it allows both categories of identification to be understood in relation to one another but also as discrete gender categories. At times throughout the work I and participants shorten our references to cisgender people as *cis* in the same way that we shorten the use of transgender to trans.

  Pronouns. Pronouns are especially important within the transgender community. These are words that distinguish either the person who is communicating or the person or group being talked about. In the English language, pronouns are gendered masculine (he/him/his) or feminine (she/her/hers). For many transgender and gender non-conforming people, being referred to by the proper pronoun is a form of identity validation. When a person is transitioning, one of the more difficult shifts for the other people in their lives to make is with regards to using the correct pronoun. Additionally, some transgender and gender non-conforming individuals opt to use gender-neutral pronouns such as the singular *they/them/theirs* (the pronoun that I choose to use), or *ze* and *hir.* The use of these gender-neutral pronouns is a rejection of binary forms of gender, inviting more expansiveness into experiences of gender. It should also be noted

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some people speak about *preferred gender pronouns* (PGPs), but I do not use this language. When asking my participants how they wish to be identified, I simply asked what their pronouns were without using the implication of preference. Trans people's pronouns are not preferences; they are our realities.

   Transition. Transition is used to describe any number of social, medical, and/or legal processes and/or procedures a trans person will access in order to alleviate varying degrees of gender dysphoria and/or align sex and gender. Often times, transitioning is understood within the context of a medical model such as the most commonly accessed treatment, *hormone replacement therapy* (*HRT*). Some of the more common examples of HRT for transitions are testosterone, frequently referred to as *T* by the participants in *Trans/formations,* in either injectable or topical forms for trans men and a combination of estrogen, progesterone, and antiandrogens (testosterone blockers) for trans women. Other interventions might include *top surgery,* which consists of double mastectomies with masculine contouring plastic surgery for trans men and breast implants and augmentation for trans women; *bottom surgery,* which are hysterectomies and phalloplasty for trans men and vaginoplasty for trans women; and various other procedures trans women may undergo, such as facial feminization surgeries, tracheal shaves to remove Adam's apples, laser hair removal, and more. In the past bottom surgeries have been called *sex reassignment surgery*, or SRS, though this is increasingly falling out of favor for the more affirming phrase *gender confirmation surgery*. I use this phrase whenever referring specifically to surgeries but use *gender confirmation procedures* when discussing any of these other procedures or processes, medical or not.

While all of these gender-confirmation procedures might be part of a transgender person's transition process, important to note is that not all trans people who would want to are able to access these services either geographically or financially. Most procedures take place in only a few major cities in the United States such as San Francisco and New York City. Until only recently, with the passage of the Affordable Care Act in 2010 that bans discrimination based on sex, race, nationality, age, and disability, gender-confirming procedures were almost never covered by health insurance. Despite the federal policy changes, coverage for some gender-confirmation treatments still is difficult to obtain. Even with the Affordable Care Act, many trans people still do not have insurance due in part to extreme unemployment experienced by this community, and not all trans people desire to undergo any of these gender-confirmation procedures. Many trans people go through *social transitions* such as altering clothing choices or other external cues like hair, to match their gender identity, and other trans people go through *legal transitions*, such as changing birth names or gender markers on various forms of identification like driver's licenses or Social Security cards. None of these processes are standardized, and the procedures for each transitional phase vary not only from state to state but often from municipality to municipality.

I recognize these trans-related terms could be overwhelming and confusing to those who are not part of this community or to those who are not used to hearing these phrases on a regular basis. These working definitions are provided as a primer for those reading this in order to better situate the perspectives of those discussed within. These phrases are critical order to better describe to the reader what is meant by the concepts and ideas discussed within the rest of this work and to assist in the creation of a more

nuanced conversation of the gendered experiences that trans people encounter on a regular basis. While these words may go in and out of style over time, my hope is that the definitions provided help contextualize what is said and meant by the various transgender identities and experiences discussed in the pages that follow.

Organization of the Study

In Chapter 1, I introduced the beginning of my understanding of myself as transgender and provided an overview and context of the research site and research problem. I have addressed assumptions I hold as a researcher and I have outlined the research questions this study addresses. Additionally, I have provided working definitions for some key terms that appear throughout the work.

Moving forward in the study, Chapter 2 is a review of the relevant literature starting with a discussion of what has been described by many as the "transgender tipping point," moving into a contextualization of LGBT health in the United States while also taking a closer look at national transgender health disparities. I explore a series of community dialogues and summits for transgender health held in Albuquerque in 2010 and 2011, using them to inform *Trans/formations*. I turn then to frameworks related to health and wellness, exploring the various levels of the Social Ecological Model (SEM) of health while arguing to expand conceptualizations of health to include psychological elements of well-being. I also examine various communication theories including Communication Theory of Identity (CTI) and research related to transgender health and wellness that have informed the study.

In Chapter 3, I describe the methodological choices made within this project. I begin by detailing the origins of the study through my own research and gender journey,

moving into the philosophical foundations of *Trans/formations*. After discussing the

ontological and epistemological underpinnings of this work, I discuss ways Cultural

Discourse Analysis (CuDA) informed my approach to this research project and the write

up. I discuss the uncovering of core cultural premises and their importance in building

theory from community-driven data. Additionally, I outline community-based

participatory research (CBPR) as an essential guiding framework for *Trans/formations,*

detailing how this approach challenges traditional paradigms of participation, knowledge,

power, and praxis. Moving from CBPR, I discuss the Photovoice method and some

Photovoice projects that have been completed with transgender communities. Information

related to project development, recruitment, data sources, and management are within this

chapter, as well as detailed accounts of the data collection process that covered the span

of four, two-hour long program sessions. I then detail how I went about building a body

of data to analyze for this project sharing more information about the process of group

analysis and write up.

Chapter 4 presents the findings from the data collection and group analysis. This

chapter details the collective's initial categorization for their images presented within the

project and is dedicated to sharing the perceived challenges and perceived strengths

experienced by the transgender and gender non-conforming participants of

Trans/formations. This chapter begins with perceived challenges focusing on three broad

subcategories: overreliance on binary, medical models of transition; mental and physical

health unrelated to transgender status; and body image. The chapter also details perceived

strengths, focusing on three broad subcategories: Creation and generation, relating, and

resilience. This chapter closes with attention to ways participant images and emergent themes appear within CuDA's cultural radiants of meaning.

Chapter 5 synthesizes the data analyzed in the previous chapter into core cultural premises communicated by transgender participants of *Trans/formations*: transition is a process deserving of chronicling and archiving; trans-stress is persistent throughout the lives of transgender people; bodies are central to transgender experiences but are not the essence of transgender experiences; transition is an ongoing process; and, finally, there is no singular transgender experience or narrative These premises are the result of my interpretive account of ways participants of *Trans/formations* communicated about and understood issues related to transgender health and wellness. From this comes an argument for a framework of TransWellness within which these premises are acknowledged and contended with. I outline theoretical, methodological, and practical contributions of this project as well as discuss the limitations of the current study while making suggestions for future research.

CHAPTER 2
Theoretical Frameworks and Literature Review

To understand ways transgender people are communicating about our health and wellness, we must first contextualize what we are talking about. First, I turn to what has been described as the "transgender tipping point," the current moment of increased attention to transgender lives in the public sphere. Next, I discuss the context of LGBT health within the United States with special emphasis on health disparities experienced by transgender people. I then examine a series of transgender needs assessments completed in New Mexico prior to *Trans/formations*.

Building upon this pre-existing community knowledge, I move into an understanding of health using the socioecological model that focuses on the interplay of intrapersonal, interpersonal, institutional, community, and political factors on health outcomes, and explore the literature related to wellness. Wellness literature invites us to conceptualize health beyond negative physical symptoms and disparities in outcomes, incorporating and emphasizing the positive traits of a particular experience or condition. I also introduce the Communication Theory of Identity and its four frames: personal, enacted, relational, and communal. CTI is useful to begin contextualizing ways for communication scholars to understand a transgender identity as both a process and product of communication. These frames focus attention on the mutual influences between a person's identity and communication, called *interpenetrations*, creating an understanding that as expectations surrounding social roles and relations are internalized they become social behavior through acts of communication. I then discuss prior communication studies related to transgender health. By building this foundation of knowledge through an interdisciplinary mixture of academic and experiential data, I hope

to convey a more nuanced understanding of ways transgender people understand and communicate about their health and wellness as well as the health and wellness of their community.

The Transgender Tipping Point

On June 9th,[11] 2014, Laverne Cox, an African-American transgender woman and a star of the Netflix series *Orange is the New Black,* appeared on the cover of *Time Magazine* next to the headline: "Transgender Tipping Point: America's Next Civil Rights Frontier." This was the first time in the magazine's history that a transgender woman graced the cover, standing as a defining moment in transgender history. On the series, Cox plays Sophia Burset, a transgender woman incarcerated for committing credit card fraud to fund her medical transition. In many cases, transgender characters are played by cisgender actors, making Cox's portrayal of Sophia a step forward, signaling some ways that transgender people are gaining other forms of social status and general acknowledgment.

Until relatively recently, representations of transgender people in the mainstream have been minimal. Outside of a handful of television shows in the 1970s and 1980s, including episodes of *The Love Boat* and *All in the Family*, trans characters and storylines were nearly absent from media all together. Starting in the early 2000s, more transgender characters began to appear in television shows such as *Ally McBeal, Nip/Tuck, Two and a Half Men,* and *Ugly Betty.* In 2007, Candis Kayne, a transgender actor well known in the trans community, played the role of Carmelita Rainer on the

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[11] *Trans/formations* held its first session on June 8th, one day before the Laverne Cox *Time* cover hit newsstands. We had some informal discussion about the cover the following week, but there was no specifically guided conversation about the issue or the impact that it may have on the transgender community.

network television show *Dirty Sexy Money*, marking one of the first major transgender roles played by a transgender person on TV. In 2012, popular network television show *Glee* debuted the show's first recurring transgender character, a transfeminine person named Unique Adams. The ripple effect in terms of not only media representation but also more mainstream acceptance is palpable.

Recently the Gay and Lesbian Alliance Against Defamation (GLAAD), the national media monitoring organization responsible for "amplify[ing] the voice of the LGBT community by empowering real people to share their stories, [and] holding the media accountable for the words and images they present" (GLAAD, *Mission Statement*, 2016), examined ten years of transgender representation on network television, concluding the vast majority of depictions of transgender people portrayed us as either victims or villains Pulling data archived from all major broadcast networks and seven cable networks, GLAAD's numbers show a polarizing dialectic in ways narrative television and film address transgender people and our humanity. In their analysis of 102 archived representations spanning a timeframe from 2002 to 2012, GLAAD found transgender characters were cast in adversarial roles—such as serial murderers or perpetrators of sexual violence—in television and film around 21% of the time (*Victims and Villains,* 2012). In 41% of that same sample, transgender people were cast as victims of either physical or sexual violence, and 61% of the sample included some form of verbal harassment of transgender characters or anti-transgender language and slurs. An updated version of the *Victims and Villains* report released in 2014 reveals that between

2012 and 2013, 54% of all transgender representation on broadcast and cable networks could be described as outright defamatory, and only 12% could be considered "good."[12]

In addition to the portrayals of transgender characters in mainstream television and movies, stories about transgender people and our lives are showing up more in news segments on local and national television. *CBS News Sunday Morning*[13] ran a story titled "Born This Way" during the same week of Laverne Cox's *Time* cover, chronicling the lives of three transgender children under the age of fourteen. In this piece, the author shares stories of young people revealing they are transgender early in life, and all receiving support and acceptance from their families. Each of the young people is going through either social or medical transition, and the story discusses some of the obstacles they have overcome in order to live authentically. Two of the young people profiled have parents who were not initially accepting of the fact their children were transgender; the father of one of the youth shared that he tried to get his son to see a therapist who might help change his mind about being trans. This father shared he now feels shame about this decision, knowing he was spending a lot of money to try and "fix a child who isn't broken."

Another example of current transgender representation is the uptick in stories about transgender youth being selected as representatives of their schools. A 2014 article on *Advocate.com*[14] highlights ten different transgender people who were voted to either homecoming court in their high schools or universities or were elected prom queen or king. The majority of the people on this list identify as either male or female, though it

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[12] Despite the release of these data on the GLAAD website, there is no explanation about what constitutes either "defamatory" or "good" representation, or what the standards for measuring such criteria might be.
[13] http://www.cbsnews.com/news/born-this-way-stories-of-young-transgender-children/
[14] http://www.advocate.com/politics/transgender/2014/09/30/10-transgender-kings-and-queens-who-ruled-school

should be noted that two of the individuals identify as non-binary and genderqueer. One of the people on the list uses pronouns *ze* and *hir*, while the other was assigned male at birth but identifies as both male and female. Their inclusion on this list shows an increase in popular and cultural acknowledgment about the limiting factors of the gender binary with regards to transgender identity. Additionally, these stories come from across the nation. They are not only from more traditionally progressive spaces such as California but also from geographic regions typically considered more conservative and intolerant, like Georgia. The breadth of geographic reach represented on this list demonstrates the supposed transgender tipping point is not relegated to the "more progressive coasts" but is actually a trend across the nation.

In addition to pieces reflecting a positive attitude toward transgender people, there is no shortage of stories purporting the dangers of transgender people and our supposed unnatural agenda. One of the most prevalent flashpoints for transgender media coverage has concerned where transgender people use the restroom. Various bills and other forms of legislative measures have been proposed in order to create laws and regulations either permitting transgender people to use the restrooms which they feel best suit their needs or barring trans people from using restrooms.

In 2013, the California state legislature passed Assembly Bill 1266 (AB-1266) allowing transgender students to participate in all school activities such as playing on sports teams and using the appropriate facilities including locker rooms and bathrooms of their choosing[15]. The bill was signed into law by Governor Jerry Brown in August of the same year, going into effect on January 1st, 2014. Conservative groups organized aggressively against the bill attempting to get a referendum on a ballot so citizens could

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[15] http://transgenderlawcenter.org/archives/8550

vote on whether or not transgender people had the right to use the restroom of their own choosing. Activists gathered more than 450,000 signatures in favor of taking the measure to ballot but fell about 17,000 signatures short of getting it placed on the ballot outright. The measure ultimately was never voted on.[16].Around the same time, Maryland passed a similar bill called the Fairness for All Marylanders Act of 2014 prohibiting discrimination based on sexual orientation and gender identity in all housing and public accommodations[17]. This act permits all transgender people to use the bathroom which best fits their gender identity allowing exceptions for religious organizations, private clubs, and educational institutions. While there was similar debate and concern about transgender people using the same restrooms as cisgender people as there was in California, attempts to repeal Maryland's act were also unsuccessful. In Utah in 2014, State Representative Michael Kennedy proposed House Bill 87, a piece of legislation prohibiting a "student from using a gender-segregated public restroom that does not correspond to the student's phenotype[18]" meaning transgender and gender non-conforming people would be forced to use facilities where they may not feel comfortable or safe. The Utah legislation, which ultimately did not pass, is unique because not only does it proactively target and bans transgender people from using certain public facilities but also proposes a genital check[19] to ensure individuals are using the correct bathroom. This type of surveillance of transgender people's bodies is unfortunately all too common, emphasizing a particular preoccupation of cisgender people with transgender people's

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[16] http://www.washingtontimes.com/news/2014/jan/8/california-transgender-bathroom-law-one-step-close/
[17] https://www.washingtonpost.com/local/md-politics/maryland-senate-passes-bill-banning-discrimination-against-transgender-people/2014/03/04/56fbb722-a3c8-11e3-84d4-e59b1709222c_story.html
[18] http://www.advocate.com/politics/transgender/2014/01/31/utah-rep-wants-restrict-trans-bathroom-access-mandate-exams
[19] Thought the text of the bill implies that there will be genital checks, there is no specific protocol for how these checks will actually be conducted.

genitalia. These bills further marginalize us, forcing us into uncomfortable and unnecessary situations at best and violent and victimizing ones at worst.

As this section has discussed, transgender people and our experiences are gaining more traction in the mainstream media and cultural consciousness in the United States. With the increased visibility also comes an increase in the attention paid to our lives and the issues that matter to us. The following section places one of these issues of import, our health, in the context of the larger LGBT community.

Context of LGBT Health in the United States

Understanding the particular health needs of LGBT people in the United States is a topic of relatively recent inquiry. In 2001, the US Department of Health and Human Services (DHHS) released Healthy People 2010 ,the nation's preeminent strategic plan for improving population health. Healthy People 2010 marks the first time DHHS recommended the collection of demographic information related to sexual orientation in all of its objectives. The plan officially recognized a growing body of public health literature documenting the unique health needs of sexual minority communities, while also acknowledging that serious gaps in sexual orientation data collection remain (US DHHS, 2000). These gaps in data collection and availability play into a cycle hindering awareness and resources for continued advancement in the health and wellbeing of LGBT people. In 2010, the US Department of Health and Human Services (DHHS) released Healthy People 2020, the ten-year update from the Healthy People 2010 plan. For the first time since the program's inception in 1979 the Healthy People plan included the health of transgender people as one of its topic areas. The plan emphasizes two major objectives for LGBT health: (1) Increase the number of population-based data systems

used to monitor Healthy People 2020 objectives that include in their core a standardized

set of questions that identify lesbian, gay, and bisexual populations; and; (2) Increase the

number of population-based data systems used to monitor Healthy People 2020

objectives, including a standardized set of questions that identify transgender populations

(US DHHS, 2010). In 2011, the Centers for Disease Control and Prevention's (CDC)

published their "Rationale for Regular Reporting on Health Disparities and Inequalities"

(CHDIR, 2011), a supplement to their *Morbidity and Mortality Weekly Report,* outlining

the public health importance of addressing and attempting to eliminate health disparities.

The supplement describes disparities as "differences in health outcomes and their

determinants between segments of the population, as defined by social, demographic,

environmental, and geographic attributes" (CHDIR, 2011). This report includes attention

to disparities influenced by race and ethnicity, sex, income level, education, geography,

disability status, and sexual orientation. It also makes special note that major gaps in data

collection related to disability status and sexual orientation exist but does not mention

gender identity. The article echoes the recommendations put forth by DHHS,

emphasizing the need for consistent and routine data collection about sexual identity and

sexual orientation at both the local and national level (CDC, 2011). The updated Healthy

People 2020 recommendation is unique, marking not only the first time a federal agency

specifically calls for the collection of LGB data but also the first time transgender data

was offset from the larger acronym of LGBT. By recognizing the fact that sexual

orientation and gender identity are two distinct categories, DHHS validates the relevance,

clinical, and social values of studying transgender health on its own terms.

Also showing promise in the fight for health equity, the Institute of Medicine's

(IOM) Board on the Health of Select Populations released their first large-scale report

related to LGBT health, "The Health of Lesbian, Gay, Bisexual, and Transgender People:

Building a Foundation for Better Understanding," in late 2011. The document indicates a

positive shift in how public health researchers, clinicians, and other healthcare

professionals approach the collection of LGBT health data. The committee made seven

major recommendations primarily directed towards the National Institute of Health

(NIH), but the board also strongly advised that the recommendations be implemented in

all federally funded health-related settings. The IOM's board recommendations are as

follows: (1) NIH should implement a research agenda designed to advance knowledge

and understanding of LGBT health; (2) Data on sexual orientation and gender identity

should be collected in federally funded surveys administered by the DHHS and in other

relevant federally funded surveys; (3) Data on sexual orientation and gender identity

should be collected in electronic health records; (4) NIH should support the development

and standardization of sexual orientation and gender identity measures; (5) NIH should

support methodological research that relates to LGBT health; (6) A comprehensive

research training should be created to strengthen LGBT health research at NIH; and (7)

NIH should encourage grant applicants to address explicitly the inclusion or exclusion of

sexual and gender minorities in their samples (IOM, 2011). These recommendations are

steps forward in setting a national research agenda ensuring the creation of solid,

evidence-based research for LGBT health. This foundation creates not only a

demographic context for LGBT data but potentially could influence data collection

related to inequities in healthcare and intervention research specific to LGBT

communities, ultimately impacting funding allocated for and services provided to these communities.

Despite recommendations coming down from the highest level, no federal funding has been earmarked for the specific task of LGBT data collection. Only two states, Massachusetts and Washington, systematically collect health data related to sexuality (Dilley, et al., 2010). Currently, no health data related to gender identity and transgender status is collected routinely by any state in the United States. Additionally, despite these recommendations there are no federal mandates requiring agencies and organizations to collect LGBT data, making the collection of this information entirely voluntary and requirements unenforceable.

Transgender health disparities. Current research shows that transgender populations experience elevated levels of health disparities when compared to the LGB population (Herbst, Jacobs, & Finlayson, 2008; Kenagy, 2005; NGLTF, 2009). Transgender people are less likely to have health insurance than lesbian, gay, or bisexual individuals; are more likely to have undiagnosed and untreated mental health issues; have the highest rates of infection of HIV and other STIs; and endure the most frequent, persistent, and severe levels of discrimination and violence of any group in the United States (Diaz, Ayala, and Being, 2001; Herbst, Jacobs, & Finlayson, 2008; Kenagy, 2005; NGLTF, 2009; Whitbeck, Chen, & Hoty, 2004). A recent joint report published by the National Gay and Lesbian Taskforce (NGLTF) and the National Center for Transgender Equality (NCTE), aptly titled "Injustice at Every Turn," highlights the persistent challenges and destructive outcomes lived everyday by transgender individuals (NGLTF and NCTE, 2011). NGLTF and NCTE administered the project's survey to individuals in

all fifty states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The researchers received 6,450 unique responses in return, making this study the largest and most comprehensive data set related to the experiences of transgender people to date. The report derived from the survey responses paints the first ever large-scale picture of what this marginalized community experiences in our daily lives. "Injustice at Every Turn" provides invaluable insight into the most pressing issues that policymakers, community organizers, and advocates might address when working with transgender communities.

Examples of the disparities faced by transgender people in the United States highlighted in the NGLTF and NCTE report (2011) are: Transgender people are four times more likely to have an annual income of less than $10,000 than the general population; 41% of transgender people have attempted suicide as compared to 1.6% of the general population; transgender people have double the rate of unemployment as compared to unemployment rates of the general population; 78% of transgender youth indicate extreme rates of harassment in their schools; one-fifth of transgender individuals report having been homeless at one point in their lives; 53% of transgender individuals report being harassed in a place of public accommodation such as a retail store, bus, airport, hospital, or governmental agency; 41% of transgender people live without identification accurately depicting their gender identity; 48% of transgender individuals reported coworkers or supervisors shared information about their transgender status without consent; Half of transgender individuals report having uninformed healthcare providers, having had to teach their doctors about transgender care; and almost 20%

percent of the transgender population have been refused healthcare simply because of their transgender status (NGLTF & NCTE, 2011).

Because of the wide range of discrimination against transgender people and the pervasive nature of inequity and ensuing disparities experienced by this community, a dire need exists for more in-depth research exploring the social determinants of health for trans people. Social determinants of health are all of the "complex economic and social conditions under which people live that affect their health" (VanKim & Padilla, 2010, p. 37). These conditions influence the behavioral and physical factors having an immediate impact on an individual's wellbeing. As emphasized within the NGLTF and NCTE study, transgender individuals and communities exist within such dismal circumstances influenced by these social determinants, it is almost inevitable transgender and gender non-conforming people will display worse health outcomes than the general population.

Context of transgender health in New Mexico. It is fair to assume the experiences of transgender people living in New Mexico mirror the findings from the NGLTF and NCTE report. New Mexico as a state is both rural and poor, lagging behind much of the nation with regard to multiple health related issues and concerns (NMDOH, 2013). New Mexico is second in the nation for percentage of people living in poverty with more than 30% of the state's children being impacted by wealth inequity (NMDOH, 2013). The state is number one in DWI-related deaths and continues to be home of some of the highest overdose death rates in the country (NMDOH, 2013). New Mexico leads the nation in suicide and experiences some of the highest rates of violent crime (NMDOH, 2013).With so many compounding issues, New Mexico is an environment ripe for inquiry related to health and wellness for any population.

Currently New Mexico mirrors the national trend, collecting minimal data

specific to the transgender community. In April of 2010, the New Mexico Department of

Health released a report titled "New Mexico's Progress in Collecting Lesbian, Gay,

Bisexual, and Transgender Health Data and its Implications for Addressing Health

Disparities," the first report of its kind in the state (VanKim & Padilla, 2010). Though the

term t*ransgender* appears in the title, the only transgender-specific data in the report

comes from a survey on LGBT tobacco use collected at Pride events across the state in

2006. These data indicate that 32% of the sample of transgender individuals in this study

use tobacco, compared to 68% of the trans people in this survey who do not. As the only

study conducted by the state that includes transgender as a measurable demographic

category, there is little to infer from these numbers. The report also covers various

demographic characteristics (employment status, education, etc.), risk factors (smoking,

binge drinking, physical activity, intimate partner violence, etc.), health behaviors (pap

tests, cancer screenings, HIV testing, etc.), and more. The overwhelming exclusion of

transgender people from the first major report on LGBT health in the state is a significant

oversight, punctuating the need for a comprehensive community health assessment for

transgender people within New Mexico.

Coalitions in Action for Transgender Community Health New Mexico forums.
In 2010, TGRCNM participated in a multi-year program led by the Center of Excellence

for Transgender Health (CETH) at the University of San Francisco called Coalitions in

Action for Transgender Health (CATCH). CATCH was a program funded by the CDC as

a way to harness the power of transgender people through the creation of coalitions. The

CETH website describes the program as a model designed

to develop local coalitions by organizing local "town halls" in order to guide a community mobilization process that promotes provider networking and community utilization of existing services. The coalitions lead data collection and analysis efforts, prioritize prevention needs, develop a comprehensive plan to strengthen community access to and utilization of HIV prevention services, and decide how to evaluate these efforts[20].

There are five core elements of community mobilization within the CATCH model: transgender community participation; community driven data; coalition-developed, comprehensive strategies to increase access to and utilization of HIV prevention services; ongoing evaluation and feedback for program improvement; and finally, increased community capacity for health promotion.

The first phase of this model took place in 2010, a few months prior to my moving back to New Mexico. CETH and the New Mexico Community Planning and Action Group (NMCPAG), founded in 1995 to ensure communities most impacted by HIV are included in the planning and distribution of HIV services and care, worked with staff and community members of TGRCNM (who also sit on NMCPAG) to create the New Mexico Transgender Taskforce. The Taskforce operates as a subcommittee of NMCPAG, dedicated to amplifying the voice of the transgender community of New Mexico with regards to HIV service provision and overall health issues of the transgender population of the state.

The group sponsored the first-ever New Mexico Transgender Summit[21] with the theme "Bridge Services With Community," bringing together more than 65 health-care professionals and community members to identify specific needs of trans people across the state and brainstorming possible strategies and solutions for those issues. The

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[20] http://transhealth.ucsf.edu/trans?page=programs-catch-archives
[21] http://transhealth.ucsf.edu/pdf/CATCH/CATCH_NM-2010TransSummit.pdf

program began with a transgender 101 presentation, since many of those in attendance did not identify as transgender, and included breakout sessions on six topics: HIV/AIDS prevention, health care, mental health care, housing and shelter, legal issues, and corrections, including jails. Four questions were posed to participants in each breakout session:

What resources are currently available?

What are the challenges and barriers to this topic?

What are the needs of the transgender community?

What recommendations can be made to provide proper and adequate services?

The Taskforce report from the summit highlights common themes found throughout all topic areas. The identified themes included social stigma related to transgender identity, lack of education and knowledge about transgender people, a lack of data collection within the state, a need for coalitions, and a desire for more community centers and spaces for transgender people.

In May of 2011, the Second Annual New Mexico Transgender Summit[22] took place, this time with more than 75 individuals in attendance. The theme for that year's summit was "Move Into Our Future," focusing not only identifying more needs within the transgender community but also responding to the need for more education identified the year prior. This summit offered more in-depth workshops on issues related to transgender people and their health needs. The morning session began with a transgender 201 presentation building on the 101 presentation offered at the first summit, facilitated by Mattee Jim of First Nations Health Service and Adrien Lawyer, one of two co-directors of TGRCNM. This presentation included transgender basics but also served as a

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[22] http://transhealth.ucsf.edu/pdf/CATCH/CATCH_NM-2011TransSummit.pdf

workshop session. Participants were given an opportunity to ask questions and provide feedback about the content of PowerPoint slides developed by Jim and Lawyer. The presentation was then made available on TGRCNM's website for anyone to download and use when doing education related to transgender issues. The afternoon breakout sessions covered the CATCH model more in depth; issues related to transmasculine people; erotic safer sex for transgender people, an explanation of the vision of TGRCNM as a community resource; laws and policies in New Mexico; and a presentation on self-esteem and barriers to HIV prevention.

Later in 2012, CETH again partnered with TGRCNM to begin a community needs assessment of Albuquerque's transgender population.[23] This assessment evaluated the readiness of Albuquerque's trans community to implement the continuing phases of CETH's CATCH model for coalition building. CATCH's assessment tailors interventions to a community's specific and desired efforts and outcomes rather than overlaying a one-size-fits-all approach to interventions. Danielle Castro, community mobilization specialist with the CETH, alongside Adrien Lawyer and Zane Stephens, TGRCNM's co-directors, tailored the assessment for TGRCNM. Their assessment of the transgender community in Albuquerque revealed HIV prevention as a major concern and a need in New Mexico for increased access to transgender-specific health services. The report highlighted successful community efforts toward improving the health of trans people in New Mexico including the existence of various support groups for transgender people across the state, the Transgender Taskforce of NMCPAG, and the two Transgender Summits co-sponsored by TGRCNM and the New Mexico Department of Health.

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[23] http://transhealth.ucsf.edu/pdf/CATCH/CATCH_NM-NMTC_Inventory.pdf

Though the CATCH assessment acknowledges the ways some institutional structures, including TGRCNM and the New Mexico Department of Health, are working to adequately address needs of the transgender community, still missing from the CATCH project are the voices of those within the transgender community. The CATCH assessment completed interviews with the directors of TGRCNM (who both identify as transgender) and other professional stakeholders, but did not conduct any interviews or focus groups with transgender community members. A proxy is not enough when trying to understand the circumstances under which a population is living. While the CATCH assessment provides a starting point from which to understand the health needs of transgender people living in Albuquerque, the lived experiences of the community are absent.

Adrien and I had numerous conversations about what to do to improve this information deficit. Because of my position as a member of the transgender community as well as a doctoral student at the University of New Mexico, we agreed a potential intervention might be using this concern as a prompt for dissertation research. I did not plan on my dissertation being about transgender health and wellness, but the need felt too great to ignore. After reading the CATCH assessment and speaking with Adrien more, I decided to undertake a community-centered needs assessment with the guidance and assistance of TGRCNM and its constituents.

Social Ecological Model of Health

Because this project deals specifically with the various ways transgender people communicate about our health and the health of our community, it is necessary to better understand the category of *health*. Generally speaking, health is more than being sick or

not being sick; health is the larger continuum of wellness as it relates to physical, mental, and social lives. As discussed in the sections prior, transgender people experience bias and discrimination in multiple arenas of private and public life. As a result, trans people experience some of the worst health outcomes and disparities of any marginalized group. The social ecological model (SEM) of health is a multi-layered framework attempting to understand the ways the different strata of personal and public life influence various health outcomes and disparities, such as those experienced by transgender people (CDC, 2013; McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1996). This model, like the other guiding frameworks in this study, is not based on a singular theory or discipline but rather represents an interdisciplinary paradigm holding core principles of interconnectedness. A SEM approach to health privileges the idea "multiple physical, social, and cultural dimensions…influence a variety of health outcomes" (Stokols, 1996, p.285). This project approaches the health of transgender people as more than an outcome of individual behavioral practices and instead as a cumulative product of these multiple physical, social, and cultural dimensions.

SEM addresses the physical, social, and cultural dimensions of health using five major spheres of influence. These five layers of influence in the SEM are *personal, interpersonal, organizational, community*, and *policy* (CDC, 2013; McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1996). Each of these layers can be understood as having multi-directional influence, working in conjunction with the other layers to form various systems within which all of us live and operate. *Personal factors* relate to variety of personal characteristics an individual possesses, such as knowledge, attitudes, self-esteem, skills, and more (McLeroy, Bibeau, Steckler, & Glanz, 1988). This sphere also

takes the personal history of the individual into account, as well as any sort of personal

beliefs an individual has about behaviors and attitudes related to health (McLeroy,

Bibeau, Steckler, & Glanz, 1988). For transgender people, these personal factors can

serve as either a source of personal strength and resilience or a place of deficiency

depending on the various messages about their identity they have received and

internalized. Understanding various personal histories of transgender individuals may

help illuminate the health knowledge, attitudes, and skills they possess. *Interpersonal*

factors within the SEM are related to various formal and informal social networks and

social support systems possessed by an individual (McLeroy, Bibeau, Steckler, & Glanz,

1988). This can include a person's family, colleagues, coworkers, physicians, friends, and

any other sort of network a person might have access to. Again, given the stark reality of

discrimination experienced by transgender people within interpersonal relationships,

work environments, educational settings, and healthcare, this sphere of influence could

have significant impact on the health experiences and outcomes of transgender people.

The third sphere of influence within SEM is *organizational*, dealing with various

formal or informal institutional connections a person might have (McLeroy, Bibeau,

Steckler, & Glanz, 1988). Organizational spheres of influence might consist of access to

certain physician groups or health care systems, professional affiliations, or different

community-based organizations. This sphere of influence, like all of those described in

the SEM, has potential not only as a barrier to health, but also for some protective factors

as well. Having access to a physician who is sympathetic to transgender discrimination

and understands how to engage with a trans patient can lead to positive health-related

outcomes. *Community level* spheres of influence have to do with relationships between

organizations, institutions, and formal and informal networks within certain defined

boundaries (McLeroy, Bibeau, Steckler, & Glanz, 1988). Influences at this community

level might include certain organizations, various media outlets, health departments, and

more.

We see this sphere in action within the partnerships between the New Mexico

Department of Health, CETH, and TGRCNM and also in the ways mainstream media

cover stories related to transgender people. The final and most macro sphere of influence

within the SEM of health is related to *policy*. This sphere of influence relates to various

organizations and stakeholders whose interests relate to local, state, and national laws and

policies, including entities such as health departments, various governmental agencies,

legislators, and more. As mentioned in sections prior, there is a current groundswell of

proposed legislative policies related to transgender people, and our ability to access

certain facilities ultimately may have an impact on the short- and long-term health of our

community.

By approaching and understanding projects dealing with health-related topics

through these different bands of influence, we are able to better maximize synergies of

intervention for the greatest amount of impact (CDC, 2013). Because discrimination and

bias transgender people face occurs across all of these interconnected spheres of

influence, it makes sense to use the SEM when developing and interpreting projects

addressing the health of the transgender population.

Wellness. Beyond understanding the health of transgender people as influenced

by the spheres within the SEM, I also feel it is important to emphasize the concept of

wellness within this study. In the context of *Trans/Formations*, wellness is concerned

with some of the myriad layers of physical, emotional, social, cognitive, spiritual, occupational, environmental, cultural, and economic experiences of transgender individuals as related to their personal, interpersonal, and communal engagements. When first developing *Trans/Formations*, I used the often-cited World Health Organization (WHO) definition of health as a guiding principle for the image collection prompt. This definition of health is somewhat holistic in scope, describing health as "a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity" (1948). This conceptualization of health as more than a physical state of affairs balances both mental and emotional dimensions, includes interpersonal and communal engagement, and flourishes across scientific and academic inquiries related to health. Despite its use throughout various disciplines of health-related literature, this definition is not often applied to its full criteria for inclusion. The term *health* is primarily considered scientific, biomedical, clinical, heavily influenced by healthcare systems and physicians without attending to the mental and social well-being pieces of the WHO definition. This section explores some of the literature related to wellness, ultimately making the case for using the term wellness in tandem with health in order to more fully represent the areas of potential exploration within this study.

Dunn (1977) is widely recognized as pushing a conceptualization of health as more than the absence of sickness, emphasizing the idea of well-being as a positive state that consists of varying degrees of satisfaction based on the interconnection of a combination of traits, all distinctive to each individual and experience. He was particularly interested in the ways the mind, body, and environment influence one another to create a constant stream of experiences unique to each individual (Dunn, 1977). Other

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researchers have organized the concept of wellness utilizing basic principles of systems theory (Crose, Nicholos, Gobble, & Frank, 1992). These ideas emphasize the constant stream of unique experiences theorized by Dunn are not random but rather guided by a system predicated on the following four principles: health is multidimensional; health is variable, not static; health is self-regulating within life dimensions; and, health is self-regulating across life dimensions (Crose, Nichols, Gobble, & Frank, 1992; Hettler, 1984). It is possible to understand these principles through the SEM, but there is a particular emotional and spiritual component of wellness that is not addressed completely through SEM. Wellness in this regard can be best understood as:

> ...a way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social; a way of life designed to enable each of us to achieve, in each of the dimensions, our maximum potential that is realistically and rationally feasible for us at any given time in our lives. (Jonas, 2005, p. 2)

No singular dimension or principle of health or wellness can be considered more valuable or purposeful than another.

The dynamic nature of the wellness system is well suited to acknowledge and engage with the variability of each individual's experiences and identities. This idea of wellness as a spectrum informed by a person's individuality is of particular interest when considering the highly subjective and personal, yet at the same time collective, experiences of transgender and gender non-conforming people. While this project aims to uncover some of those shared pieces of an experience a community can come together around via communicative processes, such as shared language and other symbolic representation (in the case of this project, photography), it also recognizes the specificity of an individual's life and process. Using a conceptualization of wellness which

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emphasizes the balance between the personal and the communal helps illuminate a more holistic understanding of transgender and gender non-conforming people on both an individual and community level. Additionally, Jonas (2005) marks the distinction between health and wellness by stating that health is a *state* of being whereas wellness is a *process* of being. Transgender can be understood as both a state and a process so utilizing both concepts is a useful framework from which to approach these inquiries.

Communication Theory of Identity

Now that I have laid some foundational groundwork for organizing and understanding the ways transgender people describe ourselves and our identities as well as discussing ways health and wellness can be better understood, it is vital to further examine specific ways identity has been theorized about within the field of communication. Communication scholars long have been concerned with the concept of identity and ways people's identities are asserted, defined, shifted, and transformed (Hecht, 1993). Understanding ways communication functions not only as a product of but also as a distinct element in forming an individual's identity might help reveal the myriad ways their ideas, beliefs, attitudes, and behaviors are influenced, created, and negotiated in various social settings (Hecht & Choi, 2012). Communication Theory of Identity (CTI) is a helpful theory for understanding this process, focusing not only on the individual and their internalized processes of identity formation but also considering the individual within the various spheres of social and public life they inhabit (Hecht, et al., 2005; Jung & Hecht, 2004).

CTI emphasizes the idea that identity is not just a process but also a product of various social interactions and relations (Hecht, Jackson, & Ribeau, 2003; Jung & Hecht,

2004). The majority of studies utilizing CTI have a particular focus on issues related to racial, ethnic, and to a lesser degree, cisgender identity negotiation but its usefulness has led to an increase in integration into explorations of other relational negotiations including between members of a shared biological family, explorations of relationships between adoptive families and adoptees, and as a framework for designing effective health messaging (Drummond & Orbe, 2009; Kam & Hecht, 2009; Hecht & Choi, 2011; Hecht, et al., 2002; Wadsworth, Hecht, & Jung, 2008; Warner, Halliwell, & Guignon, 2014). Following this expansion of CTI for use within a variety of identity negotiations, the theory is potentially fruitful for examining and perhaps better understanding various complexities within negotiating transgender identities. This assertion appears to be supported by Gergen (2000), stating gender identities are created and recreated through a variety of social interactions and are best viewed as "continuously emergent, re-formed, and redirected as one moves through the sea of ever-changing relationships" (p. 139). Understanding gender as a constant dynamic communicative process is in line with Serrano (2007) and Stryker's (2008) conceptualizations of transgender identities through the constant creation and recreation of trans subjects-in-motion. CTI enables us to illuminate the complexities of these gender identities through *identity layers* and *identity gaps* described in more depth later in this chapter.

Some scholars note that Western cultures approach and understand identity as centered within the individual, but the reality of understanding identity formation and the communicative process is much more complex than these self-centered conceptualizations have been able to account for (Carbaugh, 1989). Carbaugh (1996) notes "social identities are not just made inside a self, but enacted in scenes;

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communication is not just a revelation of self, but its formative fashioning" (p. xiv). CTI

is born from this concept of "formative fashioning," drawing from a diverse compilation

of intercultural influences to build scaffolding from which to understand the complexity

of communication of individual identity (Hecht et al., 2005). Utilizing cultural elements

of collectivity, individuality, and the Grecian concept of the polis, CTI disrupts ideas of

discrete identity categories, examining the overlapping associations between identity and

communication through four specific loci of identity. These loci are integrated between

the individual, communication, relationships, and society, helping uncover spaces within

which identity is stored and layered producing and articulating the diverse perspectives

and experiences unique to an individual (Jung & Hecht, 2004).

These varied perspectives and experiences comprise the individual's identity,

basic assumptions CTI makes about the ways identity is formed and communicated. The

major assumptions of identity as outlined in CTI are:

- Identities have individual, social, and communal properties.
- Identities are both enduring and changing.
- Identities are affective, cognitive, behavioral, and spiritual.
- Identities have both content and relationship levels of interpretation.
- Identities involve both subjective and ascribed meaning.
- Identities are codes that are expressed in conversations and define membership in communities.
- Identities have semantic properties that are expressed in core symbols, meanings, and labels.
- Identities prescribe modes of appropriate and effective communication.
- Identities are a source of expectations and motivations.
- Identities are emergent. (Hecht et al. 2005, p. 263-4)

Operating from these assumptions, CTI allows an entry to conceptualizing and

understanding identity as a dynamic process of convergences, divergences, overlaps,

gaps, and constant slippages. The assumptions illustrate identity as an ongoing process of

communication with the self as well as with others, a concept especially true for

transgender subjects (Hecht & Choi, 2012; Nuru, 2014). Trans people experience unique dialogic processes within which we constantly negotiate and renegotiate our internal experiences of personal and communal identity with the external demands of expected social enactments of gender (Nuru, 2014). The negotiations of these competing demands occur to varying degrees and within various arenas of our lives and appear well suited for exploration with the use of CTI and its identity frames.

Identity frames. Alongside the aforementioned assumptions about the persistent creation, negotiation, and management of identity, another of CTI's major propositions is that within each person, four identity frames exist from which to organize the world. These frames are personal, relational, enacted, and communal (Hecht, 1993; Jung & Hecht, 2004). They can be understood as four separate realms interacting with one another in ways that help build, shift, and nurture identities. The layers are both personal and social, constantly expressed, enacted, and integrated through communication processes between an individual and their relational and social interactions (Hecht & Choi, 2012, p. 139). CTI is unique noting "a person's sense of self is part of his or her social behavior, and the sense of self emerges and is defined and redefined in social interaction" (Hecht, et al, 2005, p. 260). CTI suggests identity is relational and discursive, also recognizing communication as the key process through which an individual and their social environment interact (Hecht, et al., 2005, p. 261). Symbolic significance of the world is imagined and transmitted through social engagement, and identity is created and recreated whenever meanings become attached to, associated with, and organized within an individual. Whether internal or external, identities are formed through and are a product of communication.

Understanding that identity is formed within the four proposed frames of CTI helps locate and understand the perspective an individual has of themselves and their place in the world. The frames represent a cognitive schema for ordering identity and its processes (Hecht, et al, 2005). As mentioned prior, the four layers refer to four distinct realms within which identity can be located: within an individual, within communication, within a relationship dynamic, or within a group or community. These layers of identity may on the surface appear to work alone but they always are functioning in tandem and in tension. Despite the usefulness of considering them on their own for analytic purposes, CTI emphasizes that some of the richest information may come from paying attention to particular ways these frames interplay and interpenetrate one another throughout and across the process of communicating identity (Faulkner & Hecht, 2011; Jung & Hecht, 2003; Wagner, et al, 2016). The following is an explication of some of the basic understandings and assumptions of the four identified identity frames.

The *personal layer* helps provide an individual with a way to define themselves and an understanding of their self-concept, how others perceive them, and their perceived place in the world. This layer is where ideas about who a person is and who a person feels they ought to be are formed as well as where a more metaphysical and spiritual sense of their place in the universe is articulated (Hecht, et al, 2005). According to Hecht, Jackson, & Ribeau (2003), three assumptions are held within this frame: 1) Identities are ordered in relation to the ideas a person has about themselves in certain social settings; 2) Identities are ascribed to individuals by other people; 3) Identities are a source of expectations and motivations. For transgender people, these assumptions may clash with one another as our internal feelings about who we are and our gender identities may

conflict with how others view us or with the ways we are expected to behave based on culturally ascribed gender roles. The *enacted frame* pays attention to the ways people communicate and express their identities and the various meanings made by and through self-(re)presentation. Assumptions within this frame are 1) Identities are emergent and constantly developing; and 2) Identities are enacted and exchanged in social behaviors, roles, and symbols (Hecht, Jackson, & Ribeau, 2003). In CTI, enactments are not only a form of communicative expression of identity but are also considered identity itself (Jung & Hecht, 2004). For transgender people, social and medical transitions are communicative performances that occur within the enacted frame.

The third frame of identity in CTI is the *relational frame*. The relational frame has four levels of processes and interactions: 1) Individuals develop their identity and self-concept in part by how they internalize how others view them (Jung and Hecht (2004) call this *ascribed relational identity)*; 2) An individual understands who they are in relationship to other people, such as through familial relationships or social ties; 3) Identities exist within the context of other, sometimes competing and sometimes complementing, identities; 4) Relationships can develop identities as social units (Jung & Hecht, 2004). Within this layer trans people's identities are formed through interactions with other people. For instance, familial relationships and roles may change as an individual shares their transgender status. The ways we are perceived and received by others is at the core of this frame.

The final frame of identity within CTI is the *communal frame*. This frame is concerned with ways group identity is formed and how people are brought together through a shared characteristic transcending individuality. The key assumption to come

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out of this frame of identity is that identities emerge out of networks and groups, and ideas of collective memory come from a complex understanding of the communicative processes happening within this frame (Jung and Hecht, 2004). When thinking about this frame and how it relates to transgender people, useful to consider is not only the ways our relationships to cisgender people may be influenced by communicating our transgender identities but also the ways we might find a common cause and understanding through relationships and interactions with other transgender people. This layer is especially salient for the *Trans/formations* project, as the project is interested in how transgender people conceptualize a common identity from which to understand our health and wellbeing.

Interpenetration and identity gaps. As described in the section prior each of these four frames act as a layer or space within which various activities related to identity occur. These frames may be analyzed separately but they do not act alone. Rather, every layer in a near-constant process called *interpenetration*. Interpenetration is the process of individual, enacted, relational, and communal identities engaging with one another in various capacities at the same time (Jung & Hecht, 2004). These relationships may be competing, they may be complementary, and they may have no discernable relationship with one another but they all exist within the realm of one individual's experiences and self-perception. For instance, the ways transgender people understand our gender identities (the personal layer) is at the same time interpenetrated by how other people perceive us (the relational layer) with these perceptions also being interpenetrated by the ways our culture understands gender as a social system for categorization (the communal layer). Jung and Hecht (2004) describe these complex and at times competing

relationships as "juxtapositions [of] mutual interdependence… [creating] perspectives on a whole (and holistic), integrated identity" (p. 267). Contained within these juxtapositions are the various dialectical tensions working together to constantly form and reform an individual's identity (Jung & Hecht, 2004; Nuru, 2014).

Through these dialectical tensions between frames, specific forms of interpenetration can occur, complicating relationships between the competing layers of identity. When these complications arise, "tension between contradiction and coexistence can be a source of the dynamic and fluid nature of identity" (Jung & Hecht, 2004, p. 268). We all experience pieces of ourselves incongruous with other parts of who we believe we are and who others perceive us to be, but the existence of these seemingly oppositional parts still coexist to create an individual's identity (Jung & Hecht, 2004). These interpenetrations are described as *identity gaps* or a sense of dissonance occurring within and between the four identity frames (Jung & Hecht, 2004; Nuru, 2014; Wadsworth, et al., 2008). Jung and Hecht (2004) state:

> Identity gaps are an almost inevitable result of communication and social relations. Because communication is not perfect, people are rarely transparent or perfectly consistent. In addition, two people rarely share the same experiential domain nor have the exact same interpretation of social life. Thus, when people come together and communication occurs, identity gaps are unavoidable. One might posit that gaps always accompany communication and are present to some degree in all relationships. (p. 268)

Operating from this assumption that identity gaps are present in all relationships, it is my hope to begin to illuminate and interpret some of the forms, functions, and implications of salient identity gaps expressed within the communicative processes of transgender people participating in *Trans/formations*. Transgender identity negotiation is a discursive process with a variety of possible ramifications on an individual's health and

well-being, contingent on the ways these identity gaps are acknowledged and attended to. The potential for their use in better understanding the needs of transgender people indicates that these sites of identity gaps are worthy of further critical exploration. To that end, I turn now to studies that address transgender identity gaps.

Transgender identity gaps. Despite the fact the literature base on identity gaps is growing, the use of this concept has yet to find its way into much of the communication literature related to transgender identity formation and negotiation. After a thorough literature search in the major databases, I was only able to find two articles expressly utilizing interpenetration and identity gaps as a means from which to understand the communicative nature of transgender identities (Faulkner & Hecht, 2011; Nuru, 2014). Both pieces were published since 2010, perhaps indicating a slow adoption of identity gaps as a useful theoretical concept from which to elucidate transgender identities and some of the challenges experienced by trans people in a cis-centric world.

In their 2011 piece, Faulkner and Hecht examine what they describe as "closetable identities," identities at times that are easily concealed and not necessarily ascribable by outsiders, often only become known through specific disclosure processes (Faulkner & Hecht, 2011). They posit that the negotiation of identity layers is perhaps more complex with certain sexual and religious minority groups because of their marginalized status, possibly leading to a greater potential for gaps to exist within the layers (Faulkner & Hecht, 2011). Focusing specifically on the interplay of LGBTQ and Jewish identities, the authors argue that LGBTQ Jewish people often perceive themselves as being doubly stigmatized due to negative attitudes about queer people and the pervasive nature of anti-Semitism in the United States (Faulkner & Hecht, 2011).

Participants in this study shared personal experiences of the double stigma in semi-structured interviews; the authors paid particular attention to ways the disclosure of the closetable identities are navigated as the four layers of identity interpenetrate. After examining identity gaps in all four layers, the authors determined situational label changing and constant evaluation of relationships is a shared experience for LGBTQ Jewish people contingent on which identity is perceived as dominant in any given situation, and both Jewish and LGBTQ identities are closetable to varying degrees. They note certain enactments of identity carry more consequences than others, something that most transgender people would agree with (Faulkner and Hecht, 2011). The identity gaps present in this study appear to impact the ways LGBTQ Jewish people self-identify over time, perhaps as a coping strategy to reconcile gaps between the enacted, relational, and communal layers of identity (Faulkner and Hecht, 2011). It is suggested this constant identity negotiation may increase coping and resilience for various marginalized communities, a topic I am particularly interested in examining within *Trans/formations*.

Despite using the acronym LGBTQ, the prior study completed by Faulkner and Hecht (2011) did not explicitly address issues related to transgender identities. Focusing largely on LGB identities, the specificities of negotiating trans identities are curiously absent from their identity gap analysis. A 2014 study completed by Nuru responds to this absence, focusing solely on the ways transgender identities are communicatively constitutive. The study in question examines ways the identity frames of CTI might help researchers better understand some of the various identity negotiations in which transgender people engage. Through an analysis of 37 videos narrated by transgender people on the "It Gets Better" project website, the author identifies key tensions present

in different identity layer interactions. The frames Nuru examined are the personal-enacted, enacted-relational, and personal-relational. Identity gaps were present within each of these interactions with Nuru (2014) citing four emergent discursive strategies utilized by trans people as a means to negotiate their identities: closeted enactment, disengagement, passing, and label changing (p. 286). These strategies overlap across identity layers allowing for multiple strategies of identity negotiation to occur at any given time (Nuru, 2014).

Closeted enactment appears to be most frequently cited identity gap for transgender people in this study, closely linked with the interactions of the personal-enacted layer. A common story for trans people in the videos analyzed is the struggle between performing a public identity not in line with the internal feelings of the transgender subject. These contradictory feelings led participants to keep "certain gendered communicative behaviors [such as clothing choices] to private arenas as a means for negotiating tensions," a strategy shaped by the social expectations of gender (Nuru, 2014, p. 287). As suggested in Faulkner and Hecht's (2011) prior study, closeting identities appears to be a strategy within which transgender people navigate tensions related to the personal-enacted identity gap. Disengagement is found within the personal-relational identity gap, focusing on the ways transgender people may avoid certain relationships as a means to navigate discomfort brought up through identity negotiation (Nuru, 2014). Some trans people may pull away from certain relationships as they begin to publicly disclose transgender identity, creating distance between themselves and others as a sort of psychic buffer.

Passing is a second strategy employed within the personal-relational identity. Rather than pulling away from relationships as disclosure of trans status occurs, passing employs navigational strategies to obfuscate transgender status (Nuru, 2014). This process was used as a means to either maintain pre-existing romantic relationships wherein transgender people hid their trans status to pass as cisgender and denying their own identities in favor of other people's expectations, or it was used to fully inhabit the gender with which the participants identify.

The final discursive strategy Nuru (2014) discusses is label changing. This strategy exists within the enacted-relational identity gap and is present when there is tension between how a person enacts their identity and how others ascribe identity to the transgender subject (Nuru, 2014, p. 290). Many transgender people go through various forms of label changing such as choosing a new name and shifting gender pronouns, and as these adjustments occur, other people's expectations of the trans subject may come into conflict with the trans person's actions (Nuru, 2014). This study suggests this identity gap may have major implications for familial structures and relationships. While these tensions are challenging at times, they can also lead to deeper relationships between transgender people and their relatives.

The discursive strategies explicated in these studies suggest identity frames of CTI and impending identity gaps inevitable in communication serve as a rich site of inquiry into understanding the lives of transgender people. Because transgender identity negotiation is a unique discursive process, communication scholars are especially well-suited to continue this route of investigation. *Trans/formations* builds upon these studies

with what I hope is a more intersectional approach, engaging all four layers of identity and attending to more identity gaps than are present in the current literature.

Transgender Health Communication

As I write this dissertation, I feel hopeful that there appears to be steady growth in health communication scholarship paying attention to the varied and particular needs of LGBT people (Bonvicini & Perlin, 2010; Drumheller & McQuay, 2010; Goins & Pye, 2012; Mimiaga, et al., 2007; Rose and Friedman, 2012; Zoller, 2005). Because of the various ways health experiences and outcomes might be influenced by the ways LGBT identities are formed, expressed, navigated, and negotiated, communication scholars are uniquely equipped to take up and address issues related to LGBT health. Much of the early LGBT health communication research has centered on gay men, focusing an inordinate amount of attention on their perceived relationship to HIV and various risk behaviors (Mimiaga, et al., 2007; Spencer, 2015). Attention to other issues and groups has been slowly increasing, Spencer (2015) suggests that "the 'T' too often tacked onto the end of 'LGBT' demands a spot at the center of communicative and rhetorical analyses" (p. ix). Despite calls for more attention to transgender health using a communication lens, there remains a dearth of high quality, focused research within this specific arena.

Even though communication scholars might be some of the most well suited to study transgender health communication issues, only a handful of studies dedicated to transgender health can be found in communication journals (Kosenko, 2010; Kosenko, 2011; Ramierez-Valles, Kuhns, & Manjarrez, 2015; Redfern & Sinclair, 2014). Kosenko's work is the most well-known and frequently cited, focusing on various

communication strategies and negotiations between transgender individuals and their sexual partners (2010; 2011). The first study looks at safer-sex negotiations between sexual partners, centering the perspectives of transgender people (Kosenko, 2010). In a series of interviews with self-identified transgender people, the author found trans people's self-disclosure of their transgender status brings up dialectical tensions between the management of the need for emotional safety and physical safety, as well as balancing the needs for sexual and emotional health (Kosenko, 2010).

To help mitigate tension between emotional and physical safety, participants mediate their coming out to their partners as trans through the use of online methods such as email, online chatting software, or the telephone (via phone call or text message). Creating physical and psychic distances is a strategy trans people employ when identity goals, such as being seen as a whole person rather than a one dimensional composite of a transgender person, come into conflict with relational goals such as being in an intimate and/or sexual relationship with a cisgender person (Kosenko, 2010). When balancing the tensions between sexual health and emotional health, participants shared fears of rejection from cisgender sexual partners if they were insistent upon utilizing safer sex practices. The majority of trans respondents share that they feel lucky to find someone who finds them sexually attractive and unwilling to risk losing the relationship over sexual health negotiations (Kosenko, 2010, p. 137). Participants often neglected one of these competing needs for the other, leading to an internal sense of conflict.

In Kosenko's (2011) second study on safer sex communication with transgender people, the author explores in more depth when and how trans people disclose their transgender status to cisgender sexual partners and the ways they mitigate the various

forms of risk related to this type of revelation. Using communication privacy

management theory, the author examines passive, active, and interactive strategies trans

people use for reducing uncertainty about prospective sexual partners (Kosenko, 2011).

Passive strategies include observing potential partners in various social settings and

situations and making judgments based on appearance and demeanor; active strategies

involve asking other trans people about experiences with potential sexual partners and

creating online profiles to screen out cisgender people who could have negative reactions

to a disclosure of transgender status (Kosenko, 2011, pp. 484-85). Interactive strategies

employed by trans participants include engaging potential sexual partners in

conversations about their sexual histories while attempting to gauge the honesty of their

conversational partner. Focusing on descriptions of these trans people's conversations

about safer sex shows not only the explanatory power of communication theories in the

health of transgender people but also suggests the need for more focused work within this

realm.

Redfern and Sinclair's (2014) work seeks to improve health-care encounters and

communication with transgender patients. Their literature review explores various

structural and communication barriers to trans health highlighting numerous arenas

within which communication scholars might be able to focus research efforts to help

improve health outcomes of transgender people. They provide issues of practical concern

for providers to address when working with transgender clients such as HRT, gender-

identity related issues, medical procedures to aid with gender transition, safety concerns,

substance use and abuse, side effects of cross-sex hormones, mental health concerns,

safer sex issues, and other social issues such as employment, housing, and educational

discrimination (Redfern & Sinclair, 2014, p. 30). In addition to these practical issues, the

authors synthesized a list of suggested questions for every health care provider to

consider utilizing in various clinical encounters with transgender clients. These questions

include:

- How do you identify your sexual orientation, gay/lesbian, straight, bisexual?
- Are you sexually active? Do you practice safe sex at all times?
- Are you monogamous, or do you have multiple partners?
- Have you been tested for HIV and other sexually transmitted diseases? What were the results?
- Would you describe your gender as male, female, transgendered, other gendered?
- If transgender or other gender
  - Do you have a preferred name that I can use?
  - Are your medical records and insurance under your preferred name?
  - Are you taking any medications or hormones at this time or in the past?
  - Have you had any gender affirming surgical procedures?
  - Do you have a supportive community and/or family?
- Do you ever feel that your sexual orientation or gender identity has a negative impact on your sense of self-esteem or could be related to feelings of depression, isolation, or thoughts of self-harm?
- Have you encountered discrimination or sexual or physical abuse related to your expressed gender or sexual orientation?
- Are there any questions you want to ask me about these issues, or is there anything you want to share with me related to your sexual orientation or gender identity? (Redfern and Sinclair, 2014, p. 33)

Though this list of questions is not comprehensive, nor should every question be asked in

every situation, it serves as an excellent starting point in bridging the communicative gap

between trans people and clinicians that contributes to the health disparities experienced

by this community.

The final study dealing with transgender health through a communication lens is a

pilot study of a film-based intervention used to reduce negative attitudes and perceptions

of gay and bisexual men and transgender women living with HIV by cisgender people in

Latino communities (Ramierez-Valles, Kuhns, & Manjarrez, 2014). The intervention, *Tal Como Somos/Just as We Are,* is a short film using concepts related to stigma and attribution theories, featuring a transgender woman coping with rejection by her family and friends through substance use. The authors reviewed literature related to using audio/visual methods for education and attitude change, discovering that even though there are materials intended to help reduce stigma and negative attitudes towards the communities they were targeting, none had been developed using empirical research on attitude and behavior change (Ramirez-Valles, et. al, 2014, p. 480). Using prior research by the authors linking stigma to sexual risk behaviors and substance use in Latinos, the research team created a culturally relevant video project aimed at guiding the viewers through "an interpretation of stigma, its consequences, and ways to address it through individual and social change" (Ramirez-Valles, et. al, 2014, p. 481).

Focus groups were held throughout various stages of pre-production, production, and post-production phases of the project. Two versions were made, one in English and another in Spanish, with discussion guides to be used in tandem with screenings of the film. When the intervention was presented to various focus groups, 65% of participants indicated they learned something new from viewing the film, 72% enjoyed the film, and 77% said they would recommend it to their friends (Ramirez-Valles, et. al, 2014). Though this film featured a character that identified as transgender, there were no specific attitudinal measures presented in the study to indicate that feelings specifically towards transgender people were impacted one way or another.

These studies represent the current body of transgender health research within the field of communication. This dearth of literature is an opportunity from which the

Trans/formations project can grow. Because there is such little work being done within the field any addition is a welcomed addition. Specifically, *Trans/formations* contribute to the literature by being the first health communication study conceptualized by a transgender researcher while explicitly centering the practices and experiences of trans people. Additionally, it is the first to center wellness as a concept. In this chapter, I have reviewed studies related to the communication practices of transgender people, but the majority have been completed by cisgender researchers. *Trans/formations* is informed and developed by transgender people, completed and participated in by transgender people, and is explicitly concerned with perceptions of transgender people about their health and wellness. While Kosenko's (2010, 2011) work serve as strong examples of ways the experiences of trans and gender non-conforming people might be centered within academic research, the heavy emphasis on medical transition and negotiation of safer-sex practices still perpetuate two-dimensional views of transgender and gender non-conforming lives as preoccupied with a corporeal existence and binary modes of gender expression. This study challenges these narratives, opening up conversations about transgender health and wellness beyond the scope of transition and sexual practices. *Trans/formations* lays the foundation for future transgender health and wellness communication studies by holding space where trans and gender non-conforming participants are encouraged to represent and speak for themselves. This project shifts away from top down, expert-driven research paradigms to emphasizing local and community knowledge instead. Though this is only one study, *Trans/formations* has potential to act as a guide for future communication research studies on the health and wellness of transgender and gender non-conforming people.

Summary

This chapter has been a review of the various literature bases related to conceptual and social issues addressed within *Trans/formations.* I began with a contextualization of the increase in transgender representation in mainstream fictional and news media, highlighting some of the current issues related to public policy and transgender people's experiences. The rise in attention to transgender celebrities such as Caitlyn Jenner and Laverne Cox also illuminates various spaces within which transgender people are considered threating, such as bathrooms and other intimate sex-segregated settings, such as dressing rooms and locker rooms. Attention given to quandaries such as where transgender people are expected to go when we need to relieve ourselves illustrates issues of increasing importance when trying to understand particularities of the experiences of transgender people. As these stories continue with more frequency, issues related to various health and wellness concerns of transgender and gender non-conforming people will also likely rise.

Utilizing an understanding of health and wellness through a social ecological model allows the current study to move beyond clinical understandings of health for transgender people and into more holistic and comprehensive conceptualizations including emotional and psychosocial issues. Though transgender people may indeed have unique clinical issues to attend to such as medical transition, we also experience extreme forms of discrimination and harassment extending beyond interpersonal relationships and into organizational and communal realms, making the social ecological model of health (SEM) an ideal framework for approaching transgender health and wellness.

Despite the best efforts and recommendations of the federal government, data collection and analysis related to transgender health and wellness are not currently routine or prioritized. The information we do have is piecemeal, often aggregating data leaving out actual voices of transgender and gender non-conforming people in final reports. While TGRCNM has made a few good-faith attempts at addressing information gaps in New Mexico by working with CETH, employing CATCH analyses, and hosting Transgender Summits, these efforts still fall short when highlighting the daily experiences of their clients. *Trans/formations* explicitly addresses this deficit of representation in transgender data collection creating a project explicitly centering the voices and experiences of transgender people living in New Mexico.

Additionally, communication theorists lag behind in the utilization of our field's particular theoretical approaches in understanding various specifics of transgender identities and experiences. Though the studies discussed in this chapter are strong examples of ways communication theorists are engaging with questions of transgender experiences the profound lack of studies that currently do so is unacceptable. Highlighting CTI within this work provides one example of how communication theories might extend into questions of transgender identities and experiences, addressing some complexities which arise in the lives of transgender people as we navigate through a predominantly cisgender, binary world. This theory understands identities as being the product of social interactions and relationships. Given transgender identities are frequently constituted through communication processes, CTI is in an especially well-suited theory to be able to help mitigate some of the communicative complications experienced by transgender and gender non-conforming people. The theory's four frames

of identity (personal, relational, enacted, and communal) help illustrate different areas of a transgender person's life impacted by discordant physical sex and gender identity. Interpenetration of these frames demonstrates various contradictions transgender people must navigate on a regular basis. Identifying and naming moments of contradiction within a transgender person's experience provides not only a vocabulary to describe the dissonance of our experiences as transgender people but also lends some legitimacy and validity to what we go through as transgender and gender non-conforming people in a world designed largely by and for cisgender, binary people.

Nuru's (2014) identification of four strategies used by trans people to manage interpenetrations (closeted enactment, disengagement, passing, and label changing) demonstrate the explanatory power of communication theories in transgender studies and potential for communication to aid in the overall betterment of transgender health and well-being. *Trans/formations* in its unique synthesis of transgender identity, health and wellness, and attention to communication as a means to understand identities as emergent and dynamic; *Trans/formations* also builds upon and adds to extant communication literature focusing on transgender experiences. *Trans/formations* hopes to fill a gap in attention to transgender health and wellness from a trans-centered perspective, adding to a growing body of literature in the health communication subfield.

By building this foundation of knowledge through an interdisciplinary mixture of academic and experiential data, I hope to convey a broad and interdisciplinary understanding of transgender health and wellness. Each of the concepts presented within this literature and theoretical review has had a significant influence on the ways *Trans/formations* was organized, implemented, analyzed, written, and presented.

Building from this literature base and synthesis, the following section details the

methodological frameworks and processes guiding the development and implementation

of *Trans/formations*.

CHAPTER 3

Methodology

Trans/formations is a four-week, community-based participatory research (CBPR) project working with photography and the Transgender Resource Center of New Mexico (TGRCNM) to better understand how transgender and gender non-conforming people conceptualize and understand wellness in their lives. During these four weeks, participants gathered data to be analyzed both as a group during the Photovoice sessions, and by me individually, at a later date. This section deals with the methodological approaches of this research project.

Methodological choices not only determine the process and flow of a research project but also "draw attention to the fact that the tools and approaches (methods) that we use make sense of reality, are not mere neutral techniques but come with an ideology that makes the 'reality' seem quite different" (Saukko, 2003, p. 25). The methodological choices I make inevitably have implications for the transgender and gender non-conforming community who chose to participate in this project. While I may not be able to fully recognize all of the end consequences of these choices, it is still my responsibility not only as a researcher but also as a member of the community to be as transparent as possible in detailing the research design of *Trans/formations*. This transparency provides clarity and helps build trust among all those engaged in the research process.

This chapter is organized in the following way. First, I detail the origins of this project including aspects I have not yet covered about my own relationship to TGRCNM and the community participating in *Trans/formations.* I then discuss the motivation behind situating this work within the participatory inquiry paradigm and subjective-

objective knowledge. I introduce community-based participatory research (CBPR) as an orientation to conducting this research and then discuss the particular elements of the research protocol. I discuss the design and use of the Photovoice method, and introduce prior Photovoice projects completed with transgender participants. I introduce the participants of *Trans/formations* as well as discuss the photography and conversation sessions. I then turn to Cultural Discourse Analysis (CuDA), explicating the methods of this orientation used to code and analyze the data. The discussions in this chapter help frame the analysis and findings in subsequent chapters.

Origins of the Study and Research Site

TGRCNM is located in the heart of the Nob Hill neighborhood of Albuquerque, New Mexico. Situated on the southeastern corner of Copper Avenue and Morningside Drive, TGRCNM is located near various LGBTQ-owned, operated, and focused business in what might be described as the city's best attempt at a "gayborhood." This location is strategic as it places the center within close proximity to other establishments frequented by transgender and gender non-conforming people in the city such as Albuquerque Social Club, an LGBTQ "members only" club with a large trans clientele, and Self-Serve Sexuality Resource Center, a sex-positive space for people of all genders and sexualities. It is near Central Avenue, one of the main strolls used by transgender people in Albuquerque who participate in survival sex work, and it is off of major public transportation routes.

I chose to do my dissertation research at TGRCNM because I have an intimate relationship with the Center. As stated, I have been both a client and a volunteer with the organization since moving back to Albuquerque after completing my master's degree in

Austin, Texas in 2010. I identify as transmasculine and genderqueer and have accessed

services such as support groups, medical referrals, and legal advice through TGRCNM. I

also participated in the Center's speaker's bureau, speaking about trans issues at various

medical clinics, hospitals, social service agencies, and community groups across the state.

At the time of *Trans/formations,* I was a co-facilitator of the bi-weekly trans youth

support group. I have engaged with a number of programs within the Center and believe

strongly in their mission to be a major source of support and strength for the trans

community across the city and state.

Not only am I a trans-identified person, I am also a researcher-in-training at the

University of New Mexico (UNM). My studies at UNM have emphasized the

communicative aspects of health disparities in LGBTQ communities and with people

living with HIV. Soon after beginning my studies at UNM, I was invited to be a research

assistant on a multi-year needs assessment for Ryan White Act-funded clinics across New

Mexico, identifying various strengths and areas for growth as perceived by clinic staff

and clients and satisfying federal Health Resource Service Administration yearly

assessment requirements. During my time on that interdisciplinary team, I became more

invested in finding ways to utilize my academic research skills to build community

capacity. I am interested in continuing to use my position as a researcher to deeper

explore the complexities of transgender health disparities, interrogating the ways

communication processes might help researchers and public health professionals better

understand how to engage with transgender populations in order to mitigate the often

negative health outcomes that transgender people experience.

As mentioned in Chapter 2, my frustration with the lack of community representation in the *CATCH* assessments completed by the UCSF team birthed my desire to build a project specifically highlighting the voices of trans people in Albuquerque. I am fortunate to have invested time and energy into relationships with not only the leadership at TGRCNM but also with the other community members prior to even considering conducting my dissertation research in the space. I would not have been able to complete this project with TGRCNM had I not already been embedded in the community, and I do not believe we would have built such a rich body of data. Additionally, TGRCNM is uniquely seated to support this type of community-centered research because it the only standalone physical space in the United States exclusively dedicated to supporting the needs of transgender and gender non-conforming people. The opportunity to work with and within TGRCNM is a rare experience, offering the possibility and potential for a reciprocal research process.

Research Questions

In order for any entity to provide the most appropriate health-related services for transgender people living in Albuquerque, it is necessary to understand what transgender people living in Albuquerque believe are our most pressing health- and wellness-related needs. To uncover these beliefs, we must understand ways transgender people are communicating about our personal health and wellness and about the health and wellness of our community. As mentioned earlier, I selected TGRCNM as the research site in part because of its role as a social and services hub for transgender people in Albuquerque. The Center serves as a physical venue where questions about transgender health and wellness can be safely explored in-depth. There have been numerous health and wellness

related programs and workshops hosted in the space, and it is not uncommon for these to be topics of conversation even outside of these events. This study analyzes how communication and sense making about health occurs within the transgender community of Albuquerque by asking the following questions:

> **RQ1:** What are transgender and gender non-conforming people in Albuquerque communicating about their personal and community health and wellness within the images collected for Trans/formations?

> **RQ2:** What core cultural premises about transgender people and transgender health and wellness are present in the images and subsequent conversations with transgender people in Albuquerque?

To explore these questions, this research focuses on the experiences of transgender and gender non-conforming people living in Albuquerque. Utilizing Photovoice as a method I worked with other transgender people to build narratives and group generated analyses to illustrate ways we make meaning of our experiences related to our personal health and wellness as transgender individuals as well as how we understand health and wellness in our community. Situating this work in the participatory paradigm, I will now expand on the philosophical foundations of *Trans/formation,s* which influence the methodological approach taken within this work.

Philosophical Foundations of *Trans/formations*

Guba and Lincoln (2005) made a significant contribution to qualitative research through their explication of four different philosophical paradigms of inquiry: positivism, post positivism, critical theory, and constructivism. These paradigms can be viewed as ways basic beliefs about the world around are known and understood and represent four

major ways research can be framed. These paradigms are described in *ontological* terms meaning they ask questions related to the nature of reality and what we can know; *epistemological* terms meaning they ask questions about the relationship between what is known and any potential knower; and finally, *methodological* terms meaning they ask questions about how an inquirer might go about collecting information about what they believe can be known (Guba & Lincoln, 2005).

Ontology. The first two paradigms examined by Guba and Lincoln (2005), positivism and postpositivism, focus on the creation of externally verifiable "objective knowledge" building upon previously constituted knowledge. These paradigms are considered the "traditional" approach to research with a very clear delineation existing between the researcher-expert and a participant-subject. These approaches also assume that there is one Reality, that this Reality is objective, and that this Reality can be definitively known. I have never been comfortable with the idea of there being one objective truth, and the fact that I have been through so many personal transitions in my own life make me less likely to rely on this type of paradigm in my work. The final two paradigms outlined by Guba and Lincoln (2005), critical theory and constructivism, share ontological goals beyond building an objective knowledge base instead working towards larger objectives of liberation and social change. These two approaches feel more useful to me, with their potential for expanding ways we conceptualize and understand the existence of realities, plural-subjective, as well as approaching research in a manner engaging researchers and research participants in concert.

The participatory paradigm as described by Heron and Reason (1997) pushes these final paradigms even further emphasizing the importance of the interplay between

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the knowers in a research scene (researchers and participants) and the world these knowers exist in. Research encounters are interactive and interconnected, resonating deeply with the process of *Trans/formations*. I am in the position of researcher in this project but I also straddle the line of participant and community member. I exist in a world where all of these identities exist in tandem, and the realities I inhabit interact with the worlds of the other participants in the project. We all bring multiple lenses and experiences to *Trans/formation*s, and we co-create a shared world during our time together. Participatory paradigmatic work emphasizes this process of co-creation moving beyond the binary divisions of researcher and the subject ideally into something more than a sum of its parts.

Epistemology. Epistemologically, the participatory paradigm suggests that questions are known in four different but linked ways: practically, propositionally, presentationally, and experientially (Heron & Reason, 1997). These forms of knowledge work together, creating critical subjectivity, an interactive and dynamic approach to understanding the world that each of us experiences. *Practical knowledge* is shown in the skill and competence to complete specific tasks; *propositional knowledge*, or knowing in a conceptual way, is shown through the creation of theories and concepts; and *presentational knowledge*, is the way people symbolically present the fourth type of knowledge, *experiential knowledge,* to the world (Heron & Reason, 1997). Experiential knowledge is unique to the participatory paradigm. It is direct and immediate, more than simply an encounter, but an encounter within which one "resonates with a being, so that as a knower I feel both attuned with it and distinct from it" (Heron & Reason 1997). This felt participation and knowing through experience articulates a reality shared between all

knowers, entities, places, and things in the encounter, and also a subjective experience for each being involved.

Trans/formations builds a framework within which I, a student-researcher who also self-identifies as transgender, and the project participants, other people who identify as transgender and gender non-conforming, share research responsibilities over an agreed-upon duration of time, co-creating a body of knowledge to enhance collective understanding of transgender health and wellness. *Trans/formations* asks participants not only to look at their lives and experiences through a lens of transgender health and wellness but also asks them to share these often intensely personal experiences with other transgender people. By creating a space within which we build this shared reality through mutual contribution, vulnerability, and trust, participants engage with one another in ways that are at once communal and deeply personal. By working closely with TGRCNM and other transgender people living in Albuquerque, I hope this work resists the positivist tradition of *doing research on people,* instead turning towards the participatory paradigm of *doing research with people;* specifically, *doing research with transgender people.*

Subjective-objective knowledge. I hope *Trans/formations* emphasizes the idea that meaningful knowledge can and should be created in a collaborative manner between all parties engaged in the research process (Guba & Lincoln, 2005; Heron & Reason, 1997). Though other research paradigms such as critical inquiry and constructivism support the creation and use of co-constructed knowledge, they do not share the participatory inquiry's belief experience always creates subjective-objective knowledge (Guba & Lincoln, 1994; Heron & Reason, 1997). This means knowledge is born of the interplay between internal experiences of the self and external experiences of the world in

which the self exists; ultimately coming together creating layers of description informing ways we understand and interpret what is going on around us (Heron & Reason, 1997). Experiential knowledge is always concerned with co-constructed realities born of interaction, each person being the expert on their own experiences and interpretations of various interactions.

The process by which experiential knowledge creates the lens through which an individual sees, constructs, and interprets the world around them best can be described as *subjective-objective knowledge* (Heron & Reason, 1997). Subjective-objective knowledge is relative to the knower and the world within which this knower exists and is a dynamic process. Because this interplay between the self and the world is constant there is no fixed experience of reality and to experience the world around us "is to participate in it, and to participate is both to mold and to encounter" (Heron & Reason, p. 3, 1997). *Trans/formations* asks each participant to bring their experiential knowledge both in the form of photographic images and personal interactions into conversation with the group during each of the four sessions (to whatever degree they are comfortable). Sharing these images and conversations creates layers of realities within which each participant molds and encounters their own subjective-objective knowledge perhaps deepening their relationship with themselves as well as with other transgender and gender non-conforming people.

Cultural Discourse Analysis as a Framework

The definitions for transgender and other related phrases provided within this project serve as a useful starting point for understanding some of ways transgender people identify ourselves, our experiences, and the particularities of our lives. Most of the

transgender people in this study shared that the moment they understood themselves as *transgender* was a watershed moment of self-identification and personal discovery. Despite carrying these trans experiences inside of us throughout our daily lives (most of us for many years prior to learning that there exists a term to accurately describe ourselves), not until we were able to name these experiences did they truly came into being. For transgender people, labeling ourselves can hold "restorative potential [through] a distinctive, highly individualizing act of identification" (Milstein, 2011, p. 5). Most people do not and will never self-identify as transgender but for those of us who do, the act of labeling oneself *trans* can signify a powerful moment of self-recognition. Learning there is a word within which we can locate our true identities after years of wandering through identities that do not quite fit can, indeed, be a restorative practice. The following section examines ways recognitions of identity might function as a system through which we are able to organize and better understand the ways culture is a product of larger discourse systems (Carbaugh, 2007, p. 169).

The sense of cultural identity as inextricably linked to symbolic communicative forms such as the social label *transgender* is at the center of frameworks related to a communication theory of culture (Carbaugh, 1996; 2005; 2007). In these theories, cultural identities are understood as products of communication practices, implying that "one's sense of who one is derives from the particular arrangement of social scenes in which one participates" (Carbaugh, 1996, p. 22). Who we are and how we present and represent ourselves is contingent on various scenarios within which we find ourselves located.

Instead of relying solely on internalized experiences as the primary source of cultural identity and connectedness, communication theories of culture assert identity is created and recreated constantly within the context of the relationships we have with others and the environments in which we inhabit (Carbaugh, 1996; 2007; Covarrubias, 2002). Covarrubias (2002) supports this sentiment, stating culture and communication are "constitutively and reflectively interdependent" (p. 12). That is, communication and its various symbolic articulations of culture coexist in a dynamic relationship wherein one not only informs the other but the two functionally rely on one another. Carbaugh (1996) emphasizes this point, stating that "without a social scene within which to enact an identity, and without having some degree of validation of that identity...the force of that identity is...without social life" (p. 25) In this sense, without culture there is nothing especially notable for an individual to communicate and without communication there can be no meaningful conceptualizations of culture.

Pushing the assumption that culture and communication are interconnected further, Carbaugh (1996; 2005) believes certain identities are more relevant in certain situations than they are in others. He suggests any identity can be better understood as

> a set of communicative practices that [are] more noticeable or salient in some social scenes than in others. Just as an individual is more adept at some identities (e.g. being a teacher, or Argentinean) than others (e.g., being a business executive, or a Russian), so too are some social scenes designed for some identities more than others. This is a way of...moving the site of identity from the individual into actual scenes of communicative action. (Carbaugh, 1996, p. 25)

Culture again is socially constructed by processes of communication. Transgender people are not recognized as transgender by some imperceptible or ethereal quality; rather, we are recognized as transgender through the various forms of gendered expressions which

we choose (and sometimes do not choose) to communicate to ourselves and to those around us. Moreover, there may be instances where the recognition of a person as transgender is secondary or even tertiary to any other number of social identities. Making distinctions between salient cultural identities within a communicative scene is at the core of being able to understand the communicative relevance of identities at play in any given situation (see Hymes, 1962) and can be especially helpful in understanding transgender people's relationships to health and well-being in various situations and experiences.

Building upon these assumptions of culture as socially constructed through the processes of communication, I employ the use of Carbaugh's (2007) Cultural Discourse Analysis (CuDA) as a framework throughout this project. CuDA is primarily concerned with the particular communicative practices used by people in specific cultural scenes (such as this study), the deep meanings that exist below the surface of these communicative processes within certain cultural groups, and what these meanings mean to all of the people and communities who experience these communicative processes (Carbaugh, 2005; 2007). Serving as a starting point from which to begin understanding taken for granted discursive elements within a community or culture, CuDA ensures communities are assessed in their own particular way, on their own particular terms, and through their own particular explanations (Carbaugh, 2007, p. 168).

To this end, there are three specific types of questions or problems that are especially well suited to being explored through this framework: those related to functional concerns; those related to structure; and, those related to cultural sequences or forms (Carbaugh, 2007, p. 169-70). Functional questions ask what is actually happening when people communicate in particular ways. Within *Trans/formations*, functional

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questions examined are related to the ways transgender people understand ourselves not only as individual transgender people but also through the discursive relationships that we create with other transgender people and fostering a sense of community with one another. Additionally, functional questions often link back to identity, action, emotions, relationships, and dwellings, also described as *cultural radiants* (Carbaugh, 2007, p. 169). These radiants act as spaces within which social life is communicated. Questions related to structure ask how communication is put together and what the main cultural components of the communicative event might be. *Trans/formations* participants discussed various types of terms and phrases specific to a transgender experience. For instance, when a transgender participant in this study mentioned "taking T," nobody in the group stopped the conversation to ask for an explanation of what was meant when the participant used this phrase. This group of transgender people shares an understanding of "T" as a nickname for testosterone, a form of hormone replacement therapy often included in medical transitions for transmasculine people. The use of this term within this particular social scene indicates it is a term that is "deeply felt, commonly intelligible, and widely accessible to participants" and likely holds some sort of shared meaning for those in the group (Carbaugh, 2007, p. 170). Uncovering these types of particular deep meanings is part of the usefulness of CuDA within this project and in general.

The final questions for which CuDA is well suited are those related to sequences or forms. These questions ask what act sequences make up a certain communicative scene? Carbaugh (2007) suggests that using Philipsen's (2010) understanding of speech codes helps illuminate the sequential factors of a setting. This takes into consideration the ways different myths, rituals, dramas, actions, and other communicative events occur

(Philipsen, 2010). For transgender people, this can help illuminate the taken-for-granted nature of various processes, such as coming out as transgender, medical or social transitions, anxieties related to passing, being misgendered, and more. These sequences speak not only to how transgender people view ourselves and one another but also how we are perceived and received in the world outside of this particular project. Furthermore, these meanings help to order the larger ways we discursively understand masculinity and femininity.

By using CuDA to orient this project to pay attention to these types of questions, I ensure the focus of the study stays on the various dynamics influence social life. Understanding this framework as a way to situate "a historically transmitted expressive system of communication practices, of acts, events, and styles, which are composed of specific symbols, forms, norms, and their meanings" (Carbaugh, 2007, p. 169), I engage in a dynamic interpretive process within which new ways of seeing, understanding, and interacting with cultures become clearer than they would have been without using CuDA as a guiding framework for the study (Carbaugh, 2007; Milstein, et al., 2011).

Core cultural premises. When data is collected, the project can move to the interpretive mode of CuDA (Carbaugh, 2007). This is the mode within which we begin to assess and understand what core cultural premises are present within a certain community (Carbaugh, 2005; Milstein, et al, 2011). Core cultural premises are the taken-for-granted symbols and meanings circulating within a culture, ideas holding significance and relevance but perhaps not explicitly referenced (Carbaugh, 2007). Within the project in question, interpretation begins with the first round of group analysis of photographs. In order to do this the group will utilize the acronym SHOWeD, as popularized by Wang

and Burris (1997): (1) What do we See?; (2) What is really Happening in the picture?; (3) How does this relate to Our lives?; (4) Why does this problem or strength exist?; (5) What can we Do about it? Through these steps of group analysis themes present themselves, and conversations about these themes occur. Carbaugh (2007) notes in these instances it is important to pay attention not to what we as researchers think is happening but rather what people tell us is happening. The role of the researcher here is to be sensitized to these reports and enactments while understanding the variances as they relate to people's experiences.

When moving to do further interpretation, Carbaugh (2007) suggests that CuDA especially is useful for three major types of research questions. These questions relate to interactional concerns, structural concerns, and sequential concerns. Interactional concerns deal with what is actually getting done in a communicative scenario. These questions address what people are actually doing and what they think they are doing. With regard to the transgender community of Albuquerque, this might relate to the ways people interact with one another. Seeing TGRCNM as a space of interactional discourse may be useful in understanding how identity is formed and communicated.

The second type of research question for which CuDA is useful is questions relating to structure. This deals with the ways communication is set up. How do people name the things around them? What are the major features and elements? With regard to transgender people, this can be the highly localized language used by the in-group: F2M, passing, transition, getting my letter, taking T. This calls attention to the taken-for-granted knowledge of this language.

The final type of question well suited for CuDA is related to sequential features. What act sequences make up a certain communicative scene? Carbaugh (2007) suggests that using Philipsen's (2010) understanding of speech codes helps illuminate the sequential factors of a setting. This takes into consideration the ways different myths, rituals, dramas, actions, and other communicative events occur (Philipsen, 2010). These sequences speak not only to how transgender people view themselves but also how they are viewed in the world outside of TGRCNM and again, to the larger ways we discursively understand masculinity, femininity, and gender in general as a system of communicative acts.

CuDA provides a useful framework from which to approach both the process and product of my research at TGRCNM. Its attention to different cultural radiants and research questions allows for a semi-formalized structure for analysis without forcing the researcher to adhere to a strict set of procedures. By accepting cultures on their own terms, in their own terms, and with their own explanations, CuDA encourages researchers to set aside their own agendas and engage in a process of co-learning (Carbaugh, 2007).

Community Based Participatory Research as a Framework

Community-based participatory research (CBPR) is an orientation to research emphasizing balance and equity within research partnerships (Minkler & Wallerstein, 2003). It is not a methodological practice in and of itself but is rather an approach to working with communities in order to create sustainable interventions for the benefit of all involved in the research partnership and process (Israel, et al, 2003). Moreover, CBPR challenges the ways we think about research standards and processes, operating under the rubric of creating large scale, systemic change (Israel, et al, 2003; Wallerstein & Duran,

2006). According to Minkler and Wallerstein (2003), CBPR is driven by an engagement of four core principles: *participation, knowledge, power,* and *praxis.* These four concepts have been at the core of traditional research paradigms, but have always worked in the interest of the University and other major funding sources (Minkler & Wallerstein, 2003). CBPR aspires to challenge the ways these concepts have traditionally been deployed, emphasizing the relevance of participation, knowledge, power, and praxis on a community based level. Rather than dominant structures having all of the say within a research context, CBPR attempts to disrupt this dynamic by inserting the voice of communities where it has long been absent. I will now describe the four principles in more detail.

Participation. The desire to participate in research projects may be a tenuous question for some communities to answer given the unfortunate tendency of researchers to parachute into a community, gather data, and leave, never to be heard from again (Cochran, et al., 2008). This sort of "helicopter research" has led to a systematic propagation of abuse under the guise of education of indigenous and otherwise marginalized groups resulting in mistrust of researchers by certain communities (Cochran, et al., 2008). CBPR attempts to counter this colonial research narrative with one emphasizing a rebuilding of trust through engaged participation of the community at every level and every stage of the research process (Israel, et al., 2003; Minkler & Wallerstein, 2003). CBPR interrogates dominant ways research is practiced, asking participants and researchers to work collaboratively. Hands-on processes engage the diversity of communities in ways traditional research not only cannot but does not care to.

Minkler & Wallerstein (2003) suggest creating advisory boards to build and deepen relationships between community members and researchers ensuring participation at all levels and stages of the research process. I decided this was not necessary in *Trans/formations* because I was volunteering weekly at TGRCNM, and my presence at the Center was frequent and normalized. I already invested time and emotional energy into genuine, trusting relationships with a number of individuals in the space and a number of people indicated interest in the project early on. What has proven to be difficult is remaining reflexive throughout the process. My position and participation within this project is unique in that I am a member of the transgender community but also a member of the research community.

I know the fact that I am a visible member of the Albuquerque transgender community influenced some of the *Trans/formations* participants to join the project. There is an implicit trust with my name being attached to the project, while beneficial for me and my end goals might not be something participants spend time questioning on a deeper level. I know that some of the people participating in *Trans/formations* may not have participated had we not already formed these relationships, so it is important to remember and not take advantage of the trust that has been earned. Participation is contingent on the degree to which people feel respected and included in the process, something that I am still navigating even now that the sessions have concluded. Assuming that partnerships and participation continue indefinitely is not realistic for even the best working relationships, and figuring out when and how to best extract from a CBPR partnership deserves more attention for researchers who embark on these paths.

Knowledge. Beyond questions of participation, CBPR presents a challenge to the ways knowledge has historically been understood, created, and disseminated within the academy (Minkler & Wallerstein, 2003). While the pursuit of new understandings and new knowledge are key in most rigorous academic forays, CBPR is different in that it does not utilize a top-down, academic-as-expert mode of creating and understanding knowledge. Rather, CBPR approaches communities as the experts in a given scenario, emphasizing the importance, relevance, and usefulness of local knowledge and other resources. The creation of new knowledge is constitutive, a collaborative effort engaging all members of a research partnership. Priority is not given to those with academic expertise (though it is important to note that academic expertise is not devalued in this process, and it has been a vital component of the creation of the *Trans/formations* project) but rather all voices, concepts, and understandings are given the same weight. CBPR is both inductive and deductive in its approach to knowledge building recognizing both generalizable concepts and particularities of communities have worth. This orientation attempts to create a new form of shared knowledge within which community expertise is honored and considered just as legitimate as knowledge already contained within the academy.

Questions of how knowledge can best be disseminated are worth considering, especially if the desired outcome is something other than a journal article or other academic publication. Within the particular project in question, one of the concerns about information dissemination relates to the nature of the visual data collected. How are photographs used within the context of this research project? Is it appropriate to disseminate images of transgender individuals when we know that violence and

discrimination against transgender people is so rampant? How will this visual product be consumed within the academy? How will the transgender community determine how these images are disseminated? What sort of control do individuals have over their images?

These are issues that I have mulled over when designing *Trans/formations*, staying in the forefront of my mind as we were completing the project and which we as a learning community have yet to fully contend with. Yes, I am creating this dissertation with the assistance of these images but an academic publication does not feel like the best outcome for this work. How does the knowledge and expertise of the *Trans/formations* participants get in front of the people for whom it will be most impactful? Is academia even an appropriate forum for this work given its inability to structurally support transgender students in our trans embodiments on campus? Are public health officials who up until this point have shown very little proactive interest in funding trans issues outside of HIV the ones we should trust with our stories? Given the concerns some participants had about simply sharing their experiences within our fairly insular community space, I don't feel fully comfortable saying so. We have yet to reach any collective agreement about best ways to share this knowledge outside of our group, one of the many struggles researchers engaged in CBPR processes will need to continue to be mindful of while navigating this research terrain.

Power. Intertwined with issues of knowledge production and dissemination are questions and complications relating to power. The assumption in traditional research contexts is the power in a research scenario rests in the hands of the researcher (Minkler & Wallerstein, 2003). CBPR attempts to create a new, dynamic system of shared power

and shared resources (Minkler & Wallerstein, 2003; Wallerstein & Duran, 2003).

Transgender people face interpersonal and systemic levels of oppression on a daily basis and these forms of oppression intersect with various factors such as race, class, immigration status, mental health concerns, and other relevant categories. My own position of power as the institutionalized researcher who is also a part of the community complicates power negotiations within *Trans/formations*. Though this project is intended to be a collaborative effort with the goal of enhancing trans people's health in Albuquerque, it is still also a project that centers on my own academic and professional gain. I come out of *Trans/formations* with a doctorate, something that most people, let alone most transgender people, will never earn in their lifetime. The amount of power and prestige this holds, while relative depending on the context, is worth taking into consideration when claiming a project is challenging the power structure of a major academic institution and in some ways society at large. Yes, I am completing research in a manner not typical within the academy, but it is still academic research and as such laden with various forms of power and control contained within the institution. That said using CBPR with trans people does appear to be a useful approach for collectively disrupting a narrative of transgender powerlessness, oppression, and victimhood, holding potential to build an empowered and engaged community (Hussey, 2006; Wang & Burris, 1997). Whether or not this empowerment and engagement translates beyond the time frame of the project in question also remains a major issue of consideration when working with historically marginalized communities.

Praxis. While the production of knowledge for the academy is an admirable goal held by many academics the desired end goal of CBPR extends beyond publishing

articles in academic journals and gaining awards, accolades, and professional prestige. The end goal of CBPR projects is creating balance between academic research and activist action with the desired outcome being long-term social change. This balance, or praxis, builds upon Frierian (1970) pedagogical models in which education is the key to social change (Wallerstein & Duran, 2003). CBPR assumes engaging a community in the process of creating specific forms of knowledge they will naturally become politicized making the community members more willing and able to participate in resistance to oppressive forces in the future.

While I do believe education can be emancipatory and key to building critical consciousness, I am wary about overemphasizing the power of the process. Education alone is not enough to change the larger structural conditions in which one lives. These learning opportunities also must be partnered with tangible resources as well as access to larger systems and institutionalized power. To help communities better access these resources, Yen, et. al. (2012) propose researchers shift their mindset from being the ones initiating research to working with and responding to various needs as identified by community members, acting ultimately as research consultants and collaborators. In this model, Yen, et. al. (2012) suggest when communities approach researchers, it shifts power in a direction away from the academy and towards the community. The idea for this project was created through a generative process, growing through organic conversations between myself and the leaders of TGRCNM. In this way, the project in question acts as a challenge to the power systems in play with traditional research. With this understanding of the various ways participation, knowledge, power, and praxis

influence CBPR projects, I turn now to the use of Photovoice as a methodology for the study.

Photovoice as Methodology

As mentioned earlier, my undergraduate degree is in filmmaking and my master's degree in media studies. I also taught a section of the course Multimedia and Visual Communication at UNM and have a general interest in visual and moving image arts. Despite my inclination towards communicative forms emphasizing visual forms, it was not until two years into my doctoral work that I started seriously considering ways to use these interests and skills within my own academic research. Much of my initial resistance to exploring visual forms of communication during my doctoral program stemmed from making a conscious shift away from visual sources and material within which I had worked prior academically.

I came to the Communication and Journalism Department at UNM specifically to build text message-based interventions to improve treatment adherence for people living with chronic health conditions, such as HIV, diabetes, and asthma. I was excited to gain a new skill set and had no interest in using visual media in any of my research. Upon my arrival at UNM, I learned the instructors with whom I had come to work were no longer in the department. I was disappointed but decided to continue on and see what I could learn. In my first year, I took a health communication course with Dr. John Oetzel. In his course I first learned about CBPR as an orientation to research and about Photovoice as a method. Although I did not make the immediate decision to use Photovoice in my own work, I was drawn to the participatory nature of data collection and analysis and the ways

the communities participating in Photovoice projects appeared to be given more voice than those participating in traditional research paradigms.

Building upon this initial interest in participatory forms of research, in the summer of 2012 I applied and was accepted to participate in a week-long, full-day institute on CBPR hosted by UNM's Public Health program, led by Drs. Nina Wallerstein, Tassy Parker, Lorenda Belone, and Victoria Sanchez. This intensive workshop focused on exploring ways to use our positions as practitioners to build in models of self-determination for communities engaged in research partnerships. By this time in my doctoral work, I decided that I was going to do a project with the transgender community and TGRCNM, but I was not certain what it would be. I also felt unsure about conducting research because I was concerned about being coercive or exploitative. The institute brought Photovoice back into conversation, and the more I explored the method, the more I grew to appreciate the ways it appeared to balance participation, knowledge, power, and praxis (Wallerstein & Minkler, 2003). During my coursework and in my personal life, I became increasingly interested in the ways transgender health disparities intersect with the SEM of health and Photovoice felt not only like a feasible methodological choice but also like one with potential to capture more of the richness and complexity of transgender lives in a way that traditional methodologies might not be able.

Photovoice grows out of a tradition of Frierian (1970) critical consciousness raising and popular education. The method emphasizes empowerment and the inherent value of localized knowledge, inviting participants to use documentary photography as a way to share their experiences. Through these pictures, researchers and participants come together in analysis sessions to co-create narratives about issues facing the participant's

community. By encouraging individuals to tell their personal stories, their experiences and worldviews are appreciated as valuable expert knowledge. Photovoice also allows an opportunity for the assets of a community to be emphasized at least as much, if not more, than the deficits. As discussed in chapter 2 of this work, research on transgender communities tends to overemphasize the community's negative attributes, such as exposure to violence, economic disenfranchisement, employment discrimination, and HIV infection rates. Using Photovoice in *Trans/formations* allows participants to determine which elements of their lives they want to share, offering expanded opportunities to document transgender resilience in ways that less participatory methods do not. Wang and Burris (1997) also emphasize that images do not simply tell us stories, they also teach us about ourselves and our communities. They invite participants to reflect on symbolic meanings that may be taken for granted in our daily lives by contextualizing them in relationship to the photographic form (Mosavel & Sanders, 2010; Wang & Burris, 1997; Wang, Yi, Tao, & Carovano, 1998). In a very literal sense, Photovoice has the power to make the invisible visible (Bukowski & Buetwo, 2011).

Photovoice has been utilized to give voice to historically marginalized groups such as the homeless, people living with HIV/AIDS, people of color, young people, gender minorities, and more (Bukowski & Buetwo, 2011; Drew, Duncan, & Sawyer, 2010; Hunter, Langdon, Rhodes, & Pinkola Estes, 2011; Hussey, 2006; Mamary, Mccright, & Roe, 2007; Mosavel & Sanders, 2010). It has been used within the field of public health to examine various health related issues, and to a lesser degree, has been utilized within the transgender community to examine various identity-related questions (Bukowski & Buetwo, 2011; Hussey, 2006; Mamary, Mccright, & Roe, 2007; von

Gohren, 2014). However, as mentioned in the prior chapter, Photovoice has only been used a handful of times in the published literature to examine transgender health and wellness and has not been used to examine transgender health and wellness within the communication discipline(Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Rhodes, et al.; von Gohren, 2014). Photography allows transgender participants in these projects to share their subjective-objective knowledge with the research teams, challenging traditional modes of participation, knowledge, power, and praxis (Minkler & Wallerstein, 2003). By capturing images, sharing them, and going through a collaborative analysis process, we are able to "gain perceptual access to the world from the viewpoint of individuals who have not traditionally held control over the means of imagining the world" (Berg, 2006, p.5).

During the CBPR institute, I sketched out a rough idea of a Photovoice curriculum to use with TGRCNM in order to create an assessment that might help address the health and wellness needs of transgender people in Albuquerque. This tentative sketch was based roughly on the approach made popular by Wang and Burris (1997) first used with the Yunnan women in rural China to better understand issues related to reproductive health (Wang & Burris, 1997). The community in which these researchers were working had low literacy levels, and Photovoice was utilized as a means to address and overcome this power differential. While I was not making assumptions about the literacy levels of transgender people in Albuquerque, I was making a conscious decision about finding and utilizing methods holding the potential to highlight participant empowerment and localized knowledge. Because transgender and gender non-conforming people traditionally have been left out of research processes,

Trans/formations employs Photovoice to counter prior erasure not only through inclusion but by centering the community of people in *Trans/formations* during each part of the research process.

Transgender Photovoice

With the apparent lack of research centered on transgender experiences in the body of health communication literature, there is an opportunity for *Trans/formations* to fill a significant gap. *Trans/formations* utilizes Photovoice, a visual methodological approach favored by a handful of other interdisciplinary researchers working with transgender communities (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). These projects address various issues related to transgender people, ranging from identity formation and expression within institutional structures (Lim, 2012); issues of visibility, invisibility, and representation (Boyce & Hajra, 2011; Holtby, et al., 2015); familial and kinship structures (Ikeda-Vogel, 2008); and various transgender specific health related concerns (Hussey, 2006; Rhodes, et al., 2015; von Gohren, 2014). Despite covering a collection of conceptual and experiential domains, most of these Photovoice projects place some degree of emphasis on structural and behavioral risk factors for HIV with majority of the studies centering conversations about these risks within transfeminine communities (Boyce & Hajra, 2011; Ikeda-Vogel, 2008; Rhodes, et al., 2015; von Gohren, 2014). While HIV is indeed a pressing issue within transgender and specifically transfeminine, populations, it is not the only health or wellness concern for trans people. For many trans people, HIV is not even a primary concern (Hussey, 2006; Rhodes, et al., 2015). Because myriad competing health and wellness concerns do exist in trans people's lives, it is

important to utilize methodological approaches that might allow for a more holistic understanding of what other non-HIV related competing concerns might be. Photovoice, with its emphasis on particular subjectivities and the ability to "route meanings and interpretations that might otherwise be unnoticed or undervalued," acts as a useful tool in the process of uncovering these assorted meanings and interpretations (Boyce and Hajra, 2015, p. 8)

Photovoice projects with transgender communities do cover varied domains but also appear to share some common thematic elements across concepts. All of the studies reviewed addressed issues related to various forms of isolation experienced by the participants (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). In Lin's (2012) study focusing on the experiences of transgender students enrolled in higher education institutions, participants relayed stories about often being the only transgender student in collegiate spaces ranging from classrooms to dormitories to extracurricular activities. One participant shared that after she enrolled in and began taking courses at her institution, she did not leave her bed for days upon realizing she was the only trans student in any of her classes. Another participant shared images of a particular spot on her campus hidden away from other buildings and people, recalling breaking down into tears in that same place prior to her transition. One participant in Rhodes et al.'s (2015) study describes a loneliness so intense she sometimes contemplates suicide when doing something as mundane as driving down the street (p. 87) and the gender non-conforming people included in Boyce & Hajra's (2011) Photovoice project share what the authors describe as a "specific and universal theme of isolation in the act of making connections" (p. 19).

In addition to the social isolation felt by participants in these studies, geographic isolation from like-minded people can also be a challenge for trans folks accenting experiences of detachment and loneliness (Boyce & Harja, 2011; von Gohren, 2014).

Related to feelings of isolation experienced by transgender people, these studies also highlight a persistent struggle to find social and familial support (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). Most of the Photovoice projects uncovered tensions created among transgender and cisgender people in multiple aspects of public and private life. One participant in Rhodes et al.'s (2015) work shared an experience of a stranger telling her Jesus didn't love her while she was simply walking in a mall parking lot. In Lim's (2012) project, two participants shared feeling unwilling to ask for social support on their college campuses, fearing what may happen should they disclose their transgender status to various campus faculty and staff members. One participant in van Gohren's (2014) project shared fearing dating and interpersonal intimacy, feeling unsure about whom they can trust with their transgender status and not knowing the types of reactions they may encounter. Similarly, all participants in Hussey's (2006) study described fears of coming out as transgender in interactions with healthcare providers, anticipating ridicule and other negative reactions. These types of fears are not unfounded. One participant in the same study (Hussey, 2006) described having pharmacists mock him and his friend openly for being transgender while picking up their prescriptions for testosterone; an almost identical story was relayed by a transfeminine participant in van Gohren's (2014) work. One person in Boyce and Hajra's (2011) study described feeling as though society views them as existing on a social level below animals (p. 15). The young people working with

Holtby et al. (2015) shared similar frustrations with cisgender people holding reductionist, one-dimensional understandings of who they are, often feeling seen as static stereotypes. Across the studies, participants shared feeling as though some people reduced them solely to their transgender status (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014).

In addition to the strains on various public and social relationships experienced by trans people, participants in these studies universally experienced tensions with family ties upon disclosing their transgender status (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). Some participants shared extreme forms of rejection from families of origin, such as being disowned by parents, siblings, and other extended family members, while others described losing marriages and romantic relationships and having relational ties with their children severed (Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). Other participants described less obvious but still extreme forms of familial rejection such as purposeful misgendering, refusal to use preferred pronouns, and an unwillingness to acknowledge name changes (Ikeda-Vogel, 2008; Lim, 2012; Rhodes et al., 2015). Though many of these participants maintained relationships with their families of origin, the strain on their familial interactions was a frequent thread throughout the studies. One participant in Lim's (2012) project shared feelings of guilt about transitioning, sharing how the transition from being the pride of the family as the first-born and only son to being viewed as the shame of the family as the transgender child who could never produce an heir to the family name has been a difficult personal struggle

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(p.87). Another participant in Ikeda-Vogel's (2008) work shared similar feelings of

shame around the loss of status of being the first born son, saying her mother will never

understand "why I chose to you know run towards the streets, why I chose to not be the

good kid that she wanted me to be" (p. 110). Not living up to the expectations of

cisgender family members appears to be a heavy burden carried by many transgender

people.

A lack of understanding of what it means to live life as a transgender person both

pre-transition and post-transition was frequently cited as a source of relational and

personal frustration for the participants in these Photovoice projects (Boyce & Hajra,

2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al.,

2015; von Gohren, 2014). For the gender non-conforming people in Boyce and Hajra's

(2011) study, the rigid gender binary of Indian culture created strains wherein the

participants often felt hopeless about ever being able to outwardly express their gender

identities, or feel understood and accepted in their culture. Some of the participants in

Ikeda-Rhode's (2008) work shared feeling as though many people view transgender

people as being "bad" or "having to do with sex" or "something nasty...just pure gutter"

(p. 119). This lack of knowledge and understanding has real world implications for

transgender people. Lim's (2012) participants shared feeling as though they had no

options available for social or medical support and the immigrant trans women in

Rhodes, et al's (2015) study felt as though support from the Mexican Consulate,

including assistance with passports, visas, and other forms of documentation, would only

be provided to them if they were willing to subject themselves to verbal abuse from

frontline staff, something a number of the participants indicated they were simply

unwilling to do. Trans folks across studies indicated a similar unwillingness to engage in systems where a lack of understanding manifests itself in outward abuse, often leading to a disengagement in formal social, legal, educational, and medical systems (Boyce & Hajra, 2011; Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014).

One of the most frequent sites of tension for transgender people is within healthcare systems (Holtby, et al. 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). Participants interested in or currently undergoing medical forms of transition, such as HRT or gender confirmation surgeries, universally acknowledged a lack of competency with transgender issues amongst healthcare providers (Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). Trans people in Lim's (2012) study indicated not having access to trans affirming healthcare on their college campuses, and van Gohren's (2014) study revealed a widespread lack of providers willing to provide transgender healthcare across the state of Montana. Similarly, transfeminine participants in Rhodes, et al.'s (2015) study shared there are very few clinicians in North Carolina willing to prescribe hormones to transgender individuals leading trans individuals in that state to turn to the black market for hormones and other gender affirming procedures.

Participants in van Gohen's (2014) and Ikeda-Vogel's (2008) studies also indicated turning to informal means for accessing gender-affirming care such as ordering hormones online or splitting doses with other trans people. Even those trans people who are able to access gender affirming services and treatments indicate cost is often prohibitive, as many of the treatments are not approved by or covered through health

insurance plans and treatment standards for those services are often considered subpar (Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; van Gohen, 2014). Additionally, the young people in Holtby, et al.'s (2015) study indicated they often felt reduced to the medical procedures they chose to undertake as part of their transitions, and participants in all of the studies shared having their transgender status become the focal point of clinical interactions ,even when the appointments or care received had nothing to do with being trans (Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; van Gohen, 2014).

Hussey's (2006) study is the only Photovoice project dealing solely with healthcare access and experiences and also the only study focusing on the experiences of transmasculine people and transgender men. Despite the fact that this study takes place in San Francisco, a city widely considered one of the most progressive and transgender friendly cities in the United States, the experiences of the participants in this study mirror those of transgender people in spaces considered less socially accepting. The state of trans healthcare access and services across the nation leaves much to be desired and the health and lives of transgender people are literally at stake.

Despite the widespread and varied forms of isolation, lack of support, lack of understanding, and negative experiences in healthcare environments experienced by the transgender people in these studies, there appears to be some degree of strength drawn on by participants in these studies from a collective understanding of transgender unity and resilience (Holtby, et al., 2015; Hussey, 2006; Ikeda-Vogel, 2008; Lim, 2012; Rhodes, et al., 2015; von Gohren, 2014). The young people involved in Holtby, et al.'s (2015) project shared that being viewed by other transgender people as their preferred gender

identity was a source of strength through recognition. The authors note trans people in this study "often had the experience of having their gender identity ignored, denied, misperceived, or erased," and in-group identification was a rewarding experience (Holtsby, et al., 2015, p. 9).

Additionally, the immigrant trans women of Rhodes, et al.'s (2015) project shared a major source of individual strength comes from relationships formed with other transgender Latinas. The shared experiences and various survival strategies were instrumental in "increasing wisdom, resilience, and resourcefulness" as they navigated their lives in North Carolina as immigrant transgender women, three groups which might be viewed as having less access to various forms of power in society as a whole (Rhodes, et al., 2015, p. 89). The transgender men in Hussey's (2006) study also indicated various degrees of pride at being not only resourceful and resilient, but also viewed themselves as the vanguard of new modes of gender identity formation and self-creation. One participant describes himself as a trailblazer, sharing "I do have a vision for a future where it won't always be as hard as it is now. I feel like a pioneer -- very much so, like I am on the frontier" (Hussey, 2006, p. 150).

Project Development

The complete Photovoice process detailed by Wang and Burris (1997) includes training participants in how to use the camera; devising initial themes for what to photograph together as a group; taking the photographs; facilitating group conversations and participatory analysis sessions, contextualizing storytelling, codifying issues and stories and themes, disseminating the findings by creating both slide shows and writing journal articles, and using the final products to advocate for policy changes to enhance

the reproductive health options for the Yunnan women (Wang & Burris, 1997).

Trans/formations follows a similar trajectory. Over the course of four, two-hour long

sessions hosted by TGRCNM, participants were given an introduction to the issues of

transgender health and wellness; a breakdown of the method and examples of Photovoice

projects; training on how to use the camera and frame shots; a discussion about ethics and

using other people in photographs; determining as a collective the general guiding theme

for the images to be collected during *Trans/formations*; doing practice analyses using

Wang and Burris' (1997) SHOWeD framework; taking a week to collect the images;

learning how to use digital file transfer protocol website Dropbox; facilitation of group

conversations and collective image analysis; contextualizing the themes; and,

determining next steps. The following sections will help expand on the *Trans/formations*

process in a fuller context.

Recruitment

Recruitment for the *Trans/formations* project took place over a two-week period

prior to the beginning of the project in May 2014. This time frame was selected in part

because of convenience; I received Institutional Review Board approval in May and was

ready to begin *Trans/formations* immediately. This time frame was also selected because

it was not so far out from the program's start date that potential participants would forget

that they had signed up to participate but it was not so close to the beginning of the

program that participants would not have time to plan and arrange schedules to be able to

commit to the four, two-hour long sessions already planned.

Participants were recruited to *Trans/formations* using purposive sampling

methods (Patton, 1990; Weiss, 1994). This sampling structure allows participants to be

selected based on the specific research questions and resources available within the project. First, I recruited participants using word-of-mouth and the snowball sampling technique (Patton, 1990). My position and visibility at TGRCNM was useful in this process. When I spent time at TGRCNM, I made sure to tell people about the upcoming project, ask if they were interested, and speak to them a little bit more about Photovoice and trans health. I would get interested individuals' contact information so I could follow up with them at another time and gave my University business card to people after each of these conversations. I encouraged them to reach out to me as well as pass my information along to anyone else they knew who might also be interested.

Beyond recruitment within TGRCNM, I created fliers that were approved by the UNM's IRB and placed in various locations across Albuquerque including LGBTQ bars, coffee shops, book stores, libraries, public bulletin boards, and various social service agencies across the city where I knew transgender people went to receive services, such as Healthcare for the Homeless and First Nations Community Healthsource. The flier was also posted online to local Albuquerque groups on both Facebook and Twitter. I also created a Facebook event page for *Trans/formations,* inviting people from various New Mexican LGBTQ-focused on Facebook to RSVP. Additionally, I reached out to people I knew in other social justice minded organizations asking for referrals into *Trans/formations.*

Weiss (1994) notes using mutual relationships can be a helpful strategy in developing potential partnerships with mutual trust being shared in ways that may have taken longer if working with another unknown researcher. This can be a complicated position to straddle given the uneven power balance in a researcher/participant

relationship but the sample pool that I was drawing from was small enough to begin with that any exclusionary criteria was not immediately discounted. Ultimately, I know that this was the right decision to make because one of the participants recruited into *Trans/formations* came from a referral from a friend and colleague at Young Women United, women of color reproductive justice non-profit organization in Albuquerque. The participant referred into the program by my friend and colleague did not know about TGRCNM and had never used the word *transgender* to describe themselves prior to *Trans/formations.* The ability for this project to provide an individual with the space to explore new language and identities demonstrates that expanding recruitment criteria for projects with marginalized populations is key to engaging people at their level.

Compensation. Each of the four *Trans/formations* sessions took place at TGRCNM and lasted two hours. Participants were asked and expected to attend each of the four sessions in order to receive the financial compensation of $80 at the end, though exceptions were made as long as participants communicated with me they were going to be absent. Flexibility is key when working with communities on the margins, as the life circumstances of these populations can often be more complex than in the general population. Compensation was set at $20 per session, or $10 per hour, in part because it is higher than the $7.25 per hour federal minimum wage and also because it recognizes the value of the labor put into this work by the participants.

I applied for funding for the *Trans/formations* project through multiple channels, some community-based and some academic, but was unable to secure any financial support. It was important to me to be able to provide cash compensation for the participants, however, because so many researchers simply do not. Research participants

are too frequently paid in pizza or with the opportunity to possibly win a gift card, and

knowing the financial realities of many transgender people living in Albuquerque

because of my time spent at TGRCNM, I could not in good conscious complete

Trans/formations without having cash to give to study recruits. With few options at my

disposal, I opted to cash in the Segal Education Award that I received for completing my

original AmeriCorps term with MLP seven years prior, using the money to pay for the

participants' time and for other supplies and costs associated with *Trans/formations*.

Cameras for each participant were graciously loaned to *Trans/formations* for one week

via the equipment office in the Department of Communication and Journalism

Department at UNM.

Demographics. Eleven participants were recruited into the first session of the

Trans/formations project. Two participants who attended the first informational session

indicated they would only be able to attend two project sessions and did not continue on

in the program. This left nine participants, ages 18 to 66 (m = 30), eligible to participate

in *Trans/formations.* Myself included, a total of ten people participated in the project

sessions. Moving forward, I continue to count myself as one of the participants

throughout the research. Each participant falls somewhere on the transmasculine

spectrum, with the majority (7) identifying as transgender men and the remaining

participants (3) identifying as gender non-conforming on the masculine spectrum. Five

participants identified as white, three identified as Latino (non-White) and two

participants identified as mixed-race, one indicating that he is Japanese and White, and

the other indicating that he is Filipino and Latino. Four participants in *Trans/formations*

were employed full-time, three had part-time employment, and three of the participants

were currently receiving disability benefits. Two participants held a Master's degree or higher, one obtained a bachelor's degree, four participants had completed some college or were currently enrolled, two had high school diplomas, and one obtained his GED.

The two participants who were not able to continue on in the project after the first session were transgender women, and future projects such as this one need to make more concerted efforts in recruiting transgender women and other people on the transfeminine spectrum into their work. Because so many of the most pressing issues facing transgender people are compounded with transgender women, oversampling may be necessary with this population in order to get an accurate read on their needs (NCTE & NGLTF, 2011).

My position as a transmasculine person in the local community also likely had an influence in who was and was not represented in this study. Though it's not entirely possible to say what exactly this influence was, I don't think it's unfair to say if a transgender woman was running this study there would be more transfeminine representation. Future iterations of this type of project must place transgender women in leadership roles in order to not only better reflect the constituency of TGRCNM and other transgender spaces in Albuquerque but also hopefully extend that reflection into community engagement and participation.

Data Sources and Management

Data sources for *Trans/formations* exist within multiple formats -- audio, visual, and written. The data were derived from the participants of the four project sessions including: audio recordings of the project meetings; notes I took during the sessions; notes I took after each of the sessions; jottings from each of the participants made during analysis exercises; the images collected by each of the participants; written materials

contained within TGRCNM's website and grant applications; and finally, information

gained from ethnographic interviews defined by Lindlof and Taylor as "informal and

spontaneous conversations" (2009) during each of the sessions. Participants were

encouraged to reflect on the ways health and wellness influences their lives as

transgender people and share stories about experiences outside of this project.

Because of the sensitive nature of this research and the potential for participant's

private information to be revealed, data storage has been handled with great care.

Consent was provided verbally so that no written record of full participant names exists

and all data related to this project is referenced with permission of the participants.

Though some of the images in this project do contain identifying information, such as

those revealing faces, all *Trans/formations* participants have agreed to have these images

used within the context of this dissertation project. Participants also understand that their

images will not be used outside of the context of this project without their consent and

they may revoke their participation and my ability to use these images in professional

academic and research contexts moving forward.

It was explained to participants the University of New Mexico automatically

publishes dissertations in the institution's online library, and all participants stated they

understood. All physical data related to this project are kept in a locked cabinet in a

locked drawer in my home office in Chicago, Illinois, unable to be accessed by anyone

other than myself. The digital data collected during *Trans/formations* is stored on an

encrypted external hard drive. This hard drive is password protected, uses Secure Sockets

Layer /Transport Layer Security (SSL/TSL) during file transfer, and also stores data in

discrete file blocks, fragmented and encrypted using 256-bit Advanced Encryption

Standard (AES). All files collected related to the *Trans/formations* project will be

destroyed in May of 2024, ten years after data collection took place.

Data Collection Procedures

Data collection for *Trans/formations* occurred over the course of four different

study sessions in the summer of 2014. When originally planning the project, I wanted the

data collection to take place over the course of eight sessions, with the idea that more

time would provide the opportunity for a more complete and thorough image analysis, as

well as deeper community building and bonding among the participants. In informal

conversations with people who visited TGRCNM, I was given the impression asking

people to commit to a series of eight sessions was potentially burdensome. Between

considering the community's time commitment and the looming financial responsibility

of *Trans/formations,* I came to a compromise based on community feedback. I distilled

the original concept curriculum into four, two-hour long sessions. The sessions were held

at TGRCNM from 5 to 7pm on Sundays in June of 2014: June 8th, 15th, 22nd, and 29th.

Participants were expected to attend each of the sessions for the full duration, unless

other arrangements were made with me. Hot meals were provided for all participants at

the beginning of each session, and participants who were unable to secure childcare

during the session times were invited to bring their children along with them to

TGRCNM. Participants' children also were fed and provided use of the lending library,

television, and computers at TGRCNM while their parents were engaged in the sessions.

Data in the forms of photographs, field notes, jottings, and ethnographic interviews were

collected along with some audio recorded narrative explanations of some of the images

collected and selected to be shared by the participants. A more complete description of the sessions follows.

Session one. Participants were invited to an introductory session to discuss the overall purpose of the project. I introduced myself to participants who I did not already know and began the session with a discussion of TGRCNM and its role in the transgender community. Some of the participants had never been to the center before, so I provided them with a calendar of events, inviting them to come back and engage in other programs offered outside of *Trans/formations*. After the introduction to TGRCNM and the space, participants were given a brief rundown of who I am and why I was interested in creating a visual needs assessment for transgender health and wellness in Albuquerque. I shared some of my personal experiences with health and wellness, trying to be vulnerable with participants as a way to model a safer space for sharing. I also shared very little of the research about transgender health and wellness is actually produced by transgender people and how I wanted to help change this. We also discussed some possible prompts for image collection such as "What does it mean to be healthy and trans?" and "How do you describe your health?," and "What is health?"

We established ground rules to be used for the duration of the project (e.g., what is said in this room, stays in this room; what is learned in this room, leaves this room) and we participated in an ice breaker to start conversation. I spoke with participants about Photovoice, giving a brief background of participatory action research and the principles of CBPR that challenge ideas of power, participation, knowledge, and praxis. We also discussed Frierian ideas of popular education and consciousness raising in marginalized communities. Participants were told they would be provided with a camera the following

session and provided a timeline for the following sessions. We discussed the consent form more completely, talking about potential risks of participating in *Trans/formations* such as those related to loss of anonymity if public display of the images occurs, as well as potential benefits such as possibly influencing the development of programs tailored to the needs of transgender people living in Albuquerque.

Additionally, during this first session I shared examples of other Photovoice projects so that participants could better understand not only the process but also what was being asked of them. I shared select images and descriptions from Hussey's (2006) project with transmasculine people living in the San Francisco Bay Area because it was the most relevant example of Photovoice, both for the project at hand and for the participants who were in the room at the time. Participants were engaged in the content of the project, appearing excited to get to contribute to something similar of their own. We spoke more about the health and wellness needs of transgender people living in Albuquerque, discussing the idea of framing a concept as "health" as opposed to "wellness." Participants felt as though health was a clinical concept relating only to very specific medical contexts and appreciated the idea of "wellness" as more inclusive of non-clinical components. I asked them to think more about this idea when they went home that evening because we would be collectively generating a topic and theme for our image collection during our next session. As we closed out our first session, I provided each participant with my UNM business card so they had my contact information should they need it between sessions.

Session two. This session focused on training participants how to use the cameras used in this study, as well as how capture better pictures and stage various types of

images. Cameras were distributed to the participants who needed them. I prepared a handout detailing the basics of framing an image and how to build an abstract image without any human subjects. One of the participants in the project revealed he is a professionally trained photographer, and I invited him to share any tips he had on how to create quality images. His expertise was welcomed by me and the other participants in *Trans/formations*, setting the tone for a space of mutual contribution and knowledge sharing by all in the room. We also engaged in a thorough discussion of ethical considerations while taking pictures, such as obtaining consent from people you are photographing, ensuring that you are only photographing willing participants, and the implications of photographing people who are under 18 years old. Participants were provided with copies of a basic photography consent form for use throughout the project should they take pictures of anyone else.

The second half of the second session was devoted to generating a theme from which to approach capturing images over the next week. We continued our conversation from the session prior about using wellness as a prompt as opposed to health. We discussed whether or not we felt health was enough to get at the issues that most impact the lives of transgender people living in Albuquerque. Participants unanimously agreed wellness was a more inclusive term from which to approach this work. Health as a guiding term and concept felt limited to clinical contexts to many of the participants, whereas wellness felt not only expansive but participants also noted they appreciated there was an aspect of positivity to it. We talked about how oftentimes narratives we hear about transgender people are negative, and using a prompt specifically emphasizing the things we are doing well provides an opportunity to talk about ourselves and our lives in

positive ways. The working prompt for image collection we came up with in this session is, "What are the pieces to your personal wellness as a transgender person?" and "What are the pieces to community wellness for transgender people living in Albuquerque?" The first prompt focuses on the individual experience and the second prompt scopes out, asking participants to consider other transgender people living in their city. Addressing these two layers of experience in tandem was done in order to get all of us thinking on both personal and collective levels.

After the camera training and theme generation, I provided logistical information to participants. They were given one week from the date of the second session to capture images using the general prompts we discussed during this session. They could take as many or as few images as they desired though I recommended taking at least one image per day documenting their life through the themes generated. I also suggested taking notes as they were collecting their images, asking that they come prepared to discuss at least three of their images during the next session. Then, I distributed instructions on how to upload images to the Dropbox folder, but explained we would allot some time during the beginning of the next session to upload images just in case people did not have access to computers or the Internet or just didn't get around to it before the next session. Participants were informed we would be doing group sharing, analysis, and discussion of the images during the next session and asked them to prepare to talk about their pictures in a way that felt safe to them.

Session three. This session began with me helping some participants upload their images to the shared Dropbox folder. I set up TGRCNM's projector and screen so the images could be seen by all participants. While the image uploads were taking place, I

asked participants about the week prior and how it felt to focus in on their lives in this way. Lively discussion occurred, with participants sharing they had enjoyed the exercise and how it required them to think about their lives in ways they maybe hadn't before. One participant mentioned appreciating the exercise in "seeing aesthetics in mundane day to day life." Participants in *Trans/formations* were excited to share their images with the group, and I was excited, too. Even though I was active on TGRCNM's speaker's bureau, facilitating numerous community engagements relating to transgender issues within and as a representative of this space, this type of sharing exercise was new to me as well. Despite my participation in support groups provided by the organization, I had not up until this point engaged in an exercise in this type of vulnerability with relation to being transgender.

Before sharing images, I led participants through an analysis exercise analyzing one of my images using Wang's (1999) *SHOWeD* acronym:

- What do you *S*ee?

- What is really *H*appening?

- How does this relate to *O*ur lives?

- *W*hy does this situation, concern, or strength *e*xist?

- What can we *D*o about it?

Using these steps helps contextualize the images collected by the group. Framing narratives in this way not only guide conversation within the session but also illustrates the layers of meaning within each image.

Originally, each participant was asked to select three images to share with the group. Once we began going through our images participants indicated they wanted to

see all of the pictures that each of their peers collected. Despite the fact time was the main factor in restricting the initial image sharing; I agreed to shift the structure of the image sharing to allow people to share as much as they wanted. There was a much larger body of work to assess than just three images per person, and focusing on only those three images did not allow the conversation to go deep enough into each participant's story. Adjusting from sharing only three images with the group, each person was invited to share their entire collection if they wanted, and all participants chose to do so. At this point we moved away from a strict analysis using the *SHOWeD* acronym, to injecting certain questions from the acronym in parts of our conversation when they felt appropriate and to guide conversation when it was stalled.

Descriptions of images were provided by the person who captured them, conversations occurring amongst participants about potential interpretations of the images. The researcher in me was anxious about not adhering exactly to the study protocol, knowing that this detour could push our current exercise into the fourth session, but the community member in me knew the adjustment was necessary in order for participants to feel seen, heard, and understood. Participants continued to share their images until the end of the session, and we still had two participants whose image sharing would have to be done in the final session. Again, this was something that I was not anticipating, but it also felt like the right adjustment to make to best support the needs and desires of the group. We agreed to meet and continue the conversation during the next session.

Session four. The fourth and final session was reserved for image analysis. This session began with a brief visual and conversational review of the images shared in the

prior session as well as with two final participants sharing their images. After everyone

was able to share their pictures, we shifted into an exercise on data analysis and emergent

themes. In the exercise, participants were provided a pen and some paper, asked to reflect

on the images they shared and those shared by the other participants. We spent five

minutes participating in a free write, writing our initial thoughts about the images on the

paper. These could be specific or abstract ideas, emotions, questions, reactions, or

anything else that came to mind. I participated in most of this exercise but halfway

through began attending to what needed to be done to continue facilitating. This was

common throughout the sessions—I participated in much of the exercises with the other

participants but would also have to pull away some to take care of moving our meetings

forward. While other participants were working, I arranged a slideshow of images

discussed in the prior session to play on the screen. If participants were unable to write or

simply did not want to write, they were invited to sit quietly and reflect while the images

cycled through. This exercise was used to get participants reacquainted with the imagery

and shifting into analytical frame of mind. After five minutes of this free write and

jotting, we came back together as a group and shared some of our thoughts and initial

reactions. One participant shared feeling surprised by how much anxiety it released for

him to have shared some of his more personal moments with other people who had been

through some similar experiences. Other participants affirmed this participant both

verbally and non-verbally (with head nods). Another participant shared he didn't know

what to expect when he started this process but it was making him think more about his

life and ways being trans influences him much more than he realized. Participants

generally shared themes of catharsis and connection verbally and non-verbally.

After this exercise, participants were provided an index card, asked to take five minutes reflecting on the images they captured and the images shared by other *Trans/formations* participants. On the index card, participants were asked to record three to five words or phrases that each participant perceived as strengths about wellness in their own life and in the lives of the other participants as portrayed in the images. After participants finished writing about their perceived strengths they were asked to flip their index card over, completing the same exercise only this time focusing their three to five words or phrases on the challenges to wellness as displayed in theirs and the group's images.

Once each individual completed this piece of the exercise, participants were divided into dyads and given fifteen minutes to sort their words and phrases into shared categories onto a worksheet. When words and phrases were sorted, participants were asked to come up with titles for each grouping of words and phrases and given five minutes to report back their findings to the rest of the group. This exercise led into a larger group conversation about emergent themes within our collective images discussing not only the obvious strengths and challenges found in these images but also the feelings this process brought up in participants. Some of the stories were difficult to hear, so holding space for people to be able to process should be built into projects like this one. Not only is it difficult to discuss some of the issues and themes that arise when working with a community as persistently discriminated against as transgender people, but also unrealistic to expect participants to "move on" quickly for the sake of a researcher's timeline. My experience as a facilitator for TGRCNM's youth group prepared me for the

emotional task, but this is something researchers less experienced in trauma work should approach with thoughtfulness and care.

The group's generative process eventually led us to three emergent themes related to perceived strengths related to transgender wellness as well as three emergent themes related to perceived challenges related to transgender wellness. Once themes were sorted, established, discussed, and agreed upon by all participants the conversation turned to next steps. What will we do with this data? Who can we share this information with and to what end? I shared my own idea with the group about hosting a forum at TGRCNM, inviting relevant stakeholders from the New Mexico Department of Public Health and other community funding agencies and sharing our data and our stories with them. Other participants' ideas included creating a mini-conference on transgender health; making a slideshow to share during TGRCNM's "Trans 101" trainings; creating a document to give to various legislators and policymakers; having an art show with select images from the project at a gallery space in town; recruiting another cohort of participants and doing another Photovoice project; creating a website to host the photos and stories; creating a zine with some of the images; and more.

We did not come to consensus about what to do with these images before our time together ended, but conversations about next steps continued into phone calls, text messages, and emails. Some of the group members used their own photographs to create creative projects while others indicated they didn't want to do anything with their images--being part of the *Trans/formations* project was enough. As of yet no one has taken the lead in making any of these happen, but the potential for further work exists.

Building a Body of Data for Analysis

I intended on audio recording analysis sessions in their entirety and transcribing the files verbatim for analysis but was approached separately at different points in the project by three participants who disclosed feelings of uncertainty about having certain parts of their experiences documented not only with the visuals they shared but also through the audio recordings. Each of these conversations took place in person and privately. I asked questions about what made them come to me with these concerns to better understand the fears that each was feeling about having their stories collected. For most, there appeared to be a degree of vulnerability brought up during the process they had not anticipated in the beginning of the project, leaving them feeling somewhat more exposed and emotionally raw than perhaps they were expecting. For another participant, it was specifically the fact they shared parts of their story involving other people in their life, and they were concerned that one person in particular had not necessarily consented to being brought up as a subject in our conversations. This participant shared with me they perhaps revealed an unflattering part of this other person's personality not representative of who they are today and not reflective of how this person supports them in their transition now, and they wanted to protect them from any negative consequences.

In all of these instances, I assured participants their stories would be held in confidence to whatever degree they felt comfortable and nothing they did not consent to would be recorded, transcribed, or shared with anyone outside of the sessions. I made verbal agreements with each concerned participant that whenever they wanted the recorder to be turned off all they had to do was make that request and I would oblige. While these were frustrating moments for me as a researcher, complicating the body of work I am able to use in this analysis, I know I made the right decision. Being able to

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actively demonstrate to *Trans/formations* participants I was serious about protecting their

privacy and holding their stories with reverence was key in building the type of

community space where individuals were able to share as openly and as honestly as they

did in these sessions. Though some of the stories and pieces of information were not

collected verbatim, I was able to take notes during and after each session ensuring the

essence of the stories shared remained intact. These notes allowed me to keep not only a

record of the types of stories that were shared but also the emotions they elicited in me as

a researcher as well as a transgender person and the potential thematic content of each

conversation as it related to other stories shared in the sessions.

The two analysis sessions were audio recorded minus parts where I was asked to

turn the recorder off and saved as a .wma file for future reference. Wang (1999)

recommends a two-step process for codifying and analyzing data collected through

Photovoice: first, describing and contextualizing the images to reveal initial themes using

the SHOWeD framework; second, leading discussions to illustrate and understand the

multiple meanings in the individual images while also taking the entire body of work into

account. Despite not adhering strictly to the *SHOWeD* framework we analyzed the

images in ways illustrating the layers of meanings present in the body of work. After the

project concluded, I matched participant photos discussed during the two image analysis

sessions with segments of text from the recordings of group conversations, gathering

these data into clusters of emergent themes determined by the collective. These data

clusters were provided to participants to review after *Trans/formations*, ensuring that

their thoughts and images were accurately portrayed within the themes that we

collaborated to create. The images and text segments were combined with participant

notes and jottings, researcher memos and reviewed and analyzed using Carbaugh's (2007) CuDA as a framework to help uncover radiants of meaning that helped formulate the core cultural premises within the project.

During the third *Trans/formations* session, participants were guided through an exercise using the *SHOWeD* framework for image analysis (Wang, 1999) using one of my images. They were asked to consider common and recurring themes, ideas, or concepts while sharing our images with one another. Prior to sharing our pictures, the group participated in a debrief about the process of image collection. The general consensus in the room was people enjoyed being given the opportunity to document their lives using photography as a tool. Despite some participants having prior photography training (my degree in filmmaking required photography and cinematography coursework, and another participant has an undergraduate degree in photography, a coincidence resulting in his leading a portion of the second session), nobody in the group had participated in any form of collective self-reflexive photography project before *Trans/formations*. When asked during this session if using photography was one of the reasons they decided to participate in *Trans/formations,* each person answered in the affirmative.

When asked about how it felt to be taking photos with the prompts "What are the pieces to your personal wellness as a transgender person?" and "What are the pieces to community wellness for transgender people living in Albuquerque?", participants expressed varying degrees of comfort. One participant shared that the prompt felt helpful because it guided the process as he grew accustomed to carrying a camera around with him, about halfway through the week he stopped thinking about the prompt and was

gathering images without feeling like he needed a guide. Other participants indicated they thought about the prompt each time they took a picture, and one person said they felt like self-consciousness felt like an important part of the Photovoice process. This comment illustrates the participant's tacit knowledge of the value of self-reflexivity in research, despite this phrase never being mentioned in any of the Photovoice sessions.

Moving on from sharing experiences with the process I asked participants if they had any thoughts related to the content of the images we would be sharing during our session. Participants unanimously expressed they were excited, with more than one person directly stating they were proud of some of the images they brought in. One participant said they didn't know they had such an artistic eye, commenting they always enjoyed taking pictures but didn't know they were actually good at it. Another person mentioned never having liked looking at pictures of himself and feeling awkward about the self-indulgence. He shared that going through his images for *Trans/formations* helped him be gentler in the way he speaks to himself. When asked to elaborate more on what he meant with this comment the participant shared,

> Well, I didn't realize until I was actually sitting and looking at the photos I took to bring in here today, like actually taking a minute to pause and looking at my life like this, that yeah. It's just... you know, sometimes the shit I go through isn't easy. Sometimes it's hard and not pretty and sometimes I wonder if I'm just making up how much I take, how much we get put through. But this made me realize that no; it's not in my head. Things in this life aren't always okay. But it's okay to feel that.

Using Photovoice as a method helped this participant reflect his subjective-objective knowledge back onto his life through the viewing of his images, validating the reality of his experiences in a way that he had not experienced prior.

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As such, we began the image viewing process with 217 discrete pieces of visual data: 216 photographic images and 1 PDF of a health insurance acceptance letter provided by one of the participants as a companion piece to his photographs. At the end of this third session, we discussed 104 images in varying levels of depth[24]. Even though we did not strictly follow the *SHOWeD* analytic rubric, we discussed many of the images in relation to questions posed by Wang (1999), focusing on descriptive accounts and interrogating subtextual and relational components of the images individually and as a larger body of work.

In the fourth session, participants were asked to debrief the images and ideas expressed in the prior session again paying attention to recurring themes and ideas both in their individual collections and also as a group. We then engaged in a free-write exercise to begin the process of data analysis and uncovering clusters of emergent themes. Participants organized their initial thoughts about their images as well as those of their peers, writing down their thoughts, questions, emotions, and reactions while a slideshow of the collective's images played in the background. After this free write, participants came back together as a large group to share their initial responses. During the sharing, participants noted themes related both to wellness and challenges perceived across the images, discussing ways they felt validated by the responses, words, phrases, and feelings shared by other people. Participants were then divided into dyads, focusing on three to five words or groupings of words. Once they finished sorting, participants were asked to devise titles for each grouping of words and phrases taking five minutes to report back to the rest of the group. This exercise culminated in a larger collective conversation about

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[24] The complete collection of participant images can be found in Appendix D. Images containing non-study related individuals have been omitted from this work in order to ensure participant safety and privacy. Images with personal identifiers have been used with participant permission.

emergent themes within all of the images, discussing not only the obvious strengths and challenges found in these images, but also the feelings that this process brought up in participants. The following chapter represents the emergent themes devised through the process of the four sessions of *Trans/formations*.

Analysis

The final process of this dissertation is, by the nature of the structure and requirements of a doctoral program, completed almost entirely alone. While participants are not technically able to write significant pieces of this work, they were offered opportunities to review my interpretations of the images and our conversations at various points over the project life. Only two participants opted to review pieces of this dissertation, the rest sharing they either trusted me to do a fair and balanced interpretation of *Trans/formations,* or they didn't have interest in reading such a cumbersome academic work. Future projects might do well to consider ways to include entire research teams in community-based projects in the final analysis and write up process, as well as considering and creating alternative avenues for information dissemination rather than academic journals and conferences.

Using the participant generated themes as a starting point, I continued analyzing the images after the *Trans/formations* sessions. I analyzed the themes looking for recurring dialectical tensions, which appeared throughout subthemes and other domains not covered in the participant generated themes. Through these analytic steps, I was able to better understand areas of import to project participants, uncovering the core cultural premises presented in the final chapter of this work.

Summary

In this chapter, I have synthesized a collaborative research methodology using CuDA, CBPR, and Photovoice as guiding frameworks. Rooting this research in the concept of communication as cultural practice helps highlight the various particularities of transgender health and wellness that might be missed without this type of culture-centered research practice. Challenging traditional research paradigms of participation, knowledge, power, and praxis, *Trans/formations* also utilizes CBPR as a springboard for inquiry at a community level not often used with transgender people. Additionally, the use of Photovoice helps create a rich body of visual and verbal data from which to build in the subsequent chapters. The following chapter is a presentation of the data collected by participants of *Trans/formations* and a summary of some of the findings.

CHAPTER 4

Data Interpretations

The task of analyzing a group of images as intimate as the ones in the following chapter is something to be approached with sensitivity and care. The people in these images are not merely participants in my dissertation project; I have come to consider them my friends. The people who participated in this project and their experiences reflected are dynamic, vibrant, and complex. It is my hope the following analysis is a reflection of the complexity and power of our shared stories. This chapter reveals original images and descriptions collected by participants in the *Trans/formations* project as well as some of their initial interpretations of the images as recorded and reported by me. These descriptions and interpretations are presented under headings representing the initial categorizations determined by the group in our final Photovoice session. Each of the themes represents not only some of the barriers encountered by transgender and gender non-conforming people living in Albuquerque but also some of the community's strengths and facilitators to wellness.

The exploratory coding completed with the participants of *Trans/formations* reveals challenges and strengths through six discrete but overlapping categories. Each category was provided a label of either strength or weakness in the group coding session but deeper analysis by me after the *Trans/formations* sessions reveals the binary between perceived strengths and challenges of the *Trans/formations* participants is more complicated than assigning a positive or negative value to each. Each of the themes identified by participants reveals a web of communicative practices and events illustrating a dynamic dialectic between good-bad rather than a static binary. The tensions

illustrated within the realm of transgender wellness captured by *Trans/formations*

participants illustrates some of the multiple meanings and interpretations existing in the

lives of transgender and gender non-conforming people.

I share each of the categories as originally conceived by the participants while

also complicating the initial value assigned to the category through the use of participant

images, descriptions, observations, and interpretations. The primary headings for each of

the strengths and challenges come directly from the observations and analyses from

Trans/formations participants while the subheadings are my own interpretations of the

content discussed and written about in the image sessions of the project. This combined

method helps preserve the integrity of the group analytic process while also uncovering

some taken for granted ideas about how transgender people might be using these images

and interpretations to say things "explicitly and implicitly about who [we] are, how [we]

are related to one another, how [we] feel, what [we] are doing, and how [we] are situated

in the nature of things" (Carbaugh, 2007, p. 168).

The challenges and strengths featured in this section serve as examples of ways

the participants of *Trans/formations* are talking about, engaging with, and conceiving of

various pieces of transgender health and wellness. By sharing these images and having

these conversations we uncover taken for granted experiences in transgender

communities, giving attention and name to some of the phenomena we encounter on our

gender journeys. Though the task for participants in this study was to describe various

strengths and challenges present in a set of photographs, it became clear throughout the

data collection and analysis processes that categorization may not be as clear-cut as

"strength" or "challenge." Throughout the presentation of the images and conversations

with the participants, readers will note an engagement of the dialectical tensions between what have been considered "strengths" and what have been considered "challenges." Challenges for participants center on an overemphasis on binary, medical modes of transition; mental and physical health unrelated to transition; and body image. Strengths in *Trans/formations* are creation and generation; relating; and resilience. Each of these categories illustrates areas within which trans and gender non-conforming people find ourselves struggling to live and express our identities authentically with the pressures of outside influences. While social and medical transitions are often life-saving, they are not without tensions and new, unanticipated consequences. The centeredness of participant pictures on the ways in which bodies symbolize the transition experience bring up tensions with regards to transgender and gender non-conforming people, highlighting spaces within which transgender people experience dialectical tensions. These dialectics are explicated throughout each of the sections complicating the binary between strengths and challenges, building a foundation for dialectical theories of transgender wellness.

Initial Participant Categorization and Coding

The following sections are images collected, described, and analyzed by participants in the *Trans/formations* project. Each of the pictures shown was selected by the participant to be included in this project because it holds meaning in their life. Not every image taken or discussed appears in this work but those included were selected because of their relevance to each of the participant-identified categories. Categories identified by the participants fall into two main groupings: perceived challenges of the transgender community or perceived strengths of the transgender community. Each of the sections has three themes identified by participants and each of the three themes is then

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broken down into smaller subsections. These subsections are various commonalities I have identified and pulled from larger themes illustrating the variety of experiences within each of the themes on a whole.

Perceived challenges.

The following section contains images related to what participants in *Trans/formations* described as perceived challenges of the transgender and gender non-conforming community with regards to health and wellness.

Overreliance on a binary medical model of transition. One of the most salient themes emerging from participant data in *Trans/formations* was the heavy emphasis on biomedical interventions for female-to-male transition. These interventions involve various hormonal or surgical modifications, such as taking testosterone or having top surgery (double mastectomy), to an individual's body with the express purpose of achieving traditionally masculine secondary-sex characteristics. These characteristics can include (but are not limited to): increased growth of facial hair; thickening of the vocal chords and lowering of the voice; squaring of the jaw and masculinization of other bone structure; growth of the hands and feet; lowering of the fat to muscle ratio in the body; increased growth and lengthening of the clitoris; and more. Participants involved in medical transition processes appeared to identify more closely with binary modes of gender presentation, some placing more emphasis on these perceived masculine traits than others. Regardless, the reliance on medical methods of transition was perceived as a challenge to transgender participants within *Trans/formations*. The following section describes some of the experiences people in the current study have with taking

Figure 1

testosterone, documenting transitions, some experiences of non-binary folks and social

transitions, and other anxieties related to medical forms of the gender transition process.

Biomedical transition. Each participant who is receiving some form of hormone

replacement therapy included a picture of their method of dosing. Frank[25], a 66-year-old

transgender man, noted that these images of testosterone have almost become a trope in

transmasculine communities, saying "There's my requisite T picture," revealing an image

of a jar containing his testosterone cream (Figure 1). While the preferred route of

administration of testosterone appeared to be intramuscularly, other participants also

included pictures of their topical creams as mentioned prior as well as images of their

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[25] Pseudonyms are used throughout this work.

testosterone patches. Discussions around the pros and cons of each method of distribution took place each time testosterone was shown. Participants who utilized intramuscular methods of delivery emphasized the immediacy and intensity of effect. Injections are self-administered either once per week or per month depending on the dosage prescribed with peak effect occurring on the first day and tapering off as time passes. Alex, a twenty-two year old trans man, noted,

> It's hard to explain the rush that I get when I take it. I've been taking T for almost ten years, and my heart still races as I'm filling the needle, and I still feel that anxiety release as soon as I feel it in my system. And I feel it. It's a rush. (Figure 2)

Participants using topical forms of testosterone indicated appreciating the gradual effects of testosterone over time, some noting they started their transition with high levels of intramuscular testosterone, eventually shifting to topicals for maintenance dosing.

Not every topical user began using intramuscularly. Participants beginning their medical transition on topical forms of testosterone specifically stated the desire to ease gradually into the effects of hormone replacement therapy. One participant shared his experience of having started T intramuscularly but having to stop those doses, switching to a patch-based method of delivery instead because the effects were too intense too quickly. "I was on the lowest dose of T, taking it by shot, but it was just too much. I got hyped up and pissed off and it just didn't feel right." The participant shared his symptoms with his healthcare provider who switched him to a lower dose of testosterone via the patch. Jackson, a 38-year-old trans man, discussed his experience trying to find the right dosage,

Figure 2

It was like a second puberty, only it was even worse this time because I
was old enough to know what was actually going on, and old enough not
to act on my impulses. Like, I started out on a really high dose, and it just
sent my libido into overdrive, and then it also made me really angry. But I
couldn't express those emotions. Which is something no one prepared me
for, was the total shift in how my emotions were regulated. I wasn't
prepared for that. But when I started, I hated it and I wanted to get off of T
all together for a minute. But I talked to some other trans guys, and talked
to my doctor, and realized I should probably be taking about half as much
as I was. So, I adjusted my dose and everything evened out pretty fast.

Jackson's experience with testosterone was marked by an increase in sex-drive and anger,

the combination causing him to briefly consider stopping medical transition all together.

The dialectic between his desire to medically transition and the physical and emotional reality of what undertaking his transition meant was nearly more than Jackson could manage. Having never had an experience like the one he had with testosterone and with little information about what reactions and experiences are typical for trans people undergoing hormone replacement therapy (HRT) Jackson did not know if his experience on T could be considered normal or not. He was not fully prepared for the range of changes he was undertaking, seeking advice from other trans men and sharing his experiences with his physician. With the help of his doctor and other trans men, Jackson was able to find a dose better suited his transition needs.

With regards to transition needs, it became clear by the range of experiences shared in *Trans/formations* that not every trans person will want the same transition outcomes. In our conversations, we discussed some of what we were looking for when making the decision to medically transition. Some participants discussed wanting a deeper voice while others were more concerned about the facial and body hair they would grow when they started taking testosterone. Others of us aren't able to medically transition because of other physical or mental health related issues, and some of the trans folks in this study indicated not wanting to medically transition at all. The experiences of each of the *Trans/formations* participants suggest the timing of when one begins taking testosterone (if taking gender confirming hormones at all), the method and manner of intake, and dosing schedule, are all highly personal decisions made by the individual transitioning, ideally in consultation with an affirming healthcare team.

Documenting biomedical transition. Of particular note in this conversation about medical modes of transition is the way multiple participants felt compelled to archive

Figure 3

their medical transition and use of testosterone. Jorge, a 39-year-old transgender man,

shared an image of multiple vials of testosterone as well as anti-anxiety medication and

antidepressants he had been prescribed in the past (Figure 3). He shares,

> I'm really literal, for better or for worse, so I really only have a couple [of images]. I don't think I have *all* of them, but when I first started taking testosterone, even after the first bottle, I was like, "I should maybe keep these for some reason." So, I think I have most of my vials. They've been in a box in my shed forever, along with anxiety medication and antidepressants and whatever else I've been given, and so I pulled that out this week and just set it on my counter and started shooting some of that. And all of those colorful pills are just, when an antidepressant poops out they just start you on another one, so I just have hundreds and hundreds of pills that I am holding onto, for whatever reason.

As he was describing this image other participants nodded their heads in agreement. Of

particular note, this was the only image shared by Jorge in the project. Choosing to

present an image of anti-depressants and testosterone, Jorge's pieces of transgender health and wellness are framed as exclusively biomedical.

While other participants did not share Jorge's expressly literal interpretations of transgender health and wellness he was not alone in documenting medical pieces of the transition process. Russell, a 27-year-old transgender man, shared he also collects the various bottles and vials of various medications related to his transition treatments, saying

> Oh, yeah. I actually have all of mine, too. All of the medications I have been given that have stopped working. I have the vials because I can't put them in my sharps container, so I don't know what to do with them.

Russell does not know what to do with his empty vials and bottles, but he still hangs onto them marking some sort of unnamed personal milestone. Reggie, a 41-year-old gender non-conforming person, chimed into the conversation about saving medical related artifacts saying, "Yeah, I have a box on top of my refrigerator, the exact same thing." Frank stated, "Yeah, I mean, I take topicals and I have almost all of the jars." For these four participants taking testosterone and other medications holds enough significance in their lives to warrant keeping the miscellany documenting medical transitions. These relics hold symbolic significance in the lives of each of the transgender participants. Each of the people medically transitioning in *Trans/formations* shared they all have held onto some form of proof of medical transition. These pieces of ephemera perhaps memorialize a time in the participants' life where they were able to begin living more authentically and holding onto the items is a way for them to pay homage to their memories. As one participant noted, "I guess it's just a way of remembering where I came from."

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Anxiety. Beyond the desire to document the process of their medical transition, some participants shared images related to the stress they felt prior to being able to articulate their authentic identities. Jackson shared that prior to his medical transition he would have intense anxiety about using restrooms, saying,

> Even when I was a butch lesbian and transgender wasn't even on my radar, I was afraid of using the restroom, because I looked like a man. And that can be scary for women to encounter in a space she isn't expecting. I get that. But I just have to pee.

The ways Jackson was sometimes received by cisgender women in restrooms did not feel good to him, but he also understands why she might be nervous about seeing someone masculine in a space typically reserved for people typically presumed to be feminine in appearance. His unexpected presence in a gender-segregated space was jarring for her, an experience I am able to easily relate to. Prior to identifying as transgender, I moved through the world as a masculine woman and on more than one occasion in the women's room I was accused of being in the wrong place, had multiple people yell at and try to accost me, and on one occasion a person contacted building security to whom I had to show an ID and explain I was not in the wrong place. This type of excessive scrutiny and gender gatekeeping led me to using men's restrooms regularly prior to identifying as transgender. Doing so produced less anxiety in me than using a women's restroom, risking the possibility of being verbally or physically assaulted.

Alan, an 18-year-old transgender man, shared an image of a single stall unisex bathroom sign (Figure 4). This sign depicts two figures, one presumably intended to represent a man and the other presumably intended to represent a woman. He talked about how even though he appreciated having access to a single stall restroom and recognizing the various ways this space can help alleviate some of the stress related to

Figure 4

using public facilities encountered by some transgender people, he still felt this sign is

indicative of an imperfect system reliant on two distinct genders. "I mean, if it's a single

stall, why even bother with those?" he asked. Despite the imperfect signage, this type of

restroom represents a potential solution to the type of anxieties sparked from moments

like those in my example.

Gender surveillance encountered by transgender people particularly those who do

not pass as cisgender is frequent and persistent. Single stall restrooms eliminate the need

for gender segregated facilities, containing everything in one place and creating a less

fraught space within which people of *all* genders may feel safe to use the bathroom. This

picture, Alan's commentary, and both mine and Jackson's experiences demonstrate that

even spaces designed to be intentionally free of gender regulations and restrictions can

present the gender binary as a regulatory force.

Figure 5

Social transition. In addition to sharing images of mode of hormone replacement other participants shared images related to social and structural components of transition. I shared images of my driver's license and school ID card reflecting my birth name and the female gender marker with which I no longer identify (Figure 5). When sharing the images, I said, "I hate this. It's gross. I have to take them out all of the time, and they have my legal name on them, and it's just...gross." Other participants nodded in agreement and another asked me why I hadn't legally changed my name. I replied,

> Why should I have to? Like, why should I have to go through a legal process to prove who I am? I think it's enough for someone to believe me, and to just, to take me at face value and honor and respect the way that I identity. And, I mean, I like my name. My name isn't what I think is gross--it's the way people react when they learn the name I go by isn't the one I was born with, and so they decide to

use the name on my ID without asking me. It's how people sneer when they see the 'F' on my driver's license when they think it should be something else. I'm not unhappy with myself, I am unhappy with how others put their expectations of what they think I should be on me.

While some transgender people feel a strong disconnect between their birth name and gender, I don't fully share that feeling. I experience discomfort when people I do not know well use my birth name rather than the name I use upon introduction but I have never felt the need to go through legal steps abandoning the name that my parents gave me. I don't feel as though a court-ordered document is indicative of who I am as a transgender person. Additionally, I do not agree with the many layers of bureaucracy transgender people must submit to in order to change our names. First, you must contact the newspaper with the largest circulation in your county asking (and paying) them to run a name change notice for at least two weeks, including your birth name and indicating your new name, effectively outing someone to the entire newspaper's readership. After this step, you must petition the county court and set a hearing with a judge. At that hearing, you must stand in front of a courtroom full of people explaining why you would like to change your name. Then, the judge will either grant or deny your request.

While it is less common in today's increased awareness of transgender and gender non-conforming people and our rights, it was not uncommon ten years ago for a judge to deny a name change request simply because they did not agree with our "lifestyle choices." The lives and ways we represent ourselves in the world are so often invalidated and denied and I disagree strongly with any form of system regulating self-identification and expression. My refusal to change my name via any legal process is a form of active resistance to institutionalized ways of regulating transgender people's identities and experiences.

Another participant, Kevin, who is 22-years-old and identifies as genderqueer,

shared their own struggles with the pressure to medically transition. They said,

> I always feel like there's something about how I present, like...you know, how
> people see me, because I am sometimes more feminine and sometimes more
> masculine and like, I think that's hard for people. I mean, like, the fact that I don't
> fit into this binary gender, you know? People expect me to pick one or the other,
> like that's the only choice I have.

For Kevin, being transgender is not about fitting into the rigidity of the gender binary, a

freeing experience where their genders are allowed to be fluid. The dialectical tension

they experience is not internal, instead coming from external forces particularly other

people's expectations about the gender binary and how they should "pick one or the

other," meaning they should be either a man or a woman. This is the opposite of Kevin's

experience of being transgender, embracing the ability to shift and not get stuck in one

way of living. For Kevin, being transgender is not about "either/or" but instead

representing "both/and."

I agreed with Kevin, sharing I sometimes feel tension about choosing between

being masculine and feminine. There are moments where I don't feel "trans enough." I

feel this way because despite having gone though (and continuing to go through) various

forms of social transition I am not going through or planning on undertaking any sort of

medical transition. Some transgender circles make judgments on your status as a trans

person based on how far along you are in medical transition. Without medical transition

they may not consider me part of the community. In response to Kevin's comment about

feeling outside pressure with regards to conforming to the gender binary, I shared,

> Yeah, that's definitely something I can relate to, because I don't necessarily feel
> like I need to be on T or anything in order to have my identity be real. But like, I
> know that sometimes I feel that from the outside, but I know that sometimes I feel
> it even more intensely from our own community. Like, even in this room, not like,

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today or anything, but like when I have been volunteering or at a group or something, I've had to continually correct people about my pronouns, and tell people that no, I am not an ally, I am trans. And that's because I don't fit into the mold of what people think transgender is, which is this really rigid FTM or MTF ideal. So yeah, I totally relate.

The rigidity of the gender binary constricts some participants making us feel as though the validity of our identities is based on an ability to make ourselves fit inside of traditional masculine and feminine gender roles and expectations. While some transgender people are comfortable and even enthusiastic about assuming these traditional societal positions and all of the explicit and implicit expectations that go along with them, other transgender and gender non-conforming people experience varying degrees of dialectical tensions when either trying to fit into these roles or while asserting identities breaking out of these prescriptive conditions.

In addition to the stress experienced by some non-binary participants, those whose gender expressions were more traditionally binary also revealed experiencing anxieties related to gender and various forms of social and medical transitions. These anxieties appeared more significant for participants prior to medical transition, decreasing after gender confirming procedures were started. Russell shared he was anxious about having pictures taken of himself prior to his medical transition. He wasn't happy with images of himself as a woman because this was not how he envisioned himself. He said, "I never really smiled in pictures before. They didn't look like how I saw myself, and it always reminded me of what I wasn't." Jorge echoed this sentiment saying, "No, totally. I can so relate to that. Pictures of me before T are just...it's so weird to look at. Like, 'Who is that sad person?'" A transgender person looking at themselves in pictures knowing both that the image *is* of them and at the same time is *not* of them is a unique form of dialectic

Figure 6

tension experienced by those prior to and currently undergoing transition. The ways Russell hated looking at pictures of himself and the sadness captured in Jorge's pre-transition images illustrate the importance and power of medical transition in lessening some anxieties related to gender enactment in transgender people.

Building upon conversations about images taken pre-transition, Jackson shared an image of his bed (Figure 6). He talked about spending his childhood experiencing anxiety around sleep and how when he was younger he was afraid to fall asleep because of how badly he experienced night terrors. He shared,

> I don't have them anymore. I'm not a psychiatrist, and I never saw a
> psychiatrist about it, but they were probably anxiety related, and the

biggest stressor for me growing up, luckily I never wanted for anything, I had a good family, good home, really just the biggest stressor was the whole trans thing. So a lot of that was anxiety that I didn't understand as a child had to deal with being trans, and I think it just manifested itself in these sleep disorders.

Jackson's anxiety about being transgender was so pronounced in his childhood he experienced extreme disruptions in his sleep patterns. He shared never explicitly knowing he was trans when he was younger and living in his family home, but experiences like this have him believe his subconscious knew something he did not. He started sleeping through the night as soon as he came out as transgender.

Other participants in *Trans/formations* mentioned struggles with sleep, one sharing an image of a weighted blanket that helps soothe their anxiety and improving their sleep cycles. When asked if he thought his sleep struggles were related to his being transgender, he said that he wasn't sure. Russell expressly stated that he had never thought about the fact his sleep troubles might somehow be related to his gender identity and expression: "I just know that I sleep better today than I ever have in my life, and there was a definite difference after T. Is the T responsible for that? I honestly don't know." After beginning medical transition he gained a sense of calm, helping lift his insomnia. While there is no known medical link between the use of testosterone in transgender men, transmasculine people, testosterone use and improving sleep, it is not unfair to think when a lifetime of stress about trying to pass as cisgender when you are actually transgender is lifted one might be able to sleep a little bit more soundly. The weight of keeping trans pieces of us compartmentalized clearly had emotional impact with physical outcomes for some of the participants in *Trans/formations.*

Mental and physical health status. The second emergent theme representing

challenges to health and wellness identified by the transgender participants in

Trans/formations are struggles and barriers to mental and physical health identified as not

being connected to being transgender. Many of those participating in this project

indicated they encountered mental health concerns as well as issues related to our

physical health. Some of us live life with chronic physical conditions making issues of

health and wellness more prominent in our lives than in others. Other participants shared

challenges related to mental health concerns such as anxiety, PTSD, and depression,

while others discussed ways their health might be able to improve. The following images

and conversations emerged from the participant's indicated challenges to personal and

communal health and wellness.

Anxiety. Anxiety continued as a common thread throughout this challenge. More

than half of the participants in the project shared images of prescription bottles or other

forms of coping with stress and anxious feelings. Reggie shared an image of a pipe

packed full of medicinal marijuana stating it was their favorite medicine. They said, "It

keeps me sane. I take it all day, every day, as much as I can." Smoking cannabis is one

way they are able to soothe themselves when they are experiencing a heightened state of

alert and anxiousness. They also shared an image of eight different pill bottles each filled

with prescriptions they have been given to treat their anxiety, bipolar disorder, and post-

traumatic stress disorder. All of these issues stem from various experiences in Reggie's

life, most unrelated to their gender identity. Alan also shared an image of their various

prescriptions for depression and anxiety appearing alongside a vial of their testosterone

(Figure 7). While sharing this image with the group, he said,

Figure 7

> Oh, lord. So, these are my pills. I really think that this speaks for itself.
> Like, these are all of the things that I have to take on a daily basis to feel
> like me. So, um, that's why the T is in there, too, because that makes me
> feel like me. But the pills. Yeah. I am so deep in the mental health
> community and I have been for years, I used to think I was literally
> psychotic. But like, um, sometimes it sucks, but I really just can't function
> without it.

This participant notes these medications are essential to his ability to be himself

every day. He shared he used to think he was crazy because of how many pills he needed

to take each day and because of the symptoms he experiences without his medication.

While these issues are not directly linked to Alan's transgender status this story sounds

similar to the ones shared by participants speaking about their trans-specific stress.

Russell also shared even though he sleeps better now post-transition; he still experiences

forms of anxiety. Russell brought in images of his prescription bottle for Effexor a brand

of anti-anxiety medication. He said,

> That's my anti-anxiety medication. I've been taking it for...twelve years?
> Since before I came out as trans, so yeah, twelve years. And it has worked.
> I take it daily, and if I don't, I feel really awful. It's not so much anxiety
> that I feel when I don't take it so much as I just feel sick without it.

Russell doesn't necessarily take this medication to counter the anxiety symptoms he

currently experiences; instead sharing he has been on these pills since before he was out

as transgender. He currently takes the medication to keep himself from feeling the

negative side effects he gets when he doesn't take it. For all we know, he no longer

experiences anxiety to the degree he did prior to coming out and no longer needs to be

medicated. Russell shared none of his health care or mental health care providers have

ever suggested he stop taking the medication, so he has continued to take it every day as

prescribed for more than a decade.

Other participants shared having feelings of anxiety, with one participant making

special note to distinguish between general stressors in his life and stressors related

specifically to his being transgender. Jackson showed a picture of several empty beer

bottles in a recycling bin, saying,

> I was lucky; I never really turned to substances in dealing with trans
> anxiety, because I know everyone goes through trans anxiety and just
> deals with it in different ways. I mostly, here, I was having work stress,
> and not really trans stress. I never really had a problem coping with that,
> so this is just showing that not all of my stress is related to who I am.
> Sometimes it's all that external shit. And I've really been working hard
> lately, so that's what this is related to.

Other participants nodded in agreement and made sounds of affirmation. As explored in a

prior section, stress related to transition and being transgender is common for trans and

gender non-conforming people. While it is clear that trans-specific anxieties appear both

Figure 8

before, during, and after transition processes, it is also important to remember being

transgender is not the only stressor in the lives of trans folks. Jackson works as a

firefighter, a

job stressful in its own right. While anxieties appeared in the images of most of the

participants in *Trans/formations,* they were not linked to a universal source.

Disability and wellness. Another salient category within the emergent theme of

non-transition related mental and physical health is the intersection of disability and

wellness. As mentioned prior, many participants in the *Trans/formations* project were

dealing with some form of chronic or acute mental health condition or another. While not

every participant was taking pharmaceuticals for their mental health concerns, most

indicated accessing and utilizing at least one form of medical or psychosocial

intervention for their condition. In addition to mental health concerns, some participants

in the project display visible physical disabilities. Alan shared an image of himself

propped up with one of his forearm crutches he uses as an aid in walking, sharing the image was representative of the intersection of his muscular dystrophy with the need to exercise (Figure 8). This was important to Alan to share because for him exercise feels good both emotionally and physically. He discussed a sort of dialectical tension between the positive aspects of working out and how activity made him feel good in his body while also being honest about how he struggles to maintain balance and motivation. Some days he does not have the energy to exercise, his body too fatigued and in too much pain to make a workout happen. What makes his body feel better in these fatigued and pained states is exercise making this cycle of chronic pain and fatigue difficult for Alan to disrupt.

Another participant echoed difficulty in balancing wellness with his disability. Robert, a 29-year-old transgender man, showed the group a picture of himself lying on his side in bed in the home that he shares with his wife (Figure 9). He explained he is rolled on his side in this image because it is the only position he can rest in and remain comfortable. Another participant asked Robert what he was thinking about when he asked his wife to take this picture of himself. Robert shared,

> I had a hard time trying to figure it out, what I wanted to show, but a lot of it is just me and what I need to function, like, just go through the day to do. And then I really wanted to show you what it was like when I was not functional, because that is a lot of the time.

Robert lives with an auto-immune disorder and various movement disorders which impact his ability to be physically mobile. Throughout *Trans/formations* Robert documented various ways his experiences living with multiple disabilities influences his daily quality of life. When Robert shared this image and how he was thinking about his life in terms of functionality rather than wellness, Jorge spoke up saying, "Yeah, I think

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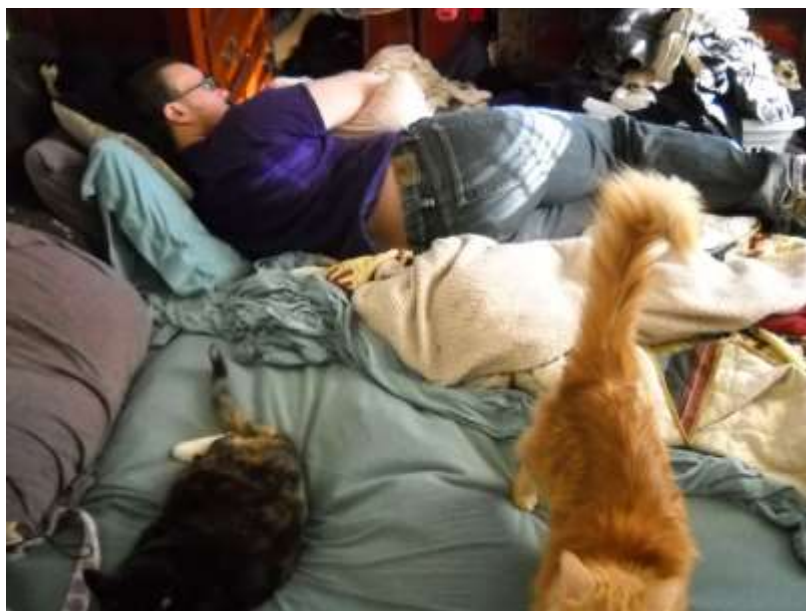
Figure 9

it's important for all of us to think about how to move beyond these physical health

issues." Other participants nodded in agreement, indicating they also know the balance of

physical functioning can be difficult to maintain on a daily basis. Despite the fact much

of what Robert was sharing *was* related to physical health issues, his framing of the

conversation around this image and others he shared was with regard to the emotional toll

his physical experiences had on him. For Robert, mental wellness is directly impacted by

physical health qualities.

Robert also shared images of medications he uses to maintain physical health and

balance. Unlike the other participant's images of pills used for mental health maintenance

or images of testosterone, the images shared were almost all related to keeping him

physically healthy. He shared one image where he described himself as "just being

functional." Robert's perceived levels of functioning are directly related to the

prescription medications he takes every day, saying,

These are my morning pills. That's like, a half a dozen right there, I think? And as I said earlier, I take like; thirteen of them at night just to keep my body functional. So yeah, I pretty much take twenty pills a day, depending on how bad things are going, plus my testosterone every week, and that's not even a picture of the immunosuppressant, which would greatly enhance the load.

Robert relies on the aid of biomedical technologies to keep him alive and in his words functional. This functionality is contingent upon his medication working in ways it is supposed to, which is not always the case. Sometimes Robert is left immobile in bed for days at a time. To aid with some of the side effects and efficacy of some of these prescription medicines he also takes non-prescription medications such as a multivitamin and evening primrose oil twice a day to treat his eczema. "I don't know what it's like to live a life without taking all these pills," he said. His wellness experience is deeply intertwined with various medical scenarios.

In addition to showing the group the multiple medications keeping him functional, Robert shared a blurry image of a granola he buys for himself to eat every week. It is produced in a nut-free facility and does not include any of the eight major allergens. He shared a frustration with having to be excessively cautious about what he eats because of the potential for cross contamination. He has experienced getting sick from unknown sources in the past, making him much more likely to eat at home rather than go out to eat in a restaurant. He indicated wanting to be able to go out more and participate in the world but felt as though the world was not open to people who were different. This is a tension felt by other participants in the *Trans/formations* project though it was typically present with regards to transgender status. Robert feeling this tension as someone who is living with a disability illustrates ways health and wellness might be more intersectional and relatable across contexts.

Despite not sharing concerns about allergies or cross contamination, other participants shared food was an important part of their wellness. Jackson made note he was fairly cavalier with his health, often eating fatty and fried meals when left to his own devices. He said working in the firehouse and having a weird schedule can keep him from taking the best care of himself he could. He shared that his partner is the one in their relationship who takes care of their health in that regard. He shared an image of her preparing breakfast for them both, saying,

> If we are talking about wellness, I just wanted to acknowledge how much of my wellness is directly due to her efforts, getting us fresh food all the time, going to the farmer's market, cooking...I've always been kind of careless about it, but she is very, very purposeful about what she puts into her body, and naturally, since we're together, I just kind of benefit from that. So I just really appreciate her in this regard.

His own carelessness about his body and health is something Jackson acknowledges, also acknowledging the role his partner plays in helping him take care of himself. Her support in his wellness routine is appreciated and considered helpful.

Kevin also shared that their partners' habits played a role in the ways they ate. They brought in an image of the food they have at their desk at work. They described working long shifts, tending to have more food in their office than someone who works standard hours might. They said,

> That's a picture of my shelf at work of all the snack food that me and my boss have accumulated. For me, it's a representation of like, my wellness because I don't carry that stuff on my person anymore. I used to only eat snack food, all the time, and not eat anything else. Since Alex has started to take more care of himself with what he's eating, I've been trying to, also.

Kevin brought in a picture of foods many would consider unhealthy or junk food, sharing they know these foods are not the best for them. (Figure 10). They also discussed how not

Figure 10

carrying food with them anymore means they eat less of it, a form of harm reduction. The

support of Alex in maintaining a more healthy diet is helpful for Kevin. Individually,

some participants in *Trans/formations* appeared to struggle with regards to keeping a

balanced and healthy diet, but indicated doing better with interpersonal support. I also

brought in an image of food to share with the group. This picture was of a salad made

with greens I grew in my own garden. I added that like Jackson and Kevin, I have not

always been very thoughtful about what I put into my body. I have dealt with various

chronic health conditions throughout the past decade-plus of my life, causing me to

modify my diet in certain ways, reflecting an increased attention to my physical wellness.

Though I did not mention tension between the desire to take better care of myself and

actually following through on that desire, this is something I have struggled with in the

past. Sometimes staying motivated for yourself is difficult but having the support and care from others can be a motivator.

Frank mentioned also paying careful attention to the different foods he eats. For him, the foods he eats need to be nutrient rich and protective against some of the health related risk factors associated with testosterone. He said,

> That's not really something that I ever struggled with, and my weight has also been pretty good, but when you go on T, your risk of heart disease really goes up, so I wanted to get control of my diet.

While he has never thought about the need to take care of himself in any physical sense prior to coming out as transgender, Frank started caring more about his physical health once he realized medical transition would be an option. Many physicians won't consider a person a candidate for HRT unless they meet certain physical health guidelines, including having low cholesterol levels and being a non-smoker. Frank mentions that even though there aren't any studies about how the long term effects of testosterone on transgender men, forms of HRT (specifically the use of testosterone) have been linked with various negative physical health outcomes such as heart disease and impaired liver function. He views his eating well as a way of being proactive in his physical health particularly as he continues to feel the effects of not only his medical transition but also of aging.

Body image. Participants in *Trans/formations* all brought in images to share relating to ways we live in and experience our bodies. These literal embodiments address the subjective realities of each of the participants tending towards an interplay between how we perceive ourselves and our bodies; how we arrange our external gender expressions and presentations based what we are trying to communicate about ourselves

Figure 11[26]

and our genders to others; how others receive the information we are hoping to communicate about ourselves; and how we perceive ways others receive that information. The dialectical tensions between these multiple internal and external processes vary from participant to participant as well as image to image, creating a rich tapestry of transgender subjectivities.

Physical health. On the topic of maintaining physical health, Frank shared an image of himself lifting an eight pound barbell (Figure 11). He shared with the group he maintains a regular physical fitness routine because of both his testosterone use and his aging. He shared,

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[26] Image has been blurred to protect participant confidentiality.

> Ooh, I'm building up. That's eight pounds, and I do weights two or three times a week. And, I do exercise like push-ups and all that kind of stuff. And, you can see there that I had top surgery, so this is kind of like "trans man working out." That smirk is a new thing. I don't think I have any smirks pre-transition. Now every other picture is me with a smirk.

Beyond the smirk in the picture, Frank shares he is specifically interested in lifting weights to work out and sculpt his pectoral muscles. Through a series of targeted upper body weightlifting strategies, Frank feels confident in achieving the type of contouring for his chest, representative of masculinity he wants to embody and display. For Frank, transition is about being able to gain the secondary-sex characteristics from testosterone, such as losing fat and building muscle more easily. He has spent much of his adult life feeling uncomfortable in his body and this image is a representation of ways he is able to gain a more confident sense of self through transition. Alex also shared an interest in weightlifting as a way to achieve a traditionally masculine physique. For him, being able to have an upper body representing what he and others perceive as traditionally masculine is important. He brought in an image of himself, topless, holding a fifty-pound dumbbell in a bicep curl. For Alex, this showed strength and commitment to routine he is proud of. He shares,

> As far as pieces of a healthy me, here I am, just trying to get my form up. So this is the muscle building, which is like, a *must* have to look masculine. And we are cheap, we're really cheap with our financial sharing; we've got to support four people, so uh, we buy all our stuff used, or we make our own. So it's mismatched, none of our weights match, but they don't need to, you know? Like, I can still lift this cheap weight and look like the kind of man that I want to.

Alex also shared a spliced together collage of three images he collected for *Trans/formations* including image of the previous picture of his testosterone shot, the aforementioned image of himself engaging in a bicep curl, and a new image of himself
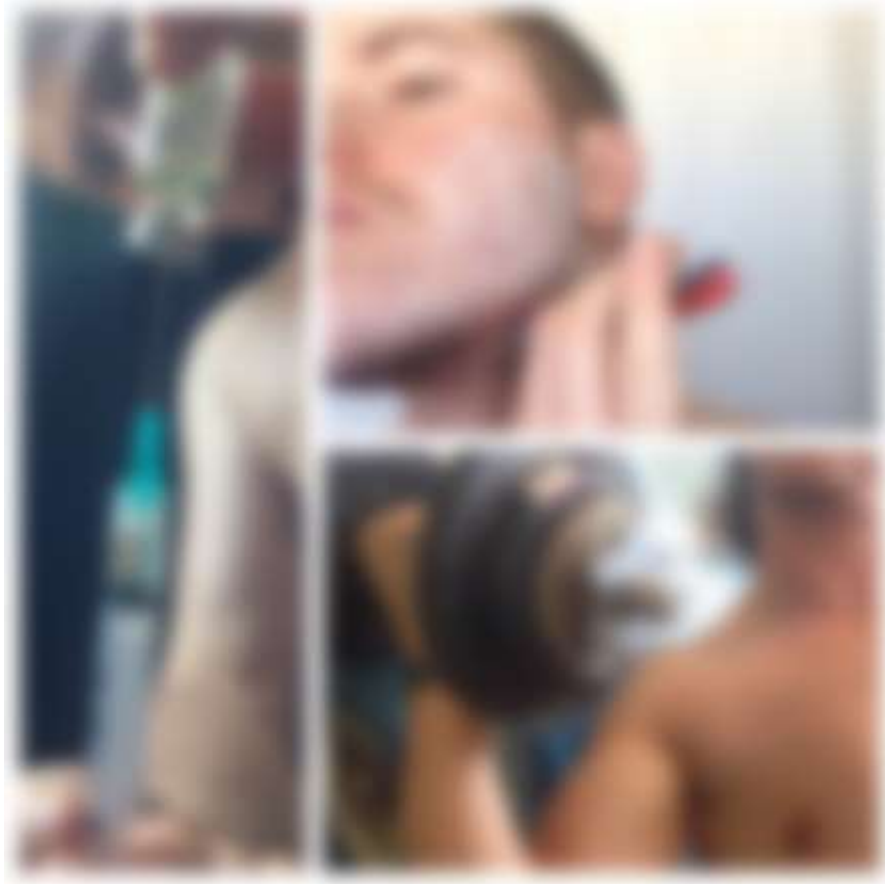
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Figure 12[27]

shaving his face and neck (Figure 12). He explained his reason for piecing these images

together,

> I picture spliced this together to kind of represent the coming together of
> routine. I'm not very good at routine, but routine is very important for my
> health, and for how I look at myself and how others look at me, too. I
> think the exercise, I shave to keep it down, that happens every two days,
> but I have to exercise every day. I take the testosterone once a week, and
> it's just...it doesn't seem like a lot, but it is. And I'm always just trying to
> pull it together, all of it.

These various activities are important to Alex's self-image of himself as a masculine

person, highlighting ways transgender people are aware of how cisgender people

appraising us and our abilities to conform to binary gender. For Alex, it is important he

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[27] Image has been blurred to protect participant confidentiality.

be able to keep up these types of appearances in order to be respected as a masculine

person. There is some degree of dialectical tension, however, when he voices his desire to

be viewed as a masculine man while also acknowledging the difficulty in keeping up with

the routines that make his masculinity possible. From the process of obtaining and

injecting testosterone, to the hours of physical labor that have gone into sculpting his

physique, to the many more layers of maintenance illustrated in the example of shaving

his face, Alex reveals a complex cycle of "always just trying to pull it together." While

pulling it all together may be a struggle at times this routine is key to his experiences

transgender wellness.

Jackson also shared pictures of parts of his workout routine as a marker of

personal wellness. As mentioned earlier, he is a firefighter and during the course of

Trans/formations was training for his paramedic certification through the Albuquerque

Fire Department. Physical fitness was an important component for this certification and

Jackson shared he hasn't always been the most interested in working out because it was

hard for him to see any real results. For him, working out has almost always been about

vanity and bulking up rather than taking care of his body for health related reasons.

Despite a general disinterest in working out outside of his job, Jackson did share he

became more serious about his physical health when he started his transition. He said,

> I think like a lot of trans guys, when I realized that I was going to get the
> opportunity to transition, I spent a lot of time trying to get healthy and try
> to prepare. But all that preparation, it just blew my mind once I was
> actually on testosterone, like, how it's just really real. You get so much
> stronger, and it made me frustrated for some of the women I was working
> with, not that anyone was giving them a hard time, but I think that a lot of
> cis guys take for granted how strong they are. They take for granted and
> they don't even know how hard it is for cisgender women or trans guys
> without T, people without these hormones, they have no idea how hard
> they have to work just to keep up. And I think that if they did, they

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wouldn't be so chauvinistic. Like, it's *a lot* of work, and all they have is this hormonal advantage that they didn't earn, they were just born with it. So they take it for granted, I think.

Jackson has the experience of working out both with testosterone in his system and without testosterone in his system, noting the marked difference between the two experiences. His ability to understand ways cisgender men have a hormonal advantage when it comes to building muscle mass is unique to him and other transgender men taking testosterone making sure to point out assumptions some cisgender men make about biological superiority based solely on strength are perhaps misguided. His position as a transgender man allows him this experiential perspective.

Jackson also shared even though our culture tends to favor overt physical strength in men there are other systems that can help balance the perception that women cannot also be as physically strong as men. He shared a picture of a fire department training tower he runs each morning, connecting it to larger issues of gender and wellness:

> You know, there are spaces, where you think that being trans would be an issue, but what a nice surprise it was, or has been a nice surprise so far, in the fire service, being trans hasn't been an issue for me. And I think part of what's cool about it is, at least, unlike a lot of police departments or military, the fire service, or at least Albuquerque Fire Department, doesn't have different physical requirements for men and women. Like, I know the cops do, and I know, say, the army does, but with the Fire Department, it's just like, "Whatever, if you meet those standards, awesome. If you don't come back next year." And so I think that sets people up to be at least a little more open minded because you're not coming in with, "Oh, such and such only had to meet those standards," where the system just sets you up to be a target, you know what I mean? And this system doesn't do that.

Because of the physical standards for all applicants to the Albuquerque Fire Department are uniform, Jackson believes it creates an environment where women are given a fair chance at competing with cisgender men's hormonal advantage. It appears important to him anyone who wants to be a part of the fire service is given the opportunity. His

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thoughtfulness on the subject was noted by other participants, one asking if he thought

cisgender men were thinking so carefully about what women have to do in order to be on

an even playing field. Jackson laughed saying no, it was likely the fact he had lived life

as a woman and having those gendered experiences that likely made him so empathetic

with the women in the Fire Department where he works.

    Enacted identities. Beyond relationships among participants and their physical

Bodies, participants in *Trans/formations* also shared images detailing ways they

externally express their gender identities. Frank brought in a picture of him wearing a

vest and tie, saying he cleans up nicely but also making note he doesn't really need a suit

because he doesn't attend anything so formal here in New Mexico. Another participant

chimed in saying, "Oh, but even if I don't have any place to actually wear it, my suit

makes me feel so sexy." A second participant agreed saying, "Yes! I can so relate,

wearing my suit makes me feel handsome." Frank replied to this exchange saying, "Yeah,

I mean, I feel handsome, but I feel like I look like I am twelve or something." The

dialectic between how Frank views himself as opposed to how Frank believes others

view him is one relatable for other participants. I shared also struggling to find clothing

that fits me in a way that make me feel good, saying

> Oh, yeah. I actually don't take T, which I think is pretty obvious with my
> voice and everything, but this is one of the hardest parts about it for me.
> Like, I don't feel as though I need to be taking T to feel comfortable in my
> body, but I would love if clothes fit me. I would love if my shoulders were
> just a little more broad. I would love if I could fit into a standard men's
> shoe size, and not have to shop in the little kid's department, where
> everything has skulls and trucks and shit on it. Like, this is the stuff that
> reminds me about being different. Not direct threats or slurs or stuff like
> that, but I mean, that happens, too, but like, this is the shit that I have to
> deal with daily. And it can get exhausting.

Not being able to find clothing that fits me well reminds me my body is not "typical" for someone masculine presenting in our culture. It is a reminder I am outside of the binary, I am fringe. This position doesn't always bother me and sometimes I genuinely appreciate being a gender outsider. Having the capability to move beyond boundaries of what is expected from someone who is either traditionally masculine or traditionally feminine is one of the things I have come to view as a source of strength in my life. There are times though, when moving beyond those boundaries feels incredibly difficult and exhausting. The dialectical tension between being unique and just wanting to fit in are very real for many transgender people, including those in this study. This quote helps illustrate some of the smaller ways transgender and gender non-conforming people might be reminded of these tensions and of our difference and how those small reminders might wear us down emotionally over time.

Jackson brought in an image of his formal uniform boots illustrating this point further (Figure 13). He shared,

> I had cleaned these boots because I was going to graduate the next day. And this is just the first step in cleaning them, the polish was going to come the next day, but this cleaning made them look really good. So, I like this picture for how good they make the boots look, but then I was thinking about it. And, I don't know how much it was about wellness, but just like...you talked about feeling good in your suit, or whatever, and so, I'm not so big and when I was living as a guy but didn't actually have the testosterone on board, I was buying boys' clothes and everything because it's all that would fit. And it was cheaper, but it was still kind of like, "Man." And then when I got on T, it was just like, that little bit of a push in my shoulders and stuff that I could fit into men's small sizes instead of a boy's extra-large. And the shoes were the same thing. I was wearing like, ridiculously small shoes, and my foot must have grown a little bit, because I can wear men's sizes in shoes, and it's not so much a thing anymore.

Figure 13

Jackson revealed also feeling discouraged about not being able to fit into adult men's clothing, self-conscious about his feet not being large enough to fit into standard men's shoe sizing. The pressures to live up to certain expectations of what being a man is—in this example, someone who can fit into traditionally sized men's clothing—and ways people who don't meet these expectations may end up feeling is one example of the constrictions of the gender binary.

Other participants in *Trans/formations* shared pictures related to clothing and other symbols of gender expression. Alan took a picture of himself in his mirror, wearing an undershirt and boxer briefs, right hand holding his tank top up just enough to reveal
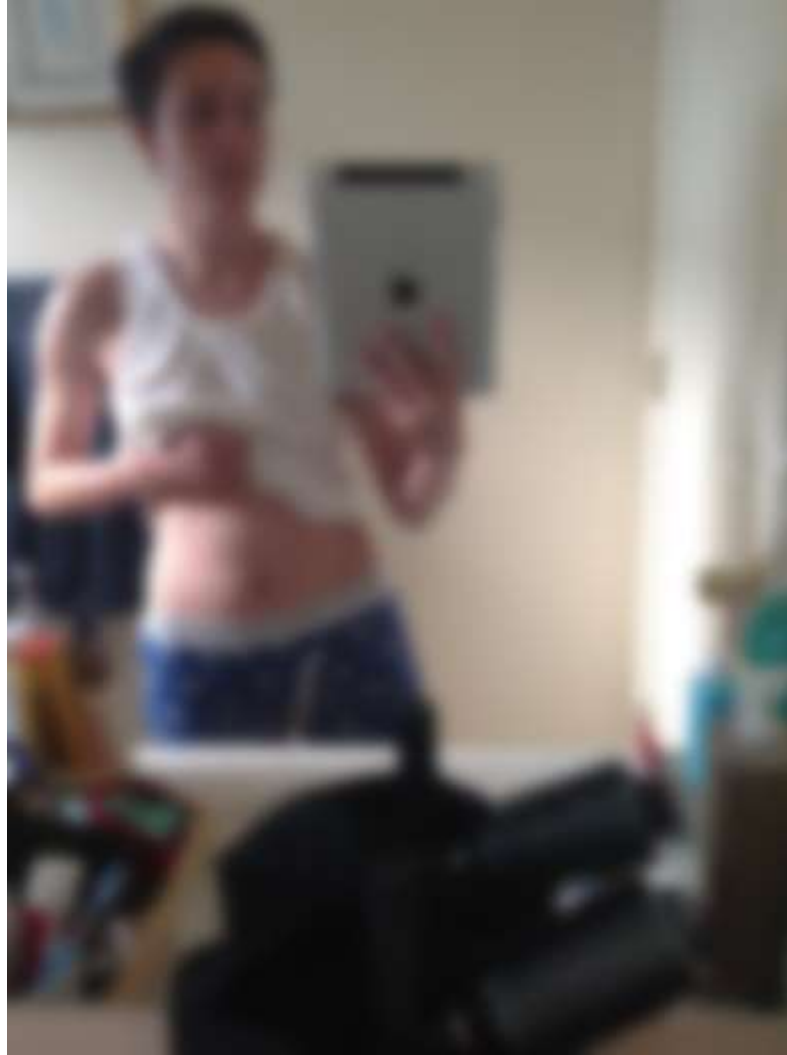
Figure 14[28]

his midriff (Figure 14). He has been taking testosterone for four months and told the

group he was really starting to see the changes:

> This is the power of the selfie! Like, I get down on myself sometimes for
> not being far enough along in my transition to have like, a beard or big
> muscles or whatever. But like, here, I actually feel masculine-ish. I mean,
> I'm not way ripped or anything, but like, my body is, it's starting to really
> shift and change and like, even though I am a little hippy here, I can really
> see the change.

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[28] Image has been blurred to protect participant confidentiality.

Though he shares he is feeling good in his body and is starting to see changes, Alan still makes comments on the traces of feminine physique he can make out in the picture. While it is doubtful that anyone else looking at this image would be able to pick up on these same nuances, the ways transgender people view us can lead to some of the harshest feedback. Another participant chimed in offering support saying, "Yeah, and there's also something about the shorts, isn't it? The boxer briefs or whatever," implying the men's underwear assist in the process of Alan of feeling more masculine. Alan agreed, noting he started wearing men's underwear before he did any other transition-related processes. I shared this was my experience as well, starting with wearing boxer briefs because it was something that was hidden away from public display while allowing me to feel somewhat more connected to the gender identity I was learning how to express.

I also shared an image of my boxer briefs air drying in my restroom after being washed. "It's masculine in that I wear boxer briefs," I said, "but at the same time, y'all, like, I still do my delicates. You know? Taking the time to separate is not considered traditionally masculine, but this is how I have always been. Kevin also brought in images of clothing to share with the group. They brought in a picture of their closet at home illustrating how it is divided into two sections: one section is for more masculine clothing and the other section is for more feminine clothing. When asked by another participant if they had a section of their closet dedicated to gender neutral clothing, they said,

> You know, I don't actually know that I think clothing can be gender neutral. I mean, sure, yeah, t-shirts and things and stuff like that are, but at the same time, I think that I can take a t-shirt and depending on how I feel that day, it can be masculine or feminine, just depending on how I decide I want it to be. And maybe that's what you're saying, that like, this whole

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closet should just be all together because it's all just clothes and stuff, and it doesn't really mean anything about how we identify.

Despite the gender divide in Kevin's closet, they appear to have a more ambivalent relationship to the ways their clothing is perceived with regard to gender. In this statement, they start out by saying they don't think clothing can be gender neutral but they end the statement with recognition they are the defining force in the gender expression related to clothing. While some of their clothing may be more masculine or feminine than others they acknowledge gender identity is about more than clothes.

Frank shared a somewhat different viewpoint speaking about a picture he brought in of his modest hat collection. As he was speaking about the hats in the image he shared he doesn't wear one of them anymore. When asked why not he replied, "That's one I wore before I really started to physically transition, and I don't really like it anymore. It's too feminine for me." The hat in question did not appear any more typically feminine than any of the others, but perhaps it is a hat that Frank associates with life before transition explaining why he views it as more feminine than the others, opting not to wear it any longer. He continued to speak about his hats and how they represent significant points along the journey of his transition. Frank laughed, saying "Adrien said that my hat was my gateway drug to transgender." The hat in question is a paperboy style hat, one you might see someone at a *Great Gatsby* themed party might wear and which symbolizes a type of masculinity Frank is interested in embodying. As his gender identity shifted, so did the types of clothing and accessories he wore and this image is a timeline of that. By calling this hat his "gateway drug to transgender," Frank is implying that certain forms of masculine attire and ways of presenting himself were what helped open

Figure 15

the door to his gender transition. My decision to wear boxer briefs underneath my clothes
prior to introducing any other forms of masculine clothing to my wardrobe is a similar
type of experience allowing transgender and gender non-conforming people to literally
try on pieces of identities and see if they "fit."

Reggie also brought in an image of a hat to share with the group (Figure 15).
They discussed the way they used their hat as a coping mechanism for moments when
their gender has been in question. They said,

The hat is not just where it's from, and the medicine, but you, Frank, you

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were talking about your hats. And my hat's been my security blanket. It's always been the one thing where if people aren't sure if I'm male or female, I've tended to hide behind my hat, and pass as one when I don't want to be the other. You know? Like I can pull my hat down and lower my voice and I can pass. It's like my security blanket.

Depending on the situation Reggie uses assumptions about the masculine gender expression of people wearing baseball hats and speaking in lowered tones to avoid discomfort and vulnerability. When people are unsure of your gender they can turn to very aggressive and often unpleasant means to figure out how you identify. To get out of that experience Reggie uses the cues of other people to read the situation. Being identified as a man makes Reggie feel safer in some circumstances, being able to lower their voice and continue their business without being bothered any further. Often, they are left feeling on edge after these experiences, constantly living with the fear someone who read them as male may find out that they were assigned female at birth. The reactions to these sorts of revelations can range from the mundane to the catastrophic and Reggie is not out of line to worry about what type of reaction people might have if they are misgendered.

I echoed this anxiety related to the people's perceptions of our gender identity. They speak of passing, best described as a transgender person's perceived or actual ability to be read by other people as cisgender. They mentioned that depending on the context, passing or not passing creates moments of feeling hyper visible. Whether real or perceived this hyper visibility can heighten feelings of anxiety about fitting into a rigid binary gender and not living up to certain gender expectations. I brought in a picture of my brightly colored athletic shoes against a drab concrete backdrop sharing with the group (Figure 16):

Figure 16

> I think that these shoes are sort of how I feel about myself. You know, that
> I stand out a lot. I actually don't even think that it's true, that I stand out
> all that much at all, and that I'm pretty under the radar just in general, in
> life, but I feel a certain kind of anxiety walking around and being maybe
> more visible in terms of my transness and non-binary expression.

Another participant pointed out that it was almost like we all felt like we wear a sign

saying "Transgender" on it. Other participants agreed with that sentiment. I also agreed,

continuing,

> Yeah, but I actually don't even think that people actually do look at me
> and think that. I think like with Kevin saying they can make themselves

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look more feminine or masculine based on their clothes, I feel the same sort of, like, I know what to wear and how to act when I want to be sir'd more than ma'amed, and actually, obviously, more often than not, I am ma'amed. Because my voice gives me away. And that's actually hard, because I just see the process, you know, of someone who has just seen me, looked at me, and I'm wearing some big work boots, a plaid shirt, maybe my John Deere hat, and yeah, I can maybe look the part of a country boy, at least just with a typical glance. And they think one thing, and then I talk, and I just see that process of them realizing I'm trans or genderqueer or whatever. And I think that's why I just feel like this, like this picture shows how hyper-aware of myself I am, almost to like, a fault sometimes.

The hyper-awareness I sometimes feel when in public is palpable: my heart rate increases, my chest tightens, my palms get sweaty. I move through public interactions with as little conversation as possible trying to make it so my voice doesn't out me. Even if interactions aren't hostile the possibility for unfriendly engagement or even just unwelcomed curiosity is a low grade stress I carry with me at all times.

Frank shared a similar sentiment when speaking about a picture he brought in of his hiking gear. He talked about how much he enjoyed being able to get out into the foothills of the Sandia Mountains but he only goes if he has a hiking partner. "I don't like to go alone," he said. "I know that some trans guys, they feel safer after transition, but I don't. I'm still vulnerable because I'm so small, and I also look gay." When asked what he meant by his comment about looking gay, Frank explained he felt like even if people didn't view him as trans they viewed him as different. This difference is marked by some sort of variance in masculinity he believes most straight, cisgender people identify as 'gay' rather than 'trans.' He does note some transgender men do feel more safe out in the world after their medical transition but this is not the case for him. Despite the fact that he is more frequently passing as a cisgender man in his daily life, Frank still feels a certain kind of anxiety related to being viewed by cisgender people as an outsider.

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Figure 17

Jackson also shared an image related to the complexity of being a man who was assigned female at birth. The image he brought in is one of menstrual pads telling the group he has been struggling for the past few years with how to talk about and really acknowledge what he was about to share with us (Figure 17). He indicated feeling a certain sense of shame but the space we created felt like the best place for him to be able to be honest and talk about what he has been dealing with in isolation for some time. He shared,

> So, this is an issue, it's real, and pretending that it isn't an issue won't make it go away. For me, specifically about health, I've been on T since

2001, and never had a problem. Everything's been cool, but about five years ago, I started spotting. And I'm not the best patient, so I definitely did the whole, "If I ignore this, maybe it will go away" thing. And plus, I really didn't feel like going to the gynecologist as a trans man, you know, all of that shit. So, I took a chance and I just let it happen for a while. And I've been lucky, because I finally went to see a doctor, and got checked out, and everything's fine -- I don't have cancer or anything, my levels as they test them are normal, but I don't know. I mean, how much do doctors really know about what levels are normal in trans guys who take testosterone?

One of the benefits of taking testosterone for some transgender men and gender nonconforming people is the slowing down or complete cessation of menstrual cycles. Jackson desired this effect and achieved it, not having had a period for more than six years. Naturally, he was surprised when he began seeing blood in his underwear again. Rather than seeking out the advice of a medical professional he decided to ignore the issue, hoping it would go away.

This may seem like an illogical decision, one difficult for some cisgender people to understand, but for some trans people the gender dysphoria we experience makes it incredibly difficult to deal with issues connected to our bodies.[29] So many of us feel we were born with anatomy incongruent with our internal identities, and facing the reality of our bodies can bring up emotions difficult to navigate. On top of all of the internal gender issues trans people might face in this sort of situation, we also have to interface with a healthcare system full of medical providers who know very little about transgender people and how to interact with us as human beings; they often know even less about transgender health and wellness. Jackson was eventually able to see a clinician who reassured him that his hormone levels were fine and he was not physically unwell. In this

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[29] It should be noted that plenty of cisgender people, both men and women, ignore physical concerns and don't seek the advice of a physician when necessary. This particular experience is directly related to specific types of gender dysphoria experienced by transgender people, however, and deserves special attention.

statement though, Jackson points out there are no studies on the long term health effects of hormone replacement therapy with testosterone in transgender men, nor are there any clinical studies from which to determine baseline dosing. Taking hormones long term is something studied some in cisgender people, but there are not studies monitoring the impact of opposite sex hormones in transgender people. Currently, most health care providers who do work with trans and gender non-conforming people are using dosing recommendations and guidelines for cisgender people which may have some applicability but we cannot say for certain.

Additionally, most participants in *Trans/formations* indicated not having a primary health care provider they see regularly, let alone a care provider who was well versed in the needs of trans and gender nonconforming patients. As mentioned above, few health care professionals specialize in transgender care and those who do often live in major metropolitan areas. While Albuquerque is the largest city in New Mexico, it is not comparable to cities like New York City or Los Angeles, where it is easier to find access to a physician competent in transgender care.

Beyond a lack of health care providers skilled enough to engage with transgender and gender non-conforming clients, transgender medical interventions are not extremely common, at times can be tricky and precarious, and are in need of more serious academic and scientific consideration across disciplines and sectors. Jackson continues,

> Regardless, it's turned into, I have a period now. I get a period every month. I know. It's a pain in the ass, and it's not any better than when, it's a pain in the ass when I was a girl, and it's a pain in the ass now that I'm a guy. It's still a pain in the ass. But the differences are interesting. It's...as much as I didn't identify as a woman when I was living as one, you could kind of commiserate, I guess, with other women, like, "Man, this sucks; I'm on my period, fuck." But now, like, I don't really know who to bitch about it to. You know what I mean? Like, I've only just recently gotten to

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the point where I can throw my hands up in the air about it. Because like, I've started to joke a little bit about it, it's almost too much for some of the guys I hang with, like they're awkward when I make these jokes. Like, when I get pissed off about something and then I apologize about it, like, "I'm sorry guys, I'm on my period," and it's like, dead silence. Nobody's laughing. Whatever. All those little things.

Jackson describes a sense of pre-transition solidarity about getting his period with other people who menstruate, expressing gratitude for the kind of camaraderie that goes along with such an intimately shared embodiment. Despite his dysphoric feelings, he was still able to connect with others on some level.

Jackson has struggled to find that same connection post-transition. He experiences tension between being part of a community for whom menstruation is typical and normal, shifting into being part of a community for whom menstruation is not typical or normal. The perception most people may have of Jackson is that he does not menstruate. Jackson's reality is the opposite of what is expected: he is a man who menstruates, and the dialectic of this experience elicits a sense of isolation and loneliness in him. He continues,

And it's been a long time since I've had to worry about anxiety in the bathroom because it has been so long since I transitioned, and I do pass, so certainly, that's the distant past. But this? This has brought that anxiety back. Because I'll be in the restroom, and it's like, "CHHHHHHHH (mimicking the sound of opening a menstrual pad)" with the frickin' wrapper and all that noise. It used to be that I would try all these crazy things, like I would flush the toilet so the toilet would make all this noise, and I would just like, rush through to unwrap it real quick and try to mask it. And now? You know, now I say, "Fuck it." Like, I'm in the bathroom. And if you're worried about what I'm doing in the bathroom, like, that's your problem. But, I still have to adjust. Like, I am a man with a period and I just gotta figure it out.

Jackson describes the awkward experience many transmasculine people have encountered opening a menstrual pad or tampon in the men's restroom, a space where hearing that sound is not expected. As he mimicked the sound of the wrapper opening

other participants nodded, laughing and groaning along in agreement. Bathroom anxiety has been discussed by a few of the participants at this point in this project, particularly by participants who aren't currently undergoing medical interventions or those early in their transitions and also as something experienced by trans people before engaging in hormonal intervention. Jackson, however, is experiencing a new form of trans anxiety, explicitly adjusting to his new life as a man with a period. Taking testosterone made his period go away for six years, and he was able to settle and get used to his life as a man who did not menstruate. However somewhere along his gender journey something changed in Jackson's body chemistry, making his menstruation return. This shifting of transition outcomes and timeline indicate perhaps that transitioning is not an experience with an endpoint but is rather a continually regenerating experience in the daily lives of transgender and gender non-conforming people. Transition is an ongoing process with the potential for myriad outcomes.

Perceived strengths.

The following section contains images related to what participants in *Trans/formations* described as perceived strengths of the transgender and gender non-conforming community with regards to health and wellness. Themes contained within perceived strengths are related to creation and generation; relating; and resilience. Participants in *Trans/formations* engaged in various forms of positive-affect building processes, ranging from artistic expressions to cultivating spiritual connectivity, as means to increase wellness levels in their lives. The following section details some of the domains and strategies used by transgender and gender non-conforming people to help build reserves of health and wellness.

Creation and generation. One of the most prominent themes emerging from the data shared by the participants of *Trans/formations* is the theme of creation and generation. Almost all of the participants took part in some form of creative expression, feeling these images were important enough to share with the group. Some participants were professionally trained in different artistic disciplines and media but even those without professional artistic pursuits shared enjoying creative hobbies and outlets, indicating positive impacts on their emotional state. Alan shared he writes poetry and draws whenever he feels the need to express himself creatively. His writing and his art help connect him to pieces of himself he said he feels more comfortable with. When asked what he meant by this, he shared that transitioning isn't always an easy experience, it can be isolating not only from other people but also from yourself. Being able to return to creative hobbies is one way for him to be able to remember who he is even in the face of such rapid change.

Alex shared an image of what he called his "creative corner," a dedicated space in the living room he shares with his family. He states he has an artistic side that he likes to sometimes explore, and showed the group images of the art that he likes to create. Similar to Alan, Alex said that painting and drawing are centering practices for him. Turning back to a well-loved hobby is something he does when he feels like he needs an emotional boost. Though he doesn't draw or create visual art, Robert shared a picture of a stack of seven library books he is currently reading. Because he spends much of his time confined to his bed he uses reading as a way to relax.

Creation to maintain mental wellness. Several participants shared that our relationships to creation were useful in maintaining our mental health. Reggie shared

Figure 18

liking to tend to their garden and watching the plants grow through their care. They work

part-time as a landscaper and talked about how being able to make something beautiful

out of nature was important not just for their financial security but also for maintaining

their mental balance. I spring boarded off of their comment sharing I also enjoy

gardening as a hobby, and I volunteer regularly on a local farm (Figure 18). When asked

by another participant what I enjoyed about volunteering on the farm, I replied,

> You know...I just think there's something about working with my hands, and seeing something actually happen. I sit at a computer all day, I shuffle through email all day, and I'm in school, so I read and write all day, and I don't always feel like anything actually happens. You know? Like, I know that I am writing a lot of words that get sent someplace, but I don't know that any of it actually means anything. But with gardening, with being out at the farm in that hoop house, like, you can just see the progress. And you can feel it. It's not a concept; it's dirt underneath your feet. You can see

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Figure 19

>that you're helping make something happen, something outside of yourself. And I need that something outside of myself in order to keep making something out of what's inside of myself.

These two of us experience the process of being outside and gardening as an activity that helps keep us grounded in both a literal and metaphorical sense. I shared that I am often engaged in internal processes, and that cultivating this type of external, generative practice is something that helps keep me emotionally balanced.

Other participants echoed the importance of creativity as a means to maintain emotional balance. Jackson shared a picture of a piano that he recently purchased (Figure 19). Having played the instrument for the majority of his childhood, he quit abruptly in his late teens and hasn't played regularly since. He found the piano for $300 on Craigslist

and brought it home as a restoration project. He shares, "sometimes I'll just tinker around with it to clear my mind, which I think, I don't do meditation, but I think that maybe it's some kind of mental wellness thing." Playing music is a practice of mindfulness for Jackson and while the scope of benefits in his life may not be fully articulated they are recognized as holding importance in his days. The relationship between Jackson and his artistic endeavor is not without personal complications, though. He continues,

> I also included it because my learning piano was directly a result of probably being the only female born into my family. I always wanted to do like, drums, but my family considered it like, too masculine, I guess, for a girl to learn, so I got piano lessons instead. Which is cool, I mean, I learned to read music. Sometimes, though, you don't get to do what you want to do, and that's just life I guess.

In recalling the ways drums were considered "too masculine" for a young girl to play, Jackson highlights some of the messages about gender that he received as a child. He was told girls were expected to act a certain way and perform certain tasks and boys were expected to act another way and perform other certain tasks. Anything other than those binary options was frowned upon, and Jackson internalized those messages in some ways. When asked if he stopped playing because the piano was considered too feminine, Jackson replied,

> You know, at the time I think that I was just really into other stuff. Like, I was into sports and being outdoors and I was just really active and all over the place and wanted to be outside, so I think a lot of it was that. But, I mean, thinking about it now, yeah. Definitely, the fact that it was considered this feminine thing probably turned me off to it some. Which is sad, you know, because I love it so much now.

The dialectical tension between Jackson's gender identity and the messages he received about certain activities and their relationships to gender caused him to stop participating in an activity he enjoyed. The regret he shared about quitting his musical

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practice is palpable in our conversation, prompting nods of agreement from other

participants. We have all felt the sting of being told we could not do certain things we

wanted to because of our gender and Jackson's story about the piano brought those

moments into the room in a very real way. Frank shared a picture of a puzzle he is

currently working on indicating he also struggled with activities he enjoys not fitting into

how he believes his gender should be expressed. He shared his image saying,

> I felt like this was my feminine side, because I felt like I've kept doing
> these things that I liked to do, I've even gone, 'Oh, that's too feminine for
> me to do,' but, I still do them. Because like, that's kind of my thing.

Throughout his life, Frank has received messages either internally, externally, or

both about the perceived feminine nature of puzzles. Because of his own feelings about

how his gender identity should be expressed, he has struggled with what it means for him

to engage in activities that might be perceived by those who buy into binary ideas of

gender as 'too feminine.' Despite this struggle, Frank still puts puzzles together because

it is something he enjoys doing and brings him pleasure and the emotional benefits of the

activity outweigh any other discomfort he may experience.

Russell shared he identifies as an artist and the creative process is instrumental in

his mental well-being. Many of the images he shared represent various creative projects

he is working on, from writing and journaling projects to gardening projects to a series of

paintings he is creating of transgender people throughout history. One of the images from

this painting series was shared by Russell, a work depicting Christine Jorgensen, the first

woman to undergo gender confirmation surgery in the 1950s (Figure 20). He describes

the inclusion of the image in this project, saying

> This is a painting I'm still working on of Christine Jorgensen, but there's a
> lot of pictures of other trans people and it's part of my, it's part of a series

Figure 20

> that I'm doing where I'm painting one painting a month. It started because
> I didn't have any time to paint, and I said, "Well, if I can paint one
> painting a month, I'll be okay." So, I started in November, and it's June,
> so I'm doing pretty good. It's almost a year, or, at least more than half
> done.

Russell indicates finding himself in a situation where he does not have as much time to
paint as he would like. In order to make time for painting, he has committed himself to
completing one painting a month and mentioned feeling as though his mental wellness
will most likely benefit from the process. He currently works in a technical trade where
he is not able to use much of his creativity and described craving regularity with an
artistic practice, prompting his commitment to finishing a work monthly.

In addition to the space for mental wellness created by making the time to paint,
the subject matter also appears to factor into Russell's experience of the creative process.
He shares,

And I use a lot of transfers, and the transfer method, I thought, was pretty pertinent to this painting and for myself, because I spend a lot of time passing completely and this painting for me, personally, is about uncovering myself and also uncovering other trans people, and not feeling alone. Because I spend a lot of time feeling pretty alone.

This painting is created using the transfer process involving layering different images and textures over one another, covering and uncovering until the artist obtains the desired effect. Russell implies this process is comparable at least in some regard to his experience of being transgender. He notes spending a good amount of his time being identified as his preferred gender, or *passing*. This process create layers of a new identity and expression as a person transitions socially and medically, ultimately becoming unrecognizable as transgender by cisgender people and is something some transgender people go to extraordinary lengths to obtain. 'Passing' for some can be understood as a way to be accepted into the larger world as an individual's preferred gender and transgender folks will often gauge their 'success' in transition based on how frequently they 'pass' within the general population. If a transgender person goes through various social interactions without a stranger using the incorrect name or pronoun, without receiving questioning or knowing glances and stares, or without having their gender identity and expression questioned in some way they are thought to have 'passed.'

In Russell's experience and example, passing does not appear to have the positive connotations it frequently holds for transgender people. Rather than leaving him feeling validated in his gender identity, the concept of passing stirs feelings of social isolation. In the process of being identified as his preferred gender, he has lost some form of connection and visibility to other transgender people. He spent much of his young adolescent and adult life being highly visible, first as a lesbian then a trans man without

medical intervention. As he moved along in his medical transition, Russell was no longer

seen as being part of a sexual or gender minority by other members of the LGBTQ

community; he is now seen by the general public as a cisgender, straight married man.

Losing his connection to LGBTQ community has had an impact on his mental wellness,

leaving Russell feeling unseen and in turn, lonely and alone. The dialectic created

between gaining recognition as your preferred gender while at the same time losing your

visibility as part of the LGBT community is a transition and tension unique to

transgender and gender non-conforming people.

　　　Relating. The second theme to emerge from participant images and stories was

one born of all of the different kinds of relationships that the participants engage in in

their lives. As we shared our collections with one another comments were made about the

apparent importance of our daily interactions and how they relate to our varied identities

and experiences and feelings.

　　　Relating in nature. Some of us shared pictures of ways we relate to nature and

being outdoors. One of the major benefits of living in a place like Albuquerque is having

access to amazing public lands such as the Sandia Mountains and the Rio Grande River.

Both Frank and Jackson mentioned getting outside and going on hikes helped them feel

more centered and balanced. Jackson said, "For me, just being able to be outside is as

much about getting my head straight as it is being fit. It's the thing that clears me." I

shared an image of a cloudy sky just moments before fat raindrops started falling from

the clouds (Figure 21). We all agreed the feeling of the rain in the desert was something

special and hard to describe. Frank continued that thought, saying, "New Mexico is hard

Figure 21

to describe. Like, I see those mountains and even though I've been here for twelve years,

it still takes my breath away. Every single time." Jackson shared a similar feeling, saying

that being outside; walking alongside the acequia behind his house helps him feel like he

is part of something bigger than himself. He said,

> These pictures are about just stepping away from whatever societal
> pressures, for whatever reasons, whether it's your race, your class, your
> gender, your perceived gender, out in nature, you just are who you are.
> You aren't more important than a roadrunner or a lizard or an ant. You're
> all just part of it. You're just another part of nature.

Having access to the geographic spatiality to be able to leave the urban environment and

be in a more scenic atmosphere is one way transgender people in *Trans/formations*

appear able to maintain a balance of health and wellness in their lives. As Jackson

mentioned, when a person is in nature, cultural and gendered expectations are put aside.

Relating in spirituality. Alan shared he did not feel connected to something larger when he spent time outdoors and it made him feel like he was weird. When asked if he felt connected to something larger in any other arenas, he said yes, he felt that way within his faith. Alan identifies as a Christian, making clear he is not religious. When asked what he meant by that distinction he explained he wasn't judgmental, and he didn't believe in any dogma, he just believed in the unconditional love and kindness that Jesus preached. He shared an image of a passage he highlighted in his Bible, explaining the importance of faith in his life, stating

> The passages that are important to me are the ones that people don't really know about, or they don't really care about. And this one says, "But the truth is, no prophet is accepted in his hometown." When I was growing up, my parents treated me like I was stupid. Well, I'm Autistic, so everybody treated me like I was stupid, so I thought I was psychotic, and literally stupid. And it wasn't until I went to a therapist and was like, "Well, if I'm psychotic, just expose it. Expose it. They're going to lock me up anyway." And, it turns out; I'm actually kind of smart. Christianity is a lot for me. It's in the small stuff, it's in the details. It's the thing that lets me connect all of the dots, and relate these stories and ideas and phrases back to my own experiences as an outsider. Because Jesus was an outsider. He was hanging out with sex workers and drunks and gamblers and I think he'd probably be here hanging out with us. So, I guess just was just a long way of saying this is how I feel connected to something bigger than myself. (Figure 22)

Alan relates his experience as someone who is both transgender and Autistic and alienated from his family and the feelings of social isolation that sometimes go along with those identities to the struggles of Jesus as described in the Bible. He feels kinship with Jesus' outsider status and finds comfort in knowing ways his faith supports those who are often most marginalized. Conversely, Jackson shared an image of the Catholic
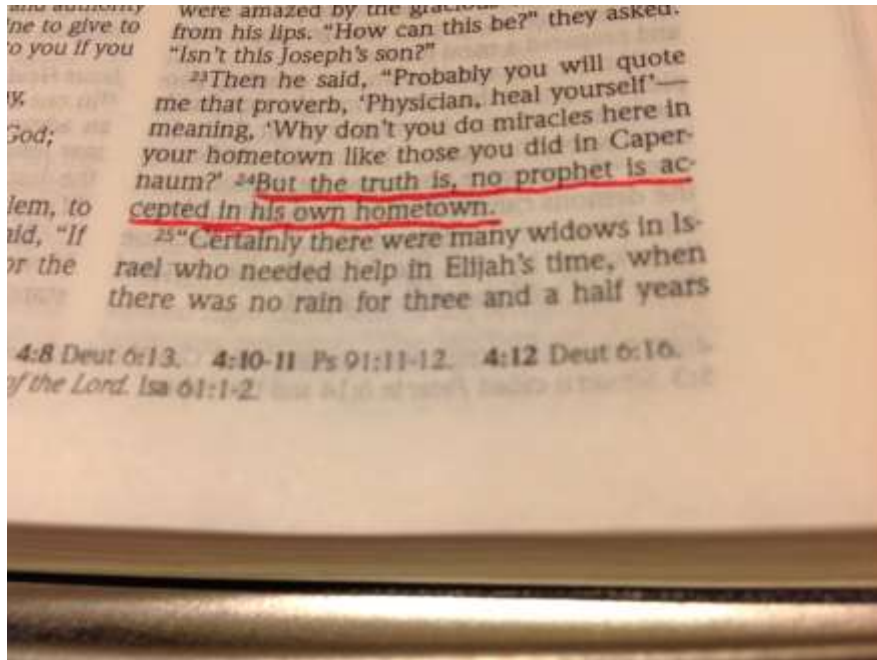
Figure 22

Church in his neighborhood. He passes by the church regularly describing the feelings it

brings up for him when he walks by. He shares,

> I included this church because in my own personal wellness, I'm still
> looking for a spiritual home. I was raised Catholic, but I don't practice
> anymore. It's funny, because every now and then I'll still find myself
> saying, "Oh, they're right down the road, why don't I just walk in? I'll
> give it a shot! I should be more open minded, I've never tried it." But then,
> I remember. I'm not stupid. I went to catholic school and Catholic Church
> for years. I know exactly how it's going to be in there, it's not going to
> speak to me at all, it's not going to be relevant, and I'm just not interested
> in that. So, I'm still looking.

For Jackson, organized religion has been harmful. The comfort Alan receives from

practicing his faith is not something Jackson is able to relate to. He spent years of his life

participating in Catholic services and schools and other institutions, appearing to feel the

aftermath still. While Jackson would like to be able to be part of a larger spiritual

community, he shares skepticism about finding something able to speak to his current

cynical views. He describes his experiences of church and school not feeling relevant,

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feeling disconnected from a larger spiritual connection. He makes note spiritual wellness is important to him and he will continue his journey to find a place where this part of him can thrive. He experiences a pull between cynicism and optimism hoping for a space where he can bring all of himself to his spiritual practice not just the pieces the church finds acceptable.

Relating with animals. Beyond spiritual connections, participants in *Trans/formations* shared numerous images depicting our relationships with animals and their importance in our lives. All but two participants shared images of pets with each who shared images describing the value of companionship in their daily routines. I shared a picture of the two feral cats that occupied the courtyard of my house when I moved in, describing how I fed them every day for the entire four and a half years I lived in that space. Kevin and Alex live in a collective with two other people, two ferrets, three dogs, and a rat. They each shared images of the animals as their self-described pack as well as the animals that they each claim as their own personal companions. Alex describes the fierce love of his dog,

> I call her my evil queen. She's a very aggressive little min-pin, but she's super well-behaved. She's growl at people if they get too close to me, which is exactly what I wanted in a companion. Um, a lap dog that will bite someone for getting too close, just this adoring love. (Figure 23)

For Alex, the dialectic between the loving and protective nature of his dog is something he not only appreciates but something he desires. He told the group he uses her as a barometer of judgment for the people who come into his life. He said she tends to growl at everyone but if she keeps growling after the initial meeting it is a sign he should not trust that person. He also shared he has encountered so many hateful people in his life he

Figure 23

feels like he needs some form of unconditional love provided by his dog.   Alan shared

feeling he was able to relate to the fears his dog has. He discussed ways his dog

experienced trauma both before and during her time as a shelter rescue. As a result, Alan

shared that his dog is afraid of a lot of the world, hiding away and cowering must of the

time. He shared feeling the same: He has experienced a lot of trauma in his home of

origin resulting in residual fears about being out in the world. He isn't able to relate to

many other people, Alan stating they don't always connect on an emotional level. He

believes he and his dog share a sort of deep, emotional bond on par with any kind of

meaningful human-human bond. In part because he identifies as being on the Autism

spectrum and also in part because of the emotional trauma he has experienced as being

someone who has a visible disability and also visibly transgender, Alan reveals his

difficulty in relating with other people. Spending time with his dog means he does not

have to worry about encountering judgment, criticism, or mockery for being transgender, walking with assistance from crutches, or bring nerodivergent. He is able to be in relationship with his dog simply as he is.

The reliability of relationships with animals was mentioned by other participants in *Trans/formations*. Kevin, who lives with Alex, discussed their dog's presence as being the most reliable and soothing part of their chaotic life, saying,

> I'm so busy, so busy, I have to have everything in my calendar, otherwise I will lose my head because I've got school, I've got work-study job, I've got job-job, I've got caregiving for Rikki's mom and I just never have enough time. And my dog is the only one who is consistently there through all of that, because she's just able to come with me everywhere. I need her to do that, because like I said, it's all just a whirlwind right now.

The majority of participants sharing images of their pets discussed the calming effect the animals had on a variety of anxieties, as well as mentioning the value of experiencing unconditional love from an animal. For transgender and gender non-conforming people, judgement and rejection are near daily occurrences. Having a relationship with a non-human companion is one way for trans folks to be able to form unconditionally loving, non-judgmental bonds amongst ourselves and another living being.

Jackson shared an image of his pets, spurring an interesting conversation about ways we attribute gender to non-human creatures without necessarily meaning to do so. He shared a picture of his dog and his cat and began discussing how he doesn't necessarily think of them in gendered ways but he does envision them as having a slightly antagonistic dynamic in some ways, almost like the bond you would find between siblings. He shares,

They're really great because they get along now. They didn't always, so it's nice to see how they've grown and how they interact now. And it's funny, because as we've been talking about animals, someone mentioned the gender of their pet, and I don't know how much of this is...I know how I see things, so I don't know how much of my perspective is informed by being trans, or if it's just how I see things independent of that, so it's funny, with my pets, I don't really think of them as gendered. They're just personalities; their interactions in my mind are just like brother and sister, even though they're both girls. Leela's really butch, she's just like, a butch dog. People look at her and just think she's a guy, I don't really know what they're looking at.

Russell chimed in saying,

Our dog is like that, too! But mine's the opposite. Even our vet has a hard time gendering her. We call her "her," but she's really a boy dog. Because the guy that we got her from was transitioning, and he wanted her to be trans, too. But I don't think she gives a crap, she's just a dog.

Some of the other participants agreed with this statement of gender neutrality. I said, "It's so weird to see how we have these ideas of masculinity and femininity we place on everything, even animals." Russell challenged this statement, saying

I think it depends on how you look at transness. I mean, the brain doesn't match the body, but while there aren't much societal expectations on animals, I'm sure that there can be transness. Because, like, my girl dog is starting to pee like a boy dog. You know? It's kind of like, "Hmm." It makes you wonder.

The example given by Russell brings up two different questions: first, the question of whether or not transgender exists outside of human beings; second, whether or not being transgender is an inborn trait that cannot be changed, or if it is something freely chosen. The "nature versus nurture" debate parallels similar questions many people still have regarding the myriad variances in the spectrum of human sexuality. Ultimately, the group came to the conclusion the causes of such variances in gender and sexuality don't matter as much as the fact these variances exist. Trying to figure out how we became or why we are transgender doesn't do much to move our lives forward or address

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current issues faced by transgender people. As one participant said, "I don't need to know why I am here, I just need to know why my being here is treated like it's a bad thing." The desire to explain the reasons for transgender people existing doesn't sit well with the group, making some participants feel burdensome or stigmatized in some way. I mentioned not appreciating to have to justify my existence, a statement appearing to resonate with other participants in *Trans/formations* as they nodded in agreement.

Relating interpersonally. Beyond relationships with animals, *Trans/formations* participants also indicated finding value in the interpersonal human relationships in their lives. Varying degrees of interdependence on families both chosen and biological were present in the pictures that people shared with the group. Robert shared a picture of his wife, telling the group she was the most important person in his life and they depend on one another's support especially with regards to the chronic health conditions he faces. Because of the ways Robert's physical mobility varies from day to day, he is reliant on the connections he shares with his wife and others to support him both tangibly and emotionally. Kevin shared a picture of Alex, saying he is the person they know they can depend on for anything and he will always be there to support them both financially and emotionally.

Frank shared a picture of one of his best friends, stating she is a "cis lady who gets it." Frank transitioned later in life, starting his social transition when he was 62 and already well established in his personal and professional life. His transition was not well-received by many people he had relationships with, resulting in the loss of both familial and friendly bonds. The picture he shared of his friend is someone he has known for only a few years, but they met prior to his coming out as transgender, and she has continued to

be a source of support for him post-medical transition. Having friends who are not transgender is something important to Frank, because he doesn't want to get stuck in a bubble of other transgender identified folks. When asked why this mattered to him, he shared, "I want to remember that there are lots of different types of people in the world, and that I can be friends with them, too."

Sometimes transgender people will self-select spending time with other transgender people as a way to reduce exposure to the types of anti-transgender sentiments that exist in the world. While this protective measure is an effective way to reduce the harms that can come from living in a cisgender-centric culture, Frank's statement illustrates a tension that can stem from this type of social segregation and indicates his awareness and desire to continue to grow and push himself outside of his comfort zone.

While most participants shared images of good friends, significant others, and other romantic connections and interests, Reggie was the only participant to share images of their biological family. They brought in pictures of their twin children saying they are their biggest fans and expressing how grateful they are to have two people who love them unconditionally. They described a connectedness to their children as "more important than anything else in their life." During the course of *Trans/formations,* Reggie's children were present for each of the sessions, spending time on computers and watching TV in TGRCNM's rec room while the participants and I completed our tasks. Their presence was much welcomed and they were social with our group when we were not immersed in our activities. It was clear from our interactions that Reggie's children have a deep love for their parent and were interested in knowing more about transgender people and

experiences. One of their kids told me as an aside they did not know there were other people like their parent, and it was a good experience for them to see their family was not alone in their experiences. When Reggie spoke about being misgendered in some spaces, it is almost certain some of those spaces have been with their children present. Despite the fact that our culture assumes children are aware of much less than they are, the comment made by Reggie's child to me illustrates a much broader awareness to gender dynamics than one might anticipate. Additionally, this experience illustrates ways the impact of gender identity and expression extend beyond the transgender subject. Reggie's children are impacted by ways their parent is perceived and received in the world, highlighting a dynamic web of interconnectedness within the communication of their gender identity.

Alex also shared his relationships holding high importance in his life. He shared an image of his "pack," saying,

> This is our pack. That's my wife's dog, and we tried to get the other dogs, we had treats under our hands trying to get them. But this is our commune that we have. It's me, RJ, my wife, and another trans man, and we all live together, and we have lived together for years. Since 2009, I think? Yeah. We're just, we are an interdependent community. We just, we have complete, 100% financial sharing, and we take care of each other, so. We're just always watching out for each other's backs, and that's why we have all of our hands here together. We all need one another, and we're all in this together for the long haul. (Figure 24)

The reliance this pack has on and amongst one another is important to Alex. He indicates these relationships demonstrate a degree of security in his life, bringing together so many people working towards one goal. While Alex, Kevin, and the rest of their pack are not biologically related like Reggie and their children, their interdependence illustrates ways supportive communities and family-like structures can be built and sustained outside of

Figure 24

the model of the traditional nuclear family. Given so many transgender people experience

strains with their families of origin if they disclose their transgender status, building

social support networks outside of kinship structures may be helpful in lessening some of

the emotional impact from those familial tensions.

While only Reggie showed images of their biological family, only one other

participant made mention of any current, living biological family. Alan is 18 years old

and still living with his family in their home in a suburb of Albuquerque. He is both on

the Autism spectrum and has a mobility impairment necessitating the use of forearm

crutches, making living independently not possible at the moment. He discussed how

frustrating his reliance on his family was for him, feeling trapped at his parent's house,

unable to grow and learn outside of the suffocating environment. He shared an image of

himself wearing noise canceling headphones, saying he puts them on when he is alone in

his room trying to escape the trapped feeling. In an image of his hands locking a door

knob, Alan shared,

> When I was younger, obviously my parents left me in my room because they just didn't know what to do with me. Also, there are no boundaries, like my parents will just come in without knocking. I lost locking privileges when I was in like, fifth grade I think? They took off the lock so I couldn't be alone; they just took the lock off of my door. So, for me, just a simple act of getting to lock my own door is just...it's freeing. I can just have my own space, away from everyone else.

The relationship that Alan shares with his parents is one marked by suffocation. He

describes his parents as overbearing and hyper-protective, treating him like he is fragile

and unable to care for himself in any manner. He shares feeling infantilized both because

of his Autism and his physical disability, making him feel that no matter how old he gets,

his family will always view and treat him as a helpless child. He also described his family

as not understanding of his being transgender, and in some ways pretending that part of

him doesn't even exist. He thinks his parents are almost so overwhelmed by him being

Autistic and having mobility impairment, so being transgender hasn't even really

registered in their consciousness yet. He shared another image expanding on his

complicated relationship with his parents. The image of a car key sitting on top of some

cash is described by Alan, saying,

> I actually lost my car in an accident because my dad forced me to go to his work to get the oil changed. I had the car a whole year and a half, and I only drove when I felt comfortable and awake, and it was scary what happened. Because it was a t-bone, right on the driver's side. Had I not had the instinct to turn, the car moved me over so much that my dad thought I was turning right, when I was going straight. This is going to sound awful, not to be a therapy session, but it almost would have been justice to die. I would have loved that big "Fuck you." But, I didn't die. And I got in trouble because someone else hit my car. Like, it wasn't even my fault and I got blamed. And I lost the car, and my freedom. (Figure 25)

Figure 25

Alan describes being told to do something by his father that he didn't want to do but doing it anyway, with the ultimate price being loss of access to a working vehicle. By losing the vehicle, Alan lost the small piece of independence he experienced in his life. This loss of the material item is magnified by Alan feeling hyper-scrutinized and hovered over by his family of origin and unable able to leave the house without relying on somebody else. This type of dependence is a source of frustration in Alan's life, highlighting some of the difficulties experienced within his familial relationships.

Despite describing coming from a "good family" earlier in the project, Jackson also shared experiencing complicated familial relationships. He brought in an image he took of a small toy skateboard he carries around in his pocket every day. His brother, who was a skateboarder, passed away more than a decade ago, and the object is something that reminds him of him. Jackson talked about this image, saying,

> This last November I decided that I was going to remember my brother for
> Day of the Dead. It's not like I don't think of him all the time anyhow, I
> just decided I was going to honor him. So, I noticed he was on my mind a

lot after that, which is really kind of nice. He died in '01, and after that like, initial first few years, you know, your life really just moves on.

He goes on to describe ways thinking of his brother today doesn't feel heavy and full of grief instead feeling like there are days where his brother is just hanging around paying him a visit. He talked about the significance of the skateboard, saying,

> He was a skater kid, so this was what he was about. I like thinking about him and the things he liked doing, being able to think about him and not think about regrets. He killed himself, so there's a lot of weird stuff with feeling regret with that, but even just regretting that he left before I was ever really able to come out to myself. So he didn't get to know me as who I am now. It's not that we didn't get along, but I think it really embarrassed him, because his friends would always be over and be like, "Who's that kid that's always at your house?" And my brother had to be like, "That's my sister…" And you know how kids are, hard on each other and all that type of shit. So I think I embarrassed him a little bit, and I feel bad about that. But I do, and I won't get into the details because this isn't the time or place, in the years since, I do feel like I've got little signs here and there that he's aware of what's been going on with me, the trans thing, and that he's cool with it.

Jackson talks about ways he felt as though he embarrassed his brother. Prior to transition, Jackson's gender expression and identity did not match and it was confusing to his brother and his friends. He describes a sense of loss when speaking about how his brother never got to know him as Jackson and how he will not get to experience having a relationship with his brother post-medical transition. Jackson reconciles this pain by recognizing he has received signs from his brother over the years indicating knowledge of his transition helping him feel more at ease in his familial loss.

For the people in this study, relationships and relating hold various forms of significance. Some participants shared ways relationships in their lives can have negative impacts. For Alan, being at home with his family is a major source of stress. He does not feel as though he is seen for who he is both as a person living with disabilities who can be

capable and independent and also as a transgender person. The result is feeling stifled and trapped, with the only relationship in his home being with his adopted pet dog.

The relationship with his pet is a meaningful for Alan particularly because of not only his limited physical and vehicular mobility but also because of how fraught his interactions with his family of origin are. The experiences of feeling invalidated in his identities are countered by the connection he holds with his pet. Countering experiences of invalidation through social support networks is possibly one way to improve transgender wellness. Participants in *Trans/formations* described the positive effects of having social support from family and friends in our lives. Relationships where we feel viewed and valued as our authentic selves are ones helping motivate us to live up to the best versions of who we can be. Supportive connections such as those provided Alan's dog, Reggie's children, Frank's friend, and Alex and Kevin's pack, hold the potential to counter some of the harmful influences in the lives of transgender people, potentially building protective emotional reserves.

Relating with other trans people. Another important arena of relating explored by the participants is the interactions and relationships we have with other transgender and gender nonconforming people. Almost all of the participants shared pictures relating to a larger transgender narrative and emphasizing the relevance of a transgender and gender non-conforming community in their lives. I shared a picture of the corner of Central Avenue and Morningside Drive in the Nob Hill neighborhood of Albuquerque, saying to the group I spend a lot of my time in the neighborhood because it's where much of the LGBTQ community in the city spends time. It is important that I be able to interact with and be in community with other LGBTQ people, so I go out of my way to spend time in

Figure 26

spaces where I know other queer folks congregate. This is how I became so involved with

TGRCNM to begin with and felt important to my images for wellness. Frank also shared

an image from this neighborhood highlighting TGRCNM, the space where

Trans/formations took place (Figure 26). He shared,

> This place has just been really important to me; it's been good for just
> like, meeting other trans people. When I first started transitioning, it was
> so good to be able to talk to people who could relate and share advice, and
> just not feel like I was the only person in the world like this.

This is not an uncommon experience for people visiting TGRCNM. Most transgender

folks do not come out as trans because of all of the time they have spent with other

transgender folks. Often the opposite is true: We don't know any other transgender

people (besides ourselves), and we spend our days in secrecy, afraid of anyone finding

out about who we are and what we are going through. Coming to TGRCNM for the first

time can feel like a homecoming. For many who enter the space it is the only place where they have had their identity not only validated, but affirmed. It is a space where people are encouraged to express their authentic selves, try on new names, pronouns, and identities. It is a space where people can feel supported in who they are and who they are trying to become and the fact TGRCNM is the only standalone transgender resource center in the country illustrates the dearth of environments where trans people are free to explore what being trans might mean to them.

Frank brought in another image of a space where he is able to relate to other transgender people: the "Trans Men Over 40" Facebook group. He talked about his time as a co-moderator of the forum, screening posts and making sure they meet the community guidelines. He shared the group started out with only twenty members, but in a little over a year it had grown to a membership of more than five hundred. Frank talked about the importance of having other older trans men to talk to, and how it was important because the aging process paired with the transition process is something only other transgender men know about. He has specific concerns about his bone density and taking testosterone, something younger trans men don't typically have to worry much about. Frank shared this issue is something he took to his online community and was able to find answers to his questions alongside advice from other older trans men who shared some of his concerns. Frank's ability to use the Internet to find other trans people who can be supportive of one another in their process indicates his motivation to build and sustain a trans-centered support network and also ways online technologies might be useful in connecting transgender and gender non-conforming people together in various types of networks to help sustain health and wellness.

I shared an image of a stack of pornography, including a title by Buck Angel, a transgender man who has not had bottom surgery and performs in adult films as a self-described "man with a pussy." I discussed why I included this image, sharing how it was important for me to remember just because I share some identity traits with a person such as being transgender, does not necessarily meant we are aligned either personally or politically in any other way. Some other participants in *Trans/formations* were familiar with Buck Angel and shared my complicated feelings about him, but others in the study had never heard of him before and were not aware of various ways he talked about being transgender and his views on transgender women. When asked by one of the unfamiliar participants why I didn't like Buck Angel, I replied,

> He has said a bunch of stuff that I didn't agree with about transgender MMA fighter Fallon Fox. He made comments about how she has man hands, and that having cisgender women fighting her wouldn't be fair. And because he is probably one of the most well know and visible transgender men, even if he is a porn star and not super mainstream, he is still widely known, and to have him speaking for transmasculine folks in that way, in a way that is pretty transphobic towards one of your fellow trans people...well, I just think it can be dangerous in a lot of ways.

Other participants agreed with my critique, sharing he also has a history of making comments that hyper sexualize women of color and how he is critical of people who have to fundraise to pay for their gender confirmation treatments.[30]

The feelings shared about Buck Angel in this conversation illustrate some of the tensions experienced by transgender people when in community with one another. For many of us, being transgender is not enough to form affinity or allegiances. For me and

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[30] In 2013, Buck Angel started a website called "Transgasm" to help people fundraise for transition related costs. The site was heavily critiqued as being a pyramid scheme and shut down almost immediately after launching. It is common for transgender people who seek gender confirmation surgeries to host crowdsourced fundraisers to pay for the procedures, which are more often than not, not covered by medical insurance.

the other participants critical of Buck Angel, his transgender status does not excuse him from racism, sexism, or comments that appear transphobic. Rather, we feel a sense of responsibility for his words and actions because of his role as a public transmasculine figure. While it is unrealistic to expect any one member of any one group to be the authoritative perspective for that community, we also know marginalized people are frequently expected to speak for all members of the population of which they are a part. Buck Angel's position as a transgender man with a public platform places him in a powerful position holding the potential to shape opinions about transmasculinity. His irresponsibility with this power is something me and my fellow participants are not comfortable with.

The disparaging comments about transgender women made by Buck Angel over the course of his career serve as examples of dialectics between various transgender subpopulations (transgender men and transgender women), as well as illustrate ways transgender people are also capable of upholding prescriptive gender standards. The simple fact Buck Angel and I share membership in a demographic group is not enough to build community. For participants in *Trans/formations,* community was described as a space where you feel supported and affirmed not a space where you are left questioning if our identities are seen as being 'valid enough' in the eyes of others.

Relating to children. One of the most salient topics of conversation was about ways participants' interactions and relationships with children changed over the course of social and medical transition. I brought in a picture of a piece of street art I came across in my neighborhood, a picture of a small heart painted on a brick I came across in an alleyway (Figure 27). I explained,

Figure 27

I took this picture as I was walking down the alleyway, and there was this little boy, probably like, eight or nine, playing. And I got a little bit tense, just because I have hit-or-miss interactions with kids, particularly if they gender me in the wrong way, or ask if I'm a boy or a girl or something, and it can be a really anxiety inducing thing for me, the same way I think other people have talked about. But this kid, I was walking and I just said, "Hi!" and he looked at me and said, "Hi!" and smiled at me, and totally took that anxiety away. And then literally as I turned to keep walking, I saw this heart, and I was like, "Aww, it's a sign!" and took the picture, because those interactions can just be so stressful, and I feel like I walk around with that kind of low-level anxiety about being misgendered and being questioned about who I am a lot in my day to day.

As I move through my days, I am almost always aware of the spaces where and ways my gender will be questioned. Before interacting with new people or going into new places, I do a preliminary survey of where I am, who is in the space, what types of

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clues there are for how I may be perceived and received. Much of this is based on past experiences as well as instinct. Most transgender people are able to read spaces and situations well, being able to pick up on when and where people are not comfortable with our presence and making adjustments accordingly. Some adjustments may mean leaving a space all together but others might mean a strategy like avoiding speaking (so that a high voice does not give away transgender status), or having a cisgender ally present for the exchange to minimize potentially offensive interactions or intervene should an exchange take an uncomfortable turn. For me, anxiety around children is something I experience regularly. My gender expression can be confusing to some people because I do not fit neatly into the gender binary. With adults, this is something that generally isn't directly dealt with as it is more or less considered rude to outright question people's gender identity and expression in daily interactions. In interactions with children, there is a unique kind of honesty and directness they possess, and upon experiencing my gender non-conformity, they sometimes pose straightforward and sometimes uncomfortable questions. This experience did not elicit any of the discomfort I was anticipating, but it did cause me to reflect on the way I and other transgender people regularly carry these low-level anxieties related to how our genders are perceived and received.

Frank shared also feeling tense around children, something especially difficult for him while he was still working as an elementary school teacher. He said,

> Yeah, this makes me think of this experience that I had at the Philly Trans Health conference, where this ten year old who is also named Frank, which I thought was neat, but at the end of the conference he ran up into my arms, and it made me really think about how my relationship with kids is very different now, much more guarded, being read now as a guy. I have to be a lot more careful, you know I don't want to be seen as a monster or too interested. So, it was kind of freeing for me to be in a situation where Mom knew I was okay, and I was like a brother in a way,

a greatly, a much older brother, or an uncle or something like that. I was a special ed teacher for something like, thirty-five years, so being retired, that's another thing, I think there's maybe a way, something, doing something with that, where I can work with trans youth and that's seen as welcomed, and not as scary.

A dialectical shift occurs when transmasculine people transition from feminine identities to masculine identities pointed out by Frank in the above example. When women work with children it is considered natural and normal even if those women are masculine presenting. However, our culture considers men who express a desire to work with and interact with children as suspicious described by Frank as being "too interested." This shift and tension is external, created by the expectations of other people and their perceptions of the roles men and women hold in child rearing in our culture. These perceptions are often externalized at and internalized by transgender people, impacting our comfort level in our interactions with children. Post-transition, Frank describes the feeling of being viewed as suspicious for wanting to work with and spend time with children and shares a longing for a space where he is able to return to a type of work and engagement he finds fulfilling.

Russell shared similar feelings about his interactions with children. He brought in an image of a painting he was working on and shared what it meant to him, saying,

I teach at the Albuquerque Museum of Art, I teach kids and that's a big part of my identity. In early transition, I was really afraid that I would never...that people would see me in a scary way. And I still do feel that way around kids. I remember going to a conference once and hearing someone say that one of the hardest experiences for him in transition was people seeing you as a predator instead of a nurturer. And it's really screwed up. And the most hard part for me is that it's just accepted, you know? It's like, we fear men in our culture so we push them away from children and that's just kind of accepted. I understand that fear, but I also hate being in the position of being feared. And children learn at a very young age to stay away from men. But I also love teaching children, and I

> love that experience, and I love that I can still have that experience. It's
> just really important to me.

Russell discusses an unintended consequence of his transition: being viewed as a predator. As mentioned earlier, even though Russell presented as a masculine woman, he was still a woman and still considered a nurturer. After transition, the stereotypes about men and their roles in child rearing became present in Russell's life. He began to internalize the messages culture sends about men and their potential for inappropriate relationships with children, making working with children an uncomfortable experience. Jorge, the most reserved of all of the *Trans/formations* participants, spoke more about this issue than anything else brought up during our time together. In response to Russell's comment, Jorge said,

> Can I jump off of that real quick? I taught art for a long time, too, to kids
> and before I decided to transition, I was in the "Are you a boy or girl?"
> phase for a long time, and I thought that was what stopped me from
> teaching. I just got so angry, and it just ate me up so much, you know? I
> think it was my own internal hatred or whatever, but it was definitely that
> experience, that continued, daily experience of being confronted with
> myself that like, pushed me away from teaching.

Jorge shares the experience of having his gender questioned repeatedly by children prior to his transition and names the anger and anxiety that it brought up for him. When asked by another participant if he would have stayed in teaching had he not encountered so much emotional turmoil in teaching, Jorge replied,

> I don't know, actually. I mean, it was a solid income. Not necessarily a
> great income, but it was a solid income and consistent, and it's not easy
> for trans folks to find solid, stable work. But it just got so wrapped up in
> emotions and stuff that I was just like, "I can't. I can't do this anymore."

The emotional pressure of being misgendered by some children and the potential of being perceived as a predator by cisgender people was enough for Jorge to step away from teaching. He internalized the messages our culture sends about men working with

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children making it impossible to continue in the job he held prior to and throughout his transition. Russell felt similar pressure, saying,

> I did have that experience, too, when I stopped working with kids for a couple of years between my transition, and I didn't know if I would be able to get it back. Because I had close relationships with kids in my life, not just family, but kids outside of my family, that I had taught and watched and stuff, and then...I just couldn't do it anymore because of all of the questions and the interactions with the parents and families just weren't good, and I couldn't get past it. So, I did stop working with kids in early transition. I think a lot of that was my own fear, not so much the kids I worked with, but the kids that I would see, and how they would not know how to respond to me. I just didn't know how to navigate that, so I left all together.

Both Russell and Jorge share experiencing uncomfortable moments related to children misreading their gender. Russell shares having these experiences with the families of children he used to take care of, becoming so emotionally fraught he stepped away from doing something he really enjoyed. Frank transitioned while he was still teaching, sharing students from outside of his classroom persistently asked if he was a boy or girl. "It was a really hard year," he said. "It was really stressful."

All participants who mentioned struggling with interactions with children shared feeling as though they absorbed other people's attitudes about transgender people and what it means to be a man working with children. Our experiences were not contingent on an internal sense of self originating within us, but rather these anxieties appear to stem from ways we turn other people's external anxieties about transgender people inward onto ourselves. Navigating other people's expectations for post-transition gender roles is a unique experience for transgender people appearing to influence our mental health and wellness.

Resilience. Another theme emerging from the participant data was that of

resilience. Resilience is the capacity of an individual to withstand stress and downfalls

and is gained through facing, and overcoming, various obstacles in life. Throughout the

process of *Trans/formations,* participants shared intense personal stories of times they

had adapted in the face of adversity, continuing to thrive even when they didn't feel like

it was possible. We shared stories of coming to terms with who were are, stories of

rejection and loss, stories of pain and perseverance. At first glance, this emergent theme

appears not to be as image heavy as the others, something I noticed and have determined

is true for two related reasons. One, resilience is a hard thing to name when you are living

in it. Most transgender people face major structural challenges in our lives from

discrimination in public accommodations, unsafe educational environments, imbalanced

access to healthcare coverage, various forms of mental and physical harassment and

violence, and many more (NGLTF & NCTE, 20011). When the majority of your life has

been living under conditions of extreme oppression it can be difficult to note the

moments where you are able to overcome obstacles and really begin to grow and thrive.

I shared an image of a blossoming cactus, saying,

> I was thinking about trans wellness when I was taking this picture,
> thinking about how I have this thorny outside at times to just sort of keep
> myself guarded, but then also how I get to have these moments where I do
> get to let that guard down, and that's what this blossoming represented to
> me. (Figure 28)

The blossom of a plant typically understood as hardy and able to withstand

various extreme elements feels like an appropriate metaphor for being transgender: we

often times weather the most extreme circumstances and when we survive it can feel like

we are doing so against the odds. Being able to recognize that survival spirit is not always

Figure 28

possible in the moment but creating a community space like *Trans/formations* can be

helpful in allowing transgender people to begin processing and making sense of these

feelings and experiences.

The second reason I believe resilience is not displayed as explicitly in the

Trans/formations photographs is because of ways resilience appears as a sub-theme

throughout a significant number of the images shared. Other major emergent themes such

as creation and transition have concrete, tangible imagery to connect with the larger

topic. When someone is sharing an image of a needle and a vial and they are speaking

about taking testosterone as part of their transition, there is a clear link between the image

and the subject of the conversation. When someone shares an image of a painting they are working on and discusses the ways creating art helps them feel more centered, we understand the direct connection between wellness and creation.

Understanding how the participants of *Trans/formations* were able to uncover a theme of resilience in these images is done not by isolating any one image but through viewing and discussing the collection of images and understanding and assessing them as an entire body of work. Resilience is not necessarily a corporeal occurrence. It is not something that can be held and clearly defined as such. Rather, resilience is an intangible process of flexibility and adaptability, the ability to do more than just endure but also grow and thrive through the process. The participants of *Trans/formations* have shared images and stories proving that we have done just that: we have endured, we have grown, we have survived, and we thrive.

Emergent Themes as Cultural Radiants

As people communicate with one another, we create cultural meanings about who we are, what we are doing, how we feel about what is happening, and about the general nature of things (Carbaugh, 2007). The subsequent cultural meanings communicated about personhood, relationships, action, emotion, and dwelling are formulated in CuDA as "radiants of cultural meaning" (Carbaugh, 2007, p. 174). These radiants act as hubs for the meaningfulness of social interactions and communication with all radiants of meaning implicating one another across various points.

The six emergent themes identified by participants of *Trans/formations* are an overreliance on binary, medical modes of transition; mental and physical health; body image; creation and generation; relating; and, resilience. Each of these themes serve as a

hub of cultural meaning for the participants of the study. These radiants provide conceptual space within which to begin to capture some of the meanings participants of *Trans/formations* hold about transgender health and wellness. Each of the six participant themes from the images of *Trans/formations* hold meanings about personhood, relationships, action, emotion, and dwelling, and the following section explicates some of the meanings of the discursive practices present in the images and conversations had in the *Trans/formations* sessions.

Meanings about personhood.

Messages about identity are present across the themes identified by participants of *Trans/formations*. This makes sense given transgender is a category of social identity central to the conversations we engaged in throughout the project. For participants in the current study, their identities as transgender people are highly personal and individualized categories with unique combinations of traits. No two transgender narratives are the same but each shares some common traits. In *Trans/formations*, being transgender means experiencing a misalignment between their sex assigned at birth and their current felt gender identity. These discordant feelings persist over time causing participants to engage in various forms of social and medical transition to correct the incongruence. Name changes and the use of non-standard pronouns are common experiences for transgender people in this study as is the use of medical interventions for gender confirmation over the course of transition.

Not every person in *Trans/formations* has gone through medical transition but all participants engaged in at least one form of transition process. These transitions are recognized as significant moments in the lives of transgender people often marking

moments where an internal understanding of our sense of self is revealed to others for the first time. This shift from transgender as an internal, private form of personal identification to being public and external is an important pivot in meanings about identity for transgender people. This is often the time when being transgender becomes "real" marking solidification in our transgender identity not only within us but also in the eyes of others.

To this end, identifying as transgender involves constant negotiation and renegotiation of a person's innate sense of self with external expectations related to gender placed upon us by other people and culture at large. While social and medical interventions have been shown to lessen much of the internal dissonance transgender people experience with regards to how we view ourselves, we are still subject to how our identities are received and perceived by cisgender people. Some participants in *Trans/formations* placed great value on being viewed by others as a traditionally masculine man, while others maintained a sense of ambivalence about how other people received our identities. For Alex muscles are a "must have" in order to communicate his identity as a trans man but for Kevin's transgender identity all the only requirement is their own internal recognition of their gender.

At one point during the group analysis process I was challenged by another participant about my transition steps. Because I am not legally changing my name or going through medical transition, they implied I am not a transgender person. These implications conflict with my own feelings about my status as a transgender person eliciting tensions in the group about what being transgender means. For participants in *Trans/formations*, identifying as transgender is very personal and deeply felt. Tensions

among participants' ideas about what being transgender means to them personally and what being transgender means to other people illustrates transgender as highly subjective category of identification.

Meanings about relating.

Relating appeared as one of the emergent themes in the participant's data analysis, indicating the importance of social interaction in the lives of people who identify as transgender. Addressing relationships across the domains of nature, animals, spirituality, interpersonal relationships, with other transgender people, and children, participants in *Trans/formations* appear to have rich social lives within which we receive instrumental social support. All participants shared the personal importance of supportive social and relational forces in their lives, particularly in their lives post-transition. Having people and non-human animals in our lives see us for who we are as transgender and gender non-conforming people while affirming and nurturing our identities is invaluable. Even when receiving hateful messages from the outside world having the recognition and support of a core group of loved ones can help sustain the health and well-being of transgender people.

Of particular note, participants shared social support received from other transgender and gender non-conforming people was especially helpful both in terms of helping them come to terms with their own gender identity and also with regards to understanding the transition process and all of the intricacies that come along with it. Being able to interact and relate with other people who share similar narratives is a source of comfort and strength in the lives of participants in *Trans/formations*.

One of the most common sources of stress for transgender people in this project was in interactions with people who do not approve of or understand their gender identity and expression as a transgender person. For many, these anxieties have been affirmed through the loss of personal relationships and negative interactions with cisgender people. All of us shared stories of interacting with people who made us feel badly about who we are, either intentionally or unintentionally. For some of the participants, persistent comments and questions about our gender identity regardless of how well intentioned could take as much emotional toll on us as hate speech. Every social interaction holds the potential for invasive questioning, discrimination and harassment or worse, physical violence. Because of how reliant our culture is on binary modes of understanding gender transgender people, particularly trans people who do not pass and visibly gender non-conforming people, present a sort of Jackson is for some cisgender people in that they literally cannot understand how or why we exist. The refusal of other people to use our names, pronouns, and address us in ways we desire is common. Constantly explaining or defending our existence to family, friends, coworkers, and even strangers is an experience unique to transgender and gender non-conforming people, one with an immense emotional toll.

Additionally, many participants in *Trans/formations* shared experiencing relational shifts in how they were perceived and received during the process of and post-transition most notably when working with children. This shift was marked by no longer being accepted as a nurturer, instead being viewed as a predator. Unanticipated relational consequences of transition such as this add to the already existing levels of anxiety in transgender people and highlight ways we are unable to control many of the relational

outcomes of our transgender experience. Despite our identities and personalities being highly individualized, a universal theme in this study of a fear of rejection. This fear persists regardless of whether or not an individual actually lost relationships with any of the people in their lives during or after transition. Generalized anxiety is common for transgender people often related to how our gender identities and expressions are received and responded to by cisgender people.

This stress extends from our most intimate relationships including romantic and familial relationships, to the most benign daily interactions such as paying for something at a store. Every social interaction holds the potential for discrimination and harassment or worse, physical violence. Because of how reliant our culture is on binary modes of understanding gender transgender people, particularly trans people who do not pass and visibly gender non-conforming people, present a sort of crisis for some cisgender people in that they literally cannot understand how or why we exist. Potentially having to justify one's existence on a daily basis is the type of experience that takes a mental and emotional toll on a person. Carrying the weight of these stressors is a very real part of being transgender for participants in *Trans/formations*.

Meanings about practice.

Transition is the most significant practice emergent in the participant images and stories in *Trans/formations.* Transition is the process of one or more social or medical interventions in order to align internal gender identities with external gender expressions. Each participant in the current study has engaged in one form of transition or another. All of us have assumed names different from the ones we were given at birth, and some of us have gone through legal name changes while others of us have not. Some of us are taking

testosterone as a practice of transition while others are not taking hormones. Some participants have undergone multiple gender confirmation surgeries, and one person has amended his birth certificate to state he was assigned male at birth rather than female. None of these gender-confirmation practices is assumed to hold more importance than another, and it was generally stated by all participants that transition is a life-saving process. Each of the transgender participants in the current study shared experiences of gender dysphoria prior to transition as well as a lessening of the internal discord once certain transition process were started (such as choosing a new name) or transition milestones (such as top surgery) were achieved.

Taking testosterone was the most commonly shared medical transition practice with images of people giving themselves shots and various other methods of T administration appearing in the project. The process of developing a visibly masculine physique was important to some participants. This is achieved through various targeted exercises, such as weightlifting and pull-ups, and also through developing other secondary sex characteristics, like growing and maintaining facial hair. Some participants who displayed traditionally masculine features, however, were not necessarily interested in assuming a stereotypically macho persona or image. Instead, they shared their transition was wholly personal, less about how others saw them and more about how they saw themselves. Non-binary participants were obviously ambivalent about achieving a gender presentation replicating dominant cultural standards.

Individuals who are not taking hormones appear to be the least invested in upholding these cultural standards. Some participants spoke about their transitions in the past-tense while also indicating it was a process still happening. Jackson's experience as

being a man with a period is a useful example of this phenomenon—he has been taking testosterone for more than a decade, undergone other forms of medical intervention, and before he began menstruating again, was feeling settled in his transition process. Once he started seeing blood, he was brought back into a pre-medical transition place. Six years into his medical transition he was contending with issues he dealt with prior to taking testosterone, illustrating ways transition is a constantly changing practice in the lives of transgender people. While every transgender person's transition process will look different, there is a commonality in the desire to shift, change, and grow in ways related to gender presentation.

Meanings about feeling.

Tensions among feelings of connection and isolation revealed themselves in the themes determined by *Trans/formations* participants. Each participant discussed ways being transgender has left us feeling lonely and alone. For most trans people, prior to learning there is a word to describe us, we feel as though we are the only person in the world going through what we are. One of the participants in this study shared feeling this way prior to beginning *Trans/formations*. They were referred into *Trans/formations* by a mutual friend who thought they might benefit from meeting people with similar gender experiences. They shared feeling grateful for discovering a new community with which they feel kinship but also expressed tinges of sadness and regret about a life not lived due to cultural expectations they feel they must uphold. The pressures of cultural expectations make the transgender experience one frequently marked by negative spirals, depression, suicidal ideation, and anxiety.

Many of these feelings subside once we begin transition processes, but transition alone is not a cure for depression. Even after transition starts we must still navigate various social environments where our identities have the potential to be scrutinized and rejected. Feelings of anxiety persisted across themes and across participants in this study. As mentioned prior, every day brings the opportunity for transgender people to be exposed to harassment, discrimination, and violence simply for being who we are. These experiences occur in both our private and public lives making many spaces where we might typically seek refuge feel unsafe at times. With few social and legal protections for transgender and gender non-conforming people we are left feeling vulnerable in numerous arenas.

Despite the array of negative affective states displayed by participants in *Trans/formations*, we also shared feelings of strength, pride, connection, and resilience. Being transgender is something many of us view as a positive aspect, making us special and unique. Despite having few data points on how many transgender people there are in the United States we know the number is low and we are part of an exclusive community. Many of us appreciate those feelings of exclusivity and being part of the vanguard. In addition, participants expressed feelings of strength for surviving. With more than forty percent of all transgender people reporting at least one suicide attempt over the course of our lives, this assertion of strength is valid. Resilience was one of the emergent themes from the data, displayed throughout the images shared.

We are a group of people who have overcome many internal and external obstacles and *Trans/formations* provided space for us to be able to pause and reflect on our ability to continue to not only survive, but thrive. Being in a space of all transgender

and gender non-conforming people was an experience some participants had not encountered prior to *Trans/formations.* This new moment opened the opportunity to reflect on our resilience and build through collective strength, connection, and bond in ways many of us had never experienced before.

Meanings about dwelling.

Space and place was the least frequently referenced radiant within *Trans/formations*. Despite not being referenced regularly, the times where space and place were addressed held deeply meaningful value for the participants. Homes and bedrooms were represented in some of the images shared and described as places of refuge and safety when the world felt too hard. Because of the multitude ways transgender people are exposed to extreme harassment and discrimination, having spaces that protect and comfort are imperative for us to replenish our emotional reserves. One participant still lives at home with his parents, an environment he describes as being generally toxic and detrimental to his mental health. He shared multiple images in his bedroom within this environment describing it as his sanctuary in the midst of emotional chaos. In addition to physical homes holding importance in our lives, many of us mentioned our geographic home as relevant in our lives.

Living in New Mexico is a unique experience because we inhabit some of the most beautiful high desert terrain in the world. The breathtaking landscape was referenced multiple times as being beneficial for participant's mental health. Connecting to nature appears to help let go of some of the tensions which arise in our interactions with other people. When interactions with the social world feel overwhelming participants shared turning to the natural world for a sense of calm and centering.

TGRCNM was also shared in some participant image standing as a space within which transgender people are supported and affirmed. In a cultural climate where transgender people are often faced with scorn and ridicule, TGRCNM does the exact opposite. It is significant not only for being the only standalone transgender resource center in the nation but also because it acts as safe haven for many of the transgender participants in this project. One participant shared he did not think he would be alive were it not for TGCNM, illustrating the power safer spaces and places might hold in bettering the lives of transgender people.

Summary

This chapter illustrates experiences and perceptions of transgender and gender non-conforming people living in Albuquerque and some of their culturally significant meanings. Through a process of group analysis, we were able to identify six emergent themes related to challenges and strengths for transgender health and wellness. Coding completed by participants in *Trans/formations* highlight challenges related to overreliance on gender-binary influenced, medical-model forms of transition; mental and physical health unrelated to transition; and issues of body image. Participants discussed strengths in the transgender community revealed through these images, identifying themes of creation and generation; relating; and resilience. These challenges and strengths are examples of ways *Trans/formations* participants conceptualize, engage with, and understand their health and wellness as transgender and gender non-conforming people. Our life experiences are vast and varied, each participant bringing their different perspectives to this project. The result is data and analysis providing a rich and

multifaceted view of transgender health and wellness as described by a group of transgender and gender non-conforming people.

The complexity of ways health and wellness are described and understood by participants in *Trans/formations* is perhaps best illustrated through the dialectical tensions present within the study and ways they appear throughout the subsequent cultural radiants. The task of the participants was to determine areas of strength and challenges within the transgender and gender non-conforming community as they relate to health and wellness. Determining themes based on positive or negative value was a methodological choice I made to simplify the complex task of group coding and analysis, proving helpful for getting participants thinking about how their images fit into larger conversations about transgender health and wellness.

That said, throughout the course of our group conversations and my individual analysis and interpretation it was clear approaching our experiences and ideas strictly in terms of "strengths" or "challenges" would not be sufficient. Interplay of these experiences and tensions permeate themes provided by participants such as the fact the majority of participants take testosterone, yet identified reliance on medical-models of transition as a challenge to transgender health and wellness. For participants taking testosterone, reliance on medical models of gender transition may feel like a challenge because of pressures they feel either from the binary cisgender culture in which we live or from other transgender people who also uphold the importance of binary gender and various forms of medicalized transition. They may be happy with the choices they have made but still receive messages about the "right" way to medically transition within the gender binary. Or perhaps they desire more medical interventions but cannot access them

due to lack of insurance coverage for the procedures, feeling this is the central challenge of relying on medical models of transition.

These apparent contradictions highlight areas for multiple meanings and interpretations in the lives of transgender and gender non-conforming people, demonstrative of CTI's recognition "tension between contradiction and coexistence can be a source of the dynamic and fluid nature of identity" (Jung & Hecht, 2004, p. 268). Ways transgender and gender non-conforming people constantly negotiate and renegotiate our understandings of ourselves and our experiences are central to this study and consistently revealed through the images, conversations, and analyses performed. The following chapter will explore some of these negotiations further.

Also revealed through this study are some of the restrictions created by binary thinking. In the same ways I and other participants feel limited by the gender binary, as a researcher, I also feel constricted by the binary of a strengths and challenges approach to understanding transgender health and wellness. As mentioned above, working from this approach was a methodological choice I made to simplify the data collection and analysis process. By approaching the images and stories presented by participants in *Trans/formations* as being either "good" or "bad" for transgender health and wellness, I created an unnecessary divide in how we discussed, analyzed, and interpreted the images on display. The next and final chapter attempts to bridge this divide by shifting from examining cultural radiants using a strengths and challenges model to building a dialectical interpretive account using those radiants, illuminating some core cultural premises present in the tensions highlighted by the images and stories contained within the *Trans/formations* project.

In the following chapter, I have formulated some core cultural premises by critically engaging with the communication, conversations, interactions, and dialectical tensions of *Trans/formations* participants. The premises represent an intricate web of metacultural commentary highlighting some implicit and explicit practices and understandings of transgender people and our health and wellness. Building from these core cultural premises, I invite readers to imagine a theory of transgender wellness. In addition, I detail the contributions of this study, its limitations, and suggestions for future research.

CHAPTER 5

Core Cultural Premises, TransWellness, Contribution,

Limitations, and Future Research

Using Photovoice and its group analysis process as a method (Wang & Burris, 1997), images collected by transgender and gender non-conforming people in Albuquerque reveal areas of perceived strength and challenges regarding the health and wellness of transgender and gender non-conforming people. The images and conversations in *Trans/formations* explore some relational and social contexts within which this group of trans people operate, highlighting various complementary moments as well as interpersonal tensions within identity gaps as described in CTI (Jung & Hecht, 2004). Approaching these moments as either a strength or a weaknesses as we did in our group analysis is not sufficient when analyzing an issue as complex as the health of transgender people. Many of the issues raised within this project are influenced by Carbaugh's (2007) five radiants of meaning, as well as the multiple layers included in the SEM (McLeroy, Bibeau, Steckler, & Glanz, 1988) and wellness frameworks, and involve several different levels of interaction and interpenetration.

After our group analysis sessions and after working with the data for a few months, I began analysis as researcher to interpret deeper cultural meanings related to transgender health and wellness. Using the participants' themes as a guide, the images and conversations during *Trans/formations* sessions were coded using cluster analysis in order to better understand how the synergies and struggles within the cultural radiants of *Trans/formations* helps uncover certain core cultural premises related to various beliefs,

values, and experiences shared by this group of transgender people (Carbaugh, 2005; 2007).

As mentioned in sections prior, cultural premises are "formulations about participants' beliefs about the significance and importance of what is going on, both as a condition for that practice of communication, and as expressed in that very practice" (Carbaugh, 2007, p. 178). I have identified and arranged the premises in this chapter based on what was explicated through these images and the conversations shared by me and co-participants of *Trans/formations* throughout the four Photovoice sessions. These premises highlight some complexities of social life for trans and gender non-conforming people and ways these complexities perhaps influence the health and wellness of the trans people in this study. By communicating an understanding of these various cultural premises, I may be able to offer not only the transgender people who participated in *Trans/formations* a more nuanced understanding of how we move through the world but also use these understandings to better address and improve transgender health and wellness more widely.

To do this, I explicate core premises from the present study and take the first steps in conceptualizing a framework of TransWellness. In this framework, I propose a synthesis of components of CuDA, a focus on interpenetrations and dialectical tensions, and an understanding of wellness as a process. Next, I outline the theoretical and methodological contributions of this study, looking at practical, academic, and non-academic ways *Trans/formations* adds to larger conversations about transgender health and wellness. I end by highlighting limitations to the study and making suggestions for future research.

Core Cultural Premises Communicated by Transgender Participants in

Trans/formations

From the cultural radiants of meaning revealed in participants' emergent themes, deeper understandings of what participants in *Trans/formations* are communicating about their health and wellness are found within the following core cultural premises: transition is a process deserving of chronicling and archiving; trans-stress is persistent throughout the lives of transgender people; bodies are central to transgender experiences, but are not the essence of transgender experiences; transition is an ongoing process; and, there is no singular transgender experience or narrative. These premises are the culmination of captured images, conversations, implicit and explicit comments, participants' interpretations, and my own analysis, creating a tapestry of shared experiences and beliefs about being transgender and its influence on our health and wellness. The following section illuminates some of the taken-for-granted beliefs of trans people in *Trans/formations*, helping create a framework from which to build future research.

Transition is a process deserving of chronicling and archiving. Social and medical transitions are major life events for transgender people signifying a shift from an internal process of gender identification to an external shift in gender expression. It is a deeply meaningful and personal journey where one's authentic identity begins to form and emerge. The decision to transition is often made after much deep consideration paired with internal anguish. It is also frequently life-saving: Transgender people, including some *Trans/formations* participants, regularly share experiences of suicidal ideation and attempts prior to beginning social and medical transition, reporting lessening of suicidal feelings after transition steps have been taken. The process can be at once

exciting and overwhelming, with almost every aspect of a transgender person's life impacted by their decision to undergo gender confirmation procedures.

Family members, friends, romantic partners, colleagues, teachers, coaches, acquaintances and more experience the transition, as well. They must go through a process of adjusting to a new person, who at the same time is not new. Some adjustments are easier than others and not all relationships will survive transition. In addition, the person transitioning not only has to adjust to these potential shifts within their personal relationships but they must also adjust to their new social position as a gender they were not born. This social transition brings with it the challenges of resocialization, learning to navigate the world in their new gender expression.

One core cultural premise for participants in *Trans/formations* is recognizing the process of transitioning as one of great importance, deserving of chronicling and archiving. Most transitions do not occur all at once and the process may be gradual, building slowly and over time. Social transitions are often marked by trying out different forms of dress and attire and different names and gender pronouns, shifting into living public life as a transgender person usually over the course of many years. Frank shared an image of a hat he considers his "gateway drug to transgender." He explicitly stated he no longer wears this hat but still owns it, feeling it is important enough of an artifact in his transition to document for *Trans/formations*. The meaning this artifact holds in Frank's personal transgender narrative is significant: It marks the moment he began to externalize his internal gender identity into expression. The hat is more than an article of clothing; it is a milestone marking the culmination of many years of questioning and uncertainty.

Medical transitions also occur gradually. If we desire HRT, we must submit

ourselves to scrutiny in clinical and bureaucratic health systems, jumping through any

number of arbitrary hoops to receive authorization for HRT. Then we must wait to

actually see the effects of the hormones on our bodies, typically beginning to show over

the course of the first 3 to 6 months, reaching full effect between 2 to 5 years[31].

Participants kept various forms of documentation and artifacts related to medical

transitions, sometimes for more than a decade. Each participant undergoing medical

transition has a collection of empty vials or bottles of testosterone or some other form of

documentation of themselves pre-testosterone versus post-testosterone. Some participants

have held onto old written prescriptions and notes from their doctors certifying their

transition.[32] Multiple participants discussed keeping images of themselves prior to their

transition, documenting transition over time. These visual representations show the

progression of gender confirmation procedures, allowing them to immediately witness

the physical outcomes of where they have been and where they are now.

Documenting transition serves as a form of personal heritage story for transgender

people, a way to hold onto pieces of the past while moving into the future with an intact

narrative and sense of self. It is true some transgender people report feeling "trapped in

the wrong body," but these dysphoric feelings do not always negate a desire to trace our

complete personal histories including our lives and experiences pre-transition. While

many transgender people want to move through transition as quickly as possible, we may

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[31] Transgender people must continue to take HRT otherwise many of the secondary sex characteristics will be reversed.

[32] Transgender people undergoing medical transition are required to have a note from a mental health care professional certifying they have gender dysphoria (formerly called "Gender Identity Disorder") prior to being able to access HRT. While more healthcare providers are bypassing this model and prescribing hormones on an informed consent model (allowing trans people to go directly to a healthcare professional with prescribing powers for access to HRT), this is still not common outside of major urban settings.

also still desire the ability to look back on our lives pre-transition, recognizing how far we have come. We move further along in our transitions, often away from the acute feelings of pre-transition dysphoria, gaining more confidence as secondary-sex characteristics develop. Shifting and building our new lives and gender identities, many of us find it important to recognize and honor the clearly defined moments it took to get to the place of self-recognition, taking the leap into transition. For many in *Trans/formations*, some of the most defined moments in our transgender process are when we begin medical transition, making holding onto relics related to this intervention understandably significant.

In addition to these concrete transition artifacts documenting social and medical transition, participants in *Trans/formations* indicated the importance of creating their own artifacts about their transition. One example of this symbolic documentation of transition is Russell's use of transfers in his paintings. Using transfers of images of transgender people, Russell is literally building upon those who have come before him. This layering is his way of honoring the legacy of transgender elders while placing himself into this history. For Russell, documenting transition means using art as a method of uncovering and understanding his own transgender identity while also understanding and appreciating other transgender people. Though the image did not make it into the final findings section, Russell brought in an image of a butterfly he has included in his transgender painting series. While showing the group this picture, he shared,

> This is a butterfly wing, and I am using it in the painting. I somehow lost one of the wings in the process, I think it was really light and blew away. But I found it about ten years ago when started taking testosterone back in my hometown, so it's very meaningful to me. It has kind of deteriorated, so I figure I had better sort of preserve it.

Russell found this butterfly wing at the beginning of his transition and held onto it, symbolically representing his personal transition. As caterpillars spin themselves into cocoons they undergo intense amounts of pressure and transition, gradually emerging as the butterfly they were destined to become, so do transgender people live lives as caterpillars in cocoons of pressure pre-transition, eventually emerging as a person significantly transformed. Russell has added this important piece of his personal history into the painting containing layers of transgender history. By adding the butterfly wing to the painting, Russell again builds himself into the larger story of transgender history, doing the powerful work of telling his own story on his own terms.

Stories of transgender people so often go untold and, when they *are* told, they are rarely affirming. Even rarer are transgender stories told by transgender people. Our stories are not our own but rather sensationalized tabloid versions of our lives and identities created for profit. If we are the ones in charge of the self-creation process of transition, so too should we be the ones in charge of documenting and sharing our transition stories. Holding onto these transition-themed artifacts and crafting new personal narratives, be they through artistic means or through projects like *Trans/formations* allows transgender people control of the presentation of our identities in ways we don't always have. Documenting transition acts as one form of resistance to cisgender appropriation of our narratives.

Trans-stress is persistent throughout the lives of transgender people. Being transgender in a world designed by and for cisgender people is an emotionally exhausting experience, taking its toll on a person's emotional, psychological, and physical state. Transgender people experience extreme and persistent levels of stigma, discrimination,

harassment, violence, loss of relationships, and myriad other potentially negative influences in our lives. Often, we internalize these attitudes and experiences, receiving messages our transgender status is something we should be ashamed of. Felt-stigma is real in the lives of transgender and gender non-conforming people, likely more prevalent in transgender and gender non-conforming people who do not "pass." Rarely a day goes by where non-passing transgender and gender non-conforming people are not reminded, often rudely, they are transgender. These emotionally and sometimes physically violent reminders of difference impact self-esteem, linked to social isolation, suicidal ideation and attempts, substance use and abuse, depression, and other mental and physical health problems.

Even passing transgender people are vulnerable to experiences of prejudice and discrimination. They may not experience verbal harassment or physical violence in the same ways non-passing trans people do but are still susceptible to internalizing hateful messages about transgender people circulating in our culture, experiencing the emotional consequences of those messages. Additionally, as illustrated by Russell's experience, passing may elicit a stress stemming from feelings of disconnect from a larger transgender community. As he transitioned and began passing, he was no longer visibly read as part of the LGBTQ community. The loss of an identity based social support network is significant in this participant's life, demonstrating trans-stress is not only influenced by cisgender perceptions of transgender individuals but also effected by ways we see and do not see one another.

Recognizing ways anxiety threads throughout the lives of all of *Trans/formations* participants, a second core cultural premise revealed within the current study is the

persistence of trans-stress throughout the lives of transgender people. Trans-stress is a name used by transgender people to describe the wide array of anxieties produced by various internal and external pressures related to a transgender identity. Trans-stress may come from isolated pressures, such as the anxiety experienced when coming out to a family member, or may be the culmination of multiple microaggressions and outright aggressions. Regardless, every transgender person is intimately acquainted with trans-stress no matter how affirming their support network.

Many of us expressed having various anxieties prior to our transition, often stemming from suppressing our transgender identities from a very young age. Children receive cues early on from parents and other adults about what is and is not acceptable behavior, particularly with regards to gender. Two obvious examples might be boys are expected to enjoy playing rough and girls are expected to like playing with dolls. Sometimes cross-gender play is allowed and encouraged but more often than not, a little boy playing with a doll will be admonished. and a little girl wrestling with someone in the dirt will be told she isn't acting "ladylike."

In our conversations, Jackson shared wanting to play drums as a child but his family did not think drumming was something little girls should do. He was made to play piano instead, an instrument his family considered acceptably feminine. Telling this story more than thirty years later, the gender messaging and subsequent diversion from his original interest has clearly made a psychological mark on Jackson. These messages are harmful to *all* children, but I believe they are especially harmful to transgender children. When transgender children are drawn to certain items or activities and told the things they enjoy are not for them, they start to get the idea part of them is wrong and should be

hidden. Despite saying he wasn't aware of being transgender as a child, Jackson shared experiencing severe sleep disruptions as a child which he now believes were related to his gender identity. Given the messages he received about types of behaviors expected of girls, it is not unfair to assume internalizing those messages conflicted with his sense of self, manifesting in anxieties at night.

To this end, internalizing other people's negative ideas and messages about transgender identity is central to trans-stress. Our culture has historically punished and ridiculed transgender and gender non-conforming people, making us punchlines of jokes and targets of physical and psychic violence. Often, we are not even viewed as human. Growing up in a culture where these attitudes about gender transgression are standard, it is nearly impossible to not take in. Internalizing these attitudes may cause some transgender people never to disclose their identities to anyone and for far too many transgender people the culmination of this trans-stress is suicide. The roots of non-disclosure begin when as children we receive messages about gender expectation as described above, carrying these ideas over into our adolescence and adulthood.

Jackson discussed his brother being embarrassed by him when they were growing up because he did not look and act like he believed a sister should. The shame his brother felt and projected around Jackson' gender expression impacted him, making him feel embarrassed and ashamed of himself for being different. Those of us who don't stay in the closet or take our own lives must contend with the pervasiveness of trans-stress. When we come out, transgender people become repositories for cisgender people's negative feelings about transgressing gender norms and expectations. My experience of being verbally assaulted in a bathroom while having security come check my ID is one

example, but every transgender person has a portfolio of moments of verbal or physical abuse by cisgender people.

Trans-stress looks and functions differently for different subgroups under the transgender umbrella. People identifying as gender non-conforming sometimes experience hostility based on our inability or lack of desire to conform within the gender binary. Not only do we encounter these attitudes from cisgender people but we also sometimes receive negativity from other transgender people invested in upholding the gender binary. This can be a confusing experience, precipitating a form of trans-stress brought on by other transgender people who are otherwise a reliable source of social support for gender non-conforming people. Transmasculine people also likely experience trans-stress differently than transfeminine people. While there were no transfeminine participants in *Trans/formations*, it is accepted knowledge in our community that transgender women are less likely to pass as cisgender and are targeted more frequently for harassment and violence than transmasculine people. This intersection of misogyny and transphobia, described as transmisogyny, surely elicits forms of trans-stress unique to the transfeminine experience.

Additionally, some of the transgender men in *Trans/formations* indicated trans-stress as a deciding factor for no longer working with children. Jorge and Frank's trans-stress was produced by transitioning on the job. The emotional toll of constant misgendering and being asked questions about his identity outweighed the satisfaction Jorge otherwise felt in his position, leading him to step away from teaching all together. Frank endured the same discomfort but because he was so close to retirement, leaving was not feasibly an option. He described the experience as extremely uncomfortable and

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upsetting on a daily basis. Russell's trans-stress came from navigating his transition in ways less directly related to being transgender and more influenced by how our culture views men, masculinity, and their relationships to children. Despite having been a masculine woman prior to transition, Russell's social and medical transition shifted his social status from a nurturer (because he was a woman) to a predator (because he is a man). He was no longer viewed as a safe person and this unanticipated transition in gender expectations was unsettling, uncovering a type of trans-stress particular to transmasculine people.

Another area of interest within this cultural premise is most of the participants of *Trans/formations* take some sort of medication for anxiety. Every anti-anxiety medication given to participants was prescribed prior to beginning either social or medical transition. While some participants experience other mental health issues not related to being transgender such as PTSD and bipolar disorder, this was not true for all participants. Trans-stress often presents itself acutely in people prior to social and medical transition, tapering off once gender confirmation process and procedures are started. Because every participant began their anxiety medications before transition, these anxieties potentially could have been identified as trans-stress, and some of these medications are no longer needed. That said, it is important to remember transgender people are people and we still have other stressful issues in our lives, and not every stressor is related to our gender identity and expression. Understanding ways trans-stress functions throughout the life course of transgender and gender non-conforming people can help improve the well-being of our community while focusing on issues specific to us.

Bodies are central to transgender experiences but are not the essence of transgender experiences. For most of modern Western history, bodies have been considered an unchangeable material truth, helping build the assumed unchangeable material truths about sex, gender, and identity our culture relies heavily on. Two of these major assumptions are men are born with penises; women are born with vaginas. These binary ideas are central to ways our culture is organized across social institutions, influencing myriad aspects of public and private life. Despite how deeply our society is entrenched in binary ideas about sex and gender, the *actual* truth is bodies are much more complex than external genitalia.

Bodies are not binary, including various other combinations of components such as chromosomes, hormones, genes, internal genitalia, secondary sex characteristics, and more. Every body is different. No two people have the same makeup of these elements, with natural variance occurring throughout nature and throughout these combinations. Challenging notions of sex and gender as separate and natural categories is a relatively recent phenomenon, allowing more expansive conversations about various sexual and gender identities to flourish. Currently, transgender identities are a major part of these conversations.

Bodies were highlighted throughout images shared by *Trans/formations* participants, demonstrating the next core cultural premise of this work: Bodies are central to transgender experiences but are not the essence of transgender experiences. Transgender people's identities are uniquely corporeal. We undergo all sorts of social and medical gender confirmation procedures to tangibly manifest our bodies into what we imagine them to be. Gender dysphoria is often considered the hallmark of transgender

life. This is the persistent feeling of dissonance as we consider the discordance between our body's reality and ways we believe our body should be. This misalignment is the diagnosis used by mental health professionals to help transgender people obtain prescriptions for hormones or certification for other medical gender confirmation interventions such as top and bottom surgeries. The focus on body-centered dysphoria as instrumental to the transgender experience has led to common transgender tropes, such as the idea of "being trapped in the wrong body."

This metaphor is one some transgender people can relate to but not all. For instance, I have never felt I was "trapped" in my body. Instead, I feel "trapped" by pressures placed on me via other people's gender assumptions and expectations. I do experience some degrees of gender dysphoria from time to time, but it is almost always directly correlated to ways other people respond to my body not matching their gender expectations. None of the other participants in *Trans/formations* explicitly stated feeling trapped in the wrong body, though we did all mention experiencing varying degrees of body dysphoria over the course of our lives. All participants who had undergone social transition indicated the dysphoria they experienced lessened post-transition, and those participants who medically transitioned indicated their gender dysphoria lessening almost immediately. Medical interventions work incredibly well for transgender people who need and utilize them.

All of this said, a near universal theme within this project was related to seeking various escapes from the entrapment stemming from so much emphasis being placed on corporeal experiences of being transgender. Except for specific pieces about transgender bodies and surgeries most cisgender people know very little about transgender life.

Transgender people are often asked inappropriate questions about our genitals and what medical interventions we have undergone, as though this type of invasive and highly personal line of questioning would be acceptable to ask any other group of people.[33]. Media stories frequently focus on our "before" and "after" pictures, surgeries we have had (particularly bottom surgeries), and on how well we do or do not pass. Transgender people place enough emphasis on our own bodies without the added pressure of cisgender fetishization and judgment.

Some participants in *Trans/formations* have strategies for lessening the emphasis on corporeal components of our identities through online engagement, relating with non-human animals, and spending time outdoors in nature. Frank moderates a group of trans men over forty on Facebook, bringing into question ways new media technologies might assist in decentralizing the body with regards to conversations about transgender identities and relationships. My own formative experiences learning about transgender identities happened online, and I believe there is much potential for more growth in this arena. Additionally, many of us shared the importance of relationships with animals in our lives. They provide a type of non-judgmental, unconditional love that has nothing to do with our gender identities or expressions. Relationships deemphasizing gender and bodies allow us a less constricted emotional space to feel more settled and whole in our identities. Finally, participants in *Trans/formations* are finding ways to lessen the focus of bodies in their personal transgender experiences through spending time outdoors. Being in New Mexico allows us access to unique terrain. Existing in such a vast landscape reminds transgender people we are much smaller than we feel sometimes. So

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[33] For a particularly cringe-worthy example of this phenomena, see Katie Couric's 2014 interview with transgender actors Carmen Carrera and Laverne Cox: http://transgenderlawcenter.org/archives/9652

much of our lives can be consumed with self-consciousness about our bodies and ways

we move through the world; remembering we exist in an environment outside of our

bodies and outside of a binary cisgender culture is a source of comfort for participants in

Trans/formations.

Transition is an ongoing process. Gender transition is not an endpoint for the

participants of *Trans/formations* but rather a continual and ongoing process. This cultural

premise highlights ways transgender people not only come to terms with our gender

identities on our own terms, but also ways we perpetually create and recreate gendered

enactments for our identities to be internally and externally validated. For many

transgender people, social and medical transition is not something we necessarily

approach thinking about happily. Though happiness is absolutely a piece of the end goal

of transition, it is often a process we start when we hit a wall and can no longer continue

doing things the way we have been. The gender dysphoria some transgender people

experience is so intense transition is the only option left besides suicide, which as I have

noted throughout this dissertation, is an option 41% of trans people consider and attempt.

Once transition begins, there is an almost immediate sense of relief and internal

congruence in the person undergoing the gender-confirmation procedures. There are

multitude social and medical procedures a transgender or gender non-conforming person

can go through on their gender journey and every person's process is unique. Some

transgender people take hormones and have surgeries, others only take hormones, others

only have surgeries, others only change their names legally, some never change their

names legally, and some transgender people never undergo any type of gender

confirmation procedures or social transition process at all. The transition pieces a person

chooses to go through are highly personal and no combination of transition process determines their status or degree of credibility as a transgender person.

Additionally, some social and medical transition pieces can shift, change, and be reversed. Once a person stops taking hormones, their secondary sex characteristics begin to return to those of their sex assigned at birth. Sometimes this happens even with the continuation of HRT. Jackson described his shifting transition and return of menstruation due to an unknown change in his body chemistry. He made no changes in his T dosage or his normal routine, but after six years on testosterone, he started getting periods again. This event has been somewhat traumatic for Jackson, given one of the things he appreciated most about medical transition was not getting his period. Now, he is a self-described "man with a period," navigating a shifting transition alongside any tensions that may come with his new reality.

For some participants in *Trans/formations,* transition is considered successful if they fit into culturally prescribed gender norms. Physical fitness routines play a large part in this determination of success. Jackson discussed how cisgender men take for granted the ways their bodies are built, having to do little to maintain a masculine appearance while trans men have to continuously work on how they look. Things like missing testosterone shots or not doing weight training keep some transgender men from achieving some of the physical traits they are hoping for, something cisgender men do not experience. Alex spliced together three images of himself injecting his testosterone, lifting weights, and shaving his facial hair, saying this routine is important not only for how he views himself but also how other people view him. Passing is important to Alex despite being generally open about his transgender status. For him, embodying a

hegemonic masculinity undetectable as transgender so that people are surprised when he discloses his transgender identity is the ultimate transgression.

While the relationship to masculinity displayed by Alex is nothing I can relate to within my own gender experience, it is highly important and central to his view of transgender identities and transgender health. Emphasis on external validation through these gendered processes was echoed by other participants. Frank described knowing other trans men who felt safer post-transition than when they were living their lives as women but this was not his experience. He carries a new type of hypervigilance stemming from being perceived as a gay man while out in public. Rather than carrying fears of violence directed towards women, he now fears experiencing homophobic violence directed toward gay men. Frank is not free from threats of gender-based violence post-transition but rather these threats have shifted for him in unanticipated ways.

Participants in *Trans/formations* manage other people's expectations about our genders on a regular basis, internalizing messages about ascribed gender identity. While we may have our own conceptions about who we know ourselves to be, transgender people do not live in isolation and we know from our understandings of trans-stress are not immune to absorbing external attitudes and other outside influences. Frank sharing feeling like a twelve-year-old boy in his dress attire is one example. Rather than being frustrated with men's wear manufacturers for not making a range of styles to accommodate a range of sizes, Frank internalizes the message he is too small to be a man and looks like a child. I shared similar frustrations about adult clothing not being made for smaller masculine people, and how I have to shop in the little kids' section. This

sometimes makes it difficult for me to be taken seriously as a masculine-presenting adult because children's clothing often have embellishments revealing they are kid's clothes. Kevin's closet of both masculine and feminine clothing is a constant negotiation of communicating their gender on any given day. These daily decisions are made by all people, not just transgender people, but the importance of these decisions in how we are subsequently received as our preferred genders is something cisgender people do not necessarily reflect upon with as much constancy as transgender people. Relying on both internal and external validation to guide us, decisions about clothing and various other symbols related to our gender presentations are significant pieces of our on-going and ever replicating transition processes. Constantly thinking about and acting out our gender identities and expressions can be exhausting, and recognizing the ways transition continues over the course of a transgender person's life may help lessen anxieties related to transition, improving overall health and wellness for trans people.

There is no singular transgender experience or narrative. Being transgender means something different to every transgender and gender non-conforming person adopting that label. While some participants in this project have gone through multiple phases of social and medical transitions, complete with legal name changes, gender marker changes on birth certificates, HRT, and various forms of gender affirming surgeries, other participants have only completed social pieces of transitions, such as changing pronouns or how we dress. Building upon the premise of transition as a constant process, the final core cultural premise present in the images and experiences of the participants of *Trans/formations* is there is no singular transgender experience or narrative.

Despite the fact much of this dissertation has spent significant time discussing and sharing images of medical and social transitions alongside other transgender related processes, these components are not what make a person transgender. Hormone levels do not make a person transgender. Clothing choices do not make a person transgender. Surgeries do not make a person transgender. Name changes do not make a person transgender. These are all steps a person may take along their transition but they are not the core of an individual's essence.

Some argue being transgender requires experiencing extreme forms of gender dysphoria, but it is not agreed upon what constitutes "extreme." Additionally, there are some transgender people who do not experience dysphoria at all. Some transgender people feel whole and complete in their bodies without any forms of medical intervention. Suggesting gender dysphoria is *required* in order to identify as transgender allows outside forces to determine a person's gender identity for them, exactly the type of experience most transgender people would affirm their existence works against. Additionally, the notion of transgender being contingent on gender dysphoria plays into the trope of being trapped in the wrong body, privileging this narrative over other experiences of transgender identity.

Rather than require transgender identity to be contingent on predetermined experiences, I suggest understanding transgender as identifying as a gender other than (or in addition to) the sex you were assigned at birth. There is no requirement for feelings of dysphoria, medical or social transition, or any other steps or processes some people may undertake in their gender transitions. The only real requirement for being transgender is self-identifying as such. Setting up binaries or hierarchies of who is or is not considered

"trans enough" within the transgender identity category runs the risk of reifying some of the same struggles many of us experienced when we were trying to live our lives as cisgender people. Those of us who remember what it feels like to be an outsider might be well served to recall those experiences when making claims about the authenticity of other people's gender identities and expressions. While there is value in people of similar experiences having space for building in affinity and solidarity with one another, it should not be done at the expense of one another through unnecessary and arbitrary gender-gatekeeping.

Participants in *Trans/formations* displayed many different ways to be transgender through their images and our conversations. Kevin's major transition has been from using female pronouns to gender neutral pronouns but they said they don't correct people when they are misgendered. They are not bothered by not receiving external validation in their gender identity, content with their ability to understand themselves as transgender and genderqueer being the only validation they need.

This is a far cry from their partner Alex's experience of being transgender. He described an intense desire to be perceived as a man in very specific and traditional terms. Not only is muscle building "a must have in order to look masculine" for Alex, but his identity as a transgender man appears contingent upon the way others view him and how well he assimilates into binary understandings of masculinity. When my identity as a transgender person is called into question by other transgender people, I experience frustration and pain. In one of our groups, I discussed not wanting to legally change my name, and how I do not plan on undertaking any form of medical transition. Another participant asked why I wasn't transitioning in these ways, making me feel as though

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they were suggesting my ambivalence to formalized social transition and medical interventions meant I was not "trans enough." I responded by sharing I did not feel I should be required to go through any sort of required process in order to have my identity as transgender validated and my place in our community affirmed. Simply identifying as transgender should be enough in and of itself.

Additionally, Reggie's participation in this project affirms there is no singular way to be transgender. At forty-one years old, Reggie never heard the word transgender before joining the *Trans/formations* project and despite sharing many experiences similar to those of us in the group identifying as transgender. They shared feelings of gender dysphoria and issues related to their body image, and the way they use their hat and lowering of their voice to pass as male in certain situations is similar to ways I try to pass in unfamiliar places. Reggie also shared feelings of loss stemming from not learning about transgender identities sooner in their life, knowing this could have changed the trajectory of their entire life. They did not have access to these shared language or ideas prior to having children, now feeling too settled in their life to undertake social or medical transition. Still, Reggie described a great sense of relief and connection knowing other people who are experiencing similar kinds of dysphoria and dis-identification within the rigid binary gender system and having a new vocabulary to describe their experiences.

Participants in *Trans/formations* all identified as transgender or gender non-conforming in one way or another, but all experienced being transgender in different ways. Some of us are medically transitioning, while others are only going through social transitions. Some of us have legally changed our names and gender markers, while others

of us have made no lasting changes. There are as many different transgender experiences as there are transgender people, and it is dangerous to consider any group a monolith. By understanding the ways transgender people and our identities are varied, we might be able to better understand the breadth and depth of health and wellness concerns which present themselves over the span of transgender people's lives.

Summary

These core cultural premises illustrate some of the taken-for-granted understandings of transgender identities and some ways they relate to the health and wellness of participants in *Trans/formations* specifically and transgender and gender non-conforming people more generally. They span across the five radiants of cultural meaning, representing a complex interplay of communicative forces within which meanings about personhood and identity, relationships and relating, action and practice, feelings and affect, and place are all implicated. Tensions exist within all of these hubs, spaces where contradictions clash offering up opportunities for further exploration. These radiants and ensuing interactions influence our physical health and our mental health, as well as emotional, spiritual, environmental, and cultural dimensions of wellness. By naming these core cultural premises, we can begin to consider ways they may transfer to a more general transgender population to better understand the conditions of the lives we live, the impact of those material and immaterial conditions on our health and wellness, and ways we might be able to better address any negative impact resulting from those conditions. Additionally, protective factors were present in these premises, highlighting spaces of resilience to be explored and possibly replicated. The following section proposes a framework of TransWellness within which multiple sites of interest and

influence are engaged to address the health and wellness needs of the transgender community in a more culturally appropriate and relevant way.

A Framework of TransWellness

Core cultural premises uncovered in data collected during *Trans/formations* illustrate the multi-dimensional and intersectional nature of transgender identities as they relate to health and wellness. Utilizing Photovoice (Wang, 1997), CTI (Jung & Hecht, 2004), SEM (McLeroy, Bibeau, Steckler, & Glanz, 1988), wellness concepts, and CuDA (Carbaugh, 2007), cultural radiants in *Trans/formations* reveal salient meanings about identity, relating, practices, feelings, and dwellings. These radiants highlight some of the dialectic strains transgender and gender non-conforming people must contend on a regular basis. Attending to these radiants, I was able to formulate core cultural premises about transgender and gender non-conforming people and our understandings of health. By revealing these taken-for-granted practices of transgender and gender non-conforming people I am able to begin interpreting these phenomena, developing ways to appropriately address the implications they may have for the lives of those who experience them. In order to further illustrate the potential significance of the combination of methodological approaches and orientations used in the present study, I offer a new way of engaging inquiries of transgender health and wellness through a model of TransWellness.

The interdisciplinary approach to community-based research employed by *Trans/formations* makes a compelling case for synthesizing theories and frameworks used in this study as a way to explore and address variety of health and wellness issues across myriad layers of transgender experience. Because of ways the emergent themes,

radiants of meaning, and core premises interconnect and overlap in the images and experiences shared by participants of *Trans/formations*, I propose a framework of inquiry encouraging attention to these various slippages and tensions.

A framework of TransWellness (Figure 29) tentatively proposes three overlapping and interconnected processes: 1) core cultural premises about transgender communities are to be uncovered from the ground up, centering local knowledge, experiences and expertise; 2) when formulating these premises, analysts ought to pay special attention to various interpenetrations and dialectical tensions present, as these contradictory spaces are highly relevant sites of culture-in-communication; 3) These interpenetrations and tensions should be approached and engaged through a perspective emphasizing wellness as an active and affirming process rather than a passive state of being.

The processes in this proposed framework stem from methods used in *Trans/formations.* The first process utilizes CBPR and CuDA approaches to gain access to community knowledge and begin formulate premises based on local meanings; the second process utilizes CuDA and CTI to better understand moments of contradiction and strain within core cultural premises; the third process invites various layers of the SEM of health and concepts of wellness to engage with issues uncovered in holistic and affirming ways. Each of these processes relies on the others to co-create a central space of mutually dependent meaning-in-motion. In the proposed model, TransWellness is located in the central space where the processes meet. They layer on top, between, within, throughout, and across one another, engaging in a dynamic practice of connections and crossings and it is the analysts' job to interpret the meanings within these spaces.

Because each of the process and domains in this proposed framework are independently fluid, it is important to note TransWellness is not a fixed theory. The name of the framework, "TransWellness," implicates two categories within this study described as in constant motion and fluctuation: 1) the prefix *trans-,* emphasizing crossings and overlaps; and 2) wellness is an ever-evolving process, not a static physical state (Jonas, 2005).
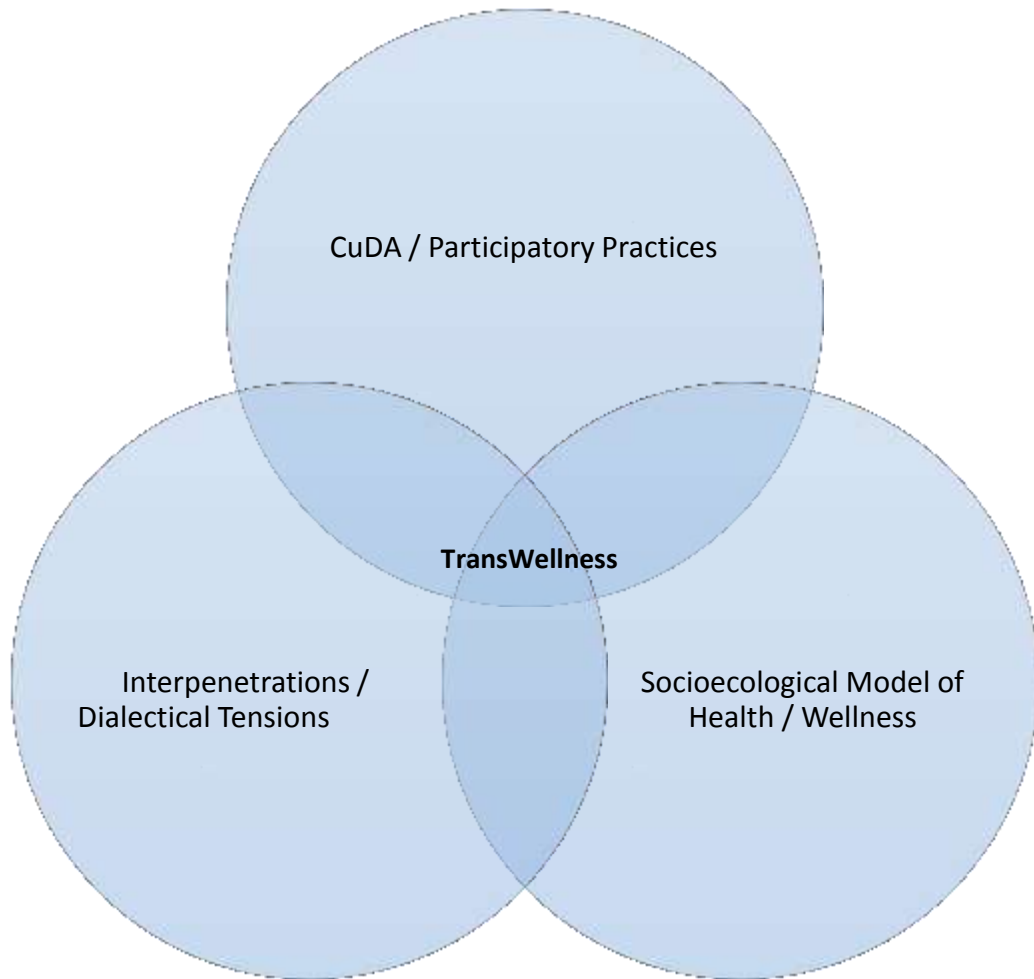

Figure 29

Focusing on constant motion allows and encourages fluidity in approaches for studies using this synthesis. Like some of the frameworks informing *Trans/formations*, TransWellness should be understood as an orientation to research related to transgender health and wellness rather than an explicitly guided methodological approach. While it may make sense to complete each of these processes in the chronological order they appear in this write up, the proposed steps in this process are provisionary. They do not necessarily need to be completed in any particular order and may be visited and revisited again throughout the research process. It is my hope other analyses will build upon this framework in the future, creating more rich and nuanced understandings of the health and well-being of transgender and gender non-conforming people. Now, I will detail these processes more in the sections below.

Process one: Uncovering premises from the ground up. The first process step of a TransWellness framework requires uncovering cultural premises about transgender communities from the ground up. This is especially important because very few researchers doing work with transgender populations also identify as transgender themselves. Inviting transgender and gender non-conforming communities into this process helps ensure accurate representations of the community, their shared experiences, and the meanings they make from these experiences. Even the most educated and well-intentioned cisgender person cannot not be considered an expert in transgender lives more than transgender people. Unfortunately, much of the research done about our community has been completed by cisgender researchers. This is not to say analysts should not work in communities of which they are not members but rather suggests the usefulness of methodologies affording community participation at all levels of inquiry.

This allows local meanings to be adequately attended to, emphasized, and interpreted as relevant to the communities in question.

In the present study, community expertise was ensured through utilizing CBPR, Photovoice, and CuDA as methods of exploration and interrogation. Each of these approaches invites participants and researchers to co-create knowledge together rather than relying solely on the researcher-as-expert model. Given people and communities are experts in their own lives it should stand to reason they would be the ones best suited to collect and analyze data related to their experiences. By engaging in group analysis I was able to center the voices and practices of transgender people within *Trans/formations,* allowing themes and premises to emerge that may not have been addressed if this project had been completed in another, less collaborative manner.

One example of how this organic practice in action is within the conversation some participants had about working with children. This conversation was prompted by sharing a picture of a spray painted heart, something seemingly unrelated to the successive conversation about transgender men working with children pre- and post-transition. Because of the fluid nature of the methods employed in *Trans/formations* our group was able to dig deeper into meanings about transition and its unintended consequences, honing in on ways our social positions and expectations have shifted since transitioning. None of the participants in this study had ever discussed the anxieties and loss they experienced during their transition with regards to their relationships with children. This knowledge might not have been uncovered had I come into this project with preconceived notions about what matters to transgender people, or had I utilized more rigid methodological approaches and non-visual data collection.

Building a community-led data set allowed me to pull information directly from the community rather than solely from my own observations, allowing my analysis and explication of premises to more closely reflect the taken-for-granted meanings communicated in participant images and conversations. TransWellness as a framework does not require any one methodological approach as long as there is an emphasis on community participation and knowledge.

Process two: Pay special attention to moments of dialectical tensions and interpenetrations. The second process of a TransWellness framework requires analysts pay particular attention to moments of dialectical tensions or spaces where interpenetrations occur. The sites where contradictions rub up against one another are potentially rich sources of local meaning for research study participants. Transgender identities in this study were understood as experiencing multiple dialectical tensions on various levels with relationship to various issues and concerns. These moments of personal and interpersonal struggles revealed complexities of living as a transgender person in a world designed for cisgender people, illustrating Jung and Hecht's (2004) assertion "tension between contradiction and coexistence can be a source of the dynamic and fluid nature of identity" (p. 268).

The dynamic and fluid nature of transgender identities was on display throughout the images and conversations of *Trans/formations*. These fluctuations suggest certain tensions are a key component to transgender identities, worthy of deeper exploration by theorists working with this community. Each of the core cultural premises I identified through the participant's images and group analysis held dialectical tensions. The first premise, transition is a process deserving of chronicling and archiving, reveals tensions

between *visibility/invisibility*. By holding onto vials and other ephemera related to hormone use, participants are claiming pieces of themselves that may not be seen by others. Holding onto and documenting these pieces of their personal history renders these parts of themselves visible. Additionally, prior to starting hormones, many transmasculine people have socially transitioned and live their lives as their chosen gender. Typically, social transition pre-hormones means being highly visible as a gender non-conforming person. Once you begin using testosterone, though, the effects begin immediately and take only a few months to become discernable to cisgender people. Eventually, the visibility as gender non-conforming wanes and transgender men often fade into invisibility as a transgender person and begin passing as cisgender. Holding onto these visible pieces of a transgender identity is perhaps a way of countering this tension of visibility/invisibility.

The dialectical tensions present in the second premise, trans-stress is persistent throughout the lives of transgender people, illustrates tensions between *me/them*. Stressors encountered by transgender people often come from outside sources and interactions with cisgender people who do not understand or affirm our identities. Tensions are elicited by the judgment and harassment stemming from "them" conflicting with a transgender person's innate sense of who they are, the "me" in this dialectic. For instance, when Jorge began transitioning at his job, he was trying to resolve an internal dialectic between his gender identity and expression. In resolving this internal dialectic, he opened up an external tension regarding how other people perceive him. People he worked with began asking invasive questions about himself and his identity, started making judgmental comments, and generally disapproved of his process. The anxiety

produced from the tensions between me/them wound up being so untenable, he eventually quit his job.

The tensions present in the third premise, bodies are central to transgender experiences but are not the essence of transgender experiences, arise between *me/not me.* For many transgender people, gender dysphoria is a major marker of their transgender experience. The tensions between an internal sense of self and the external realities of our bodies is one so extreme it drives many transgender people to attempt and complete suicide. As some participants noted, looking at images of them pre-transition elicit me/not me tensions unique to transgender experiences. Not being able to recognize yourself in pictures is a painful disidentification, prompting many transgender people to undertake various forms of social and medical transition. Even while undergoing these processes of transition, tensions between me/not me arise. Alan has been taking testosterone for a few months, beginning to notice differences in his physiology and appearance while lamenting the fact that his hips have yet to disappear. He exists in a dialectical space between who he was and who he wants to be, illustrating well the dialectic between me/not me.

In the fourth cultural premise of *Trans/formations,* transition is an ongoing process, dialectical tensions between *here/there* exist. When transgender people begin social or medical transition, it is often to leave an unwanted "here" of their sex assigned at birth to get to the desired "there" of their chosen gender as quickly as possible. Through the images and conversations with *Trans/formations* participants it became clear there is not actually a concrete "there" with regards to transition. This tension was especially salient in Jackson' example of being a man with a period. He left his "here"

space long ago and has been living as a man for more than a decade. Over the past few years, however, he started getting his period again. This does not undo all of Jackson's transition steps—he still has his top surgery, he still takes testosterone, his name change is still legal—but it does pull him back into a space of tension between transitioning and not being at the place where his transition feels whole. He exists in the space between here/there despite thinking he would never return to this place after beginning testosterone.

The final premise in this study, that there is no singular transgender experience or narrative, illustrates a tension between *both/and*. Transgender people both go through medical transitions, and we do not. We both assume hegemonic gender roles, and we go out of our ways to subvert them. Transgender identities are both incredibly unique and incredibly mundane. We both do things out of the ordinary for most people, such as surgically modify our bodies and take hormones to achieve certain physical characteristics, and we go to our jobs, take our dogs for walks, and make ourselves dinner. We both conform to stereotypes, and we defy them. Being transgender is an experience full of the unconventional and the conventional. Understanding transgender identities in a way recognizing the both/and of our lives is a way for analysts to start getting at the cultural premises most salient in our communities.

These encompassing tensions present in the core cultural premises of *Trans/formations* serve as incredibly fruitful areas of inquiry for deeper cultural understandings of transgender people and ways we are communicating about our health and wellness in our daily lives. They help illuminate some of the spaces where our identities encounter opposing forces and may help inform future spaces for inquiry.

Process three: Tensions should be addressed with an understanding of wellness as an active and affirming process. Much in the same way transition is a continual and ongoing process so is wellness. The *Trans/formations* study utilizes a SEM framework of health emphasizing a multi-level approach to understanding the various ways individual, interpersonal, organizational, community, and policy spheres of influence impact our short and long-term well-being. This comprehensive model provides an interconnected guide for addressing multiple attitudinal, relational, behavioral, and structural concerns with regards to understanding and addressing issues impacting transgender health. It allows us to view health-related experiences as multi-pronged and multi-influential rather than singular and static, providing opportunities to engage with intersecting layers throughout its application.

While this framework is fairly comprehensive in terms of understanding various risk and protective factors, I find it incomplete for use in TransWellness. The SEM addresses multiple layers of influence and their complex interplay, but it's as though the spheres of influence act upon the health of passive individuals rather than inform the wellness of active participants. I propose a TransWellness approach to understanding transgender health wherein wellness serves as an extension of the SEM. In this understanding, TransWellness includes the five interconnected layers of influence in the SEM *and* proposes an understanding of wellness as an active process of self- and cultural-awareness. This active participation invites transgender people to make choices that will help them live their best lives.

Moving beyond the five layers of the SEM, TransWellness understands wellness as holistic, positive and affirming, including dimensions of emotional life, spiritual life, and creativity. Wellness is

> a way of life and living in which one is always exploring, searching, finding new questions and discovering new answers, along the three primary dimensions of living: the physical, the mental, and the social; a way of life designed to enable each of us to achieve, in each of the dimensions, our maximum potential that is realistically and rationally feasible for us at any given time in our lives. (Jonas, 2005, p. 2)

The emphasis on affirming people's decisions and helping them reach their maximum potential for a healthy, happy life is something every individual and community could use but is particularly resonant for transgender people and communities. Much of the research about transgender health emphasizes the health disparities we encounter, highlighting the negative influences and outcomes we experience rather than ways we might be able to build upon our resilience and strength. Transgender people are survivors. As a community and as individuals, we share numerous positive traits and protective factors against the harsh realities of our daily lives. Participants in *Trans/formations* recognized this in our group analysis, naming resilience as one of our strengths. The picture I shared of a cactus blossom represents the tension between the tough and thorny exterior transgender people must put up just to make it through the day and the tender blossom we all have inside of us, waiting to bloom. A TransWellness approach to studying transgender health might purposefully seek out and highlight these moments of resilience, finding ways to actively build upon them for the betterment of individual and transgender health.

Summary

The proposed framework of TransWellness emphasizes community-driven practices within which core cultural premises are uncovered from the ground up, centering local knowledge; formulation of premises while paying particular attention to various dialectical tensions and interpenetrations present in data; and addressing these tensions understanding wellness is active and affirming, building upon community strengths. By synthesizing components of community-based participatory research, cultural discourse analysis, communication theory of identity's interpenetrations/dialectical tensions, and a socioecological model of health and wellness, I have proposed a framework from which to approach future studies of transgender health. These pieces of methodology are synthesized in a way where they layer, shift, move, engaging in a process of connections and crossings contingent upon the data being analyzed. TransWellness acts as an orientation to research embracing the contradictions in everyday life, attempting to uncover and build upon the positive values maintained within these tensions.

Theoretical and Methodological Contributions

In this study, I employ a combination of CBPR practices (Minkler & Wallerstein, 2003) and CuDA (Carbaugh, 2005; 2007) couched in an understanding of health through the SEM and concepts of wellness (CDC, 2013; Dunn, 1977; McLeroy, et al., 1988), using interpenetrations of identity frames of CTI (Jung & Hecht, 2004) to better understand the ways transgender people in Albuquerque are communicating about our health and wellness. I have proposed a new framework from which to approach interrogations of transgender health, TransWellness, synthesizing these methodologies in a manner that other analysts might be able to build upon in future studies.

Through the group analysis of the data set produced by participants of the Photovoice project *Trans/formations,* I was able to answer RQ1: What are transgender and gender non-conforming people in Albuquerque communicating about their personal and community health and wellness within the images collected for Trans/formations? Together, we determined some transgender people in Albuquerque perceive some of our community strengths as the ability to create and generate; our ability to relate with others in multiple arenas; and our resilience; and some of our areas of growth as an overreliance on binary models medical transition; mental and physical health concerns outside of transition; and issues related to body image.

Through these themes, we understand transgender people are communicating about health and wellness in complex ways and in ways not necessarily always easily discernable as related to health. For example, discussions of creation and generation may not appear as linked to health on the surface level but the positive aspects of wellness included in this study help uncover ways these practices help participants in *Trans/formations* build their emotional strength and act as an outlet for trans-stress. As mentioned throughout this dissertation, health is often conceptualized in ways emphasizing physical and biomedical concepts and not always readily encompassing the emotional, spiritual, and creative contexts within which people operate.

By taking a wellness approach, themes emergent in *Trans/formations* highlight meanings about health extending beyond physical health, including conversations about mental and emotional health, spiritual health, relational health, economic health, environmental health, and more. Creating dedicated space for trans and gender non-conforming people to have conversations about our health and wellness gave us time to

expand our scope of health beyond hormone use and surgery options, encouraging

explorations of other contexts of wellness within the images. This shift away from

clinical understandings of health brought out themes of creation and relating, concepts

which may not have been included in emergent themes had we only focused on

biomedical definitions of health but which clearly impact the mental and emotional well-

being of participants in *Trans/formations*. Future work might be done to more holistically

combine an SEM and wellness approach to health to better locate specific sites for future

inquiry.

To answer RQ2: What core cultural premises about transgender people and

transgender health and wellness are present in the images and subsequent conversations

with transgender people in Albuquerque?, I utilized CuDA to uncover five core cultural

premises present in the body of data analyzed: transition is a process deserving of

chronicling and archiving; trans-stress is persistent throughout the lives of transgender

people; bodies are central to transgender experiences but are not the essence of

transgender experiences; transition is an ongoing process; and there is no singular

transgender experience or narrative. Each of these premises illuminates key concepts for

the transgender and gender non-conforming participants in *Trans/formations*. Full of

slippages, these premises help illustrate some of the complexities of transgender people's

lives that may go unnoticed and unappreciated. By calling attention to taken-for-granted

knowledge coming from within the transgender community, researchers might be able to

begin to formulate alternative approaches to working with this population in ways that

more fully address the health issues and concerns present in the community. To this end,

these premises pave the way for a new framework from which to approach studies of transgender health and wellness.

The TransWellness frame comes from the tensions present in the premises of *Trans/formations*, illustrating various communicative moments where the aforementioned slippages exist. By proposing a model of inquiry that elicits community participation and knowledge; encourages attention to the various slippages and interpenetrations emergent in transgender communicative practices; and encourages active, affirming understandings of health and wellness, this model builds on existing knowledge while emphasizing the strengths of local communities.

Through answering these research questions, I have shown transgender health and wellness extend far beyond the reach of what is typically considered when we think about clinical experiences and medicalized processes of transition. Transgender people are in constant communication with and through our identity enactments. This study suggests ways we individually and collectively conceptualize who we are and our place in the world are powerful places which allow for rich cultural understanding. Through an understanding of our gender journeys as largely individualized and unique, we are able to appreciate the value present in each of our stories. By understanding our gender journeys as intimately linked to those of other transgender and gender non-conforming people, we are able to see ourselves as part of a larger community of social support. Allowing transgender people to speak for ourselves about issues that matter to us, this project has uncovered some of the processes by which we communicate our identities and illustrating some avenues for potential future inquiry. The specific premises revealed by this study

show spaces of shared meaning and values, highlighting their relevance for the participants in *Trans/formations.*

By utilizing CBPR (Minkler & Wallerstein, 2003) and the Photovoice method (Wang & Burris, 1997), I was able to create a project which centered the voices and experiences of transgender people in a needs assessment. Using Photovoice is a useful method to reveal what is below the surface in communicative events, trying to get at what is really being said and done within certain situations. Being able to use our own voices allowed for deeper and richer discussion related to issues which are not often spoken about by transgender people. One example is the shared experiences of some of the participants with relation to working with children post-transition. Were it not for utilizing these methods of community led research and visual narratives, these conversations never would have happened, and these connections never would have been made.

Practical Contributions

Academic. The practical contributions of this study within academic contexts are the use of CuDA within a community within which it has yet to be employed. This study adds to the relevance of this framework, demonstrating its applicability in a variety of cultural contexts. Additionally, this study adds to the small but growing literature base of transgender studies and also the literature of transgender studies within the field of communication. *Trans/formations* also adds to a larger understanding of transgender health within the field of health communication, an area where very little attention has been paid. It is necessary to understand the nuances of transgender identities and the communicative functions of these identities on our personal and community wellness in

order to more effectively identify, interrogate, and address issues of import to this community. Additionally, this study is one of a handful of research studies about transgender people completed by a transgender person. Academia is a space within which many transgender people are left out and my engagement with this project possibly opens doors for other transgender researchers in the field.

Non-academic. In terms of contributions this study makes outside of academia, first, this study created a small community of transgender people, gathering once a week to share and learn from one another. Some of the participants in *Trans/formations* had never described themselves as transgender before this project. Others had never been inside of TGRCNM before *Trans/formations*. Assisting these individuals better understanding who they are in the world and in community while providing the opportunity to access resources that might help improve their lives is a direct outcome of the study.

Additionally, *Trans/formations* gave transgender people access and agency in a research project, a space within which transgender people are often absent or will never be able to be part of and perhaps an opportunity to better their own health and wellness. *Trans/formations* was not the first academic study to be done at TGRCNM, but it was the first time an academic research study was completed by someone from within the community. Addressing issues and concerns from within the community is likely going to get at deeper level meanings than with an outsider and I was happy to fulfill this role. The images and conversations collected in this study will help inform future health and wellness related projects with TGRCNM with a special emphasis on programming related to building inner strength, resilience, and expressing creativity.

Limitations and Suggestions for Future Research

Although this project was rich with insight and valuable information on the ways transgender people are communicating about our health and wellness, it is not without its limitations. First, the study was limited in its scope and generalizability due to the small sample of transgender people included within the study. Only ten people participated in this project, myself being one of them, which is not an adequate number to begin to make larger claims about transgender people and our experiences as a whole. Additionally, the sample was contingent on people to whom I had access in Albuquerque and was influenced by my own position within the community. I am someone who maintained a fairly high profile not only within the space of TGRCNM, but also out in Albuquerque in general. My position as a community organizer and leader might have positively influenced some people's perceptions of *Trans/formations,* but may have also created negative feelings for some community members. Having a co-facilitator for this process might have been a way to mitigate some people's hesitance in engaging in this process

Also, *Trans/formations* only reflected the experiences of transgender people on the masculine end of the gender spectrum. Focusing solely on transmasculine experiences provides a small look into the communicative practices of transgender folks and is not representative of the diversity of gender experiences and expressions found within our community. The lack of transfeminine voices and experiences is a major shortcoming of *Trans/formations,* and would have greatly enhanced the project and the data and conclusions which could be drawn.

Another limitation of this study is it was time bound in ways that did not allow for as rich a body of data or analysis to occur. First, I had originally wanted the project to

take place over eight sessions but cut the number of sessions to four. We did not have enough time to analyze the images that we collected as a group with as much detail and depth as I would have liked. Much of the conversations about the images remained on the surface level and could have used more time to go more in depth with what was actually happening in the images, and what needed to be done in order to improve the conditions present in the imagery. Additionally, this lack of time did not allow us to fully use the SHOWeD framework of Wang & Burris (1997), which would have provided a clearer context for the images and steps forward about what could be done. Also, having less time meant we had less time to plan what we wanted to do with these images after the culmination of *Trans/formations*.

Rather than being able to plan those next steps forward together while we were in the same space, we attempted to continue those conversations after the project ended which was not successful, resulting in many of the high hopes for material outcomes of the project dropping off. The applied nature of this research and the potential for social change through policy and health promotion work has not yet been realized. Perhaps the publication of this dissertation will reinvigorate these conversations, fomenting more robust dialogue and action with regards to needs of Albuquerque's transgender and gender non-conforming community.

Another limitation of *Trans/formations* was the ways the data sources were not complete. I was not able to collect all of the jottings from participants, which would have been helpful in terms of contextualizing some of the images and understanding their thoughts and feelings about the pictures. Additionally, recordings that were made were not always clear or easy to understand, making transcriptions of the sessions difficult to

create and analyze. Also, some of the participants did not want certain pieces of information shared on audio recording, meaning I had to start and stop the recorder several times, leaving out key pieces of information that I would have liked to have included in the final data set and analysis. While I tried to take notes at the end of every session, they could not help but be incomplete due to the nature of human fallibility.

Moving away from New Mexico the month after *Trans/formations* was complete was a major limitation to this study. This had not been my plan when I began the process of this project. In fact, I had not planned on moving away from New Mexico at all, but I was in a long-distance relationship at the time, and my then-partner put a time-based ultimatum on my moving to Chicago. Fearful of losing the relationship, I made a sacrifice in my academic life, not completing the project in ways that I would have liked. If I had not moved away from New Mexico, I believe some of the more applied parts of this project would have continued. Related to this limitation is the fact that much of this writing was done a year after the original project was complete. While I had documentation, records, detailed notes of everything we had completed as a group, and thankfully had much of our sessions audio recorded, not everything was preserved and memories inevitably fade over time.

The final limitation of *Trans/formations* is the lack of attention to the intersections of race, class, age, sexual orientation, physical ability, and other categories alongside transgender status, and within the larger conversations and analysis of the images. So many experiences are left unexamined in this project that would have greatly benefitted from more nuanced attention with regards to these different aspects of identity. This project attempted to use identity frames to understand some of ways transgender people

move through and experience the world, and it would have been a much more thoughtful project had more attention been paid to these locations of identity and how they interpenetrate with one another. Future research might delve deeper into these aspects of transgender identity, more fully explicating the complexities of transgender identities as they intersect with other relevant demographic categories.

Conclusion

The TransWellness framework in this section synthesizes pieces of community-based participatory research, cultural discourse analysis, communication theory of identity, and a social ecological model of health and wellness, creating a transdisciplinary approach to exploring issues related to transgender health and well-being. By using a preliminary model of this framework, I was able to work with transgender and gender non-conforming people in Albuquerque to identify emergent health and wellness related themes addressing challenges and strengths of transgender and gender non-conforming people as identified by the community. After performing group analysis, I engaged in deeper inquiry as an academic investigator, uncovering five core cultural premises holding deeply valued, taken-for-granted meanings for transgender people in *Trans/formations.* These premises, while specific to the participants of the current study, can also be applied more broadly to a general transgender population. This model of TransWellness illuminates ways we might reimagine approaching transgender health from a strengths-based perspective. Paying attention to the everyday resilience practices of transgender people might help researchers gain new insight into communities which have been ascribed negative attributes for far too long.

Appendix A

Trans/formations: A Photovoice Assessment of
Transgender People's Wellness in Albuquerque, New Mexico
CONSENT FORM

PRINCIPAL INVESTIGATOR:
Ricky Hill, Student Investigator (505) 804-9097
Dr. Tema Milstein, Responsible Faculty Member (505) 379-0459
Department of Communication and Journalism
University of New Mexico

DESCRIPTION:
The Transgender Resouce Center of New Mexico (TGRCNM) exists "as a clearing house for resources which can support, assist, educate, and advocate for the transgender population of this state," working with local community members to "promote mutual understanding, acceptance, and equality to achieve a more positive and healthy society". I am interested in how transgender and gender non-conforming people who utilize TGRCNM understand and communicate about personal and community wellness. This research study uses *PhotoVoice* as a research methodology. Participants will engage in an informational training session, a question generation session to collectively determine photography prompts, a photo session to discuss photographs taken, and a collective data analysis session. These sessions will be no more than two hours in length. The question generation, photo session, and data analysis sessions will be audio taped using a digital audio recorder. The recordings will be typed out as word-for-word transcripts, with the use of pseudonyms. The recordings, transcripts, and photographs will be kept on a password protected, secure server, and may be kept for future publications.

CONFIDENTIALITY:
Your name, or any other identifiable information will not be collected for this study. If names are used, you will get to choose a pseudonym. Therefore, there will be no direct link between any of your responses and your name. Any information from this study that is published will not identify you by name. Additionally, your name will not be attached to the photographs you take. A number will be assigned to each camera, and upon returning the camera, you will receive a receipt with a number and access code so that you may access your images on the Dropbox website where the images will be uploaded.

BENEFITS:
Participants will receive compensation of $20 for participation in each of four sessions, with a lump sum of $80 paid upon completion of all four sessions. The remaining benefits are primarily societal. The potential benefits for the participants in this participatory project include the opportunity to share how you understand your wellness in relationship to being transgender, and also the chance to help make your community a

healthier place to live. Additionally, you may identify previously unknown needs, desires, and/or goals for future community projects.

RISKS:
There are risks of stress, emotional distress, inconvenience and possible loss of privacy and confidentiality associated with participating in any research study. You might be identifiable in published photos, either by facial recognition, or by distinguishing characteristics. To minimize these risks you may choose to not participate in any of the sessions, stop your participation at any time, delete any portions of voice recordings, or request that your image not be used in publicly disseminated documents at any time during the sessions.

CONTACT PEOPLE:
If you have any questions about this research, please contact the Principal Investigator at the phone number listed above. If you have any questions about your rights as a research subject, please contact the Institutional Review Board (IRB) at the University of New Mexico at (505) 277-2644.

VOLUNTARY NATURE OF PARTICIPATION:
Your participation in this study is voluntary. If you don't wish to participate, or would like to end your participation in this research study, there will be no penalty or loss of benefits to you to which you are otherwise entitled. In other words, you are free to make your own choice about being in this study or not, and may quit at any time without penalty.

_____   _____

Investigator Signature   Date

Appendix B

Recruitment Flyer

TRANSGENDER, GENDERQUEER, GENDER NON-CONFORMING FOLKS IN ABQ!

ARE YOU INTERESTED IN PHOTOGRAPHY?
ARE YOU INTERESTED IN YOUR WELLNESS,
AND THE WELLNESS OF YOUR COMMUNITY?

BE PART OF AN UPCOMING STUDY USING PHOTOGRAPHY TO
LOOK AT THE WAYS TRANS/GNC PEOPLE IN ALBUQUERQUE
UNDERSTAND AND COMMUNICATE ABOUT OUR PERSONAL
WELLNESS, AND THE WELLNESS OF OUR COMMUNITY.

Why: To understand how trans and gnc folks communicate about health.

Who can participate?: Anyone living in Albuquerque who is over the age of 18 and who self-identifies as transgender, gender non-conforming, or gender variant, and can commit to FOUR, two-hour sessions on Sundays in June.

When: SUNDAYS in JUNE (8th, 15th, 22nd, and 29th) from 5 to 7pm at TGRCNM, 120 Morningside NE ABQ NM 87108.

Who is conducting this study?: Ricky Hill from the University of New Mexico's Communication and Journalism Department.

Have your voice heard! Get paid $20 for each of four sessions completed.

CONTACT: Ricky Hill, erhill@unm.edu or call/text 505-804-9097

PhotoVoice Curriculum Documents

First Session
Ice Breaker – Tell your name and share an adjective describing yourself using the 1st letter of your name.

Why are we here tonight?
- To work together to create a document to show what some of the pressing health needs for trans and gender non-conforming people in Albuquerque are using the PhotoVoice method…and to help me complete my PhD.

What is PhotoVoice?
Photovoice is:
- A tool for participatory action research which uses photography to help people identify issues in, represent, and strengthen their communities (Wang, 1999).

Where does PhotoVoice come from?
PhotoVoice is based in:
a. The principles of community-based participatory research that challenge notions of power, participation, knowledge, and praxis.
b. that education isn't just about tests and memorization, and is used to inspire social change (Freire, 1970).

PhotoVoice has three main objectives:
1. Allow people to record and make evident the strengths, priorities, and worries of the community through photographs; give power and voice to those normally not heard;
2. Promote awareness and critical dialogue about important events through discussion about the photographs; and
3. Approach decision makers who define policy through public forums and the exposition of photographs.

To achieve these three objectives, it is important to follow these steps:
1. Form a group
2. Hold a training session for participants
3. Hold photo-sessions where you discuss the photographs taken using the SHOWeD format. It is important to record these sessions to analyze the information afterwards.
4. Analyze the data: this should be a collaboration between investigators and participants. Option 1: You may conduct the entire analysis together as a group. Option 2: The team of investigators conducts the analysis and presents the codes and themes of analysis to participants to seek their opinions and find out what

results are most relevant. They will also present final results to gain participant feedback.
5. Disseminate the results: hold a forum and invite photographers to make decisions. You may also hold an exhibition where photographers may invite people they consider to be necessary to realize the changes they seek to make.

What do photo-sessions consist of?
Example of a PhotoVoice project conducted with Transmasculine people in San Francisco, CA on the topic of access to healthcare. "Slivers of the Journey."

Second session: Camera training and theme generation

Ice breaker: participants choose a word describing something that they like. Afterwards, discuss and reflect on the question: How would you take a photograph of yourself, without being in the picture?

Group Rules: Establish basics rules for the work the group will do together; for example: be on time, what comes in the room stays in the room, respect for the opinions of everyone, talk one at a time.

Training--How to take pictures Give a handout covering how to use the camera to take better pictures, and cover in its entirety. Then, address and questions or concerns. Explore the type of photos you can take. Don't just present the problematic; strengths and resources can also be useful. Photographs can also be abstract; you can refer to the ice breaking activity: how would you take a picture of yourself, without being in the picture?

Ethics: If you would like to take a picture of a person, read them (or let them read) the consent form, and explain their relevance. Emphasize what the objective is, what the photograph will consist of, and that their participation is voluntary.

Practice how to ask someone for their consent to take a picture. You may practice in pairs.

Discuss how you could still take a photograph that looks natural after asking for consent. What happens if a person gives consent, and you would like to take another picture the next day, or on another occasion? Although you don't have to sign a new consent form, it is important to ask their permission to take another picture because the situation is different.

You have to be patient, and give time for consent. But in the end it's worth it for your safety and respect for others.

Theme of the photographs: Here participants decide what theme they will use when taking photographs. It can be a problem in the community, or something else that they identify as relevant or as a priority . For this project, it should center on the health of trans people in Albuquerque. Write down questions that you can think about while taking photographs. For example: What prevents us from being healthy? What would help us? Are there objects, people, activities, and thoughts that help or not? Why? This will give you an idea of what to take pictures of.

With this general theme, the group can collectively identify causes of the issue, and take photographs of those themes. It is important to make clear what the theme of our photographs will be, because we will be discussing them in the next session. Tell each person to document their life as related to the theme for ONE week. As they are taking pictures, they should jot down thoughts, ideas, questions they might have in their written journal. The, each participant should pick their THREE favorite images from the week

taken. We will discuss the three favorite images in our following sessions. Distribute instructions on how to upload images to shared Dropbox folder, email them, or print them. Distribute the cameras, consent forms, and choose a date for the cameras to be returned.

Third session: Group sharing and analysis

Permission to record: Ask for permission to record the session. Review group rules.

PhotoVoice: Explain the process of selecting and discussing photographs. Do the SHOWeD exercise with an example.

Discussions: Allow time to upload images into folders in Dropbox, and time to look at pictures and choose three for themes identified (if themes have been identified). For each, write the number and theme. That way the recording refers to the specific photograph. Have the participants answer the questions: what do you see in this photograph? Why is this happening?

Describe each photograph in a group.

Break into teams. Each team chooses a photograph to discuss using SHOWeD. If there is time, they may choose another. Each group shares their SHOWeD results.

Define the themes for final session. Give a sheet of questions the group has come up with for reflection and reinstating abstract themes.

Closing:
At the end of session ask: what can we take from this session?

Fourth session: Group sharing and analysis

Permission to record: Ask for permission to record the session. Review group rules.

Analysis of data:
Three steps for analysis:
1. Choose photographs individually and/or as a group.
2. The discussion about photographs will be recorded: what are the histories of these photographs? What do they demonstrate?
3. Code the recording and identify relevant themes. At the end of the photo-sessions, read the codes that investigators have identified, and ask if there are more, then group the codes into general themes.

Who can we present the pictures to?
In a group identify people who make influential decisions and in the community who may be able to present the work, and spaces where it would be good to do so. These could be health centers, schools, church, etc. Also, you may identify groups you consider important to make aware: parents, women's groups, children, etc. Other forums could be mass forms of communication: health fairs, radio, television, local events, etc.

NEXT STEPS…

ADAPTED FROM: Lopez, E.D.S., Robinson, N., and Eng, E. (2005). Photovoice as a CBPR Method: A Case Study with African American Breast Cancer Survivors in Rural Eastern North Carolina. In Parker, E. A., Robins, T. G., Israel, B. A., Brakefield-Caldwell, W., Edgren, K. K., Wilkins, D. J., & Schultz, A. J. *Methods in community-based participatory research for health* (pp. 489-516). San Francisco, CA: Jossey-Bass.

Appendix D

Participant Images
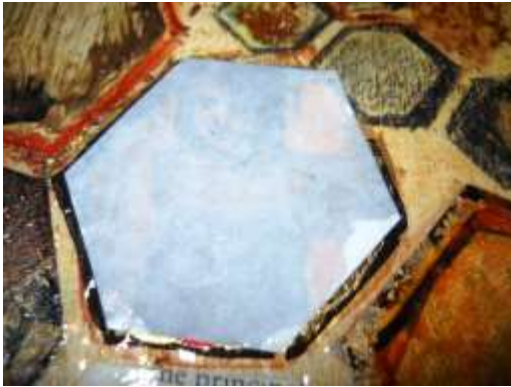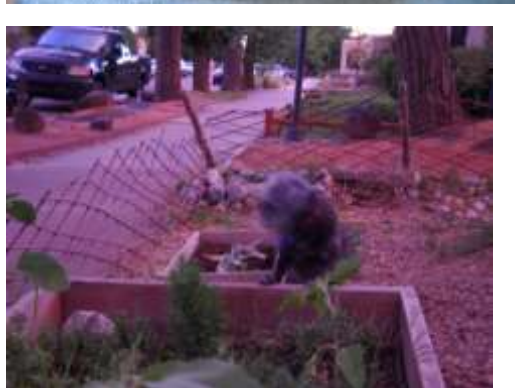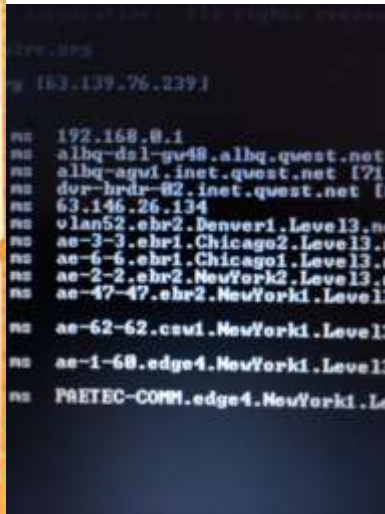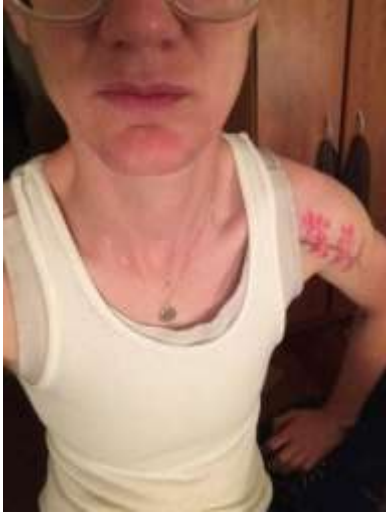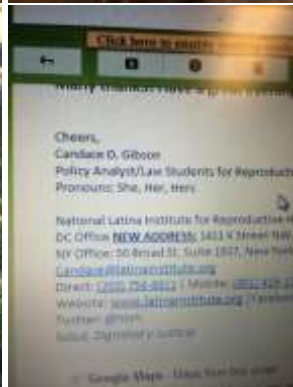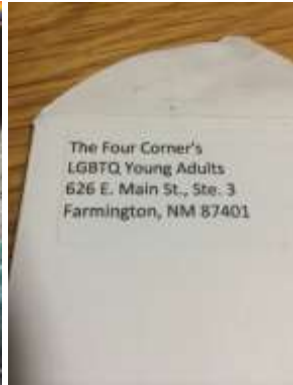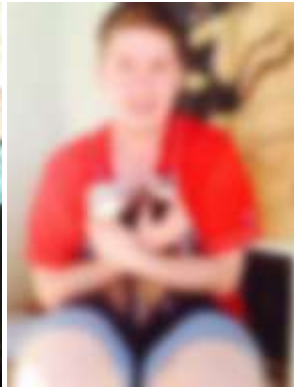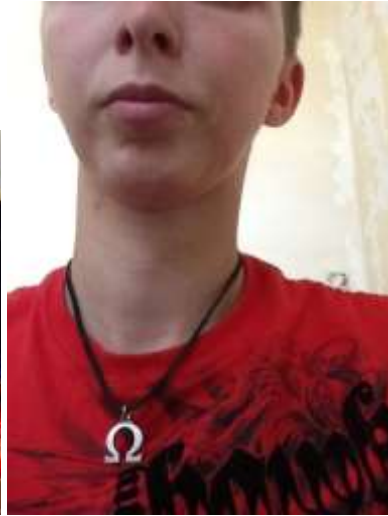
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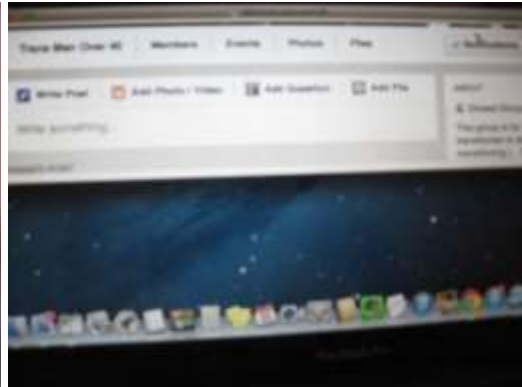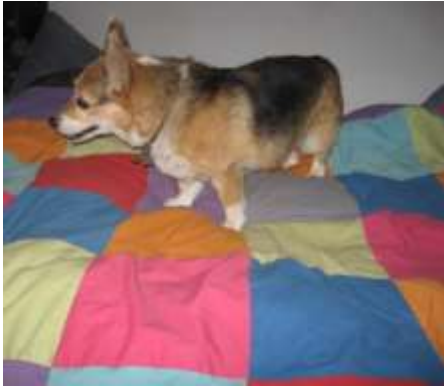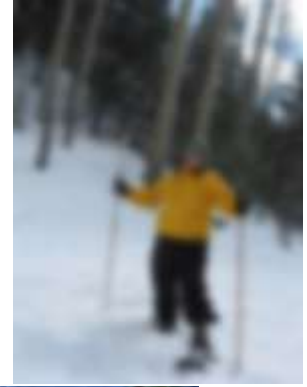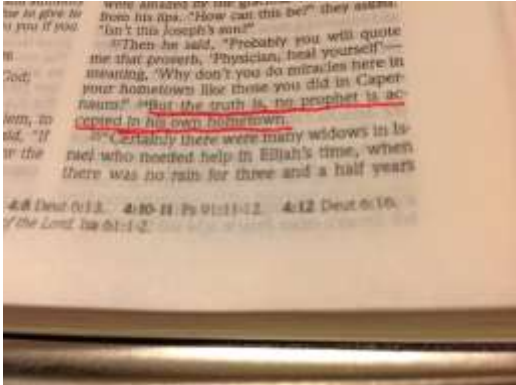
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