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## **“This is the Biggest Thing You’ll Ever Do in Your Life”: Exploring the Occupations of Transgendered People.**

### **Abstract**

Despite growing attention to occupational justice issues, there has been very little research examining the everyday occupations of those marginalised by sexual orientation or gender identity. Building on a small body of literature concerning the occupations of gay men and lesbians, this paper explores the occupations of five transgendered persons. Qualitative interview data are used to examine both how participants’ gender identities shaped their occupational engagements, and how their occupations were used to convey or express gender identities. The occupational focus tended to change over time. While in their early years participants faced occupational barriers and deprivation, during transition they were centrally involved with occupations concerning the health care system, and financing bodily transitions. Later the most significant occupations centred on managing disclosure, self-care, managing relationships, and navigating employment. All participants faced occupational losses and adaptations, but also gained new, meaningful occupations.

### **Keywords**

Transgender; Gender Identity; Occupation; Occupational Justice; Qualitative Research

## **Introduction**

In 2009 Hocking argued that occupational scientists have an ethical responsibility to attend to issues of occupational justice. This includes, she suggested, “researching the occupations of people who are marginalised, deprived, invisible, and disabled” (Hocking, 2009, p. 147). This paper takes up that challenge, producing the first occupational analysis of the lives of transgendered<sup>1</sup> people, a highly marginalised group. As will be discussed in the literature review, transgendered persons frequently face violence, social exclusion, unemployment and underemployment, loss of relationships, and occupational restriction or deprivation as they navigate the minefield of gender-normative<sup>2</sup> expectations. The occupations restricted or denied transgendered persons, and the occupations required of them to survive and thrive, are clearly matters of occupational justice (Stadnyk, Townsend, & Wilcock, 2010).

Drawing on a subset of data gathered for a larger qualitative study of lesbian, gay, bisexual, transgendered and queer<sup>3</sup> (LGBTQ)<sup>4</sup> women, we explore the impact of being transgendered on the everyday occupations of 5 participants. Prevailing occupations changed over time. A focus on secrecy and surviving intolerance in the early years later shifted to a focus on transitioning<sup>5</sup>, centered on navigating the health care system. Lastly, we discuss occupations of living as transgendered: managing disclosure, self-presentation, managing relationships, negotiating employment, occupational losses and new occupations.

## **Literature review**

### **Identity and occupation**

The relationship between social identity and occupation is dialectical: occupation is shaped by identity, just as identity is shaped by occupation. In her study with three population

groups Rudman (2002) concluded, “informants made occupational choices that were in line with their sense of personal identity and were aimed at projecting a particular social identity” (p. 17). Thus, everyday occupations such as work, housework, grooming and dress may have secondary meanings that concern the production or portrayal of social identities such as gender. Based on well-established norms of what is acceptable for men and women, routine occupations can be part of ‘doing’ gender (Huot & Rudman, 2010).

Both women and men engage in ‘doing’ occupations in particular ways to convey social identities. This has been demonstrated in household work, food preparation and child care (Beagan & D’Sylva, 2011; Beagan et al., 2008; Primeau, 2000a, 2000b; Wada & Beagan, 2006). For example, Goodman, Knotts and Jackson examined the occupation of getting dressed – which they reframed as “doing dress” – as contributing to “the creation and maintenance of everyday identities” (Goodman et al., 2007, p. 102). They emphasized that dress is not only shaped by gender identity<sup>6</sup>, but in turn shapes the portrayal of gender, how men and women see themselves and ask others to see them. Thus, occupational choices can be guided by identity even as they are “aimed at projecting a particular social identity” (Rudman, 2002, p. 17). Occupation can be a means not only of portraying identity, but of actually constructing identity: “It is necessary to *do*, in particular ways, in particular interactions, in order to *be* who one is, and to *become* who one will or should be” (Huot & Rudman, 2010, p. 73).

### **Gender and sexual identities shaping occupation**

While there has been nothing published directly on occupation and transgender identity, there is a growing body of literature on sexual orientation<sup>7</sup> and occupation, and literature outside occupational science concerning transgendered lives, both of which are discussed below. In occupational science, Jackson (1995) first argued that sexual orientation may influence

occupational choice, engagement, meanings, and contexts, which has been demonstrated in a wide range of occupations, from household financial management to leisure (Bailey & Jackson, 2005; Birkholtz & Blair, 1999; Devine & Nolan, 2007). For example, in typical leisure activities such as watching movies or reading books, LGBTQ persons may seek out materials that connect to their community and culture (Birkholtz & Blair, 1999; Devine & Nolan, 2007). Similarly, a young lesbian may choose to play softball hoping to connect with other lesbians (Kivel & Kleiber, 2000). Participating in LGBTQ organizations and groups, such as campaigns, support groups, churches, choirs, social gatherings, Gay Pride celebrations, same-sex dances or clubs, and sports teams or leagues, occupationally enables LGBTQ persons to connect to community, culture and identity (Bergan-Gander & von Kurthey, 2006; Birkholtz & Blair, 1999; Devine & Nolan, 2007; Doan, 2010; Jackson, 1995). Such leisure occupations and activism provide safe spaces, community connections and identity pride (Williamson, 2000).

Sexual orientation and gender identity also affect productive occupations. For example, the female partners of transmen (those born female bodied who live their lives as men) describe the same gendered division of housework as do other women (Pfeffer, 2010). In paid work, many people struggle with whether or not to disclose LGBTQ identities, fearing discrimination (Bergan-Gander & von Kurthey, 2006; Birkholtz & Blair, 1999; Devine & Nolan, 2007; Jackson, 1995; Williamson, 2000). A large survey (n=515) in San Francisco noted that discrimination prevents many trans persons from obtaining decent (or any) employment (Clements-Nolle et al., 2001). Not surprisingly, people who are ‘coming out’ as LGBTQ may move to jobs or workplaces where they feel safer, such as LGBTQ centres or helplines, the arts and music industries, or self-employment (Birkholtz & Blair, 1999; Hines, 2010). Some trans persons avoid disclosure or wait to begin transitioning until after retirement or the loss of a job (Hines, 2010).

LGBTQ persons also invest considerable attention and energy into occupations oriented to managing relationships, in particular managing disclosure. Managing ‘coming out’ or disclosure is a major preoccupation especially in early years. LGBTQ persons may strive to maintain authentic relationships with family, friends and colleagues while minimizing rejection and maximizing safety (Bergan-Gander & von Kurthey, 2006). Social occupations, and even casual conversations at work or in other venues about holidays, weekends and home life can be fraught with potential for unintentionally disclosing identity (Birkholtz and Blair, 2000; Devine & Nolan, 2007; Jackson, 1995).

Finally, managing harassment and possibly violence is an everyday reality for LGBTQ persons. Many transpersons and others who appear gender-ambiguous face harassment, violence and sexual assault in public washrooms, on public buses or subways, in elevators, in classrooms, at malls, and other public, semi-public and even private spaces (Connell, 2010; Doan, 2010). In one survey (n=182) in Philadelphia, more than half of the transgender respondents had been sexually abused or assaulted, and more than half had been physically abused, leaving them feeling unsafe in public places (Kenagy, 2005). Similarly, in a qualitative study with 20 transwomen, all participants had been verbally attacked in the streets and many had been physically attacked by strangers (Melendez and Pinto, 2007). As a result transgendered persons may limit their occupational engagements, avoiding spaces or situations that feel unsafe (Melendez and Pinto, 2007). Transgendered youth, for example, disproportionately drop out of school, avoid school, or transfer schools repeatedly to avoid harassment by peers and educators (McGuire et al., 2010), not unlike the adults (discussed above) who may avoid certain work contexts to avoid harassment or job insecurity (Hines, 2010).

### **Occupation to convey gender and sexual identities**

Not only does identifying as LGBTQ shape occupational choice, meaning, and experience, but occupations can also be used to project, portray, construct or affirm that identity. Again, this may involve leisure, self-care, productive or relational<sup>8</sup> occupations. For example, a young gay man may play football to portray heterosexual masculinity, or choose bass guitar rather than clarinet in order not to appear gay (Kivel & Kleiber, 2000).

Dressing and grooming are particularly significant means of projecting identity through occupation. Some gay men and lesbians ‘do drag,’ performing the opposite gender, as a playful means of disrupting dualistic ideas of gender (Rupp, Taylor & Shapiro, 2010). Others approach clothing and grooming very seriously, using it to convey deeply-felt identities (Connell, 2010). Dressing in opposite sex clothing (cross-dressing) can be a secret occupation, performed privately as an outlet for transgender identity. Yet dressing and grooming are also occupations significantly involved in transitioning, living publicly in your felt-gender<sup>9</sup> (Connell, 2010). Shaving, applying make-up, selecting appropriate clothing, accessories, shoes, and hair-styling are all momentous occupational engagements the first time someone goes out in public as their felt-gender (Doan, 2010). Dress and grooming are key occupations to solidify gender performances. Connell (2010) suggested that friends and colleagues feel entitled to ‘police,’ coach, teach, instruct and correct the gender displays of trans persons. The occupations of grooming and dressing can weigh heavy when judgment, and perhaps safety, rest on the success of gender displays.

In this study we explore the impact of being transgendered on people’s everyday occupations, asking how transgendered persons not only used occupation to convey or establish identities, but also how their occupations were shaped by gender identity.

## Methods

This paper is based on a subsample from a larger descriptive qualitative study of the health and well-being of lesbian, gay, bisexual, transgender and queer women. That larger study included in-depth, face-to-face interviews, at least 90 minutes long, with 20 women from two Canadian cities, Halifax and Vancouver. The study received ethical approval in both sites, and in each site recruitment was conducted through advertisements, posters, word of mouth and snowball sampling. Interviews were conducted by trained research assistants in each site, plus research team members, including the current first author, a study principal investigator. Results from that larger study are under review elsewhere.

The sample of 40 women included a total of 5 participants who identified as transgendered. Working with just those 5 transcripts, the current authors conducted a secondary occupational analysis, coding and sub-coding segments of text, comparing across transcripts (Boyatzis, 1998). In this inductive thematic analysis, each author coded transcripts independently, then coding was discussed to reach consensus on a code list that best captured the occupational issues in all interviews. All transcripts were then recoded, and coded segments pulled together by theme. The first author read and re-read the data in each broad theme, returning to full transcripts repeatedly for context, as well as to confirm the coding. Subsequent reviews of the coded data allowed finer organization, categorization and subcoding of text, identifying and ordering subthemes within broader themes and continually checking for contradictory instances in the data. To enhance study rigor, the first author's preliminary analysis was reviewed and critiqued by all other authors, then substantially revised.

To be clear, this occupational analysis of the stories of 5 transgendered participants was not the initial focus of the research. Rather, the rich occupational data contained in broader

interviews demanded closer examination. In our occupational analysis of these interviews, we asked how occupations were shaped by being transgendered, and how transgendered persons used occupations to convey identity.

## **Participants**

**Ruth** (all names are pseudonyms) identified as a transwoman. She was 53 years old, and divorced from a woman she had been married to for about 30 years. They had 3 adult children. Ruth was a middle manager for a national corporation. She was preparing for genital surgery, and had already had several other surgeries. Sexually, she was attracted to women. **Sally** also identified as a transwoman. She was 27 years old, and self-employed as a website developer. She had had genital surgery. She was in a primary relationship with a male partner, and they defined themselves as polyamorous (having more than one relationship).

**Mya** identified as a transwoman. She was 62 years old, married to a woman for about 40 years, with three adult children. She had had various manual and service jobs, and at the time of the interview had been unemployed and then on income assistance for about 10 years. She had had genital 3, and was not sexually active. **Alice** also identified as a transwoman. She was 41 years old, and divorced from a woman, with whom she had young children. She thought she was bisexual and wanted to begin dating again. She worked as an electrical technologist, and at the time of the interview was self-employed. She was living full-time as a woman, saving money for sex realignment surgery.

Thirty-eight year old **Casey** did not identify as a man or a woman, identifying simply as trans. Born in a female body, Casey was taking testosterone, and used breast-binding (flattening breasts) to aid an androgynous<sup>10</sup> or masculine self-presentation. Casey was employed in program development and organizational access for an addictions services program.



## Results

*I've been through a lot of major things, what most people think are major things in their life. Graduated, went to university, got married, had kids, big stuff in life. None of them are as big as switching genders. It doesn't come close. ... This is the biggest thing you'll ever do in your life by far. (Alice)*

As Alice says, coming to identify as transgendered and 'switching genders' are extremely 'big things.' Below we explore some of the occupational aspects of transgendered lives, presented in three loosely-chronological themes: living with gender dysphoria<sup>11</sup>, occupations of transitioning, and living transgendered. Though these are imperfect divisions, they highlight predominant occupational engagements at differing stages. Later, in the discussion, we will return to looking at these results in terms of gender shaping occupations, and occupations being used to convey gender.

### Living with dysphoria

All participants knew very young that their gender identities did not match the sex of their bodies: *"I had those feelings, had that feeling of feeling female like since I was six. ... I remember dressing up when I was 7 and 8 years old as a girl. ... It never went away"* (Ruth). Some struggled with confusion about sexual orientation before recognizing their fundamental concern was gender identity.

Participants described extreme distress growing up with gender dysphoria, including bullying and teasing in school. Some had very negative relationships with their bodies: *"I don't like looking in the mirror ... I still have some parts that I don't like. When I was young I,*

*seriously, I tried to cut them off.*” (Alice). Mya explicitly identified occupational deprivation due to her gender identity. She couldn’t do “female stuff” which was all she wanted.

*Other than my kids being born, there’s nothing in [those years] that really makes any major impression on me. It was a long, hard existence. I didn’t have any desire to get involved in— Well what I wanted was all female stuff and I couldn’t do that, so I couldn’t do anything.* (Mya)

Mya described her earlier life as empty: *“I lived for years in that empty cavern.”*

### **Pre-occupied with ‘passing’<sup>12</sup>**

Participants experienced pressure to be gender-typical when they were young, and attempted this to varying degrees. Ruth described *“trying to bury those feelings and trying to fit into society more.”* Sally said, *“I was in denial for eight years ... just went on like normal teenagers do ... try and fit in with everyone else.”* Some participants deliberately tried to portray masculinity through occupations, hiding their gender confusion. Sally tried to be more physically ‘macho’ than other boys: *“I promised myself I was going to be the best man that I can be.”* In part to suppress their gender identities, three participants married and had children, taking up the occupational roles of husband and father. Mya joined the army, *“figuring that if I was in a male environment maybe I could put this aside.”* She worked hard to ‘pass’ as gender-normative: *“I took a great deal of trouble to make sure people didn’t suspect, the only person that knew was my spouse.”*

### **Secret occupations**

While publicly engaging in gender-normative occupations, in secret some participants were engaging in occupations such as cross-dressing. Some enjoyed this, others struggled against it, or found it a painfully incomplete version of what they needed. Ruth suppressed cross-

dressing at home, but indulged elsewhere: “*When I travelled I spent most of my time as a female outside of work.*” The three participants who had married all experienced times when only their wives knew they cross-dressed. Mya’s wife asked her to hide it till their children were grown. Mya could suppress it for 7 or 8 years at a time before she would break down. It is worth noting that her children were born over an 18-year span, meaning she largely suppressed cross-dressing for about 25 years.

## **Occupations of transitioning**

### **Seeking information**

One of the most pervasive occupations of transitioning was information-seeking. Participants spent hours, even years, researching the experiences of other transgendered people, hormones (what to take and where to get them), health care providers and surgery, funding, and how to access services. Most information came from the wider trans community, particularly through the internet. All participants accessed online support groups, resources, communities, and referrals. Online trans communities were a key way to come to terms with their gender identities, and provided a place to connect with others with similar experiences. Through the internet they also connected with local individuals and groups to build support systems.

Sally summarized some of the information she researched online:

*Everything from experiences, to some of the medical details, to steps that you can take. Ah, what hormones you can take and what are the effects, what do you go through when you have SRS [sex realignment surgery], or breast augmentation, feminization surgery or– Basically, anything and everything. (Sally)*

Participants also found trans-positive therapists and other health care providers through online communities; some had gathered a wealth of information on surgeons throughout Canada, the United States and Thailand.

### **Hormones, voice training, and surgeries**

All of the participants began the physical aspects of transition by taking hormones, often (after considerable research) advising their physicians on what to prescribe. Casey, for example, only wanted enough testosterone to lower vocal range, never intending to transition fully to male-bodied. Casey was satisfied with masculine bodily presentation, but not with vocal presentation: *“I could get read as a guy until I opened my mouth.”* Some participants had obtained estrogen without a prescription through the internet.

The unusual occupation of voice training was an especially important one for the participants, as their voices were often the only things that sullied their gender presentations. Alice avoided conversations with strangers to avoid giving herself away. She hoped her visual appearance overrode her voice. Ruth found talking on the phone demoralizing, because *“they’re calling you he all the time and that affects you mentally.”* She had spent a great deal of time and money on voice training, noting, *“I’ve probably done at least 100 hours or more of practice in just modulating.”*

Surgery was a major (pre)occupation for participants. They needed to research options, make decisions, establish funding, and negotiate access, before dealing with surgery itself. People made differing choices regarding specific surgeries, including breast reduction or augmentation, genital surgeries, facial feminization surgery, and surgery on the vocal chords, to alter vocal pitch.

Securing finances for medical intervention was a constant concern. With physician approval, hormones were covered by both provincial health plans. In Halifax surgeries were not covered, while in Vancouver some surgeries were covered, but as no surgeons were doing those procedures, people had to travel 4500 km to Montreal. Travel expenses and the cost of care during recovery were not covered.

Finances directly affected participants' medical care and everyday occupations. With very little income, Mya's health care choices were limited. She had what she called "*discount*" surgeries. Other participants stayed in jobs or changed jobs to ensure medical coverage, for expenses they estimated could amount to many thousands of dollars. Ruth had a well-paid job, but paid for many medical expenses not covered by her health plan, as well as paying her own rent and her ex-wife's mortgage. Keeping her job – with its medical coverage – was crucial for her.

### **Navigating the health care system**

Medical appointments were significant occupations for participants. In addition to attending appointments with family doctors, endocrinologists, and surgeons, participants were required to see mental health counselors: "*I'd have to go and see the hospital shrink once a month until he or she thinks that I'm a candidate to transition. It takes 2 years to convince that person*" (Mya). Those who wanted surgical intervention or legal identity changes had to get letters of approval from multiple health professionals. Accessing surgery required living publicly and privately in their felt-gender for 1-2 years, then referral by two psychiatrists before being considered for surgery. Participants knew through trans community networks that they had to give the 'right' answers to assessors in order to access the medical interventions they wanted.

Participants highlighted the importance of taking charge of their own health care, a time-consuming occupation. As Ruth said, *“Everything that I’ve ever done on health care ... was on my own. I was researching it through the internet, talking to people online.”* She found specialists, sought out referrals and researched the work of surgeons around the world. Sally, too, had developed what she called a *“kind of doctor-assisted do-it-yourself”* approach to health care, where she told physicians what she needed and they wrote prescriptions.

All of the participants spent considerable time and energy educating health professionals about trans health, another consuming occupation. Like others, Sally brought books and articles to health professionals, and found they were receptive to learning, especially those who did not already claim some trans health expertise. Both Mya and Casey were active in providing training workshops for health professionals: *“I’ve gone around to the different community health centres with one of the physicians downstairs to do [an] intro to queer and trans health”* (Casey).

## **Living transgendered**

*It feels so great ‘cause that’s who in my mind I’ve always been... You don’t necessarily really know what to do maybe, exactly, or how necessarily to act. But it feels great ..., I’m finally me and people see me. (Alice)*

## **Managing disclosure**

Managing self-disclosure was a significant occupation for participants once they began to transition. Participants discussed disclosing their transgender identities to health care providers, employers and administrators at work, co-workers, family, and people in the local community. The strong possibility of rejection, if not revulsion or even violence, made disclosing frightening.

At work, Ruth started by approaching a senior person in human resources, bringing books and information from the internet:

*I was terrified but I went and saw HR just to tell them that I was trans, and I've actually known the director of HR for 15 years or more. ... She thought when she saw me – I was as white as a ghost – I was going to tell her I had cancer or something. That's how difficult it is to talk about this. (Ruth)*

Working with Ruth, the human resources officer developed procedures for handling employees' transitioning.

Alice was also terrified to disclose at work, knowing other people who had lost their jobs: “I was completely scared of how I would be received there, to the point of being beat up even” (Alice). She wore baggy coats at work for months even in very hot weather to hide her developing breasts. Eventually she had to transition at work, living full-time as a woman to access surgery.

Health care was another context where participants constantly had to disclose their gender identity, from correcting the pronouns used by receptionists, to explaining their hormone use to specialists, to explaining their bodies to physiotherapists and massage therapists. Some faced disclosing to health professionals they had known for years, or decades, others changed providers because they feared disclosing. Alice's new doctor only ever met her as a woman:

*I went as who I am now and my new doctor never met the old person, that was important to me too, whereas my old doctor knew the old person and I don't know, I just didn't want to deal with any of that. (Alice)*

While navigating disclosure is particularly risky when there is an ongoing relationship, it can also be complicated when relationships are more distant or casual. To some extent the

transgendered individual has less control. When Mya ‘came out’ as a transwoman in a small community, she first told “*the lady at the local post office*” because she would be getting mail in a new name. As she proceeded in her transition, she had to contend with community members from the mechanics at the local garage, to staff in the local restaurant. For each participant, managing disclosure required considerable energy, planning, and attention.

### **Self-presentation, self-care**

Connected to managing disclosure, participants were disproportionately engaged in occupations concerning presentation of self, including legal name changes, dress, grooming and self-care. Four participants had already arranged legal name changes, which entailed getting letters from physicians, and, for Mya, actual surgery:

*To put female on everything, I would have to at least lose the testicles, even if I didn't lose the penis ... By doing that then I was able to apply for my female passport, female driving license, medical card, the whole thing. (Mya)*

Without the legal name change, participants were vulnerable to potential harassment whenever they encountered bureaucracy – in health care, at border crossings, in airport security and so on.

In more everyday occupations, some participants ‘played’ with gender through dress. Casey, who generally presented as masculine, sometimes wore dresses, just to shake up assumptions. Similarly, at one point in coming to terms with transgender identity, Ruth had worn masculine clothing one day, feminine the next. For Alice grooming and dress were very serious parts of her transitioning. She argued that while “*it shouldn't matter,*” in reality “*the better that you look the gender you're presenting as, I think the easier [time] people have with you.*” She had started to wear her hair and nails longer well before disclosing her identity at work. She argued that some transwomen “*tend to overdo it,*” going “*too girly looking,*” while others “*don't*



*do quite enough.*” Alice studied what other women her age wore and tried to model herself on them.

Occupations of self-care were also affected. Mya had to find and wear a wig because she had begun to develop male-patterned baldness before she started taking hormones. Ruth went for facial electrolysis 2 hours every week. Casey avoided mammograms, because she did not want to be “*freakified*” when staff saw a man in the exam room. Alice had been overweight and out of shape living as a man, but after transitioning had lost considerable weight primarily because she cared about her new body:

*I didn't care for my body at all, I hated it and so I let it go because I didn't care.*

*So when I transitioned ... it totally reversed how I thought about myself ... Now that I care, I want to get back in shape. (Alice)*

### **Negotiating relationships**

All of the participants indicated that renegotiating relationships became a significant occupation once they disclosed their transgender identities. Ruth suggested transgendered people lose social networks: “*Most trans would say that you'll lose a lot of support. I lost a lot of friends over it, I lost family over it.*” Alice worried about having surgery because she could not imagine who would help her look after herself during recovery: “*Who would that be? 'Cause I'm still on my own, right?*” Most participants seemed to have friendship networks centered within trans and LGBTQ communities.

All of the participants struggled with family relationships during and after transitioning. Sally, the youngest participant, had a volatile relationship with her mother, who accused Sally of being mentally ill and insisted on using her former masculine name, which Sally associated “*with a lot of bad experiences.*” Alice and Ruth had ongoing struggles with their ex-wives, though

Ruth had sought couples counselling: *“I’d been with her for 30 years, you know, that’s a long time, there’s a lot invested.”* Mya’s spouse had asked her to keep her gender identity private: *“She said as long as you’re willing to wait till the kids are grown up, I’ve got no objections.”* More than 25 years later, Mya had transitioned and was still married: *“My spouse and I love each other, you know, but the relationship has changed.”* They were mutually supportive and financially interdependent, but had not had a sexual relationship in many years.

Relationships with children also needed renegotiating. Mya delayed transitioning until her youngest daughter was well established in high school. Alice’s children accepted her transition, but the relationship was complicated by hostility between their parents. Ruth told her children immediately after telling her spouse:

*I told my one oldest son, ‘cause he’s gay so he kind of understands those type of things but my other two are still taking it very difficult. I mean I’ve got the one son that still talks to me, the other two right now are just kind of, I keep in contact with them but we’ll see how it goes. (Ruth)*

Ruth was still trying to renegotiating a parental relationship with her children.

### **Making a living / negotiating employment**

All of the participants had to figure out employment-related occupations, or ways to secure an income. Mya had been employed in various low-paid service and manual labour jobs, but eventually went on income assistance. She declared bankruptcy during her transition, and at the time of the interview lived in a home her spouse’s relatives had purchased for them: *“Last year we actually lived on \$5,000, which is, you know, bad.”*

The others were all employed, two of them self-employed. Sally’s self-employment as a web developer meant she had little face-to-face contact with clients. Casey worked in an

addictions services program where colleagues were well-versed in LGBTQ issues. Apart from sometimes having to remind the boss not to use Casey's former (feminine) name, Casey had very little struggle at work. Neither Sally nor Casey earned enough to make paying for surgeries easy.

Both Alice and Ruth were in well-paid jobs. Their work negotiations involved fitting in during and after transition. Alice was an electrical technologist, working mainly at sewer and water plants, *"so it's mostly a male-dominated job with mostly men. A lot of times it's pretty, what I would call the alpha-type men."* Her fear was job loss, or even violence, after disclosing. She disclosed to her boss, who worked with her to figure out how to tell management, clients and co-workers.

*It took about 2 months, we actually planned it all through and then I wrote a one-page letter to all my colleagues and they did a meeting and presented the info and the letter and told everybody, ...that next week my boss and I were going to come around and re-meet everybody. ... Having him come showed support from management but also, you know they're not probably going to say anything rude because he could probably get them fired ... It was support for me too 'cause I was still a nervous wreck. (Alice)*

Ruth's experience was similar. She worked in middle management for a national corporation. A few workers in small, local sites had transitioned, but no one in management: *"The big issue was the washroom issue, females and males not wanting you to go into theirs, what washroom, neither want you to use their washroom."* With the director of Human Resources she told senior management, and then her immediate peers. Then Ruth went away for a week and management handled the broader disclosure:

*During that week they had sessions with senior management ... they gave a*

*session in each of my stations. Basically went through what transgender is, this is what we expect. I actually sent them a picture of myself so at the end they showed, this is what the person is going to look like when they come in on Monday morning and it's, then I just basically showed up. (Ruth)*

With support from management, the transition went smoothly.

### **Occupational losses and adaptations**

All of the participants talked about experiencing occupational losses and adaptations. Wearing a wig constantly to present as a woman, Mya was unable to swim. Sally had completed all the requirements for a degree, but did not want to get the degree in her masculine name, so she did not graduate. Participants who had children had lost or altered their occupational roles as husbands and fathers, which were extremely important to all of them.

One participant had experienced considerable loss in her spiritual or religious occupations. Mya had been raised Christian, and her relationship to God was important to her as a child: *"I got to know God in the way that I was asking God to sort out my gender issue, and of course it wasn't happening."* She lost connection to her faith for a time, until after she was married. She and her spouse tried several churches, *"searching for the Lord,"* and eventually joined an evangelical church in their community. When she sought counselling regarding her gender identity, the pastoral counsellor told her not to mention it to anyone else. Mya held back from the church: *"I always kept my distance because I always felt like some day it's going to come to pass and I'm going to change gender and ah, you know these people aren't going to agree with it."* In the end, Mya and her spouse stopped going to that church, *"because they were anti-trans and they didn't know I was trans. ...I couldn't take the negativity."* After she

transitioned, only one person from their church community ever visited, secretively. At the time of the interview, Mya and her spouse were quite isolated, with very few friends.

Finally, sexual occupations had been altered for all of the participants, particularly as they dealt with changing understandings of their sexual orientations. Alice had been attracted to women prior to transitioning, *“but since then with taking hormones and stuff now I’m kind of finding I’m attracted to both sexes so I don’t know where that’s going to go.”* Ruth was still attracted to women, but thought her attractions might change post-surgery: *“I talked to a couple of other people and they said up until they had surgery they were interested in women, and then they started being interested in men so there’s something like 20% that actually changed their sexuality after.”* At the time of the interview, Alice was interested in dating, but found herself unable to be intimate without *“the right equipment for either partner.”* Sally was sexually active post-surgery, but not quite able to reach orgasm.

Mya had given up on sexual occupations completely. She and her wife had ended their sexual relationship after their last child was born.

*Having sex has never been the number one issue with me my whole life. When I got married I was happy to have sex with my wife because she wanted it and that was fine, but it was, everything I was doing was for her, it wasn’t for me. My orientation was to please her, not, nothing for me. And I haven’t had sex for ah, the last time we had sex was about, well 20 years [ago]. (Mya)*

When Mya could not afford full genital surgery she happily accepted a local surgeon’s offer to do a partial surgery free, despite the fact that her newly constructed vagina would not be what she viewed as sexually functional: *“It’s a functioning vagina as far as feeling and that is concerned,*

*but it's not functioning as far as having sex. ... I was just happy to get rid of what was there"*  
(Mya).

### **Occupational gains**

One of the most significant occupational gains for all of the participants was involvement in LGBTQ communities. They all had tremendous community knowledge, referring to literally dozens of services, service providers, websites, support groups, media sources, and agencies. Several had attended national and international trans conferences. Casey took responsibility for disseminating medical journal information online to trans communities.

*One of the things that I do, as part of trying to keep queer and trans communities informed, is that I'm on a bunch of listservs, so any time there is something that I can share, it goes out there... get a journal article and circulate that. ... I can play a role in making sure that information gets out there. (Casey)*

Most participants were active in efforts to educate the public about trans issues. Mya, for example, had written articles for a local LGBTQ newspaper for a few years, and then started and ran her own local radio program on transgender and LGBTQ issues for a few years. For some time she had served as a local contact person for people beginning to come to terms with trans identities.

Ruth and Alice were very involved with online support groups, and with local trans networks. They focused their activism on helping others to disclose at work, sharing the processes they had developed with employers and other trans people. Sally was least involved in community activism, but even she felt a responsibility to “give back”:

*I'm solid in my identity. I'm living my life. So, you know, I stay a part of the community in order to give back to it because I've had so many people help me*

*along the way, that I want to do the same for other trans people who are just starting out. (Sally)*

## **Discussion**

In this study we have explored how gender identity shaped the occupations of transgendered persons, and how participants conveyed and constructed identities in part through occupations. Though we had participants from two very different places (one small city and one large, cosmopolitan city reputed to be very open to gender and sexual diversity), the numbers were too small to identify any patterns by location. More importantly, the study is limited in that the original study was not explicitly an occupational analysis. The interview data gathered for a larger study about health and well-being have been examined using an occupational lens; the analysis here would be enriched had we conducted an explicitly occupation-oriented study. In particular the data are thin on leisure and self-care occupations. Occupation-specific research is much needed.

Nonetheless, some important occupational insights emerged concerning relationships between gender identity and occupation. Because of their transgender identity, some participants experienced occupational deprivation for extended periods, feeling unable to engage in the occupations of their felt-gender. Some engaged in desired occupations, but secretly, especially cross-dressing. This raises important insights into how occupational deprivation may be enforced through informal social mechanisms of inclusion and exclusion, or even internalized messages about what may lead to inclusion and exclusion. The secrecy with which participants felt they must perform some occupations speaks to a most powerful form of occupational marginalisation.

As they transitioned, participants were required to engage in particular occupations. Seeking information was a huge and time-consuming occupation. Extensive engagement with the health care system was required of all participants if they wished to live out their felt-gender (c.f. Feinberg, 2001). Occupationally, this entailed research, decision-making, attending mandated counselling, attending countless medical appointments, educating health professionals, and securing the finances for medical interventions. Part of securing financing involved finding or creating safe workplaces, or – for some – finding ways to disclose transgender identities at work. We cannot overstate how consuming this occupation was for participants (c.f. Hines, 2010).

In the process of disclosing their gender identities at work, home, in the community and in health care, participants had to constantly engage in managing relationships, as has been documented previously for gay men and lesbians (Bergan-Gander & von Kurthey, 2006; Birkholtz & Blair, 1999; Devine & Nolan, 2007). For trans persons, such negotiations are incredibly complex (Hines, 2006; Nuttbrock et al., 2009). The intimate relationships of participants were directly affected, and at the time of the interviews only one person was sexually active. Relationships with children were also challenging, or ended, altering the occupational role of father. The one participant who had been involved in a spiritual faith community lost important spiritual occupations, as well as her religious community. When disclosure meant the loss of family and friends, people were required to cultivate social networks in trans and LGBTQ communities. This was accomplished in part through the occupations of activism and public education. As Lombardi (1999) noted, political and social networks can contribute significantly to trans self-esteem.

Concepts of occupational justice are stretched here, to encompass the ways in which these participants were required to engage in particular occupations in order to survive or thrive



in a gender-normative world that otherwise demanded of them that they live a partial existence. Participants devoted hours, weeks, months, years to figuring out how to disclose their trans identities to people, and how to negotiate the subsequent relationship disruptions, which could include violence – something we have termed relational occupations. Such occupational engagements were necessary, and meaningful, yet in important ways not of their own choosing.

While participants' occupations were shaped by trans identity, at the same time they used occupations to convey gender. In their early years, they used occupations to hide their transgender identities, avoiding 'wrong-gender' activities, and engaging in 'gender-typical' behaviors to pass as gender-normative. One person was hyper-macho in school. Three married and had children, in part to hide their gender dysphoria. Interestingly, none of the participants born male-bodied was employed in typically feminine jobs. They used their employment in part to hide transgender identity. One even entered the army to appear conventionally masculine. Occupational choices, then, "were aimed at projecting a particular social identity" (Rudman, 2002, p. 17). This is not direct occupational coercion, yet pervasive societal messages about gender norms, and exclusion of those who do not conform, clearly influenced occupational choices.

Once they began transitioning, participants entered into occupations specifically to convey their felt-gender, using occupations to "do femininity" (Huot & Rudman, 2010, p. 73) or trans identity. They took hormones to initiate physical transformations. They embarked on lengthy processes of legal name changes, sought regular electrolysis, and either played with dress to disrupt gender assumptions (Rupp et al., 2010), or used dress and grooming very seriously to construct an unquestionable gender presentation. They used "doing dress" to "perform an identity" consistent with who they were inside (Goodman et al., 2007, p. 105). In an

unusual occupational engagement, some participants spent hours doing vocal training so their voices would not disrupt their gender presentations.

Occupations featured prominently in the narratives of these 5 study participants. Occupational injustice was clear, particularly deprivation and marginalisation, and the ways such injustice was enacted and enforced through informal social rules about conformity to gender norms are illustrative for the ways gender shapes occupations for everyone. At the same time, however, occupational injustice was not the only story here, and participants were not solely oppressed through deprivation and marginalisation. They were also active occupational agents, deliberately constructing and conveying particular identities – expressing and sometimes revelling in their felt-genders – largely through occupations. Future research should explore how all of us perform gender identity through occupation.

## **Conclusion**

As Bailey and Jackson (2005) noted, occupational science examines mundane, everyday activities, “because complexity often lurks below the surface of ordinary occupations” (p. 57). Occupational justice demands attention to the everyday occupations of socially marginalised groups (Hocking, 2009). In this study we have examined the occupations of transgendered persons, both how their occupations are shaped by gender, and how they convey gender through occupation. Participants faced occupational barriers and deprivation in the early years, and were later immersed in occupations specific to transitioning, such as navigating the health care system, information-seeking, navigating disclosure of gender identity, and managing interpersonal relationships. They faced both occupational losses, such as parenting roles and religious occupations, but also gained new, meaningful occupations, including social and political

activism. Throughout, occupations of dress and grooming were key to crafting convincing gender performances. As has been suggested for lesbians and gay men, for trans persons seemingly personal occupations are “deeply situated in legal, social and political arenas” (Bailey & Jackson, 2006, p. 66). Examining the narratives of transgendered persons through an occupational lens sheds light not only on processes of occupational deprivation and alienation, but also processes of performing gender identity through occupation.

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**Possible replacement section:**

**Participants**

The participants for this analysis ranged in age from 27 to 62, and were at varying stages in their transitions. Table 1 describes the participants (Insert Table 1 near here).

Pseudonym	Gender identity	Age	Sexual orientation, relationship status	Transition	Employment
Ruth	Transwoman	53	Divorced after ~30 years, 3 adult children, attracted to women	Had several surgeries, preparing for genital surgery	Middle manager, national corporation
Sally	Transwoman	27	Polyamorous, primarily with a male partner, no children	Had genital surgery	Self-employed website developer
Mya	Transwoman	62	Married to a woman ~40 years, 3 adult children, not sexually active	Had genital surgery	Income assistance
Alice	Transwoman	41	Divorced, young children, bisexual	Saving for genital surgery	Self-employed electrical technologist
Casey	Trans	38	Queer, no children, sexually active with other queers	Using hormones, breast-binding, not intending surgery	Employed in additions services

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1 Transgender: gender identity and biological sex (assigned at birth) are not in sync. Usually, someone born one biological sex who has a deep internal sense of being another gender, or at least not the gender they were assigned at birth. (E.g. I am born male-bodied with male chromosomes, but inside I know I am a girl/woman.)

2 Gender-normative: gender identity and assigned gender, biological sex, are in alignment. Refers to the power attached to being 'the norm,' considered 'normal.' Normative is both a description of what is and a prescription for what should be. So gender-normative is what is socially considered 'normal' and 'as it should be,' the ideal.

3 Queer: once widely used as a term of hate speech against LGBTQ people, it has been reclaimed in recent years. Sometimes used as an umbrella term for all those whose sexual orientation and/or gender identity are not normative. Sometimes means more specifically those who refuse the limitations of gender categories and narrowly defined sexual orientations. E.g. Gender-queer, choosing not to present as either masculine or feminine.

4 LGBTQ: Shorthand for Lesbian, Gay, Bisexual, Transgender. The Q may mean Queer, or Questioning, or both. Questioning: those who are unsure about their gender identity or sexual orientation, or are resisting labels. In some cases, variations are used. In Canada, sometimes an extra T is included referring to Two-spirited, a term for First Nations or Aboriginal persons who identify as gay, lesbian, bisexual, queer or gender-variant. Sometimes an I is added referring to Intersex; this refers to individuals born with physical or biological attributes of both sexes. Intersex is not included here because it is a physiological distinction, and here we are referring to gender identity. Someone who is intersex may or may not feel conflicted about their gender identity, or their sexual orientation.

5 Transitioning: Individuals may or may not choose medical interventions (hormones, surgeries) to 'transition' or alter their bodies to be more in accordance with their 'felt-gender,' the gender they identify themselves to be.

6 Gender identity: one's sense of self as boy/man, girl/woman or other. It is often, but not always, connected to one's biological sex. E.g. I am born male (sex) and I identify as a man (gender). Gender expression, one's public self-presentation, may or may not match gender identity.

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7 Sexual orientation: refers to which gender(s) you have sexual desire and romantic love for. Beyond sex, it is also social and emotional desire, connection. It is often part of personal and political identity, and to varying degrees culture and community affiliation.

<sup>8</sup> By “relational occupations” we mean those things people do (or avoid doing) to navigate, negotiate, maintain, enhance, or establish social relationships. We connect here with Karen Whalley Hammell’s (2004) notion of “belonging” in her formulation “doing, being, belonging, and becoming.”

9 Felt-gender: the gender someone knows themselves to be, which may or may not match their bodily sex, their assigned gender, or their everyday gender expression.

10 Androgynous: gender ambiguous, neither masculine nor feminine, or both at once.

11 Gender dysphoria: strong sense of discomfort with one’s assigned gender, as well as with the sex of one’s body.

12 Passing: successfully presenting oneself in a manner that may be beneficial, e.g. LGB persons passing as heterosexual, light-skinned persons of African heritage passing as White to avoid racism, women passing as men to secure employment. Transpersons may try to pass as their assigned gender, hide their transgender identity, to avoid harassment or violence.