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The Coming Out Experiences of South Asian Trans People living in the UK: An Interpretative Phenomenological Analysis

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Submitted in fulfilment of the requirements for the degree of
Professional Doctorate of Counselling Psychology

City University, London
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Declaration

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PART I

Preface

This doctoral portfolio focuses on the specific experiences of South Asian trans people in the UK and how their intersecting identities pose unique challenges for them. I present individual pieces of work in this portfolio and relate this to my training as a researcher and Counselling Psychologist. This portfolio will outline three main sections and its applicability to the field of counselling psychology. I will discuss the evolution of the portfolio and reflect on research and the clinical and professional issues throughout the course of my doctoral training.

Sections of the portfolio

This portfolio comprises of three main sections. Firstly, a qualitative research study that explores the coming out experiences of South Asian trans people living in the UK. The second part explores a clinical case study that demonstrates my work with a client and the final part of the portfolio consists of a research paper that I aim to publish in a sexual and relationship based journal.

The aim of the qualitative study was to explore the coming out experiences of South Asian trans people living in the UK. It highlights the complex intersecting identities of six South Asian trans individuals and explores the meanings that they gave to their experiences. The study employed a qualitative semi-structured interview design and used interpretative phenomenological analysis (IPA) to understand the specific subjective experiences of this group of people and the meanings that they attribute to their experiences. The findings of the study in relation to past literature, implications and limitations and recommendations for future studies are outlined in this part of the portfolio.

The clinical case study represents my work with a client as a trainee counselling psychologist in an IAPT service in London and considers the professional aspects of Counselling Psychology. The case study employed a cognitive behavioural therapy (CBT) approach using Beck et al (1979, 1985) cognitive behavioural model in conjunction with Fennell's (1997, 1998) cognitive model. The case study explored the problems of a White trans person and wove a thread throughout the practical training/therapeutic process and directly linked in with my research study.

Finally, the research paper presents the qualitative study in a condensed format, in line with the requirements of Counselling Psychology. The formatting of the article will be in adherence to the sexual and relationship journal with an aim of being published. This journal has been chosen as it is primarily concerned with sexual and relationship issues and they often publish articles on trans experience.

This portfolio nevertheless depicts my journey as a counselling psychologist in training. All three pieces of work together signify my journey, passion and enthusiasm to apply theory to clinical practice.

Evolution of the portfolio

My research in this topic area began much earlier to starting my doctoral training in counselling psychology. I had travelled with family to many parts of South Asia as a teenager and was exposed to a third gender (hijra) that I had very limited understanding of. I became quite curious and started my research. When I embarked on the doctoral training I had the opportunity to explore my research interest but that came with its own struggles and challenges. Although as an 'insider' I had some understanding of the intersecting challenges of a South Asian person, I had limited understanding of trans specific issues as an outsider. I nevertheless strove for perfection and

started my reading on gender and sexual identity so that I was equipped with the knowledge to provide therapy to clients.

As I started my research I became interested in studying the lives of British South Asian trans women in particular. I was surprised by how there is not a single study conducted on South Asian trans experiences in the UK and most were on LGB and the perspectives from White trans individuals or conducted on people of colour in the US. I felt it was important to understand the specific needs of this group of people and give South Asian trans women a voice due to their intersecting identities. I soon realised that recruitment was proving difficult so after many discussions with my supervisor I expanded my inclusion criterion and opened it up to South Asian trans people as oppose to only South Asian trans women. At times I felt it was impossible to meet (six-eight participants) and satisfy the criterion outlined by Smith and Osborn (2008). Fortunately with my own patience and perseverance, as well as the support of my supervisor, colleagues and many support groups I was able to satisfy the criterion for an IPA study and explore the lives of six South Asian trans people living in the UK.

After my literature review I was really struck by the lack of studies on South Asian trans people in the UK, so it became quite a pivotal area and an obvious gap in the literature to explore. Publishing a research paper on the experiences of South Asian trans people will illuminate their specific needs, contribute to the field of counselling psychology and provide valuable insights for practitioners, researchers and counselling psychologists.

I recruited my participants from support groups and private services and approached this subject area using interpretative phenomenological analysis. However being trained in an integrative way, I decided to collaborate with the client to approach my clinical case study from a cognitive behavioural therapy framework as it was in line with the clients' goals for treatment. This also enabled me to demonstrate my skills and the variety of approaches that I am open to as a counselling psychologist in training. My integrative approach

allowed me to appreciate diversity, difference and the many ways to assist people with their problems.

PART II

QUALITATIVE STUDY

The Coming Out Experiences of South Asian Trans people living in the UK: An Interpretative Phenomenological Analysis

ABSTRACT

Trans people experience high rates of rejection and abandonment from families and friends, which may manifest in depression and alienation, as well as hopelessness when coming out (Gagne, Tewksbury, & McGaughey, 1997). Trans people of colour in particular live with unique intersections of discrimination based on race and their being trans (Crenshaw, 1991; Meyer, 2008). Negative psychosocial problems are more prevalent for trans people of colour due to the cumulative effects of racism, discrimination and transgender stigma (Diaz, Ayala, & Bein, 2004). The present study aims to explore the coming out experiences of South Asian trans people living in the UK. Semi-structured interviews were conducted with six South Asian trans people in London to explore and gain an understanding of their coming out experiences. Analysis was embedded within an interpretative phenomenological analysis framework drawing upon intersectionality and feminist theory. Four main themes emerged from the analysis: negotiating self-identity; family responses and conflict with the South Asian community; exploration of identity; and support systems. Participants revealed challenging experiences of negotiating their intersecting identities in the context of their ethnic, religious, and cultural identity, as well as their gender. The narratives also drew light on the conflict between the fixed male and the fixed female binary, particularly in terms of expressing any kind of gender identity. Participants were caught between two conflicting cultures and trans and non-binary identities were generally rejected by their families and the community, which meant participants, had to choose a fully formed binary gender, or simply reject their identity in order to please.

They described not being able to fit into both cultures and how it was more, safer and easier to come out for white trans people. Participants also described that it was difficult for them to access support and that a lack of culture specific support got in the way of transitioning. These findings are discussed in relation to wider research in this area. Strengths and limitations of the study, including future research and recommendations are outlined, particular in relation to the implications for counselling psychology.

1. LITERATURE REVIEW

1.1. INTRODUCTION

To date there has been no existing research on the coming out experiences of South Asian¹ trans people living in the UK. Studies have focused on the coming out experiences of South Asian lesbian, gay and bisexual (LGB) populations, generally leaving out trans (T) individuals (Ghuman, 2003, Jaspal & Siraj, 2011; McKeown et al., 2010).

The focus of this thesis is on the coming out experiences of South Asian trans people living in the UK. I explored the coming out experiences of trans people more specifically within the South Asian diaspora of India, Pakistan and Bangladesh. The aim of the research was to explore and develop a better understanding of the coming out experiences of South Asian trans people living in the UK. Interpretative Phenomenological Analysis (IPA) was used in order to gain an in depth understanding of participants subjective experiences.

The study will hopefully contribute to counselling psychology, by adding knowledge to an under-researched and relatively 'hidden' field. It will inform practitioners on trans issues specific to the South Asian community. This will aid their ability to support individuals who are preparing to disclose their gender identity or who are in the midst of a disclosure process (Bethea & McCollum, 2013). The present study could help to improve knowledge in practice interventions and aid the understanding of cultural influences on acceptance and coping strategies. It could add to the existing studies on the lived experiences of people in these communities, give South Asian trans

¹ The term 'South Asian' for the purpose of the current study is a term used very broadly to refer to a heritage of social norms, ethical values, traditional customs and religious beliefs from countries in South Asia, i.e., India, Bangladesh, Pakistan who make up the largest ethnic minority group in Britain (Jaspal, 2012).

people a voice, and potentially encouraging them to seek psychological support. Furthermore, the research aids in our wider understanding of the societal issues faced by South Asian trans people in mainstream British society, and the impact these issues have on their mental health. Education and mental health sectors as well as trade unions could significantly benefit from the research findings to broaden their outreach, understanding and participation.

This study is particularly concerned with how participants make sense of their experiences and the significance that they attribute to them. Interpretative Phenomenological Analysis (IPA) was chosen because it seeks to understand and help illuminate the lived human experience. This study was also concerned with the different meanings individuals attach to their experiences (Fiske & Taylor, 1991). IPA was therefore deemed the right methodology to explore the coming out experiences of South Asian Trans people in the UK.

The key research questions I address in this study is as follows:

- (a) What are the coming out experiences of South Asian trans people living in the UK?
- (b) How do South Asian trans people navigate their intersecting identities when coming out to others?
- (c) How do South Asian trans people cope when their identities pose unique challenges for them?
- (d) What are the cultural challenges of coming out as a South Asian trans person in a western society?
- (e) What is the impact on mental health when coming out as a South Asian trans person in the UK?
- (f) What support is available to South Asian trans people when coming to others?

The study draws on research on six South Asian trans people who were either born or have lived in the UK for a considerable time, and identify as trans or with a trans history. The term 'trans' will be referred to as an umbrella term for people whose gender identity is not congruent with their gender assigned at birth (Iantaffi & Barker, 2017). A person with a trans history in this study will be referred to as a trans person regardless of the stage or direction of their transition (Green, 2006).

1.2 THE STRUCTURE OF THE THESIS

In the literature review I draw on past research on LGBT people more generally, as well as South Asian LGB people due to their experiences of similar intersecting identities. I then discuss research concerning trans people more generally, as well as trans people of colour. Particular focus is given to research which explores their evolving gender identities, examines the process of coming out, and considers the complexities and the difficulties they endure whilst on this journey.

I explore the concept of intersectionality in order to better understand the intersecting identities of participants in the current research, particularly the experience of being both trans and South Asian. Crenshaw (1991) contended that in order to better understand human experience it is important not to view people's experiences through a single lens but to understand them as multiple layers or a combination of many variables (race, ethnicity, sexuality, gender, social class and age) that intersect and have an impact on a person's lived experience. This is what is meant by intersectionality. I therefore employ this approach to consider how trans identity may be marginalised by facets of the South Asian identity. I explore identity process theory (Breakwell, 1986), as it will provide insight on both the subject matter and how individuals cope when their identity is threatened. I also explore gender identities and identity conflict

informed by feminist theoretical frameworks, where I suggest that postmodern and post-colonial feminist theory aid in the present study, particularly regarding South Asian trans people's affirmation and articulation of their gender identities. In particular, I argue that concepts around performativity and difference enable us to better understand the experiences of South Asian trans people living in the UK.

Towards the end of the literature review I summarise the small number of studies conducted on the experiences of trans people of colour, thereby highlighting the gap in the literature. I summarise research on the mental health and psychological well-being of trans people. I also discuss the specific challenges and difficulties faced by people of South Asian descent. I explore trans people's access to mental health services and the factors that may prevent them from accessing these services. I also discuss how services can work towards inclusion, facilitate the process of coming out, and improve knowledge in practice interventions.

Following the literature review I reflect on the methodological approach I utilised to carry out the study. The study was carried out in London, as it was a prime location for the South Asian community. As a research strategy, I relied on snowballing as my main recruitment strategy. I go on to outline the methodological tools (in-depth interviews) I used for my research and how I applied interpretative phenomenological analysis (IPA) to the in-depth interviews to reach a rich understanding of participants' lived experiences. Additionally, I examine the philosophical underpinnings (phenomenology, hermeneutics and idiography) of IPA and the paradigms underpinning the research, and argue that the study has been guided by a critical epistemological and realist ontological framework. I summarise the profile of participants and offer some reflections on the research process and how data was analysed using IPA. I also discuss ethics in line with the BPS Code of Ethics and Conduct guidelines (2009).

After this, I summarise the analysis of the data obtained from the participants and discuss the themes from the data analysis, highlighting how this study contributes to existing literature and hopefully to the field of counselling psychology. I also outline the possibilities for further research in this field of study, and suggest how future research can build on the current findings to support the South Asian trans community.

1.3. Theories, Frameworks and Definitions

1.3.1. *South Asian*

For the purpose of this study 'South Asian' will be used broadly to refer to a heritage of social norms, ethical values, traditional customs and religious beliefs from countries in South Asia, i.e., India, Bangladesh, Pakistan, who collectively make up the largest ethnic minority group in Britain (Jaspal, 2012).

1.3.2. Cultural practices of South Asians in the UK

There are a number of cultural practices of South Asians living in the UK that differ to that of the host society, such as those pertaining to family, marriage, dating, sexual relations, gender and traditions. These beliefs as well as values can sometimes cause conflict or tension, which can in turn impact both an individual's and their family's psychological well-being.

In many South Asian cultures, marriage is considered to be the foundation of a family and the highest form of interpersonal relationship. Marriage is often seen as a social institution that binds society together ensuring the perpetuation of cultural identities within different social groups (Basit, 1997). Research carried out on marriage on South Asian communities in Britain suggests that marriage as an institution aids in maintaining the cultural and

religious identities of South Asian communities (Basit, 1997; Bhopal, 1997; Charlsley & Shaw). Data shows that marriage is more popular among Pakistanis, Bangladeshis and Indians when compared to western liberal cultures (National Statistics, March 2004). This suggests that South Asian's place a significant degree of importance and value on marriage. A notable example of this is how South Asians parents often regard marriage as a religious duty and living with a partner outside of marriage or any sexual activity before marriage is prohibited (Nimmagadda & Balgopal, 2000).

Studies on South Asian women often reveal the specific gendered roles and identities of women and how they play out in the South Asian community. South Asian women often uphold household duties and are expected to abide by cultural and religious codes before marriage (Basit, 1997; Bhopal, 1997). These norms encourage individuals, particularly women to abstain from pre-marital relationships. The term 'izzat' (honour) derives from the South Asian culture and represents how South Asian women are expected to maintain ethnic and cultural traditions. Family and cultural honour usually rests on women within South Asian communities in Britain (Raza, 1991; Anthias & Yuval-Davis, 1992). This suggests that maintaining gender roles, and honouring the family and community respect are key and valued aspects of the South Asian community.

The concept of honour and shame are important factors for South Asian individuals, which represents not only family honour but also the community (Bhardwaj, 2001; Gangoli, Razik & McCarry, 2006). Many South Asian individuals in the UK are vulnerable to parental control and topics such as sexuality are often taboo in the household, with families often fearing individuals being 'corrupted' by Western values (Gangoli et al., 2006; Hennink, Diamond, & Cooper, 1999). In addition, there appears to be a lack of community solidarity in the South Asian community, and discussing such oppressions is often deemed to create further shame and dishonour to the family and community (Bhardwaj, 2001). Maintaining these values is often a

conflict between generations, but for South Asian women these are additional social and religious pressures. A study conducted on South Asian women who have self-harmed, found that these women reported being oppressed and had more pressure to maintain the family and cultural 'izzat' which led to self-harming behaviours, (Bhardwaj, 2001; Gilbert, 2000; Chew-Graham, Bashir, Chantler, Burman & Batsleer, 2002).

Triandias (1995) argues that the British community is mainly considered to promote individualistic cultural values, while the British South Asian communities tend to be collectivist. Bond and Smith (1996) describe 'vertical' collectivist cultures (i.e., India) as traditionalist where people tend to uphold family, religious and cultural values and subordinate their own goals for their in-groups. 'Vertical' individualists are often described as being competitive demonstrating an independent culture whilst collectivist cultures are perceived interdependent and submissive to authority (Altemeyer, 1981). The two have specific cultural variations and demonstrates the complexities of living in two cultural systems. This lends our understanding of the specific cultural practices of South Asian trans living in the UK and the potential impact of this on their coming experiences.

It has been found that self-harming is more prevalent amongst South Asian women when compared to South Asian men, and has been linked specifically to aspects of South Asian culture and disparities between gender. Bhugra (2002) found that self-harm was often associated with relationship problems, cultural conflict and cultural alienation, suggesting that individuals who have more modern views are more in conflict with older and traditional generations. Similarly, Marshall and Yazdani's (1999) study on self-harming behaviour found that South Asian women were expected to abide by cultural and family norms. This often meant that women had to be married by a certain age and pressure of marriage was not only exerted by the family but also the broader community. In light of this, South Asian families highly regard the concept of

shame and honour and any deviation from the norm is seen as disrespectful and problematic for the individual or the family.

To conclude, both eastern and western cultures have different contradictory lifestyle scripts in relation to social and relational aspects of life, for e.g. in western secular societies there is more emphasis on freedom of speech, choice in dating, and acceptability of diverse sexualities. In South Asian cultures individuals are more constrained by traditions, religion and family, which often dominates the individuals' decision-making. These aspects of life often become stigmatized and are considered shameful if South Asians engage in such practices, which are seen as 'corrupting' attributes of the west (Gangoli et al., 2006; Hennink, Diamond, & Cooper, 1999). In the following section I take an intersectional approach and consider multiple intersecting identities and oppressions in order to better understand the lived experiences of marginalised groups i.e LGB and T.

1.3.3. *Coming out*

The term 'come out' has been described as "becoming aware of one's sexual orientation or gender identity and beginning to disclose it to others." (Bochenek & Brown, 2001, p. 13). Gagne et al (1997, p.478) used the term generally to "refer to the processes whereby gay men, lesbians, or bisexuals inform others of their sexual identity". Other researchers have defined coming out as a complex process whereby people accept their gender and sexual identity, inform others and become involved in relationships with others (Cass 1979, 1984; Coleman, 1981; Isay, 1990). There appears to be a sense of empowerment linked with the coming out process, which is echoed in a number of studies. Bridgewater (1997) contends that coming out reduces negative attitudes and prejudice against sexual minority people, which consequently increases their mental well-being and combats prejudice (Bridgewater, 1997; Savin-Williams, 1997). Alternatively, someone who

declares their sexuality or gender identity publicly may be construed as having come out (Rasmussen, 2004). Boutilier's study (1994) on the coming out narratives of teachers triumphing homophobia found that teachers expressed a sense of empowerment and made references to self-affirmation, overcoming fear and hope:

I have found that the process of bringing lesbian and gay literature into the classroom, like coming out, leaves no room for turning back. The experience has reaffirmed my personal commitment to challenging myself to face the worst of my fears (Boutilier, 1994. p. 141)

Some studies have found that friends are often the first people who an individual will come out to (Trenchard & Warren, 1984; Bhugra, 1997), followed by cousins, whilst parents tend to be informed last due to the fear of precipitating a family crisis (Wirth, 1978; Cramer & Roach, 1988; Bhugra, 1997). The disclosure of identity has also been reported as a repetitive process rather than a one-time event, when people engage in different situations and enter new relationships (Bohan, 1996; Beals et al, 2009; Mohr & Fassinger, 2000).

Coming out takes a number of forms including direct verbal disclosure. Individuals often come out to people in writing, or by posting to different trusted groups on social media (Trussel, Xing & Oswald, 2015). For gender and sexual minority individuals this may become already known to them through other non-verbal signs including visual cues, gestures and facial features (Bellman, 1979).

'Coming out' is a valuable yet difficult task with intense cultural connotations. Coming out is also considered one of the biggest milestones in a gay/bi/trans person's journey. The word is associated with internal struggle and bravery and for the purpose of this study the term coming out or come out will be referred to when an individual declares their gender identity to one or more persons.

1.3.4. *Trans*

The term 'trans', short for 'transgender' is more inclusive than older terms such as 'transsexual' because it does not necessarily mean that the person has undergone surgical or hormonal procedures. In this study 'trans' will be used as an umbrella term to describe individuals who do not identify with the gender assigned at birth (Iantaffi & Barker, 2017). Therefore, trans women are individuals who were assigned male at birth and now identify as women. Trans men are those who were assigned female at birth and now identify as men. Non-binary people are people who do not identify with either side of the male/female binary (GIREs, 2011). Trans people may have undergone 'social transition' (e.g. changing name, pronouns, and/or gender expression) and/or 'medical transition' (e.g. taking hormones and/or undergoing surgeries) or not. For the purpose of this study, individuals who were assigned as one gender at birth but were in a process of transition or living full or part-time as a different gender were included.

1.3.5. *Gender Identity*

The terms 'sex' and 'gender' generally represent two distinct ideas (Wood, 2005). Sex is based on genetic and biological factors, whereas gender is a social and psychological construct based on biological sex and acquired through social interactions that teach us to be masculine or feminine (Gagne, Tewksbury & McGaughey (1997). However, the distinction is complicated, given that social aspects of our lived experience shape our bodies and brains, just as our bodies and brains shape our lived experience and social worlds, for example through epigenetics, the neuroplasticity of the brain, or our roles influencing our levels of circulating hormones (Iantaffi & Barker, 2017). This is why the phrase 'sex/gender' is sometimes used rather than making simple sex (biology) and gender (social) distinctions.

Gender identity is established early on in life and has been defined as “an inner self of who we are” (Iantaffi & Barker, 2017 p.53). Children often get a sense of their gender identity in their early years. Iantaffi and Barker (2017) contend that this inner sense of self is influenced by many aspects of our lives, such as race, ethnicity, culture, language, family, and how others react and interact with us. These shape our identity and who we are. The dominant understanding of gender around the world is that it is binary. People are born either male or female, and that makes males naturally masculine and females naturally more feminine (Barker & Scheele, 2016). There are many terms that describe gender identities which move away from the binary, such as agender, non-binary, genderqueer etc. Many trans people are binary in their genders (identifying as men or women) but many are also non-binary.

Kohlberg (1974) stated that those individuals whose gender identity is incongruent with their genital configuration or who wish to enact gender presentations are often sanctioned because they fail to enact genders in socially prescribed ways and face social and cultural challenges. Therefore, gender becomes something one must ‘confess’ to (Foucault, 1978). Falling in between the gender binary will often result in assumptions of homosexuality in the case of the feminine man and masculine woman (Gagne, Tewksbury & McGaughey (1997). The issue with trans people is that society generally assumes individuals will remain within the gender assigned at birth, so not doing so troubles our assumptions that gender simply maps onto assumed sex.

Those whose gender identity and gender representations fall outside the binary are often stigmatised, ostracised and socially excluded (Gagne et al., 1997). ‘Coming out’ includes ‘crossing over’ either permanently or temporarily from one’s gender assigned at birth and the societal categorisations that entails. Trans people must ‘come out’ to themselves and others. Unlike LGB individuals, trans individuals cannot ‘come out’ to themselves and live discreetly (Lev, 2004). Gagne et al (1997) contend that LGB individuals can

selectively come out whereas trans individuals are forced out, creating awkward and dangerous situations. This therefore suggests that trans individuals are likely to face even more challenges than LGB individuals (Gagne et al., 1997).

1.3.6. Gender Identities and Feminist Theory

Trans people and other gender-variant people are too often challenged in feminist spaces (Pryse, 2000; Green, 2006; Fernandes, 1999), so here I reflect on some of the feminist theoretical concepts and how they may be utilised in the present study. I explore how South Asian trans people negotiate and navigate from one gender/sexuality to another to produce diasporic identities, and how they are used to suit certain situational contexts. In particular I highlight how racialised discourses of difference influence South Asian trans people to negotiate and navigate their identities, notably as they explore their community and trans spaces. I draw on other feminist theories to understand how gender identities are constructed and performed, and explain how gender identities are not 'fixed' as they traverse along the axis of power, choice and agency.

Feminist literature has utilised the concept of 'difference', suggesting that women should not be homogenised categorically. Non-Western and postcolonial feminists rather endorse the diversity of women's experiences and gender identities (Mohanty et al., 1991; Spivak, 1988). Brah (1996) defined social experience as a 'cultural construction' and suggests that diverse realities are contested and negotiated, giving rise to multiple subjectivities and diverse gendered identities. However, Brah's (1996) point about the relationship between ethnicity and culture tells us the importance of maintaining culture and how it is a process. Brah (1996) described it as a 'reiterative performance' that is constructed as custom or tradition.

This reiterative process is significant to the current study as agency involves negotiating and performing cultural and ethnic customs. Therefore, as South Asian trans people navigate and negotiate their cultural, ethnic and gender identities, they perform diverse gender identities through individual agency. However, the ability to enact or perform identities is embedded within social and political contexts, meaning that more options are available to some than to others.

Postmodern feminists have argued that the concept of gender and identity cannot be regarded as fixed principles, but rather as fluid and unstable. They have attempted to destabilise the concept of gender rigidity, and contend, “gender is not always constituted coherently or consistently within different historical contexts” (Butler, 1990. p.3). Butler (1990) maintains that when women’s positions are studied it is important to recognise that gender intersects with racial, class, ethnic, sexual and regional modalities of discursively constituted identities to produce women’s diverse social realities (Butler, 1990). This can be applied to the present study where gender intersects with multiple facets of a trans person’s life, often creating multiple forms of oppression.

As Butler (1990) states, gender is also produced and maintained within specific political and cultural structures. Bell (1999) suggests that the concept of performativity must “question how identities continue to be produced, embodied and performed with social and political consequence” (p. 2). This idea is associated with Brah’s (1996) concept of ‘reiterative performance’, as new gender is culturally informed and performed, cultural traditions can also be seen as performance through new cultural and ethnic identities. Gender then becomes a performance where it’s performatively produced to “constitute an identity it is purported to be” (Butler, 1990, p. 25). Therefore, in the current study South Asian trans people are constantly re-working and re-affirming their gendered identities within their own social and political contexts.

1.3.7. Intersectional Theory

'Intersectionality' as a theory was coined by Crenshaw (1991) and draws mainly from Black or postcolonial feminist theory (Carby, 1982). It is used to refer to the layered identities and sufferings of marginalisation and subordination (Davis, 2008). In recent times, intersectionality has gained particular interest because it is the analysis of the constructive features of social organisations in terms of race, social class, gender, sexuality, ethnicity, nation, and age which shape Black or BME women's experiences (Collins 2000, p. 299). Anthias (2013) suggested that "intersectionality does not refer to a unitary framework but a range of positions, and that essentially it is a heuristic device for understanding boundaries and hierarchies of social life" (p. 4). Studies that have explored the experiences of women of colour have highlighted the universal problems of power, sexism, racism and classism in order to better understand multiple oppression and their social positions (Collins et al, 2009; Crenshaw, 1991). To begin with researchers mainly focused on features such as gender, race and social class, however 'intersectionality' was soon expanded with other features such as sexuality, age, disability and nationality (Mohanty, 1991)

In an article called 'White Woman Listen! Black feminism and the boundaries of sisterhood' by Hazel Carby (1983) she argues that black women's 'herstories' have been invisible for decades and the discourse on them have mainly been articulated by white feminists. Carby's work has been influential in feminist theory and postcolonial scholarship and inspired intersectionality from a gendered lens. Carby demonstrates how the triple oppression of race, class and gender normally manifests itself in British society and the mythical representation of third world women. White middle or upper class feminists have normally misrepresented third-world women which unfolds the multiple layers of oppression of disadvantaged women (Carby, 1983; Grewal and Kaplan, 2005). Carby argues that third-world women have been misrepresented and labelled as being in need of 'liberation'. That said, Carby

argues that there is an absence of their actual experiences or 'histories' and struggles. Although these authors recognise the suffering of being a 'woman' or 'Black' they fail to concede that there is a "need to differentiate between different kinds of difference" (Yuval-Davis, 2006, p. 199).

Intersectional scholars have often discussed the discourse of binaries as fixed dichotomous representations of race (Black/White); class (middle class/poor); gender (men/women); and sexuality (heterosexual/homosexual). However, they have failed to recognise categories in between. According to Yuval-Davis (2006) such categories are designed around myths of common origin and represented as fixed categories. Rahman (2009) suggests that instead of categorising gender as fixed man or woman, it is essential to denote the different ways to identify gender and categorise them. Lutz (2002) highlights the complexity of these categories and how it may limit our understanding of gender identity. Butler (1990) on the hand suggested that a more accurate way of looking at this would be to see gender as something that 'we do' instead of something that 'we are'. Furthermore, it is evident that there is a need for more studies on gender-variant people and people of colour living in white western communities to account for the diverse multiplicity within British society (Haritaworn, 2008; Koyama, 2000). This is one reason for the current study's focus on South Asian trans people. They constitute a vulnerable population in the UK whose needs are difficult to identify as there are limited research findings on this group.

Centering trans people of colour's stories gives us a rich sense of their lives, and also provides insight into how individuals draw on hegemonic and cultural constructions about their social positions, as well as the significance of these intersecting identities in order to understand themselves better. However, Namaste (2000) suggests that although South Asian trans people have significantly been utilised by researchers, they are in fact decentred in research that supposedly centres on their lives. Research mostly focuses on

white trans people, research on South Asian trans people exists within a white trans paradigm that often does not understand them properly.

The lives of South Asian trans people have never been studied in the UK, and these are individuals who may have been significantly oppressed and marginalised by society. Their intersecting identities pose a variety of issues and the purpose of the study is to gain a deeper understanding of their lives and their coming out experiences.

Studies on trans people of colour suggest that they are more likely to face multiple social and psychological problems such as discrimination based on their intersecting identities including race, gender identity, and gender expression (Crenshaw, 1991; Meyer, 2008). They also present with issues related to their gender identity, as well as violence, poverty, unemployment and are at greater risk of HIV (Xavier et al., 2005; Dew, 2007; Longman Marcellin, Bauer & Scheim, 2013). Another significant issue is a lack of access to health care as well as mental health services (Xavier, 2005; Dew, 2007). Furthermore, studies on trans people of colour have suggested that they struggle with acceptance of their trans identity and often face family rejection and homelessness (Singh & McKleroy 2010). In order for intersectionality to remain committed to developing a comprehensive analysis of the different oppressions trans people of colour experience, it must make space for more diverse research inquiries. Therefore before reviewing the small amount of research on South Asian trans people/trans people of colour, I am going to discuss the LGB coming out experience more generally, focusing on the coming out narratives of White and South Asian LGB people, and drawing on relevant theories.

1.4 Coming out as LGB

A growing body of research on LGB people has indicated that LGB people have lower levels of well-being than heterosexuals (Suicide Prevention

Resource Centre, 2008). They face stigmatisation, and various numbers of threats as a result of their identity. However, research has indicated that coming out or disclosing their identity to others often contributes to a positive sense of self (Cain, 1991; Ragins, 2004). Although some LGB people may find acceptance in coming out it is nevertheless a difficult process for some who are met with negative reactions, such as anger and rejection (Hershberger, Plikington & D'Augelli, 1997; D'Augelli (2002). This suggests that the coming out process varies widely for individuals and directly affects their well-being.

A study conducted by Griffith and Hebl (2002) examined the disclosure experience of 220 gay men and 159 lesbians at work. Findings from this study revealed that disclosure was related to job satisfaction and lower job anxiety which was consistent with an earlier study by Day and Schoenrade (1997), who also found that participants who had come out had higher job satisfaction and were more committed to their roles, and were supported of their rights. Griffith and Hebl's study also revealed that participants' decisions to self-disclose was motivated by social support, individual difference (acceptance and degree of being 'out' to family and friends) and organisational support.

Ryan, Legate and Weinstein (2015) examined the coming out process for LGB individuals, focusing on their initial reactions to coming out and how significant others (parents and closest friend) responded to their coming out. The study revealed that negative reactions to coming out had a lasting impact on participants' well-being particularly negative reactions from their parents. Negative reactions were associated with higher levels of depression as well as lower self-esteem. This finding supports past research on the experience of coming out. Legate et al, (2012) found that LGB individuals are more likely to come out in contexts to be perceived as anatomy supportive which was a key ingredient for well-being and shaping their sense of identity. Ryan et al (2015) also found that LGB individuals suffered from low self-esteem if their parents reacted negatively or failed to support them.

An interpretative study conducted by Trussel, Xing and Oswald (2015) on the coming out process of young people who identified as LGB, integrated the experiences of their parents to the study. This allowed the researchers to look at how the family as a whole shaped meaning and experienced shared leisure activities. The findings revealed how young people used the internet i.e. wrote emails to come out to their parents, the importance of coming out to their grandmothers, and the significant role mothers played in the coming out process. Mothers often went through significant emotional distress and experienced external negative judgement from the extended family. However, extended family members who were also LGB were able to support families with the coming out process, assisting in easing any conflict between the child and parent.

A study exploring the coming out experiences of LGBQ individuals to their primary care physicians (PCP) revealed this disclosure to be as equally challenging as coming out to family and friends. The study found that the power of a therapeutic relationship can mitigate difficulties in coming out, as can recognition by PCPs of their heteronormative value system. The study highlights the importance of competence-based training and suggests physicians develop trusting relationships with patients so they can accurately elicit their perspectives and information (Law et al, 2015).

Coming out in general has been identified as a big challenge, particularly to family members. A study conducted by Pistella, Salvati, Ioverno, Laghi and Baiocco (2016) on the experiences of LGB people investigated the coming out to family members with a focus on the predictor's associated to the choice to come out. Findings revealed that bisexual participants were less likely to come out than lesbian and gay participants, and the study also indicated that there was no gender disparity in the choice to come out to parents. Participants who were catholic reported more stress associated with coming out than those who were not religious. Findings also showed that participants with a higher educational level were more likely to come out to family (Pistella

at al., 2016). However, a family's cultural background often affected the decision to come out, particularly if parents had low educational level and strong political views, interestingly these qualities may also be shared by South Asian parents of LGBT folk. In particular the study revealed that having significant and stable relationships with the family was associated with coming out successfully to family members. The study also suggests that LGB people may experience significant difficulties and psychological barriers in disclosing their sexual identity (Pistella at al., 2016). In the next section, I will review some key studies on South Asian LGB people and identity process theory.

1.5. South Asian LGB experience

Research on LGB groups have shown that South Asian's are the biggest 'visible' minority group in Britain (Jaspal, 2015), and the majority are either practising Muslims, Sikhs or Hindus (Ghuman, 2003). They are often a difficult group to reach out to because of the pressures of acculturation, coupled with internalised homophobia or biphobia, producing an identity conflict and sense of threat for these individuals (Jaspal, 2014).

McKeown at al (2010), in their study reported that ethnic minority gay men have more problems and challenges of disclosure in comparison to White British gay men. Often these specifically stemmed from a set of culturally generated obstacles that separated them from the White British mainstream (McKeown et al., 2010). Interestingly, Chan (1989) conducted a study in the USA and found that Asian gay men reported feeling more comfortable identifying as gay in the white community, as opposed to identifying as gay in their own ethnic community.

Minority ethnic individuals who identify as LGBT can face discrimination within their own ethnic and religious communities (Yip, 2007), which may pose further threats of physical violence and even threats to belonging (Jaspal & Siraj, 2011). This can often affect a person's decision to come out (Jaspal &

Siraj, 2011) and can create a conflict between two coherent sexual and ethno-religious identities (Bhugra, 1997). On the other hand, Gock (1992) found little conflict with regard to ethnic minority lesbians and gay men coming out, and found no forms of racial or homophobic exclusion. However, in McKeown et al, (2010) South Asian gay men reported subtle forms of discrimination and exclusion in mainstream gay culture. Therefore, even for LGBT people of colour the findings are mixed, some have reported it to be particularly hard, some not, whilst others say it is worse coming out in mainstream society, and others worse in their own communities.

Researchers often found that South Asian gay men associated coming out with disrupting the family honour as well as pride, and bringing shame onto their families (McKeown's, 2010; Jaspal, 2012; & Ghuman, 2003). This was also reported by Black gay men (McKeown et al., 2010 & Anderson et al., 2009) who feared breaking taboos and transgressing strong cultural beliefs about masculinity. South Asian gay men by contrast, did not report issues related to masculinity or taboos but were more concerned around the pressures to conform to marriage and have children (McKewon et al., 2010). This was an evident finding in Mullati's (1992) study that for Indian and Pakistani families, adhering to the patriarchal ideology of family values, traditions and gender roles was important. However, South Asian gay men often made specific attempts to hide their sexuality, but eventually 'came out' to friends and/or distant relatives, followed by their immediate family and work colleagues (Bhugra, 1997). These findings are similar to the classical coming out path and suggest a deeper level of complexity, as someone who is a gay may at a subconscious level may surround themselves with friends they think would accept them, which in turn makes them the easiest social group to come out to (Bhugra, 1997).

Similarly, in Yip's (2007) study, British South Asian gay men also reported remaining invisible, avoiding public exposure and concealing their sexual identities in order to avoid ostracisation and 'otherisation'. South Asian gay

men reported regret for not having children and going against their culture. Subsequently deviating from traditional cultural norms and values for South Asian gay men and the prospect of coming out was seen as a threat to their identity (Bhugra, 1997). South Asian trans people are likely to experience similar issues, as they often move to a different gender role which contrasts cultural expectations which they were assumed to inhabit.

The issue of having two conflicting identities as pointed out by Bhugra, (1997) may suggest that these result in threats to belonging. Yip (2007) argued that for gay men, exposure to homophobia from ethno-religious communities can have a negative impact on self-esteem, reinforcing the conception of negative consequences, such as ostracisation and 'otherisation' as a result of disclosing their gay identity. Similarly, the sense of threat to belonging was found in Jaspal (2012). British Pakistani gay men reported facing identity conflict as a result of being Muslim and gay which was consistent with previous research (Jaspal & Cinnirella, 2010), and coming out often resulted in direct threats to belonging such as family disownment (Yip, 2004), as well as ostracisation and physical abuse (Jaspal & Siraj, 2011). Thus, it is clear that the intersecting ethnic, cultural and sexual identities of ethnic minority gay men poses multiple challenges. This was further highlighted by Jaspal (2014), where British South Asian gay men were found to experience difficulties disclosing their sexuality to ethnic group members, particularly to their families because of a perceived homophobia and anticipated rejection. This suggests that 'coming out' is threatening for their identity and deviating from any cultural norms is perceived as a threat to the family's honour (Jaspal & Siraj, 2011).

Therefore, family, religion and ethnicity play an important part in the coming out experiences of LGB people. There is however a lack of research on South Asian trans people in the UK and we do not know the psychological difficulties experienced by these individuals. As a result, I will be reviewing trans experience more generally, before reviewing the small amount of literature on trans people of colour. These principles and coping behaviours are further

explored in some of the studies on ethnic minority LGBT individuals to better understand how ethnic minority LGBT individuals cope with identity conflict and threat as a result of 'coming out'.

1.5.1. Identity process theory

Identity process theory (IPT) gives us a heuristic understanding of how ethnic and sexual identity is constructed, and considers the motivational principles of identity and the socio-psychological functions of ethnic identity (Breakwell, 1986). Past literature has proven to be insightful into these functions among British South Asian gay men (Breakwell, 1986; Jaspal and Breakwell, 2014). This theory may also give us insight for understanding ethnic identity processes among South Asian trans people living in the UK. Identity process theory proposes that identity construction is regulated by two processes; assimilation-accommodation and evaluation. The assimilation-accommodation process tells us how we absorb new information in the identity construction (for example, firstly by accepting one is gay) and to the adjustment that takes place (for example, secondly accepting that one is gay and therefore questioning how this fits with ones' religious group). Meanwhile, the evaluation process means to value the resultant identity construction (for example, viewing one's sexuality positively).

Breakwell (1986; 1992) identified many principles of identity process theory that are essential 'end-states for identity', for example: how people cope with threats to the self and what motivates individuals and groups to defend their sense of self. Identity process is therefore guided by the following functions: continuity across time and situation (continuity), distinctiveness from others (distinctiveness), feeling confident and in control of one's life (self-efficacy), and feelings of personal worth (self-esteem). Jaspal and Breakwell (2014) identified three other principles: inclusion and acceptance in groups (belonging), significance and purpose (meaning) and compatibility and

coherence in interconnected identities (psychological coherence). The theory suggests that when identity processes are not compatible with psychologically salient principles, the identity is threatened and individuals utilise coping strategies to minimise threat. When coping strategies are employed, either an individual will enter a state of denial about their situation (intra-psychic), change their relationships with others to cope with the threat and isolate themselves (interpersonal), or seek support elsewhere (intergroup). As we have seen in previous studies, British South Asian men face social and psychological threats to their identity as a result of their sexual orientation for e.g. a Muslim man who feels sexually attracted to other men may feel that his gay and Muslim identity are incompatible with each other. This threatens psychological coherence and one's self-worth. This would then induce a threat to identity and motivate individuals to engage in coping strategies for e.g. the Muslim man may deny his intersecting identities in order to cope with the threat. The present study acknowledges the compatibility of intersectionality and identity process theory with respect to the varying intersecting identities of participants. Both theories acknowledge that identities are fluid and the construction of an identity happens on an ongoing basis. It would therefore be interesting to see whether South Asian trans people living in the UK face similar challenges, and how they deploy strategies to defend themselves in these situational contexts.

1.6. Trans Experience

According to existing research trans individuals often lead 'closeted' (Rasmussen, 2004) and in some cases double lives, and have been described as a 'seldom heard' population group (Williamson et al., 2009). There is a high prevalence of depression and suicidal ideation among trans people (Clements-Nolle et al., 2006), and often ethnic minority groups are under-represented in these statistics (Balsam et al., 2011). Trans people face

ongoing difficulties of gender related abuse, stigma, discrimination and social support (Blumer et al., 2012).

Discrimination against trans people has been reportedly pervasive in society, including sectors such as employment, housing, healthcare and education (Grant et al., 2010). According to Lombardie et al (2002), trans people experience high rates of physical and sexual violence. Bauer et al (2009) contends that this type of discrimination is a product of transphobia. 'Transphobia' has been broadly defined as intense irrational fear or hatred towards people who identify as trans (Bower et al., 2009). Nemoto et al (2004) defined transphobia as "individual level as well as social prejudice and stigma against transgenders . . . frequently experienced within family, community, and societal contexts" (p. 725). It has been suggested that race and gender presentations influences trans people's experiences of discrimination (Grant et al., 2011; Meyer, 2008; Stotzer, 2009).

While LGB individuals can selectively come out, trans individuals are often forced to come out because of noticeable alterations in their physical appearance, which may create awkward and dangerous situations (Gagne, Tewksbury & McGaughey (1997). This suggests that South Asian trans people are more likely to avoid these challenges than South Asian LGB people (Barrientos et al., 2010; Balsam et al., 2011). Whilst LGB people can choose to come out, trans people by contrast are forced to because of changes to their physical appearance. Subsequently, South Asian trans people are more likely to experience violence than south Asian LGB people.

Klein et al (2015) conducted a study on queer and/or trans youths to explore the factors that may complicate coming out. Findings revealed that individuals were still in an internal process of 'hiding from oneself' and 'figuring things out', which may have delayed/stopped them from coming out as trans. For some participants it was their choice to come out, but for others it was the result of pure necessity related to fear and safety. Most participants in the study had concerns around accessing support, having positive relationships

with family upon disclosure, and being marginalised by the broader society including the queer community. They faced challenges choosing the right words to describe their sexual identity. This finding supports previous research where LGBTQ individuals feared their relationships would be damaged following disclosure to their families (Potoczniak et al., 2009). Similarly, a study conducted on trans women found that participants often lost or were denied a relationship with a child, family member or friend (Brown et al., 2013).

In an early study of 'coming out and crossing over' among a multi-diverse group of trans people in the US, Gagne et al (1997) noted feelings of confusion, failure, shame towards 'trans feelings', and repression of their 'true self' from the world. More specifically, Gagne et al (1997) reported that trans women hid their femininity through hypermasculine activity or self-isolation, and often came out to a female or significant other because of a sense of responsibility or others needing to know. Rasmussen (2004) found that trans individuals compartmentalise their true gendered selves because of the pressures from family, peers, gender expectations, racial and ethnic groups, as well as religious affiliations, leaving them to conceal their identity and longing for acceptance from others (Bockting & Coleman, 2007). A sense of obligation to disclose their gender identity was further found in Morgan and Stevens (2008), and Nuttbrock et al (2009) affirm in their study that by disclosing their gender identity, individuals were able to retain positive relationships and feel liberated in doing so.

A study on the disclosure experiences of trans women by Bethea and McCollum (2013) explored the experiences of seven white trans women and analysed their data using thematic analysis. Their study found similar themes to previous research, such as feeling obligated to disclose their identity, concerns surrounding to responses to this disclosure, and feelings of liberation after disclosure. However, their study lacked generalisability and looked primarily at white participants, therefore lacking complete applicability

to the intersectional experience of South Asian individuals. In the next section I will discuss the psychosocial factors affecting trans people and the possible impact of this on their coming out experience.

1.7. Mental Health of trans people

Gender intersects with many aspects of our identities and research has found trans people, LGB people and people of colour experience higher levels of depression and anxiety in comparison to men, cisgender people, heterosexuals and white people respectively (Barker, 2010; Semlyen et al., 2016).

Transgender people experience mental health problems such as low self-esteem, and a host of other social problems including finding housing, job opportunities, homelessness, discrimination, victimisation and lack of transgender-specific community services and information (Clements-Nolle et al., 2001). Furthermore, transgender people experience high rates of rejection and abandonment from families and friends, manifesting in depression, alienation and hopelessness (Gagne, Tewksbury, & McGaughey, 1997). These problems often start as early in childhood when individuals express non-traditional gender behaviour (Nemoto et al., 2002). A study on transgender women based in San Francisco revealed 62% of participants were depressed, one third had attempted suicide, one fifth had been hospitalised due to mental illness and 35% were infected with HIV. The study also revealed that 32% of the sample were sex workers. In a similar study, high rates of depression and suicidal attempts resulted from social stigma and transphobia (Bockting, Robinson, & Rosser, 1998).

For trans people of colour, negative psychosocial problems are more prevalent due to the cumulative effects of racism, discrimination and transgender stigma (Diaz, Ayala, & Bein, 2004). A study on trans youth of colour found that young trans women faced multiple life stressors, including

being arrested, lacking a safe place to sleep, and lacking medical care (Stauffer, 2008). The study also found self-reported HIV prevalence rates of 22%. This suggests that an alarming number of trans individuals of colour may be suffering from mental and physical health problems due to psychosocial consequences of racism and marginalisation.

Nanda (1993) interviewed many *hijras* in India who had been labelled and pathologised. The study indicated a shocking reality based on family rejection, societal neglect and cultural isolation. The hijras viewed themselves as 'neither man nor woman' (Nanda, 1993). Thus, many trans individuals suffered from mental health problems including depression and anxiety as a result of being isolated by friends, family and the community as a whole.

A qualitative study explored the needs of trans people of colour in San Francisco, and attempted to gain an understanding of the psychosocial factors affecting them. The major themes that emerged from the study included gender identity, group membership, transitioning and related issues, sex work, alcohol and drug use, mental health and health care, sense of trans community, HIV, resources, and other support (Bith-Melander et al., 2010). The study also revealed that most trans participants expressed concerns about coming out, transitioning and other general life concerns. Although the study attempted to provide specific issues concerning trans people of colour, the study only examined some aspects of the needs of this community. Therefore, a deeper understanding is needed.

For the most part, mental health practitioners' views on LGBT individuals "have not been informed by objective empirical research" (Fox, 1996, p. 31). Consequently, counsellors are not adequately prepared to work with trans people (Carroll et al., 2002). Gagne et al (1997) report that some therapists pressurise individuals to come out and/or transition, both socially and/or medically. As such, therapists may fail to understand the difficulties faced by British South Asian Trans People in coming out, indicating that counsellors need to build more culturally sensitive and adequate knowledge-bases to

understand their issues in counselling (Lombardi, 2000). Bockting (2006) advocates that counsellors often assume a client-centred approach without understanding the real difficulties that they face. Therefore, the issue of trust is paramount in working with such individuals, which means that counsellors need to be able to adapt a more directive and holistic approach to therapy (Ettner, 1999). It is therefore important to understand the cultural practices of South Asians living predominately in a western society as there are core differences between the two cultures which would further help our understanding of this community and ultimately provide a better foundation for future support.

1.8 Trans people of colour and their experiences

To date there has been no research on the coming out experiences of South Asian trans people in the UK. In this section I discuss the scant research that has been done on the experiences of trans people of colour conducted mainly in the US.

Current conceptions of transphobia and discrimination are largely based on the experiences of white trans people. Trans people of colour live with unique intersections of discrimination based on race, gender and identifying as trans (Crenshaw, 1991; Meyer, 2008). Trans people of colour share similar experiences of transphobia and cis-normativity with other trans people, and also similar experiences of racism with other people of colour, as well as misogyny in the case of trans women. These experiences interact and cannot be separated.

Previous literature has found high rates of depression and depressive symptoms amongst trans individuals, including trans people of colour (Clements-Nolle et al., 2001; Nemoto et al., 2004, 2011; Rotondi et al., 2011a), as well as a link between discrimination and psychological distress including depression (Diaz et al., 2004). This is consistent with the minority

stress hypothesis that suggests stress experienced due to discrimination and stigmatisation impacts on a person's mental health. This also suggests a conflict between minority and the dominant society values (Meyer, 1995). Jefferson et al (2013) carried out a study on trans women of colour and found that transphobic and racist events were associated with increased odds of depression. They also found that a better understanding and positive attitude towards their trans identity led to more coping self-efficacy and decreased odds of depressive symptoms. This study adds to the growing body of literature on the psychological impact of discrimination on trans people of colour and suggests that trans people of colour are more likely to experience distress, because they are more likely to experience two different types of discrimination (racism and transphobia).

However, Singh et al (2013) suggests that recognising discrimination and stigma will allow trans people not to internalise these feelings. Other qualitative studies have found that possessing multiple oppressed identities, such as being both transgender and a racial minority and social identities could allow trans women of colour to compare themselves to other trans women of colour instead of white trans women or cisgender women. It was suggested that this could then empower trans women of colour to recognise their experience of discrimination, and not to internalise stigma. This would then facilitate positive regard for one's minority identity and facilitate self-validation and decrease depression (Crocker et al., 1994; Meyer, 2003; Zea et al., 1999).

These studies specifically looked at the experiences of trans women of colour and are consistent with other studies on trans people of colour. Singh and McKleroy (2010) carried out a qualitative study exploring the resilience of trans people of colour in response to a traumatic life event. They found that navigating family relationships, having pride in their racial, ethnic and gender identities, accessing healthcare and financial support, connecting with other trans activists of colour and cultivating spirituality and hope for the future were

major factors in their resilience. They also described that families had a coming out process of their own, and participants often struggled with gaining familial acceptance of their gender identity. This often resulted in having to leave home, experiencing rejection and as a result becoming homeless. This study suggests that family acceptance and support is a key factor in a trans person's resilience to traumatic life events.

In a needs-based assessment on transgender people of colour conducted in Washington, it was revealed that transgender people of colour are at high risk for HIV/AIDS, substance misuse, victimisation and suicide and violence (Xavier, 2005). The study also found that access to health insurance was limited for transgender people of colour as well as poor access to transgender related health services. Similarly, another needs assessment found that participants experienced violence due to being transgender. The majority of participants reported sexual harassment, intimidation and reported having no health insurance, and described employment discrimination due to their gender identity (Dew, 2007). This shows the multiple intersections of discrimination which are prevalent for trans people of colour, and suggests the need to account for immediate intervention to tackle these issues in a culturally appropriate way.

In a study conducted on trans people of colour in a Canadian province, it was found that participants reported at least one incident of racism or ethnicity based discrimination, and the vast majority had experienced transphobia (Marcellin, Bauer & Scheim, 2013). The same study also found that these intersections of racism often correlated with an increased risk of HIV related sexual behaviour (Marcellin, Bauer & Scheim, 2013). This suggests the importance of intersectionality theory when looking at the impact of marginalisation and discrimination on health behaviour.

Whilst most of this research has been conducted in the US and Canada, there has been a recent report on BME trans people in the UK by Choudrey (2016), based more on grey literatures and anecdotal evidence. This suggests that

trans people of colour face multiple marginalisations based on multiple intersecting identities, which includes racism, transphobia, and Islamophobia. One quote from the report states:

I find a lot of the time I feel different to white trans people. When I think about my ethnic background, I feel a great sadness when I think about the trans and queer history I could have had and how it could have shaped my identification, and what colonialism has taken from me. A few of my white trans acquaintances perpetuate the idea that there's 'one way' of thinking about being trans (and that it's a 'civilised' white, Western way with very set language and concepts). But this to me invalidates trans people who exist around the world with different language and concepts to describe their genders. A lot of the time in the UK, trans people of colour are paid lip service and are always an afterthought, despite being a buzzword people like to throw around when talking about inclusion. Even in activist spaces, there's a confusion in how to make real inclusion happen, and that leads to frustration and leaves me with a feeling of emptiness.

Choudrey (2016, p.7)

The report suggests that different intersecting identities pose unique challenges for BAME trans people, and that these may stop them from accessing healthcare and support. The report sheds light on the common experiences of trans people who experienced 'cultural assumptions and racism when accessing healthcare', 'racism in LGBT communities', and 'homophobia, biphobia and transphobia in ethnic communities', as well as 'religious communities overlapped with ethnic communities, and losing one often meant losing the other'. Choudrey (2016) also highlighted the underrepresentation of BME trans people and how they are often misrepresented in the trans population.

1.9. The current study

In view of the above findings on South Asian trans people and the highlighted gap in the literature, the aim of the current research was to explore and develop a better understanding of the coming out experiences of South Asian trans people living in the UK. In-depth accounts were obtained in order to reach a rich understanding of their experience using Interpretative Phenomenological Analysis (IPA).

The study will potentially contribute to counselling psychology, by promoting an understanding through new data to an under-researched and relatively 'hidden' field. It will inform practitioners on trans issues specific to the South Asian community. This will aid their ability to support individuals who are preparing to disclose their gender identity or who are in the middle of a disclosure process. The study could help to improve knowledge in practice interventions and aid in the understanding of cultural influences on acceptance and coping strategies. It could add to the substantive knowledge of the lived experiences of people in these communities, give South Asian trans people a voice, and potentially encourage them to seek psychological support. Furthermore, the research aids in our wider understanding of the societal issues faced by South Asian trans people in mainstream British society, and the impact these issues have on their mental health. Education and mental health sectors as well as trade unions could significantly benefit from the research findings to broaden their outreach, understanding and participation with this community.

1.9.1. Research Questions

What are the coming out experiences of South Asian trans people living in the UK?:

- How do South Asian trans people navigate their intersecting identities when coming out to others?
- How do South Asian trans people cope when their identities pose unique challenges for them?
- What are the cultural challenges of coming out as a South Asian trans person in a western society?
- What is the impact on mental health when coming out as a South Asian person in the UK?
- What support is available to South Asian trans people when coming out to others?

2. METHODOLOGY

2.1. Introduction

This chapter covers four main areas of methodology: the philosophical foundation of Interpretative Phenomenological Analysis (IPA), paradigms underpinning the research, reflexivity, and conducting IPA. The current research addresses the research question: What are the coming out experiences of South Asian Trans people living in the UK?

2.2. Rationale for Qualitative Study

The aim of this study is to explore and develop a better understanding of the coming out experiences of South Asian Trans people living in the UK. In-depth accounts were obtained in order to reach a rich understanding of experience using Interpretative Phenomenological Analysis (IPA).

Goodson et al (2016) passionately describes the importance of narrating stories:

Even in a rapidly changing world, people need narratives to integrate their lives in time, to explain to themselves and to others how they came to be the persons they are becoming. Indeed, the need may be especially compelling under the conditions of cultural postmodernity, wherein young adults are no longer able to count on a broad societal consensus regarding what it means to live a good life. When it comes to constructing a narrative identity, there is rarely the kind of smooth meshing of self-conception and societal niche that Erikson seemed to imagine. But young adults still come to terms with society through life narrative, and continue to do as they develop across the adult life course and as society itself continues to evolve.

(Goodson et al, 2016, p.43).

Goodson et al (2016) makes important points about telling stories of lived experiences. He describes that through narratives and the telling of firsthand accounts of subjective experiences we are better able to make sense of our lives. Rapport (2000) states that, “narrative is a means by which individuals existentially apprehend their own lives” (p. 4). Participants in the current study have attempted to describe their experiences in a sort of reflective interpretative device, with a view to understanding who and what they are and the things that have happened to them. As Joannou (1995) notes “although the self may only exist as a story than can be told about the self, what is told about the self is not always the same story, and much will depend on how it is told and by whom” (p. 32). Thus in a rapidly changing world and a society that continues to evolve it is important to tell stories to others, to make sense of our lives and give meaning to them.

Qualitative researchers are concerned with the descriptions of the life world of individuals with respect to interpretation of their meanings. The aim of developing an in-depth understanding of the coming out experiences of South Asian trans people living in the UK seems to be best met by qualitative methods (Silverman, 2005; Willig, 2008). This type of method involves paying particular attention to the participant’s meaning-making, subjectivity and experience of the phenomenon under investigation (Willig, 2013). McLeod (2011) contends that qualitative research involves a rigorous process whereby researchers closely examine aspects of the social world and how it is constructed. Guided by the research question, a qualitative study was adopted in order to understand the experiences of South Asian trans people and to understand their reality as they experience it (Strauss & Corbin, 1990).

Interpretative Phenomenological Analysis (IPA) aims to understand the lived human experience. Smith and Osborn (2008), state that IPA enables this by

examining in detail how participants make sense of their personal and social world. Importantly, IPA explores these worlds from a participant's own perspective, which is what helps researchers to access their inner world (Biggerstaff & Thomas, 2008). This is integral to the present study, as accessing participant's inner world facilitates a richer of understanding their coming out experience as South Asian trans people living in the UK. Therefore IPA was deemed the best methodology for the present study.

A number of alternative methodologies were considered. They were however ruled out as they did not capture the subjective experience of individuals in the most appropriate way for the research questions. Grounded theory was considered but deemed unsuitable as it most frequently addresses sociological research questions. IPA however adopts a more psychological approach, focusing on individual experiences and is therefore more compatible with the research question (Willig, 2008). Furthermore, grounded theory uses a more inductive approach to analyse data and permits a theory to directly emerge from the data, whereas the current research is built on existing theory around the intersectional experience of coming out.

Discourse Analysis (DA) of various kinds was also deemed inappropriate due to its focus on the role of language in the construction of social reality (Willig, 2008), rather than on lived experience. The approach shares some important features with IPA and is primarily concerned with how people use language and negotiate their social interactions to achieve personal objectives, thus highlighting the performative qualities of discourse. Discourse analysis is also concerned with functions such as identity and memory within a text. As the current study was not concerned with how participants used language to construct their experience, DA did not seem an appropriate method for this study.

Thematic analysis on the other hand is a widely used qualitative design (Roulston, 2001) that can provide a flexible research tool and potentially provide rich and detailed data. It is not directly tied to a particular epistemological and theoretical perspective which makes it a very flexible method. It allows researchers to capture complex meanings within data but is more appropriate to study-specific topics rather than lived experiences. Thematic analysis seeks to identify patterns across data that are of importance and uses these themes to address the research. IPA was therefore deemed more appropriate than thematic analysis as it seeks to understand peoples lived experiences of reality, in-depth, in order to gain a high quality understanding of the phenomenon under investigation (McLeod, 2001).

Narrative analysis has strong similarities with IPA (Smith et al., 2009) and was considered. It is however concerned with the narratives people construct to bring order and meaning to their lives, and the current research was more interested in the experience of a particular theme of a participant's life (coming out), than in the narratives or stories told around it (Murray, 2008). IPA was therefore deemed the most appropriate methodology for the current study.

2.3. Paradigms Underpinning the Research and Considerations

Epistemology is a branch of philosophy concerned with the study of knowledge, what knowledge is and how we 'know' something (Willig, 2013). Ontology is the philosophy of being and the nature of reality and existing.

It is important to know what the researcher's epistemological stance is when carrying out research. This helps to establish whether the researcher has been effective in achieving the knowledge they sought to acquire (Willing, 2013). Harper (2012) contends that it is also important to know the researcher's ontological positioning, as this will impact on the assumptions

that they make between the data and the world. For example it is important for the researcher to take a position regarding their own perception of how things are, and what constitutes reality. This study has been guided by a critical epistemological and realist ontological framework – as is common with IPA.

According to Hesse-Biber (2010) a critical paradigm focuses on the exploration of issues of power, control and ideology that dominate our understanding of the social world. Critical epistemologies assert that meaning has to be understood and interpreted and cannot be measured objectively (Sayer, 2000). This paradigm is particularly relevant in relation to exploring South Asian trans people's experiences of coming out, as trans people are more likely than cisgender people to be oppressed, due to institutionalized transphobia (Ross et al., 2008). South Asian people living in western cultures are likely to have experienced racism and marginalisation on the basis of race (Choudrey, 2016).

A realist ontological framework accepts that there is a reality that exists and although not always 'observable', it is generated through different mechanisms and needs interpretative understanding (Fairclough, Jessop & Sayer, 2004).

A critical realist approach accepts that there are certain features that exist independently of human conceptualization, and allows the exploration of how power dynamics serve to generate a given set of meanings about social reality and lived experiences for participants. An important aim of critical paradigm research is to expose social injustice and liberate those whom it oppresses. Therefore the search for 'truth' is not a goal of this perspective, and reality is assumed to be 'representational' rather than 'truthful' (Hesse-Biber, 2010). Critical realists acknowledge that research data is not a direct reflection of what we assume is reality but the outcome of different

interpretations, allowing researchers to come to the possibility of different claims to the 'truth' (Willig, 2013).

In light of the critical realist framework, it is therefore assumed that there is a real, wider social world with political and social structures that shape the way in which the participant and researcher construct meaning. The main goal of this research is to give a voice to South Asian trans people in the UK and to improve psychological support that is available to them. Additionally, it seeks to provide an accurate description of the participants' experiences of a phenomenon i.e. the coming out experience.

2.3.1. Interpretative Phenomenological Analysis

IPA, as detailed by Smith et al, (2009), is a qualitative approach, which explores, describes and interprets the personal and social experiences of individuals. This type of qualitative research aims to learn how people make sense of their experiences, rather than focusing on outsiders' views of what people do (Fiese & Bickman, 1998). Its goal is to understand a relatively small homogenous number of participants' own experiences in-depth, rather than testing a preconceived hypothesis on a large sample (Smith et al., 2009). IPA is interested in the systematic experiential examination of the reflections of a person's lived experience (Smith, Flowers & Larkin, 2009). Researchers are therefore interested in the detailed examination of these reflections in order to understand what the world is like from the point of view of the participant.

2.3.2. Philosophical Underpinnings of IPA

Interpretative Phenomenological Analysis (IPA) is primarily influenced by the philosopher Edmund Husserl. Phenomenology is primarily concerned with a person's conscious experience of the world. Giorgi (1997) describes how

there is an emphasis on the meaning of each person's experience rather than looking at any phenomenon as an objective reality.

This section briefly outlines the three main philosophies of knowledge and discusses their connections to Interpretative Phenomenological Analysis (IPA).

Phenomenology, hermeneutics and idiography are the three main theoretical underpinnings of IPA. Phenomenology is the study of what an experience is like for an individual (Smith, Flowers & Larkin, 2009). Phenomenology is a philosophical approach that attempts to understand the experience by focusing on the essence of that phenomenon (Ashworth, 2003). Phenomenology is interested in our experience of the world as it appears in our consciousness, rather than abstract concepts about the world itself. Husserl highlights the importance of focusing on experience and the individual's understanding of this experience. However, philosophers such as Heidegger, Merleau-Ponty and Sartre developed this further, suggesting that an individual's involvement in the lived world influences their perspective on their life and experiences.

The theory of interpretation is called hermeneutics, which is the second theoretical underpinning of IPA, first developed by theologians to interpret the meaning of scriptures. McLeod (2001) contends that hermeneutics goes beyond interpretation and involves understanding that interpretation also happens in a historical and cultural context. Smith et al (2009) argue that we cannot understand a phenomenon without some form of interpretation. This means that we are able to arrive at a better understanding of a phenomenon through open dialogue or active conversations with people. Hermeneutics is also considered to be an art, whereby the interpretive analyst is able to offer an understanding to a text which the author is unable to do. This theory acknowledges the complex relationship between the interpreter and the

interpreted. In the modern context of clinical practice, the theory highlights that the participant's experience will inevitably be understood through the researcher's own conceptions and preconceptions. Being reflexively aware of one's own biases and preconceptions maintains a spirit of openness to this which is vital (Smith et al., 2009).

Further to this, Smith and Osborn (2008) suggest that a double hermeneutic is involved in IPA, whereby both researcher and participant are engaged in interpretive activities. They recognise that this is a process in the relationship between a researcher and participant, as both construct meanings which are equally shaped by their encounter. The theory recognises that we use this process to move back and forth through a range of different ways of looking at the data to understand any given part of a participant's experience, whilst looking at it as a whole to understand the different parts.

Finally, according to Smith et al (2009), the theoretical underpinning of idiography is concerned with how particular lived experiences have been understood, specifically from the perspective of a small group of particular people in a particular context. IPA is interested in the detail and depth of analysis, and in particular making sense of how phenomena have been understood by a particular group of people.

2.3.3. Rationale for IPA

IPA was chosen as a suitable methodology for this study for a number of reasons. IPA helps the researcher to explore how participants make sense of their lived experience within the context of their particular social and personal world (Reid et al., 2005). This is precisely what is needed when exploring the lived experience of coming out as trans for participants in the specific context of being South Asian and living in Britain. IPA is a dynamic process, whereby the researcher attempts to make sense of a participant trying to make sense

of their experience. This results in a double hermeneutic process (Smith & Osbourn, 2008). This seemed appropriate as it enables me – the researcher – to engage in an ongoing reflection of how my social and cultural similarities/differences from the participants influenced both the conversations I had with them, and the analysis. The idiographic nature of IPA fits the objective of the study to investigate the lived experiences of a small group of participants rather than a larger population (Smith & Osbourn, 2008).

2.4. PROCEDURE AND RESEARCH DESIGN

2.4.1. Semi-Structured Interviews

This study uses a qualitative, semi-structured interview based design, adopting Interpretive Phenomenological Analysis (IPA) as the analytic technique.

A semi-structured interview design gives participants an opportunity to freely talk about their experiences in whatever length and depth they chose (Arskey & Knight, 1999). IPA interviews produce rich data and explore any sensitive topics in a way that helps participants make sense of their experiences (Willig, 2013). In the present study, interviews typically lasted anything from 1-2 hours.

When devising my interview questions I classified them broadly in an attempt to understand the coming out experiences of South Asian trans people living in the UK within their specific socio-cultural contexts. I was interested in covering various areas. Firstly, to, find out what motivated participants to take part in the study. More specifically, I attempted to get a sense of their cultural background and how they are currently leading their lives in relation to their gender. Secondly, I set out to understand what their understanding of coming

out is and what this means to them. As participants negotiated their intersecting identities within their socio-cultural contexts, I sought to understand their specific experiences of coming out in relation to their age, gender, sexuality and faith and how this impacted them.

The structure of the interview ultimately allowed participants to reflect on their experiences of coming out as a trans person in the UK. In line with IPA's recommendations of a semi-structured approach to interviewing, open-ended questions were used as a flexible guide to allow participants to make sense of their experience (Please refer to the list of questions in appendix 6). Importantly, sensitive yet study-focused questions were used, which generally increases their effectiveness and ensures that the research question aim is being achieved (Castillo-Montoya, 2016). The questions were presented in a chronological order in order to build a client-led narrative of the phenomenon, thus allowing the interview to produce rich qualitative data. I started with more general questions in the hope that this would encourage participants to open up and talk freely, whilst the aim of the schedule was to facilitate rather than guide the interview. By fully understanding the schedule myself, I was able to fully focus on the interview whilst providing natural cues to help participants with any difficulties exploring their experience.

A pilot interview was conducted at one participant's home to pre-test the interview schedule and identify any faulty areas in the process, thus reducing the risk of them occurring in the main study (Turner, 2005). The purpose of the pilot interview was to evaluate the questions and the quality of the data produced. It gave me the opportunity to refine my questions and overcome any research problems. A pilot study is therefore normally employed to address any practical issues in the research procedure (Teijlingen & Hundley, 2002) and test out the questions. Researchers have found that an interview schedule could be strengthened through a pilot study that helps identify any flaws and limitations within the interview design (Castilo-Montoya, 2016,

Kvale, 2008). Through piloting I was able to adjust the interview guide accordingly and broadly consider any significant ethical and health and safety issues (Turner, 2005). Upon completing the pilot interview I asked for feedback of how the participant felt the interview went. They reported that they felt comfortable talking about their experiences in their home and did not feel the pressure of time. This provided me with a better understanding of my methods and reassured me of my chosen methodology. This interview was also included as part of the research and proved successful in generating thoughtful answers, hence I decided to use the same questions for the rest of the interviews.

2.4.2. Demographics of the participants

As recommended by Smith and Osborn (2008), six-eight participants are usually recruited for an IPA study. For the present study, six participants of South Asian origin were recruited using snowball sampling and interviewed on a one-to-one basis. Participants in the research sample were of South Asian descent, namely from India, Pakistan and Bangladesh. Two participants of Pakistani origin were born and bred in the UK. One participant of Pakistani origin was born in Canada and came to the UK over ten years ago. One participant was of Bangladeshi descent and born and bred in the UK. Another participant of Indian descent was born in India and came to the UK over ten years ago. Only one participant was of mixed origin, Pakistani and White. Most participants were from London except one who was from Edinburgh, Scotland. All six participants were interviewed in London.

Table 1: Pseudonyms, age, cultural background, gender and faith of participants

Participant Pseudonym	Age	Background	Gender	Religion
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Maya	37	Indian	Trans woman	Hindu
Aima	25	Pakistani	Trans woman	Raised Muslim – Atheist now
Jasmin	25	Bengali	Trans woman	Muslim
Selina	42	Mixed (Pakistani-White)	Trans woman	Raised Muslim – no religious belief now
Qasim	43	Pakistani	Trans man	Muslim
Zara	25	Pakistani	Transgender and non-binary	Muslim

2.4.3. Inclusion Criteria

The objective was to recruit a fairly homogenous sample that satisfied the criteria. This usually means that there is a degree of psychological similarities and differences within a group that has been defined as similar. According to the theoretical underpinnings of IPA, participants are selected purposively which allows a defined group to be researched based on interpretative concerns whereby there is a degree of similarity or variation in the analysis of a phenomenon. There also needs to be pragmatic considerations in recruiting suitable participants. In this respect, IPA has been used to investigate a relatively rare phenomenon with a sample group of many intersecting identities. To ensure suitable homogeneity (Smith et al., 2009) for the analysis, the research sample inclusion criterion required participants who were:

1. UK born individuals or who have lived in the UK for at least ten years – The nationality criterion was expanded from UK born individuals to those who have

also lived in the UK for at least ten years. It was difficult to establish how many British South Asian trans people there are and therefore it was necessary to include people who may have migrated from South Asian countries and are now living in the UK.

2. Anyone who identifies as a trans in any way or with a trans history – My initial aim was to explore the experiences of British South Asian trans women but due to the difficulties in recruitment I expanded the criterion to include anyone who identifies as a trans or with a trans history in anyway (given that some people who have transitioned no longer identify as trans).

3. Have disclosed their identity to at least one person – There may be individuals who are living in seclusion and therefore for the purpose of the research question it was important for individuals to have come out to at least one person.

4. People of South Asian descent – British South Asians constitute 50% of the non-White population and are therefore the largest visible ethnic group in Britain (Jaspal, 2015). Therefore there is a need for this population to be studied to understand their concerns and difficulties.

5. 18 years old and above – Are able to give informed consent to participate and willing to participate following a description of the study.

6. English speaking – Qualitative study relies heavily on language. Non-English speaking participants were, therefore, excluded, as the richness and meaning of language may get lost in the process of translation.

2.4.4 Exclusion Criteria:

1. Current experiences of mental illness – This may impact their response and certain questions may provoke unpleasant memories and heighten the risk of suicidality.

2. Non-English speaking participants.

2.4.5 Procedure

Participants were recruited from a number of support groups and organisations that provide support to LGBT minority ethnic individuals such as the Safra Project, CliniQ, Wisethoughts, Imaan, Club Kali, Saathi nights, Spice Bradford and NAZ in the UK. The support groups were approached through both email and personal contact (face-to-face and over the telephone) to describe the purpose of the study. The groups were then given further information (Appendix 2) about the study, and a recruitment advert (Appendix 1) to disseminate to suitable participants.

When a participant responded to the advert they were then contacted and screened on the telephone or via email. This served to both build an initial rapport between myself and the potential participant, and to ensure that they met all the criteria. Interviews were then mutually agreed with participants on the telephone and conducted at a location convenient for the participant. This provided participants with more control over the process and attempted to make it as comfortable as possible, which has shown to improve and strengthen the credibility of the research process (Lincoln, Lynham & Guba, 2011).

At the interview, participants were informed about the nature, purpose and anticipated consequences of research participation, and individual written informed consent was obtained prior to each interview (Appendix 3).

Additionally, clear records were kept of when, how and from whom consent was obtained. All names and identifying information were changed to preserve confidentiality, whilst recordings and transcripts were encrypted, stored securely in a locked filing cabinet, and will be destroyed once research has been completed.

2.4.5.1. Telephone screenings

During the telephone screening verbal consent was obtained from participants. If they were happy to proceed they were then asked some questions to see if they were eligible to participate in the study. It was explained to participants that the questions may explore challenging, personal topics, and that they could opt out at any point if they wished to. It was also explained to individuals at the beginning that should they not meet the criteria for the study they will not be asked to participate in the study, which included anyone presenting with high suicidality i.e. current suicidal thoughts, intent or plans, or evidence of current significant mental health problems. Participants in the study presented with mild or no psychological distress. However, anyone who presented with high levels of distress, suicidal ideation or a risk of harm to themselves/others were asked further questions around available support and any protective factors, such as friends and family that they could have contacted. They were then provided with emergency contact details and advised to contact their nearest A&E department, and to call their GP. They were additionally provided with emergency contact details for the Samaritans and Sane Line. They were also advised of counselling services and support groups that they may have wanted to approach.

After the telephone screening conversation it was clear whether participants were suitable and met the criteria for the study. Those who did not meet the criteria/met the exclusion criteria were informed of this and not asked to participate in the study. They were thanked for their time and an

information leaflet of further support was sent out to them via email or post. It was intended that if I reached the total number of participants for the study, additional prospective participants would be informed of this and asked whether they would have liked to be placed on a waiting list should anyone withdraw. If they were happy with this they were then asked the screening questions.

2.4.5.2. Pilot Study

Smith et al (2009) describes the usefulness for conducting a pilot interview and in developing the interview schedule. This procedure allows the researcher to feel comfortable and confident interviewing other participants. Prior to the study, one pilot interview was conducted to clarify and amend any identified problems and misunderstandings within the interview schedule.

The purpose of the pilot study was to interview one participant and test the interview questions at a location of the participant's choice. This was to ensure sensitive interviewing and to give the participant more control over the process and make it more comfortable for them (Chouliara et al., 2004). Furthermore, this gave myself an opportunity to observe and analyze any difficult situations that may arise and ask for any feedback. The semi-structured interview lasted approximately 90-120 minutes and it was explained to the participant that the interview would be stopped or paused if they showed any signs of distress. The pilot interview proved successful and the data was also used as part of the study.

2.4.5.3. Interview Process

As recommended by Smith (2004) Interviews are the most appropriate method of data collection for this study and IPA research. Therefore a semi-structured approach to interviewing was employed. The approach is largely

collaborative whereby participants are regarded as the 'primary experts' in describing their experience, which is consistent with the epistemological foundations of phenomenology (Brocki & Wearden, 2006). Willing (2001) contends that there is a common epistemological assumption that what someone verbalises is "at least in part of a reflection" of what a person thinks about a phenomenon, therefore making interviews an effective method for delving deeper and exploring perception (Smith, 2015).

During the interviews, I did my best to establish a safe and confidential environment so that if any emotional issues arose could be addressed and processed in a professional manner. Prior to interviews taking place participants were given an information sheet which was also emailed to them during the recruitment process. Participants were asked to email any questions, which were promptly responded to and also responded to on the day of the interview. Participants were then asked to sign a consent form (Appendix 3) to ensure that they had understood the process of the interview, what was expected of them, and their rights.

During the interview, participants were asked questions about their coming out experiences such as "tell me what your understanding of coming out is" and "tell me about your experience of coming out" (Appendix 6). These were followed with further probing questions regarding their cultural and religious influences specific to their trans experience. My role as a researcher was to explore, clarify and probe the participants' experiences of coming out. At the end of the interview participants were asked to share thoughts regarding their experience of the interview process. At the end of each interviews I allowed a few minutes for debriefing and asked participants if they wanted to add anything (Appendix 4). I proceeded to answer any questions or queries participants had. All participants were provided with a comprehensive list of available community psychological resources (Appendix 5), should they require assistance as a result of any strong emotional reactions to the study.

2.4.5.4. Transcriptions

The interviews were recorded on a digital voice-recording device and then transcribed verbatim. Pseudonyms were used to refer to each participant throughout this research. Where preferred, gender neutral pronouns such as 'they', 'them', 'their' and 'themselves' have been used to refer to some participants. Parenthesis have sometimes been used to facilitate understanding. The transcript included any non-verbal communication, including utterances, pauses, false starts, broken words and lastly interruptive expression such as crying or laughter. This was detailed with the aim of capturing and representing the data in its truest form.

2.4.5.5. Data Analysis

The analysis followed the process outlined by Smith and Osborn (2003). The interviews were transcribed verbatim and include features such as false starts and laughter as recommended by Smith and Osborn (2003). Additionally, the process entailed reading, re-reading and listening to the interviews a number of times. Notes were made in the left hand margin of the transcripts to record anything significant about what the participant had said. This included summarising their accounts, as well as commenting on connections, contradictions, similarities and differences, and preliminary interpretations.

The next stage captured the essential quality of what is represented in the text (Willig, 2013), and emerging themes were documented in the right hand margin of the transcript. This allowed a much deeper level of interpretation by combining theoretical connections whilst remaining grounded in what the participant had said. Emergent themes were listed in order of appearance and attempts were made to make sense of connections between them, creating theme clusters. This enabled me to have a good balance of description and

analysis of participant's experience. These themes were then titled creating super-ordinate themes. Smith and Osborn (2008) suggest imagining a magnet, "with some themes pulling others in, helping make sense of them" (p. 70). During the process it is essential to return to the transcripts and verify that the super-ordinate themes still reflect what the participant had actually said. From this, a summary table of all emerging themes along with verbatim text extracts was produced (please see appendix 9).

2.5. Assessing Validity and Quality of Research

Researchers have debated the many ways to assess the quality of qualitative research (Gee, 2011; Larkin et al., 2006; Guba and Lincoln, 2005; Robson, 2002; Rolfe, 2006). Smith (1990) favoured the core principles outlined by Yardley (2000), which are: sensitivity to context; commitment and rigour; transparency; and finally coherence. The following section explains how I adhered to these guidelines throughout the process.

2.5.1. Sensitivity to context

In order to assess the validity of a qualitative study, Yardley (2000) demonstrated that sensitivity to context is an important consideration. Yardley suggested many ways that this could be shown, such as by being aware of the current literature, and showing sensitivity to data gathered from participants, as well as the socio-cultural background of where the study was situated.

In reviewing the literature and having second hand experience of South Asian trans people's experiences of coming out in the UK, I have remained particularly sensitive to the phenomenon under investigation. My own personal reflections and keeping diaries of the process allowed me to be aware of the challenges that I had faced as a researcher. It also allowed me to

reflect on the impact of the study on participants and how best to overcome any challenges.

2.5.2. Commitment and rigour

The second main concept demonstrated by Yardley (2010) is commitment and rigour. This broad principle takes into account the rigorous process of data collection and analysis of the phenomenon being investigated. According to Shinebourne (2011), a key concept of IPA is to show commitment throughout the entire research process.

Therefore throughout the research process I have remained committed to all parts of the research. I have remained engaged in all aspects of the research and topic area by screening all participants who responded to the recruitment advert. I further demonstrated this by interviewing all participants and engaging with them throughout the interview process. I also demonstrated my commitment when I initially struggled to fulfil the criterion of the study but through my patience and perseverance and help of support services I was able to find six participants. When I struggled to find my sixth and last participant I sent out another pool of messages to some of the support groups to re-advertise my advert. All services were very helpful and did all that they could to support me with my research. Subsequently, I also showed commitment by carefully and sensitively analysing the data to ensure that I captured the voices of participants in the analysis. Smith (2009) argues that this is essential to get an in-depth view of lived experiences of a homogenous sample. I therefore, have approached this complex research area with integrity, curiosity and consideration and attempted to tackle the phenomenon under investigation as a researcher and a clinician under the guidance of supervision.

2.5.3. Transparency

Transparency in the research is considered by clearly describing the methodological process (Yardley, 2000). Through the methodology and analysis section I have attempted to be transparent and as open as possible to allow the voices of all the participants in this study to come through. My own assumptions, thoughts and feelings as a researcher have been captured in reflexivity that may have influenced the research process. I was also worried about the relationship that I might form with the participants and their perception of me as a cisgender researcher representing a cis-lead approach towards trans research. This is something that I was consciously aware of when I approached services and the interviews with my participants. Although this could have been off putting to some however, my interest and passion as a researcher to bring about change, my compassion to listen without judgment as a trainee counseling psychologist and an insider to the South Asian experience enabled me to gain my participants trust. Smith (1999) highlighted the importance of reflexivity so that insider researchers are able to critically think about their research process, their connection with their participant and the quality and richness of their data analysis. This then enabled the participants to feel at ease during the interview process and enabled me to collect rich and in-depth data.

2.5.4. Coherence

Yardley (2000) reports that the final principle should take into account the impact and importance of the studying relation to the other validity criterion. Thus the research question and the philosophical underpinnings of the research have been appropriately considered for the purpose of this study.

2.6. Ethical Considerations

This research was conducted in line with BPS (2009) Code of Ethics and Conduct guidelines. During the recruitment and interview process, participants were informed about the nature, purpose and anticipated consequences of

research participation and individual written informed consent was obtained prior to each interview. Additionally, clear records were kept of when, how and from whom consent was obtained, using a numbering system to ensure confidentiality of participants.

Confidentiality and anonymity were adhered to at all times; all names and identifying information was changed to preserve confidentiality, whilst recordings and transcripts were encrypted, stored securely and destroyed once research had been completed.

Participants were informed that their participation was voluntary, and that they could withdraw at any time during the study. Due to the sensitive nature of the study, it was possible that during the course of the interview, some participants could have experienced psychological distress. Measures were therefore put in place to provide appropriate support if necessary, including details of counselling services and psychological resources. My personal safety and wellbeing was also attended to by using personal therapy and supervision to discuss any possible psychological distress.

The location of the interviews can often make a difference and enable participants to feel comfortable and at ease in an environment familiar to them (Smith, 2007). The interviews for practical reasons took place at either my home, the participants' homes, or in a private room at their local library. Although there could have been lone working issues, fortunately there were not. I made my supervisor and a colleague aware of the location for each interview as well as the date and time. I then informed them once the participant or I had left the interview location. Thus, ethical consideration was given to the location of the interview in order to ensure safety and comfort for both myself and the participant.

Finally, contact details of the researcher and supervisor involved in the study were provided to allow participants to discuss any concerns that may have come up during the course of the study.

2.7. Reflections on the methodology

As a trainee counselling psychologist with experience of working with trans people, I was in a position to make my participants feel comfortable using my counselling skills (Rogers, 2012). It was important for me to develop rapport and ease my participants into the interview, so I started off with more general questions in order that they might have comfortable enough to share their experiences with me. Had participants not felt a sense of ease and safety, they would not have been able to be as forthcoming and discuss their experiences (Thomas & Pollio, 2002). I had asked questions about their motivation to participate which proved successful and gave me an insight of what my participants were expecting. Many expected to gain from the interview and hoped that there would be some kind of support available to them (Bloom, 1996). Others found the study interesting (Berg, 2001) whilst others found their narratives to be validated (Hiller & DiLuzio, 2004). Thus participants in the study were motivated to participate for many reasons which helped them to open up and share their experiences, emotions, hopes and feelings with me.

Throughout the process, I was aware that participants may have asked to share their narratives to other researchers. So I was aware that this might be difficult for some in having to retell their narratives which could potentially elicit some powerful emotions. According to some researchers, sharing of these experiences again can bring up intense feelings of shame, fear and embarrassment and lead to vulnerability (Birch & Miller, 2000; Sinding & Aronson, 2003). Thus, having experience of interviews and conducting

assessments as part of my doctoral training meant I was competent to create a warm and non-judgmental environment for participants. Gottlieb and Lasser (2001) suggest that participants may expect researchers from counselling backgrounds to respond in supportive and caring ways which is important in developing good relationships. To maintain this, I informed participants of my doctoral training and supported ways to maintain the interview.

2.8. Personal Reflexivity

According to Willig (2001) reflexivity involves “reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research” (p. 10). This therefore involves understanding how the research process may have changed us as researchers, and how we are not able to completely remove ourselves from the research. Our interpretations may be based on our own preconceptions and assumptions (Finlay, 2003). Thus, reflexivity is a process whereby we are continuously reflecting on our interpretations and the phenomenon being studied (Finlay, 2003). IPA recognises that there is a lens through which the researcher sees and interprets the participant’s inner world (Smith et al., 2009). In this section I will therefore endeavour to discuss the more personal influences affecting this research and considerations for transparency in my work (Yardley, 2000).

My research in this topic area began prior to my doctoral training in counselling psychology and the present study. I had travelled with family to many parts of South Asia as a teenager and was exposed to a minority transgender group called ‘hijras’ or the ‘third gender’ who are normally male/female at birth but adopt feminine/masculine gender roles (Kalra & Shah, 2013; Hossain, 2017). I found that there was a very strong prejudice and stigma against hijras and they were in almost every case abandoned by their families (Nanda, 1993; Kalra & Shah, 2013). They were seen as social

outcastes and had little to no rights. In 2014 however, the Indian court ruled that hijras should be recognized as a third gender category and be given rights to access jobs and education (Hossain, 2017).

When I embarked on the doctoral training I had the opportunity to explore this research interest but that came with its own struggles and challenges. I had nevertheless strove for perfection and started my reading on gender and sexual identity so that I was equipped with the knowledge to provide therapy to clients. As I started my research I became interested in studying the lives of British South Asian trans women in particular. I was surprised by how there has not a single study conducted on South Asian trans experience in the UK, as most were on LGB or the perspectives of White trans individuals, or conducted on people of colour in the US. I felt it was important to understand the specific needs of this group of people and give South Asian trans women a voice due to their intersecting identities.

In addition the relationship between the researcher and the participant is an important aspect of qualitative research as through this rich data is produced (Adler & Adler, 2002). I believe that the power relationship between myself and the participants remained dynamic. Although I was the researcher with a counselling background, it was also evident that participants had the power to withdraw from the study. Mullins (1999) argued that power relationships between participant and researcher is a dynamic process which creates a space for transitory shared spaces. These spaces can then be informed by differences and similarities in identities and creates a fluid positionality that helps to separate the researcher from their ontological perspective.

It is therefore important to address my position as a South Asian woman. As a Bengali Muslim woman of South Asian origin I was culturally sensitive to both western and South Asian cultures. As my research focuses on South Asian

participants I was able to identify with the ethnic, religious and cultural challenges that my participants may have encountered.

During the research process I was aware that I would encounter the insider/outsider boundary in sharing similar cultural (South Asian) and religious (Muslim) beliefs and values as the participants. Based on the notion of 'sameness' I was not only viewed as a researcher to participants but a South Asian and most probably Muslim researcher. Based on the commonality in experience this can pose both advantages and disadvantages. For instance Mohammad (2001) suggests that based on sameness researchers are able to produce authentic accounts of personal histories. Therefore, although the researcher may be in a better position to understand the lived experiences of their participant's realities, however the underlying assumption is that the researcher should be in a better position to then produce an accurate account of their stories.

In contrast, being an outsider in relation to my cisgender identity meant that I refrained from my own assumptions and presumptions that I may have had as an insider. Also as a cisgender researcher I may have been susceptible to assumptions of the trans experience. This is an area that could have affected the research process as participants may have felt comfortable talking to someone from the same cultural background but was nevertheless different in terms of gender identity. I thus remained conscious of my position as an insider/outsider based on sameness and difference so as to avoid stereotypes of views and experiences. In order to overcome certain barriers, I used reflexivity throughout the development and completion of this research, and used personal therapy and supervision effectively to be as open as possible to the diversity of experiences, which allowed me to explore the phenomenon in its depth.

2.9. Conclusion

In this chapter I have outlined the major methodological and philosophical underpinnings of IPA. The present study applied a critical realist epistemological positioning in that it accepts that there is a reality out there that can be explored in the context of South Asian trans peoples coming out experiences. The critical paradigm ensures to expose social injustice and liberate those who are oppressed. Indeed, in the context of the present study these coming out experiences have been embedded in diverse social, cultural and religious experiences. This also highlights the concept of 'difference' and 'sameness' between the researcher and participant which enabled a better insight of the relationship and power dynamics between the researcher and participant. I have also outlined the research procedure, elaborated on the research quality and considered ethics throughout the entire process.

3. ANALYSIS

***“There’s no support for my kind. There’s support for I think white people
but for me it really doesn’t exist – Because white people, they’re more
known for being trans”***

Jasmin (16; 17+25)

3.1. Introduction

This chapter presents phenomenological analyses of participants' stories. Four super-ordinate themes best encapsulated the coming out experiences of South Asian trans people in the UK:

- Negotiating self-identity
- Family responses and conflict with the South Asian community
- Exploration of identity
- Support systems

Several sub-themes emerged from each super-ordinate theme:

- **Negotiating self-identity:** Trans vs. South Asian identity, denying or forcing the trans identity, Asian vs. British identity and trans straight vs. cis-gay identity.
- **Family responses and conflict with the South Asian community:** family disapproval, lack of safe space and attempts to 'cure'.
- **Exploration of identity:** ethnic identity, religious identity and queer as a white identity.
- **Support systems:** negative outcomes from lack of support, shortcomings of available support, lack of knowledge and importance of family as support.

Owing to the extensive amount of information gathered, not all aspects of the participants' experiences can be narrated. I have focused on themes that were most pertinent in relation to the research question and the phenomena being explored. Analysis revealed a number of themes that encapsulated participants' experiences. An account of super-ordinate themes and sub-themes will form the basis of this chapter, with verbatim excerpts to illustrate each theme. Pseudonyms are used to refer to each participant throughout this

research. Gender neutral pronouns such as ‘they’, ‘them’, ‘their’ and ‘themselves’ have been used to refer to some participants - where those were the pronouns they used themselves - and brackets have sometimes been used to facilitate understanding.

The participant stories were freeing, inspiring and poignant for me to hear. The experience of coming out for most trans people can be best understood as a continuous process. In the case of South Asian trans people in the UK, this process exists within the context of their cultural background, religion and community. Their coming out stories are predicated on hardship, suffering and the constant suppression of individual goals. I have throughout this research maintained an holistic approach to understanding my participants’ experiences.

Overall, this analysis aims to provide insight into the coming out experiences of South Asian Trans people living in the UK.

<u>Super-Ordinate Themes</u>	<u>Sub-themes</u>
Negotiating self-identity	• Trans vs. South Asian identity • Denying or forcing their trans identity • Asian vs. British identity • Trans-straight vs. cis-gay identity
Family responses and conflict with the South Asian community	• Family disapproval • Lack of safe space • Attempts to ‘cure’
Exploration of identity	• Ethnic identity • Religious identity • Queer as a white identity
Support Systems	• Negative outcomes from lack of support • Short comings of available support • Lack of knowledge • Importance of family as support

3.2. Super-Ordinate theme I: Negotiating self-identity

This section begins by looking at how participants express and negotiate their intersecting identities. Participants were often faced with choosing which identities to embrace and which to reject. Coming out often risked total abandonment by biological, religious, and cultural families. 'Negotiating self-identity' is, therefore, a recurring theme that encapsulates the variety of lived experiences of South Asian trans people in this study. Most participants feared that 'being out' would lead to abandonment, being ostracised and further struggles. As such, all the participants' sense of self or identity construction was threatened or denied in some way by those around them.

Participants tend to shift their ethnic, religious and cultural identity as they reflect on their sense of self. For instance, they adapt or shift their identities to navigate the often difficult or hybrid social contexts in which they found themselves. This supports Butler's (1990) view that 'gender is culturally constructed' and gender identities remain coherently unstable. Brah (1996; p.160) argues that "one can contain multiple identities" and suggests that diverse experiences of people are contested and negotiated, and that this gives rise to multiple subjectivities and diverse gendered identities. Individuals usually draw upon their heritage, faith, language and diaspora to create hybrid or multiple identities. Brah (1996) also suggests that the relationship between culture and ethnicity is a 'reiterative process' which is constructed as a custom or tradition. This notion is significant for my study as South Asian trans people navigate from one gender/sexuality identity to another before coming out as transgender. Werbner's (2004) perspective is that such shifting of identities is a voluntary yet extremely challenging process, where South Asian people combine different personhoods to produce diverse diasporic identities to suit certain situational contexts. In the first sub-theme we witness this challenging

process as participants navigate their intersecting identities in a variety of ways.

3.2.1. Trans vs. South Asian identity

For the South Asian diaspora in Britain, ethnic, religious and cultural identity is a way of connecting with their hybrid heritage, family and the community as a whole. Brah (1996) suggests that diverse realities are contested and negotiated, thus giving rise to multiple diverse and subjective expressions of gender. Participants navigated their intersecting identities in a variety of ways. Maya, for example, says:

There are so many potentials in the majority community of what it means to be trans and South Asian that you are somehow having to deal with an out-dated culture that is so kind of dominated by traditional family values and that you will have to struggle more to sort of find your independent identity.

Maya (7; 14-22)

Maya describes the difficulties of being trans as a South Asian, which she describes as dominated by an 'outdated culture'. She describes the difficulties of negotiating traditional family values to find her true and independent identity. In describing this process as a struggle which signifies a lack of flexibility and freedom, Maya seems to convey a helplessness to control aspects of her life, and perhaps also a lack of freedom to express her trans identity.

Zara describes a pressure to be 'fully formed' when coming out, as opposed to being in a state of transition. While Zara's experience is different from Maya's, both participants reflect the favouring of clear binary identities in

South Asian culture. Maya found it impossible to express gender fluidity, while Zara was expected to choose a fully formed binary identity²:

If I'm going to come out and she's going to be like here, this is my son, then I'm going to have to look like a proper son kind of thing.
Zara (24; 03-05).

Zara points out the challenges of coming out to their family. They³ describe that they would have to justify their trans identity to their family by physically appearing masculine. It seems that the South Asian community, as represented by the families of these participants, takes a binary approach to gender and rejects non-binary characteristics. This often leads to trans men/masculine participants undertaking fitness and training in order to look stereotypically strong and masculine, portraying a visual image of the physical strength. This also lends our understanding of IPT and incompatibilities between identities induces threat and leads individuals to develop coping strategies. Having come out to their family Zara also describes that:

Maybe like once a month - and she always pulls out the Muslim card and the Pakistani card and she's like, what about in Pakistan? Would you do this if you were in Pakistan? And I was like, well I'd probably be the same person but things are different. It was like she wanted me to say oh yeah Pakistan is so backwards, you're right. I can only do this because I'm in England and I'm only doing it because I'm in England.
Zara (29; 07-12).

² Binary identity is when a person fits into the category of “man” or “woman” or “male” or “female”.

³ Genderless pronouns such as “they”, “them”, “their” and “themselves” has been used to respect participants’ identity.

Zara describes a relative ease of coming out in England as opposed to Pakistan. Their narratives are similar to other participants who expressed that they can fully identify as trans because they are living in England and discuss the differences in tolerance between white secular vs. South Asian culture. Contrary to this, Qasim states that:

Like anybody brought up in the UK from a South Asian background, there's always like an element of not being completely open about your personal life ...
Qasim (8; 06-08).

Qasim's story concurs with Zara's sense that coming out for South Asian people is not easy. He goes on to say:

Which I think is you know, like the compromise that is a very South Asian thing. Erm, you know, your own personal needs with the needs of, you know, your family and your culture and stuff.
Qasim (15; 37-40)

This might indicate that Qasim felt pressure to compromise his own identity by putting his family and culture first, in a way that seemed exacerbated by his being South Asian. This also affects one's self-worth and psychological coherence (Jaspal and Cinnirella, 2010) Selina also seems to share similar experiences to other participants:

And because I'm trans and because I knew when I was six, um that I was different and that there was no space for somebody like myself to exist within it.
Selina (3; 16-17)

Selina conveys feeling 'different' since she was a child and recognising very early on that there would not be any space for her to exist within her South Asian community and adds 'that ... my family culture would never have space for me to exist (Selina 3; 49)'. The conflict she describes felt permanent to her, as if there is no way for her family culture to understand her individuality, or allow her to exist within it. She describes struggle, loss and despair:

I always knew that if and when I did choose to be true to myself, that I would lose my family and I would have no further contact with my extended family.

Selina (7; 28-30)

Losing family signifies a direct and tangible result of being trans and exemplifies the tensions around negotiating identities. As Brah (1996) and Hall (1996) suggest, there are multiple layers of cultural hybridity that influence people. Hall (1996) suggests that diasporic people who come into contact with other cultures can contribute to the construction of hybrid identities⁴. When placed in different environments, however, they may withhold a part of their cultural identity in order to express another.

In summary this theme highlights how participants negotiated their intersecting identities. Some participants described this as dealing with an 'out-dated' culture dominated by tradition and family values. This finding supports Brah's (1996) and Werbner's (2004) ideas on shaping diverse identities. All participants described lacking freedom to express their trans identity as a South Asian person. They often found themselves negotiating family values to find their true identity. They also said that it was impossible to express gender fluidity and that the South Asian culture favoured the binary identity. This led to further struggles and tensions around negotiating their

⁴ Hybrid identity refers to when new forms of identities emerge as a result of different types of identity.

identity which consequently led to compromise, negotiation and ultimately loss of family. In the next sub-theme we see how this manifests when participants have to deny or force their trans identity.

3.2.2. Denying or forcing their trans identity

Participants discussed their experiences of coming out, often having to deny or force their trans identity in order to survive, or to negate the risk of being harmed or ostracized. In this section we look at how some participants felt they could be trans – but if so they would have to be super masculine and others who tried to be super masculine in order to avoid coming out as trans women or trans feminine:

I was like ok now I have to be a man, I have to be comfortable with this, and you know, it's still like they don't really fit, but it was just like, I kind of forced myself to fit into this box of being a man, so I must want to go on hormones, I must want chest surgery and I must want to like have bottom surgery and all these things.

Zara (7; 24-28)

Zara describes the pressure of coming out as meaning that they would have to look like a man and be pressured to fit into the binary of male or female. They described being 'forced' into a 'box of being a man', which suggests that aesthetic image and expressed masculinity would have to form the integral part of their new identity, and would perhaps get some kind of approval or recognition from their family:

I think she [Zara's mother] was kind of feels like okay well if you're going to be a man, if you wanted to change gender, if you don't want to be a girl anymore then be a man and be the manliest man

ever. Like wear a suit. Wear shirts and all this stuff. Yeah and I think image is a huge thing in South Asian communities.

Zara (22; 43-46; 23; 05)

Similarly, Jasmin was forced by her family to adopt her gender identity assigned at birth, irrespective of how she felt. This relates back to the binary approach we saw in the last sub-theme:

They forced me into a guy and this and that - they pressure me into it. So I just didn't like it.

Jasmin (12: 28-29)

Maya described that her parents failed to acknowledge her gender identity. She added that, despite others noticing her changing, her parents ignored it, in order to protect themselves from the unknown.

There were people who saw it but my parents didn't want to acknowledge it

Maya (23; 28-31)

Similarly, Aima says:

Well they know but I haven't had like a settled conversation about it. They're in denial about it so like because I live away from them, I can't really force them to acknowledge it.

Aima (4; 26-27)

It appears that for Aima, living away from family made it somewhat easier for her to avoid the conversation, although there is a sense of helplessness and lack of control as she has no power to make her parents acknowledge her

identity. Similarly, there is a clear sense of resentment and anger as Jasmin describes her experience:

Well I feel pressure from trying to be male - them forcing me to get a job, get a livelihood, this and that
Jasmin (28; 14-15)

She describes further:

For me to get - get married, you know, be a man basically, they said 'get a job' and this and that, and 'have kids', but it's just not me, so. I just had a full breakdown didn't I in at Moorefield hospital.
Jasmin (29; 03-05)

This consequently led to depression:

I was really depressed at the time because I was trying to be a guy working in security. It just didn't work out.
Jasmin (30; 32)

Jasmin describes the psychological impact of the pressure from her family in more detail than other participants. She spoke about how certain things were forced upon her, such as working, getting married and having children. There is a sense of trauma and self-sacrifice as she describes her parents' refusal to accept her trans identity and forcing her to live a life with which she feels incompatible. Nussbaum (1999) argued that Muslim and Hindu women's lives were denied for centuries and that these women were expected to maintain modesty, obedience and self-sacrifice. Thus, South Asian culture for centuries silenced these women and in some ways these cultural norms are playing out in these participants' lives. Although there is a danger of essentialising culture here - of course not all South Asian experiences are the same - from the

perspective of my participants they are caught up in many oppressions at home and outside.

Similarly, Selina attempted to embody the physical characteristics of a man:

I mean without question I tried to convert myself to being a man, um as you do, I sought counselling to try and quash these feelings. I grew a beard, did weights, tried to act all manly - which I was really shit at.

Selina (5; 45-48)

Selina adds:

So I would weight lift, grow a beard, try and be all macho and pushy and dominant.

Selina (27; 40-41)

Selina describes the lengths she went to in order to feel 'manly'. She sought counselling to 'quash these feelings' and also said:

I ended up seeing a girl who was from Jordan who was Muslim and we got serious. Um, that's how I introduced her to my family and it was like - so it was all kind of like, there was all these hopes that I would be able to pull it off.

Selina (23; 42-45)

Selina describes her efforts of trying to appear more masculine and endure a romantic relationship with a woman in order to please her parents. Connell (1987) maintains that hegemonic masculinity is an idealised form of masculinity that men are strongly encouraged to embody. This appears to be the view of her parents, who believe that masculinity should embody characteristics such as aggressiveness, strength and drive (Connell, 1987).

There is a sense of helplessness in the experiences that participants describe and it is clear that the social construction of gender has a major impact on the identities and lived experiences of these participants. It seems apparent that there is a prevalent traditional masculine ideal in the South Asian community of how (assumed to be heterosexual) men and women should appear aesthetically. According to Gill et al (2005) hegemonic masculinity is seen as socially more valued and culturally more powerful than femininity. Men have been presented as sporty, political and business-orientated whereas women have been portrayed as dependent, child-bearers and staying at home. This archetypal form of masculinity appears to be highly valued in eastern as well as western cultures (Evola, 2001; Butler, 2008; Brah, 1996). This restricts trans women and non-binary people who were assigned male at birth particularly from expressing their trans identity and makes it difficult for them to be accepted by their family and the wider community.

In summary, this theme explored participants' experiences of forcing and/or denying their trans identity. There is a prevailing picture of binary and typical gender roles being preferred in South Asian culture. Participants reported a prevailing masculine ideal. This identity conflict between the absolute male and the absolute female has been perceived as an abstract measurement for masculinity and femininity that is present in both men and women (Evola, 1991) and expressed by most participants. The oppression of gender fluidity seems to be clear in the traditional pressures put on the participants, whether that involves having to work out or grow a beard, or come out as a fully formed daughter or son. This leads us to the next theme where two participants discuss the impact of colonialism on them and their families.

3.2.3. Asian vs. British identity

This theme was particularly important to include even though only two participants discussed their feelings associated with their Asian vs. British

identity. Selina talked about the post-colonial experience of being marginalised by both communities and the impact of this on her identity. It appears from what Selina is saying that colonialism is still alive in Britain in a hidden form, known as neo-colonialism, which is still ruling people's psychology (Said, 1978; Bhabha, 2012). At the same time she describes being marginalised by her own community:

The last couple of years have been a steep learning curve and I suppose it's something some respects, a reconnection to the fact that I do have a post-colonial experience um, of being a marginalised community and the way in which that's affected me and the way in which I was marginalised by both communities.

Selina (29; 45-49)

Selina talks about her 'reconnection' to post-colonialism and how she feels being part of a marginalised community. There is a sense of inferiority and the binary opposition of west and east. Bertens (2007) argues that "west and east form a binary opposition in which the two poles define each other, the inferiority that orientalism attributes to the east simultaneously serves to construct the west's superiority. The sensuality, irrationality, primitiveness, and despotism of the east construct the west as rational, democratic, and progressive and so on" (p. 205).

This oriental view represents the west as superior to the east (Goncalo & Staw, 2006). For British South Asians like Selina, who represent both east and west, this can give rise to further complexity: colonialist attitudes can be experienced across both communities, with Selina perceived as both the western colonial and eastern migrant. This magnifies Selina's feelings of being marginalised as both too Asian or too White. Interestingly, the Asian vs. British identity conflict shares parallels with trans identity, as both fall victim to an 'all or nothing' culture. There is a clear rejection of the non-binary for both Selina's gender expression and cultural identity. This can perpetuate a deep

lack of belonging particularly for trans members of minority communities who fall outside the cultural and sexual binary (Barker, 2012; Barker & Scheele, 2016).

Zara, on the other hand, says:

When I came out as trans I was in a small town in the midlands and I had a white partner, white friends, a white city. White trans support groups, erm so it was - at that point I hadn't really thought about being brown in so long, so It wasn't something that stopped me from coming out, it was something that after I'd just come out, it kind of hit me like a ton of bricks.

Zara (11; 43-48)

Coming out for Zara in a predominantly white community was somewhat safer and easier. However, she describes that having come out she had no idea of the repercussions. As mentioned earlier it appears as though trans culture is more widely accepted in British secular society. This also ties in with the ethnic identity conflict. If being trans is easier in the white community, participants then experience a crossover conflict of being true to their ethnic identity, but not having their gender accepted, or being true to their gender identity and being surrounded by an ethnic community with whom they don't identify. Therefore, the trodden path of having multiple identities poses unique challenges for people where they may feel the need to shed their culture in order to embrace another. Therefore, an intersectional understanding of participant experiences is vital (Collins & Bilge, 2016).

I could not think about being brown if I didn't want to because I could just pretend I was white, and it would just be like fine, because you know 'oh like, that racist comment doesn't because I'm not - you know, I'm not that what you're talking about'.

Zara (5; 40-43)

Zara was able to pretend to be white. They throw more light on this by adding:

Yeah I spoke to people who had come out when they were like in -
I don't know like 13 or 12, or 15 - they were all white, so I was like
'oh is that like a white thing?

Zara (11; 30-32)

Furthermore, Selina adds:

There was no space for that when I was growing up. I did very
much reject the culture because I didn't see a way in which I could
be myself and be a part of that culture

Selina (28; 13-15)

There appears to be more tolerance for trans people to come out in white liberal communities, assuming trans identity as a property of white culture. For Zara it was easier to 'pretend to be white' whilst Selina reported that in the end she had no choice but to 'reject' her culture in order to find her true identity. Perhaps this was something she felt she had to choose, implying her desire to find herself and a space she felt a part of.

In summary, this theme explored the ethnic identities of two participants who shared their experiences in connection to their colonized roots and their natural identity conflict of being an ethnic minority. They navigated both communities and different spaces to find their whole self. From this it was apparent that both participants were in conflict with their identity and somewhat felt othered and marginalized as being too White or too Asian. Their intersecting identities demonstrated the social inequality and power dynamics between the two cultures, as well as the complexities of navigating both gender binaries (man/woman) and cultural binaries (east/west). In the

next sub-theme participants shed more light on societal pressures and how others including themselves assumed they must be gay or straight as if they were the only options.

3.2.4. Trans-straight vs. cis-gay identity

This section covers the societal pressures participants experienced, particularly involving other people assuming they were cis-gay⁵ and also a sense that some participants assumed they must be cisgender and gay, before coming to the realisation that they were actually transgender and straight. Participants navigated this shift from one gender/sexuality identification to another in a variety of ways. For example, Qasim speaks of coming out as gay before trans:

So before I came out as trans, I think this is quite a common experience, I came out as gay because I assumed that what was different about me was that I was gay because there wasn't so much known about, you know, transgender people when I was coming out.

Qasim (7; 30-33)

Qasim reported that he initially came out as gay as he assumed that that was what was different about him. He also described a lack of a wider social understanding and information on transgender at the time making it difficult for him to access information and to connect with people that may have been able to help him through the process. A health needs assessment in California found that lesbian, gay and bisexual individuals felt extremely isolated, as they had to find resources and support on their own. It was a topic they found

⁵ Cis-gay is a male whose gender identity is the same as the sex they were assigned at birth and who has an emotional and romantic attraction towards other men (Cruz, 2014)

difficult to discuss with their family and the community (National Asian Women's Health

Organization, 1996). Although Qasim may have assumed he was gay there seems to be a sense of not knowing and a lack of information on trans-specific support.

Jasmin described that, in her case, it was her family who were confused and thought that she was gay. This shows the kind of stubbornness to accept anything outside of the fixed gender binary. Jasmin identifies as trans but the fact that her family still do not understand speaks volumes about the traditional South Asian understanding, and the powerful denial and ignorance of what is in front of them:

Sexuality wise they're really confused - they think I'm gay. They just think I'm gay.

Jasmin (49; 19-20)

This is one of the reasons why the phenomenon being studied is highly important, as there is a clear lack of understanding of the trans person resulting in the community simply assuming they're gay. This is incorrect, and entails an entirely different journey for the individual. Qasim throws more light on this:

I think there's - in some ways it's a lot easier to come out as gay. Because you don't physically change

Qasim (9; 26-27)

There is a sense of settling with one's identity and perhaps choosing to come out as gay rather than physically altering his body, because in South Asian culture it is increasingly apparent that being gay (although not acceptable) is preferable to being trans. Previous literature on LGB has found that it has

been easier for people to come out to their families as gay or lesbian than bisexual individuals (Pistella et al., 2016), again suggesting a binary view of sexuality (gay or straight) as well as gender (man or woman). However, other research on the coming out processes has found that lesbians, gays and bisexuals can selectively come out whilst trans people are forced to come out because of changes in physical appearance (Gagne et al., 1997). For Zara, however, it seemed less about hiding and more about not wanting to be heterosexual and having become established in the gay community:

I know that for a while I was kind of worried about being trans and being in a relationship with a woman, because then people would think I was in a heterosexual relationship.

Zara (34; 25-28)

Zara describes their fears of coming out as trans and how it would be perceived by others to be in a heterosexual relationship. She adds further:

We all had a big girl group, gang, and we went to like girls' nights and we - we just had this important thing that we bonded over. Erm, and er it was kind of strange, I was like 'oh my God, is this really strange now that I'm a boy and I'm with this group of women like, going to a girls' night how appropriate is this'

Zara (6; 36-40)

The realisation of coming out and mingling with other girls felt strange for Zara. It seemed Zara's experience was an example of them losing their identity as member of a female group which is a unique and different fear of coming out.

I have lived the experience of being a woman, but then actually not being allowed to connect with that, and when I had just kind of discovered it - so there was that feeling of exclusion.

Zara (6:45-47)

Zara describes her strong all-girl group and how changing their gender violates that group as safe space. It is clearly hard for them that being non-binary and transgender excluded them from this all-girl group that they had clearly been a part of.

Participants expressed, in this sub-theme, their concerns about being ostracized and the expectation that they would be heterosexual if they identified as trans. Most participants reported that their families found it difficult to make sense of their sexuality. Mangton et al (2002) found that it was a belief among South Asians that being lesbian, gay, bisexual or transgender is a 'Western disease'. Some participants assumed they were gay prior to coming out as trans. They assumed it was safer and easier to come out as gay/cis-gender before realizing they were trans. They feared losing the socio-political elements of their gender identity upon coming out and for one participant it was the case of losing the political aspects of a united sisterhood.

In conclusion, this theme summarizes how participants negotiate their intersecting identities. They described a conflict between the male and female binary and the oppression of gender fluidity. Families of participants favoured a clear binary approach to gender and rejected the non-binary. This meant that participants had to either choose a fully formed binary identity or reject their identity in order to please their families. Participants also described that they navigated from one gender/sexuality identity to another before coming out as transgender. It was also found that being gay was preferable to being

trans in the South Asian culture. Participants' sense of belonging was thwarted, as they felt marginalized by both communities.

3.3. Super-Ordinate Theme II: Family responses and conflict with the South Asian community

In comparison to the majority British community, South Asian communities tend to be collectivist⁶ and regard family values, religion, and the community highly (Triandis, 1995). Bond and Smith (1996) describe 'vertical' collectivist cultures (i.e., India) as traditionalist where people tend to subordinate their own goals for their in-groups. Vertical collectivism demonstrates an independent culture where individuals tend to have interdependent relationships with others and tend to be submissive and comply with authorities. The experience of living/growing up directly amongst two contrasting cultures offers interesting complexities on the coming out experiences of trans people. One of the significant barriers to coming out is a fear of family disapproval and rejection which is discussed in the next theme.

3.3.1. Family disapproval

Western culture allows personal independence and freedom of speech. Choice in dating and sexuality is - to some extent - more acceptable, permissible, and discussable. In the collectivistic South Asian culture, where social controls like culture, religion and family honour dominate decision-making, non-traditional choices in dating and sexuality become stigmatized and it is considered to shame the family if a member of the family engages in such practices. Furthermore, issues of 'policing' by the family and community, and a lack of personal control and individuation, are likely to contribute to pressures felt by those caught within two, at times, conflicting cultures.

⁶ Collectivist refers to cultures or societies that tend to understand individuals in relation to the group (family tribe, community) and emphasize loyalty to the group to which they belong (Baron & Bryne, 1997).

Participants describe their family's initial reactions and how they felt ostracized, unsupported and isolated. Some report that they were told to keep their identity a secret, whilst others were physically and emotionally abused. Regardless, the majority was made to feel insignificant and immoral:

So it was really different when I came out as trans because it was like, this is about a physical change. Yeah. We still talk about it now. My mum - mostly just my mum, a lot of the arguments we have now are about me being trans because she doesn't understand how I feel about it.

Zara (18; 32-35)

Zara's feeling that their mum doesn't understand suggests the general lack of understanding that many parents may have of their children's gender identity or trans specific issues. It could be that Zara's mum may be questioning or has little insight or understanding of trans specific issues and the reasons why a trans person may want to make physical alterations. This clearly suggests a lack of understanding especially when Zara reports feeling pushed back into the 'closet'. This lack of understanding links back to the apparent lack of understanding of the non-binary.

I just don't like that because I know she's trying to push me back into the closet but I don't actually know.

Zara (22; 35-37)

This highlights Zara's struggles, the inability to express who they truly are, and their mum's attitude:

My mum was just kind of like, this is like a self-destructive thing, like mutilation.

Zara (27: 07-08)

Zara demonstrates that their mother considered gender related surgeries as 'mutilation', a powerful term which is an act of abhorrence to the self. Mutilated forms are often considered satanic, repulsive and against the alleged will of God. All of these are key to the South Asian community disapproval of the transgender community. Qasim similarly describes how he was told to turn to religion and keep his identity a secret in an attempt to squash the 'satanic' and the 'repulsive', and to rediscover the will of God:

So her response to me coming out was to tell me to keep it a secret, and to become more religious, and to pray more.

Qasim (8; 30-31)

There is a sense of turmoil and fear from the participants who worried about rejection and complete abandonment:

There was a lot of fear. I can't say there was rejection but there was certainly fear.

Maya (16; 14-16)

They forced me to give my opinion. They were talking about getting married, get a job, be a guy, do this and do that so.

Jasmin (30; 15-16)

Jasmin describes that her opinion was not taken into account and that she was forced to give up her voice in some way. According to Ahmad (2001), and Bagguely and Hussain (2008), young women are offered parental support if they aspire to better jobs and agree to conform to their families' culture and religious norms. They often juggle gender identities i.e. domestic, religious, cultural expectations as well as gender and employment roles. Selina's powerful quote below speaks volumes. This aggressive response to anything

'alien' is made all the more shocking by the fact she describes it as 'traditionally Asian' and suggestive that trans or non-binary identities in South Asian culture are generally considered an abhorrence:

I got found out by my parents and the traditional Asian response of, if you don't know what it is, hit it until it stops doing it.

Selina (4: 44-47)

She then adds:

To which the response when my parents saw me the next morning [dressed as a girl] was, you know, the traditional beating.

Selina (8; 37-39)

Other family members also reacted in a strong way:

So I think my sister was also like 'why do you want to be a man?' Like, 'why do you want to do this to your body?' Like, 'isn't being gay enough, because you've done all this stuff to be gay, and you've ruined my life to be gay' - this is my assumption, you know - 'you've done all this stuff to be gay, why can't you just stay gay, why aren't you kind of happy with it?'

Zara (30; 49-04)

Zara discusses how their sister was more accepting of them identifying as gay than trans. The sister depicts the 'family shame' of Zara being gay and how being gay should be 'enough'. The sister adds 'you've ruined my life to be gay'. This shows the magnitude of shame that South Asian culture may attribute to anything queer and the significance that being trans clearly has a potentially ultimate abhorrence. Similarly Qasim reports:

Then with my sister again, she took the - my coming out as trans much much harder than me coming out as gay. She like - she had a real - I think she still has a problem with it.

Qasim (9; 08-10)

Maya states:

I remember when I first shaved my legs that became a big issue. So because people would notice - or when I refused to cut my hair when I was 15 to 17 years old. That became a problem.

Maya (12:48-02)

Maya describes the difficulties she had faced as a teenager. Family shame and honor seem to be apparent.

Well they swear at me a lot. If I say something, they tell me that 'cause I'm trans I've got no value or anything so they don't talk to me that much. If I do talk they just swear at me and scream abuse
Jasmin (17: 34-36)

Jasmin felt of no value and was verbally abused by her family when she tried to express her identity or voice her opinion. There is a sense of isolation and rejection as she states that she gets screamed and sworn at every time she even attempts to speak to family. There is a sense of disempowerment and hopelessness and most prevalently this continuing notion that because she is trans, she is not human, and has no value. In many ways this is an ultimate shame similar to the slave culture and caste systems, suggesting that those who are considered inhuman and of no value are often the lowest in society.

And it's tended to be violent whenever I've showed indications of expressing my gender in a different way.

Aima (5; 18-19)

Aima was subject to a similar experience: her family was violent towards her when she showed any signs of expressing her gender identity. Meanwhile Selina reports that:

The family hoped that if I'd just been raped by one of my teachers that would make it more understandable

Selina (4; 46-47)

Selina expresses how the family may have needed an excuse in order to reach some sort of understanding. This suggests that her family would rather she had been raped purely to better justify her identity. This significance here is unfathomable, shocking and poignant. The family was more comfortable with the idea of her being raped than her identity being unexplained. This also suggests a lack of understanding and compassion in approaching trans in South Asian culture and the significance of straying from the binary.

I was rationally prepared [for losing contact] but not emotionally. I didn't realise how much it would impact me emotionally.

Selina (24; 28-29)

Parental and or family disapproval was a key sub-theme and manifests in a vast spectrum from simply not understanding, to wishing for a justification as extreme as rape, to being physically abusive. This shows importance that some families can give to binary notions. In summary, the magnitude of the shame some South Asian families place on trans experience speaks volumes. It has the potential to exceed disapproval, and it can strip participants of their dignity, humanity, human rights and physical safety. It is in many ways a life-threatening level of disapproval. It shows just how seriously South Asian culture takes these binary roles. Overall, it makes the coming out experience

dangerous for participants, and likely to result in what some would consider forms of torture. In the next sub-theme we see how a lack of involvement in trans affirmative spaces and a lack of support from friendship networks and family impacts participants.

3.3.2. Lack of safe space

Participants describe a lack of support from friends and family in voicing who they are. They also describe themselves as subject to many forms of oppression. They relate how they were ostracised, undermined and ridiculed for expressing their gender identity. They report the negative physical and psychological impact of not identifying as heterosexual in a culture and society that privileges this identity category. Colonialist views on gender are also highlighted as these have been historically erased to support gender variance. Hence, there is a feminist approach to promote understanding and better practice for trans safer spaces. There is a need to create safer and healthier spaces for trans people to express themselves, be listened to and respected. This also means to show respect concerning sensitivity, mis-gendering and use of language. As we've seen in previous sub-themes, comprehension of trans by the South Asian community rare, so naturally safe trans spaces are rare too.

I don't really feel that close to most of my family except for my aunt
and my cousins

Zara (14:43-45)

Zara describes not being close to their family, which indicates that Zara's family (with the possible exception of their aunt and cousins) do not form a safe space in Zara's life

This signifies the importance of having a safe space.

I'm going to carry on living my gay lifestyle but I need to have this, you know, this protection of marriage at the front of it.

Qasim (6: 41-43)

This shows how serious South Asian culture is about being cis/straight. It is so prevalent, that Qasim is considering forcing a marriage, a lifelong commitment, just to feel safe. Marriage in the eyes of the South Asian family is seen as the ultimate goal and has been argued as a social institution that binds societies together, ensuring the perpetuation of cultural identities within different social groups (Basit, 1997). Although this is a belief strongly supported by many South Asian communities (Basit, 1997; Bhopal, 1997) this was not shared by Qasim.

Speaking of friendships, Jasmin reports:

Yeah I have no friends. They don't like it

Jasmin (9; 40)

Being South Asian they think really closed minded so they don't want to understand or accept it

Jasmin (10: 21-22)

Friends I don't have any more so I don't even talk to them or nothing

Jasmin (22; 23-24)

I stay in my room, the door's locked

Jasmin (39; 37)

Two of the four quotes above by Jasmin describe the difficulties that she has faced with friends. She reported that her family did not want to understand her

or accept how she chooses to identify. It appears as though there is a dominant antithesis to the safe, collective, family orientated environment for most cis South Asians and suggests that this ostracisation may be felt even more deeply for gender variant people. She described how she had lost friends as a result of this and described them as 'closed minded'. Given her narrative and what we have learnt about South Asian culture's approach to trans it is no surprise that her friends abandoned her and that her door is locked. Jasmin described how she started to slowly withdraw from others. There is a clear sense of being ostracized.

Aima describes:

I have internalised a lot of my feelings of guilt from family life and from like, it was a very like Islamically conservative household
Aima (5; 13-14)

From Aima's experience it is apparent that she has placed a huge amount of guilt on herself. Guilt has many cultural variations and it seems as though Aima is living with a painful guilt for departing from what her culture and family perceive as the norm. Selina however, throws more light on these variables by adding:

The kind of culture that I encountered growing up in the '70s and the '80s, as a child, was one where there were bounds beyond which you could not cross in terms of the way in which you acted and lived and the way you thought and the way you presented
Selina (7; 43-46)

This was at a time when to be trans made you a freak and there were very few specialist places.
Selina (11; 40-41)

You hear the shouts of 'faggot' and 'freak' and 'poofa' — so this is kind of like, this is the, as they would say in German 'bilding': the cultural education that one gets growing up from society.

Selina (17: 15-17)

Selina describes above that growing up in a culture in the '70s and '80s was predominantly bound by rules that she was not able to break. She describes it as a time where trans individuals were susceptible to ignorance and a lack of specialist services. Therefore disclosure can often lead to physical/verbal abuse from family and the community, isolation, and the pressure of heterosexual marriages if disrepute has been brought upon the family.

In summary, this sub-theme lends to our understanding of the negative responses from family and the community as a whole. Participants reported difficulties in feeling close enough to family and friends, and a fear of rejection from the community. These factors became significant barriers to coming out. Participants reported that they had lost friends, and fewer specialist services meant that they did not have an environment to establish resources, build networks, relationships and meaningful trust in order to feel safe enough to come out. Yip (2007, p. 86) suggested these are important factors in order to 'enable smooth engagement amongst members'. In the next theme, we see the pressures put on participants in an attempt to 'cure' them.

3.3.3. Attempts to 'cure'

In this section participants describe how family and some mental health practitioners were in a quest to 'cure' them. They describe the frustration and challenges they endured too.

But it was so like, invalidating and she [Zara's mum] was just saying how she works in mental health and all the patients she

sees are suicidal and depressed and I'm like, that's because you work in mental health. Everyone you see has got depression, schizophrenia or all these different mental illnesses, it's not because they are trans.

Zara (25; 21-25)

Zara describes their mum trying to normalise and make assumptions. This suggests a lack of understanding and ignorance. However the following quotes by Jasmin describe her family's attempt to cure her:

They want me to go back to being a man. As before as if nothing ever happened.

Jasmin (19; 26)

In their heads, [they think] they're probably gonna fix me or something as they say.

Jasmin (25; 33-34)

I'm crazed. I'm possessed. All this, all that. Get me married - it might fix me - this and that.

Jasmin (46; 07-08)

Some followers of religions including Judaism, Islam, and Christianity, believe that any form of sexual confusion or deviation is sinful and prohibited (Stayton & Pillai-Friedman, 2009). People who want to have sex reassignment procedures have also been described as under demonic delusions (De Arteaga, 2015). Some Muslim scholars argue that such operations amounts to repudiation of God's will and is seen as a form of deceit (Haneef, 2011). Such deviation from Islam and gender expression is highly stigmatized and criminalized (Najmabadi, 2011). Therefore, as we see above, Jasmin's family have somewhat described her issues as 'possession' or 'delusional thinking'.

We would like to believe that we come far in this post-modern way of thinking but it appears as though these views still exist in some South Asian cultures.

In Islam this possession is known as the jinn and causes physical and mental harm to human beings (Khalifa & Hardie, 2005). According to Littlewood (2004), possession is when an individual has been entered by an alien spirit or other parahuman force, which controls the person or alters that person's actions and identity. In the UK, purported jinn possession is most likely to be seen among people from South Asia, the Middle East and North Africa (Littlewood, 2004). According to Islamic beliefs jinn tempt and seduce mankind to stray from Allah (God), and Satan (the devil) is thought to be from their realm. Some commentators have argued that possession is a culture-bound syndrome and others have argued that the manifestations may culturally differ but the underlying theme is always the same (Periera, Bhui & Dein, 1995). Jasmin's family label her as 'crazed and possessed' making it seem that she is under some sort of supernatural influence. Further, other participants describe their experiences:

[There were] attempts at reconditioning me not to be trans.

Selina (4; 44)

The first time that I recall [them attempting to cure me was], when I was about five and half, six years old.

Selina (8; 25-26)

I think she'd given up trying to change me.

Qasim (9; 03)

All the above quotes show the pressures that participants were put under by their family. It seems apparent that 'reconditioning' for Selina started very early on. However the cure for Jasmin was to get her married so that she can

lead a normal life and be finally 'fixed' of what she is going through. This often suggests a lack of understanding from parents who make their children feel like the 'other'. Family reactions can take various forms, from denial to expulsion and repression of the trans person's disclosure, to praying for change, violence, punishments, coercion and even forced marriages. The forced marriage unit reported that the calls that they had received had increased by 65% from 134 in 2008 to 220 in 2009. It was indicated that these calls were mainly from South Asian men and Middle Eastern men (Hill & McVeigh, 2010). Similar to previous studies on LGB people this also suggests complications with coming out, and often families feel forced to behave in this way to protect the 'honour' of the family (Goldberg, 2010). Therefore, the family may not be a safe space for some South Asian people to come out to. Often coming out is beyond the homophobia, which is deeply rooted in the South Asian experience and often South Asian people come out in white environments (Riggs & Das Nair, 2012).

Because they [family] see it as just like this thing about Western culture that they could have avoided if they were back in Pakistan.
Aima (9; 24-25)

Aima reports that her family see her trans identity as a product of white culture and believe that had they been in Pakistan they would have been more in control of Aima's choices and could have prevented this 'Western disease' (Mangto et al, 2002).

I tried various forms of CBT, you know, only allowed myself to sing certain things, to try and condition myself into being different.
Selina (23; 24-25)

In summary, this sub-theme looked at the ways in which participants themselves and/or their families attempted to cure them. Participants

described a clear lack of understanding and rejection of the non-binary from their parents who saw trans as a Western phenomenon, a moral wrong or the result of supernatural influences that could only be cured by religion or marriage. One participant even attempted to condition themselves by trying therapy. Overall this theme discussed how trans identity was considered an abhorrence by their families and the community. Some participants experienced violence and abuse and were forced to give up their opinion, and one participant even to consider marriage and turn to religion. Participants described the sheer magnitude of shame that the South Asian culture may attribute to anything queer, and the significance that being trans is a potentially ultimate abhorrence. As a result family reactions took various forms, from denial to expulsion and repression of the trans person's disclosure, to families praying for change and violence, punishments, coercion and even forced marriage. This leads us to the next super-ordinate theme where we see participants negotiating their intersecting identities or forced to become 'culturally white', abandoning elements of their ethno-religious identity in order to fit in.

3.4. Super-Ordinate Theme III: Exploration of identity

We have seen in earlier themes participant's negotiating their intersecting identities. This super-ordinate theme however explores how participants shared experiences of losing, giving up, or simply acknowledging the absence of a specific identity.

3.4.1. Ethnic identity

According to Butler (1990), LGB narratives have mostly been documented from white perspectives without taking into account how these identities interact with cultural, racial and ethnic identities and the privileges and problems these intersecting identities have. Some participants in the study

discussed the challenges they have faced in their own ethnic groups and discuss the challenges their intersecting identities pose. Zara's quote illustrates a conflict in negotiating their identity:

Yeah, I don't know, I guess I felt like I wasn't really brown enough so I could be gay.

Zara (11: 33-34)

Zara is essentially saying is that due to their immersion in white culture, they didn't feel particularly brown (South Asian), which is predicated on Zara's assumption that being gay is harder in South Asian culture.

Most of my childhood I had the um fun experience of not being English enough and not being Asian enough.

Selina (3: 44-45)

There is a sense of anger and cynicism as Selina describes not being able to fit into both cultures. She adds:

I had two cultures that didn't seem to really want me.

Selina (4; 05-06)

Multiple oppression is prevalent in minority ethnic groups and it appears as though Selina may have been torn between two cultures and in determining which community she belongs to as seen earlier from the identity conflict theme. This could potentially have a significant impact on a person's mental health due to the disadvantage and prejudice minority ethnic groups face (Bhui et al., 2003). As a result they withdraw, feel isolated and disconnected from their own community:

I ended up having no real connection to the Asian side of myself
Selina (7; 32-33)

She also added:

I used to get bullied at school for not being English enough
Selina (11; 19-20)

Selina found it difficult to connect to her Asian side at the same time as she was bullied in school for not being English enough. This clearly suggests an element of social exclusion and lacking a sense of ethnic identity from both cultures which consequently reflects the high incidence of physical and psychological problems in specific minority groups (Bhui et al., 2003). For Selina it appears that her inner sense of self may have been thwarted rather rigidly by the dominant culture from a young age, which can often result in poor mental, and physical health. It is also possible that young South Asian children being immersed in white playground and media culture, makes them increasingly distant from more traditional family generations. Equally, South Asian children therefore cannot fully feel immersed in the white culture that has distanced them from that of their parents. Zara describes another issue:

They [the white-queer community] want to hear trauma, when in actual fact those questions are more traumatic because you're already making me feel like I'm 'other'
Zara (13; 37-39)

Zara describes that the white-queer community are interested to know more about the challenging experiences as opposed to the experiences as a whole. They describe that these questions make them feel like the 'other'. There seems to be a lack of authenticity and understanding from dominant cultures,

predominantly white middle class, who may be falling into the trap of misreading. This idea brings to mind the multiple layers of oppression for people caught in the margins and whose lives exist outside of white heteronormativity. Feeling like the 'other' also brings to mind the idea of intersectionality and how different intersecting identities can pose unique challenges for South Asian trans people. Selina, however, describes:

I wasn't able to feel more closely a part and because we were of mixed heritage or half-caste as it used to be called then, so we were always markedly different, so we were never truly accepted in the same way as other people who were pure, pure bloods- were accepted without question

Selina (29; 04-07)

Because I never had that linguistic capability and because we were mixed it was always like I wasn't really a part of it.

Selina (29; 31-33)

Selina's mixed heritage identity posed a new set of challenges. There were issues around whether she was 'pure' enough to be accepted. This could mean that Selina had difficulties getting close to her family and consequently led to further social exclusion and withdrawal. She describes that she was not 'pure or pure blood' compared to other family and was therefore perceived and treated differently by others. This suggests another layer of oppression and multiple marginalisation in the form of social exclusion. This also serves a purpose in terms of power and we get a sense of her feeling ostracised and feeling powerless.

This subtheme explored how participants felt about their ethnic identity in a society that excluded them based on their intersecting identities. Participants revealed that they were not able to identify with either their Asian or their white

side, with some feeling completely excluded and marginalized by both communities. Some reported feeling like the 'other' and not feeling 'accepted' meaning that they found themselves either negotiating or abandoning a part of their identity in order to fit in. Faith has also been an important part of participants identities and in the next sub-theme we see how religion played a part in participants' feelings and experiences of lacking identity.

3.4.2. Religious identity

Participants in this section discuss a sense of belonging to religion but due to the internal existential conflict 'how can I exist within Islam as a trans person' (predicated on shame) and the lack of tangible connection 'as a trans person, Islam seems to have nothing to do with me' (predicated on frustration) they fail to connect or find any form of support through Islam.

My Dad and Mum just wanted me to like - me and my sister to read the Quran, finish it and then that was like your kind of - that's all they kind of want from you as a Muslim.

Zara (2; 20-23)

But I wanted there to be a place for me in Islam or religion or something and it was really frustrating that I couldn't find anything that related to me.

Zara (15; 12-14)

I read this tiny passage [on homosexuality] and it was like- it was just a very- I don't remember what it said but it was very dismissive. Again it didn't really feel like me because I think most of the stuff in the Bible about homosexuality is about men anyway. It was just like great, this Bible has given up on me so I give up on religion.

Zara (15; 24-28)

Zara describes longing for something within Islam that they can relate to and see whether their trans identity could potentially function within religion. It appears that they also looked to other religion for solace and found similar texts concerning homosexuality and men. They report a sense of curiosity and wanting to belong to a religion that gives them some hope to find their own place and own sense of belonging in the religion.

Like it's not it ever stopped mattering to me that much honestly like
I cut my faith. I like fell out of it, like some years ago
Aima (14; 27-28)

Aima on the other hand reports giving up on her religion.

Because of the language barrier I wasn't able to connect through
religion either.
Selina (5; 03-04)

I would just kind of like pick it up at the Mosque with everybody else
um and mouth the words that I didn't understand.
Selina (5; 13-14)

And I remember from what 12, 13, when I was starting to get
completely dis-infatuated because — no effort was ever made to
facilitate my connection to Islam.
Selina (14; 29-31)

I was kind of in a limbo of kind of calling myself Muslim and fasting,
and kind of going well you know, 'being good makes sense' and
'well ok I won't eat meat and pork obviously is evil. Erm — which

made no sense to me at all. Erm, and then after a while it was like 'why am I even doing this'

Selina (15; 17-21)

It made no sense for me to follow as a puppet, as a mechanical worshipper with no sense of self about it

Selina (15; 22-23)

Selina says she was never able to connect with Islam and gives us a sense that her lack of connection with religion may have been due to fact that her family or Islamic teachers may have not provided her with the necessary education. Therefore, this lack of understanding of Islam and Quranic translation may have stemmed from the family. In contrast to an earlier sub-theme (attempt to cure) where Jasmin may have been pressurised by her family to turn to her religion for guidance, Selina's case may suggest that her lack of understanding of religion and meaning of texts within the Quran may have distanced her from the religion.

In summary, participants were not able to connect to religion due to texts written in languages other than English and consequently reported 'falling out of religion'. Other participants navigated other religions and described longing for something within Islam that they can relate to and see whether their trans identity could potentially function within religion. This leads to the next theme where participants try to access other spaces in a quest to belong and find comfort.

3.4.3. Queer as a white identity

Participants describe their experiences of accessing support in predominantly white spaces. They discuss and reflect on their thoughts, feelings and experiences of these. In this section we see a lack of representation and the

discriminatory nature of that. This has appeared in other subthemes. We also notice here the lack of representation and how it plays out in dominant white non-heterosexual communities as well as South Asian communities.

Trans people tend not to get represented in LGBT spaces but even the ones that do, it tends to be a very small group of people. Erm they tend to present themselves in a very specific way and a lot of them tend to be white

Aima (1; 06-08)

I think purely because even if you just look at the reflections that you have of transgender people, by and large they're white

Qasim (18; 12-13)

Because you know we know white people are accepted, and they get on with their lives and it's not a big deal, because being gay or whatever is a Western thing, but it doesn't happen in our culture

Zara (14; 05-07)

There's you know - groups and Facebook groups and social media groups and erm - support groups. And they're all run by white people. Erm, even the ones that supply kind of erm - have Black and minority ethnic groups, they're run by white people

Qasim (19; 04-07)

I went to a trans support group, and everyone was white, and I just felt different. Like I don't know, I didn't feel like I was trans enough to be there because I was brown.

Zara (12; 43-45)

I felt like I have to try harder to look trans if I'm brown because it's already kind of suspicious if that makes sense

Zara (12; 45-47)

Participants above describe a lack of space for trans individuals and even more for South Asian trans people. Zara again describes 'being gay or whatever' as a product of a dominant western culture (White British) and that people within this culture are accepted more than South Asian individuals. We don't know the exact number of trans people in the UK. However Qasim states 'by and large they are white'. There is a possibility that the under-representation of South Asian people in predominantly white, spaces including support groups and social media groups, may have discouraged participants in this study to come forward for support. What participants describe appears to be an alienating and isolating experience for them feeling like there is no one like them that exists in these spaces. This suggests that there is a need for inclusivity for under-represented minorities within LGBT spaces and an understanding of intersectionality and how these complex sets of identities for South Asian individuals translate into oppression and discrimination and ultimately prevent them from accessing support. Therefore, there is a need to consider cultural competence when it comes to working with diverse ethnic minorities to provide fair representation and safe spaces for everyone, such as more support groups for BAME and trans only spaces. Below, participants describe the differences between cultures and the lack of support from their own community:

I had no idea, and I could just see like lots of white people talking about coming out to their parents, and I was like 'that's not going to be my experience', like I don't know who to ask about this, because they're not going to understand.

Zara (12; 31-34)

White people are open. Bengals are closed-minded so they don't want to understand it

Jasmin (23; 03-04)

There's no support for my kind. There's support for I think white people but for me it really doesn't exist -- Because white people, they're more known for being trans

Jasmin (50; 16-17+15)

But white people don't care they just walk along, they won't even look at you - nothing - but my kind of people, they just look at you, stare and make comments and everything

Jasmin (22; 40-42)

The above quotes suggest that it is somewhat easier for white trans people to come out to their parents. It also suggests that coming out is more acceptable and normal for white trans individuals than it is for South Asian backgrounds. This white, progressive, pro LGBT culture somewhat exacerbates the contrast participants felt between that and their conservative, collective, religious culture. This suggests the difficulties of coming out as a South Asian trans person and particularly of intersecting identities that cannot be hidden or disguised. Jasmin reported people in her community would stare and make comments giving us a sense of the oppression faced by Jasmin and many more associated with non-binary identities. In comparison to white people 'walking by' would be a further frustration for Jasmin as it may appear to her that so many of her problems related to being trans wouldn't exist if she was white. This also suggests that there is a lack of tolerance for trans identities in South Asian communities often making it difficult for trans individuals to come out and seek support. Instead they feel marginalised, oppressed and voiceless. An intersectional approach recognises these multiple identities and

gives people privilege and power to combat oppression. There is a need to closely work with the South Asian community and make them aware of such issues. Thus by working intersectionally with other communities and backgrounds we would hopefully be able to encourage solidarity and fight against oppression.

When people ask me like 'how did your parents react to you coming out as trans or gay?' It's not a question they will ask - they're not asking about my coming out story, they're asking about how my Muslim brown parents reacted to me, a brown Muslim person coming out as something that's not normal

Zara (13; 26-29)

Zara describes that people would assume that coming out to their parents would often mean abuse of some sort. They describe that people are under the impression that it is not normal for a 'brown Muslim' person to come out, and presumably that coming out as a South Asian will have a higher risk of abuse than for White people. This however was not the case for Zara but having such cultural assumptions and stereotypical views of a South Asian trans person could possibly be a form of racism. Zara was also an activist, the most passionate in comparison to other participants and more aware of post-colonialism, feminism, trans rights and the trans-white culture. This suggests that, of all the participants, their experience was most channelled through a personal, socio-political viewpoint. We also get a sense that such questions and motivation for understanding a trans person as well as a South Asian trans person's experience may be alienating and cause more harm than we know. Therefore, it is important to be aware of the racism and discrimination that may exist in LGBT spaces and take a shared responsibility to speak out against any form of negativity, discrimination or racism.

I think if you're gonna transition, I think as harsh as it sounds, I would say be white and be young

Qasim (10, 35-36)

We get a sense of resentment from Qasim as he conveys his point. It seems as though coming out as trans has often been perceived as a product of white culture and easier for white British individuals as opposed to South Asian trans people living in the UK. It is also a strikingly pessimistic advice. There is a sense that coming out/transitioning as a South Asian person isn't just hard, but simply not worth it. The narrative is one of empowerment however Qasim's point goes entirely against that.

In this section we get an almost defeated conveyance from participants that it is safer and more likely to succeed to come out as a white person. We get a powerful sense of participants speaking like warriors in a hard-fought battle, pointing out things that would have been easier on the other side i.e. trans not being represented in LGBT spaces, more easier to come out as a white person, feeling not 'trans enough' in support groups and having to 'try harder' to fit in. We get a sense of resentment that trans culture is underrepresented and non-existent in South Asian culture. In all the themes, this subtheme appears to be the most immediate frustration. Overall, in conclusion, participants negotiated their ethnic and religious identities to 'fit in' and find a sense of belonging in trans spaces. It has been hard for them to go through such hardship, knowing that things are so much easier for White people indicating a deep societal unfairness. In the next theme we see participants grapple with the support available to them and the overall impact that this has had on the phenomenon being investigated.

3.5. Super-Ordinate Theme IV: Support systems

Trans people often struggle to access healthcare and appropriate support when deciding to come out partly due to the attitude and lack of knowledge and understanding of trans people's specific needs. In this section participants explore the nature of available support, its shortcomings and the effects of an absence of support.

3.5.1. Negative outcomes from lack of support

In this subtheme participants discuss their thoughts surrounding a subsequent lack of support and the effect that it had on them.

A bit yeah - yeah! And there was no sort of support around it, which is terrible thinking about it. I mean if it was like ok, we really encourage you to come out to people around you, and here is some help for you to do that, because we understand that you know, the culture that you come from has very particular issues, so I would've really have very very much appreciated support with that
Qasim (17; 37-41)

The first time was in 1993, um but I didn't have any kind of support network so everything fell apart so I stopped.
Selina (5; 42-44)

Qasim and Selina both describe the support that was not available to them. They describe that if they had been 'encouraged to come out ...' and had had some sort of 'support network' that understood the difficulties of the culture that they come from, their coming out process would have been somewhat easier. We get a sense of the frustration for Qasim as there appears to be a double standard – being encouraged to come out but not subsequently supported. For these reason, Aima describes:

And I know this is important because the suicide rate amongst trans people is really high and this is part of the reason why, you know what I mean? It's just very hard to get help, even if you want it.

Aima (23; 10-12)

Aima describes that suicide rates amongst trans people correlates with the lack of support for trans people. This is very poignant as she is inferring that if better support was more readily available, less people would be dying.

That was the main reason I came out. There was too much pressure

Maya (30; 07)

I'd like to transition and get on with my life but that's unlikely with the GPs saying no to everything.

Maya (40; 25-26)

Maya on the other hand is describing the instrumental effect coming out had on her coming out experience. Maya is essentially saying that she did not make a personal choice to come out, instead it was fuelled by external pressure – and in that sense Maya relinquished true control over the disclosure of her own identity. Trans people encounter significant problems of being pathologised and marginalized (Richards & Barker, 2015) and when accessing healthcare, health professionals including GPs need better information in treating trans service users (Choudrey, 2016).

In summary, this subtheme explored the negative outcomes from a lack of support. Participants discussed how things 'fell apart' for them from a lack of support, and how a lack of encouragement to come out meant that they chose to hide their identity. More culture specific support would have made the

coming out process somewhat easier for some. A participant also reported a lack of support from GPs and another participant, reporting suicide rates being high amongst trans people, perhaps suggested that this had crossed their mind. In the next subtheme participants discuss this further and we see the shortcoming of available support.

3.5.2. Shortcomings of available support

Individual participants in this section describe their narratives of how they were denied any medical support and a lack of support from GPs and specialist services and how existing support participants received was not good enough. Below is an example of Aima describing this:

I will say that the reduction and budget cuts in mental health services in the United Kingdom have really affected me negatively in the past couple of years and that's like- And that's totally the fault of the Conservative party- and it's just directly led to one of the worst mental health care systems I've ever seen. And like yeah, I've repeatedly tried to get therapy and I just can't do it, you know what I mean? Like I'm either told that it's not- that my transness isn't somebody's specialty or I'm just put on a waiting list and I eventually just give up right?

Aima (22; 15-21)

Yeah well I mean the NHS definitely [is a difficult route to obtain trans support]

Aima (23; 17)

Aima conveys that, owing to the political changes and a lack of awareness amongst NHS services, it has been repeatedly difficult for her to access support. She has been declined certain support on the grounds that her

'transness isn't someone's speciality'. This really signifies that the NHS does not have the means to fully meet the needs of South Asian trans people. Qasim however reports that:

I spoke to my GP about the possibility of like what would be or if I could - if she could refer me to like a gender clinic. So that started the ball rolling. It was a very long process, I'm sure you know, erm - so it took quite a long time to have the first appointment.

Qasim (2; 34-37)

It was like one of those stipulations that they wouldn't prescribe hormones until I'd come out to my family. Which - I'm a bit annoyed about now to be honest, come to think about it. Because you know, as a grown adult - you know it's really my business.

Qasim (17; 11-14)

It appears as though after being referred for his first appointment, Qasim was not prescribed hormones unless he had come out to his family. This suggests the vast lack of understanding amongst health professionals who fail to understand the difficulties associated with coming out as a South Asian trans person. This often leads to underrepresentation and stops trans people from accessing healthcare (Choudrey, 2016). There is a prevailing notion between 'coming out' or being a certain 'kind' of trans, it seems that individuals are having to fit themselves into a preordained 'checkbox' in order to get treatment, and if they fall outside those parameters, they are on their own.

Basically, [support] it was my biggest barrier after I had decided to transition about finding medical assistance to do so.

Maya (3; 49-51)

I saw an endocrinologist, a psychiatrist and a paediatrician. And they said well, give it time, Maya may grow out of it.

Maya (5; 01-04)

They could not understand the difference, from my perspective, of sex and gender and having to try and find the words, it's a very traumatizing experience.

Maya (9; 34-39)

For Maya there appears to be a lack of ignorance amongst health professionals who believed that it is something that she will eventually 'grow out of'. Maya transitioned in India and this tells us the lack of understanding and knowledge of trans specific issues by health professionals in India towards trans/non-binary people. This appears to be particularly traumatizing the notion of 'growing out of it' or 'it's just a phase' is a widespread and cliché misunderstanding of trans issues. This also suggests a culturally prevalent and also harmful language, reducing one's identity to a 'teenage rebellion or 'fashion trend'. Below Jasmin describes a similar account of ignorance from healthcare professionals:

Yeah for more surgery, everything I just ask them for they just always say no.

Jasmin (3; 33)

They don't want to treat me right, don't want to have to deal with me. That's what she said directly [to me]. So now the GPs they don't want to deal with me or take me on.

Jasmin (28; 03-05)

The care for trans people- the care for trans people is not that good.

Jasmin (41; 08)

Jasmin describes that the care for trans people in the UK 'is not good'. It seems as though this is the consensus amongst most of the participants but for Jasmin it appears that she may have been brushed off by the system. There's almost a sense of rejection and lack of compassion for someone who clearly needs the support. Selina adds:

The way in which the understanding of the wider world about trans issues interacted with the trans people who had gone through um a transition meant that there was...an artificiality to it all.

Selina (13; 15-18)

I don't know how much you know about the process of going through Charing Cross? But whilst it's a lot better than it used to be, it's still very shit. So, and they are very much gatekeepers.

Selina (20; 11-13)

It appears as though participants have had difficulties even with specialist services that are in a position to help trans people. Instead of providing appropriate interventions it seems as though the NHS has expanded into gate keeping and micro-management. This reinforced the prevailing notion of check boxing/coercing to come out. This is reported by Selina and suggests that there may be a need to work closely with specialist gender identity clinics and make them aware of the complexities that coming out has on certain people, ethnicities and backgrounds.

In this subtheme we see participants describe the consequences of not having any culture specific support available to them. Participants describe how they were unsupported by professionals and were denied any therapy, hormones or surgery due to not coming out to families first or having fewer specialists to help them. Long waiting lists have also meant that some patients would eventually give up and battle their problems on their own. Others describe that budget cuts, the economy and political parties have left them feeling stripped of any support. As we have seen in earlier themes this lack of support can sometime derive from a lack of knowledge and understanding of intersectionality and how to support people from marginalized communities. In the next theme we see participants throw more light on this.

3.5.3. Lack of knowledge

In this section participants describe a lack of support that comes in particular from a lack of knowledge of outsiders and a lack of knowledge available to participants to access:

I tell her, you can't judge people, you can't assume things about black people, you can't you know, you can't assume feminists are lesbians and all these things but yeah she, I don't know, she doesn't listen.

Zara (28; 34-36)

I started writing and some of my writing got like published on sites and stuff and got really successful, and she was like 'I read it', and it kind of - she said she was really proud of me and like really excited for me.

Zara (31; 42-45)

Zara talks about their sister and gives her examples of how it's possible not to see things as black and white and that there are shades of grey in the middle. This also links back to the preferred binary identity in South Asian culture and seeing the gender binary as fixed male or female (fixed identities). We also get a sense that perhaps Zara's sister was beginning to make sense of and come to understand Zara better through their writing. It seems as though Zara may have come a long way with her family but what is obvious is that there is a need to educate South Asian parents and families in understanding trans issues and just how difficult coming out is. Qasim adds:

There were very specific issues that South Asian and ethnic minority trans people go through, that isn't - and that sort of information isn't available when you're transitioning.

Qasim (1; 21-23)

We see Qasim describe the dearth of information on trans issues, and particularly specific issues of South Asian culture and how intersecting identities of South Asian trans people pose problems for mainstream society to understand. This confusion often leaves South Asian trans people ostracised and marginalised due to the lack of information and support available to them. It is indicative that South Asian trans people need to have support available to them before they decide to transition. Maya and Aima throw more light on the lack of understanding of health professionals:

I don't think they [doctors] understood the difference between sex and gender.

Maya (5; 06-08)

I remember one psychiatrist told me, if you were really transgender you would have tried to go to a girls school, why did you go to a boys school?

Maya (9; 47-51)

He had an idea that you had to have conformed without any sense of - sense for your own safety and security when as a child, but that you should have insisted right from day one that you were a girl and were the gender of a girl at all times

Maya (10; 07-14)

Yeah because it was just like, it's like a lot of human resources people just don't have the training to deal with gender issues and deal with flexible gender expression and stuff like that.

Aima (24; 06-08)

Maya and Aima describe the ignorance of professionals including psychiatrists who demonstrate a clear lack of understanding of trans issues and what their specific needs may be. Maya conveys how she felt doctors failed to understand the difference between sex and gender and assumed that she would go to a girl's school instead of a boy's school. As we have seen in earlier themes there is a clear identity conflict between the absolute male, the absolute female and the oppression of gender fluidity placed on participants by their families and the community as a whole. This lack of understanding and ignorance would inevitably lead to distrust in health professionals. Thus, in gaining the trust of South Asian trans people it is important to understand their specific needs and ask questions specifically related to their culture. Jasmin throws light on this by adding:

They don't understand it at all because they think in an old fashioned way so they don't understand.

Jasmin (8; 02-03)

They don't understand that's why. If they did understand what it

was then they would be a bit different. But because they just fail to understand they don't really... know what to do.

Jasmin (31; 32-35)

Jasmin is referring to her family and describes them as 'old fashioned'. As Butler (2008) informs us, to be modern is to be in radical departure from the pre-modern. This conception of modernity is therefore seen as progressive through time and sets bodies and cultures apart highlighting those that require intervention. Therefore South Asian trans people's subjectivity remains significant in understanding the failure of multiculturalism. This indicates the need to invest in cultural homogeneity in order to rationalise assumptions towards South Asian trans people. Selina adds further:

And if you were lucky you encountered a psychiatrist who wasn't a bastard, who might have some awareness of this thing called transexualism, transexuality as it was considered and called then.

Selina (13; 20-23)

They told you how to dress, they told you what to do, they told you what was expected of you. You had to believe that you were a woman trapped in a man's body and you wish you could have babies, that you never touched a guy but you secretly wished you were married to a guy and that you'd have their babies. That was kind of like one story you were expected to present and only if you conformed to that story, only if you presented and kept to that role repeatedly with them, would they assist you in any way, shape or form with transitioning.

Selina (13; 27-34)

Selina's experience of healthcare professionals shows one cultural unawareness. The old-fashioned way in which she felt assessed is indicative

of cultural incompetency in the healthcare system, a lack of understanding on trans issues/gender identity and use of language etc. She also describes an old fashioned way of being assessed in gender identity clinics: for example, dressing in a certain way and ticking all the boxes to be considered for reassignment. From this we understand that there is no correct way to perform gender. As Butler states, gender is not something that one is but rather what they do or a sequence of acts (Butler, 1990). However, coming out often means going on a waiting list for surgery which can sometimes take up to 3 years. This is also when trans people experience depression, self-harm and are at risk of suicide as this is something that they did not anticipate after years of suffering alone. We get a sense of rejection and desperation from Selina as well as other participants who seem to be let down by the NHS. Appropriate intervention at the right time by the health care system is significant to trans people seeking support so that they can make the right and safe choices for themselves.

Lack of knowledge has meant families and health care professionals make assumptions about trans people and the specific issues they go through. Participants described a lack of understanding from health professionals and families. In the final subtheme participants discuss in detail the importance of family and friends in their coming out journey.

3.5.4. Importance of family as support

The support of family and friends forms an important part of participant's life in this study. From their narratives it is apparent that they all have a strong desire to be accepted by their family and friends. The final subtheme depicts participants' experiences of coming out to their families particularly their feelings on their family's perspectives and reactions as supportive indicators. Zara depicts a sense of frustration and desperation of wanting their mum to

act on their behalf, almost hoping and wishing that she would understand and support them in front of other family members:

I've moved back here so we're seeing a lot more of our relatives and friends who have known me since I was a little girl and I keep telling her, you know, have you told uncle this or auntie this? That I'm trans and I'm not a girl anymore? Because we are going to see this person tomorrow or you know, we are on the way and she's just like, no I don't need to say anything and I want her to like do the coming out for me. I don't know what the right words to use are, that they'll understand in that kind of generation. So, I want her to do it because it's like a way of protecting me as well. If they don't take it well then my mum can stand up for me.

Zara (13; 36-44)

We see that Zara wants their mum to act. Zara wants their mum to be an ally, and prove themselves. It is clearly important to Zara not only to have their mum's acknowledged support, but to see it in action:

I guess that she's like proud of me, like she's not trying to hide it [my trans identity].

Zara (19; 24)

I also know people are scared of people who are confident, people who are okay with themselves and people will be scared of people who support those people

Zara (20; 35-37)

We see Zara acknowledging supporters as important, not simply for supporting but also in the knowledge that support in itself is a daring, almost brave act. Zara therefore gives an added layer of vitality to supporters.

You know, if my mum - people won't do anything if my mum is like this is my son and he's trans and he's really awesome. Why would they say anything? And it's just like really really frustrating that she doesn't understand.

Zara (20; 37-40)

Zara is almost wishfully dreaming of an idealized support. This shows the importance of the support to Zara, because they actually fantasize about it.

You need to support this person or say something a bit more than that and then she just expects me to do everything and it's just really frustrating. Then that friend was like, I don't really care, like that's fine but why didn't your mum tell me for the last 3 years or 4 years?

Zara (28; 43-46)

It was important for Zara to feel accepted by their extended family. Zara wanted to feel safe and wanted the family to feel proud of them so that they felt confident enough to stand up for them if anyone disapproved of their gender identity. Qasim on the other hand adds:

My family were quite taken aback by how much I'd changed in such a short amount of time. And - so that was quite difficult. It was really hard, and that was like - probably the main reason why I decided to - you know - stop, or at least you know, pause my transition, because it was just - I think - it was just so much harder than I thought it would be. I thought it would be pretty hard. I didn't think it would be as hard

Qasim (9; 33-38)

Support is drastically important in Qasim's case. The clear lack of it actually resulted in him stopping transitioning, which is monumentally indicative. Maya describes her account:

Coming out properly to my family the first time, which was when I was about maybe 15 or 16 years old, was the toughest because it was really difficult to do that. I couldn't do it face to face, but I was desperate, I needed to tell someone what I was feeling and then I needed some help to get what I wanted which was to live as a woman for a time.

Maya (4; 20-30)

I would say that my whole home was safe, despite given the context in which I was you know, growing up and it felt like a free space to be home

Maya (14; 27-31)

I wanted my sister to act. Not what she is now. Just abusive and being sworn at. It's not very nice.

Jasmin (6; 27)

We see an idealism of support from Jasmin's quote, a fantasy of the sister being nicer than she is, similar in a sense to Zara's mother. Below Aima describes what it means to have support in her life:

I've been with my partner, like erm, like the times that she recognised me based on my chosen gender identity, I found it genuinely thrilling. And like the intimacy we share is based on that and that's definitely been the best experience about coming out.

Aima (14; 08-11)

Aima talks about the importance of support and from this we can conclude that having a support network is an integral part of the trans person's coming out experience.

In summary participants in this subtheme describe an almost idealized fantasy of how they would have wanted their family and friends to react, support and help them through their transitioning or coming out. They describe a strong desire to be accepted by their families, wishing that they had understood, 'stood up' for them and supported them through their transitioning. A participant reported how he had stopped transitioning because of how difficult it was for his family to see him change so quickly. Most participants were desperate to tell families initially about how they felt and desperately needed help.

Overall, in conclusion the fourth super-ordinate theme covers the difficulties and lack of support available to participants when deciding to transition or come out as trans. Participants described that it was repeatedly difficult for them to access support and that a lack of culture specific support prevented them from transitioning. This suggested a clear ignorance of the specific needs of South Asian trans people and cultural incompetency from healthcare professionals. Finally, participants had a strong idealistic desire of wanting to be supported by the family.

4. Discussion

4.1 Introduction

In this chapter I discuss the key findings that emerged from the study. I review the findings in relation to the research aims and how they fit with the existing literature. I then discuss clinical implications for the field of Counselling psychology and explore the limitations of the study. Potential recommendations for the study are outlined followed by conclusions.

4.1.1 Research aims and summary of findings

The present study aimed to explore the coming out experiences of South Asian trans people living in the UK. Four core themes emerged in relation to participants' coming out experiences as a South Asian trans person in the UK. These were:

- Negotiating self-identity
- Family responses and conflict with the South Asian community
- Exploration of identity
- Support systems

I will now explain each of these themes briefly, before going on to discuss them in relation to past literature.

The first theme titled 'negotiating self-identity' describes how participants experienced and negotiated conflicts between their intersecting identities (ethnic, religious and cultural, as well as their gender and sexuality). The results highlight the challenging complexity of the phenomenon. Conflicts were widely expressed between the trans and South Asian identity, the Asian and British identity, as well as the trans-straight and cis-gay identity. Furthermore, all participants felt pressured to deny or force their trans identity in some way, which was most prominently due to the necessity to suit situational contexts where identity conflicts arose. More specifically, The

results suggest that participants' experiences of identity conflict is rooted in a cultural, religious and familial pressure specific to their often-conservative South Asian heritage. Participants reported that it was difficult to express gender fluidity, which was rejected in favour of the binary by their own South Asian culture. Deviation from these norms by siding with another identity resulted in unwanted outcomes, such as participants losing contact with their families. Participants also described the intersecting complexities of navigating both gender binaries (man/woman) and cultural binaries (east/west). As a result of this, participants often felt widely marginalised by the various cultures and communities to which they identified.

The second theme 'family responses and conflict with the South Asian community' detailed participants' experiences among their native ethnic community, and particularly their families – which were overwhelmingly negative. Family disapproval and rejection of the trans individual was widely prevalent, and all participants expressed that they lacked a safe space in the South Asian community. Furthermore, participants detailed that their being transgender was treated as an illness. This subsequently resulted in attempts to 'cure' the individual. As a result of these experiences, participants reported feeling ostracized, unsupported and isolated. Some were told to keep their identity a secret, whilst others were physically and emotionally abused.

'Exploration of identity' explored participants' identity issues beyond conflict, focussing on their widely shared experiences of losing, giving up, or simply acknowledging the absence of a specific identity. Notably, participants felt neither British nor South Asian enough to be fully integrated into either culture, resulting in a wider lacking of the ethnic and cultural identity. Participants also found that queer was a facet of western culture, and found little sense of belonging in trans spaces that were predominantly white. Participants also expressed that they lacked a religious identity as a result of being trans, and often felt abandoned by their respective faiths. These experiences were often

cumulative, resulting in participants generally feeling mournful towards their lost identities, and rejected by society on several levels.

Finally, the last theme 'support systems' explored participants' descriptions of the both the importance and difficulties surrounding support on professional and interpersonal levels. Participants identified that there was a lack of professional support available to them, which was a universally negative experience preventing them from transitioning as desired. Furthermore, the professional support that was accessed was criticised for its shortcomings, particularly by expecting participants to fit within predetermined borders for what it meant to be trans. Participants also described a lack of knowledge across available professional support, which most prominently involved a clear ignorance of the specific needs of South Asian trans people. These experiences resulted in participants feeling otherised by institutional services, and often damaged their coming out process. Participants did however indicate the importance of their friends and LGBT allies as supporters. They also described a strong idealistic desire of wanting to be supported by the family.

4.2 Discussion of the Analysis in relation to past literature

4.2.1 Negotiating self-identity

The first main theme was 'negotiating self-identity'. Participants described the challenging experiences of negotiating their intersecting identities in the context of their ethnic, religious, and cultural identity, as well as their gender. Participants feared that 'being out' would lead to abandonment, being ostracised and further struggles (Gagne, Tewksbury, & McGaughey, 1997). Iantaffi and Barker (2017) describe gender identity as an "inner sense of self" (p. 53), as such, all the participants' sense of self or identity construction was threatened or denied in some way by those around them. This threat to

identity has been well documented in LGB literature, particularly on South Asian gay men (Breakwell, 1968; Ghuman, 2003, Jaspal & Siraj, 2011; McKeown, 2010) which had a strong overlap with the current findings.

Some participants who took part in the study described a conflict between the cultural gender binary and their own gender fluidity. Participants largely found this conflict to be rooted in a deeper cultural, religious and familial pressure specific to their mostly-conservative South Asian heritage. Other studies shed light on why this may be the case. Many have found that factors such as shame and honour are important for South Asian families and the community (Bhardwaj, 2001; Gangoli, Razik & McCarry, 2006). Often deviating from cultural and traditional norms results in further shame and brings dishonour to the family and community as a whole (Bhardwaj, 2001). This was widely evidenced by participants in this study, who experienced rejection, as well as both physical and psychological abuse from members of the South Asian community. Notably, family members who perpetrated this often justified their actions by referencing the alleged shame brought to the family by the participant. This suggests a lack of solidarity with trans people in the South Asian community, and supports the view that British South Asian people tend to be uniform collectivists, holding traditional family values, community belonging and religion with great importance. Decision-making is widely influenced by these factors, and often topics on sexuality are taboo in the household, with families fearing individuals being 'corrupted' by Western values (Gangoli et al., 2006; Hennink, Diamond, & Cooper, 1999). This suggests a potential barrier for South Asian trans people in the UK to come out safely without prejudice, as they are often inherently prejudiced by their own families, friends and the community, and have to maintain a 'reiterative process' as contended by Brah (1996). This was universally the case for participants in the study. It can therefore be suggested that British South Asian trans people are often unsupported by their families, and are constantly

re-working and re-affirming their gender identities within their social and political contexts.

The study revealed a clear rejection of trans and any non-binary gender expression from family members, which meant that when participants were occasionally supported in identifying as trans, they were expected to become a fully-formed archetype of that gender. Transitioning itself was often forbidden and participants had to negotiate and navigate from one gender/sexuality to another, producing diasporic identities to suit certain situational contexts. As Butler (1990) states, gender is always a 'doing' and cannot be regarded as fixed but as fluid and unstable. Participants were expected to embody a hegemonic masculinity (Connell, 1987), for example if daughters were to become sons they had to do so overnight. They were expected to grow beards, lift weights and instantly fit into an archetype of masculinity.

Some participants identified as a "cisgender" gay person prior to coming out as trans. These participants found that identifying as "cis-gay" was preferable to identifying as trans in British South Asian culture. This was due to participants' families preferring the former as a lesser abhorrence, due to the invisible nature of sexuality against the highly visible nature of gender expression. This created an identity conflict as participants navigated their intersecting sexuality and gender in a manner that was externally pressured. To a lesser significance, participants also described a wider conflict between their British and South Asian identity, particularly as their being trans often drew them away from conservative South Asian communities and towards liberal, mostly-white communities. Therefore it is increasingly apparent that being gay (although not acceptable) is preferable to being trans in South Asian culture. This supports previous literature on LGB individuals that have found that it to be easier to come out to families as gay or lesbian than bisexual (Pistella et al., 2016), suggesting a binary view of sexuality (gay or

straight) as well as gender (man or woman). Participants' families in the study seemed to prefer the former as a lesser abhorrence, largely due to the invisible nature of sexuality, as opposed to the highly visible nature of gender expression (Goffman, 1963).

Most participants' families found it particularly difficult to make sense of their gender, and some described it as a 'Western disease'. Mangton et al (2002) also found the notion that of trans as a Western disease was a belief shared amongst the South Asian community. This supports earlier studies (Gill, 1996; Evola, 2001; Butler, 2010; Brah, 1996), and indicated the process of shifting, negotiating and navigating one's gender identity was a challenging process for South Asian trans people. It is Werbner's (2004) perspective that the shifting of identities is a voluntary yet extremely challenging process, where South Asian people combine different personhoods to produce diverse diasporic identities to suit certain situational contexts. This suggests that they contest and negotiate their diverse realities giving rise to multiple and subjective expressions of gender (Brah, 1996).

Participants also described a wider conflict between their British and South Asian identity, particularly as their being trans often drew them away from conservative South Asian communities and towards liberal, mostly-white communities. Some participants discussed their post-colonial experience of being marginalised by both communities and the impact of this on their identity. For example, Selina talked about her 'reconnection' to post-colonialism and said that "[it's] a reconnection to the fact that I do have a post-colonial experience um, of being a marginalised community and the way in which that's affected me and the way in which I was marginalised by both communities". Selina's suggestion implies that colonialism still exists residually in Britain in a hidden form. This is known as neo-colonialism, which is still ruling people's psychology (Said, 1978; Bhabha, 2012).

There also appears to be a sense of inferiority in the binary opposition of west and east. Bertens (2007, p. 205) argues that 'west and east form a binary opposition in which the two poles define each other, the inferiority that orientalism attributes to the east simultaneously serves to construct the west's superiority. The sensuality, irrationality, primitiveness, and despotism of the east construct the west as rational, democratic, and progressive and so on'.

This orientalist view represents the west as superior to the east (Goncalo & Staw, 2006). For British South Asians like Selina, who represent both east and west, this can give rise to further complexity: colonialist attitudes can be experienced across both communities, with Selina perceived as both the western colonial and eastern migrant. This magnified Selina's feelings of being marginalised as both too Asian or too White. Interestingly, the Asian vs. British identity conflict shares parallels with the trans identity, as both fall victim to an 'all or nothing' culture. There is a clear rejection of trans in South Asian culture which often perpetuates a deep lack of belonging, particularly for trans people who fall outside the cultural and sexual binary (Barker, 2012; Barker & Scheele, 2016).

It is evident that identity conflict for South Asian trans people is a multi-faceted and potentially devastating issue rooted in complex cultural and personal dynamics. Having multiple identities poses unique challenges for South Asian trans people living in the UK and the findings suggest that trans people often feel like they need to shed one culture in order to embrace another. Therefore, an intersectional understanding of participant experiences was vital for the current study (Collins & Bilge, 2016), as it demonstrates the social inequality and power dynamics between the two cultures, as well as the complexities of navigating both gender binaries (man/woman) and cultural binaries (east/west). Overall, this theme demonstrated that identity conflict for South Asian trans people living in the UK is a multi-faceted and potentially devastating issue rooted in complex cultural and personal dynamics

Identity process theory gives us insight into how ethnic and sexual identity is constructed. It considers the motivational principles of identity, as well as the socio-psychological functions of ethnic identity (Breakwell, 1986). The theory could potentially have a significant place in trans literature by helping us to understand how South Asian trans people assimilate-accommodate (both absorb new information and integrate it into the evaluation and construction of their identity). For example, in the study participants had accepted that they were trans and then began to question this negatively in relation to their other intersecting identities, such as their religious identity. The theory could also help us to understand how trans people cope with threat in social and political contexts.

These insights are particularly valuable to the field of counselling psychology in terms of helping therapists to understand the specific challenges South Asian trans people living in the UK face, particularly when trying to come out and express their gender identity. Therapists and health professionals could also support families in understanding their concerns, helping to educate them and assist in resolving any conflict.

4.2.2. Family responses and conflict with the South Asian community

The second main theme looked at the experiences of trans people within their South Asian community. One of the significant barriers to coming out was a fear of family disapproval and rejection. Similar to South Asian LGB studies (Jaspal & Cinnirella, 2010; Yip, 2007), some participants experienced violence and abuse and were forced to give up their identity. Participants described that they felt ostracized, unsupported and isolated upon coming out (Choudrey, 2016). Some reported that they were told to keep their identity a secret and were pushed back into the 'closet', whilst others were physically and emotionally abused. Often, such experiences result in poor mental health

(Clements-Nolle et al., 2001; Nemoto et al., 2004, 2011; Rotondi et al., 2011a, b) and depression (Diaz et al., 2004).

One participant described being forced to marry and coerced to turn to religion against their own instinct. Marriage is a key institution in South Asian culture and is regarded as aiding in maintaining cultural and religious duties (Basit, 1997; Bhopal, 1997; Shaw, 2000; Shaw & Charlsley, 2006). By maintaining these duties the individual is expected to honour and respect the family and the community (Bhardwaj, 2001; Gangoli, Razik & McCarry, 2006).

Participants described the magnitude of shame that South Asian culture may attribute to anything LGBT, and emphasise the notion that being trans is potentially an ultimate abhorrence. For one participant's parent, gender-related surgeries were seen as an act of 'mutilation', a powerful term which signifies corruption – and in this case corruption of the self. Mutilated forms are often considered satanic, repulsive and against the alleged will of God. All of these are key to the South Asian community's general disapproval of the transgender community. As a result, family reactions took various forms, from denial to expulsion and repression of the trans person's disclosure, to families praying for change, violence, punishments, coercion and even forced marriage. These findings are again similar to broader research on South Asian LGB people, suggesting that some South Asian culture may have a negative attitude towards sexual and gender diversity.

Participants talked about a lack of support from friends and family in voicing who they were. They also described themselves as subject to many forms of oppression. They related how they were ostracised, undermined and ridiculed for expressing their gender identity. They reported the negative physical and psychological impact of not identifying as cis-gender in a culture and society that privileges this identity category.

Colonialist views on gender were also highlighted as these have been historically erased to support gender variance. Despite this, participants identified that their lived experience in Britain was 'post-colonial', exemplified by their shared difficulty in finding an ethnic belonging in trans spaces. This can result in individuals feeling otherised, and may be considered a form of racism that is present today (Fryer, 1993). There is therefore a need to create safer and healthier spaces for South Asian trans people to collectively express themselves, be listened to and respected.

Participants also described that they had lost friends, did not feel close enough to family or friends, and/or had a fear of being rejected by them. This often became a significant barrier to coming out. In Gagne, Tewksbury and McGaughey (1997) trans people experienced high rates of rejection and abandonment from families and friends, which manifested in depression, alienation and hopelessness. Trans people also suffer from psychosocial difficulties as a result of being isolated by friends, family and the community as a whole (Diaz, Ayala, & Bein, 2004; Nanda, 1993).

Fewer specialist services meant that participants did not have an environment to establish resources, build networks, relationships and meaningful trust in order to feel safe enough to come out. Yip (2007) suggested these are important factors in order to "enable smooth engagement amongst members" (p. 86). Choudrey (2016) outlines some important suggestions for creating safe spaces and working with BAME trans people. They suggest the importance of having BAME and trans only spaces, to take steps and move towards making a change, to listen to the lived experiences of trans people and to educate oneself on trans issues.

4.2.3. Exploration of Identity

Participants described a sense of lacking belonging amongst their intersecting identities. Participants felt neither white nor South Asian enough to be fully integrated into either culture, and found little sense of belonging in trans spaces which were predominantly white.

These findings highlight the different layers of oppression experienced by participants and how their intersecting identities often posed unique challenges. Butler et al (2010) argued that LGB narratives have mostly been documented from white perspectives and therefore do not portray some of the challenges that intersecting identities with other races or cultures may pose. Participants in the present study described the challenges they had faced in their own ethnic groups and discussed how their intersecting identities meant that they were not able to fit into both cultures, whilst widely acknowledging it is safer and easier to come out for white people. They described that due to their immersion in LGBT culture, which is predominantly white, they did not feel particularly brown (South Asian). Participants conveyed that it was easier for them to express their gender in white communities. There was therefore a sense that participants had to choose between being accepted in terms of their gender, but not their race within LGBT spaces; or their race, but not their gender within their South Asian communities.

Participants expressed that they generally felt isolated, withdrawn and disconnected from their South Asian community which could potentially have a significant impact on a person's mental health due to the disadvantage and prejudice minority ethnic groups face (Bhui et al., 2003). Participants also revealed that they were not able to identify with either their Asian or their British side, with some feeling completely excluded and marginalized by both communities. Selina found it difficult to connect to her Asian side, yet at the same time was bullied in school for not being English enough. This clearly suggests an element of social exclusion and lacking a sense of ethnic identity from both cultures which consequently reflects the high incidence of physical

and psychological problems in specific minority groups (Bhui et al., 2003). Some reported feeling like the 'other' and not feeling 'accepted', meaning that they found themselves either negotiating or abandoning a part of their identity in order to fit in. These findings appear to be in line with other studies on South Asian LGB people.

Some participants discussed their experiences of attempting to find a religious identity within Islam. They indicated a desire to be accepted, but often failed to connect with the religion due to its perceived rejection of their trans identity. Participants also described being unable to connect to Islam due to texts being written in languages other than English, and consequently reported 'falling out of religion'. Other participants were able to interpret Islam in a way that supported their trans identity, whilst some explored various other religions. These pursuits were grounded in a desire shared by most participants to find a sense of belonging within religion, and Islam in particular. When this could not be found, participants felt an absence of their religious identity.

Families often forced religion on trans individuals in an attempt to 'fix' them. Justification for this included the belief that the participant was 'crazed or possessed', notably by the jinn (Islamic supernatural creatures). There was a belief that religion or heterosexual marriage would 'cure' them of their trans identity. Similar to previous studies on LGB people, this desire for a supernatural explanation or a subsequent cure reflects a wider complication of coming out, with families feeling forced to behave in a way to protect their 'honour' (Goldberg, 2010). Therefore, the family environment may not be a safe space for some South Asian people to come out in. This is evident of the wider issue that South Asian culture has minimal trans culture. Coupled with the fact that trans people are under-represented in LGBT spaces (Choudrey, 2016), South Asian trans people may struggle to find a sense of belonging in any of their associative cultures or family groups.

In Klein et al (2015) one of the complications of coming out for trans individuals was having positive relationships with their family, a notion supported by this study. This suggests that negative interpersonal exchanges or relationships in people's lives can impact their mental health (Vansteenkiste & Ryan, 2013), whereas positive relationships and supportive reactions offer individuals adjustment to their new situations (Snapp et al., 2015). Thus it is important to recognise how relationships and negative reactions of family members can have a lasting negative impact on a person's coming out and their overall well-being. These findings inform a previous study, suggesting that stronger negative reactions to coming out leads to depression and low self-esteem, notably by leaving the individual feeling disconnected and unable to express them self (Ryan et al., 2015). This could potentially lead to the trans person losing their 'inner sense of self' (Iataffi & Barker, 2017), and indicates future studies must look at the well-being of South Asian trans people in the context of their support networks.

Participants described their experiences of accessing support in predominantly white spaces. They also described their resentment and frustration that South Asian culture seemingly has no trans culture. Hence they described accessing predominantly white trans spaces, but feeling alienated and isolated there. Choudrey (2016) demonstrates a need for more "people to see those that look like them in the same place as them" (p.17). This could potentially suggest that trans people feel isolated in these spaces if they are not around people of their own colour/culture. There appeared to be a lack of space for trans individuals and which was an issue even more prevalent for South Asian trans people.

Some participants in particular suggested that 'being gay or whatever' is a product of a dominant western culture (White British) and that people within this culture are accepted more than South Asian individuals. In relation to past

research in this area McKeown et al. (2010), found that ethnic minority gay men have more problems and challenges of disclosure in comparison to White British gay men. On the other hand, Chan (1989) found that Asian gay men reported feeling more comfortable identifying as gay in the white community than identifying as gay in their own ethnic community. Thus the present study suggests that participants are specifically stemmed from a set of culturally generated obstacles that separated them from the White British mainstream. There is a possibility that the under-representation of South Asian people in predominantly white spaces, including support groups and social media groups may have discouraged participants in this study to come forward for support (Choudrey, 2016).

Participants also found that trans culture was dominated by western influences beyond its ethnic make-up. They described that the modern understanding of trans is a construct of the white LGBT community, and did not therefore feel 'trans enough' in support groups and had to 'try harder' to fit in. This suggests the white liberal understanding of trans may be subject to observable performative parameters, which South Asian trans people may not fit into. Thus, the notion of trans as the property of white culture is reinforced, because the facets of trans identity may be intrinsically dictated by white culture. For South Asian trans people, this can leave them feeling a sense of lacking towards their own trans identity. It is therefore widely apparent that there is a lack of support for South Asian trans people in the UK who feel like a 'minority within a minority' (Jeraj, 2014). Counselling services and other private sectors need to recognise these issues and ensure that they reflect the needs of BME individuals.

4.2.4. Support systems

The final sets of findings were derived from the last main theme – 'support systems'. As family and friends as a support network have been described in

the previous section, this section will focus on health professionals. All participants described the lack of support available to them when deciding to transition or come out as trans. Participants stated repeatedly that it was difficult for them to access support and that a lack of culture-specific support prevented them from transitioning. Furthermore, the support that was accessed was criticised for falling short of requirements, particularly by expecting participants to fit within predetermined borders for what it meant to be trans. This resulted in various negative outcomes for participants, such as feeling that they were 'falling apart', as well as being obliged to hide their identity as a result of poor support.

Participants also reported feeling pressured to come out, yet unsupported by GPs who said 'no to everything [treatment]'. This highlights the problems trans people face due to a lack of NHS funding, and indicates the need for services at an institutional level to improve their understanding of trans issues.

Participants also described repeatedly that there was a lack of culture-specific support which prevented them from transitioning, or made transitioning difficult. They described a clear ignorance of the specific needs of South Asian trans people, and cultural incompetency from healthcare professionals often failing to listen to their specific needs. Participants described that if they had been 'encouraged to come out' and had had some sort of 'support network' that understood the difficulties of the culture that they come from; their coming out process would have been somewhat easier. This suggests the vast lack of understanding amongst health professionals who fail to understand the difficulties associated with coming out as a South Asian trans person. This often leads to underrepresentation and stops trans people from accessing healthcare (Choudrey, 2016).

Some participants described the ignorance of professionals including psychiatrists who demonstrated a clear lack of understanding of wider trans.

Maya described how in her view doctors failed to understand the difference between sex and gender (“they could not understand the difference, from my perspective, of sex and gender and having to try and find the words, it’s a very traumatizing experience”). This alleged lack of understanding and would inevitably lead to distrust in health professionals. Thus, in better providing for the needs of the South Asian trans community it is important to understand their specific needs and ask questions specifically related to their culture.

Overall it was difficult for participants to access support services and that a lack of culture specific support prevented them from transitioning. They were often unsupported by professionals and denied requested therapy, hormones or surgery due to not coming out to families first. Long waiting lists and budget cuts would mean that some patients would eventually give up and battle their problems on their own. Lack of knowledge also meant that health care professionals as well families made assumptions about trans people and the specific issues they went through. This suggests a clear ignorance of the specific needs of South Asian trans people and cultural incompetency from healthcare professionals.

Through these themes the complexities and challenges faced by South Asian trans people living in the UK were striking. Conclusively, there was a sense of marginalisation and rejection from the South Asian community and culture, paralleled with a frustration at white, western trans culture which failed to represent them. The findings highlight the complexity of the phenomenon and suggests that South Asian trans people experience challenges in negotiating their intersecting ethnic, religious and cultural identities, as well as their gender (Collins, 2000, 2006; Crenshaw, 1991).

4.3 Implications for clinical practice and recommendations

The findings of this study and previous literature have several practical implications. They suggest that coming out for South Asian trans people is not a onetime experience but a continuous multifaceted process. This process comes with a whole myriad of challenges for South Asian trans people with intersecting identities, and it is therefore important to understand how race, ethnicity and social class interacts with gender and sexuality (Crenshaw, 1991; Warner & Shields, 2013). When working with the South Asian trans community it is important to consider the multifaceted nature of the coming out phenomenon, as well as other underlying issues and specific challenges that this group of people face.

The findings highlight the importance of educating health professionals including GPs and therapists to respond to the specific needs of trans people in general, and South Asian trans people in particular. Often accessing local support services and GPs can be a daunting experience for trans people, but making support services more aware and competent in working with diverse cultures and backgrounds would encourage more trans people to come forward for support.

The study also suggests that GPs, therapists and other health professionals need to work with families, build an education of trans issues and be more active with the South Asian community. This would involve improving their awareness of the challenges that their trans family member may be going through. Importantly, these need to be lead by the South Asian community, particularly by local and religious leaders who may be able to aid in this wider education. The resulting creation of safe spaces like support groups could enable families to openly discuss and ask questions around gender and identity issues. Families could then overcome certain barriers, and discuss any sensitive or taboo topics at home.

The study also revealed that there is a lack of support services for South Asian trans people and an underrepresentation of them leading these groups (see also Choudrey, 2016). Support services therefore need to maintain a fair representation of diverse backgrounds to appeal to certain ethnic minority individuals. There is a need for more culture-specific support for individuals who want to come out or are going through a challenging process. Some groups are private and kept a secret which is important to respect and maintain the safety of group members (Choudrey, 2016), and could be helpful for members of the South Asian community.

Seeking therapy can be a daunting experience for people who have not already come out. They may want to use therapy as a means of affirming their own gender identity, and subsequently consider coming out to others.

Therapists also have a responsibility to understand the many forms of oppression, as well as the impact of racism that South Asian clients may experience. Furthermore, the memorandum for understanding (Memorandum of Understanding on Conversion Therapy 2, 2017) protects trans people by ending the practice of conversion therapy in relation to sexual and gender identity. The memorandum has been released by all major psychology and therapy organisations in the UK, thus encouraging people to freely explore their feelings of gender, and inform therapists to provide appropriate and ethical practice when working with trans and non-binary individuals (MoU2 2017). This report along with the findings from the current study will also better inform counselling, psychotherapy and psychiatry organisations to approach their work from an intersectional position when working with the South Asian trans community. This would be particularly applicable to counselling psychology as it borders with movements in the contemporary social justice agenda.

Based on the findings of the study, I have provided the following recommendations for support services, health professionals, therapists and

South Asian trans activists/leaders in supporting South Asian trans individuals.

Recommendations for services, health professionals, researchers and therapists:

1. Cultural competency/awareness – service providers have a responsibility to understand the specific intersecting challenges that South Asian trans people face. Therefore cultural competency based training would give professionals the necessary skills to appropriately communicate in a way that engages South Asian trans people and their families. Respecting their intersecting identities and understanding that their challenges may differ to White trans people or people from other backgrounds. Having an open dialogue around race and ethnicity would enable clients to build trust, develop a connection and would aid the therapeutic process (Nkansa-Dwamena, 2017).
2. Equal rights within mental health services – to treat trans people's mental health problems as anyone else's and not to automatically signpost to specialist services as people may access for a number of reasons (Richards and Barker, 2013).
3. Specialist services – specialist culture specific services for people who want to come out to families, friends and colleagues. This would enable South Asian trans individuals to process and talk about their concerns with a professional in a confidential environment.
4. Outreach work – service providers need to do more ground work and partner up with other organisations and act as educators in the community i.e. local and mosque leaders. Inform the South Asian community of the specific challenges and engage the community to come forward and ask questions.

5. Psycho-education – educating and increasing awareness of trans specific issues related to the South Asian community and the possible impact on mental health.

Recommendations for support services:

1. Trans only spaces for South Asian people – in order to work with marginalised communities it is essential to have more safe spaces where South Asian trans people feel comfortable to openly discuss issues around racism, culture and religious identity.
2. Visible representation of South Asian trans people – there is a need for SA trans people to be visible leaders of support groups. This would enable South Asian trans people to come forward and seek support and not feel alienated and isolated in trans spaces.
3. Other avenues of support – support services need to think of creative ways to support South Asian trans people and their families. Group, online and social spaces where South Asian trans people and families can build relationships and ask questions.

Recommendation for SA trans activists/leaders:

1. Media representation – more role models from the South Asian trans community are needed to represent South Asian trans people in social spaces such as TV, radios and Facebook to empower and engage the South Asian trans community.
2. Educators – South Asian trans activists/group leaders have a duty to educate and inform members of their team about the complex intersecting identities of South Asian trans people so they are able to support and give advice to the trans community and their families.

3. Signposting – being informed of the complex intersectional problems a South Asian trans person may face and have a list of signposting services to signpost people to should they experience domestic abuse, violence and homelessness etc.

A summary of the findings of this research will be disseminated to trans activists who can then share the results with the trans community and implement some of the recommendations and suggestions outlined in this study. As a counselling psychologist I am also going to ensure research goes into informing counselling and therapy practice – both in my own writing and through the work of my supervisor Dr Meg-John Barker.

4.4 Reflection on the limitations and strengths of the study

The present study aimed to explore the coming out experiences of South Asian trans people in the UK. One of the limitations of the study lay in the recruitment of the participants. I had initially wanted to focus only on British South Asian trans women's experiences of coming out, given the evidence that trans women of colour are at particular risk of discrimination and mental health struggles (Jefferson, Neilands & Sevelius, 2013). However, due to the difficulties in recruitment I expanded criterion to include anyone who identifies as a trans or with a trans history in any way. Furthermore, the nationality criterion was expanded from UK born individuals to those who have lived in the UK for at least 10 years.

As Smith and Osborn (2008), suggested six to eight participants are sufficient for the recruitment of an IPA study. This enabled me then to recruit six participants for the qualitative design of the study and capture the richness and complexity of the phenomenon under investigation in its depth. The aim was not to generalise the findings of the study to a larger population but to capture the lived experiences of a specific group of people and tell their

stories. However, the recruitment process of the study meant that it excluded South Asian trans people who had lived for a shorter duration of time in the UK, but may have had a story to tell about their coming out experiences in the UK. As we have found from the study, coming out is a reiterative multifaceted process, so we may have missed some participants who were motivated to share their experiences but were nevertheless restricted.

As we know, this is a hard to reach group to recruit and many South Asian trans people are still living in secret. This may have restricted and alienated those potential participants who may have felt beyond the parameters of the wording of the recruitment advert. It may have been beneficial to provide more information on the recruitment advert and think about more appropriate language that may speak to South Asian trans people.

Another limitation of the recruitment process is that trans people are too often researched and may feel put under the microscope and strip-searched for information. They may have felt it was unethical to give their time for nothing, especially if researchers do nothing helpful with the information afterwards for the betterment of the trans community. Furthermore, my position as a cisgender researcher may have been off-putting, representing a cis-led approach towards trans research. There is also a history of research of many kinds being conducted on black and brown people by white researchers. This has led to a caution around research from many people of colour. Despite the match between myself and participants in terms of being South Asian, this could still have been a factor. Therefore, it might be possible that some participants did not respond to the advert for these reasons.

The use of a qualitative design and interview method helped to produce rich in-depth accounts of participants' experiences. It allowed me to explore participants' experiences in a non-directive way which enabled them to speak openly about their experiences. Meeting participants in confidential spaces

such as therapy/meeting rooms, or my/their own homes enabled participants to open up and speak freely about their experiences. As Reid, Flowers and Larkin (2005) stated, IPA allows participants to build rapport with the researcher and enables them to “think, speak and be heard” (p. 23). Participants in the study were then able to gather their thoughts and discuss and engage with what was going on in the room. This facilitated their understanding of their coming out experiences and helped develop a better relational rapport, which in turn enabled further exploration and in-depth accounts of their coming out stories. Coming from a South Asian background myself, I was also able to relate to participants’ experiences and develop a connection with them. However, in being cisgender I was also able to stay objective towards the trans experience, keep an open mind and remain curious, not allowing my own presumptions to get in the way of data collection and analysis. This can be considered a strength of the study.

As Willig (2013) highlights, there is a debate around exploration vs. description in phenomenological analysis. It is important to note that the present study was not intended to test a predetermined hypothesis or simply describe experiences, but to explore in detail South Asian trans people’s experiences in the UK. Whilst there were potential limitations in recruiting and connecting with participants, the study fits with Smith and Osborn’s (2008) aim of IPA and generated potentially rich and participant-led findings.

4.5 Reflections of the researcher

As already touched upon earlier it is important to recognise how the relationship between the researcher and participant influenced the direction of the study. Willig (2001) stated the importance of acknowledging the influence of the process of the researcher in qualitative research and the methodology chapter outlines my position as a researcher. Firstly, my position as an insider in relation to my South Asian background meant that I have an understanding

of the ethnic, religious and cultural challenges that South Asian people may encounter. Researchers have suggested that insiders to participants experience can provide meaningful insights that can be overlooked by outsiders (Hamnett, Porter, Singh & Kumar, 1984; Hamdan, 2009). This is why Smith (1999) highlighted the importance of reflexivity so that insider researchers are able to critically think about their research process, their connection with their participant and the quality and richness of their data analysis. Therefore, I have been genuinely curious throughout the research process and analysis, as both an insider to the South Asian experience and an outsider to the trans experience. As an outsider to the research experience participants may have found it worrying to talk to a cisgender researcher representing a cis-led approach towards trans research. Trans people in the past have been an over-researched group which may have created some doubts in the minds of participants. Nevertheless, the research with South Asian trans participants suggests that many have found it empowering to have a cisgender researcher who has been objective in terms of their intersecting identities. This combination of insight and objectivity has allowed me to explore the phenomenon under investigation in its depth. As a trainee counselling psychologist, I have worked with a diverse patient group including people from the trans and Black and minority ethnic community (BAME). My counselling skills have given me the requisite skills to work with people and show understanding, compassion and a willingness to engage with different parts of their identity. I have been able to build trust, gain their respect through exploring and being actively engaged in their journey. In addition, the clinical aspect of the work has given me insight into the challenges of working with BAME and trans clients. I am aware that these experiences can sometimes be problematic, and I have paid particular attention to this throughout the research process, and remained free from potential biases that could have distorted the meanings participants attributed to their experiences.

Overall, reflecting on this whole research process in personal therapy and supervision gave me the confidence to work and engage with the process in a self-affirming manner. I had a lot of anxieties around the recruitment process and finding recent studies on South Asian people or people of colour. However with the use of supervision I was able to overcome my struggles and appreciate the process through patience and perseverance. I have been inspired by all the courageous participants who were so willing to share their experiences with me. These were poignant to hear and further enlightened my understanding of their experiences. I was also astounded by the depth and richness of the data that I have been able to gather, and will hopefully be able to share with the trans community as well as counselling and therapy practices.

4.6 Suggestions for future research

Although there is a growing body of research on LGBT in the United States, there is a dearth of literature on the experiences of South Asian trans people in the UK. More qualitative narratives need to be told in order to better understand the complex intersecting identities of South Asian trans people living in the UK. Therefore future research could focus separately on the experiences of South Asian trans men, women, or non-binary people to see what their specific concerns and challenges are. Research could also focus on how families of South Asian trans people are affected and what their narratives are in the context of their family, religious and cultural backgrounds. It would also be of interest to explore the social and medical transition experiences of South Asian trans people, and see how individuals adjust to their gender identities. It would also be interesting to see how South Asian trans people experience intimacy and relationships. Many LGB studies have been of a quantitative nature and therefore more qualitative or mixed methods are suggested to understand the life experiences of this group of people.

Future research could also look at exploring the experiences of trans people from specific South Asian cultures, countries, castes and faiths.

4.7 Conclusion

This is the first study in UK to explore the coming out experiences of South Asian trans people. The participants in this study provided a detailed, enlightening and inspiring depiction of their stories. The findings suggest that coming out for most trans people can be best understood as a continuous multifaceted process. This process exists within the context of their multiple intersecting identities. South Asian trans people are navigating and resisting dominant cultural, ethnic and religious understandings through reworking their gender identities in South Asian communities. Their coming out stories are predicated on hardship, suffering and the constant suppression of individual goals. Overall the findings highlight the complexity of the phenomenon and as such, may provide insights in the development of further research in this area. There is no doubt that services and therapists working with South Asian trans people need to understand the challenging experiences of their intersecting identities, notably the ethnic, religious and cultural identity, and how these influence the coming out process.

REFERENCES

- Adler, P. A. & Adler, P. 2002. "The reluctant respondent". In *Handbook of interview research: Context and method*, Edited by: Gubrium, J. F. and Holstein, J. A. 515–536. Thousand Oaks, CA: Sage.
- Ahmad, F. (2001). Modern traditions? British Muslim women and academic achievement. *Gender and Education*, 13(2), 137-152.
- Altemeyer, B. (1981). Right-wing authoritarianism. Winnipeg: University of Manitoba Press.
- Anthias, F. (2013). Intersectional what? Social divisions, intersectionality and levels of analysis. *Ethnicities*, 13(1), 3-19.
- Anthias, F., & Yuval-Davis, N. (1992). Racialized Boundaries: Race. *Nation*, 303.
- Arksey, H., & Knight, P. T. (1999). *Interviewing for social scientists: An introductory resource with examples*. Sage.
- Ashworth, P. (2003). The phenomenology of the lifeworld and social psychology. *Social Psychological Review*, 5(1), 18-34.
- Bagguley, P. and Hussain, Y. (2008) *Riotous Citizens: Ethnic Conflict in Multicultural Britain*, Hampshire England: Ashgate Publishing Limited.
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: the LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 163.
- Barrientos, J., Silva, J., Catalan, S., Gomez, F., & Longueira, J. (2010). Discrimination and victimization: parade for lesbian, gay, bisexual, and transgender (LGBT) pride, in Chile. *Journal of homosexuality*, 57(6), 760-775.
- Barker, M. (2010). Sociocultural issues. In M. Barker, A. Vossler, & D. Langbridge, (Eds.), *Understanding counselling and psychotherapy* (pp. 211-233). London: Sage.
- Barker, M. (2012). *Rewriting the rules: An integrative guide to love, sex and relationships*. Routledge.
- Barker, M. J. (2015). Depression and/or oppression? Bisexuality and mental health. *Journal of Bisexuality*, 15(3), 369-384.
- Barker, M. J., & Richards, C. (2015). Further genders. In *The Palgrave handbook of the psychology of sexuality and gender* (pp. 166-182). Palgrave Macmillan UK.
- Barker, M. J., & Richards, C. (2017). Gender in Counselling Psychology. In D. Murphy. (Eds.), *Counselling Psychology: A Textbook for Study and Practice* (Vol:2380) (pp. 282-292). John Wiley & Sons.

- Barker, M. J., & Scheele, J. (2016). *Queer: A Graphic history*. London: Icon Books.
- Baron, A.R. & Byrne, B. (1997). *Social Psychology*. Boston: Allyn & Bacon
- Basit, T. (1997) *Eastern Values, Western Milieu: Identities and Aspirations of Adolescent British Muslim Girls*, Hants: Ashgate Publishing Ltd.
- Basit, T. N. (1997). 'I Want More Freedom, but Not Too Much': British Muslim girls and the dynamism of family values. *Gender and education*, 9(4), 425-440.
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.
- Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin*, 35(7), 867-879.
- Beck, A. T. (Ed.). (1979). *Cognitive therapy of depression*. Guilford press.
- Beck, A. T., Hollon, S. D., Young, J. E., Bedrosian, R. C., & Budenz, D. (1985). Treatment of depression with cognitive therapy and amitriptyline. *Archives of general psychiatry*, 42, 142.
- Bell, V. (1999). Performativity and belonging: An introduction.
- Bellman, B. L. (1979). The paradox of secrecy. *Human Studies*, 4(1), 1-24.
- Berg, B. L. 2001. *Qualitative research methods for the social sciences*, 4th ed, Boston: Allyn & Bacon.
- Bertens, (2007). *Literary Theory: The Basics*. Routledge.
- Bethea, M. S., & McCollum, E. E. (2013). The disclosure experiences of male-to-female transgender individuals: A systems theory perspective. *Journal of Couple & Relationship Therapy*, 12(2), 89-112.
- Bhabha, H. K. (2012). *The location of culture*. Routledge.
- Bhardwaj, A. (2001). Growing up young, Asian and female in Britain: A report on self-harm and suicide. *Feminist review*, 68, 52-67.
- Bhaskar, R (1978). *A Realist Theory of Science*. Hassocks, West Sussex: Harvester Press.
- Bhopal, K. (1997). *Gender, 'race 'and patriarchy: a study of South Asian women*. Ashgate Pub Ltd.
- Bhopal, K. (1997) 'South Asian Women within Households: Dowries, Degradation and Despair', *Women's Studies International Forum*, 20 (4), 483-492.
- Bhugra, D. (1997). Coming out by South Asian gay men in the United Kingdom. *Archives of sexual behavior*, 26(5), 547-557.

- Bhugra, D., & Desai, M. (2002). Attempted suicide in South Asian women. *Advances in Psychiatric Treatment*, 8, 418-423.
- Bhui, K., Stansfeld, S., Hull, S., Priebe, S., Mole, F., & Feder, G. (2003). Ethnic variations in pathways to and use of specialist mental health services in the UK. *The British Journal of Psychiatry*, 182(2), 105-116.
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5(3), 214-224.
- Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, 3(3), 189-202.
- Bith-Melander, P., Sheoran, B., Sheth, L., Bermudez, C., Drone, J., Wood, W., & Schroeder, K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *Journal of the Association of Nurses in AIDS Care*, 21(3), 207-220.
- Bloom, L. R. (1996). Stories of one's own: Nonunitary subjectivity in narrative representation. *Qualitative Inquiry*, 2(2), 176-
- Blumer, M. L., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *Journal of Marital and Family Therapy*, 38(s1), 244-256.
- Bochenek, M., & Brown, A. W. (2001). *Hatred in the hallways: Violence and discrimination against lesbian, gay, bisexual, and transgender students in US schools*. Human Rights Watch.
- Bockting, W. O., & Ehrbar, R. D. (2006). Commentary: Gender variance, dissonance, or identity disorder?. *Journal of Psychology & Human Sexuality*, 17(3-4), 125-134.
- Bockting, W. O., & Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. *Principles of transgender medicine and surgery*, 185-208.
- Bockting, W. O., Robinson, B. E., & Rosser, B. R. S. (1998). Transgender HIV prevention: A qualitative needs assessment. *AIDS care*, 10(4), 505-525.
- Bockting, W. O., Robinson, B. E., & Simon Rosser, B. R. (1998). Transgender HIV prevention: Qualitative evaluation of a model prevention education program. *Journal of Sex Education and Therapy*, 23(2), 125-133.
- Bohan, J. S. (1996). *Psychology and sexual orientation: Coming to terms*. Psychology Press.
- Bond, M. H., & Smith, P. B. (1996). Cross-cultural social and organizational psychology. *Annual review of psychology*, 47(1), 205-235.
- Boutilier, N. (1994). Lesbian literature in high school. In L. Garber (Ed.), *Tilting the tower: Lesbians/ teaching/queer subjects* (pp. 135-141). New York: Routledge

- Brah, A. (1996). *Cartographies of diaspora: Contesting identities*. Psychology Press.
- Brah, A. (2010). Locality, globality and gendered refractions: Sikh women in 'Western' diasporas. *JPS*, 12(1), 154.
- Breakwell, G. M. (1986). *Coping with threatened identities*. London: Methuen
- Bridgewater, D. (1997). Effective coming out: Self-disclosure strategies to reduce sexual identity bias. *Overcoming heterosexism and homophobia: Strategies that work*, 65-75.
- British Psychological Society. (2009). Code of Ethics and Conduct. Retrieved February 12th 2014 from <https://beta.bps.org.uk/news-and-policy/bps-code-ethicsand-conduct-2009>
- British Psychological Society. (2014). Code of Human Research Ethics. Retrieved March 18th 2015 from <http://www.bps.org.uk/publications/policy-andguidelines/research-guidelines-policy-documents/research-guidelines-poli>
- Brocki, J. and Wearden, A. (2006) A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21(1), 87-108.
- Brown, C., Dashjian, L. T., Acosta, T. J., Mueller, C. T., Kizer, B. E., & Trangsrud, H. B. (2013). Learning from the life experiences of male-to-female transsexuals. *Journal of GLBT Family Studies*, 9(2), 105-128.
- Butler, J. (1990). Gender trouble, feminist theory, and psychoanalytic discourse. *Feminism/postmodernism*, 327.
- Butler, J. (2008). Sexual politics, torture, and secular time. *The British journal of sociology*, 59(1), 1-23.
- Butler, J. (2009). Performativity, Precarity and Sexual Politics. *AIBR. Revista de Antropología Iberoamericana*, 4(3).
- Butler, J. (2010). Performative agency. *Journal of cultural economy*, 3(2), 147-161.
- Cain, R. (1991). Disclosure and secrecy among gay men in the United States and Canada: A shift in views. *Journal of the History of Sexuality*, 2(1), 25-45.
- Carby, T. (1983), 'White Women Listen! Black Feminism and the Boundaries of Sisterhood' in Solomos, J and Back, J, (ed) (1999), *Theories of Race and Racism: A Reader*, (London: Routledge)
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80(2), 131-139.
- Cass, V. C. (1979). Homosexuality identity formation: A theoretical model. *Journal of homosexuality*, 4(3), 219-235.
- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21(5), 811-831.

- Chan, C. (1989). Issues of identity development among Asian American lesbians and gay men. *Journal of Counseling and Development*, 68, 16-20.
- Charsley, K., & Shaw, A. (2006). South Asian transnational marriages in comparative perspective. *Global Networks*, 6(4), 331-344.
- Chew-Graham, C., Bashir, C., Chantler, K., Burman, E., & Batsleer, J. (2002). South Asian women, psychological distress and self-harm: Lessons for primary care trusts. *Health and Social Care in the Community*, 10, 339– 347.
- Choudrey, S. (2016). Inclusivity; Supporting BAME trans people. Retrieved from [www.gires.org.uk/assets/Support-Assets/BAME_Inclusivity .pdf](http://www.gires.org.uk/assets/Support-Assets/BAME_Inclusivity.pdf)
- Chouliara, Z., Kearney, N., Worth, A., & Stott, D. (2004). Challenges in conducting research on hospitalized older people with cancer: Drawing from the experience of an on-going interview-based project. *European Journal of Cancer Care*, 13(5), 409–415.
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *American journal of public health*, 91(6), 915.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of homosexuality*, 51(3), 53-69.
- Coleman, E. (1981-1982). Developmental stages of the coming out process. *Journal of homosexuality*, 7(2-3), 31-43.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 13(4), 165-232.
- Collins, P. H. (2000). Gender, black feminism, and black political economy. *The Annals of the American Academy of Political and Social Science*, 568(1), 41-53.
- Collins, P. H., & Bilge, S. (2016). Intersectionality. Cambridge: Polity.
- Collins, P., McLaughlin, A., Higginbotham, E., Henderson, D., Tickamyer, A., MacDonald, V. M., ... & Dance, L. J. (2009). *Emerging intersections: Race, class, and gender in theory, policy, and practice*. Rutgers University Press.
- Connell, R. W. (1987). Gender and power Cambridge. *Polity*, 279-304.
- Cramer, D. W., & Roach, A. J. (1988). Coming out to mom and dad: A study of gay males and their relationships with their parents. *Journal of homosexuality*, 15(3-4), 79-92.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford law review*, 1241-1299.

- Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and social psychology Bulletin*, 20(5), 503-513.
- Cruz, E. (2014). White cis gay men need to realize discrimination still exists. *The Huffington Post*.
- D'augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical child psychology and psychiatry*, 7(3), 433-456.
- Davis, K. (2008), 'Intersectionality a buzzword: A sociology of science perspective on what makes feminist theory successful,' *Feminist Theory*, 9, p67-85
- Day, N. E., & Schoenrade, P. (1997). Staying in the closet versus coming out: Relationships between communication about sexual orientation and work attitudes. *Personnel Psychology*, 50(1), 147-163.
- De Arteaga, W. L. (2015). *Agnes Sanford and Her Companions: The Assault on Cessationism and the Coming of the Charismatic Renewal*. Wipf and Stock Publishers.
- Dew, B. (2007). A community at risk: Examining the impact of HIV in Atlanta's transgender community. *Report prepared for The Georgia Department of Human Resources, HIV Prevention Branch*.
- Diaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: data from a probability sample of Latino gay men in three US cities. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 255.
- Dworkin, S. H., & Yi, H. (2003). LGBT identity, violence, and social justice: The psychological is political. *International Journal for the Advancement of Counselling*, 25(4), 269-279.
- Ettner, R. (1999). *Gender Loving Care: A guide to counseling gender-variant clients*. WW Norton & Co.
- Evola, J. (1991). *Eros and the mysteries of love: The metaphysics of sex*. Inner Traditions/Bear & Co.
- Evola, M. (2001). The influence of gender on the relationship between problem-solving and aggression. *Modern Psychological Studies*, 8(1), 3.
- Fairclough, N., Jessop, B., & Sayer, A. (2004). Critical realism and semiosis. *Realism, discourse and deconstruction*, 23-42.
- Fennell, M. J. (1997). Low self-esteem: a cognitive perspective. *Behavioural and Cognitive Psychotherapy*, 25, 1-26.
- Fennell, M. J. (1998). Cognitive therapy in the treatment of low self-esteem. *Advances in Psychiatric Treatment*, 4, 296-304.

- Fernandes, L. (1999). Reading "India's Bandit Queen": A Trans/national Feminist Perspective on the Discrepancies of Representation. *Signs: Journal of Women in Culture and Society*, 25(1), 123-152.
- Fiese, B. H., & Bickham, N. L. (1998). Qualitative inquiry: An overview for pediatric psychology. *Journal of pediatric psychology*, 23(2), 79-86.
- Finlay, L. (2003). The reflexive journey: mapping multiple routes. *Reflexivity: A practical guide for researchers in health and social sciences*, 3-20.
- Fiske, S.T & Taylor, S.E (1991) Social Cognition, 2nd ed. New York: McGraw-Hill.
- Foucault, M. (1978). Nietzsche, genealogy, history. *Semiotexte*, 3(1), 78-94.
- Foucault, Mitchel. (1978) 1990. The history of sexuality: An introduction. Vol. 1, translated by Robert Hurley. Reprint, New York: Vintage.
- Fox, R. (1996). Bisexuality in perspective: A review of theory and research. In B. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 3-50). Thousand Oaks, CA: Sage.
- Fryer, P. (1993). *Aspects of British black history*. Indexreach Limited.
- Gagné, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society*, 11(4), 478-508.
- Gangoli, G., Razak, A., & McCarry, M. (2006). Forced marriages and domestic violence among South Asian communities in North East England. Northern Rock Foundation and University of Bristol: Newcastle and Bristol.
- Gee, P. (2011). Approach and Sensibility': A personal reflection on analysis and writing using Interpretative Phenomenological Analysis. *Qualitative Methods in Psychology Bulletin*, 11(1), 8-22.
- Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy*, 7, 174-189.
- Gill, R., Henwood, K., & McLean, C. (2005). Body projects and the regulation of normative masculinity. *Body & society*, 11(1), 37-62.
- Ghuman, P.S. (2003) *Double loyalties: South Asian Adolescents in the West*. Cardiff: University of Wales Press
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of phenomenological psychology*, 28(2), 235-260.
- Gock, T.S. (1992). Asian-Pacific Islander issues: Identity integration and pride. *Positively gay*, 247-252.
- Goffman, E. (1963). Stigma: Notes on a spoiled identity. *Jenkins, JH & Carpenter*.

- Goldberg, S. B. (2010). Discrimination by comparison.
- Goncalo, J. A., & Staw, B. M. (2006). Individualism–collectivism and group creativity. *Organizational behavior and human decision processes*, 100(1), 96-109.
- Goodson, I., Antikainen, A., & Sikes, P. (Eds.). (2016). *The Routledge International Handbook on Narrative and Life History*. Taylor & Francis.
- Gottlieb, M. C., & Lasser, J. (2001). Competing values: A respectful critique of narrative research. *Ethics & Behavior*, 11(2), 191-194.
- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. *Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force*.
- Green, E. R. (2006). Debating trans inclusion in the feminist movement: A trans-positive analysis. *Journal of Lesbian Studies*, 10(1-2), 231-248.
- Grewal, I and Kaplan, C, 'Postcolonial Scholarship,' in Essed, P, Goldberg, D.T, and Kobashi, A, (ed) (2005), *A Companion to Gender Studies* (Oxford: Blackwell)
- Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: "coming out" at work. *Journal of applied psychology*, 87(6), 1191.
- Guba, E. G. and Lincoln, Y. S. (2005). "Paradigmatic controversies, contradictions, and emerging confluences". In *The SAGE handbook of qualitative research*, 3rd ed, Edited by: Denzin, N. K. and Lincoln, Y. S. 191–216. Thousand Oaks, CA: Sage.
- Kalra, G., & Shah, N. (2013). The cultural, psychiatric, and sexuality aspects of hijras in India. *International Journal of Transgenderism*, 14(4), 171-181.
- Hall, S. (1996). Negotiating Caribbean Identities. *New Left Review* 209, Jan.-Feb.
- Hamdan, A. (2009). Reflexivity of discomfort in insider-outsider educational research. *McGill Journal of Education/Revue des sciences de l'éducation de McGill*, 44(3), 377-404.
- Hamnett, M., Porter, D., Singh, A., & Kumar, K. (Eds.). (1984). *Ethics, politics, and international social science research*. Honolulu: University Hawaii Press.
- Haneef, S. S. S. (2011). Sex reassignment in Islamic law: The dilemma of transsexuals. *International Journal of Business, Humanities and Technology*, 1(1), 1-10.
- Haritaworn, J. (2008). Shifting positionalities: Empirical reflections on a queer/trans of colour methodology. *Sociological research online*, 13(1), 13.
- Harper, A. B. (2012). Going beyond the normative white "post-racial" vegan epistemology. *Taking food public: Redefining foodways in a changing world*, 155-174.

- Hennink, M., Diamond, I., & Cooper, P. (1999). Young Asian woman and relationships: Traditional or transitional?. *Ethnic & Racial Studies*, 22, 867-891.
- Hershberger, S. L., Pilkington, N. W., & D'Augelli, A. R. (1997). Predictors of suicide attempts among gay, lesbian, and bisexual youth. *Journal of Adolescent Research*, 12(4), 477-497.
- Hesse-Biber, S. N. (2010). Mixed method research; Merging theory with practice. New York: Guilford Press.
- Hill, A., & McVeigh, K. (2010). Gay men become victims of forced marriages. *The Guardian*.
- Hiller, H. H., & DiLuzio, L. (2004). The interviewee and the research interview: Analysing a neglected dimension in research. *Canadian Review of Sociology/Revue canadienne de sociologie*, 41(1), 1-26.
- Hossain, A. (2017). The paradox of recognition: hijra, third gender and sexual rights in Bangladesh. *Culture, Health & Sexuality*, 1-14.
- Iantaffi, A., & Barker, M. J. (2017). *How to Understand Your Gender: A Practical Guide for Exploring Who You Are*. Jessica Kingsley Publishers.
- Isay, R. A. (1990). Psychoanalytic theory and the therapy of gay men. *Homosexuality/heterosexuality*, 283-303.
- Jaspal, R. (2012). 'I never faced up to being gay': sexual, religious and ethnic identities among British Indian and British Pakistani gay men. *Culture, health & sexuality*, 14(7), 767-780.
- Jaspal, R. (2015). The Experience of Relationship Dissolution among British South Asian Gay Men: Identity Threat and Protection. *Sexuality Research and Social Policy*, 12(1), 34-46.
- Jaspal, R., & Breakwell, G. M. (Eds.). (2014). *Identity process theory: Identity, social action and social change*. Cambridge University Press.
- Jaspal, R., & Cinnirella, M. (2010). Coping with potentially incompatible identities: Accounts of religious, ethnic, and sexual identities from British Pakistani men who identify as Muslim and gay. *British Journal of Social Psychology*, 49(4), 849-870.
- Jaspal, R., & Cinnirella, M. (2012). Identity processes, threat, and interpersonal relations: Accounts from British Muslim gay men. *Journal of Homosexuality*, 59(2), 215-240.
- Jaspal, R., & Siraj, A. (2011). Perceptions of 'coming out' among British Muslim gay men. *Psychology & Sexuality*, 2(3), 183-197.
- Jefferson, K., B. Neilands, T., & Sevelius, J. (2013). Transgender women of color: discrimination and depression symptoms. *Ethnicity and inequalities in health and social care*, 6(4), 121-136.

- Jeraj, S. (2014). Sharing the experiences of being black and minority ethnic trans*. Retrieved from <http://www.raceequalityfoundation.org.uk/sites/default/files/publications>
- Joannou, M. (1995) in Goodson, I. (2016). Pat Sikes. *The Routledge International Handbook on Narrative and Life History*, 60.
- Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of homosexuality*, 62(3), 297-326.
- Kohlberg, L., & Ulian, D. Z. (1974). Stages in the development of psychosexual concepts and attitudes. In the development of sex differences, edited by Maccoby, E.E. Stanford, CA: Stanford University Press.
- Koyama, E. (2000). *Whose Feminism is it Anyway?*. Emi Koyama.
- Kvale, S. (2008). *Doing interviews*. Sage.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.
- Law, M., Mathai, A., Veinot, P., Webster, F., & Mylopoulos, M. (2015). Exploring lesbian, gay, bisexual, and queer (LGBQ) people's experiences with disclosure of sexual identity to primary care physicians: a qualitative study. *BMC family practice*, 16(1), 175.
- Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a "good thing"? Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, 3(2), 145-152.
- Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York, NY: Hayworth Press.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative research*, 4, 97-128.
- Littlewood, R. (2004). Possession states. *Psychiatry*, 3(8), 8-10.
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of homosexuality*, 42(1), 89-101.
- Longman Marcellin, R., R. Bauer, G., & I. Scheim, A. (2013). Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care*, 6(4), 97-107.
- Lutz, H. (2002, July). Intersectional analysis: a way out of multiple dilemmas?. In *International Sociological Association conference, Brisbane, July*.

- Mangton, P., Carvalho, M., & Pandya, S. (2002). Lesbian, gay, bisexual, and transgender health. A Brown Paper: The health of South Asians in the United States. *South Asian Public Health Association*. Retrieved November, 21, 2014.
- Marcellin, R. L., Scheim, A., Bauer, G., & Redman, N. (2013). Experiences of transphobia among trans Ontarians. *Trans PULSE e-Bulletin*, 3(2), 1-2.
- Marshall, H., & Yazdani, A. (1999). Locating culture in accounting for self-harm amongst Asian young women. *Journal of Community & Applied Social Psychology*, 9, 413-433.
- McKeown, E., Nelson, S., Anderson, J., Low, N., & Elford, J. (2010). Disclosure, discrimination and desire: experiences of Black and South Asian gay men in Britain. *Culture, health & sexuality*, 12(7), 843-856.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. Sage.
- Memorandum of Understanding on Conversion Therapy in the UK Version 2. (2017). Retrieved from <http://be-north.org.uk/welcome-news-on-conversion-therapy/>
- Meyer, E. J. (2008). Gendered harassment in secondary schools: Understanding teachers'(non) interventions. *Gender and Education*, 20(6), 555-570.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of health and social behavior*, 38-56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
- Mohammad, R. (2001). 'Insiders' and/or'outsiders': positionality, theory and praxis.
- Mohanty, C. T., Russo, A., & Torres, L. (Eds.). (1991). *Third world women and the politics of feminism* (Vol. 632). Indiana University Press.
- Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33(2), 66-66.
- Morgan, S. W., & Stevens, P. E. (2008). Transgender identity development as represented by a group of female-to-male transgendered adults. *Issues in Mental Health Nursing*, 29(6), 585-599.
- Mullatti, L. (1992). Changing Profile of the Indian Family in The Changing Family in Asia, UNESCO Principal Regional Office for Asia and the Pacific, RUSHSAP Series on Monographs and Occasional Papers 35, Bangkok.
- Mullins, P. (1999). The real as meaningful. *Tradition and Discovery: The Polanyi Society Periodical*, 26(3), 42-50.
- Murphy, D. (Ed.). (2017). *Counselling Psychology: A Textbook for Study and Practice* (Vol. 2380). John Wiley & Sons.

- Murray, M. (2008). Narrative Psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 111-132). London: SAGE Publications Ltd.
- Najmabadi, A. (2011). Verdicts of science, rulings of faith: Transgender/sexuality in contemporary Iran. *social research*, 78(2), 533-556.
- Namaste, V. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. University of Chicago Press.
- Nanda, S. (1993). "Hijras as Neither Man nor Woman" in *The Lesbian and Gay Studies Reader*, eds. H. Abelow, M.A. Barale & D.M. Halperin, Routledge, New York & London.
- National Asian Women's Health Organization. (1996). *Emerging Communities: A Health Needs Assessment of South Asian Women in 3 California Counties: Alameda, Santa Clara, Sutter*. San Francisco: NAWHO.
- National Statistics (March 2004) 'Living in Britain. The 2002 General Household Survey', National Statistics Online, www.statistics.gov.uk.
- Nemoto, T., Operario, D., & Soma, T. (2002). Risk behaviors of Filipino methamphetamine users in San Francisco: Implications for prevention and treatment of drug use and HIV. *Public Health Reports*, 117(Suppl. 1), S30-S38.
- Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS care*, 16(6), 724-735.
- Nimmagadda, J., & Balgopal, P. R. (2000). Indigenisation of social work knowledge: An exploration of the process. *Asia Pacific Journal of Social Work and Development*, 10(2), 4-18.
- Nkansa-Dwamena, O. (2017). Issues of Race and Ethnicity in Counselling Psychology. In D. Murphy. (Eds.), *Counselling Psychology: A Textbook for Study and Practice* (Vol:2380) (pp. 266-278). John Wiley & Sons.
- Nussbaum, M. C. (1999). *Sex and social justice*. Oxford University Press.
- Nuttbrock, L. A., Bockting, W. O., Hwang, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy*, 24(2), 108-125.
- Pereira, S., Bhui, K., & Dein, S. (1995). Making sense of 'possession states': psychopathology and differential diagnosis. *British Journal of Hospital Medicine*, 53(11), 582-586.
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F., & Baiocco, R. (2016). Coming-out to family members and internalized sexual stigma in bisexual, lesbian and gay people. *Journal of Child and Family Studies*, 25(12), 3694-3701.

- Potoczniak, D., Crosbie-Burnett, M., & Saltzburg, N. (2009). Experiences regarding coming out to parents among African American, Hispanic, and White gay, lesbian, bisexual, transgender, and questioning adolescents. *Journal of Gay & Lesbian Social Services*, 21(2-3), 189-205.
- Pryse, M. (2000). Trans/feminist methodology: Bridges to interdisciplinary thinking. *NWSA journal*, 12(2), 105-118.
- Ragins, B. (2004). Sexual orientation in the workplace: The unique work and career experiences of gay, lesbian and bisexual workers. In *Research in personnel and human resources management* (pp. 35-120). Emerald Group Publishing Limited.
- Rahman, M. (2009). *Theorising intersectionality: Identities, equality and ontology*. Na
- Rapport, F. (2000). Combining methodological approaches in research: ethnography and interpretive phenomenology. *Journal of advanced nursing*, 31(1), 219-225.
- Rasmussen, M. L. (2004). The problem of coming out. *Theory into practice*, 43(2), 144-150.
- Raza, M. S. (1991) *Islam in Britain: Past, Present and the Future*, Leicester: Volcano Press Ltd.
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18 (1): 20-23.
- Richards, C., & Barker, M. (2013). *Sexuality and gender for mental health professionals: A practical guide*. Sage.
- Richards, C., & Barker, M. J. (Eds.). (2015). *The Palgrave handbook of the psychology of sexuality and gender*. Springer.
- Riggs, D. W., & das Nair, R. (2012). Intersecting identities. *Intersectionality, sexuality and psychological therapies: Working with lesbian, gay and bisexual diversity*, 9-30.
- Robson, C. (2002). *The analysis of qualitative data*. Blackwell.
- Rogers, C. (2012). *Client Centred Therapy (New Ed)*: Hachette UK.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of advanced nursing*, 53(3), 304-310.
- Ross, L., Epstein, R., Goldfinger, C., Steele, L., Anderson, S., & Strike, C. (2008). Lesbian and queer mothers navigating the adoption system: The impacts on mental health. *Health Sociology Review*, 17(3), 254-266.
- Rotondi NK, Bauer G, Scanlon K, Kaay M, Travers R, Travers A. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: trans PULSE project. *Canadian Journal of Community Mental Health*. 2011a; 30(2):135–55.

- Rotondi NK, Bauer GR, Travers R, Travers A, Scanlon K, Kaay M. Depression in male-to-female transgender Ontarians: results from the Trans PULSE Project. *Canadian Journal of Community Mental Health (Revue canadienne de santé mentale communautaire)*. 2011b; 30(2):113–33.
- Rotondi, N. K., Bauer, G. R., Travers, R., Travers, A., Scanlon, K., & Kaay, M. (2012). Depression in male-to-female transgender Ontarians: results from the Trans PULSE Project. *Canadian Journal of Community Mental Health*, 30(2), 113-133.
- Roulston, K. (2001). Data analysis and 'theorizing as ideology'. *Qualitative research*, 1(3), 279-302.
- Ryan, W. S., Legate, N., & Weinstein, N. (2015). Coming out as lesbian, gay, or bisexual: The lasting impact of initial disclosure experiences. *Self and Identity*, 14(5), 549-569.
- Said, E. (1978). *Orientalism: Western representations of the Orient*. New York: Pantheon.
- Savin-Williams, R. C. (2001). A critique of research on sexual-minority youths. *Journal of adolescence*, 24(1), 5-13.
- Sawant, D. G. Perspectives on Postcolonial Theory: Said, Spivak and Bhabha.
- Sayer, A. (2000). *Realism and social science*. Sage.
- Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC psychiatry*, 16(1), 67.
- Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, 22(1).
- Silverman, D. (2005, September). Instances or sequences? Improving the state of the art of qualitative research. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 6, No. 3).
- Sinding, C., & Aronson, J. (2003). Exposing failures, unsettling accommodations: Tensions in interview practice. *Qualitative Research*, 3(1), 95-117.
- Singh, A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, 68(11-12), 690-702.
- Singh, A. A., & Burnes, T. R. (2010). Shifting the counselor role from gatekeeping to advocacy: Ten strategies for using the competencies for counseling with transgender clients for individual and social change. *Journal of LGBT Issues in Counseling*, 4(3-4), 241-255.
- Singh, A. A., Dew, B. J., Roberts, J., & McDaniel, T. (2009). *Turning research into prevention: Transgender persons, resilience, and advocacy with HIV/AIDS*. Panel presented at the Centers for Disease Control and Prevention. Atlanta, GA.

- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development*, 89(1), 20-27.
- Singh, A. A., & McKleroy, V. S. (2010). "Just Getting Out of Bed Is a Revolutionary Act" The Resilience of Transgender People of Color Who Have Survived Traumatic Life Events. *Traumatology*, 17(2), 34-44.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420-430.
- Smith, J. A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. *British journal of social psychology*, 38(4), 409-426
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology*, 1(1), 39-54.
- Smith, J. A. (Ed.). (2007). *Qualitative psychology: A practical guide to research methods*. Sage.
- Smith, J. A. (Ed.). (2008). *Qualitative Psychology: A practical guide to research methods* (2nd ed.). London: SAGE Publications Ltd.
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health psychology review*, 5(1), 9-27.
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*: Sage
- Smith, J.A. and Eatough, V. (2006) 'Interpretative phenomenological analysis', in G. Breakwell, C. Fife-Schaw, S. Hammond and J.A. Smith (eds) *Research Methods in Psychology*, (3rd edn). London: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE Publications Ltd.
- Smith, J. and Osborn, M. (2003) Interpretative phenomenological analysis. In Smith, J. (Ed) *Qualitative psychology: a practical guide to research methods*, London: Sage.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 53-80). London: SAGE Publications Ltd.
- Smith, T. E., & Leaper, C. (2006). Self-perceived gender typicality and the peer context during adolescence. *Journal of Research on Adolescence*, 16, 91–104.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420-430.

- Spivak, G. C. (1988). Can the subaltern speak?. *Can the subaltern speak? Reflections on the history of an idea*, 21-78.
- Stauffer, A. (2008, April). Transgender youth research at Howard Brown Health Center. *Howard Brown News, Research*, 5, 1-2. Retrieved from <http://www.howardbrown.org/uploadedFiles/Research/RESEARCH%20NEWS%20APRIL%202008.pdf?LangType51033>
- Stayton, W. R., & Pillai-Friedman, S. (2009). Oh, God: The moral and scriptural implications of sexuality education and religion. *Sexuality education: Past, present, and future*, 1, 228-246.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research (Vol. 15): Newbury Park, CA: Sage.
- Stotzer, R. L. (2009). Violence against transgender people: A review of United States data. *Aggression and Violent Behavior*, 14(3), 170-179.
- Sullaway, M. (2004). Psychological perspectives on hate crime laws. *Psychology, Public Policy, and Law*, 10(3), 250.
- Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing standard*, 16(40), 33-36.
- Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. Springer Publishing Company.
- Trenchard, L., & Warren, H. (1984). *Something to Tell You-: The Experiences and Needs of Young Lesbians and Gay Men in London*. London Gay Teenage Group.
- Triandis, H. C. (1995). Individualism & collectivism. Boulder, CO: Westview Press.
- Trussell, D. E., Xing, T. M., & Oswald, A. G. (2015). Family leisure and the coming out process for LGB young people and their parents. *Annals of Leisure Research*, 18(3), 323-341.
- Turner, J. R. (2005). The role of pilot studies in reducing risk on projects and programmes.
- Vansteenkiste, M., & Ryan, R. M. (2013). On psychological growth and vulnerability: Basic psychological need satisfaction and need frustration as a unifying principle. *Journal of Psychotherapy Integration*, 23(3), 263.
- Warner, L. R., & Shields, S. A. (2013). The intersections of sexuality, gender, and race: Identity research at the crossroads. *Sex roles*, 68(11-12), 803-810.
- Werbner, P. (2004). Theorising complex diasporas: purity and hybridity in the South Asian public sphere in Britain. *Journal of Ethnic and Migration Studies*, 30(5), 895-911.
- Williamson, T., Ryan, J., Hogg, C., & Fallon, D. (2009). 'Younique voices'-A study of health and wellbeing: experiences, views and expectations of seldom heard and marginalised groups in Rochdale Borough.

- Willig, C. (2001). *Qualitative research in psychology: A practical guide to theory and method*. Buckingham: OUP.
- Willig, C. (2008) *Introducing qualitative research in psychology* (2nd ed.), Maidenhead: Open University Press.
- Willig, C. (2013). *Introducing qualitative research in psychology*: McGraw-Hill International.
- Wirth, S. (1978). Coming out close to home: Principles for psychotherapy with families of lesbians and gay men. *Catalyst*, 3, 6-22.
- Wood, K. (2005). Contextualizing group rape in post-apartheid South Africa. *Culture, health & sexuality*, 7(4), 303-317.
- World Health Organization. (2008). Preventing suicide: A resource for media professionals.
- Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2-3), 31-47.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health*, 15(2), 215-228.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. *Qualitative psychology: A practical guide to research methods*, 2, 235-251.
- Yip, A. K. (2004). Negotiating space with family and kin in identity construction: the narratives of British non-heterosexual Muslims. *The Sociological Review*, 52(3), 336-350.
- Yip, A. K. (2007). 14 Sexual orientation discrimination in religious communities. *Sexual orientation discrimination: An international perspective*, 4, 209.
- Yuval-Davis, N. (2006), 'Intersectionality and Feminist Politics, *European Journal of Women Studies*, 13 (3), p193-210
- Zea, M. C., Reisen, C. A., & Poppen, P. J. (1999). Psychological well-being among Latino lesbians and gay men. *Cultural Diversity and Ethnic Minority Psychology*, 5(4), 371.

PART III

PUBLISHABLE ARTICLE⁷

The Coming Out Experiences of South Asian Trans People living in the UK: An
Interpretative Phenomenological Analysis

⁷ To review submission guidelines for the Journal of Sexual and Relationship Therapy please refer to: <http://www.tandfonline.com/loi/csmt20>

The Coming Out Experiences of South Asian Trans People living in the UK: An
Interpretative Phenomenological Analysis

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Abstract

Trans people experience high rates of rejection and abandonment from families and friends, which may manifest in depression and alienation, as well as hopelessness when coming out (Gagne, Tewksbury, & McGaughey, 1997). Trans people of colour in particular live with unique intersections of discrimination based on race and their being trans (Crenshaw, 1991; Meyer, 2008). Negative psychosocial problems are more prevalent for trans people of colour due to the cumulative effects of racism, discrimination and transgender stigma (Diaz, Ayala, & Bein, 2004). The present study aims to explore the coming out experiences of South Asian trans people living in the UK. Semi-structured interviews were conducted with six South Asian trans people in London to explore and gain an understanding of their coming out experiences. Analysis was embedded within an interpretative phenomenological analysis framework drawing upon intersectionality and feminist theory. Four main themes emerged from the analysis: negotiating self-identity; family responses and conflict with the South Asian community; exploration of identity; and support systems. Participants revealed challenging experiences of negotiating their intersecting identities in the context of their ethnic, religious, and cultural identity, as well as their gender. The narratives also drew light on the conflict between the fixed male and the fixed female binary, particularly in terms of expressing any kind of gender identity. Participants were caught between two conflicting cultures and trans and non-binary identities were generally rejected by their families and the community, which meant participants, had to choose a fully formed binary gender, or simply reject their identity in order to please. They described not being able to fit into both cultures and how it was more, safer and easier to come out for white trans people. Participants also described that it was difficult for them to access support and that a lack of culture specific support got in the way of transitioning. These findings are discussed in relation to wider research in this area. Strengths and limitations of the study, including future research and recommendations are outlined, particular in relation to the implications for counselling psychology.

Keywords: South Asian, trans, non-binary, coming out, intersectionality, counselling

To date there has been no existing research on the coming out experiences of South Asian¹ trans people living in the UK. Studies have focused on the coming out experiences of South Asian lesbian, gay and bisexual (LGB) populations, generally leaving out trans (T) individuals (Ghuman, 2003, Jaspal & Siraj, 2011; McKeown, 2010).

According to existing research trans individuals often lead 'closeted' (Rasmussen, 2004) and in some case double lives, and have been described as a 'seldom heard' population group (Williamson et al., 2009). There is a high prevalence of depression and suicidal ideation among trans people (Clements-Nolle et al., 2006), and often ethnic minority groups are under-represented in these statistics (Balsam et al, 2011). Trans people face ongoing difficulties (McNeil et al, 2012) of gender related abuse (Sullaway, 2004), stigma, discrimination and social support (Blumer et al., 2012).

Discrimination against trans people has been reportedly pervasive in society, including sectors such as employment, housing, healthcare and education (Grant et al., 2011). According to Lombardie et al (2002), trans people experience high rates of physical and sexual violence. While LGB individuals can selectively come out, trans individuals are often forced to come out because of noticeable alterations in their physical appearance, which may create awkward and dangerous situations (Gagne, Tewksbury & McGaughey (1997). This suggests that South Asian trans people are less like to avoid these challenges than South Asian LGB people (Barrientos et al., 2010; Balsam et al., 2011).

Transgender people experience mental health problems such as low self-esteem, and a host of other social problems including finding housing, lack of job opportunities, homelessness and discrimination (Clements-Nolle et al., 2001). Furthermore, transgender people experience high rates of rejection and abandonment from families and friends, manifesting in depression, alienation and hopelessness (Gagne, Tewksbury, & McGaughey, 1997). These problems often start as early in childhood when individuals express non-traditional gender behaviour (Nemoto et al., 2002).

In an early study of 'coming out and crossing over' among a multi-diverse group of trans people in the US, Gagne et al (1997) noted feelings of confusion, failure, shame towards 'trans feelings', and repression of their 'true self' from the world.

More specifically, Gagne et al (1997) reported that trans women hid their femininity through hypermasculine activity or self-isolation, and often came out to a female or a significant other because of a sense of responsibility or others needing to know.

A study on the disclosure experiences of trans women by Bethea and McCollum (2013) explored the experiences of seven white trans women and analysed their data using thematic analysis. Their study found similar themes to previous research, such as feeling obligated to disclose their identity, concerns surrounding responses to this disclosure, and feelings of liberation after disclosure. However, their study lacked generalisability and looked primarily at white participants, therefore lacking complete applicability to the intersectional experience of South Asian individuals.

Gender intersects with many aspects of our identities and research has found trans people, LGB people, and people of colour, all experience higher levels of depression and anxiety in comparison to men, cisgender people, heterosexuals and white people respectively (Barker, 2010; Semlyen et al., 2016).

For trans people of colour, negative psychosocial problems are more prevalent due to the cumulative effects of racism, discrimination and transgender stigma (Diaz, Ayala, & Bein, 2004). A study on trans youth of colour found that young trans women faced multiple life stressors, including being arrested, lacking a safe place to sleep, lacking medical care (Stauffer, 2008). The study also found self-reported HIV prevalence rates of 22%. This suggests that an alarming number of trans individuals of colour may be suffering from mental and physical health problems due to psychosocial consequences of racism and marginalisation. Similarly, Bith-Melander et al, (2010) conducted a study on trans people of colour in San Francisco, and revealed that most trans participants expressed concerns about coming out and transitioning. Although the study attempted to provide specific issues concerning trans people of colour, the study only examined some aspects of the needs of this community. Therefore, a deeper understanding is needed.

For the most part, mental health practitioners' views on LGBT individuals "have not been informed by objective empirical research" (Fox, 1996, p. 31). Therefore, counsellors are not adequately prepared to work with trans people (Carroll et al, 2002). Gagne et al (1997) report that some therapists pressurise individuals to come

out and/or transition, both socially and/or medically. As such, therapists may fail to understand the difficulties faced by British South Asian Trans People in coming out, indicating that counsellors need to build more culturally sensitive and adequate knowledge-bases to understand their issues in counselling (Lombardi, 2000).

Current conceptions of transphobia and discrimination are largely based on the experiences of white trans people. Trans people of colour live with unique intersections of discrimination based on race, gender, and identifying as trans (Crenshaw, 1991; Meyer, 2008). Trans people of colour share similar experiences of transphobia and cis-normativity with other trans people, and also similar experiences of racism with other people of colour, as well as misogyny in the case of trans women. These experiences interact and cannot be separated.

Singh et al (2013) suggests that recognising discrimination and stigma will allow trans people not to internalise these feelings. Other qualitative studies have found that possessing multiple oppressed identities such as being both transgender and a racial minority and social identities could allow trans women of colour to compare themselves to other trans women of colour instead of white trans women or cisgender women. It was suggested that this could then empower trans women of colour to recognise and experience discrimination, and not to internalise stigma. This would then facilitate positive regard for one's minority identity and facilitate self-validation and decrease depression (Crocker et al., 1994; Meyer, 2003; Zea et al., 1999).

These studies specifically looked at the experiences of trans women of colour and are consistent with other studies on trans people of colour. Singh and McKleroy (2010) carried out a qualitative study exploring the resilience of trans people of colour in response to a traumatic life event. They found that navigating family relationships, having pride in their racial, ethnic and gender identities, accessing healthcare and financial support, connecting with other trans activists of colour and cultivating spirituality and hope for the future were major factors in their resilience.

In a needs-based assessment on transgender people of colour conducted in Washington DC, it was revealed that transgender people of colour are at high risk for HIV/AIDS, substance misuse, victimisation and suicide and violence (Xavier, 2005). The study also found that access to health insurance was difficult for transgender

people of colour as well as poor access to transgender related health. Similarly, another needs assessment found that participants experienced violence due to being transgender. The majority of participants reported sexual harassment, intimidation and reported having no health insurance, and described employment discrimination due to their gender identity (Dew, 2007).

In a study conducted on trans people of colour in a Canadian province, it was found that participants reported at least one incident of racism or ethnicity based discrimination, and the vast majority had experienced transphobia (Marcellin, Bauer & Scheim, 2013). The same study also found that these intersections of racism often correlated with an increased risk of HIV related sexual behaviour (Marcellin, Bauer & Scheim, 2013). Whilst most of this research has been conducted in the US and Canada, there has been a recent report on BME trans people in the UK by Choudrey (2016), based more on grey literatures and anecdotal evidence. This suggests that trans people of colour face multiple marginalisations based on multiple intersecting identities, and that they include racism, transphobia, and Islamophobia.

The report suggests that different intersecting identities pose unique challenges for BAME trans people, that these may stop them from accessing healthcare and support. The report sheds light on the common experiences of trans people who experienced ‘cultural assumptions and racism when accessing healthcare’, ‘racism in LGBT communities’, and ‘homophobia, biphobia and transphobia in ethnic communities’, as well as ‘religious communities overlapped with ethnic communities, and losing one often meant losing the other’. Choudrey (2016) also highlighted the underrepresentation of BME trans people and how they are often misrepresented in the trans population.

In view of the above findings the aim of the current research was to explore and develop a better understanding of the coming out experiences of South Asian trans people living in the UK. The study will potentially contribute to counselling psychology, by adding knowledge to an under-researched and relatively invisible field. It will inform practitioners on trans issues specific to the South Asian community. This will aid their ability to support individuals who are preparing to disclose their gender identity or who are in the middle of a disclosure process. The

study could help to improve knowledge in practice interventions and aid in the understanding of cultural influences on acceptance and coping strategies.

Method

Participants

As recommended by Smith and Osborn (2008), six-eight participants are usually recruited for an IPA study. For the present study, six participants of South Asian origin were recruited using snowball sampling and interviewed on a one-to-one basis. Participants in the research sample were of South Asian descent, namely from India, Pakistan and Bangladesh. Most participants were from London except one who was from Edinburgh, Scotland. All six participants were interviewed in London.

To ensure suitable homogeneity (Smith et al., 2009) for the analysis, the research sample inclusion criterion required participants who were: 1. UK born individuals or who have lived in the UK for at least ten years. 2. Anyone who identifies as a trans in any way or with a trans history. 3. Have disclosed their identity to at least one person. 4. People of South Asian descent. 5. 18 years old and above. 6. English speaking. Exclusion criterion included: 1. Current experiences of mental illness. 2. Non-English speaking participants. For more information about the participants see Table 1.

Table 1: Pseudonyms, age, cultural background, gender and faith of participants

Participant Pseudonym	Age	Background	Gender	Religion
Maya	37	Indian	Trans woman	Hindu
Aima	25	Pakistani	Trans woman	Raised Muslim – Atheist now
Jasmin	25	Bengali	Trans woman	Muslim
Selina	42	Mixed (Pakistani-White)	Trans woman	Raised Muslim – No religious belief now
Qasim	43	Pakistani	Trans man	Muslim
Zara	25	Pakistani	Transgender and non-binary	Muslim

Procedure

Participants were recruited from a number of support groups and organisations that provide support to LGBT minority ethnic individuals such as the Safra Project, CliniQ, Wisethoughts, Imaan, Club Kali, Saathi nights, Spice Bradford and NAZ in the UK. The support groups were approached via email and personally (face-to-face and over the telephone) to describe the purpose of the study. The groups were then given further information about the study, and a recruitment advert to disseminate to suitable participants. When a participant responded to the advert they were then contacted and screened on the telephone or via email. This served to both build an initial rapport between myself and the potential participant, and to ensure that they met all the criteria. Interviews were then mutually agreed with participants on the telephone and conducted at a location convenient for the participant. At the interview, participants were informed about the nature, purpose and anticipated consequences of research participation, and individual written informed consent was obtained prior to each interview.

Data Analysis

The analysis followed the process outlined by Smith and Osborn (2003). The interviews were recorded on a digital device and transcribed verbatim and included features such as false starts, pauses and laughter as recommended by Smith and Osborn (2003). The data obtained from the transcript was analysed using interpretative phenomenological analysis (IPA). The following section of the analysis presents only a section of the larger study.

Results

Four main super-ordinate themes emerged from the findings which are: negotiating self-identity, family responses and conflict with the South Asian community, exploration of identity and support systems. Owing to the extensive amount of data gathered, this article will only focus on identity conflict. This theme will explore how participants experienced and negotiated conflicts between their intersecting identities (ethnic, religious and cultural, as well as their gender and sexuality).

Trans vs. South Asian identity

For the South Asian diaspora in Britain, ethnic, religious and cultural identity is a way of connecting with their hybrid heritage, family and the community as a whole. Maya, for example, says:

There are so many potentials in the majority community of what it means to be trans and South Asian that you are somehow having to deal with an out-dated culture that is so kind of dominated by traditional family values and that you will have to struggle more to sort of find your independent identity.

Maya (7; 14-22)

Maya describes the difficulties of being trans as a South Asian, which she describes as dominated by an 'outdated culture'. She describes the difficulties of negotiating traditional family values to find her true and independent identity. In describing this process as a struggle which signifies a lack of flexibility and freedom, Maya conveys a helplessness to control aspects of her life, and therefore a lack of freedom to express her trans identity.

Zara points out the challenges of coming out to their family. They⁸ describe that they would have to justify their trans identity to their family by physically appearing masculine. It seems that the South Asian community, as represented by the families of these participants, takes a binary approach to gender and rejects non-binary characteristics. This often leads to trans men/masculine participants undertaking fitness and training in order to look stereotypically strong and masculine, portraying a visual image of the physical strength.

In relation to coming out in particular, Qasim states that:

Like anybody brought up in the UK from a South Asian background, there's always like an element of not being completely open about your personal life
Qasim (8; 06-08).

Qasim's story concurs with Zara's sense that coming out for South Asian people is not easy. He goes on to say:

⁸ Genderless pronouns such as "they", "them", "their" and "themselves" has been used to respect participants' identity.

Which I think is you know, like the compromise that is a very South Asian thing. Erm, you know, your own personal needs with the needs of, you know, your family and your culture and stuff.

Qasim (15; 37-40)

This indicates that Qasim felt pressure to compromise his own identity by putting his family and culture first, in a way that seemed exacerbated by his being South Asian. Selina also shared the same experience of feeling there was ‘no space to exist’.

In summary this theme highlights how participants negotiated their intersecting identities. Some participants described this as dealing with an ‘out-dated’ culture dominated by tradition and family values. This finding supports Brah’s (1996) and Werbner’s (2004) ideas on shaping diverse identities. All participants described that it was impossible to express any kind of gender fluidity, and they often found themselves negotiating family values to find their true identity. In the next sub-theme we see how this manifests when participants have to deny or force their trans identity.

Denying or forcing their trans identity

Participants discussed their experiences of coming out, often having to deny or force their trans identity in order to survive, or to negate the risk of being harmed or ostracized. In this section we look at how some participants felt they could be trans – but if so they would have to be super masculine, and others who tried to be super masculine in order to avoid coming out as trans women or trans feminine:

Zara describes the pressure of coming out as meaning that they would have to look like a man and be pressured to fit into the binary of male or female. They described being ‘forced’ into a ‘box of being a man’, which suggests that aesthetic image and expressed masculinity would have to form the integral part of their new identity, and would get some kind of approval or recognition from their family:

If you wanted to change gender, if you don't want to be a girl anymore then be a man and be the manliest man ever. Like wear a suit. Wear shirts and all this stuff. Yeah and I think image is a huge thing in South Asian communities.

Zara (22; 43-46 + 23; 05)

Similarly, Jasmin was forced to be gay by her family, instead of embracing her gender identity.

Selina says:

So I would weight lift, grow a beard, try and be all macho and pushy and dominant.

Selina (27; 40-41)

Selina describes the lengths she went to in order to feel 'manly'. She sought counselling to 'quash these feelings' and also said:

I ended up seeing a girl who was from Jordan who was Muslim and we got serious. Um, that's how I introduced her to my family and it was like - so it was all kind of like, there was all these hopes that I would be able to pull it off.

Selina (23; 42-45)

Selina describes her efforts of trying to appear more masculine and endure a romantic relationship with a woman in order to please her parents.

In summary, this theme explored participants' experiences of forcing and/or denying their trans identity. There is a prevailing picture of binary and typical gender roles being preferred in South Asian culture and the oppression of gender fluidity.

Asian vs. British identity

This theme was particularly important to include even though only two participants discussed their feelings associated with their Asian vs. British identity. Selina talked about the post-colonial experience of being marginalised by both communities and the impact of this on her identity. It appears from what Selina is saying that colonialism is still alive in Britain in a hidden form, known as neo-colonialism, which is still ruling people's psychology (Said, 1978; Bhabha, 2012). At the same time she describes being marginalised by her own community:

The last couple of years have been a steep learning curve and I suppose it's something some respects, a reconnection to the fact that I do have a post-colonial experience um, of being a marginalised community and the way in which that's affected me and the way in which I was marginalised by both communities.

Selina (29; 45-49)

Selina talks about her 'reconnection' to post-colonialism and how she feels being part of a marginalised community. There is a sense of inferiority and the binary opposition of west and east.

This can perpetuate a deep lack of belonging particularly for trans members of minority communities who fall outside the cultural and sexual binary (Barker, 2012; Barker & Scheele, 2016).

Zara, on the other hand, says:

When I came out as trans I was in a small town in the midlands and I had a white partner, white friends, a white city. White trans support groups, erm so it was - at that point I hadn't really thought about being brown in so long, so It wasn't something that stopped me from coming out, it was something that after I'd just come out, it kind of hit me like a ton of bricks.

Zara (11; 43-48)

Zara was able immerse into white culture. They throw more light on this by adding:

Yeah I spoke to people who had come out when they were like in - I don't know like 13 or 12, or 15 - they were all white, so I was like 'oh is that like a white thing?

Zara (11; 30-32)

For Zara it was easier to 'pretend to be white' whilst Selina reported that in the end she had no choice but to 'reject' her culture in order to find her true identity. Perhaps this was something she felt she had to choose, implying her desire to find herself and a space she felt a part of.

In summary, this theme explored the ethnic identities of two participants who shared their experiences in connection to their colonized roots and their natural identity conflict of being an ethnic minority. Their intersecting identities demonstrated the social inequality and power dynamics between the two cultures, as well as the complexities of navigating both gender binaries (man/woman) and cultural binaries (east/west). In the next sub-theme participants shed more light on societal pressures

and how others including themselves assumed they must be cis-gay or trans-straight as if they were the only options.

Trans-straight vs. cis-gay identity

This section covers the societal pressures participants experienced, particularly involving other people assuming they were cis-gay⁹ and also a sense that some participants assumed they must be cisgender and gay, before coming to the realisation that they were actually transgender and straight. Participants navigated this shift from one gender/sexuality identification to another in a variety of ways. For example, Qasim speaks of coming out as gay before trans:

So before I came out as trans, I think this is quite a common experience, I came out as gay because I assumed that what was different about me was that I was gay because there wasn't so much known about, you know, transgender people when I was coming out.

Qasim (7; 30-33)

Qasim reported that he initially came out as gay as he assumed that that was what was different about him.

Jasmin described that, in her case, it was her family who were confused and thought that she was gay:

Sexuality wise they're really confused - they think I'm gay. They just think I'm gay.

Jasmin (49; 19-20)

This is one of the reasons why the phenomenon being studied is highly important, as there is a clear lack of understanding of the trans person resulting in the community simply assuming they're gay. This is incorrect, and entails an entirely different journey for the individual. Qasim throws more light on this:

I think there's - in some ways it's a lot easier to come out as gay. Because you don't physically change

Qasim (9; 26-27)

⁹ Cis-gay is a male whose gender identity is the same as the sex they were assigned at birth and who has an emotional and romantic attraction towards other men ((Cruz, 2014).

There is a sense of settling with one's identity and perhaps choosing to come out as gay rather than physically altering his body, because in South Asian culture it is increasingly apparent that being gay (although not acceptable) is preferable to being trans. For Zara, however, it seemed less about hiding and more about not wanting to be heterosexual and having become established in the gay community:

I know that for a while I was kind of worried about being trans and being in a relationship with a woman, because then people would think I was in a heterosexual relationship.

Zara (34; 25-28)

Zara describes their fears of coming out as trans and how it would be perceived by others to be in a heterosexual relationship. It explores conflict and facets of modern feminism. They add further:

We all had a big girl group, gang, and we went to like girls' nights and we - we just had this important thing that we bonded over. Erm, and er it was kind of strange, I was like 'oh my God, is this really strange now that I'm a boy and I'm with this group of women like, going to a girls' night how appropriate is this'

Zara (6; 36-40)

The realisation of coming out and mingling with other girls felt strange for Zara.

Participants expressed, in this sub-theme, their concerns about being ostracized and the expectation that they would be heterosexual if they identified as trans. Most participants reported that their families found it difficult to make sense of their sexuality. Mangton et al (2002) found that it was a belief among South Asians that being lesbian, gay, bisexual or transgender is a 'Western disease'. Some participants assumed they were gay prior to coming out as trans.

In conclusion, this theme summarizes how participants negotiate their intersecting identities. They described a conflict between the male and female binary and the oppression of gender fluidity. Families of participants favoured a clear binary approach to gender and rejected non-binary genders.

Discussion

The present study aimed to explore the coming out experiences of South Asian trans people living in the UK. Participants described the challenging experiences of negotiating their intersecting identities in the context of their ethnic, religious, and cultural identity, as well as their gender. Participants feared that ‘being out’ would lead to abandonment, being ostracised and further struggles (Gagne, Tewksbury, & McGaughey, 1997). Iantaffi and Barker (2017) describe gender identity as an “inner sense of self” (p.53), as such, all the participants’ sense of self or identity construction was threatened or denied in some way by those around them. This threat to identity has been well documented in LGB literature, particularly on South Asian gay men (Breakwell, 1986; Ghuman, 2003, Jaspal & Siraj, 2011; McKeown, 2010) which had a strong overlap with the current findings.

Some participants who took part in the study described a conflict between the cultural gender binary and their own gender fluidity. Participants largely found this conflict to be rooted in a deeper cultural, religious and familial pressure specific to their mostly-conservative South Asian heritage. Other studies shed light on why this may be the case. Many have found that factors such as shame and honour are important for South Asian families and the community (Bhardwaj, 2001; Gangoli, Razik & McCarry, 2006). Often deviating from cultural and traditional norms results in further shame and brings dishonour to the family and community as a whole (Bhardwaj, 2001). This was widely evidenced by participants in this study, who experienced rejection, as well as both physical and psychological abuse from members of the South Asian community. Notably, family members who perpetrated this often justified their actions by referencing the alleged shame brought to the family by the participant. This suggests a potential barrier for South Asian trans people in the UK to come out safely without prejudice, as they are often inherently prejudiced by their own families, friends and the community, and have to maintain a ‘reiterative process’ as contended by Brah (1996). This was universally the case for participants in the study. It can therefore be suggested that British South Asian trans people are often unsupported by their families, and are constantly re-working and re-affirming their gender identities within their social and political contexts.

The study revealed a clear rejection of trans and non-binary gender expression from family members, which meant that when participants were occasionally supported in identifying as trans, they were expected to become a fully-formed archetype of that gender. Transitioning itself was often forbidden and participants had to negotiate and navigate from one gender/sexuality to another, producing diasporic identities to suit certain situational contexts. As Butler (1990) states, gender is always a ‘doing’ and cannot be regarded as fixed but as fluid and unstable. Participants were expected to embody a hegemonic masculinity (Connell, 1987), for example if daughters were to become sons they had to do so overnight. They were expected to grow beards, lift weights and instantly fit into an archetype of masculinity.

Some participants identified as a cisgender gay person prior to coming out as trans. These participants found that identifying as cis-gay was preferable to identifying as trans in British South Asian culture. This was due to participants’ families preferring the former as a lesser abhorrence, due to the invisible nature of sexuality against the highly visible nature of gender expression. This created an identity conflict as participants navigated their intersecting sexuality and gender in a manner that was externally pressurised.

To a lesser degree, participants also described a wider conflict between their British and South Asian identity, particularly as their being trans often drew them away from conservative South Asian communities and towards liberal, mostly-white communities. Therefore it is apparent that being gay (although not acceptable) is preferable to being trans in South Asian culture. This supports previous literature on LGB that have found that it to be easier to come out to families as gay or lesbian than bisexual individuals (Pistella et al., 2016), suggesting a binary view of sexuality (gay or straight) as well as gender (man or woman). Participants’ families in the study seemed to prefer the former as a lesser abhorrence, largely due to the invisible nature of sexuality, as opposed to the highly visible nature of gender expression (Goffman, 1963).

Most participants’ families found it particularly difficult to make sense of their gender and described it as a ‘Western disease’. Mangton et al (2002) also found the notion that of as a Western disease was a belief shared amongst the families of the

South Asian LGBT community. This supports earlier studies (Evola, 2001; Butler, 2009; Brah, 2010), and indicated the process of shifting, negotiating and navigating one's gender identity was a challenging process for South Asian trans people. It is Werbner's (2004) perspective that the shifting of identities is a voluntary yet extremely challenging process, where South Asian people combine different personhoods to produce diverse diasporic identities to suit certain situational contexts. This suggests that they contest and negotiate their diverse realities giving rise to multiple and subjective expressions of gender (Brah, 1996).

Implications for clinical practice and recommendations

The findings of this study and previous literature have several practical implications. They suggest that coming out for South Asian trans people is not a onetime experience but a continuous multifaceted process. This process comes with a whole myriad of challenges for South Asian trans people with intersecting identities, and it is therefore important to understand how race, ethnicity and social class interacts with gender and sexuality (Crenshaw, 2012). When working with the South Asian trans community it is important to consider the multifaceted nature of the coming out phenomenon, as well as other underlying issues and specific challenges that this group of people face.

The study also suggests that GPs, therapists and other health professionals need to work with families, build an education of trans issues, and be more active with the South Asian community. This would involve improving their awareness of the challenges that trans family members may be going through. Importantly, these need to be lead by the South Asian community, particularly by local and religious leaders who may be able to aid in this wider education. The resulting creation of safer spaces like support groups could enable families to openly discuss and ask questions around gender and identity issues. Families could then overcome certain barriers, and discuss any sensitive or taboo topics at home. Support services therefore need to maintain a fair representation of diverse backgrounds to appeal to certain ethnic minority individuals (see also Choudrey, 2016).

Seeking therapy can be a daunting experience for people who have not already come out. They may want to use therapy as a means of affirming their own gender identity, and subsequently consider coming out to others. Therapists have a responsibility to understand the many forms of oppression, as well as the historical impact of racism that South Asian clients may experience. Furthermore, the memorandum for understanding (MoU2, 2017) protects trans people by ending the practice of conversion therapy in relation to sexual and gender identity. The memorandum has been released by all major psychology and therapy organisations in the UK, thus encouraging people to freely explore their feelings of gender, and inform therapists to provide appropriate and ethical practice when working with trans and non-binary individuals MoU (2017). This report along with the findings from the current study will also better inform counselling, psychotherapy and psychiatry organisations to approach their work from an intersectional position when working with the South Asian trans community. This would be particularly applicable to counselling psychology as it borders with movements in the contemporary social justice agenda.

Based on the findings of the study, I have provided the following recommendations for support services, health professionals, therapists and South Asian trans activists/leaders in supporting South Asian trans individuals.

Recommendations for services, health professionals, researchers and therapists:

1. Cultural competency/awareness – service providers have a responsibility to understand the specific intersecting challenges that South Asian trans people face. Therefore cultural competency based training would give professionals the necessary skills to appropriately communicate in a way that engages South Asian trans people and their families. Respecting their intersecting identities and understanding that their challenges may differ to White trans people or people from other backgrounds. Having an open dialogue around race and ethnicity would enable clients to build trust, develop a connection and would aid the therapeutic process (Nkansa-Dwamena, 2017).

2. Equal rights within mental health services – to treat trans people’s mental health problems as anyone else’s and not to automatically signpost to specialist services as people may access for a number of reasons (Richards and Barker, 2013).
3. Specialist services - specialist culture specific services for people who want to come out to families, friends and colleagues. This would enable South Asian trans individuals to process and talk about their concerns with a professional in a confidential environment.
4. Outreach work – service providers need to do more ground work and partner up with other organisations and act as educators in the community i.e. local and mosque leaders. Inform the South Asian community of the specific challenges and engage the community to come forward and ask questions.
5. Psycho-education – educating and increasing awareness of trans specific issues related to the South Asian community and the possible impact on mental health.

Recommendations for support services:

1. Trans only spaces for South Asian people- in order to work with marginalised communities it is essential to have more safe spaces where South Asian trans people feel comfortable to openly discuss issues around racism, culture and religious identity.
2. Visible representation of South Asian trans people – there is a need for SA trans people to be visible leaders of support groups. This would enable South Asian trans people to come forward and seek support and not feel alienated and isolated in trans spaces.
3. Other avenues of support – support services need to think of creative ways to support South Asian trans people and their families. Group, online and social spaces where South Asian trans people and families can build relationships and ask questions.

Recommendation for SA trans activists/leaders:

1. Media representation – more role models from the South Asian trans community are needed to represent South Asian trans people in social spaces such as TV, radios and Facebook to empower and engage the South Asian trans community.
2. Educators – South Asian trans activists/group leaders have a duty to educate and inform members of their team about the complex intersecting identities of South Asian trans people so they are able to support and give advice to the trans community and their families.
3. Signposting – being informed of the complex intersectional problems a South Asian trans person may face and have a list of signposting services to signpost people to should they experience domestic abuse, violence and homelessness etc.

Reflection on the limitations and strengths of the study

The present study aimed to explore the coming out experiences of South Asian trans people in the UK. One of the limitations of the study lies in the recruitment of the participants. I had initially wanted to focus only on British South Asian trans women's experiences of coming out - given the evidence that trans women of colour are at particular risk of discrimination and mental health struggles (Jefferson, Neilands & Sevelius, 2013) - but due to the difficulties in recruitment I expanded criterion to include anyone who identifies as a trans or with a trans history in any way. Furthermore, the nationality criterion was expanded from UK born individuals to those who have lived in the UK for at least 10 years.

As Smith and Osborn (2008), suggested six to eight participants are sufficient for the recruitment of an IPA study. This enabled me then to recruit six participants for the qualitative design of the study and capture the richness and complexity of the phenomenon under investigation in its depth. The aim was not to generalise the findings of the study to a larger population but to capture the lived experiences of a specific group of people and tell their stories. However, the recruitment process of the study meant that it excluded South Asian trans people who had lived for a shorter

duration of time in the UK, but may have had a story to tell about their coming out experiences in the UK. As we have found from the study, coming out to is a reiterative multifaceted process, so we may have missed some participants who were motivated to share their experiences but were nevertheless restricted.

As we know this is a hard to reach group to recruit and many South Asian trans people are still living in secret. This may have restricted and alienated those potential participants who may have felt beyond the parameters of the wording of the recruitment advert. It may have been beneficial to provide more information on the recruitment advert and think about more appropriate language that may speak to South Asian trans people.

Another limitation of the recruitment process is that trans people are too often researched and may feel put under the microscope and strip-searched for information. They may have felt it was unethical to give their time for nothing, especially if researchers do nothing helpful with the information afterwards for the betterment of the trans community. Furthermore, my position as a cisgender researcher may have been off-putting, representing a cis-lead approach towards trans research. There is also a history of research of many kinds being conducted on black and brown people by white researchers. This has led to a caution around research from many people of colour. Despite the match between myself and participants in terms of being South Asian, this could still have been a factor. Therefore, it might be possible that some participants did not respond to the advert for these reasons.

The use of a qualitative design and interview method helped to produce rich in-depth accounts of participants' experiences. It allowed me to explore participants' experiences in a non-directive way which enabled them to speak openly about their experiences. Meeting participants in confidential spaces such as therapy/meeting rooms, or my/their own homes enabled participants to open up and speak freely about their experiences. As Reid, Flowers and Larkin (2005) stated, IPA allows participants to build rapport with the researcher and enables them to "think, speak and be heard" (p. 23). Participants in the study were then able to gather their thoughts and discuss and engage with what was going on in the room. This facilitated their understanding of their coming out experiences and helped develop a better relational rapport, which

in turn enabled further exploration and in-depth accounts of their coming out stories. Coming from a South Asian background myself, I was also able to relate to participants' experiences and develop a connection with them. However, in being cisgender I was also able to stay objective towards the trans experience, keep an open mind and remain curious, not allowing my own presumptions to get in the way of data collection and analysis. This can be considered a strength of the study. As Willig (2013) highlights, there is a debate around exploration vs. description in phenomenological analysis/ it is important to note that the present study was not intended to test a predetermined hypothesis or simply describe experiences, but to explore in detail South Asian trans people's experiences in the UK. Whilst there were potential limitations in recruiting and connecting with participants, the study fits with Smith and Osborn's (2008) aim of IPA and generated potentially rich and participant-led findings.

Suggestions for future research

Although there is a growing body of research on LGBT in the United States, there is a dearth of literature on the experiences of South Asian trans people in the UK. More qualitative narratives need to be told in order to better understand the complex intersecting identities of South Asian trans people living in the UK. Therefore future research could focus separately on the experiences of South Asian trans men, women, or non-binary people to see what their specific concerns and challenges are. Research could also focus on how families of South Asian trans people are affected and what their narratives are in the context of their family, religious and cultural backgrounds. It would also be of interest to explore the social and medical transition experiences of South Asian trans people, and see how individuals adjust to their gender identities. It would also be interesting to see how South Asian trans people experience intimacy and relationships. Many LGB studies have been of a quantitative nature and therefore more qualitative or mixed methods are suggested to understand the life experiences of this group of people. Future research could also look at exploring the experiences of trans people from specific South Asian cultures, countries, castes and faiths.

Conclusion

This is the first study in UK to explore the coming out experiences of South Asian trans people. The participants in this study provided a detailed, enlightening and inspiring depiction of their stories. The findings suggest that coming out for most trans people can be best understood as a continuous multifaceted process. This process exists within the context of their multiple intersecting identities. South Asian trans people are navigating and resisting dominant cultural, ethnic and religious understandings through reworking their gender identities in South Asian communities. Their coming out stories are predicated on hardship, suffering and the constant suppression of individual goals. Overall the findings highlight the complexity of the phenomenon and as such may provide insights in the development of further research in this area. There is no doubt that services and therapists working with South Asian trans people need to understand the challenging experiences of their intersecting identities, notably the ethnic, religious and cultural identity, as well as their gender.

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References

- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: the LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 163
- Barrientos, J., Silva, J., Catalan, S., Gomez, F., & Longueira, J. (2010). Discrimination and victimization: parade for lesbian, gay, bisexual, and transgender (LGBT) pride, in Chile. *Journal of homosexuality, 57*(6), 760-775.
- Barker, M. (2010). Sociocultural issues. In M. Barker, A. Vossler, & D. Langbridge, (Eds.), *Understanding counselling and psychotherapy* (pp. 211-233). London: Sage.
- Barker, M. (2012). *Rewriting the rules: An integrative guide to love, sex and relationships*. Routledge.
- Barker, M. J., & Richards, C. (2017). Gender in Counselling Psychology. In D. Murphy. (Eds.), *Counselling Psychology: A Textbook for Study and Practice* (Vol:2380) (pp. 282-292). John Wiley & Sons.
- Barker, M. J., & Scheele, J. (2016). *Queer: A Graphic history*. London: Icon Books.
- Bethea, M. S., & McCollum, E. E. (2013). The disclosure experiences of male-to-female transgender individuals: A systems theory perspective. *Journal of Couple & Relationship Therapy, 12*(2), 89-112.
- Bhabha, H. K. (2012). *The location of culture*. Routledge.
- Bhardwaj, A. (2001). Growing up young, Asian and female in Britain: A report on self-harm and suicide. *Feminist review, 68*, 52-67.
- Bith-Melander, P., Sheoran, B., Sheth, L., Bermudez, C., Drone, J., Wood, W., & Schroeder, K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *Journal of the Association of Nurses in AIDS Care, 21*(3), 207-220.
- Blumer, M. L., Green, M. S., Knowles, S. J., & Williams, A. (2012). Shedding light on thirteen years of darkness: Content analysis of articles pertaining to transgender issues in marriage/couple and family therapy journals. *Journal of Marital and Family Therapy, 38*(s1), 244-256.
- Brah, A. (1996). *Cartographies of diaspora: Contesting identities*. Psychology Press.
- Brah, A. (2010). Locality, globality and gendered refractions: Sikh women in 'Western' diasporas. *JPS, 12*(1), 154.

- Breakwell, G. M. (1986). *Coping with threatened identities*. London: Methuen
- Butler, J. (1990). Gender trouble, feminist theory, and psychoanalytic
- Butler, J. (2009). Performativity, Precarity and Sexual Politics. *AIBR. Revista de Antropología Iberoamericana*, 4(3).
- Butler, J. (2010). Performative agency. *Journal of cultural economy*, 3(2), 147-161.
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80(2), 131-139.
- Choudrey, S. (2016). Inclusivity; Supporting BAME trans people. Retrieved from www.gires.org.uk/assets/Support-Assets/BAME_Inclusivity_.pdf
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *American journal of public health*, 91(6), 915.
- Connell, R. W. (1987). Gender and power Cambridge. *Polity*, 279-304.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford law review*, 1241-1299.
- Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and social psychology Bulletin*, 20(5), 503-513.
- Cruz, E. (2014). White cis gay men need to realize discrimination still exists. *The Huffington Post*.
- Dew, B. (2007). A community at risk: Examining the impact of HIV in Atlanta's transgender community. *Report prepared for The Georgia Department of Human Resources, HIV Prevention Branch*.
- Diaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: data from a probability sample of Latino gay men in three US cities. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 255.
- Evola, M. (2001). The influence of gender on the relationship between problem-solving and aggression. *Modern Psychological Studies*, 8(1), 3.
- Fox, R. (1996). Bisexuality in perspective: A review of theory and research. In B. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 3-50). Thousand Oaks, CA: Sage.

- Gagné, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over: Identity formation and proclamation in a transgender community. *Gender & Society*, 11(4), 478-508.
- Gangoli, G., Razak, A., & McCarry, M. (2006). Forced marriages and domestic violence among South Asian communities in North East England. Northern Rock Foundation and University of Bristol: Newcastle and Bristol.
- Ghuman, P.S. (2003) Double loyalties: South Asian Adolescents in the West. Cardiff: University of Wales Press
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality.
- Goffman, E. (1963). Stigma: Notes on a spoiled identity. *Jenkins, JH & Carpenter*.
- Iantaffi, A., & Barker, M. J. (2017). *How to Understand Your Gender: A Practical Guide for Exploring Who You Are*. Jessica Kingsley Publishers.
- Jaspal, R., & Siraj, A. (2011). Perceptions of 'coming out' among British Muslim gay men. *Psychology & Sexuality*, 2(3), 183-197.
- Jefferson, K., B. Neilands, T., & Sevelius, J. (2013). Transgender women of color: discrimination and depression symptoms. *Ethnicity and inequalities in health and social care*, 6(4), 121-136.
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of homosexuality*, 42(1), 89-101.
- Longman Marcellin, R., R. Bauer, G., & I. Scheim, A. (2013). Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care*, 6(4), 97-107.
- Mangton, P., Carvalho, M., & Pandya, S. (2002). Lesbian, gay, bisexual, and transgender health. A Brown Paper: The health of South Asians in the United States. *South Asian Public Health Association*. Retrieved November, 21, 2014.
- Marcellin, R. L., Scheim, A., Bauer, G., & Redman, N. (2013). Experiences of transphobia among trans Ontarians. *Trans PULSE e-Bulletin*, 3(2), 1-2.
- McKeown, E., Nelson, S., Anderson, J., Low, N., & Elford, J. (2010). Disclosure, discrimination and desire: experiences of Black and South Asian gay men in Britain. *Culture, health & sexuality*, 12(7), 843-856.

- Memorandum of Understanding on Conversion Therapy in the UK Version 2. (2017). Retrieved from <http://be-north.org.uk/welcome-news-on-conversion-therapy/>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
- Meyer, E. J. (2008). Gendered harassment in secondary schools: Understanding teachers'(non) interventions. *Gender and Education*, 20(6), 555-570.
- Nemoto, T., Operario, D., & Soma, T. (2002). Risk behaviors of Filipino methamphetamine users in San Francisco: Implications for prevention and treatment of drug use and HIV. *Public Health Reports*, 117(Suppl. 1), S30-S38.
- Nkansa-Dwamena, O. (2017). Issues of Race and Ethnicity in Counselling Psychology. In D. Murphy. (Eds.), *Counselling Psychology: A Textbook for Study and Practice* (Vol:2380) (pp. 266-278). John Wiley & Sons.
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F., & Baiocco, R. (2016). Coming-out to family members and internalized sexual stigma in bisexual, lesbian and gay people. *Journal of Child and Family Studies*, 25(12), 3694-3701.
- Rasmussen, M. L. (2004). The problem of coming out. *Theory into practice*, 43(2), 144-150.
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18 (1): 20-23.
- Richards, C., & Barker, M. (2013). *Sexuality and gender for mental health professionals: A practical guide*. Sage.
- Ross, L., Epstein, R., Goldfinger, C., Steele, L., Anderson, S., & Strike, C. (2008). Lesbian and queer mothers navigating the adoption system: The impacts on mental health. *Health Sociology Review*, 17(3), 254-266.
- Said, E. (1978). *Orientalism: Western representations of the Orient*. New York: Pantheon.
- Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC psychiatry*, 16(1), 67
- Singh, A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, 68(11-12), 690-702.
- Singh, A. A., & McKleroy, V. S. (2010). "Just Getting Out of Bed Is a Revolutionary Act" The Resilience of Transgender People of Color Who Have Survived Traumatic Life Events. *Traumatology*, 17(2), 34-44.

- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 53-80). London: SAGE Publications Ltd.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE Publications Ltd
- Spivak, G. C. (1988). Can the subaltern speak?. *Can the subaltern speak? Reflections on the history of an idea*, 21-78.
- Stauffer, A. (2008, April). Transgender youth research at Howard Brown Health Center. *Howard Brown News, Research*, 5, 1-2. Retrieved from <http://www.howardbrown.org/uploadedFiles/Research/RESEARCH%20NEWS%20APRIL%202008.pdf?LangType51033>.
- Sullaway, M. (2004). Psychological perspectives on hate crime laws. *Psychology, Public Policy, and Law*, 10(3), 250.
- Werbner, P. (2004). Theorising complex diasporas: purity and hybridity in the South Asian public sphere in Britain. *Journal of Ethnic and Migration Studies*, 30(5), 895-911.
- Williamson, T., Ryan, J., Hogg, C., & Fallon, D. (2009). 'Younique voices'-A study of health and wellbeing: experiences, views and expectations of seldom heard and marginalised groups in Rochdale Borough.
- Willig, C. (2013). *Introducing qualitative research in psychology*: McGraw-Hill International.
- Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2-3), 31-47.
- Zea, M. C., Reisen, C. A., & Poppen, P. J. (1999). Psychological well-being among Latino lesbians and gay men. *Cultural Diversity and Ethnic Minority Psychology*, 5(4), 371.

**The Professional Practice Component of this thesis has been
removed for confidentiality purposes.**

**It can be consulted by Psychology researchers on application at
the Library of City, University of London.**

APPENDIX 1 – Recruitment Advert



**Department of Psychology
City University London**

**PARTICIPANTS NEEDED FOR
RESEARCH INTO
THE COMING OUT EXPERIENCES OF SOUTH ASIAN TRANS PEOPLE IN
THE UK**

**We are looking for volunteers to take part in a study on their coming out
experiences as a British South Asian Trans people**

You would be asked to:

Complete a 10-minute screening interview (by phone/email)

If you decide to go further with taking part in the study you will be asked to

Attend 1-2 hours interview to share your experience with a

Trainee Counselling Psychologist

For more information about this study or to take part

please contact:

Researcher: Samina Khatun

DPsych City University London

Tel: XXXXX

E-mail: [REDACTED]

Research Supervisor: Dr Meg John Barker
The Open University

E-mail: [REDACTED]

This study has been reviewed by, and received ethics clearance through the [insert committee name here] Research Ethics Committee, City University London [PSYETH (P/L) 14/15 244].

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [REDACTED] or via email:

[REDACTED]

APPENDIX 2 – Information Sheet



Title of study: The coming out experiences of South Asian Trans People living in the UK: An Interpretive Phenomenological Analysis

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

My name is Samina Khatun and I am a Trainee Counselling Psychologist at City University London. I am conducting an interview-based study as part of the requirements for my Doctorate in Counselling Psychology to learn about British South Asian trans peoples experiences of coming out, and would like to request your participation in this study. You have been chosen because you meet the criteria for the study, and have expressed an interest to participate and share your experience.

Do I have to take part?

Participation in this study is voluntary; it is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. You can choose to stop the interview at any time, or skip any questions you don't want to answer. You can withdraw at any stage without being penalised or disadvantaged in any way. There are no right or wrong answers, and some questions may be difficult to discuss, however you may find it beneficial to have the opportunity to talk about your experiences.

What will happen if I choose to take part?

The interview will take approximately 60-120 minutes to complete, and you will be able to ask any questions about the study. If you agree to take part, you will be asked to attend a one off interview, at a destination of your choice. The interview will be audio-taped and used for the write up of this study. Your participation is completely voluntary, but your experience could be very helpful to other trans people and will hopefully make a significant contribution to the work in this field.

Will the study be confidential?

For the purpose of this study all identifiable information will not be released or viewed by anyone else other than the researcher and the supervisor involved in this study. The data collected as part of this study will be reported anonymously, and all identifying information will be changed to preserve confidentiality. The recordings and transcripts of this study will be stored securely and destroyed once research has been completed. The information that you provide is confidential, and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable information will be published. The identifiable data will not be shared with any other organisation. The recordings and transcripts of this study will be stored securely and destroyed once research has been completed.

What are the disadvantages and risk of taking part?

There are no physical risks involved in this study. However, talking about certain life experiences may cause some significant discomfort and/or emotional distress. Should you become distressed, you will have the option to stop the interview or even withdraw your participation from the study. You will be given information on how to access free psychological support and services should you experience any distress. Participation in this study is strictly voluntary and withdrawing from the study will not result in any negative consequences.

What are the benefits of taking part?

There is no guarantee that you will gain any benefit from this study, however you may benefit from sharing your experience and may find a sense of relief from doing so. You will be given information on where to access further support at the end of the interview.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [REDACTED]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them of the project.

You could also write to the Secretary at:

Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London

EC1V 0HB

Email: [REDACTED]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, [PSYETH (P/F) 14/15 244].

Further information and contact details

Researcher: Samina Khatun

Email:

[REDACTED]

Supervisor: Dr Meg John Barker

Email:

[REDACTED]

Thank you for taking the time to read this information sheet.

APPENDIX 3 – Consent Form



Title of Study: The coming out experiences of South Asian Trans People living in the UK: An Interpretive Phenomenological Analysis

Ethics approval code: [PSYETH (P/F) 14/15 244]
initial box

Please

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • Being interviewed by the researcher • Allowing the interview to be audio-taped	
2.	This information will be held and processed for the following purpose(s): I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I understand that the purpose of data processing is to answer the research questions.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	

4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of Researcher	Signature	Date

APPENDIX 4 – Debrief Information



TITLE OF STUDY: The coming out experiences of South Asian Trans People living in the UK:
An Interpretive Phenomenological Analysis

Thank you for taking part in this study! Now that it's finished we would like to explain the rationale behind the work.

This study set out to explore the 'coming out' experiences of South Asian trans people living in the UK. To date there has been no existing research on the 'coming out' experiences of British South Asian Trans people conducted in the UK. Studies have focused on the coming out experiences of South Asian lesbian, gay and bisexual (LGB) populations leaving out trans (T) individuals. Previous research on trans individuals has given us insight into the lived experiences of this population, however we do not know the realities and coming out experiences of South Asian Trans people living in the UK.

Due to the limitation of studies on British South Asian trans people, it is unclear the difficulties they face accessing support and whether their needs are met in clinical settings. The aim of the study is to add knowledge in a much under-researched and relatively invisible field, inform practitioners on trans issues and inform them better to support individuals who are preparing to disclose their gender identity or who are in the middle of a difficult disclosure process. Therefore, the overall aim of the study is to improve knowledge in practice interventions and understanding of cultural influences on acceptance and coping strategies. Additionally, to add more to substantive knowledge of these communities lived experiences, give South Asian Trans people a voice and encourage them to seek psychological support.

I hope you found the study interesting and a safe space for you to share your experiences. If you have any further questions about the study, you can contact the researchers and/or supervisor involved in this study, at the email address below. We realize that some of the questions asked may have provoked strong emotional reactions. As researchers, we do not personally provide any psychological support however, we want to provide every participant in this study with a comprehensive list of clinical resources that are available should you decide you need assistance at any time.

Samina Khatun (Researcher)

City University London

Northampton Square

London

EC1V 0HB

Email: [REDACTED]

Dr Meg John Barker (Research Supervisor)

Psychology in Social Sciences

The Open University

Walton Hall

Milton Keynes

MK7 6AA

Email: [REDACTED]

Ethics approval code: City University London (PSYETH (P/F) 14/15 244)

Please see an information leaflet pertaining to local resources at the end of this form.

Thank you again for your participation.

APPENDIX 5 – Resources And Psychological Support



London based LGBT Forums

Locally run community forums and groups dedicated to LGBT issues locally, including homophobia and transphobia.

- **Camden LGBT Forum**
www.camdenlgbtforum.org.uk/
- **Haringey LGBT Network**
www.haringeylgbtnetwork.org.uk
- **Lambeth LGBT Forum**
www.lambethlgbtforum.org.uk
- **Richmond upon Thames LGBT Forum**
www.richmondlgbtforum.org.uk/forum/
- **Southwark LGBT Network**
www.southwark-lgbt.org/
- **Wandsworth LGBT Network**
www.wandsworthlgbt.org.uk

National LGBT Forums

- **LGBT Consortium** – A national organisation focusing on developing and supporting LGBT groups
<http://www.lgbtconsortium.org.uk/>
- **Galop** - A helpline and advocacy charity for LGBT people. Galop also operates a third party reporting scheme in conjunction with the MPS.
www.galop.org.uk

- **Gender Trust** – UK charity helping adults who identify as transsexual or gender dysphoric
info@gendertrust.org
- **GIRES** – Gender Identity Research Education Society sponsor education and research on gender identity
<http://www.gires.org.uk>
- **Gendered Intelligence** – is a community interest company whose objective is to deliver workshops to trans youth across the UK.
<http://genderedintelligence.co.uk>

Trans Support Groups

- **Beaumont Society**
UK Transgender Support Group.
www.beaumontsociety.org.uk
- **CliniQ**
Sexual Health Clinic for Trans people.
facebook.com/cliniquelondon
- **Dani's T Room**
Personal site offering lots of news and information about Transgender issues in the Greater London area.
www.danistroom.com
- **Depend**
Offers free, confidential and non-judgmental advice, information and support to all family members, spouses, partners and friends of transsexual people.
www.depend.org.uk
- **Trans London**
Discussion/support group for all members of the 'trans' community, whatever their gender identity (or identities) and whatever stage in their 'transition' they have reached (if at all).
www.translondon.org.uk
- **ELOP** – is a holistic lesbian and gay centre that offers a range of social, emotional and support services to LGBT communities, and our core services include counselling and young people's services.
<http://elop.org>
- **London Friend** – offer one-to-one counselling sessions to LGBT people and for those who may be questioning their sexual orientation or gender identity.
<http://londonfriend.org.uk>

- **PACE** – PACE services are designed to meet the mental health and wellbeing needs of the LGBT community. They offer a range of support services, including individual and couples counselling.
<http://www.pacehealth.org.uk>
- **Metro Centre Online** – offer counselling, support and social activities for LGBT people.
<https://www.metrocentreonline.org>

Faith

- **Imaan**
Social support group for LGBT Muslims, their friends, families and supporters, and those questioning their sexuality or gender identity.
www.imaan.org.uk
- **Safra Project**
Resource project on issues relating to lesbian, bisexual and transgender women who identify as Muslim culturally and/or religiously.
www.safraproject.org
- **The Naz Project**
Provides sexual health and HIV prevention and support services to targeted Black and Minority Ethnic (BME) communities in London.
www.naz.org.uk

Crisis Service

- **The May Tree Sanctuary for the Suicidal** - 72, Moray Road, Finsbury Park, London, N4 3LG 020 7263 7070. Free for London Residents. www.maytree.org.uk.
- **Samaritans** - A 24 hour phone line offering emotional support
www.samaritans.org.uk
084 57 90 90 90
- **Sane Line** – offering specialist mental health emotional support 6-11pm everyday.
0845 767 8000 www.sane.org.uk
- **Victim Support** – www.victimsupport.org.uk 17-18 Falcon Road SW11 2PH 0207 801 1777

- **LGBT Switchboard** - 0333 254 6943
- **SupportLine** - 01708 765200

Self Help Material

- Get self-help – A range of self-help material, worksheets to help manage a variety of common mental health problems. <http://www.getselfhelp.co.uk>.
- Northumberland and Tyne Self Help Booklets – A range of self-help CBT booklets on common mental health problems. <http://www.ntw.nhs.uk/pic/selfhelp>.
- Living Life to the Full - http://www.lltf.com/index.php?section=page&page_seq=8
- 100 Happy days – Make a positive log through photos www.100happydays.com

Books

- Rewriting the Rules – Meg-John Barker
- How To Understand Your Gender – Meg-John Barker
- Hello Cruel World – Kate Bornstein
- Redefining Realness: My Path to Womanhood, Identity, Love & So Much More – Janet Mock

APPENDIX 6 – Interview Schedule

Can you tell me what motivated you take part in the study?

Q Can you tell me a little bit about your cultural background? (*Country/religion/class/caste*)

Q How are you currently leading your life in relation to your gender?

Q *What are you aspirations?*

Q *Where have you got to on your journey? (Background)*

Q *Have you faced any difficulties?*

Q Can you tell me what your understanding of ‘coming out’ is?

Q Can you tell me about your experience of coming out?

Q Can you tell me to what extent being South Asian impacted your decision? (*Age, gender, religion, sexuality*)

Q *How did you religion impact on this?*

Q *Do you remember what you said and felt?*

Q *What were their reactions?*

Q *What made you disclose your identity?*

Closing Questions:

Q Is there anything else that you think is important for me to know to understand your experience?

APPENDIX 7 – Exemplar of the analysis (IPA)

CONTINUED:

16.

- Lack of representation of minority (trans)
- Trans a product of white culture
- Lack of support - importance of family as support

INTERVIEWEE (cont'd)
couldn't - I didn't know what to search for to find people like me, because you know, if you just type in like 'trans FTM' on Youtube, there'll just be white faces! Do I have to write something specific? Is this a thing that people of colour say when they are doing [this]? I had no idea, and I could just see like lots of white people talking about coming out to their parents, and I was like 'that's not going to be my experience', like I don't know who to ask about this, because they're not going to understand.

Searching for similar experiences in others
Not represented in media
Feeling lost
Feeling like the others
Not being able to relate
Feeling/worring parents will not understand.

INTERVIEWER
Is that when you started your research?

INTERVIEWEE
Yeah. I didn't really spend much time looking because it was just not really helpful, and I went to a trans support group, and everyone was white, and I just felt different. Like I don't know, I didn't feel like I was trans enough to be there because I was brown. So it's like, I don't know I felt like I have to try harder to look trans if I'm brown because it's already kind of suspicious if that makes sense. Sort of like 'why are you here?' like there's a BME group next door, went in with that kind of mentality.

Lack of minority representation in support group
Not feeling trans enough due to race
Having to try harder/performance atleast?
Ppl being suspicious
Feeling excluded/not welcomed.
not fully trans enough

- Trans vs South Asian identity
- Experiences with support groups
- Lack of knowledge lack of support for South Asian trans people

INTERVIEWER
Did they make you feel any different? Or was it something that you were sort of feeling internally?

INTERVIEWEE
I'm sure they didn't, I'm sure it was internal, but again it's what happens when I'm not there, you know like - the same group, I don't know like I think in terms of like racism and Islamophobia, people

Internal & external impact.
Concern about racism & Islamophobia when not in the group

- Religious identity
- Support network

(CONTINUED)

CONTINUED:

7.

=> Assns. South Asian

=> Identity

- Identity
- Identity

Perception
disapproval.

- Ethnicity

- Gender

- Queer as a whole?
Identity

(laughter)

but I just -

(interruption)

INTERVIEWEE (cont'd)

time when I kind of started to
learn about like - about like
feminism as well, and then also
learn about what being South Asian
really means, what being brown is
really like, because I was living
in a really white city in Brighton,
and it was - I didn't have to think
- I could not think about being
brown if I didn't want to because I
could just pretend I was white, and
it would just be like fine, because
you know 'oh like, that racist
comment doesn't because I'm not -
you know, I'm not that what you're
talking about' kind of thing. Erm,
so it was like all these things
kind of coming out at once.

INTERVIEWER

When did you come out?

INTERVIEWEE

Erm, I don't really remember. I
feel like people, expect like a day

Body & Feminism?

Race, ethnicity,
fitting in.

Questioning not
only gender
identity, but
identity overall

INTERVIEWER

Do you remember at what maybe stage
in your life? What age perhaps?

INTERVIEWEE

I think it was 2011. So I was 21.
Erm, but it was like - I was having
conversations for a while, and you
know, it wasn't - I don't know -
there were loads of different
'coming outs' to like my partner,
myself, my friends, my housemates,
my like friends who I go clubbing
with, my friends who I like - who I
used to go to uni with, my sister,
my school friends, my family, and
all these different comings out-

Many diff
'comings out'

=> Coming out
multiplicated
phenomenon

INTERVIEWER

So you were coming out to various
people in your circle, did you find
(MORE)

(CONTINUED)

APPENDIX 8 – Exemplar of the analysis (master and sub-themes for Selina)

1)

Negotiating self-identity

A: Trans vs South Asian identity

P3 L16-17 . And because I'm trans and because I knew when I was six, um that I was different and that there was no space for somebody like myself to exist within it [Asian community]

P3 L49 I felt that... my family culture would never have space for me to exist

P7 L28-30 I always knew that if and when I did choose to be true to myself, that I would lose my family and I would have no further contact with my extended family.

B: Denying or forcing the trans identity

P5 L45-48 I mean without question I tried to convert myself to being a man, um as you do, I sought counselling to try and quash these feelings. I grew a beard, did weights, tried to act all manly- which I was really shit at.

P27 L40-41 So I would weightlift, grow a beard, try and be all macho and pushy and dominant

P23 L42-45 I ended up seeing a girl who was from Jordan who was Muslim and we got serious. Um, that's how I introduced her to my family and it was like- so it was all kind of like, there was all these hopes that I would be able to pull it off.

C: Behavioural issues resulting from the trans identity

P10 L14-15 My struggles with my identity um led me to act out quite a lot as a child and my personality was fairly strong

P10 L18-20 from an early age I kept on trying to exert control over my own life and I was a bit of a smart ass and so I would stand up to other teachers, my elder brothers and so on and my father as well

P10 L23-25 I was always in trouble and obviously, kind of like in the background and happening underneath was that sense of self hatred

P11 L07-09 I got expelled from schools, I got suspended from schools, I was always in fights. Um and I was in fights and beaten and bullied at school and at home

P13 L01-04 there were times where I tried to express myself and times when I would just pouch and burn everything again and hate myself and pouch and take drugs and in effect, passively put myself into more and more dangerous situations.

D: Asian vs British identity

P28 L13-15 there was no space for that when I was growing up. I did very much reject the culture because I didn't see a way in which I could be myself and be a part of that culture

P29 L45-49 the last couple of years have been a steep learning curve and I suppose

it's something I- in some respects, a reconnection to the fact that I do have a post-colonial experience um, of being a marginalised community and the way in which that's affected me and the way in which I was marginalised by both communities.

E: Trans vs. cis-sexuality identity

2)

Family responses and conflict with the South

Asian community

A: Family disapproval

P4 L44-47 *I got found out by my parents and the traditional Asian response of, if you don't know what it is, hit it until it stops doing it.*

P8 37-39 *to which the response when my parents saw me the next morning [dressed as a girl] was, you know, the traditional beating*

P4 L46-47 *The family hoped that if I'd just been raped by one of my teachers that would make it more understandable*

P11 L17-19 *Because I'd been sent off to public school, my brothers, my older brothers, decided that I was spoilt, stuck up and a snob, so they used to bully me for not being Asian enough*

P24 L28-29 *I was rationally prepared [for losing contact] but not emotionally. I didn't realise how much it would impact me emotionally.*

C: Lack of safe space

P7 L43-46 *the kind of culture that I encountered growing up in the 70s and the 80s, as a child, was one where there were bounds beyond which you could not cross in terms of the way in which you acted and lived and the way you thought and the way you presented*

P11 L40-41 *This was at a time when to be trans made you a freak and there were very few specialist places*

P17 L15-17 *you hear the shouts of 'faggot' and 'freak' and 'poofa' — so this is kind of like, this is the, as they would say in German 'bildung': the cultural education that one gets growing up from society.*

D: Attempts to 'cure'

P4 L44 *[there were] attempts at reconditioning me not to be trans*

P8 25-26 *the first time that I recall [them attempting to cure me was], when I was about five and half, six years old.*

P23 L34-35 *I tried various forms of CBT, you know, only allowed myself to sing certain things, to try and condition myself into being different.*

3)

Exploration of identity

A: Ethnic identity

P3 L44-45 *most of my childhood I had the um fun experience of not being English enough and not being Asian enough.*

P4 L05-06 *I had two cultures that didn't seem to really want me.*

P7 L32-33 *I ended up having no real connection to the Asian side of myself*

P11 L19-20 *I used to get bullied at school for not being English enough*

P29 L04-07 *I wasn't able to feel more closely a part and because we were of mixed heritage or half-cast as it used to be called then, so we were always markedly different, so we were never truly accepted in the same way as other people who were pure, pure bloods- were accepted without question*

P29 L31-33 *because I never had that linguistic capability and because we were mixed it was always like I wasn't really a part of it.*

B: Religious identity

P5 L03-04 *because of the language barrier I wasn't able to connect through religion either.*

P5 L13-14 *I would just kind of like pick it up at the Mosque with everybody else um and mouth the words that I didn't understand.*

P14 L29-31 *And I remember from what 12, 13, when I was starting to get completely disinfatuated because — no effort was ever made to facilitate my connection to Islam.*

P15 L17-21 *I was kind of in a limbo of kind of calling myself Muslim and fasting, and kind of going well you know, 'being good makes sense' and 'well ok I won't eat meat and pork obviously is evil. Erm — which made no sense to me at all. Erm, and then after a while it was like 'why am I even doing this'*

P15 L22-23 *it made no sense for me to follow as a puppet, as a mechanical worshipper with no sense of self about it*

4)

Support systems

A: Negative outcomes from lack of support

P5 L42-44 *The first time was in 1993, um but I didn't have any kind of support network so everything fell apart so I stopped.*

B: Shortcomings of available support

P13 L15-18 *the way in which the understanding of the wider world about trans issues interacted with the trans people who had gone through um a transition meant that there was...an artificiality to it all.*

P20 L11-13 *I don't know how much you know about the process of going through*

Charing Cross? But whilst it's a lot better than it used to be, it's still very shit. So, and they are very much gatekeepers

C: Lack of knowledge

P13 L20-23 *and if you were lucky you encountered a psychiatrist who wasn't a bastard, who might have some awareness of this thing called transexualism, transexuality as it was considered and called then.*

P13 L15-18 *the way in which the understanding of the wider world about trans issues interacted with the trans people who had gone through um a transition meant that there was...an artificiality to it all.*

P13 L27-34 *They told you how to dress, they told you what to do, they told you what was expected of you. You had to believe that you were a woman trapped in a mans body and you wish you could have babies, that you never touched a guy but you secretly wished you were married to a guy and that you'd have their babies. That was kind of like one story you were expected to present and only if you conformed to that story, only if you presented and kept to that role repeatedly with them, would they assist you in any way, shape or form with transitioning.*

D: importance of family as support

P24 L46-49 *Thankfully I made a new group of friends as well and when I deleted my old Facebook profile, a lot of the people- because I made the announcement on the old one- said if you want to come over, if you want to be friends with me, come over. Um and a lot of them did*

P26 L15+23 *I try not to think about it too much. I've got a good group of friends – who really care about me*

APPENDIX 9 – Table of themes for each participant

Theme	Participants who display this theme	Examples
1. Negotiating self-identity		
1a. Trans vs South Asian identity	5/6 Zara Qasim Maya Aima Selina	Zara: P16 L17-18 <i>I just feel really vulnerable because I feel like I haven't talked about it for so long, and I know that they thought I just wasn't into that because I chose being queer or trans</i> Zara: P24 L03-05 <i>if I'm going to come out and she's going to be like here this is my son, then I'm going to have to look like a proper son kind of thing.</i> Zara: P29 L07-12 <i>maybe like once a month- and she always pulls out the Muslim card and the Pakistani card and she's like, what about in Pakistan? Would you do this if you were in Pakistan? And I was like, well I'd probably be the same person but things are different. It was like she wanted me to say oh yeah Pakistan is so backwards, you're right. I can only do this because I'm in England and I'm only doing it because I'm in England</i> Qasim: P8 L06-08 <i>, like anybody brought up in the UK from a South Asian background, there's always like an element of not being completely open about your personal life</i> Qasim: P15 L37-40 <i>Which I think is you know, like the compromise that is a very South Asian thing. Erm, you know, your own personal needs with the needs of you know, your family and your culture and stuff</i> Maya: P7 L14-22 <i>there is so many potentials in the majority community of what it means to be trans and South Asian that you are somehow- having to deal with an out-dated culture that is so kind of dominated by</i>

		<i>traditional family values and that you will have to struggle more to sort of find your independent identity</i> Aima: P2 L05 <i>I'd be closer in touch with the Pakistani side of everything than the trans side.</i> Selina: P3 L16-17 . <i>And because I'm trans and because I knew when I was six, um that I was different and that there was no space for somebody like myself to exist within it [Asian community]</i> Selina: P3 L49 <i>I felt that... my family culture would never have space for me to exist</i> Selina: P7 L28-30 <i>I always knew that if and when I did choose to be true to myself, that I would lose my family and I would have no further contact with my extended family.</i>
1b. Denying or forcing the trans identity	5/6 Zara Maya Jasmin Aima Selina	Zara: P7 L24-28 <i>I was like 'ok now I have to be a man, I have to be comfortable with this', and you know, it's still like they don't really fit, but it was just like, I kind of forced myself to fit into this box of being a man, so I must want to go on hormones, I must want chest surgery and I must want to like have bottom surgery and all these things</i> Zara: P22 L43-46 + P23 L05 <i>I think she was kind of feels like okay well if you're going to be a man, if you wanted to change gender, if you don't want to be a girl anymore then be a man and be the manliest man ever. Like wear a suit. Wear shirts and all this stuff (...) Yeah and I think image is a huge thing in South Asian communities</i> Maya: [parents denying it] P12 L12-16 <i>So their denial was they say to protect me, but I think it really trying protect themselves. The fear of the unknown</i> Maya: P12 L28-31 <i>there were people who saw it but my parents didn't want to</i>

		<i>acknowledge it</i> Jasmin: P12 L28-29 <i>They forced me into a guy and this and that - they pressure me into it. So I just didn't like it</i> Jasmin: P28 L14-15 <i>Well I feel pressure from trying to be male - them forcing me to get a job, get a livelihood, this and that</i> Jasmin: P29 L03-05 <i>For me to get- get married, you know, be a man basically, they said 'get a job' and this and that, and 'have kids', but it's just not me, so. I just had a full breakdown didn't I in at Moorfield(?) hospital</i> Jasmin: P30 L32 <i>I was really depressed at the time because I was trying to be a guy working in security. It just didn't work out</i> Jasmin: P51 L46 <i>Working, you know, trying to be a guy. Trying to have a male role in jobs</i> Aima: P4 L26-27 <i>Well they [family] know but I haven't had like a settled conversation about it. They're in denial about it so like because I live away from them, I can't really force them to acknowledge it</i> Selina: P5 L45-48 <i>I mean without question I tried to convert myself to being a man, um as you do, I sought counselling to try and quash these feelings. I grew a beard, did weights, tried to act all manly- which I was really shit at.</i> Selina: P27 L40-41 <i>So I would weightlift, grow a beard, try and be all macho and pushy and dominant</i> Selina: P23 L42-45 <i>I ended up seeing a girl who was from Jordan who was Muslim and we got serious. Um, that's how I introduced her to my family and it was like- so it was all kind of like, there was all these hopes that I would be able to pull it off.</i>
1c. Asian vs British identity	2/6 Zara	Zara: P5 L40-43 <i>I could not think about being brown if I didn't want to because I could just pretend I was white, and it would just be like</i>

	Selina	<i>fine, because you know 'oh like, that racist comment doesn't because I'm not - you know, I'm not that what you're talking about'</i> Zara: P11 L30-32 <i>yeah I spoke to people who had come out when they were like in - I don't know like 13 or 12, or 15 - they were all white, so I was like 'oh is that like a white thing?'</i> Zara: P11 L43-48 <i>When I came out as trans I was in Worcester and I had a white partner, white friends, a white city. White trans support groups, erm so it was - at that point I hadn't really thought about being brown in so long, so It wasn't something that stopped me from coming out, it was something that after I'd just come out, it kind of hit me like a tonne of bricks</i> Zara: P13 L22-24 <i>friends of partners I'm sure have said racist things and maybe sometimes they tell me, sometimes they don't, because it doesn't - I don't need to hear it, but it's about, like I'm aware</i> Selina: P28 L13-15 <i>there was no space for that when I was growing up. I did very much reject the culture because I didn't see a way in which I could be myself and be a part of that culture</i> Selina: P29 L45-49 <i>the last couple of years have been a steep learning curve and I suppose it's something I- in some respects, a reconnection to the fact that I do have a post-colonial experience um, of being a marginalised community and the way in which that's affected me and the way in which I was marginalised by both communities.</i>
1d. Trans vs. cis-gay identity	5/6 Zara Qasim	Zara: P6 L36-40 <i>We all had a big girl group, gang, and we went to like girls nights and we - we just had this important thing that we bonded over. Erm, and er it was kind of strange, I was like 'oh my God, is this really strange now that I'm a boy and I'm with this</i>

	Maya Jasmin Aima	<i>group of women like, going to a girls night how appropriate is this'</i> Zara: P6 L45-47 <i>I have lived the experience of being a woman, but then actually not being allowed to connect with that, and when I had just kind of discovered it - so there was that feeling of exclusion</i> Zara: P34 L25-28 <i>I know that for a while I was kind of worried about being trans and being in a relationship with a woman, because then people would think I was in a heterosexual relationship</i> Qasim: P7 L30-33 <i>So before I came out as trans, I think this is quite a common experience, I came out as gay because I assumed that what was different about me was that I was gay because there wasn't so much known about you know, transgender people when I was coming out.</i> Qasim: P9 L26-27 <i>I think there's - in some ways it's a lot easier to come out as gay. Because you don't physically change</i> Maya: P8 L36-43 <i>it sort of the expectation that they'll ostracize you that if you're a trans woman then you should be heterosexual. And then they can choose if I might of got confused if I was a lesbian so I've never really thought about my sexuality per say as such</i> Maya: P18 L01-04 <i>as an unemployed still in university student who wanted to have the experiences as my peers you know, who fancied boys. I wanted to legitimize these feelings and not have to hide them</i> Jasmin: P9 L35 <i>She thought I was gay or something like</i> Jasmin: P49 L19-20 <i>Sexuality wise they're really confused- they think I'm gay. They just think I'm gay.</i> Aima: P17 L04-05 <i>As far as sexuality goes, erm, the fact that I would be a female being interested in other women has been really</i>
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		<i>difficult for other people to digest</i> Aima: P17 L09-10 <i>a lot of people see it as like a corrective thing right? And then you would have a heterosexual life after that. The idea that like doing that and then having a homosexual wife</i>
2. Family responses and conflict with the South Asian community		
2a. Family disapproval	5/6 Zara Qasim Maya Jasmin Selina	Zara: P16 L20-22 <i>And I'm also really protective about myself because I don't want my mum to teach me this Islam she knows to be really heteronormative and binary, you know?</i> Zara: P18 L32-35 <i>So it was really different when I came out as trans because it was like, this is about a physical change. Yeah. We still talk about it now. My mum- mostly just my mum, a lot of the arguments we have now are about me being trans because she doesn't understand how I feel about it.</i> Zara: P22 L35-37 <i>I just don't like that because I know she's trying to push me back in to the closet but I don't actually know.</i> Zara: P25 L14-16 <i>I was really upset and my mum was really upset and she was just like, what the hell are you doing kind of thing, what do you want to do? Respect your body</i> Zara: P27 L07-08 <i>my mum was just kind of like, this is like a self-destructive thing, like mutilation.</i> Qasim: P8 L30-31 <i>So her response to me coming out was to tell me to keep it a secret, and to become more religious, and to pray more</i> Qasim: P9 L05-08 <i>I tried to tell her but I think it was just - her mind had already exploded with you know, the gay thing. And I think she just didn't hear what she didn't want to hear.</i>

		Erm - so that experience - you know, went from bad to worse Maya: P11 L36-39 <i>I think they just put it down as... you know, well it's just a child and they're not mature enough</i> Maya: P16 L14-16 <i>There was a lot of fear. I can't say there was rejection but there was certainly fear</i> Jasmin: P7 L44 <i>They disagree, they call me crazy, this and that</i> Jasmin: P30 L15-16 <i>They forced me to give my opinion. They were talking about getting married, get a job, be a guy, do this and do that so</i> Selina: P4 L44-47 <i>I got found out by my parents and the traditional Asian response of, if you don't know what it is, hit it until it stops doing it.</i> Selina: P8 37-39 <i>to which the response when my parents saw me the next morning [dressed as a girl] was, you know, the traditional beating</i>
		Zara: P30 L49-04 <i>So I think my sister was also like 'why do you want to be a man?' Like, 'why do you want to do this to your body?' Like, 'isn't being gay enough, because you've done all this stuff to be gay, and you've ruined my life to be gay' - this is my assumption, you know - 'you've done all this stuff to be gay, why can't you just stay gay, why aren't you kind of happy with it?'</i> Qasim: P9 L08-10 <i>then with my sister again, she took the - my coming out as trans much much harder than me coming out as gay. She like - she had a real - I think she still has a problem with it.</i> Maya: P12 L48-02 <i>I remember when I first shaved my legs, that became a big issue. So because people would notice- or when I</i>

		<i>refused to cut my hair when I was 15 to 17 years old. That became a problem.</i> Jasmin: P4 L43 <i>no one really likes it [in my family]. They're really against it.</i> Jasmin: P8 L14-15 <i>They don't treat me nicely at all now so, so I don't think [about] that a lot.</i> Jasmin: P10 L03-04 <i>They don't agree with trans. They don't like it. They say it's wrong and this and that.</i> Jasmin: P17 L34-36 <i>Well they swear at me a lot. If I say something, they tell me that cause I'm trans I've got no value or anything so they don't talk to me that much. If I do talk they just swear at me and scream abuse</i> Aima: P5 L18-19 <i>And it's tended to be violent whenever I've showed indications of expressing my gender in a different way</i> Selina: P4 L46-47 <i>The family hoped that if I'd just been raped by one of my teachers that would make it more understandable</i> Selina: P11 L17-19 <i>Because I'd been sent off to public school, my brothers, my older brothers, decided that I was spoilt, stuck up and a snob, so they used to bully me for not being Asian enough</i> Selina: P24 L28-29 <i>I was rationally prepared [for losing contact] but not emotionally. I didn't realise how much it would impact me emotionally.</i>
2b. Lack of safe space	5/6 Zara Qasim Jasmin Aima	Zara: P14 L43-45 <i>I don't really feel that close to most of my family except for my aunt and my cousins</i> Qasim: P6 L41-43 <i>I'm going to carry on living my gay lifestyle but I need to have this, you know, this protection of marriage at the front of it.</i> Jasmin: P9 L40 <i>Yeah I have no friends.</i>

	Selina	<i>They don't like it</i> Jasmin: P10 L21-22 <i>being South Asian they think really closed minded so they don't want to understand or accept it</i> Jasmin: P24 L23-24 <i>Friends I don't have anymore so I don't even talk to them or nothing</i> Jasmin: P39 L37 <i>I stay in my room, the door's locked</i> Aima: P5 L13-14 <i>I have internalised a lot of my feelings of guilt from family life and from like, it was a very like Islamically conservative household</i> Selina: P7 L43-46 <i>the kind of culture that I encountered growing up in the 70s and the 80s, as a child, was one where there were bounds beyond which you could not cross in terms of the way in which you acted and lived and the way you thought and the way you presented</i> Selina: P11 L40-41 <i>This was at a time when to be trans made you a freak and there were very few specialist places</i> Selina: P17 L15-17 <i>you hear the shouts of 'faggot' and 'freak' and 'poofa' — so this is kind of like, this is the, as they would say in German 'bildung': the cultural education that one gets growing up from society.</i>
2c. Attempts to 'cure'	5/6 Zara Qasim Jasmin Aima Selina	Zara: P25 L21-25 <i>But it was so like, invalidating and she was just saying how she works in mental health and all the patients she sees are suicidal and depressed and I'm like, that's because you work in mental health. Everyone you see has got depression, schizophrenia or all these different mental illnesses, it's not because they are trans.</i> Qasim: P9 L03 <i>I think she'd given up trying to change me.</i> Jasmin: P19 L26 <i>They want me to go back to being a man. As before as if nothing ever happened</i>

		Jasmin: P25 L33-34 <i>In their heads, [they think] they're probably gonna fix me or something as they say.</i> Jasmin: P46 L07-08 <i>I'm crazed. I'm possessed. All this, all that. Get me married - it might fix me - this and that.</i> Aima: P9 L24-25 <i>Because they [family] see it as just like this thing about Western culture that they could have avoided if they were back in Pakistan</i> Selina: P4 L44 <i>[there were] attempts at reconditioning me not to be trans</i> Selina: P8 25-26 <i>the first time that I recall [them attempting to cure me was], when I was about five and half, six years old.</i> Selina: P23 L34-35 <i>I tried various forms of CBT, you know, only allowed myself to sing certain things, to try and condition myself into being different.</i>
3. Exploration of identity		
3a. Ethnic identity	3/6 Zara Maya Selina	Zara: P11 L33-34 <i>Yeah, I don't know, I guess I felt like I wasn't really brown enough so I could be gay.</i> Zara: P13 L37-39 <i>they [the white-queer community] want to hear trauma, when in actual fact those questions are more traumatic because you're already making me feel like I'm 'other'</i> Zara: P23 L27-31 <i>Everything for show and that is just so like typical, cause you know, in our culture, children are a reflection of your parents. So if your children look really weird then it's the parents fault. If children are like marrying agora(?) then it's your parents fault. Like you introduce them to this wild lifestyle or whatever.</i> Maya: [not necessarily a negative] P6 L36-40 <i>I didn't see myself as you know, I'm not ethnically Indian so there is this little</i>

		<i>bit of a difference in culture, that I grew up in.</i> Selina: P3 L44-45 <i>most of my childhood I had the um fun experience of not being English enough and not being Asian enough.</i> Selina: P4 L05-06 <i>I had two cultures that didn't seem to really want me.</i> Selina: P7 L32-33 <i>I ended up having no real connection to the Asian side of myself</i> Selina: P11 L19-20 <i>I used to get bullied at school for not being English enough</i> Selina: P29 L04-07 <i>I wasn't able to feel more closely a part and because we were of mixed heritage or half-cast as it used to be called then, so we were always markedly different, so we were never truly accepted in the same way as other people who were pure, pure bloods- were accepted without question</i> Selina: P29 L31-33 <i>because I never had that linguistic capability and because we were mixed it was always like I wasn't really a part of it.</i>
3b. Religious identity	3/6 Zara Aima Selina	Zara: P2 L20-23 <i>My Dad and Mum just wanted me to like - me and my sister to read the Quran, finish it and then that was like your kind of - that's all they kind of want from you as a Muslim.</i> Zara: P15 L12-14 <i>but I wanted there to be a place for me in Islam or religion or something and it was really frustrating that I couldn't find anything that related to me.</i> Zara: P15 L24-28 <i>I read this tiny passage [on homosexuality] and it was like- it was just a very- I don't remember what it said but it was very dismissive. Again it didn't really feel like me because I think most of the stuff in the Bible about homosexuality is about men anyway. It was just like great, this Bible has given up on me so I give up on religion.</i> Aima: [not necessarily a negative] P14 L27-28 <i>Like it's not it ever stopped</i>

		<i>matter to me that much honestly like I cut my faith. I like fell out of it, like some years ago</i> Selina: P5 L03-04 <i>because of the language barrier I wasn't able to connect through religion either.</i> Selina: P5 L13-14 <i>I would just kind of like pick it up at the Mosque with everybody else um and mouth the words that I didn't understand.</i> Selina: P14 L29-31 <i>And I remember from what 12, 13, when I was starting to get completely disinfatuated because — no effort was ever made to facilitate my connection to Islam.</i> Selina: P15 L17-21 <i>I was kind of in a limbo of kind of calling myself Muslim and fasting, and kind of going well you know, 'being good makes sense' and 'well ok I won't eat meat and pork obviously is evil. Erm — which made no sense to me at all. Erm, and then after a while it was like 'why am I even doing this'</i> Selina: P15 L22-23 <i>it made no sense for me to follow as a puppet, as a mechanical worshipper with no sense of self about it</i>
3c. Queer as a white identity	4/6 Zara Qasim Jasmin Aima	Zara: P12 L31-34 <i>I had no idea, and I could just see like lots of white people talking about coming out to their parents, and I was like 'that's not going to be my experience', like I don't know who to ask about this, because they're not going to understand.</i> Zara: P12 L43-45 <i>I went to a trans support group, and everyone was white, and I just felt different. Like I don't know, I didn't feel like I was trans enough to be there because I was brown.</i> Zara: P12 L45-47 <i>I felt like I have to try harder to look trans if I'm brown because it's already kind of suspicious if that makes sense</i>

		Zara: P13 L26-29 <i>when people ask me like 'how did your parents react to you coming out as trans or gay?' It's not a question they will ask - they're not asking about my coming out story, they're asking about how my Muslim brown parents reacted to me, a brown Muslim person coming out as something that's not normal</i> Zara: P14 L05-07 <i>because you know we know white people are accepted, and they get on with their lives and it's not a big deal, because being gay or whatever is a Western thing, but it doesn't happen in our culture</i> Qasim: P10 L35-36 <i>I think if you're gonna transition, I think as harsh as it sounds, I would say be white and be young</i> Qasim: P18 L12-13 <i>I think purely because even if you just look at the reflections that you have of transgender people, by and large they're white</i> Qasim: P19 L04-07 <i>there's you know - groups and Facebook groups and social media groups and erm - support groups. And they're all run by white people. Erm, even the ones that supply kind of erm - have Black and minority ethnic groups, they're run by white people</i> Jasmin: P22 L40-42 <i>But white people don't care they just walk along, they won't even look at you - nothing - but my kind of people, they just look at you, stare and make comments and everything</i> Jasmin: P23 L03-04 <i>White people are open. Bengals are closed minded so they don't want to understand it</i> Jasmin: P50 L16-17 + 25 <i>There's no support for my kind. There's support for I think white people but for me it really doesn't exist -- Because white people, they're more known for being trans</i> Aima: P1 L06-08 <i>trans people tend not to get represented in LGBT spaces but even the ones that do, it tends to be a very small group</i>
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		<i>of people. Erm they tend to present themselves in a very specific way and a lot of them tend to be white</i> Aima: P3 L24-26 <i>So like it just sort of like fell apart. Like I did notice though that they wouldn't of had the same issues with like a white trans person who was a lot more trustworthy and expressed themselves in a very understandable way</i>
4. Support systems		
4a. Negative outcomes from lack of support	3/6 Qasim Maya Selina	Qasim: P17 L37-41 <i>A bit yeah - yeah! and there was no sort of support around it, which is terrible thinking about it. I mean if it was like ok, we really encourage you to come out to people around you, and here is some help for you to do that, because we understand that you know, the culture that you come from has very particular issues, so I would've really have very very much appreciated support with that</i> Maya: P30 L07 <i>That was the main reason I came out. There was too much pressure</i> Maya: P40 L25-26 <i>I'd like to transition and get on with my life but that's unlikely with the GPs saying no to everything.</i> Aima: P23 L10-12 <i>And I know this is important because the suicide rate amongst trans people is really high and this is part of the reason why, you know what I mean? It's just very hard to get help, even if you want it.</i> Selina: P5 L42-44 <i>The first time was in 1993, um but I didn't have any kind of support network so everything fell apart so I stopped.</i>
4b. Shortcomings of available support	5/6 Qasim	Qasim: P2 L34-37. <i>I spoke to my GP about the possibility of like what would be or if I could - if she could refer me to like a gender clinic. So that started the ball rolling. It was a</i>

	Maya Jasmin Aima Selena	<i>very long process, I'm sure you know, erm - so it took quite a long time to have the first appointment</i> Qasim: P17 L11-14 <i>It was like one of those stipulations that they wouldn't prescribe hormones until I'd come out to my family. Which - I'm a bit annoyed about now to be honest, come to think about it. Because you know, as a grown adult - you know it's really my business.</i> Maya: P3 L49-02 <i>basically, it was my biggest barrier after I had decided to transition about finding medical assistance to do so</i> Maya: P5 L01-04 <i>I saw an Endocrinologist, a psychiatrist and a paediatrician. And they said well, give it time, Maya may grow out of it</i> Maya: P9 L34-39 <i>they could not understand the difference, from my perspective, of sex and gender and having to try and find the words, it's a very traumatizing experience</i> Jasmin: P3 L33 <i>Yeah for more surgery, everything I just ask them for they just always say no</i> Jasmin: P28 L03-05 <i>They don't want to treat me right, don't want to have to deal with me. That's what she said directly [to me]. So now the GPs they don't want to deal with me or take me on</i> Jasmin: P41 L08 <i>The care for trans people- the care for trans people is not that good</i> Aima: P22 L15-21 <i>I will say that the reduction and budget cuts in mental health services in the United Kingdom have really affected me negatively in the past couple of years and that's like- And that's totally the fault of the Conservative party- and it's just directly led to one of the worst mental health care systems I've ever seen. And like yeah, I've repeatedly tried to get therapy and I just can't do it, you know what I mean? Like I'm either told that it's not- that my transness isn't somebody's specialty or I'm just put on a</i>
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		<i>waiting list and I eventually just give up right?</i> Aima: P23 L17 <i>Yeah well I mean the NHS definitely [is a difficult route to obtain trans support]</i> Selina: P13 L15-18 <i>the way in which the understanding of the wider world about trans issues interacted with the trans people who had gone through um a transition meant that there was...an artificiality to it all.</i> Selina: P20 L11-13 <i>I don't know how much you know about the process of going through Charing Cross? But whilst it's a lot better than it used to be, it's still very shit. So, and they are very much gatekeepers</i>
4c. Lack of knowledge	6/6 Zara Qasim Maya Jasmin Aima Selina	Zara: P28 L34-36 <i>I tell her, you can't judge people, you can't assume things about black people, you can't you know, you can't assume feminists are lesbians and all these things but yeah she, I don't know, she doesn't listen</i> Zara: P31 L42-45 <i>I started writing and some of my writing got like published on sites and stuff and got really successful, and she was like 'I read it', and it kind of - she said she was really proud of me and like really excited for me.</i> Qasim: P1 L21-23 <i>there were very specific issues that South Asian and ethnic minority trans people go through, that isn't - and that sort of information isn't available when you're transitioning</i> Maya: P5 L06-08 <i>I don't think they [doctors] understood the difference between sex and gender</i> Maya: P9 L47-51 <i>I remember one psychiatrist told me, if you were really transgender you would have tried to go to a girls school, why did you go to a boys school?</i> Maya: P10 L07-14 <i>he had an idea that you</i>

		<i>had to have conformed without any sense of - sense for your own safety and security when as a child, but that you should have insisted right from</i> <i>day one that you were a girl and were the gender of a girl at all times</i> Jasmin: P8 L02-03 <i>They don't understand it at all because they think [in an] old fashioned [way] so they don't understand</i> Jasmin: P31 L32-35 <i>They don't understand that's why. If they did understand what it was then they would be a bit different. But because they just fail to understand they don't really... know what to do.</i> Aima: P24 L06-08 <i>Yeah because it was just like, it's like a lot of human resources people just don't have the training to deal with gender issues and deal with flexible gender expression and stuff like that</i> Selina: P13 L20-23 <i>and if you were lucky you encountered a psychiatrist who wasn't a bastard, who might have some awareness of this thing called transexualism, transsexuality as it was considered and called then.</i> Selina: P13 L15-18 <i>the way in which the understanding of the wider world about trans issues interacted with the trans people who had gone through um a transition meant that there was...an artificiality to it all.</i> Selina: P13 L27-34 <i>They told you how to dress, they told you what to do, they told you what was expected of you. You had to believe that you were a woman trapped in a mans body and you wish you could have babies, that you never touched a guy but you secretly wished you were married to a guy and that you'd have their babies. That was kind of like one story you were expected to present and only if you conformed to that story, only if you presented and kept to that role repeatedly with them, would they assist</i>
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		<i>you in any way, shape or form with transitioning.</i>
4d. Importance of family as support	6/6 Zara Qasim Maya Jasmin Aima Selina	Zara: P18 L36-44 <i>I've moved back here so we're seeing a lot more of our relatives and friends who have known me since I was a little girl and I keep telling her, you know, have you told uncle this or auntie this? That I'm trans and I'm not a girl anymore? Because we are going to see this person tomorrow or you know, we are on the way and she's just like, no I don't need to say anything and I want her to like do the coming out for me. I don't know what the right words to use are, that they'll understand in that kind of generation. So, I want her to do it because it's like a way of protecting me as well. If they don't take it well then my mum can stand up for me.</i> Zara: P19 L24 <i>I guess that she's like proud of me, like she's not trying to hide it (if my Mum told my extended family I was trans).</i> Zara: P20 L35-37 <i>I also know people are scared of people who are confident, people who are okay with themselves and people will be scared of people who support those people</i> Zara: P20 L37-40 <i>You know, if my mum-people won't do anything if my mum is like this is my son and he's trans and he's really awesome. Why would they say anything? And it's just like really really frustrating that she doesn't understand</i> Zara: P28 L43-46 <i>You need to support this person or say something a bit more than that and then she just expects me to do everything and it's just really frustrating. Then that friend was like, I don't really care, like that's fine but why didn't your mum tell me for the last 3 years or 4 years?</i> Qasim: P9 L33-38 <i>my family were quite taken aback by how much I'd changed in such a short amount of time. And - so that</i>

		was quite difficult. It was really hard, and that was like - probably the main reason why I decided to - you know - stop, or at least you know, pause my transition, because it was just - I think - it was just so much harder than I thought it would be. I thought it would be pretty hard. I didn't think it would be as hard Maya: P4 L20-30 coming out properly to my family the first time, which was when I was about maybe 15 or 16 years old, was the toughest because it was really difficult to do that. I couldn't do it face to face, but I was desperate, I needed to tell someone what I was feeling and then I needed some help to get what I wanted which was to live as a woman for a time Maya: P14 L27-31 I would say that my whole home was safe, despite given the context in which I was you know, growing up and it felt like a free space to be, home Jasmin: P6 L27 [I wanted my sister to act] Not what she is now. Just abusive and being sworn at. It's not very nice Aima: P6 L12-15 - I'm still like needing them as like a fall back if like my money issues just get impossible. Whereas if the economy was better, I wouldn't necessarily have to worry about that so I'd have more flexibility. Like my concern is that they might cut me off Aima: P14 L08-11 I've been with my partner, like erm, like the times that she recognised me based on my chosen gender identity, I found it genuinely thrilling. And like the intimacy we share is based on that and that's definitely been the best experience about coming out Zara: P1 L35-36 I'm out in my work life, so I'm like really lucky that I can talk about it, and be like relatively safe Zara: P9 L40-41 I had my friends who didn't care, and that was kind of all I needed really.
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		Qasim: P1 L25-26 <i>I - with the few South Asian trans people that I do know, I do try to sort of give advice</i> Qasim: P16 L19-20 <i>you know I found this support network, and bit by bit that grew really quickly and rapidly, and that really saved me a lot of pain.</i> Maya: P15 L34-40 <i>going to university really helped because when I came out to all my friends, it made life so much easier and for years that would have normally been difficult because I had a social group to be part of</i> Jasmin: [Contrary to friends being a form of support] Selina: P21 L07 <i>Friends, oh god they found out and just ditched me.</i> Selina: P24 L46-49 <i>Thankfully I made a new group of friends as well and when I deleted my old Facebook profile, a lot of the people- because I made the announcement on the old one- said if you want to come over, if you want to be friends with me, come over. Um and a lot of them did</i> Selina: P26 L15+23 <i>I try not to think about it too much. I've got a good group of friends – who really care about me</i>
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APPENDIX 10 – CBT Formulation

Early childhood Experiences

Parents would constantly argue and moved around a lot.
Both parents were working professionals so spent very little time with them. Parents had high expectations.
Sexually abused and raped by uncle age 12.
Verbally abused by family and constantly compared to other siblings.
MTF- identifies as female and knew since she was 8 years old.
Severely bullied at school – all throughout primary and secondary school and suffered from dyslexia.

Core beliefs

I am different to others
I'm stupid and useless
I don't fit in and I'm not good enough.
I'm beneath everyone else

Conditional assumptions and rules.

If I don't help others and say no then I am a bad person.
I'm not good enough so therefore I must work hard and not ask for help
I need to please others and appear confident in order for people to like me.
I went to University to prove to people that I am not stupid.

Compensatory strategies.

Has always avoided any confrontation.
Avoids people
Keeps quiet and does not stand up to people.
Missed a lot of school.

Current Problems

Anxiety – low confidence and low self-esteem.
Finds it hard to say no to people.
Difficulties talking to people in authoritative positions.

Physiological/Biological Autonomic Arousal

- Struggle to sleep at night
- Racing heart beat
- tiredness, shaking

Cognitions

- People just walk all over me
- I don't exist in people's eyes
- Worry about what I have to say
- I'm not good enough
- I might offend people
- People are judging me

Mood

- Anxious/ worried
- Irritable/depressed
- confused/sadness

Behaviour

- Lose her temper and shout at family
- Spends a lot of time worrying about her appearance
- Spend a lot of time reviewing interactions with others
- Avoid socialising
- Avoid going out/crowded places
- Arque with family

