How have you experienced being on testosterone? Narrative inquiry into the T-body experience

Noah Andrew
University of Northern Iowa

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HOW HAVE YOU EXPERIENCED BEING ON TESTOSTERONE?

NARRATIVE INQUIRY INTO THE T-BODY EXPERIENCE

An Abstract of a Thesis

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Master of Arts

Noah Andrew

University of Northern Iowa

July 2021
ABSTRACT
This qualitative research project is an inquiry into understanding how testosterone-bodied (T-bodied) individuals experience testosterone. The term *T-bodies* is a more inclusive way to describe all individuals who are taking testosterone for the purpose of transition, as not all of those people identify as strictly transgender. This research uses qualitative interviews and storytelling to allow for T-bodied people to tell their stories and allow for better understanding of the bodies undergoing transition. The key result from this study is understanding that while people might finally feel comfortable in their bodies due to the changes testosterone gives them, they also find that they are not able to participate in the same situations in the same way as pre-testosterone. Participants find that because of the hormone masculinizing the body, they are perceived as masculine and therefore are rejected from acting in situations they use to be able to before testosterone.
HOW HAVE YOU EXPERIENCED BEING ON TESTOSTERONE?

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A Thesis
Submitted
in Partial Fulfillment
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Noah Andrew
University of Northern Iowa
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This Study by: Noah Andrew

Entitled: How Have You Experienced Testosterone? A Narrative Inquiry on T-Bodies

has been approved as meeting the thesis requirements for the

Degree of Master of Arts

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<td>Dr. Kyle Rudick, Member, Thesis Committee</td>
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<td>Elizabeth Fry, Member, Thesis Committee</td>
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<td>Dr. Jennifer Waldron, Dean, Graduate College</td>
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Secondly, I would also really like to thank my xate (gender neutral for married life-partner) for pushing me and believing in me on the days and nights when I didn’t believe in myself. This project wouldn’t have grown and became what it is now if it wasn’t for these influential people who made this possible.

Thank you all so much for all you do!

Noah Elias Andrew

Class of 2021

He/Him/ Ze/Zem
DEDICATION

This thesis is dedicated to the transgender community and the greater queer community. The community who came before me and fought for my rights to be here and for the trans and queer communities to come. May the research conducted in this thesis allow for a greater understanding of the transitioning body and for future T-bodies to not feel alone or scared but accepted and normalized.
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CHAPTER 1
INTRODUCTION

*Beep, Beep, Beep.* Today, like every day, you wake up to your alarm. You hit snooze and stare at the ceiling, still in a dreamlike state. You sit up and sling your feet over the side of the bed. As they are dangling, you take a deep breath in and out. As you get out of bed, the weight of the world gradually returns. As you walk down the hallway, it seems wider than normal. You feel hopeful. You walk into the bathroom and catch a glimpse of yourself in the mirror. You stare at your body; you are familiar with your body but today you are hyper-aware that something is wrong. You look in the mirror, slowly and then all at once these thoughts flood your system and your senses. The person you see feels like a stranger to you. Your chest, curves, and hair. You wish you could take them off like accessories on a doll. So, you start making changes to suppress them. You cut your hair, you wear masculine clothing, you put on a compression binder for your chest, and last of all you start putting testosterone in your body. Once that needle goes in your skin with your .35 ml dosage of testosterone, you can feel your body start to change, not only because of the body heat that your body welcomes, but your soul is finally at rest. You again find yourself looking in the mirror, this time not with disgust but with happiness.

This story describes experiences common to testosterone bodied (T-bodied) individuals who have used medical interventions to overcome dysphoria. For clarity, I offer some definitions of key terms I use. I use the terms *T-bodied* and *T-bodies* in this thesis as a more inclusive way to include all individuals who are taking testosterone for
the purpose of transition, as not all of those people identify as strictly transgender. 

Transition is defined as moving from one place to another, in this case medically. People may transition from the sex they were assigned at birth to another sex or to a place that exists outside the sex binary. Transgender refers to those whose gender identity is different from the sex assigned at birth and is a self-identifier. Dysphoria, for most individuals, is an out of body experience which is best described as a conflict between the sex assigned at birth and a body changing post puberty.

With this project’s focus on T-body experiences of being on testosterone, dysphoria is important to understand. Often the person experiencing dysphoria is uncomfortable with the sex they were assigned at birth or they might be uncomfortable with how their body is changing during puberty and as they grow. Dysphoria is not the only reason a person might transition nor is it a requirement to identify as part of the trans community, but it is relevant as dysphoria is a major reason individual in the trans community pursue medical intervention.

This thesis seeks to make a contribution to the current body of research about trans people. As a T-bodied researcher, the goal is to seek to gather, understand, and share first-hand accounts of experiences of people on testosterone. More often than not, T-bodies are not seen as experts about their own bodies. Little documented research explores the experience of transitioning and hormone replacement therapy from the perspective of trans folx (I use folx as a more inclusive version of the word folks). Interviewing the people who are changing enables me to provide a narrative presently absent in research.
Narratives, or stories, provide data that help make meaning of the world. Manning and Kunkel (2014) described narrative researchers as unique because of their attention to the body and their comfort with complexity:

First, they are as interested in the performance of the narrative they seek to capture as in the narrative itself. Second, they are interested in the total narrative - not simple phrases or facts or ideas or vignettes. In other words, they are not simply about capturing information but are interested in looking at narrative as a performed, embodied, and symbol-using storytelling act. (p. 180)

These two reasons resonate with this research project as I am concerned with capturing and recognizing how T-body narratives of being on testosterone are performed, embodied, and a storytelling act.

My interest in this topic is motivated by the fact I am a T-body myself. The stories I collected were enriched by my membership in the group I studied. Being a T-body, I have had my own experiences while being on testosterone, and as I have sought support through various online resources and groups, I have grown to understand that everyone’s experience on testosterone was different. Some individuals were going through changes similar to ones I experienced, and others had experiences I did not share. All of us were at different times during our transition on testosterone. This realization made me think: What really is the T-body experience and how can I better understand myself and this group and enable others to better understand the T-body experience?

According to a study conducted by the Williams Institute, “1.4 million adults identify as transgender in the United States. About 0.7% of adults 18-24 identify as
transgender, and 0.5% of adults 65 and older identify as transgender” (World Population Review, 2020). There are not exact statistics on how many of these individuals identify with the labels MTF, FTM, or gender nonconforming as these numbers are changing every day. The only solid statistic found was presented by Claire Miller from the New York Times correlation to how many transgender people changed their names and sex with the Social Security Administration: “135,367 transgender individuals have changed their name with the Social Security Administration, 65 percent were transgender men and 35 percent were transgender women” (Miller, 2015).

The statistics for who is on hormones are difficult to gather. Due to the lack of insurance coverage, transgender individuals take nonprescription hormones, and so accurate records are hard to come by. NBC reporter Dan Avery who was reporting on access to hormones gained insight into this information from Transgender activist and principal at Transgender Equity Consulting Cecilia Gentili (2020), “1 out of 10 transgender individuals are taking hormones not prescribed to them including receiving them from friends, relatives, and internet pharmacies.” Generally, most individuals who pursue hormone therapy are in their 30s and decide to be on it for the rest of their lives to make sure the effects persist. The intended effect of taking testosterone is to masculinize the body through physical features such as voice, facial structure, fat redistribution, facial hair, and clitoral growth. Unintended effects can also include acne, blood clots, mental health effects, infertility issues, etc. Trans folx take T because they want to feel comfortable in their skin and allow for changes that will make walking through life better for their physical and mental health and to make changes to masculinize the body.
Existing research tends to focus on what others have noticed as changes in T-bodies, either from the perspective of medical professional, friend, or family (Dean-Hill, 2013; Defreyne, et al., 2019; Gattis & McKinnon, 2015; Irwing, 2016; Motta, et al., 2017; Tesene, 2011; Travers, 2018). This thesis focuses on trans folx first-hand perspective. I wanted to sit down and understand what the T experience was like and build a story for my readers and for future researchers to understand T-bodies from a narrative perspective.

My research asks the question: What is the T-body’s experience on testosterone? Hearing people’s personal experiences will give a face and body to the facts and stories of this co-culture. Being able to describe specific feelings and moments in time when taking testosterone (from administering it to seeing the effects as the testosterone courses through the body) will answer this question better than numbers and statistics could. This research has one expansive research objective as opposed to several as I sought to foreground the participants’ experiences. I cannot understand that first moment of what it was like for T-bodies to take their first testosterone shot, or just a few side effects, because neither would be the whole experience.

This thesis fits into ongoing scholarly conversations in Women and Gender Studies about sex and gender. It does this by stretching the understanding and interpretation of sex and gender instead of the conversation being sex vs. gender. Both concepts are fluid and intertwined because they are always changing, for some people more than others. This thesis incorporates these terms by stretching them to not describe just a binary understanding (male or female, masculine or feminine), but to allow for
flexibility and interpretation of sex and gender to allow for trans and gender nonconforming individuals to be normalized. This thesis also participates in feminist method that centers the experiences of those who challenge cis-heteronormativity. I challenge cis-heteronormativity because T-bodies are relearning roles and situations they haven’t been exposed to while transitioning and they are put into categories based on what the outside world believes about binary sex/gender, as female/feminine and male/masculine. These bodies are pushing beyond the binary and creating their own ways to interact in the world by also changing their bodies and allowing for the masculine, the feminine, the androgynous, and the gynandrous to all be present in behaviors and presentation.

The thesis is divided into the following chapters. Chapter two offers a literature review of research on testosterone in T-bodies. To do this requires a grounding in feminist literature about sex and gender. Because understanding T-body experiences requires a clear understanding of the distinctions and connections between sex, gender, and sexuality, I first offer an analysis of the terms from cultural, psychological, and biological perspectives. Second, I review what we know about T-bodied folx generally and the role of medical versus nonmedical transitions (i.e., social and legal transitioning) specifically. Third, I dissect and discuss the myths surrounding testosterone to make clear some of the assumptions T-bodied folx face when taking testosterone.

Chapter three describes my methodology. This chapter explains the qualitative approach taken to understanding testosterone in T-Bodies. I provide justifications for the qualitative method for this research, and describe the participants, data collection process,
data analysis procedures, ethical considerations, and justification for what data was
focused on as I analyzed and engaged with the interviews. In the justification for
qualitative methods, I discuss how qualitative research allows the researcher to explore,
in depth, a culture or collective. In the participants section, I describe the demographics
of the participants and how they contributed to this research. In this research, things to be
considered when conducting this research would be that this experience of T-bodies is
going to not only be important to understand for future research but also acknowledging
that some of these experiences may be painful and dysphoric. This research is not only
taxing as a T-bodied researcher, but as working with a marginalized population comes
with understanding that all of their experiences may not align with their own, but their
experiences help construct an overall narrative of understanding. Lastly, I discuss the
interviews and data that is crucial to be focused on after data collection and why. Finally,
in the conclusion I discuss directions for future research and the takeaways from this
research.

Chapter four presents the results. In this chapter, I discuss what was found in the
narrative interviews and the data points on what T-Bodies experience. I focus on four
stories to allow for a deeper analysis of each T-body and understanding overall how T-
bodies experience testosterone. I focus on the four stories as they allow for openness and
understanding of these bodies and are representative of the experiences of the twelve
participants I interviewed.

Chapter five is the conclusion to this thesis. The conclusion provides implications
from my results and provides suggestions for future research. Implication from the
research is that T-bodies narrate their stories with the themes that they want their bodies to change, and as they change the way they describe the interactions vary on the individual. These descriptions can vary from the following: being excited, shaking while administering their testosterone, gasping for air as the needle goes into their skin because of that crippling fear of having a foreign object in the skin, fainting due to the site of a needle, being scared because they don’t know what the next change could be, being able to breathe and look in the mirror without crying, and various posture changes (i.e sitting up straight, counting down until the shot goes in the skin, standing and pinching the stomach, putting the injection in an upper buttocks and hoping that because you are more comfortable you won’t injure anything). I suggest two avenues for future research: T-bodies participating in sexual behaviors on dating apps and the connection of testosterone during that process and recording T-bodied experiences from individuals past the age of fifty. I also have appendices that explain my recruitment methods, what references were used for this research and literature review, and what questions were asked of the participants.

Combining multiple facets from various literature bases will help compose a general understanding of key terms and concepts necessary to understanding this project. There will be discussion and elaboration in each chapter to help develop a better understanding for this community with the overall outcome of trying to give more knowledge and voice to a community that unfortunately is facing harsh violence and improper treatment/health care. They deserve to be seen and heard as more than just statistics on paper.
CHAPTER 2

LITERATURE REVIEW FOR UNDERSTANDING

TESTOSTERONE IN T-BODIES

Many myths and stereotypes surround those taking testosterone. Chris, a participant in the study, had a little insight to the exposure they had before starting testosterone and insight to a little bit of their experience. “The L Word had a trans male character and The L Word is what brings up kind of the big, preconceived notion that testosterone is going to make you hornier. And it is going to make you more aggressive or angry. And I think both of those have had an element of falseness I found as I’ve gotten on testosterone, particularly the aggressiveness or anger, I haven't felt that that's been true at all with testosterone. I mean, if anything, I'd say that I'm less emotionally volatile. Just because I'm happier being on testosterone. There’s not that, like, testosterone does not make you angry, or, you know, it's other things that do that. But the horniness, I think, was an interesting thing. Because I definitely saw a surge. Probably within like the three-to-seven-month mark, but I feel like I've come back to a level that's very similar to where I was before, starting on testosterone. And I think that there's a lot of kinds of myths out there about how ‘Oh, you're going to be so horny once you're on testosterone’, and I just don't think that those are probably as accurate as some people would perpetuate.” A range of myths regarding aggression, attachment, and sexual desire surrounds testosterone and clouds understanding of what T-bodies experience. Although research on T-bodies during transition exists, it does not center the experiences of people on T. To work through an
analysis of the myths and literature requires a grounding in feminist literature about sex and gender.

Because understanding T-body experiences requires a clear understanding of the distinctions and connections between sex, gender, and sexuality, I first offer an analysis of the terms from cultural, psychological, and biological perspectives. Second, I review what we know about T-bodied folx generally and the role of medical versus nonmedical transitions (i.e., social and legal transitioning) specifically. Third, I dissect and discuss the myths surrounding testosterone to make clear some of the assumptions T-bodied folx face when taking testosterone. Fourth, I summarize what researchers know about testosterone from the medical literature. Lastly, I discuss the limits of medical and technical studies in this field. Combining multiple facets from various literatures will help compose a general understanding of key terms and concepts necessary to understanding this project.

**Sex**

Sex is typically understood as a biological designation. The American Psychological Association (2015) defines sex as:

typically assigned at birth (or before during ultrasound) based on the appearance of external genitalia. When the external genitalia are ambiguous other indicators (e.g., internal genitalia, chromosomal and hormonal sex) are considered to assign a sex with the aim of assigning a sex that is most likely to be congruent with the child’s gender identity.
This definition focuses on external genitalia. But sex as a biological designation actually includes far more than external sex organs.

Many biological factors come together to biologically determine sex, including chromosomes, hormones, and the endocrine system. The first factor is chromosomes. Chromosomes are strands of genetic coding in our body that help our cells continue to grow and continue producing more cells of our genetic materials. Palczewski et al. (2019) explained that although there is an understanding that there may be male and female separation, there is more in common chromosomally and that this is just one determinant. They explained:

One determinant of the sex of a fetus is its chromosomes (usually XX for females and XY for male). We say one determinant because some people have sex chromosome combinations of XO, XXX, XXY, or XYY... males and females share 22 of 23 pairs of chromosomes in humans. (Palczewski et al., 2019, p. 32)

Although there is this separation of sex because of external factors such as genitalia, the chromosomal makeup of sex of male and female assigned bodies is only one chromosome different from each other. And there are far more chromosomal combinations than just the binary of male and female.

The second determinant of sex is the endocrine system. This system is responsible for regulation and control of many organs throughout the body that help coordinate multiple functions in the body. Some of the organs included in the endocrine system are hypothalamus, pituitary/thyroid/parathyroid and adrenal glands, and reproductive organs such as ovaries and testes. The functions of the endocrine system include “coordinating
your body’s internal metabolism (or homeostasis) energy level, reproduction, growth and development, and response to injury, stress, and environmental factors” (John Hopkins Medicine, 2020). This system is important in determining sex because the release of hormones, such as estrogen and testosterone, can lead to certain secondary sex characteristics being prominent in a body. This leads to the sex assignment of each body based on the external characteristics developed by these hormones.

The third and final factor in sex is hormones. Hormones are chemicals that can induce change in the body. Crocetti (2013) emphasized there is a prominent shift in the understanding of hormones as not being directly tied to any organ, more specifically reproductive organs, but “the idea was accepted that hormones were a chemical secretion that circulated in the body” (p. 28) at the start of the twentieth century. This point is interesting as this contributes to the idea that hormones shouldn’t be attached to body parts and organs, which historically is what medicine does. Chandak Sengoopta (as cited in Crocetti, 2013), a historian and professor at the University of London whose research focuses on European medicine, discussed “how medicine promoted the idea that the ovary and the womb were inherently linked to womanliness and behavior” (Crocetti, 2013, p. 28).

Historically people assume a binary (male or female) when referring to biological sex when actually research shows sex to be much more complex than the binary. At a minimum, Fausto-Sterling argued for five sexes, and in reality, there are infinitely more. Fausto-Sterling (2000) posed the question, should there be more than two sexes? They first discussed intersex mutilation, what was a consistent choice in the medical field and
by parents making choices for their children that altered their bodies to conform ambiguous genitalia into penises or vaginas/clitorises. They highlighted how we focus sex on what we can see and medically prescribe in the limits of the 2000s. The existence of trans, intersex, and nonbinary individuals push these limits of fitting in the neat categories. Fausto-Sterling wanted to see a world where sex and gender categories are non-existent as our primary categorization. This concept opens a door to understanding fluidity in sex as outside of the binary.

For the purposes of this thesis, when I use the term sex, I am referring to the biological designation assigned at birth or to which someone transitions. At the same time, I want to be clear that I reject the idea that sex is a simple binary, and that sex is determined solely by external genitalia.

**Gender**

Gender is the socially constructed consciousness of how people present themselves through their behaviors, roles, and relationships. West and Zimmerman (1987) identified gender as “an achieved status: that which is constructed through psychological, cultural, and social means” (p. 134). Traditionally gender is thought of as a binary between masculine and feminine and as tied to sex. West and Zimmerman (1987) wanted to break this historical tie through analysis of self-identified hermaphrodite Agnes. They stated through this analysis that “sex categorization and the accomplishment of gender are not the same” (p. 134). They demonstrated this through the case of Agnes, who was seeking to undergo sex reassignment surgery to be the ultimate embodiment of femininity and femaleness. She is a trans woman pre-transition
who was vocal about keeping her existence quiet but made sure that just having a penis or being perceived as unfeminine did not make her un-female. West and Zimmerman (1987) stated:

Agnes’s categorization could be secure or suspect but did not depend on whether or not she lived up to some ideal conception of femininity. Women can be seen as unfeminine, but that does not make them “unfemale.” Agnes faced an ongoing task of being a woman-something beyond style of dress (an identificatory display) or allowing men to light her cigarette (a gender display). Her problem was to produce configurations of behavior that would be seen by others as normative gender behavior. (p. 134)

Gender is something a person does, not something a person has or is. Gender, as described by West and Zimmerman (1987), powerfully structures understanding of the world and our relations within it:

Gender is a powerful ideological device, which produces, reproduces, and legitimates the choices and limits that are predicated on sex category. An understanding of how gender is produced in social situations will afford clarification of the interactional scaffolding of social structure and the social control processes that sustain it. (p.147)

Gender is who and what individuals want the world to see. What others see deeply influences the interaction individuals have in the world and, in the process of those interactions, produces gender. Gender is something that can be done appropriately or not. West and Zimmerman (1987) elaborated:
If we do gender appropriately, we simultaneously sustain, reproduce, and render legitimate the institutional arrangements that are based on sex category. If we fail to do gender appropriately, we as individuals – not the institutional arrangements – may be called to account (for our character, motives, and predispositions). (p. 146)

Gender is powerful, it controls what is produced to the world and how individuals will be perceived. It also becomes personalized. Failures of gender performance are not seen as proof that institutionalized conceptions of gender are wrong or inaccurate. Instead, the person’s performance is seen as a failure.

Feminist and Queer scholars have pushed conceptions of sex and gender outside of the binary because T-bodies exist. West and Zimmerman discuss Vidal-Ortiz’s work as it is important to understand the outside of the binary push, continuing through the story of Agnes. West and Zimmerman (2009) explained:

Vidal-Ortiz calls for researchers to move beyond what’s involved in surgical reassignment and toward further examination of everyday lived experiences. He describes “doing gender” as “particularly salient” for trans people, whose gender identities are commonly characterized alternately as either their “true selves” or as mental disorders. He goes on to explain, “This is not because trans people ‘do gender’ more than anybody” (Vidal-Ortiz, 2009, p. 100). Indeed. We suspect that one reason Agnes’s (1958) story lives on (in 2008) is its illumination of the assumptions and practices that all of us face in everyday life. (p. 118)
People push beyond the binary, yet the binary has disciplinary power. What they want us to understand is that gender is as much and even more than something we do but gender is a state of being. Now gender is recognized as not a binary nor are the types of gender singular. There are masculinities and femininities and ways to do gender that are neither/nor and both/and masculine and feminine.

**Sexuality**

Sexuality describes how, why, and to whom a person is sexually and romantically attracted. Sexuality is a way of allowing us to connect with other human beings and connect with ourselves. According to the American Psychological Association Style (2020), sexual orientation is “a person’s sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction” (American Psychological Association Style, 2020, para 2). Sexual orientation can be conceptualized in two ways: the degree to which a person may experience sexual and emotional attraction and as directional.

First, sexual orientation can be conceptualized to the degree to which you will experience sexual and emotional attraction. People are not inherently just sexual and emotional beings; they can experience these things to different degrees from very sexual, to sexual attraction coming from a strong emotional bond (demi sexual), to experiencing little attraction (asexual)(Diamond, 2014).

Second, sexual orientation can have a direction. The American Psychological Association Style (2020) stated that this direction affects what sexes/genders we are attracted to.
For people who identify as sexual or demi sexual, their attraction then may be directed toward people who are similarly gendered, differently gendered, and so on. That is, sexual orientation indicates the gendered directionality of attraction, even if that directionality is very inclusive (e.g., nonbinary). Thus, a person might be attracted to men, women, both, neither, masculinity, femininity, and/or to people who have other gender identities. (para 4)

The binary of sex and gender maps onto a sexuality binary of attraction: heterosexual or homosexual. But, like the other terms, sexuality is far more complex than a binary. And sex and gender to not determine one’s sexuality. Sexuality can be fluid, too, due to the behaviors and attitudes that make up sexuality, but most of the time there is a tendency to make assumptions about a person’s sexuality based on their sex/gender.

**Transgender**

Before understanding what transitioning looks like, first we must understand the term *fluidity*. For trans people and transitioning to be comprehensible, one must accept the fluidity of sex, gender, and sexuality. The Office of Diversity and Inclusiveness at the University of South Dakota made a module about the construct of fluidity and how straight cis people as well as non-cis individuals can experience fluidity. They stated:

Even straight, cisgender people experience fluidity in their sexuality and gender to some degree. Most people experience a dramatic increase in attraction to other people around puberty, and that’s also sexual fluidity. The way a small child expresses her girlhood is a very different expression of gender than she’ll have as
an adult expressing womanhood; that’s an example of gender fluidity. (University of South Dakota, 2020)

Sex, gender, and sexuality are not fixed. A single person can experience a range of genders, orientations, and sexes across their lifetimes. This also means a person can move from one gender to another, one sex to another, one sexuality to another. For some, there is less fluidity -- they stay on the sides they were assigned (cis). For others, they move from side to side or transcend the sides (trans) (Stryker, 2015).

Cisgender is a term used to describe people whose gender presentation aligns with the sex assigned at birth. Transgender is a social identifier and can have a different definition depending on how individuals with this label identify themselves. The most common and encompassing definition is offered by Erickson-Schroth (2014) who described trans as

an umbrella term that may be used to describe people whose gender expression does not conform to cultural norms and/or whose gender identity is different from their sex assigned at birth. Transgender is a self-identity, and some gender nonconforming people do not identify with this term. (p. 620)

Some gender nonconforming people do identify with this term, but use different terms to describe themselves: genderqueer, gender nonconforming, etc. Jordan Jack, researcher and professor at University of North Carolina, created the idea of gender copia. This research focuses on the prevalence of nontraditional gender identities in the autistic population and really gives a clearer understanding for the prevalence terms other than
transgender. Jack (2012) elaborated on why the terms are extending past just transgender or just saying transgender umbrella:

Individuals who find themselves engaged in this rhetorical search for terms with which to understand themselves can draw on a wide array of terms or representations, such as genderqueer, transgendered, femme, butch, boi, neutrois, androgyne, bi or tri-gender, third gender and even geek . . . These terms along with theories that inform us understandings of gender itself, form part of the available means for gender identity that all individuals (including autistic people) may use. Each of these terms embeds a discursive history or genealogy and provides rhetorical options for self-expression. (pp. 3-4)

Using these other terms allow for self-expression and further allow for understanding and interpretation of the complexity of gender identity beyond the binary. For this research, I use the term *T-bodies* to refer to those people who take testosterone in order to align their gender and sex. The term is meant to encompass those who may not identify with the transgender label but who were assigned female at birth and are taking testosterone. Although they may not identify as *trans*, they are using T to transform and transition their bodies, making evident the fluidity of sex and gender.

With this definition of transgender in mind, we also need to consider that *trans* as a term is a destination and as well as a transcendence. Susan Stryker (2008), transactivist and esteemed author of *Transgender History*, further explained this in her book. She stated *trans* is:
people who move away from the gender they were assigned at birth, people who cross over (trans-) the boundaries constructed by their culture to define and contain that gender. Some people move away from their birth-assigned gender because they feel strongly that they properly belong to another gender in which it would be better for them to live; others want to strike out toward some new location, some space not yet clearly defined or concretely occupied; still other simply feel the need to get away from the conventional expectations bound up with the gender that was initially put upon them. In any case, it is the movement across a socially imposed boundary away from an unchosen starting place – rather than any particular destination or mode of transition – that best characterizes the concept of “transgender.” (p.1)

This explanation of transgender as moving away from an unchosen starting place allows for such fluidity and open interpretation of who is transgender. This means that while testosterone has a heavy connotation with medicalizing the body, this does not put those bodies who take T automatically into the binary. Some people on testosterone are transgender men, some are gender nonconforming, some are gender queer, some are a combination of all three identities, and some do not fall within those specific identities. It does not mean that they are not transgender; the only person who can say that is the individual.

**Transition**

*Transition* generally refers to the process of moving from one idea or place to another. For T-bodies, moving away from the sex assigned at birth is a form of transition,
as they are moving from one place to another. This movement can occur in three different ways: socially, legally, and medically. Social transition focuses on the time that T-bodies devote to make choices in their lives that will better reflect their identity, such as changing names in school records. Legal transition focuses around changing official documents such as birth certificates, passports, and drivers’ licenses. Lastly, medical transition focuses on taking interventions like hormones and/or surgical interventions (e.g., top and bottom surgeries). (Movement Advancement Project, 2020)

**Gender Dysphoria v. Dysphoria**

Before understanding the three main types of transition, there must be an understanding of dysphoria. In the T-body community, we refer to dysphoria as that out of body experience where things may not match up to how you feel. Before it was just dysphoria it was known as gender dysphoria. While some T-bodied individuals use these terms interchangeably, as my research is coming to show, the term gender dysphoria for many is rooted in hate and medicalization.

Gender dysphoria used to be seen as a legal concept and term that was found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) from the American Psychiatric Association (2020). They stated that gender dysphoria “refers to psychological distress that results from an incongruence between one’s sex assigned at birth and one’s gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later” (para 1). There are criteria according to the DSM-5 necessary to define and categorize what the person is
feeling as gender dysphoria. The person must have experienced at least two of the following for at least six months:

- A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender)

(American Psychiatric Association, 2020, para 7)

Additionally, the person must also show significant distress and have social, job, or other important areas where functioning is impaired.

With this understanding of medicalization and defining it as a condition, it may be understood why there was a word switch between gender dysphoria to dysphoria. As
dysphoria as previously mentioned is a generally descriptive term for that out of body experience. The problem is that gender dysphoria being in the DSM5 is an indication that there was a problem with the person and that they needed it to be fixed. Most of the time, when it comes to “fixing,” required medical interventions by the means of hormones or gender reassignment surgery to make these bodies conform to the male/female binary. Using the term dysphoria (without the gender modifier) not only recognizes this problem with society but allows for those to have this experience of discomfort without having to take intervention unless they want to.

**Social Transition**

*Social transition* can involve things such as changing how you are referred to with names and pronouns, changing your appearance (i.e., wearing a binder to flatten breast tissue), or just changing gender identity. Social transition can be a combination of all of these things or just one of these things; it is completely up to the individual.

**Legal Transition**

*Legal transition* includes changing your name and sex marker through the legal system. Legal transition, and the difficulties presented, differ between each state as all the state laws are not the same. Regarding name change, some states require publication of the name change, some do not have clear requirements as it is up to a judge, and some states require publication of a name change announcement. Legal transition is different from social transition in the fact that it is routed in receiving recognition in the eyes of the state you live in that you want to change items such as your name or sex marker, versus
social transition focuses on the individual starting to use different name or pronouns in their everyday life without necessarily changing legally binding documentation.

Regarding sex marker change, there are two different processes between changing sex markers on the birth certificate and the driver’s license. The restrictions between states for sex marker change on birth certificates can be as simple as just filling out a form with your local county recorder to get a new birth certificate (without surgery or a court order) to as complicated as the state prohibiting gender markers being changed. These restrictions vary by state which allows for a variety in difficulty depending on the state’s restrictions. Resources such as LGBTmap.org give very detailed processes and are updated frequently for each state. The restrictions between states for changing your driver’s license can depend on what state you are in. It can be a simple form filled out at the Department of Transportation, or the state may require surgery, a court order, and or a birth certificate that has had your marker changed.

Medical Transition

*Medical transition* refers to changing a body with hormones, surgeries, or both. Some T-bodied folx go through medical transition to alleviate things such as dysphoria. Often the person experiencing dysphoria is uncomfortable with the sex they were assigned at birth or they might be uncomfortable with how their body is changing during puberty and as they grow. Although not all T-bodied folx experience this feeling, my research focuses on medical transition as a factor to help with dysphoria.

For adults, getting an appointment for hormones can be straightforward as long as they have access to affirming medical care or a specific LGBTQ clinic, which is not
common in states trans-hostile (e.g., Texas, the Carolinas, and Mississippi). Due to a majority of the participants in this study being from Iowa, I am focusing on the process in Iowa. A person seeking hormones will be asked why they would like to go on hormones, and they sign a waiver acknowledging the risks and side effects of taking the hormone. After receiving a prescription for hormones, the person visits a pharmacy, pays for syringes and needles and testosterone, and can ask a pharmacist to show how to do the first injection, then they self-administer after that.

Surgery can be a much more complex field to navigate. First, you have to research surgeons who affirm your gender identity and work within limits on insurance coverage. During the pre-surgical consultation, there is an expectation that doctors will take pictures of the area that will be surgically altered. After all of that is navigated, a date is set for surgery as long as you have a letter of recommendation from a mental health professional stating you have gender dysphoria, and the procedure would be lifesaving. Once a person completes all of those steps, they are set for surgery in Iowa.

Although the three forms of social, legal, and medical transition are conceptually distinct, practically they overlap. For example, to change the sex on a driver’s license in Iowa, a person is required to have proof of medical transition (surgery or six months on hormones), appear in court in front of a judge at the usual set hours of 8-9:30am to defend your name change, and an amended birth certificate. Thus, medical transition is a prerequisite for legal transition in Iowa.
Research on the Effects of Medical Transition

From a young age, testosterone (like estrogen) is a hormone found in everyone because “The internal gonads of either ovaries or testicles both produce testosterone, but ovaries make a significantly smaller amount” (Roland, 2019). There are different ways to test how much testosterone a person has in their body. The most common way is with a simple blood test. Based on research from the University of Rochester Medical Center, Roland (2019) reported, “The normal range of testosterone for men is between 280 and 1,100 nanograms per deciliter (ng/dL) for adult males, and between 15 and 70 ng/dL for adult females.”

Testosterone is the hormone used to masculinize the body during the course of medical transition for T-bodied folx. For the purpose of transition, T can be taken in multiple ways: injections, pills, lotion, and skin patches. The most effective and direct way to receive testosterone is through either intramuscular or subcutaneous injection. Subcutaneous injections mean the testosterone is delivered into the layer of fat between the skin and muscle. The dosage amount can depend on health reasons and what the doctor prescribes.

Research on testosterone’s effect on T-bodies is limited by a variety of factors. Irving (2016), a researcher whose focus is on psychiatry, neurology, biobehavioral sciences and medicine, noted that over the past decade scientists have studied how different forms of testosterone and various hormones affect both assigned male at birth bodies and T-bodies, but all these studies have faced limits. Irving (2016) stated:
A major limitation in the study of testosterone therapy for transgender men is a paucity of high-quality data due to a shortage of randomized controlled trials (partly because of ethical issues), few prospective and long-term studies, the use of suboptimum control groups, loss to follow-up, and difficulties in recruitment of representative samples of transgender populations. (p. 301)

Irwing (2016) concluded it is hard to know the precise medical effects of T because we lack systematic medical information on the effects of T. Despite the lack of systematic research, a few preliminary conclusions are possible.

Different testosterone levels produce effects. According to Roland (2019), if you have lower levels of testosterone, you are prone to have “decreased sex drive, less energy, weight gain, feelings of depression, moodiness, low self-esteem, less body hair, and thinner bones” (para. 4). If you have higher levels of testosterone, the symptoms are high blood pressure, hair loss, high sex drive, moodiness, thicker blood, and higher white blood count.

The amount of testosterone in a body can be altered through medical intervention. Some effects are intentional, and others are side effects. The physical side effects include risk of losing the ability to reproduce and a change in perception of the senses (Roland, 2019, para. 4).

The intended side effects for being on testosterone are masculinizing effects and include physical, sexual, and emotional changes. The physical side effects with the intent of masculinization are weight distribution, angular face shape, thickening of the vocal
cords, thickening of hair, thicker and oily skin, larger pores, and possible acne. Sexual changes include higher sex drive and growth of external genitalia.

The emotional effects can vary from person to person, but for most people they truly discover who they are during this time. Preciado (2013) developed this idea as they stated:

The slightest hormonal change affects all the functions of the body: the desire to eat and to fuck, circulation and the absorption of minerals, the biological rhythms regulating sleep, the capacity for physical exertion, muscular tone, metabolism, the sense of smell and taste- in fact, the entire biochemical physiology of the organism. (p. 143)

They elaborate that although testosterone does not change perceptions or sense of identity for the self or others to see, it does create a hormonal chain reaction. With understanding this hormonal chain reaction with being on testosterone and how it affects T-bodies, the next key component to understand with these side effects is myths that surround taking the hormone.

**Myths about Testosterone**

Many myths circulate about what hormones can do to you and what to expect when taking them. Gattis and McKinnon (2015) interviewed trans and gender non-conforming youth about their experiences with health care. They explained, “In addition to the lack of resources, respondents noted misinformation regarding hormones and medical care specific to trans and GNC [gender nonconforming] youth” (Gattis & McKinnon, 2015, p. 11). A participant, Amari, mentioned:
It’s a whole lot of myths when it comes to side effects about hormones, like different things that people invent like you could piss this type of prescription out or you can ejaculate this prescription out or you can take this, and nothing happens versus if you take a lot of this and something happens. I think it is about getting knowledge and facts. (p. 11)

The three myths most necessary to explore for the purpose of this research surround aggression, attachment, and sexual desire as these are the three consistent side effects focused on masculinization.

Myth 1: T-bodies will become aggressive when starting T

The first myth is that taking testosterone will create uncontrollable emotions and turn an individual aggressive. Defreyne et al. (2019) in their work with testosterone in T-bodies and aggression gave two definitions that are important for this myth: “Anger is a state of emotions ranging from irritation to intense rage. Aggression is the externalization of anger through destructive/punitive behavior.” Aggression in this research has been measured by various scales, but for Defreyne et al. (2019) they used the State-Trait Anger Expression Inventory-2 (STAXI-2). This measure was created by Dr. Charles Spielberger as a “44 item State-Trait Anger Expression Inventory (STAXI), which was developed to measure the experience, expression, and control of anger” (Spielberger & Reheiser, 2009). It is assumed that T-bodies, once introduced to testosterone, will be destructive and aggressive to others. This myth is part of a larger social myth that T is the aggression hormone. “My wife after I started using testosterone, our relationship became different. Because my voice is different, if I raise it she assumes I am angry right away. I could be
excited, and she will worry I am mad. Which is funny, I am not an angry person at all, so the communication part has been hard because I sound different to her and she doesn’t know how to interpret or read the turn. She equates me as an angry person as the world sees me as male.” This is a quote from a participant Ez and their experience of being surrounded in and really living through this myth as being seen as an angry person on testosterone.

Motta et al. (2017) looked into this myth through self-reported questionnaires from participants who: identified as transgender men, had gender dysphoria, received at least seven months of testosterone therapy, and had various mental health states. Contrary to the myth, their study “observed an increase in anger control in scores that could be interpreted as an improved ability to control angry feelings by calming down, possibly because of the physical virilization that produces greater self-confidence, affirmation of the male gender role, and better social functioning” (Motta et al., 2017, p. 99). This finding shows that anger control increased, and that T actually decreased aggression as it was a larger set of changes that increased a sense of identity. It debunks the myth that there is a direct causal relationship between T and anger/aggression. Feelings and expressions of anger are influenced by a range of factors.

McAndrew (2009) discussed that it is unknown if testosterone correlates with aggression, however he does challenge the idea that aggression starts with a threat to a man’s status of power in social situations. This threat releases testosterone, which leaves the T-body to make a choice of fight or flight depending on the situation. McAndrew (2009) stated:
The degree to which an aggressive response is called for (or at least permitted) will be determined at least in part by the cultural and societal value placed on a man’s reputation and honor and the degree to which aggression is considered an appropriate response. (p. 333)

McAndrew brings a crucial understanding to the connection between testosterone and aggression and masculinity; it is complex as it depends on social situations and how the body interacts with this release of testosterone. This again supports that it is not just the hormone that makes individuals aggressive; it is a socially constructed reaction to situations society gives the person deciding if aggression is an appropriate response. They bring in this understanding that a biological connection may not be present, but a connection due to performing masculinity and feeling threatened would bring forward aggression. The interesting implication of this is that even though T-bodies are not actually more aggressive, they may be perceived as such because they are more masculine. Here is here the distinction between sex as biological and gender as cultural becomes useful and important. Many myths related to T attribute cause to it when the more apt explanation is social expectations tied to gender.

Myth 2: T-bodies have low attachment styles and skills

The second myth when starting testosterone is that you will have low attachment and lower quality interactions with friends, family, and fellow human beings. Attachment is the way that we as individuals process, interpret, and react to another person’s behavior. Dean-Hill (2013) stated that attachment is “the bond between an infant and the primary caregiver, is essential in the development of the early working models related to
safety, security, love, relationships, and the concept of both self and others” (p. 6). This myth circulates within T-bodies as there have been such high rejection rates from family members that they will not have a strong foundation for attachment going into adulthood. This myth is complicated as there is no research or research that doesn’t explain this connection as it can depend on the individual. This myth, too, conflates a biological cause (hormones) with something that might be a socially constructed part of masculinity as a gender: the perception that masculine men are less likely to form attachments.

**Myth 3: Individuals who take testosterone will have an increase in sexual desire**

The third and final myth surrounding taking testosterone is that the individual will have an increase in sexual desire and sex drive within the transgender community. Sexual desire is the ability to have sexual feelings or partake in sexual activity with a partner, partners, or the self. There is no explicit research that determines this myth is true or false, which makes it clear that this myth is super complicated. As stated previously, sexual desire and higher libido is commonly a side effect with testosterone, but it is not always guaranteed because it is a side effect, not something that is promised from the hormone. While it could be a possible factor that lessened dysphoria may make a sex drive manifest, there isn’t much research with this factor. Now that we understand the myths, we will focus on the narrative of t-bodies.

**Why is This Research Needed?**

Existing research is good and credible as it disproves myths, interviews youth, and shows positive medical side effects. Existing research has figured out that testosterone does not equal masculinity as masculinity is something that is performed; testosterone
isn’t required for transition. Society has made it legally necessary for medical intervention to be recognized in most states; this is taking the choice out of taking testosterone. We need to hear the stories of why T-Bodies take testosterone for their own reasons and how it has affected their lives and how it has affected their bodies. T-bodies are not aggressive, do not experience low attachment, and are not more highly sexual bodies. Overall, testosterone has positive medical effects for the bodies wanting to take it. I want to add to the research a narrative from the T-bodies who are not youth and continue expanding the literature.

   I am asking individuals on T why they are taking T and how they experience it. Preciado (2013) stated that individuals should separate the effects that masculinize the body from masculinity when being on testosterone.

   Testosterone isn’t masculinity. Nothing allows us to conclude that the effects produced by testosterone are masculine. The only thing that we can say is that, until now, they have as a whole been the exclusive property of cismales.

   Masculinity is only one of the possible political (and nonbiological) by-products of the administration of testosterone. It is neither the only one nor, over the long term, the one that will dominate socially. (p.141)

Testosterone is seen as political, so while it is physically changing the body it is also socially/mentally changing how you see yourself and, perhaps more importantly, how others see you. This is why I want to ask T-bodies how they know when they are being masculine and then, while analyzing their answers, understand what parts of their answers are surrounded by side effects, physical changes, and their performance in the
world. T-bodies make sense of the relationship between testosterone and masculinity as the hormone contributes to making masculinization to these bodies, but masculinity isn’t testosterone. Masculinity is behaviors we engage in but don’t inherently define these individuals as masculine, society does that for them.

There is qualitative research with T-bodied individuals where interviews conducted with were transgender or gender nonconforming individuals that were seeking to understand various topics such as relationships with others and themselves around coming out as transgender (Tesene, 2011), being pregnant or taking contraceptives while being transgender (Francis et al., 2018), and deconstructing testosterone to include those who don’t want to be hegemonically masculine but want to take the hormone (Schulz, 2012). Schulz (2012) focused on how trans masculine people sometimes do not want to be seen as just transgender – as men; their identities can change or not be consistent with the transgender terminology, and therefore we should allow for flexibility in how they want to identify and what changes they desire from testosterone. An example being if a gender non-conforming individual starts taking testosterone to lower their voice, they may not want to be seen as masculine but want to alleviate dysphoria or the uncomfortable experiences they were having regarding their voice or discomfort from being seen as feminine and female. Some people take testosterone not to inherently become masculine but to no longer be seen as feminine. This thesis research will build on this by having interviews with testosterone bodied individuals and how they are experiencing the testosterone and allows for more understanding of the fluidity and capturing these bodies experiences.
Stories are told from a perspective: an omniscient narrator, a character who speaks to you, or from a first-person perspective. Every person has their own version of what is occurring in the world around them. We tell stories that help us make sense of our experiences, relationships, and the world around us. As humans we can go through the same moments – such as celebrations, deaths, puberty, transitioning periods, and new life – in whatever form that may take, but how each person experiences and actually goes through those moments are unique to each individual.

Understanding and documenting stories and narratives is one way to understand people’s experiences. Sociology and Criminology professor Dr. Karen Lumsden noted that narrative qualitative research enables the researcher and readers to gain knowledge by looking into lived experiences. Lumsden (2018) stated:

Narrative knowledge is created and constructed through the stories of lived experience and sense-making, the meanings people afford to them, and therefore offers valuable insight into the complexity of human lives, cultures, and behaviors. It allows us to capture the rich data within stories, including for example giving insight into feelings, beliefs, images and time. It also takes account of the relationship between individual experience and the wider social and cultural contexts. (para 1)
Gaining this knowledge is power, and vulnerability, as individuals who share their experiences allow others to learn more. This is the power behind stories and narratives. However, not everyone’s stories are heard or remembered. For those marginalized and silenced as a result of racialized categories, sex, gender, citizenship, religion, sexual orientation, gender identity, economic status, employment status, and geographic location qualitative research is a proactive effort to collect and amplify those stories.

T-body stories are important in order to 1) understand what testosterone does from a first-hand perspective, 2) normalize the transformative power of stories, and 3) clarify that there are more than just transgender men who are on T. First, understanding what happens on testosterone from a first-hand experience identifies how transitioning can affect the person and those around them during transition. Various things can affect these individuals’ and their family’s personal and friend relationships. In research presented by Tesene (2011), while valuable to understanding these experiences, this research doesn’t allow for T-Bodies to give their stories from that first-hand experience about how testosterone changes their bodies and their state of being.

Second, the transformative power of stories was proposed and illustrated by communication professor Stephen DiDomenico (2015). Stories can transform people’s understanding of the world and normalize that which has been marginalized. DiDomenico (2015) focused on narrative and identity as fluid, more specifically within LGBT coming out stories. With DiDomenico’s focus on the LGBT experience of coming out as a whole, it is important to understand how he theorized narrative for this group, as T-bodies most of the time fall within this group. The most important take away about the
transformative power of stories is that narratives get shaped when the participants paint
an image of, and give a face to, a community. What this means for T-stories is that more
individuals as they begin testosterone will have resources, first-hand accounts of the
changing body. This will help them understand that the things they are experiencing are
normal and they are not alone even if those around them may not support them.

Third, stories can expand the range of who are considered T-bodies. In current
research, the individuals on testosterone for transitioning purposes who are most often
studied are transgender males, not leaving room for those who exist outside of the male-
female binary to be heard. My research hopes to paint a more inclusive picture of the
range of bodies on testosterone and what they want us to learn.

As a T-body myself, when conducting this research, I was able to elicit richer data
from my participants as a member of the in-group. Being a member of the in-group
allows for trust, and further self-discovery with someone who understands what
participants are experiencing. Kevin Walby, a queer researcher from Carleton University,
dove into understanding as a male-for-male escort himself, talking to male-for-male
escorts about their sexuality. The escorts were questioned if their work makes them gay
and were able to confide in Walby (2010) that their work wasn’t a definition of their
sexuality. Knowing Walby (2010) would understand this by being in the in-group
allowed him to give insight and knowledge that others wouldn’t have access to. Walby
(2010) said, “If researchers do not take seriously the idea that meanings are handled in,
and modified through, interpretive processes, they fail to consider the impact of their
bodies and words in the research encounter” (p. 654). While there is other work on
“stereovision” in ethnographic work, Walby had access to this vulnerable data by being open that he is a part of their in-group, so he gathered more data and understood the need carefully use it.

This chapter further describes my selection of narrative qualitative methods. I justify the use of qualitative methods for this research. In the justification for qualitative methods for this research, I discuss how qualitative research allows me to explore, in depth, a culture or collective. I then describe those who participated in this study, data collection processes, data analysis procedures, ethical considerations, and justify my focus on narratives. The participants section focuses on how participants were recruited, who are the participants, and why these participants. In the data collection section, I discuss how interviews were conducted, what was asked of the participants, and the interview protocol. In the data analysis section, I discuss why narrative analysis was picked for analyzing the data. In the ethical considerations section, I discuss the role I played in this research and things to be considered when conducting this research. Lastly, in the justification section, I discuss what was found and why qualitative methods fit this research.

**Justification of Method**

When it comes to justifying the use of qualitative methods, four reasons explain why my research on T-bodies calls for qualitative methods. The first reason is that qualitative research that uses interviews to collect stories is useful to development and understanding. Researcher’s Enck and McDaniel (2015) in “‘I Want Something Better for My Life’: Personal Narratives of Incarcerated Women and Performances of Agency”
utilized qualitative methods to empower incarcerated women by using narrative analysis of three oral history interviews. Their intention was to see how all can better understand incarcerated individuals to improve the future for these inmates and give narrative insight to what they are experiencing. They explained how research can empower those who are studied:

In telling their stories, though, women also perform opportunities to constitute themselves and their lived narratives in new ways. Given that human actions can be understood as part of lived narrative episodes with beginnings, middles, and ends. (Enck & McDaniel, 2015, p. 57).

By understanding these lived experiences, not only can researchers allow for understanding of what the population is going through, but also open up conversations for the future of that population and what they want to craft their future into being.

Qualitative research uses interviews to collect stories for the useful development and understanding of a culture or population. Rudick (2016), in their article “A critical organizational communication framework for communication and instruction scholarship: narrative explorations of resistance, racism, and pedagogy,” sought to identify how white students in higher education are reproducing whiteness. Rudick (2016) used the stories of students of color in higher education and their experiences to open up an understanding for racist and problematic behavior linked to whiteness-informed civility that erased racial identity and asserted control of space by creating a good white identity. Their interviews allowed for conversations between groups and is
adding to the contribution of not only understanding behaviors but allowing to make a solution to the problems for the future.

Second, stories being documented and understood is important. Qualitative interview methods elicit stories and allow for further knowledge and exploration through the study of those stories. The qualitative interview method that emphasizes storytelling enables me to answer my research questions because it allows for exploration of how T-bodied individuals narrate their experiences. Riessman (2007) said this influence of engaging and understanding is very important.

Narratives do not mirror; they refract the past. Imagination and strategic interests influence how storytellers choose to connect events and make them meaningful for others. Narratives are useful in research precisely because storytellers interpret the past rather than reproduce it as it was. The “truths” of narrative accounts are not in their faithful representations of a past world, but in the shifting connections they forge among past, present, and future. They offer storytellers a way to re-imagine lives (as narratives do for nations, organizations, ethnic/racial and other groups forming collective identities). (p. 6)

Stories are not just about the present state of where T-bodies are at, but are about the past, present, and future of T-bodies and their connection to the world.

Not only are we gaining understanding, but we also need to document the understanding (Rudick, 2016: Ewick & Silbey, 2003; and Enck & McDaniel, 2015). It is important to understand that documentation is very important. While researchers can make their own understandings when gathering and analyzing the research, documenting
it allows for a narrative and story to be created that can be read, understood, and analyzed for the future. Narrative method’s ability to present stories can be understood best from Polkinghorne (1995):

Narrative inquiry refers to a subset of qualitative research designs in which stories are used to describe human action. The term *narrative* has been employed by qualitative researchers with a variety of meanings. In the context of narrative inquiry, *narrative* refers to a discourse form in which events and happenings are configured into a temporal unity by means of a plot.

This allows for the story to be seen, understood, and documented, and an inquiry into the mind of the participants and their group.

Third, in-group researchers with “stereovision” enhance the research process. Researchers who are in the group or possess the same identity as those who are interviewed allow for more in-depth understanding and insight into the group they belong to and can gain insight to their own experiences and gain more access to in-group experiences. An example of in-group researchers with stereovision would be LeMaster et al. (2019). LeMaster et al. (2019) sought this understanding and development in their article by working on trying to unlearn cisgender normativity and allow for exploration by “transing” communication with respect to their connection as non-binary community members trying to make this connection in research. As non-binary researchers themselves, they are allowing for research about their population to be understood further and allows for community building.
In short, our collective and respective troubled relationships to binary gender bind us; in each other we find both recognition and tension in our individual and collective gendered senses of self. (LeMaster et al., 2019, para 8)

This binding together allows for that understanding and gives recognition to all. While they were establishing that connection with each other, they were gaining insight on their experiences and their understandings to each other and about the non-binary community as a whole. While they are unpacking and helping further understanding of this research, they also added their personal experiences, poems, and understandings of their bodies from their different identities. They tackled all of this in a common place of a coffee shop and not only continued to grow their relationships together but also used their experiences and writings to add to the narrative of unlearning cis-heteronormativity.

Lastly, while interviewing marginal groups, it is doubly important for the researcher to be present and engaged and qualitative methods allow for that. Rudick (2016) not only recognized the privilege they have in these conversations with people of color, but they also wanted to clarify they engaged and present in receiving the stories to make a difference. In engaging with marginal groups, another researcher that foregrounded being present and engaged was Enck and McDaniel (2015) in their work with incarcerated women. The way they engaged with each incarcerated person showed that they were listening and confirming their understandings with each person. This interaction is between Suzanne Enck and a 30-year-old self-identified Mexican woman named Rosa. In this particular interaction they are talking about a nonprofit called Resolana helping these incarcerated women:
Suzanne: Do you think Resolana has helped with [developing your self-esteem]?
Rosa: I guess for me to be part of Resolana is saying I want something better for my life. Even though I’m in a bad situation, I don’t see it as a bad situation. I see it as an opportunity, and you guys are bringing and representing and presenting tools to me that I need and making them readily available, only now it’s my turn to pick them up and use them. I could be in a pod, right now, with twelve girlfriends and acting a donkey, but instead I’m in Resolana, accepting that I am very much a criminal and that I have to conform to society or I will become a statistic, and I don’t want that to happen, so I have to start to educate myself with what’s wrong. And that’s going on here. Basically, Resolana is helping me to help someone else. To pay it forward because somebody somewhere is in the same situation I’m in, and needs to hear what I have to say. But then again, I need to listen to what they are trying to say. I’m definitely someone’s help, or someone’s helping me, whether it be a peer, or one of you guys. I’ve very much to offer.
Suzanne: You were great in class; I loved listening to you.
Rosa: You know if I can help any one person, at any moment in time, then I’m doing my job.

Not only did Enck want to understand how Rosa was feeling, but also wanted to show Rosa that she is listening by pulling from examples of other observations and showing that it isn’t just for research that she is listening; Enck listened to gain overall understanding.
T-Bodies as Constituting a Culture or Collective

A central tenet of qualitative work is that it allows access to understanding a culture or collective in depth. The question is, what is a culture/collective and how are they created? Communication scholar Tracy Novinger talked about what constitutes a culture, and how communication is culture and culture is communication. Novinger (2001) said that there are many concepts of culture, and that they can be complex, or they can be straightforward. The most encompassing definitions that they provided stated:

Culture refers to “knowledge, experience, meanings beliefs, values, attitudes, religions, concepts of self, the universe and self-universe, relationships, hierarchies of status, role expectations, spatial relations, and time concepts’ accumulated by a large group of people over generations through individual and group effort. Culture manifests itself both in patterns of language and thoughts, and in forms of activity and behavior. Culture filters communication. (p. 14)

Cultures are made up of individuals who have over the years contributed their knowledge, experiences, etc. to constitute an area of support and trust that continues to live on for those who share those experiences as time goes on.

An example of a broad culture would be Midwestern culture. Midwest culture is a culture rooted in manufacturing and farming and by individuals such as industrial workers and farmers who have shared their experiences of what works best and what doesn’t. It has allowed for a culture to continue to grow and the experiences that they contribute to allow for additional changes for good and to continue learning. Even if
someone has never been on a farm, midwesterners are influenced by rural, agrarian culture.

Cultures also emerge on a smaller scale, for example as a result of a single shared experience, like sharing a sex or sexual orientation and undergoing a specific medical treatment. For example, trans people have been studied qualitatively. Sociologist Megan Tesene showed that transgender individuals going through similar experiences create groups and sharing their stories for understanding and support, therefore creating their own culture. Tesene’s (2011) research is rooted in understanding and support for transgender males and their partners during transition. Not only would the participants and their partners lean on other couples they knew, but they would also participate in online discourse to receive support and gain knowledge on otherwise unknown territory for some couples. Transgender and T-body communities constitute and create their own cultures from their different facets of knowledge and experiences during their transitions. They are described as a culture suitable for qualitative research because the past, present, and future of T-bodies is being constituted by the experiences we can hear now. T-bodies’ culture is constituted through “patterns of language and thought” as they contribute their stories, experiences, and vast knowledge on their transitioning bodies and the group continues to grow as more individuals go on testosterone. The support and communication from the stories allow for that culture to build so we can continue to make things better for the populations to come.

To make clear that qualitative methods are appropriate to study groups who are created by shared medical experiences, the example of diabetes is illustrative. Qualitative
studies have been done with people with diabetes. Greene et al. (2010) researched how effective Facebook communities created for diabetic support are through fifteen major support groups identified. This group is eligible for qualitative research because they have shared experiences that brought them together. Almost five hundred individuals interacting and commenting in this culture and group is allowing for feedback and edits to create a substantial culture to be left for future individuals who have diabetes. These groups were dedicated to patients with diabetes, family members, and friends looking for guidance, feedback, and emotional support. These groups allowed for all of the people in these groups to have a forum and discussion format to discuss at a personal level and three fourths of the content was personal and created a community of support for these individuals who have diabetes.

Just like diabetics, those taking T are just a bunch of people who stab ourselves at various times during the week. That common experience binds T bodies together as a group. T-bodies are a group of people with shared experiences. Their shared experiences range from taking testosterone, having to navigate going to doctors and the various other steps to start hormones, and experiencing the effects of T. Going through this experience makes these individuals seek resources and groups that can answer questions about beginning steps, how to access hormones in their area, what to expect as they take the hormone, and their hopes and fears about taking this hormone.

While each T body will probably experience intended and unintended effects to different degrees, or experience different or unpredictable effects, individuals seek to understand what to expect. People seek and create groups on various social media
platforms such as Facebook, Twitter, Discord, etc. to help understand what they will experience. T-bodies are a group, and form a culture, because they are using their experiences and knowledge to understand each other and further understand the T-body’s experience.

**Participants**

Qualitative research is participant heavy because it relies on data collected from interactions between the researcher and participants. Qualitative methods use the following methods: observation, interviews, questionnaires, focus groups, and recordings. Qualitative data suggests that we want a deeper understanding of a group, culture, event, or really anything with a population. With this deeper understanding, researchers also want to see the structures, the order of a group, and patterns that exist in the deeper understanding from the participants in the study. Methods used in qualitative research are based on research experience in collecting and analyzing data of a group the researcher belongs to or a group they want to understand further. Qualitative research is intentionally messy, given the emotional and physical labor needed to understand the world around us as being composed of more experiences than just our own.

As the above-cited research indicates, cultures emerge, form, and are maintained through in-person interaction and on social media. Thus, it should be no surprise that social media offers an excellent recruiting ground for participants. I recruited participants through my personal Facebook page, as I belong to several groups that focus on transitioning and what to expect when taking testosterone. My social media recruitment post is found in Appendix A. I requested that those who did not fit the criteria to be
interviewed, or did not feel comfortable being interviewed, to share the post to expand its reach. My post’s focus asked participants to reach out to me via email if they are interested in sharing their experiences on testosterone.

Once a person contacted me via email to confirm their interest, I sent an email back describing their contribution to this research and asked them to fill out and sign a consent form if they want to proceed with the interview process. Once they confirmed and consented to being interviewed, I gave them three times and dates to choose from for our interview time.

The only requirement for participants was that they needed to have taken T at some point, past or present. I used this approach because individuals on testosterone take a range of dosages, a number of doses, over different periods, and can stop T at any time. It is important to hear stories from those who have had their first shot of T, have been taking it for decades, or have quit T. All of these stories are important to hear.

Taking hormones, more specifically testosterone, mostly has been associated of with transgender men and their transition from a sex assigned at birth to male. However, as I noted earlier in this thesis when reviewing Stryker’s work, trans is not just a destination, but a process. Thus, interviewing people, wherever they are in the process or however they identify, is important. This approach to the pool of participants allows those who are transitioning from a sex assigned at birth, regardless of whether they identify as men, to participate. T-bodies include transmen, gender-nonconforming people, gender non-binary people, and a copia of other ways of naming one’s sex category.
I interviewed twelve participants. Eleven of the twelve participants identified as White, and the remaining participant described themselves as Asian. Ten of the twelve participants were between the ages of eighteen and twenty-five, with the remaining two being between the ages of 40-60. One participant had stopped taking testosterone, two participants had been on testosterone between six months to two years, while the other nine participants had been on testosterone two to four years. All participants when interviewed self-identified as a gender nonconforming individual with androgynous or masculine leanings. Only two of the twelve participants identified strictly as transmen, making clear the need to use a more expansive approach to sex designation when doing qualitative research on people who take testosterone for transitioning purposes. Eleven of the twelve participants are from Iowa, with the twelfth participant having traveled between different locations from the West Coast to Iowa.

Data Collection

I collected the data through semi-structured interviews with questions that sought to elicit stories from the participants. When interviewing participants, I asked seven questions (found in Appendix C) with the goal of answering the research question: What is the T-body experience of being on testosterone? I chose an interview as opposed to observation for data collection because interviews allow for a person to tell their own story. Interviews allow the researcher to get answers to specific questions to better answer their research question. And interviews offer a chance to witness a person’s performance of gender, allowing me to collect the stories told in words and in bodies.
I used semi-structured interview methods. Doctor in pharmacy practices Shazia Jamshed (2014) explained the utility of semi-structured interview versus observation:

Semi-structured interviews are those in-depth interviews where the respondents have to answer preset open-ended questions... Semi-structured interviews are based on a semi-structured interview guide, which is a schematic presentation of questions or topics and need to be explored by the interviewer. To achieve optimum use of interview time, interview guides serve the useful purpose of exploring many respondents more systematically and comprehensively as well as to keep the interview focused on the desired line of action. (p. 88)

Asking specific questions with a semi-structured interview process, with the research question in mind of how T-bodies experience being on testosterone, allows for that question to be answered by T-bodies themselves. At the same time, the semi-structured nature allows for the participants to tell their own story in their own way.

I used the videoconferencing platform Zoom for interviews, instead of in-person meetings, given the research was completed during the COVID-19 pandemic. Science researchers Mandy Archibald, Rachel Ambagtsheer, Mavourneen Casey, and Michael Lawless (2019) conducted a qualitative research project about the benefits, feasibility, and acceptability of using Zoom to collect qualitative data from the feedback of 16 nurses. Archibald, et al. (2019) concluded that the benefits outweigh the challenges of using Zoom for qualitative research. The benefits of Zoom include the following: secure recording, still allows for analysis of body cues, and has high security given the need to
invite participants to video chat rooms. Given my interest in the performance of gender, and the performance of stories, the video option was essential.

**Analyzing Data**

I used narrative analysis when engaging the data. English Professor Donald Polkinghorne (1995) defined narrative as “a type of discourse composition that draws together diverse events, happenings, and actions of human lives into thematically unified goal-directed processes” (p. 5). Narrative is a distinct form of qualitative data as it allows for collection and storytelling in detail by allowing for details from how a person is sitting to the emotions they are feeling being captured in the moment. What narratives do for the authors of them is that it allows them to recount things as they happened or when they happened. For the listener it allows them to listen and take in an idea with an interesting spin that will allow for knowledge to be gained in a unique way.

I analyzed the narratives shared with me by using pentadic analysis. Developed by Kenneth Burke. Overington’s (1977) explanation of Burke’s (1977) dramatistic approach to rhetoric posits that “the most direct route to the study of human relations and human motives is via a methodical inquiry into cycles or clusters of terms and their functions,” (p. 132). The term pentad is a formulated method used to narrow a topic by not only identifying relationships of characters but the actions and events that are taking place in a story and how they interact within the relationships. Pentadic analysis focuses attention on the story told by a rhetor, particularly on how the rhetor describes five key components: the scene, agent, act, agency, and purpose.
In any rounded statement about motives, you must have some word that names the act (names what took place, in thought or deed), and another that names the scene (the background of the act, the situation in which it occurred); also, you must indicate what person or kind of person (agent) performed the act, what means or instruments he used (agency), and the purpose. (p.141)

Once the act, the scene, the agent, the agency, and the purpose are identified with the pentadic method, this analysis of these components allows for the storyteller to lay out the parts of the story/drama. The storyteller lays out the act by explaining and flesh out the story by gathering details to explain the thought or deed that took place through descriptions. In this research the act is the process and thought process of starting testosterone. The storyteller lays out the scene by describing where this deed is occurring. The scene in this research is the different places (public and private) for the T-bodies where they were taking testosterone and as the testosterone was changing and performing in their lives. The storyteller lays out the agent by informing who or in this case what is participating in the story. The agent was testosterone in performing the act of transformation (pun intended). The storyteller is forming the agency by discussing the tools that it took to make the deed happen. The agency in this research was taking testosterone via subcutaneous injection. The storyteller finally creates the purpose by laying out the deed, what took place, when it took place, who was taking place, and therefore we can create the reason why this deed took place. The purpose in this research is the stories of the T-bodies telling us why they took testosterone. Whenever a human
being describes an event or situation, all these elements are present, offering a drama for consideration.

Pentadic analysis allows one to home in how a rhetor identifies who has agency and to what degree. Researchers Anderson and Prelli (2001, as cited in Buzzanell et al., 2005), expanded on pentadic analysis (also known as pentadic mapping) as a method that creates an open space for discourse to avoid specific thoughts about populations and allows for perspectives and relationships to be explored. It also allowed for seeing connections between different perspectives and understanding how agents and agencies can affect one another while understanding where these two meets and where the transformation happens. By exploring where differences arise between people’s characterizations of these elements, one can identify motives and reasons for disagreement. As Burke (1945) explains:

Men [and women] may violently disagree about the purposes behind a given act, or about the character of the person who did it, or how he [or she] did it, or in what kind of situation he [or she] acted; or they may even insist upon totally different words to name the act itself. (p. xv)

Thus, to understand human communication, one needs to understand the stories told and the way in which the elements of the story are characterized. Qualitative research is participant labor heavy because it relies on data collected from these deeds that are being recorded in depth to analyze the why. Qualitative data suggests that we want a deeper understanding of a group, culture, event, or really anything with a population. With this deeper understanding, researchers also want to see the structures, the order of a group,
and patterns that exist in the deeper understanding from the participants in the study.

Qualitative research assumes that understanding reality is an objective, and that reality is real and independent of what the researcher thinks, feels, etc.

Analyzing Interviews

After interviews were completed, I stored the recordings in a folder only I and my supervisors have access to. After the interviews were conducted, I began selective transcription. As per Tracy (2013), I used semi-transcription. Sarah J. Tracy offered examples of high level, mid-level, and low-level transcription detail. She explained that “Qualitative research demands flexibility, and transcribers use what works for them and their audiences” (p. 178). Given this project is not a conversation and discourse analysis, high level transcription detail is not necessary. However, I do want to capture my participants’ stories and note the language they use to describe their experiences. As such, I have decided to use mid-level transcription, which means I transcribe parts of the interviews that are particularly evocative and relevant to this study in more detail, while using low-level transcription detail when the conversation is less relevant. This justifies that after interviews are conducted full transcription will not be necessary as only direct quotations will only be pulled in, they are being used.

Ethical Considerations

As with most qualitative research, the role of the researcher is to understand the participants’ feelings and thought processes as the study is conducted. The biggest role in this research is to keep the participants and their data safe as these bodies belong to a population that doesn’t necessarily want to be identifiable through the information they
share. It is the role of the researcher to code their data so they are not identifiable, but
coded enough that their story still remains intact to understand the T-body experience.
Participants picked their own pseudonyms for this study as they want their stories to be
on display, but the T-bodied community is very close knit and keeping these individuals
comfortable is a top priority.

Research participants were not subjected to any physical harm in this research,
only the risk of minimal emotional distress. Although the questions I asked should not
cause discomfort or distress, I still wanted to be prepared should the participants share a
story that brought up difficult memories. If, at any point during the interview, a
participant showed or expressed discomfort or in crisis, I was ready to provide them
resources in their local area as well as worldwide resources that are safe, confidential,
free, and inclusive. The resources utilized are The Trevor Project, The Trans Lifeline, and
the National Suicide Prevention Hotline. These resources are queer friendly and have 24-
7 access.

Respect for the participants and their dignity is of the utmost importance and is
always my priority. All participants who participated in this research gave full consent
that was obtained prior to the study being conducted. The protection and privacy of all of
the research participants is ensured.

Justifications

I interviewed twelve participants but chose to focus on four of the T-bodies’
stories. The reason for such a focus on the four stories instead of all twelve is not that
these four stories are more important than the others, but because each story highlights
the experiences captured from all twelve participants. Focusing on these four stories allows for in-depth presentation of the experiences shared by all twelve participants and also highlights experiences that were unique to the four bodies highlighted.

For example, Enck and McDaniel (2015) focused on selective participants’ oral histories (only three out of twenty-three in their study). This was their justification:

We focus on these three oral histories not to suggest they are exceptional because of how they highlight gendered experiences, but because we found them to be representative of the narratives we collected, regarding both pathways to incarceration and hopes for living their lives after release, as being marked by their experiences as women. In placing these stories in conversation with each other, we hope to emphasize some of the commonalities we found in nearly all of the interviews conducted. (Enck & McDaniel, 2015, p. 47).

While all of the interviews do contribute to the researchers understanding, by focusing on four stories I allow for commonalities to be seen and experiences to be highlighted in greater detail.
CHAPTER 4
RESULTS AND ANALYSIS

The research question that framed my thesis work was: How do T-bodies narrate their experience of taking testosterone? This question was at the forefront during the interviews with my participants and informed the questions that I asked. Twelve participants shared stories with me. My analysis focuses on four of the stories because they are representative of the themes present across all the stories and, by carefully focusing on four stories, I am able to attend to both their words and performances of the stories.

Even as I focus on four stories, hearing the other eight continuously informs my analysis. Hearing all twelve stories affected me by giving me hope for future generations of T-bodies to know they are not alone when starting testosterone and these experiences are now documented, so if a person wants to understand what the experiences are like, they can also be educated on it. These stories educated me by allowing for a greater understanding of what T-bodies experience and how they carry themselves in the world. I also thank the participants for their time and consideration because now I, too, don’t feel alone.

The four stories on which I focus are from the T-bodies Xander, James, Ez, and Chris. Xander is a 23-year-old Asian American agender individual whose story highlights how testosterone changed zeir workplace and personal life. James is a 22-year-old white queer transman whose story highlights how testosterone changed his academic career, his personal life, and his work life. Ez is a white transgender nonbinary person who is in their
late 50s and their story highlighted their personal relationship with their wife, children, and what their experience is like out in the world. The last story is from Chris who is a white 23-year-old individual who identifies as a nonbinary trans guy and their story highlights their experience with their partners, their family, and their education. These four individuals and their experiences represent themes that other T-bodies experience as well as their own experiences that are different from what others experience.

**Xander’s Story**

The first story is from Xander. Xander uses ze/zem pronouns and identifies as a masculine agender person under the transgender umbrella. Ze describes zeir identity by saying that ze possess both masculine and feminine qualities but is not defined by either. Ze is Asian American, 23 years old, and currently resides in Iowa. Ze has been on hormones for coming up on three years and had top surgery a little over a year ago. This is zeir story.

This story made me hear the vocal difference in a T-body’s understanding of zeir body before and after testosterone. When ze is talking about zeir body before testosterone you can vocally hear their voice shaking (shuttering) in zeir voice with a quiet sad tone to zeir voice. The words they use to describe zeir body before testosterone as well as how ze views zeir body is very quiet and sad, versus when ze was talking about zeir’s body after testosterone; it is almost a sign of relief for zem. The vocals were excited, loud, and proud of what testosterone has done for zeir body. Zeir voice performs their comfort in their body.
In this first passage the focus of Xander’s story is on the unknown Xander was experiencing of not having access to testosterone for about three years while transitioning. Ze didn’t want to focus on not having access and kept that description rather short; while ze described the lack of access, you could hear the sadness in zeir voice because it was wanting to achieve something but not having the resources to do it. Ze felt as though ze lacked agency. Zeir's voice modulated and radiated sadness but hope to get it in the future. Then ze starts talking about zeir experiences you can physically hear the uncomfortable aspect ze was experiencing about zeir body before testosterone. There was a lot of ums and pauses when describing the parts of zeir body that made zem uncomfortable because it was transporting zem back into those internal processes that they are getting away from since transitioning.

This is the first passage of zeir story:

Noah: I want you to close your eyes, and clear your mind, and transport me into when and what led you to make the decision to start taking testosterone.

Xander: I knew I wanted to take T in 2015 October November but didn’t end up going on T until 2018. [deep sigh] I didn’t have access to anything yet and didn’t know how to go about going on hormones. A lot of information about being on testosterone and financial resources wasn’t available to actively do anything before 2018. I figured when I am more set, I will start taking T.

Living back in this moment and knowing that ze didn’t have access to these hormones, you could hear the defeat from the deep sigh after informing that ze couldn’t take hormones until three years after ze originally wanted to you could hear the vocal sadness
and as ze got to the last sentence of becoming more set, ze will start taking T, there was vocal inflection and a happier tone about the hope that this will change. If taking T is about becoming a body that provides a home, a sense of being, then that comfort is performed in the voice – how it sounds, how it talks.

   Noah: With that uncertainty I am sure there were experiences that also solidified why you wanted to start testosterone. Can you walk me through what experiences made you decide to start testosterone?

   Xander: I’d always been uncomfortable with my voice. And I’d always been uncomfortable with having a very hourglass figure and it was my curves being so predominantly gendered. Um, I just, and also, I didn't have facial hair, and I really want facial hair. So, um, but I, the things that I wanted to change about my body to feel less, less. I don't want to say incorrect. But I can’t find a better word, um, would have been pretty easily managed by taking T. So, I figured the most effective way to take care of all of those things was to take T. Meeting more trans masculine people, hearing their stories and their experiences which allowed me to ask questions to get the resources I needed. It made me feel like it was the right track to be on. Then after hearing these experiences and participating in conversations of finding a place that I could afford to get testosterone. Once I got the resources and the money, anyone who doesn’t like it can fuck right on off. Austa la pasta baby.

In Xander’s experience, ze wasn’t able to start testosterone until resources and finances were accessible for zem. As ze described being uncomfortable with zeir voice and physical features, not only was ze was having this realization on how it was monumental
to have the experiences and stories of other trans masculine individuals to help guide zem to the resources ze needed, ze also was getting vocally excited because it was finally happening.

Once this need was met, ze seemed unstoppable and wasn’t going to let acceptance or likeability be a factor in zeir happiness with zemself. Unstopability was performed by zeir voice picking up not only in speed but ze was talking as if ze had a smile on zeir face. This feeling shined through until the end when ze ended with almost a hint of anger because to think that someone would oppose something that would make zem more comfortable in zeir skin, ze was willing to make that sacrifice because the happiness from transitioning allows for ze to be zemself. Zeir voice made clear they saw themselves as an agent capable of action, no longer a person unable to take the actions they needed to.

This next passage in Xander’s story focuses on the narrative of zeir first time taking testosterone and zeir most recent time taking testosterone. The focus during these experiences is hearing the vocal difference between these two stories and how zeir voice modulated and changed. In zeir first experience, ze showed excitement by talking fast and giving extraordinary amounts of details all from what ze wore, the exact date, the location, not letting zeir girlfriend at the time who really wasn’t supportive dampen this momentous occasion and less stumbling on words. The story made clear ze saw zemself as an agent of action, in control of the scene.

In zeir most recent experience, not only was there a change in partners, ze also wasn’t as excited and didn’t really even see that ze needed to be doing it but was only
doing it because zeir fiancé was doing his shot. With the COVID-19 pandemic there was also this element of unknown and fear present in zeir voice when discussing the most recent shot and experience, which could add an element to not really being excited about testosterone anymore. The scene of COVID and zeir partner’s need meant ze did not see themselves as having complete agency. It was more as an act of support and you hear the narrative switch from focusing on Xander and it being Xander’s day to it becoming an exercise together that ze did to be supportive of zeir fiancé. The scene and another agent had agency.

Zeir experience and understanding the difference of the two is the focus for this second passage.

Noah: Now, I want you to tell me about the first time you took testosterone and the most recent time you took it.

Xander: The first time I took testosterone was March 26\textsuperscript{th}, 2018, I woke up and I was just kind of like this is my day, I am focusing on this one thing as it is about me, I am going to celebrate that. I woke up put on my Beartooth band t-shirt and a pair of loose basketball shorts because I wasn’t awkwardly wanting to pull my pants down in front of everyone. I didn’t have breakfast, so you know that was a good choice, before I went to People’s clinic to get my testosterone, I ate leftover beef and mushroom pizza from the night before. Sadly, the only other person around was my girlfriend at the time because I was at her house. [Ze conveyed that this relationship was not a healthy one and did end up splitting up with her shortly after starting testosterone because she wasn’t accepted of zem. This explains the tone ze had]. I was sitting on the couch. I
was surprised that they didn’t have me do it in front of them before sending me home. They showed me how to do it on a dummy, and then they sent me on my way. I was so worried that I was going to do it wrong, be that one person that would put it in the wrong vein and give myself a heart attack and die. I got this huge adrenaline rush and shoved this into my leg. I sat there for a second with the 3-inch needle in my leg and had that moment of o my god it is in my leg, in my muscle. I was genuinely worried I asked the nurse can I fuck this up? And the nurse said there is no way that could happen, and I still didn’t believe her. Once it was in my leg, I pushed the Testosterone into my leg and then as I was doing this, I realized I didn’t have gauze or any band aids. I forgot because I was excited that I didn’t prepare for this before stabbing myself. So, I had my girlfriend at the time bring me a tissue. I had never done this before, so when I was going to pull it out, I had that moment that I was going to have a whole in my body. I panicked when I saw the needle after the fact made me go into shock that I was actually able to do it. Then I sat there with my little Kleenex so it wouldn’t be sore.

Noah: It does sound like you had a very interesting first experience, it is that adrenaline factor of not knowing what it is going to be like and before you know it is in your skin. It sounds like even from day one you had a place and a routine you wanted to complete when taking T. What was your most recent experience like?

Xander: My most recent experience was July 23, 2020. With the COVID-19 pandemic I found myself not really staying in routine because the world around us is on fire and never know what is happening next. I wasn’t really even planning on
taking it that day. My fiancé needed to take his shot, and I thought I needed to do it too after not taking it for two months. So, we had a group shot party, we were both in our boxers and ordered Pancheros to be contactless delivered to our door. Unlike my first shot, I now not only do it in my stomach, but I do it with my fiancé as a routine together as he is scared of needles. Our process is that we would sit on the edge of our sides of the bed, with our feet flat on the ground and in an upright sitting position. We would grab a Kleenex and use an alcohol wipe to wipe our tum tums, different ones obviously, fill up our syringes with our .5 ml dosage, switch needles, and then we would pinch our stomachs. We would take a few deep breaths together and count back from 3 for my fiancé so he would have it in his stomach by the count of one. After removing the needles from our skins, I would use my Kleenex to apply pressure to the blood. For my fiancé, I would get him a Pokémon Band-Aid and apply it and give him a kiss. After the shot we would put our used syringes into the sharps containers, throw the Kleenex into the trash along with the alcohol wipes, and then we would move along with our days.

This passage was selected to broaden the understanding of Xander and this shift in narratives between the first time of taking testosterone and the most recent time.

In the beginning of Xander’s process of taking testosterone, it was treated as a rite of passage into the body ze wanted and was monumental where there is this excited quick paced extremely detailed story. Ze was the central agent. The most recent time, when it wasn’t something ze considered as needed for zemself but was, instead, an act of solidarity to support zeir fiancé, zeir agency was constrained. Ze seemed pleased with the
changes that had taken place since the first injection so that after years of taking the hormone week after week, it didn’t become as exciting anymore as it was just another injection to keep zem where ze wanted to be. It was a mundane act, not a transformative act of becoming. It went from the process that defined the day as a monumental day for change, to a process where ze didn’t even really think about it until after the fact that ze hadn’t taken it in two months and just decided to with zeir fiancé in support.

This passage's focus is on the excited relief in zeir voice when talking about the good experiences and changes Xander has experienced. The performative aspects of this passage to focus on are the descriptive, excited energy Xander is experiencing when helping us understand ze’s first time taking testosterone.

With immense detail and really seeing this interaction overall go from timid and soft spoken when not feeling accepted to starting to talk faster and excitedly by accepting zemself.

Noah: While we are talking about the process of how you are taking testosterone, I also want you to think about the side effects and experiences you in general have had since taking testosterone. What is your best experience with testosterone?

Xander: [deep breath] I experience myself differently now. I feel like this tense energy that used to always be inside of me just like vanish. It is like living with myself wasn’t a chore anymore. I finally felt at home in my body. [Vocal shift from relieved to expressive anger through louder voice and deeper tone] I grew up in a really catholic house, and so like anything queer was not talked about. I never really felt like I had a place to just be, and I think that is where the tension came
from. It wasn’t overtly antiqueer, I never felt normalized. I always felt like I wasn’t where I was supposed to be, [voice starts to slow down, and starts talking more calmly] once I went to college and started hearing these stories of these trans people I was meeting. Hearing how much self-love grew in them after taking it, that is all I wanted. [started smiling] I need that feeling. I feel like that would erase that feeling of feeling like a guest in my skin. About three months in on T I really started seeing changes, my voice started dropping and I started growing facial hair. It was like walking past a mirror and not wanting to cry, self-harm, or felt uncomfortable. [started crying] I looked into the mirror and saw me, that weird tension wasn’t there. When I was looking into the mirror it was like my head was attached to this body that wasn’t mine, it was like a funhouse mirror very distorted. I felt this feeling of othering, not quite that word, but maybe. I don’t know another word to describe it other than just being a guest in my own skin. [deep breath, speed in talking starts picking up and smiling again] I didn’t have that just off feeling anymore. Testosterone made me feel normal in my body and be able to love myself.

Noah: That unconditional love for the self is super important, not only do you feel lighter, but it’s like you feel freer to walk around in the world, I am very happy for you in this experience, and I do appreciate you sharing this with me. Now, I do also have to ask as we live in a world where we may not always be accepted. I was wondering if you could share what is your worst experience with testosterone and how it has affected your life?
Xander: [deep breath, wiping away tears, still speaking softly] The part that really hit home for me was watching moms get worried. At work we had stickers we could give to kids and the moms were worried when I would approach the kids. [breathing picks up] It was like I was approaching them as a cisgender, white, heterosexual male when I am not any of those things. I had been doing this, but with mothers and women specifically their attitudes towards me changed immediately. They were scared because they thought I was another cis het white guy and being perceived as a threat for the first time ever was like oh shit, I have to be so careful about how I phrase things and the mannerisms I show to not be perceived as stereotypically male. Before T no one ever pulled their children away from me, responded to me in that way before. [breathing continues to speed up, vocal tone changes to higher, anger undertones] Even as a trans person, I don’t think that is the reason why. All of sudden people weren’t asking me to watch their kid, I was no longer perceived to be seen as a safe person for children. And that broke my heart because of the state of the world. It is ingrained in everybody that if you see a white guy that’s dangerous, and every part of history proves that. [Stopped speaking, took a few deep breaths] All of a sudden I was genuinely hoping to brighten this kid’s day with a sticker, find their parents because they wandered off. I was no longer seen as the nice employee; I was seen as why are you alone with my child? Also, I love kids and working with kids and all of sudden feeling that I may not be able to do that because of how I am being perceived, it threw me for a loop. [breathing starts to slow back down] I wasn’t
prepared to be treated differently even though my actions were the same. I didn’t think I was allowed to be kind because people perceived me as a threat. Anytime I see a white man, I get tense and I get worried. To think I could have put that fear into someone else, made me feel horrible.

As you can see Xander’s transformed zeir life by taking testosterone. Not only did it decrease zeir dysphoria and uncomfortable-ness in zeir body, but it also allowed for self-love and, as ze said, to not feel like ze is looking in a funhouse mirror.

Throughout this passage you can see that there were moments of excitement with happiness, but also zeir body was speeding up and becoming more tense as ze is frustrated with this lack of understanding from others when ze doesn’t see that ze is any different. While this has opened doors away from self-harm and various other positive interactions in zeir personal life, it has also opened a door to new experiences that ze hasn’t experienced. Now that ze is being seen as masculine, ze is going through experiences that ze isn’t used to as a body who was raised feminine. Ze is used to being able to approach kids, with the natural ability to nurture, and now as a masculine presenting body people are not associating nurture with zeir body.

James’s Story

James identifies as a transgender male, is currently employed in food service, is also from Iowa, and just finished his undergraduate career. He is a musician in his free time and has been on testosterone for a little over a year and a half. This story made me see a T-body not only engaging in risk-taking activities but understanding the uncomfortable experiences from this T-body’s experience. The story also allowed me to
understand the emotional thought processes to a physical side effect changing this bodies life. James as a vocal performer had a life changing experience not only with himself but with his career. Hearing the vocal difference enables understanding of gender is performed through voice and made me hear the sadness of the unknown effects of testosterone in that all side effects happen at different rates. His life was being changed by something he couldn’t control, and that lack of control was conveyed throughout James’s story through frustration, sadness, and excitement. James did not see himself as an agent completely in control of the actions, scenes, and other agents affecting his body.

This first passage of James’s story allows for a look into the experience of his decision to have to change his vocal journey due to the unknown timeline of taking testosterone and how it affects the body. The focus of this passage is to understand that James was sad with the decisions of taking testosterone and was vocally in distress trying to make this decision. But you can see that over the course of the passage that he is excited and vocally brighter that he was able to start testosterone.

Noah: Thank you so much for taking the time to sit down and talk with me today about your experiences. I want you to take a minute, take a deep breath, and I want you to just take me on a journey of understanding your testosterone journey. When did you make the decision to start taking testosterone?

James: [breathing starts to speed up before started talking] I made the decision to start taking T probably two and half years since I decided to start. For me, my main motivator was my speaking voice. [voice starts to shake, coughed to clear it up] I really hated my high-pitched voice [stopped and deepened voice] Which was
unfortunate for singing reasons. As well as I just really wanted masculine features especially facial features. I knew that testosterone would redistribute the fat distribution, muscle concentration, makes your face and body shape different and have your muscles grow. [starts talking faster] “More masculine” ways. Yes, sir that’s for me. [laughs] Oh, man, for me, it was a really hard decision. [sudden change from laughter to voice breaking] Um, because I am a musician. I’m a singer, um, I went to college literally to be trained as an opera singer. Um, and so, you know, kind of when I was questioning my gender identity, you know, being on testosterone was never something that I even wanted to consider. Because I was aware of, you know, kind of the risks and the dangers that it creates, especially vocally. You know, I went. I did a lot of research into other trans men or trans masculine individuals who continued to sing after during and after transition on testosterone and was not really encouraged by what I saw. Um, but after a while, it got to a point where I was just incredibly uncomfortable, um, with, you know, my body and how it functioned. Being quote, controlled by estrogen as you know, as it happens, and it got to a point where I, I needed to risk it, I needed to risk my ability to sing. [breathing continued to pick up from deep breaths to short and shallow] And it’s because I, you know, my speaking my singing voice was never a problem for me. [voice started trembling] I loved my singing voice, I had somehow, like, emotionally detached from the fact that it was a, quote, female voice because it was just my voice, you know, and it was my art form. But my speaking voice was incredibly uncomfortable for me. Um, and, you
know, being a small person who, you know, is quite feminine in nature, sometimes, you know, being perceived as female every day, it was incredibly, incredibly difficult for me. [trembling stopped, started talking louder] And so I said, screw it, I'm doing it. Because I want to survive otherwise. And so, I did it. And, yeah, that's about it. [started talking faster] The faculty was very supportive. Um, my voice teacher at the time, when I decided to start testosterone, I had a different voice teacher than the teacher I graduated with, um, because she just happened to get a different job and move to Sweden, which I'm really jealous of, um, but she was very, very supportive. Um, you know, she definitely made sure that, like, it was what I really wanted to do, you know, she did a good job of approaching approached me about that in a way that was like, of course, I'll support you, I just want you to be aware of all of these risks that you're undertaking, which, you know, obviously, I was, but it was very kind of her to, um, you know, make sure we're on the same page about that, because, you know, it was a very collaborative situation, working with my voice as an instrument. Um, but yeah, she was very supportive. And then the only thing that was, you know, not great. Too little or no fault of the faculty themselves, was that I did have to change my major. I was a vocal performance major and would have had to give a recital my senior year, which would put me at about a year on testosterone, which is, as I'm sure, you know, a pretty interesting time for the voice still not quite settled and still pretty crack, ugly and messy. [voice started cracking, saddened voice present] And the faculty were very straight up with me,
when I asked like, Can I finish this degree program, while I'm literally pubescent? And they said, honestly, we would love for you to complete the program. But realistically, giving a degree, earning recital, while going through puberty is not something that will be able to earn you that degree to get you to the point of proficiency that you need to be. [saddened tone with loud voice] And I said that sucks, but I understand. And I ended up changing my major to general music. And then I continued voice lessons my senior year with a different voice teacher. And basically, we just, you know, kind of worked with what we had every week was, you know, no expectation. I walk in, you know, with what I have that week voice wise, and we just work with it. Um, and, you know, it was a, it was a constant test of range and vocal stability. Um, you know, things were changing literally day by day. And so, it was really interesting to kind of see where, and kind of track how my voice was changing where mice, you know, stronger areas were falling within my range. Um, and, you know, from the beginning of the year, I, you know, I started singing countertenor material, which is you know, a male singer who sings in like a soprano octave, in like a women's range. [saddened voice slowly is becoming replaced with neutral tone] So they say, um, and so I did a little bit of that, but as my voice changed, [started speaking faster with happier tones] I started singing more, you know, middle tenor repertoire, I'm getting down into that, you know, quote, natural male range, and ended up by the end of the year seeing some higher baritone material as well, which was really
exciting. And my low notes are pretty strong, like, they're not very loud. But I can sing pretty low, which is really exciting.

James’s experiences leading up to taking testosterone were life changing for him. Not only did it change his life on a personal level, but he also had to consider his career and academic goals as well. He was one of the few of the T-Bodies who expressed the losses but also the gains of taking testosterone. Not only is he getting the body and voice he wants, but since changes and side effects are different for everyone there is no real end point on to which how high he could sing or low he could sing. This story illustrates the connections between body, voice, and gender/sex.

This next passage in James’s story focuses on his need for change from testosterone. This is shown through the vocal modulation of James as he processes the saddening experience of having to choose himself over his passion for singing, but further understanding the decision behind this process. Also, this passage shows that the uncomfortable-ness isn’t discussed in as much detail as the exciting parts of James’s story.

Noah: I can only imagine the choices that you had to make as a musician, and I really do appreciate your vulnerability with your education and as a body that is changing to have teachers work with you sounds like a really hopeful future for inclusivity in your program. Now, I am curious as to what experiences continuing on from education, led you to taking testosterone?

James: [starts by breathing really deeply and starts with a quiet saddened voice] A lot of it had to do with the stuff mentioned previously. I am a small slender
feminine esk shaped person. I knew I was trans for quite a long time before starting T. While I was sure of who I was, there were a lot of experiences where I was being perceived the way I didn’t see myself. [sniffles, another deep breath] That was very disheartening for a long time. Looking in the mirror and not seeing what I wish I could look like and have potential to look like.

Much like Zander, James wanted to change his body because he did not like what he was seeing in the mirror and testosterone was a big thing that could change these experiences.

The story notes the before-testosterone disheartening experiences and the longing to look into the mirror and see who they are, but not being able to until changes are made. Talking about the dysphoria and what James saw in the mirror was not only displayed in sadness but also because he didn’t want to rehash the previous experiences he had just told me about. I do believe this shows that while he did just hash out those feelings, he didn’t want to retell the same story. To not discuss any of the feelings he was experiencing again truly showed the pain he was experiencing before his body changed. It is the hope and the potential for change that gives people that hope for the side effects from taking testosterone.

In this next passage of James’s story, the focus is to help us understand his first and most recent experience of taking testosterone. The performance in this passage of this narrative was really focused on the vocal modulation of James’s voice while talking about these different experiences. In James’s first experience of taking testosterone, you hear a sense of excitement through his vocal inflection. Examples from the first experience were: his speech being fast, breathing being fast and shallow to not miss any
detail in the story and breathing fast and talking soft when being scared with the needle entering his skin.

In the second experience he had a difference in his vocal inflection from the first one. In the second experience his vocal modulation was: relaxed, deep breathing, and talking very bright (as if smiling). In this passage it is important to focus on the difference of these two experiences James had and how he narrates them.

Noah: It sounds like you have had some serious consideration when taking testosterone and how it could affect things. I was wondering if you could tell me about the first time you took testosterone, what it was like, what happened that day, and what you were wearing? Any details that stick out to you and your experience.

James: [Starts with a bright tone and shallow breathing] I remember it was April 17\textsuperscript{th}, 2019. I woke up and knew I needed to go to the pharmacy and pick up my prescription. I remember being hungry and saying I should maybe get a sandwich for breakfast and I went to go to Hardees to get breakfast to be safe and as I came up to the drive thru window, I was sad because they didn’t have my sandwich because its 15 minutes past the breakfast window. So, I decided it was time to go to the pharmacy instead. The first time I went to get my prescription for testosterone. I took my prescription up to the pharmacy. And they were like, have you had this before? I said, No, this is my first time. And they said, Okay, we'll send our pharmacists out too, you know, give you a little overview on little instructions and stuff. [breathing picks up and tone changes from bright to
disbelief] And I kid you, not this pharmacist, old white man, right in front of me that had no idea and proceeded to read me a wikihow article on how to inject testosterone. [breathing continues to pick up and now is loudly expressing himself with a angered growl] I just sat there, like, What the fuck is going on? Like, this is unbelievable. And so, I called them, I left, and I went home, and I called him immediately and I said, Yes, hello. Um, this just happened to me at your pharmacy. This is not healthcare, like this is absolutely unacceptable for your actual pharmacist to read a wikihow article to a patient as medical instruction. That is absolutely not okay. And they're like, Oh, my God, I'm so sorry. This happened to you. I was like, Yeah, I would recommend that y'all do some training. Do a little bit of research. Do a little bit of inclusivity stuff, a little bit of diversity training, read a book on trans people, just maybe one, that'd be great. Um, and they were like, yes, of course, we will take care of it. We don't want this to happen to anyone ever again. And I was like, Cool, awesome. [went silent, and once started talking again was calm] And since then, I haven't had any issues. But, um, I'm just very hopeful that that did not happen to anyone before it happened to me. As I got home and was analyzing the materials in front of me, it’s not that I dreaded it, but I wasn’t looking forward to it. [tremor is added in voice] I needed testosterone, but I didn’t want the shot part. In a way I guess it can be ritualistic as every time you do your T-shot. It is another week into the journey and into the changes. As you are sitting there and filling up your syringe you have that moment of, [shudder is more prominent] I am doing this and being aware that this
is something I chose for myself. This is the direction I am going, and this is making my life better and happier. This is just one part of it. I am forced to think about that a little bit. [groan of disgust] My first time I had to do it in my abdomen, it was awful as I am afraid of needles and really hate the idea of having a foreign object in my skin and feeling it. It is a sensory thing more than a fear. I just sat in a chair, in my apartment, and took a deep breath, and injected the foreign object in my skin and as soon as it was over, I took it out, and put the syringe in its sharp’s container, and I continued on with my day.

Noah: As someone who is also afraid of needles, I understand that completely. I am so sorry that you had that experience with the pharmacy, and I do also hope for the sake of other testosterone taking individuals and trans people that they do not have that same experience. Now, I was wondering if you could touch base on what your most recent shot day was like.

James: [monotone] My most recent shot day was February 18th, 2021. This was just another day for me as I was getting ready for work. At this point taking my shot is just every week occurrence, nothing new, nothing exciting. Got to shoot up my T today. [chuckles] I remember taking out my supplies and thinking to myself, why the fuck do I still keep this in a paper bag I get from the pharmacy? All of these bottles and syringes, and I thought to myself I am an adult man, why do I keep these in a paper bag. I did my shot and just was like it is no big deal. I just remembered how much it use to scare me and I almost think I was going to pass out because of the needle being in my skin. Other than doing it in my upper
buttock’s region, my procedure is the same. I was excited about it; this is just no big deal. [breath] I am just living my life. I am not stressed, not worried, just doing it.”

For James, the ways he described his first experience, and his most recent experience were completely different. The first time was exciting and strenuous because of not wanting needles in the skin and also the terrible experience with the pharmacist while getting the testosterone could make for a disheartening and more stressful day. As he phrased it: it is just another step to get to where he wants to be, a rite of passage into the person he wanted to be. With the most recent time of taking testosterone, it is more of a routine, no longer scary, and just a part of life. This contrast allows us to see that T does become routine over time for some individuals, just another thing to check off in the weekly routine.

The final passage from James’s story focuses on participating in new and risky behaviors as a T body and the fear surrounded those behaviors. This is performed in the narrative through the changes in James’s voice, breathing, and details given in these experiences. As he talks about conversations he participated in between coworkers, he is showing his concern when he isn’t accepted but then is showing the excitement that as a nonbinary transperson to be floating within groups is the ultimate achievement. As he is talking about his sexual experiences, you can hear the shudder in his voice and the disbelief that he did something out of his normal behavior. The focus of this passage is understanding and hearing the concern of a body that has been craving for recognition.
Noah: So now with a broader understanding of how your testosterone is administered and the journey you have had since starting in April of 2019, what is your best experience you have had with testosterone?

James: My best experience with testosterone with joy and excitement (dopamine I guess), is the fact the way I look, and sound now is genuinely confusing to people sometimes. [starts talking faster, with a bright tone] I am kind of in this sweet spot of androgyny were depending on how long you interact with me you may not have any idea at all or be able to guess what I am. I think that is fantastic as a nonbinary trans person. [a full smile is present] That is like my favorite moment in life. Like at my current job it was the first job, first new, first new environment with people I have never met before and didn’t know me or anyone I knew before I started transition. They have only known me as James and that is it. My coworkers, I was pretty stealth for a while, before I got impatient and started making queer jokes. Because who am I if I don’t do that, it was quite a while before I started doing that my coworkers were genuinely confused. [laughs] This one server guy, this is definitely transphobic, and he definitely avoids eye contact with me whenever possible. He avoids eye contact and I find it amusing. This man in particular is so confused. I enjoy making the cis uncomfortable. In this moment I have going on, I am so good at code switching, from moment to moment according to my needs I can switch between binary gender lands and talking to a guy saying sup bro, hilarious, and then move over with my girls ya know. It is a superpower.
Noah: I like that you describe this as a superpower, really understanding all sides and being able to interact with all individuals and just being so visible. Now, we all know that being in the community is not all sunshine and rainbows as everyone likes to think with Prides and such. I was wondering if you have had a bad experience with testosterone and if so, what is your worst experience with testosterone?

James: [really long deep breath before speaking] I think my worst experience with testosterone other than the physical injection of it that bothered me for a while, the effect that it has had that I haven’t enjoyed as much is the increased sex drive. [shudder in voice and stumbling becomes prevalent] I was experiencing it a lot for the first year or so. That first push of puberty when testosterone starts flowing through your veins, I definitely had some sexual experiences because of that that I wouldn’t have done otherwise and kind of regret now. [sadden toned starting to show through] I probably wouldn’t have done that when I wasn’t incredibly hormonal. I am a pretty demisexual person, I really am not a casual sex person. I don’t participate in casual sex as it doesn’t really do it for me. That has been me up to the point of starting testosterone. [quieter voice more present] I was especially varied weary of risky sexual interactions I guess especially when it comes to hooking up with random people as far as STD’s go. So, during this period of the first year on T I had quite a lot for me as it like 5-6 random hook up experiences and I wasn’t sexually active in my life with a partner or anything like that because it didn’t typically interest me. [shudder] But I had these handful of experiences, of hookup moments I guess that were probably pretty risky looking back. I did end up contracting a little moment of
STI at one point, I got it treated and it was fine. It shook me, after it all passed. This is not really something I would have done otherwise. [calm tone resurfaces] It is possible that I could have gone through this phase with or without T, but I do believe there was more risk.

James’s positive and negative experiences with testosterone were very notable in their contrast. James had positive interactions with his coworkers and embraced “his superpower” to socialize with individuals. His vocal modulation fluctuated between excited and scared throughout this passage as these interactions made for a scary situation of contracting an STD at one point. James’s negative feelings about sexual encounters is something to note because this is not a story the other T-bodies I interviewed shared.

Ez’s Story

Ezra, or Ez, uses they/them or he/him pronouns, identifies as trans masculine, has been on testosterone for almost four years, and is on the backside of 50 years of age. Ez’s story made me see and understand experiences of an individual who not only transitioned later on in life, but also the experience of someone who has an established family, marriage, and job, and how T has affected not only their relationship with the people around them, but with themself as well.

This passage in Ez’s story highlights the reasons that informed Ez’s decision to start taking testosterone. This passage is included due to the voice modulation that Ez showed throughout talking about the experience that formed their experience. First the passage starts out pretty monotone with consistent breaths but over the course of them
making the realization about their transition and the exposure they get excited and livelier
that they feel more correct.

Noah: Thank you for taking time to sit down with me and help with this research.
I am very excited to be looking into and working on this with you. So, I want you
to just take a deep breath and walk me through your testosterone experience.
When did you make the decision to start taking testosterone?
Ez: [deep breath and starts with a monotone voice] That was a really complicated
process. I mean, I knew there was something different when I was really young,
but I just like sort of just chalked it up to being a tomboy. [voice shaking becomes
present] And it wasn't until I did a variety show, ironically, at church growing up,
that I was like, something is not right here. And part of it was wearing a men's
suit, and I had never men's clothing before. [breathing increases in intensity and
speed of talking picks up] And when I put it on, I was like, Ah, this actually feels
correct. It was just such an odd, it was just an odd feeling. [shaking with a
brighter voice tone] And I, you know, I kind of put that on the back burner. And
you know, because at that time, trans, didn’t really, wasn't really mainstream.
Nobody talked about it. If somebody was trans, it was usually related to a trans
woman, and they were just, you know, a crossdresser, or, you know, whatever.
Negative or stereotypical that somebody would, you know, words they would use,
and I was like, Well, I don't, I'm not a trans woman. So, I guess I don't. The term
trans men wasn't really talked about. So, I had like, no, there was no visibility
anywhere, anywhere, that it was even a thing. And so, it sat on the back burner for
about, I would say the next 20-25 years. I was in a super conservative church with
two kids. [chuckles] And we laughed. [starts laughing and has a brighter tone,
talking pace picks up along with an excited tone] And that's when I started the
coming out process. I came out as lesbian first, but even that didn't feel right. And
when I married my current wife, things just kind of escalated like this, this doesn't
feel like I don't, I don't know what the verbiage is, but I was just like, [stops
talking, voice sounds less excited] I don't, [shutter] I don't feel like there's two
women in the relationship. [deep breath] I wasn’t comfortable in my body as it
was anymore. And so that was kind of an adjustment. I finally got brave enough
to call up Iowa City to say, you know, kind of make an appointment at the gender
clinic, I need to figure out what in the world is going on. And then we started
working with a gender, gender therapist, and it just started from there.

Ez’s life up to understanding and coming out as transmasculine is very distinctive among
the people I interviewed as most T-bodies started their testosterone journey in their
twenties and thirties. With Ez being in his late fifties, having kids, and various life
experiences that led up to them coming out, there were various factors that people in their
twenties and thirties don’t really have to consider such as marriage, children, the LGBTQ
community evolving, etc. Their embodied change as they started to understand the
correct terms for themself and the best way for them to identify goes from being
uncomfortable and stuttering at the thought of being seen as a woman, to being excited
that this back burner doesn’t have to keep simmering; it can start fully cooking and start
this process.
This next passage in Ez’s story highlights not finding the words and labels to really be able to identify the way they wanted to. Their voice modulated during this by demonstrating loud, concerned vocals when not finding any terms or identifiers that they were truly comfortable with. This passage highlights that while they are on the journey to go away from being seen as a woman, they are also on the journey to not be fully seen as a transgender male because that wasn’t necessarily correct either.

Noah: Along with the decisions, as it sounds like you had a lot of factors such as your wife, children, and religious affiliation, what are some more experiences that led you to taking testosterone?

Ez: I started doing some research trying to find people they could identify with and have gone through the process. I didn’t exactly identify with all of what they saw, as I consider themself on the trans masculine, not just a trans man. I didn’t know if if I was looking at what societal ideals are tied to masculinity, but I definitely didn’t recognize myself with any of that. I would more internally identify with masculine, but I don’t want to conform to my male neighbors, as we have zero in common. It’s hard because I don’t want to conform to those ideals either just to blend in because I don’t want to perpetuate stereotypes.

Much like Xander, by doing research and finding other T-bodies who have started testosterone, documented their progress, and are open to sharing their stories, it really opens up for internal understanding to bodies like Ez who want to understand who they are and what they do/do not want to be associated with for stereotypes. These previous stories are really crucial to building and understanding identities for future T-bodies to
come out because, as Ez said, not all of what we see is how we want to identify; we want to have fluidity.

This next passage in Ez’s story highlights their first and most recent time taking testosterone. The performance that is important to focus on is the vocal modulation of Ez during the telling of these two different stories. During the first-time taking testosterone, there was an element of surprise and a level of excitement shown in their voice because they didn’t realize they would be starting testosterone and to see their reality be so close was exciting for them. Then the moment was switched into a conversation of concern because of their wife not necessarily being on board, but the concern was overpowered by excitement. Finally, within this passage it is also important to focus on the vocal modulation of the monotone unenthusiastic voice Ez is radiating with the second experience of taking testosterone. It is no longer exciting and standing out as its own event but is just another step in the day and has equal importance as taking out the garbage or completing a chore.

Noah: So, while we are talking about your experiences leading up to taking testosterone, I would like you to tell me about the first time you took testosterone and the most recent time you took it? What was it like? What did you eat, what were you wearing, what are all of the details you remember?

Ez: My first-time taking testosterone, [long pause] while I can’t remember the date, I remember that it was at the LGBT clinic at University of Iowa. [speed of talking increases] Going into this appointment, I thought that I was just getting information, after having to watch a required video and turning in a letter from
therapist to approve for hormones and gender dysphoria. Because I thought it was just an appointment for blood work, I was in the middle of fasting, so I am going into this appointment knowing I have not eaten wearing shorts, a hoodie, and some sandals. The nurse ended up teaching me how to do the injection on a medical dummy, little did I know [shutter] that I would be giving myself an injection later this same day. [breathing becomes slower, voice becomes quiet] I went to this appointment by myself because my wife wasn’t completely on board. I didn’t feel that I could have honest conversations with the doctor when she was there because she is very much a worry wart and with medical side effects being very unknown and having heart issues, she can worry. So, going to find out that I was going to give myself my first injection today in my stomach was exhilarating. I had to do my first shot with supervision from a nurse to prove I could do it. It was exhilarating, I thought I was going to throw up I was so nervous. As they give me all of the tools to execute my injection, I draw up the testosterone, and as I put it in my skin, I have this moment of [voice gets really loud after a pause] o my goodness what did I just do! [voice gets brighter] But the thing is in the moment I wouldn’t have changed that bundle of nerves all rolled into one. They ended up giving me a Band-Aid, and a prescription for testosterone and I have been on it ever since.

Noah: Well, that is definitely an exciting experience to have especially for your first time and to not know going into it that would be happening. I can relate to
the bundle of nerves; I still get them each time I do my injection. Now what is it like now to take testosterone?

Ez: (monotone) Now it is like taking a multivitamin, it is so routine now. I make my shot day Tuesday night because trash day is the next day, so I will always remember, and I can throw everything away and then take out the trash. I would definitely say there is less excitement, and the changes are much slower now. [deep breathe] It is just another workday; I was getting out of the shower after coming home from work and I usually do it in the bathroom so I can make sure my wife and or kids won’t disturb me. After I am out of the shower, I look in the mirror, gather my tools, pinch my stomach, and give myself my injection in my stomach. Then I gather the tools I used, put them in the garbage, and take out the trash like it’s another Tuesday in the books.

For Ez, there is still a contrast between the first-time taking testosterone versus the most recent time. The first time, they were not prepared, or even knew that it was going to be happening; there was excitement through faster talking and faster breathing. Then as they were getting excited over the changes, their voice did a complete change and was sad and somber because they were worried about what their wife was going to think. They didn’t physically say it but it was shown in the difference in vocals. So, there was excitement, but also anxiety because their wife wasn’t completely on board as she was concerned about the changes as it pertains to changing her identity as a lesbian and also changing their dynamic as a married couple if Ez is transitioning.
Ez did still decide to take T anyway as this was something they wanted, and they felt like it would be better to be able to understand their body better while taking the hormone. Now with their most recent shot day, they are finding that over time it has evolved to be ritualistic because they do it with something they have to do each week (trash day) so it’s never forgotten and is also done in their own ways. Since it has become routine, the excitement has gone down as there is a monotone voice present and no vocal difference between events (i.e. taking out the trash and taking their shot). They do still seem to stay in and keep this tradition to themselves due to having a wife who is still trying to accept the changes and kids who could disturb the process. But overall, they have included it into a routine ritual day of the week that isn’t such a big deal now, it is just another process. It doesn’t have to be described in length for them; it is described as just their shot day.

This final passage in Ez’s story highlights the vocal modulation heard throughout Ez’s positive and negative experience of taking testosterone. The vocal modulation to focus on that is heard through this passage is the excitement heard in the positive experience of taking testosterone for Ez. As they are talking about body hair, their breath became shallower, their voice became brighter, and they were even laughing at the ability to be visible and seen as masculine without having to worry. The other vocal modulation to focus on is the worry and expression through their voice when they are talking about the strain testosterone has put on their connection with their wife. They are upset because of the amount of miscommunication and share confusion and frustration with the misdirection of their wife’s frustration. This passage really gives insight into the personal
happiness and frustration turmoil they are experiencing socially due to the stereotypes they have endured and been applied to from their wife.

Noah: I can definitely understand that difference from the first time to the most recent time as time goes on it seems like you get used to it and it is working. I was wondering if you could give me some insight into what your best experience with testosterone has been.

Ez: [starts with a smile] My favorite side effect body hair. I would love my facial hair; I just wish it would come in on both sides of my face. I was married to a guy for 20 years and I wasn’t a fan of it on him, [laughs] but I think it is because it is now on me. [speed of talking increases] I have never really thought about it, it was always weird. I was attracted to women and not men which also explains more of it. [laughs] I love my deep voice; I sound like my son and no one can tell the difference between him and I on the phone. I am able to move a little easier in the world, no one takes a second look. [takes a short breath] I am pretty much invisible which is okay. I am just trying to be me; I don’t worry about my physical safety nearly as much as I use to. [pauses, hear their lips parting into a smile, and a small laugh] I can walk into any men’s room and no one glances my way. There are many times that I have had to make a B line to the bathroom to make sure I was safe depending on how I was presenting. It also depends on the crowd of people around, if they are a bunch of drunk college guys, [voice gets suddenly quieter] I will avoid that crowd.
Noah: I can definitely relate to wanting to avoid it based on how I am presenting that day, safety first is a big component unfortunately. With that, I was wondering if you could give me some more insight on what the worst experience with testosterone has been.

Ez: [shudder and shaky voice present] My relationship with my wife. [pause] Because my voice is different, if I raise it she assumes I am angry right away. I could be excited, and she will worry I am mad. [chuckles] Which is funny, I am not an angry person at all, so the communication part has been hard because I sound different to her and she doesn’t know how to interpret or read the turn. She equates me as an angry person as the world sees me as male. [vocal inflection turns from their normal voice to a cross state] Which makes me an angry male in society, and which is funny is I am not either of those things. My feelings are very much even keel, she is always worried I am bottling my feelings. [pauses, takes a breath] When most of the time I am mellow and don’t have an opinion. She is just trying to figure that out. [sniffle] Communication is the hardest part. [breath] My features also look different; my confused look can also be interpreted as angry. I’m not going to blow up or turn into some raging person. [takes a deep breath and tone turns from cross to sad] She doesn’t have any exposure to angry men from trauma or family. Society’s expectations for men are that they are angry all of the time, and I am not. So, I think the two are conflating together.

Ez’s positive experiences are similar to that of James and Zander as their experiences both entails being seen as their most authentic self and feeling that they usually are not
misgendered and are seen as masculine in comparison to their son. Ez shows their excitement by laughing, talking fast, and not even taking time to really breathe because they are so excited to tell me about the positives.

Ez’s negative experience is something to be considered as their wife sees them as masculine and therefore is associating all of their behavior with how Ez would describe as an angry male in society and that may not be the case at all. Ez shows this frustration and sadness by changing their voice in tone, breathing, and taking more pauses to work through the emotionally tough interaction with their wife. This is an interesting finding as most of the time these bodies are still seen as feminine and treated as feminine when they are not, not usually the opposite based on what I have seen from these bodies interviewed. To be seen as an angry man due to a hormone brings into question: does their wife think this because of the hormone or previous experiences in her life? Or, is one of the effects of being seen as masculine also being seen as quicker to anger, even if one is not?

Chris’s Story

Chris is a nonbinary trans guy who uses they/them and he/him pronouns, with they/them pronouns being more accurate for them. They explain: “what that entails is, on the giant spectrum of gender, I tend to fall somewhere between like the middle and like, where you would expect like a cis man to fall, or a trans man, just anybody who identifies as man, I'm somewhere in that middle ground between the two.” They are a sociology major in their undergraduate career who is a semester away from graduating and has just started legally changing their name with the state of Iowa. This story made me hear
excitement, fear, and optimism through their vocal modulations, tone, breathing, and expression in their storytelling. This body telling this story made me hear a new voice of support not only in themselves in all of the research they conducted but also family support in their choice to transition. Chris was one of the only people I interviewed that received support from their family of origin.

This first passage in Chris’s journey focuses on the experiences that led up to Chris starting testosterone. The performance of this particular narrative is focused on the uncomfortable voice modulation Chris conveyed when talking about their dysphoria and those other experiences. Some examples of the voice modulation that occurred were that it went from louder to softer, with slower and emotional tones in their voice. Focus on the change in between tone from the start of conversation, to the end of this first passage.

Noah: It is always a pleasure to hear from you, I am very excited to really dive in here and understand your experience as a Testosterone-bodied individual and what that looks like. I was wondering if you could just take a moment and really think, what led you to want to start testosterone?

Chris: What led me to want to start on testosterone, [long pause] the big thing was [long pause] I was very uncomfortable with my voice. [started talking faster and louder] And with trans women, that's something that is both a blessing and a curse is they have the opportunity to be able to do voice training, and they don't have to start on hormones in order to change their voice, you know, they can, they can work on kind of speaking that upper range, but trans masculine people do not have that possibility. You can't speak lower than your vocal cords are capable of.
[light laugh] And so, if you want to lower your voice, you have to go on hormones. And that was kind of the first big step. For me, it was just, every time I would speak, I felt so self-conscious. And it was just driving me crazy, basically, to just constantly be in that state of mind where I was thinking about that, rather than what I was actually saying. But like I said, with a double-edged sword with a trans woman, starting on hormones also doesn't change their voice. And that, I know, has been a point of contention for a lot of trans women, they're like, wow, it'd be so much easier if, you know, hormones would just change this part of me. Because I think that that definitely makes the process a little bit less painful, because I've heard that going through all that voice training can be brutal. [starts talking quieter, and slower] And you know, kind of the more I kind of thought about it, I was like, you know, I would prefer to have a face that was more masculine, [pause] presenting, [pause] in like a body, [pause] like there's some fat redistribution that happens when you're on testosterone. [stuttering between words becomes more frequent] And I definitely was interested in having less fat kind of centered around the waistline, and more just kind of like a stocky stick figure was much more interesting to me, because I just feel a lot of dysphoria is trying to kind of my hip region. And I know that's very common among a lot of trans men. Because [pause] you know [pause] the hips tend to be a little bit wider with that, assigned female at birth frame starting with that. And so those are kind of the big reasons that led into wanting me wanting to start on testosterone is just kind of these little areas of gender dysphoria that were taking place.
In all four stories, my participants brought up that they want to change their bodies to alleviate incorrectness or dysphoria; this is what was an influential factor in starting testosterone.

I do think we should dive in a little further to experiences to walk through more connections on experiences. During this first passage you can tell Chris is uncomfortable thinking about their body before testosterone made changes due to the number of pauses and transition of voice volume. They would work through the factual parts of the conversation about trans women with speed and excitement, but then when the narrative was switching back to them, they got quieter, were taking more pauses, and were also just talking slower and overall, with more emotion. Once working through the dysphoria, their tone and overall morale would become happier and not as quiet. Across all four stories, as people spoke about their T-body, their body and voice settled into comfort.

This next passage is focused on experiences that led to Chris starting testosterone. The performance of the narrative was more focused on the different levels of breathing and tone of their voice as they were talking about their experiences with stranger perception. The focus of this passage is to understand the breathing changes between the previous passage when Chris is talking about others versus talking about their experiences as they are experiencing discomfort. Their voice changed from being loud and excited when talking about facts about these other bodies to taking long pauses to really be able to process the uncomfortable feelings as it was happening in real time.
Noah: To build off of the decisions leading up to you to starting testosterone, I was wondering if you could explain a little bit further the experience that led you to taking testosterone?

Chris: The biggest experience was being in public pre-t. [deep breath] Voices and presentation takes a lot into how strangers perceiving you. I would be talking to someone and they would say “sir” and then as soon as I talked [pause] they said mam [deep sigh] and it’s like you were correct the first time. Starting testosterone wanted to match how I was feeling in my head. It is very related to how people treated me socially, and I probably wouldn’t have started testosterone as a hypothetical if there wasn’t this expectation socially to be understood and identified.

Chris has a point in bringing out that voice and presentation and physical cues do factor into a lot of what strangers perceive. Voice has been a very prevalent theme as an identifier as something that they wanted to change because the previous state of their body’s voice caused distress and misgendering situations. In these situations, bodies such as Chris are showing vocal and physical discomfort through different breathing patterns when talking about different parts of their narrative. It is a very common experience in these bodies to start testosterone to correct not only the voice but also as a way to match how they see themselves and want their future self to look and sound like.

This next passage focuses on Chris’s narrative of their most recent time taking testosterone versus their first experience of taking testosterone. The focus for this section is similar to those of Xander, James, and Ez in that there is significant vocal modulation
that occurs between the first-time taking testosterone and the most recent time for these bodies. Chris’s voice modulated differently between the two experiences in the following ways: pitch, speed, tone, and breathing. Those differences in modulations are the focus of this passage.

Noah: Now that I feel like we understand the decisions and experiences that led up to you starting testosterone. Let’s talk about the day you started testosterone, what was it like, what did you eat, what were your plans, what were you wearing, who was there? Just take a moment and really just put yourself back in that moment.

Chris: [starts with an upbeat, excited, fast speaking voice] The day was June 26th, 2019. I was wearing cargo shorts and one of my classic punny t-shirts. I wanted to be comfortable but also wanted the shorts to be easy to pull up to take the shot. The plan for the day was that my mom, my partner Blu, and I would be driving to go to the LGBT clinic and to get dinner. [pitch changes to somber] My mom has had diagnoses at the clinic and wanted to have me go to a more established area and build upon the trust she had already built there. Once in the appointment the doctor was so vocal about the amount of support, I had going into it even if people in the room didn’t totally support decisions until there is an explanation behind processes. This was the third appointment with this doctor and to keep hearing about the vocal support was very helpful. [laughter, breathing becomes more sporadic and quicker] The first time there were two nurses there who had to help me with my injection because needles make me lightheaded. After I got my
first tattoo, I use to pass out and get lightheaded from needles and injections. The two nurses warned me, took my shot, and I was very thankful as when I was going to pass out and they were so compassionate about me “being a wieney”. [laughter][starts talking faster, and more lively by sounding brighter] I would say I felt excitement, and there wasn’t really relief for me when the changes started coming. [deep breath] This was the first step towards what I wanted. I wasn’t going to wake up the next day and things would be different.

Noah: I really like how you tell your story, and it is a sad reality that testosterone is not something that can take affect overnight. But it is that first step as you said, since then you have taken a few steps. What was your most recent shot like?

Chris: [started with a calm tone] My most recent injection was on February 9th, 2021. My plans for the day where I had to work in the morning from 10-2, then night class from 5-8pm. I remember having a Pop-Tart for breakfast, putting on jeans, a white t-shirt, and a dad Hawaiian shirt, as I didn’t want to come off as a communist when talking about Marxism. [laughter, then reestablished calm voice] After work, I came home and signed for my testosterone as it is delivered via the mail in a 4-week supply. My new roommate has trauma with needles, so I seclude myself into the bathroom for two minutes to take my injection. I went into the bathroom, get the alcohol and cotton swabs. I took off my pants, left on my underwear, and then I used the alcohol swab to clean of the testosterone container and the area on my upper thigh. I then took out the needle and the syringe, and then I pinched the skin on my upper thigh as a sat down on the edge of the tub and
did the injection. Afterwards I threw everything away and put the needles in a 

sharp’s container, and then I made some lasagna before I went to my night class. In Chris’s experience, their first-time taking testosterone was very much a rite of passage as it was getting them to their goal of starting to change their body and voice in a way that they wanted to, but it also was a source of anxiety for them. With them not being fond of needles and injections being the most effective way to take testosterone, they were finding themself passing out and having high anxiety.

As Chris was narrating their experience you can tell that the first time was rooted in excitement and anxiety through talking fast and just making various pauses. I do believe as demonstrated in their story they have a great support system that really helped walk them through that anxiety. There is a switch in language between the first time and the most recent time in that now it doesn’t give them anxiety; it is just another ritualistic, mundane behavior in their busy life. With the most recent experience for their testosterone, you can tell that anxiety has gone away and has truly become another step in their routine. They show this by talking calmly and just walking through it step by step without as much detail as they did the first time, they were taking it. Now it is a specific routine of getting their testosterone via the mail, secluding themself in the bathroom for their roommate’s sake, and being able to complete the process by themself in just a few minutes.

This final passage in Chris’s story is focused around their best and worst experience around taking testosterone. The performance of this passage is very much from a place of frustration and less excitement even when talking about the best
experiences. They perform frustration through changing their vocal pitch, tone, speed, and breathing. Focus on the performance of this last passage as they are processing these experiences, they physically are reacting while they are speaking and processing out loud.

Noah: Now after understanding further what your testosterone injection routine and experience has been like let’s continue to dive in and understand those experiences now as someone who is taking testosterone and starting to experience changes. What is your best experience with testosterone?

Chris: [started with a calm tone, consistent deep breathing] Because it has become a ritualistic thing, I don’t think about it that much anymore. Experience wise it has been nice to be out in public without being Maam’d. Occasionally I will get it on the phone or drive through without visual cues, because of expression style it can be confusing for some people. It is super nice to not have to worry about being misgendered. [deep breath, pitch changed from calm to a gravelly elevated voice] More often than not my partner gets misgendered, but I don’t. So, it can be a frustrating situation.

Noah: Those misgendering situations can be very disheartening and tricky and I do apologize that your partner has to endure that. While we are talking about disheartening experiences we have as testosterone bodied individuals, what is your worst experience with testosterone?

Chris: [deep breath, change from elevated voice to quiet and quavering] The two biggest things that I have noticed are 2 things. First was vaginal astrophel, the bacteria cultures in my vagina were not having it. [light chuckle] My
endocrinologist had to recommend an estrogen cream, and then it was fixed after a few weeks. [starts picking up in speed of speaking voice, quavering and quiet voice starting to become less prominent] Secondly, I was experiencing painful feelings after sex. Because of testosterone taking the uterine lining out, I would have to lay after sex for an hour and I would be cramping. Talking to an OBGYN they stated I needed to start new birth control [pause] get more estrogen in my body, [pause] and or get my uterus taken out. [deep sigh] So, I have to wait. [elevated voice starting to be noticeable] I also didn’t want to be a sweaty teenage boy. [long pause] I am also having a harder time connecting with female professors as I don’t want to overstep my bounds as a masculine presenting individual. People treat people of their own gender with a little bit more trust, [sigh] I guess. [deep breath] I totally understand, it’s not a big thing, but something I have noticed as an extra barrier. It’s a little disappointing, but overall, the positives outweigh the negatives.

Chris’s goal of changing their voice and avoiding misgendering has been a very positive experience for them on their testosterone journey. While they did achieve that, Chris does seem to have some more negative experiences that are highlighted, like Zander. They highlight these negative experiences using a very elevated voice with frequent deep sighs or long pauses to collect themselves. Through these cues it was very prevalent that they were frustrated with their experiences. Chris’s experience with their vaginal astrophel, painful feelings after sex, not wanting to be a sweaty teenage boy, and wanting to be able to connect in the same ways as before are very real and interesting insights that this
research highlights. While Chris did have negative experiences with testosterone, they do seem to be overall happy with the results they have and are willing to juggle the negatives as they now feel more that they match up with the person they see in their head.

**Interpretations**

While analyzing and interpreting the data, patterns emerged among how T-bodies narrate their stories. While there are various ways that these individuals experience and take this hormone, the results did seem that while they are taking testosterone to masculinize the body, it isn’t just their bodies that become masculinized. Over the course of taking testosterone, they are being coded as masculine and therefore are expected to conform based on those identifiers. As seen in the four stories above, each individual is facing those experiences where they cannot execute the same tasks as before transition as they are rejected from those experiences now that they are coded as masculine.

I wanted to find out how T-bodies narrate their stories to gain an understanding of these bodies. An unexpected result when evaluating these stories was that most T-bodies do not find their testosterone process as ritualistic or something for celebration; after a while it becomes just another step in the routine. This was an interesting finding as ritual research has shown that it is a task or significant event taking place that becomes routine. They see it as just another step in their day to live their life, not always that new exciting feeling as it is to open that first box of testosterone.

T-bodied individuals narrate their stories in different ways with an overall understanding that they want us to still see them and allow them in the circles because a hormone doesn’t make masculinity, actions do. A hormone should not be putting
individuals in a box they don’t want to be in the first place, they want to live their life authentically without boxes just to finally feel like they can look in the mirror and see themselves.

Across all four stories, the point that is really present is that T-bodied individuals start their journey as a path to achieve who they want to be, even with different support systems. Ez and Xander who really didn’t have the support of those around them but knew this was the best choice for them, and then we have individuals like Chris and one other T-bodied individual who had the support of their parents or the family that they created. Kasie is a 24-year-old transgender male boudoir photographer that, since his transition his girlfriend and his two sons have been super supportive of him and his transition. This passage shows the vocal modulation of Kasie from being scared that his son’s might not understand him ever to relief that he was accepted.

Kasie: I have been on testosterone for 3 years now. I started transitioning in 2017. It was a few months before I started testosterone, that I went to see a therapist about how I was feeling. [breathing becomes more frequent, shudder in the voice] For me, I was in a flight or fight mode for pretty much 8 years. When my brother died, I was almost caught up on his death then my life. [sadness present in voice]. When I finally slowed down, I realized I had been feeling a completely different way than what my parents wanted. I hadn’t talked to them in a while. I decided with my therapist with her reassurance, and if I wanted to take the next steps and fully transition to a male. [pause] Starting testosterone for me was the prime choice, with the physical side effects in mind. When I first started my transition,
my son was my best friend's son. [starts sounding brighter and louder] He used to know me as his aunt. It literally took us telling him that I felt like a boy and he got it. [breathing becomes faster, and voice continues to be loud and strong] He defends me and he makes sure to show me more of a vulnerability since I came out to him. He has been more open about his femininity. He paints his nails, does his makeup, and does bubble baths. I didn’t know my girlfriend’s son until after a year in transition. He didn’t like me because I didn’t have a beard, and now he won’t stop touching it! [laughing]

While the support varies, these T-bodes are feeling more secure during their transition process due to building a support system that just wants them to be who they are and even if it didn’t align with everyone in their life, it didn’t stop them from making the choice for them.

While only James’s story highlighted participating in risky sexual behavior, another participant by the name of Em also highlighted that they experienced trying to participate in risky sexual behavior at the beginning of their transition process. Em is an intersex trans masculine individual who has been on testosterone for less than 6 months. This passage highlights the fear and anxiety similarly that James experienced in the increase of sex drive from starting testosterone.

Em: No one really tells you the extent of horniness you experience while being on testosterone. [shudders and sniffs tears] I found myself in this realm of trying to hook up with random individuals on social media because masturbation wouldn’t satisfy these feelings. [sniffs, shallower breathing, long pause] I was craving
connection, [pause] I felt more confident in myself, and in my body and wanted to share that connection with someone. [started sobbing] This led me to some sketchy hookup interactions with individuals I wouldn’t ever normally socialize with and I am lucky that I didn’t catch anything. [started gaining composure]

Testosterone doesn’t make you invincible and it isn’t birth control.

While two out of the twelve participants interviewed experienced this, I would still say this is a finding that could be further expanded upon in the future for dating apps such as Tinder, Grinder, Tami, etc.

What was learned from the four stories as a whole for how T-bodies narrate their experiences on testosterone is that they start their journeys as a journey of self-discovery. They want to align their bodies with what they want their bodies to be like; in this case that is with using testosterone. During this process they experience not only physical side effects, but their lives are being affected as well. As their bodies are being seen as masculine, they are seeing that the previous circles they engaged in are not as open anymore and they have to renavigate them.

Another critical finding for how they narrate their experiences is that it isn’t always all positive all the time. As we had individuals such as James, Em, Ez, Xander, and Chris all experiencing a form of negative interactions while taking testosterone. Testosterone is affecting their everyday lives, such as relationships with their families, partners, bodies, and workplaces and can cause pain. We need to recognize and understand that pain also has value in these stories as well as happiness does. Rejoicing in
the fact that these bodies are getting to where they want to be one shot at a time, but also recognizing the sacrifices they made to contribute to their happiness.

My results agree with previous research in regard to the stereotypes that T-bodies face as they are being seen as masculine they are being treated as Xander said, “like the enemy.” While they walk through life easier for how they perceive themselves, the outside world is set in the binary way of thinking and due to the physical changes, these bodies are experiencing they are not able to partake in some of the same spaces as they could before starting testosterone. The findings in this study are different from other studies as this is storytelling from the bodies about their bodies; the questions asked during the interview process were broad in wanting to understand their overall experiences while being on testosterone. In this study the practical implication of understanding how T-bodies experience testosterone was fulfilled by hearing and interpreting the stories told by these bodies.

In this study there are limitations for what could be executed. Due to the COVID-19 pandemic and needing to have these interviews conducted over Zoom many participants did not have the time or personable experience that a face-to-face interview could have had and could have extracted more stories and understanding in these stories. Another limitation is that there were only twelve participants who were all except for two in their 20’s-30’s, these results unfortunately cannot tell us how older T-bodies experience testosterone and how their walk of life has been other than the story of Ez highlighted above.
CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

I used a qualitative narrative approach as it allows individuals who are transitioning on testosterone to provide a better understanding of the transitioning body. These bodies, who used to be perceived as feminine, are now being perceived by themselves and others as masculine bodies. While they are now comfortable in their own bodies and the range of masculinities they perform, they also face others reading their bodies through the lens of hegemonic masculinity and the discomfort that creates. The perception of masculinity they face is that they are non-nurturing, not interested in children, angry, wanting to participate in sexual situations more frequently; this means others (such as professors, moms at the grocery store, etc.) respond to them differently than when they were in more feminine presenting bodies that were not perceived as a potential threat. Others perceive them as masculine men and masculine is not always seen as positive. Some of my participants don’t want to be seen as masculine; instead, they do not want to be perceived as female and do want to continue to go through life with the same interactions as they are still these same individuals, just on testosterone. Here is where the sex binary creates a challenge. The binary means if one is not feminine, then they are masculine and, if not masculine, then they are feminine. The sex binary does not allow space for a range of masculinities, femininities, and genders that are both and neither. T-bodies, though, make that space.

Within these interactions it is important to understand liminal spaces and T-bodies’ interactions in them. Liminal space is that location between two other locations.
Liminal spaces are often spaces of being alone, abandoned, and a big focus on often being spaces of insecurity (“Liminal space,” 2021). For T-bodies, the starting location is the body before starting testosterone and going to start testosterone and the next location is undetermined as transitioning is a continuous process. In this middle area, a range of things can pop up as the individual is transitioning, such as insecurities, renavigating spaces, and dysphoria. Previous research suggests that is what will happen in this liminal space with T-bodies. However, this research illustrated that the participants talk about the space of transition as a secure space, a space where they feel comfort in their bodies instead of dysphoria. This could lead individuals to wearing clothing, participating, and acting in more confident ways due to this security. This could be an added layer as to why individual were participating in sex; with the added layer of confidence, this secure space gives these bodies (e.g., Ez’s) being labeled as an angry hormone monster, but to have the space and confidence to reject that.

From these interviews, a significant finding emerged in contrast to the literature review on sex and gender referenced in chapter two. From the participants demonstrating fluidity, I would respond that sex and gender are just as fluid as gender identity and sexuality because the ways we present sex and the ways we do gender are ever changing. An analogy used to understand the fluidity is think of getting on a train; once you take your seat you realize the train keeps going even when you make your stop or miss your stop, and only you decide when you are getting off that train. Gender is something we sit in and is something ascribed to the body. While T-bodies are now comfortable in their masculinity, they make it very clear that it is not hegemonic masculinity for them. Others
will perceive T-bodies through the lens of hegemonic masculinity by assuming anger or not being able to care or being around kids, but that is something being pushed onto T-bodies and they are pushing back. Gender is always going to be this push and pull between what we feel/express and what others perceive because we cannot control what others see but we can control how we feel/express. If it is being perceived incorrectly that causes push back, as only the individual gets to define their gender, their sex, everything about them.

In response to the literature reviewed on testosterone myths, these interviews made clear myths are surrounded in perception, and not necessarily innate to the body. Others – through physical, nonverbal, and societal cues – will assign labels of aggressive, horny, and rejection of attachment because that is what is associated with hegemonic masculinity. T-bodies, in response, are pushing back and rejecting the aggression because tone doesn’t equal aggression for these bodies; actions do. These T-bodies were very clear in that they don’t push in aggressive ways; they are just getting used to their new voice and that new voice has masculine associations that are being coded as angry or aggressive.

T-bodies in response, actually, are very fluid in how they experience sexual encounters on testosterone. Several participants didn’t talk about sex at all as an experience or side effect, and only two participants in detail talked about their sexual experiences on testosterone. This again falls back into the liminal space conversation as this could either be explained through confidence, overcoming insecurities, and taking testosterone.
T-bodies when talking about attachment have created connections with their chosen families and chose to start taking testosterone for their own wellbeing. While we had three participants disclose that their core families were never a problem when it came to transitioning, all participants were very clear that the connection with themselves and the people that matter to them were important. The people who mattered were defined by those who accepted them and their journey to start testosterone.

Based on the interviews in response to the literature review done about T-bodied culture, I learned that T-bodies constitute a culture. They constitute a culture by having a rite of passage of taking that first injection of testosterone. After that first injection not only do you feel the warm welcome of the hormone that can change everything, but you also gain access to the support and experiences from the T-bodies before you. A network of social media support and in person support was created by these individuals as they now have access to share their stories, experiences, side effects, and connections with testosterone. They come together in this support and this liminal space of the unknown together as a group as everyone’s side effects are different. What these bodies are doing are creating a space, a culture, and an environment that will allow for future bodies to have access to know what methods of receiving testosterone work best, what they could expect from taking testosterone, where to seek healthcare, how the loved ones around them are reacting to changes, etc. This culture of T-bodies gives hope for the future T-bodies to know that they have a community, resources, and elders whom can talk about where to go from here.
The participants embodied their gender as they showed emotions and variations of what they experienced through voice modulation and modification in the following: pitch, tone, speed, breathing patterns, pauses, and sighing. Some of the participants want their bodies to just be seen the same because, in their eyes, they are more in line with the person they have always wanted to be. As Xander said, “more correct, not looking in the funhouse mirror.” But with this alignment from side effects with testosterone, others will see through the lens of hegemonic masculinity and will assume based on those physical features.

With the various modulations and modifications, the participants had shone that the way they speak, sound, and hear how they talk really layers in the complexity of the T-bodied experience. Researchers Sophie Jones and Shinsuke Eguchi (2021), in their article “Queerness, sounded: Autoethnographic Aurality,” highlight the meanings of nonverbal cues that are always present in cultural contexts. For this article, it was about the authors’ queerness. Instead of focusing solely on what the conversation is and how it is written, we should be focusing on how it sounds. Jones and Eguchi (2021) stated:

By refocusing on sound, researchers are better equipped to acknowledge and understand their roles in shaping understanding. Rather than reifying boundaries, a focus on embodied experience and sound can dissolve the distinction between the observer and the object. A focus on speech and sound challenges the white, Western colonial idea of a person as a fixed, separate individual. (p. 91)

Physical and nonverbal cues such as the voice and facial hair for these bodies was central to their identity. There is a cultural component of T-bodies as they share experiences of
stabbing their skin and physical identifiers such as facial hair and voice; they are experiencing these effects and practices together. This was found after talking to these T-bodies and realizing that this is an additional cultural component that helps constitute a unique experience that makes this group its own culture. By understanding these components and experiences we are not only challenging cisgender normativity but the binary-centric way of thinking with the transitioning body.

In addition to understanding the nonverbal cues, we need to think about what we hear and how we believe someone sounds. Communication scholar Marcy Rose Chvasta, in their article “The Person in the Voice” sought to understand the relationship between the voice and the person that is emerging in the voice. Chvasta (2021) concluded:

I want to pay better attention, not only to voices, but to how my body responds to the body in the voice. I want to pay better attention to the language we use to describe voices—words like “shrill” and “deep,” and “airy” and “course,” “melodious” and “scratchy,” “breathy” and “roaring” – knowing that those words also describe the person that speaks the voice. I want to be more empathic in my response to students’ – and others’ – voices when they don’t sound the way I think they should. I want to keep asking myself why I think someone should sound a certain way. (p. 301)

Prior to this research, there was such a focal point that these bodies should sound masculine because they are masculinizing their body. By understanding this research from Chvasta (2021), it asks myself as the researcher to challenge if T-bodies need to sound masculine or can they just continually push against it by performing a voice that
transcends the gender binary. T-bodies just want to be seen as themselves and how they sound should be unique to them and how they want to sound. While they recognize they are still navigating the spaces they are in due to physical identities, it is up to the individual for how they want to communicate.

Understanding how T-bodies narrate their experiences helps make a bridge in the lack of understanding about the transitioning body. By being able to hear the stories from my participants, we understand that these bodies under transition are learning their new realms of life that as previously-perceived-feminine-individuals they are not used to. They are challenging these ideas of masculinity and being challenged back in return against typical masculine traits, as Ez put it, “not a raging angry hormone monster”.

There are two future research suggestions that have stemmed from this research. The first suggestion would be to talk to T-bodies that participate in sexual behaviors from dating apps and their connection with testosterone during that process. The second suggestion would be to talk to more T-bodies that have transitioned past the age of 50 and hear more stories like Ez’s and get insight into their experiences as Ez’s story is layered with age, marriage, family dynamic, and transitioning later in life as added factors to analyze.

Previous research focused on understanding aggression, attachment, sexual desire, and is focused on transgender individuals who are transitioning from one binary sex to another with the stories not being told from the individuals, but from loved ones. This research addresses the gap by allowing for not only fluidity in these bodies transitioning and makes room for gender-nonconforming individuals, but it also allows for them to tell
the stories they are experiencing. Through these experiences we are learning that these bodies are not solely encountering how to handle what is happening internally – such as physical changes, emotional changes, etc. – but also allows understanding of external situations these bodies are encountering and how they walk through the world and how they are treated by people they know and strangers.

Gender/sex includes physiological changes, and how the person taking T perceives themselves, and how others perceive and react to that body. While they are emotionally changing and going through these situations, their sex is changing due to physical changes and their gender is changing because their performance tied to their body is changing. Since the physical characteristics are being changed to masculine, they are being identified as masculine and giving them masculine experiences and properties even when some of these bodies do not want this mandatory masculinity, but more fluidity. These findings challenge existing theory that it isn’t the hormone that makes these bodies inherently possess or partake in any behavior.

The main research question for this study was: How do T-bodies narrate their stories? T-bodies’ stories describe positive interactions with the hormone and how it helps them reflect on themselves. They wanted their bodies to change, and they have, but there are entailments with the new body because it is seen as masculine. This research highlights the navigation of these new spaces and was set out to achieve having T-bodies narrate their stories while confiding in a T-bodied researcher to allow for accurate representation and stories told from the bodies of these bodies undergoing transition versus in previous research data analysis telling the stories for these bodies.
REFERENCES


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APPENDIX A

Social Media Post:

Hello,

My name is Noah Elias, I use he/him pronouns and am a graduate student in the Women’s and Gender Studies Program at the University of Northern Iowa. I am in the process of setting up interviews with individuals who have taken testosterone in order to collect their narratives. The only requirement to participate in this study is to be taking, or to have taken, testosterone as part of a transitioning process; you do not need to still be on T in order to participate. The interviews will last no longer than one hour and will take place via Zoom due to COVID-19. There will be no compensation for your time, but your contribution will help others better understand the experiences of transgender people. If you are interested, please email willinao@uni.edu, and we can plan the next steps. Please feel free to share this on your social media and email me with any questions!

Email Template for Interested Participants:

Hello,

Thank you for your willingness to be interviewed for my thesis research. Your participation in this project will be important to the understanding of people who take testosterone. Your story matters. If you have no questions about this research, attached you will find a consent form that outlines what will be expected during the interview process. If you agree with everything outlined in the consent form, email it back to me with your signature. After receiving that, I will follow up to offer three times and dates in hour increments for ourZoom interview. Let me know if you have any questions and feel
free to disregard this email if you do not consent to being interviewed.

Sincerely,

Noah Elias Andrew

He/Him or They/Them Pronouns
Hello,

During our interview today, I perceived that you expressed discomfort while talking about your experiences on testosterone. In case my perception was accurate, I am reaching out to you to let you know about the resources that are available should you find yourself needing support. All of the resources listed below are LGBTQ affirming, free, 24 hours, and specialize in helping individuals within the community get the support they need during these uncertain times. I recommend them because they have a hotline or online chat options available with hyperlinks attached to the site names:

- **The Trevor Project** - 1-866-488-7386
- **Trans Lifeline** - 877-565-8860
- **National Suicide Prevention Lifeline** - 1-800-273-8255

If you need help accessing these resources please email me at willinao@uni.edu for further information and assistance. Thank you for your time and contribution in this research and let me know if I can be of further help.

Best,

Noah Andrew

He/Him or Ze/Zem
APPENDIX C
INTERVIEW QUESTIONS

1. Tell me about yourself. What name (or pseudonym) and pronouns should I use when referring to you when I write up the study results?

2. When did you make the decision to start taking testosterone?

3. What experience led you to taking testosterone?

4. Tell me about the first time you took testosterone and the most recent time you took it. What was it like?

   Possible follow-up questions to flesh out the story:
   a. What had you eaten that day?
   b. What were your plans for that day?
   c. What were you wearing?
   d. Was anyone else around?
   e. What injection site do you use?
   f. Do you have a ritual, or is it like taking daily vitamins?

5. What is your best experience with testosterone?

6. What is your worst experience with testosterone?
Project Title: How Have You Experienced Testosterone? A Narrative Inquiry on the T-Bodied Experience

Name of Investigator(s): Noah Elias Andrew

Invitation to Participate: You are invited to participate in a research project conducted through the University of Northern Iowa. The following information is provided to help you make an informed decision about whether or not to participate in this research project.

Nature and Purpose: This research focuses on gathering narratives from T-bodies about their experiences during transition with hormone (testosterone) therapy.

Explanation of Procedures: The interviews will be no more than an hour in length via Zoom where the participant will be asked questions pertaining to their experiences while taking testosterone during their transition process. Interviews are being conducted over Zoom for safety of both the investigator and participants during COVID-19. All interviews will be recorded for the purpose of transcription and coding done by the investigator to correctly interpret all data gathered during interviews. The data at the end of the study will be kept until October 2023 for future research. After October 2023, the data will be destroyed.
**Privacy and Confidentiality:** Information obtained during this study which could identify you will be kept confidential by eliminating names (unless participants ask for their name to be used) after transcription. The summarized findings with no identifying information may be published in an academic journal or presented at a scholarly conference. Since interviews will be conducted via Zoom no guarantee can be made regarding the interception of data transmitted electronically. The recording will only be heard by the investigator, and the transcriptions will be seen by the faculty committee: Dr. Danielle Dick Mcgeough, Dr. Catherine H. Palczewski, Dr. Kyle Rudick, and Dr. Elizabeth Fry.

**Discomforts, Risks, and Costs:** Risks to participation are minimal. All Zoom interviews will be password protected where only the participant and investigator have access. Risks to participation are similar to those experienced in day-to-day life of being a transgender individual such as dysphoria or mild emotional distress. To reduce this risk, self-care is encouraged after interviewing and, if needed, mental health resources that are affirming to the transgender identity, such as the 24-hour Trans Lifeline at 1-877-565-8860, will be provided.

**Benefits and Compensation:** There will be no compensation for your time. No direct benefits to the participants are expected, but this research may generate important information about the transgender experience during transition for both participants and the wider public.
Right to Refuse or Withdraw: Your participation is completely voluntary. You are free to withdraw from participation at any time or to choose not to participate at all, and by doing so, you will not be penalized or lose benefits to which you are otherwise entitled.

Questions: If you have questions regarding your participation in this study or about the study generally, please contact Noah Elias Andrew at willinao@uni.edu. For answers to questions about the rights of research participants and the research review process at UNI, you may contact the office of the IRB Administrator at 319-273-6148.

Agreement: By signing this document, I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.

Signature Lines:

_________________________________     ____________________
(Signature of participant)            (Date)

_________________________________
(Printed name of participant)

_________________________________     ____________________
(Signature of investigator)            (Date)
Provide a copy of the consent form to the participant and keep one for your records.

Signed consent forms must be maintained for inspection for at least 3 years after the end of study activities.