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Exploring Gender Dysphoria Among Active-Duty Transgender Service Members in a Right-to-Serve-Openly Military

Ralph Ogburn
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Walden University

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Ralph Ogburn

has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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by

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MS, Walden University, 2015

MS, Colorado Technical University, 2009

BS, DeVry University, 2007

BS, Touro University International, 2004

AS, Community College of the Air Force, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Psychology

Walden University

August 2020

Abstract

The U.S. Department of Defense's June 2016 directive-type memorandum 16-005 permitting transgender service members to serve openly in the U.S. military disqualifies transgender personnel with a history of gender dysphoria from serving in the military unless a licensed medical doctor certifies that they have been free from significant distress for 18 months. Research has illuminated the prevalence of gender dysphoria among military veteran transgender members due to their military experiences, but not in active-duty military. Informed by role theory and minority stress theory, the purpose of this interpretive phenomenological analysis study was to explore role conflict and stress in the experience of gender dysphoria among active-duty transgender service members serving in a post-inclusion military. Semi-structured interviews were conducted with 8 full-time active-duty transgender service members who had served for more than 6 months at their first duty location. Seven themes were identified and revealed that active-duty transgender service members suffer from gender dysphoria associated with role conflict and role stress related to their minority status. Service members reduced stress positively (relying on a strong support system and utilizing healthy de-stressing techniques) or negatively (engaging in reckless behavior). The results of this study may be used by counselors and military officials to understand the transgender experience and the right to serve openly in the military.

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Dedication

First and foremost, this dissertation is dedicated to my Lord and Savior, Jesus Christ, for I am nothing and can accomplish nothing without Him. To my spouse Shanika, thank you for your understanding of all my late nights, early mornings, and time away from home to focus on my dissertation journey. Your understanding and sacrifice were instrumental and without it I would not have finished. For my precious daughter, Isabella. You are the reason I have worked so hard and tirelessly. You will always be my “pretty” and I hope I made you proud. May you one day understand that learning is not a destination, it’s a way of life and sometimes you have to pay a high price for a high reward. To my mother, the strongest woman I know. Your “do whatever it takes to get things done” attitude pushed me in ways I never knew until the very end.

To the family, friends, and others along the way who have directly and indirectly contributed to my success, you know who you are, your stories, laughter, and belief in me will forever be a part of my dissertation story. To the brave transgender service members who are navigating through challenges in the military in ways their peers do not have to – I wish you all the success in continuing your fight to speak and live your truth in this fluid military environment.

To all: If at first you DO succeed, try something harder.

Acknowledgments

I owe a lifetime's worth of gratitude to my committee chair, Dr. Hedy Red Dexter, whose critical feedback and conversations were uplifting and pushed me to move forward when I wanted to stand still. Her guidance helped me improve as a writer and taught me things I thought I mastered. To my other committee member, Dr. Gary Burkholder and my university research reviewer, Dr. Susan Marcus whose suggestions and feedback helped point me in the right direction when I veered off course. Their dedication and support were immeasurable. The success of this dissertation is a reflection of the support, professionalism, and knowledge of Dr. Dexter, Dr. Burkholder, and Dr. Marcus. I also thank the active-duty transgender service members who participated in and inspired this study.

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Chapter 1: Introduction to the Study

Gender dysphoria or distress is caused by incongruence between expressed gender and gender assigned at birth, according to the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5, 2013) and is an area that has received considerable attention in recent years (Chen, Fuqua, & Eugster, 2016; Holt, Skagerberg, & Dunsford, 2014; Kaltiala-Heino, Bergman, Tyolajarvi, & Frisen, 2018; Olson, Schragger, Belzer, Simons, & Clark, 2015; Turban & van Schalkwyk, 2018; Zucker, Lawrence, & Kreukels, 2016). Current literature attributes several factors to gender dysphoria suffered by transgender individuals, including gender identity concealment, anxiety, depression, and suicide ideation (Blosnich et al., 2013; Claire, Matthews, Copps-Smith, & Conrad, 2016; Timmins, Rimes, Rahman, 2017). These factors have been examined quantitatively and qualitatively in the general population, and to some extent in transgender veterans who suffered from gender dysphoria while in the military (Chen, Granato, Shipherd, Simpson, & Lehavot, 2017; Downing, Conron, Herman, & Blosnich, 2018; Johnson, Shipherd, & Walton, 2016; Kuzon, Sluiter, & Gast, 2018). Although currently able to serve openly due to the creation of directive-type memorandum (DTM) 16-005 in June of 2016, scholarly knowledge of active-duty transgender service member experiences in the U.S. military has been limited (Harrison-Quintana & Herman, 2013; Parco, Levy, & Spears, 2015). Further research was needed in this area to gain an understanding of how serving openly in the military may differ for active-duty transgender service members. This study may have been one of the first empirical efforts

to explore active-duty transgender experiences, especially those experiencing stress related to their expressed gender.

Social implications of the findings from the research included increased knowledge and understanding of the military transgender experience and potentially informing military leaders of the importance of support networks or training resources. Study results also provided a direction for military policymakers and healthcare providers in developing effective strategies for dealing with active-duty transgender service member issues, such as physical fitness requirements and deployments.

This chapter provides background information related to transgender experiences in the military. Next, I discuss the problem statement and study purpose. I then discuss the theoretical foundation as well as the key concepts and terms, study assumptions, scope, and delimitations. The chapter concludes with a discussion of the study limitations and the significance of the problem.

Background

On June 30th, 2016, the Secretary of Defense's office published a memorandum to establish policy, assign responsibility, and provide procedures and standards for dealing with transgender personnel in the military. Published to the offices under the Secretary of Defense's command, the United States' military components received instructions to immediately stop separating, discharging, and denying enlistment or re-enlistment if transgender individuals were otherwise qualified to serve. Of particular interest to this study are transgender experiences in relation to gender dysphoria. Defined as the marked incongruence between their assigned and their experienced or expressed

gender where there is distress caused by the incongruence (DSM-5, 2013), the U.S. military has disqualified people from serving in the military unless a licensed medical provider certifies that the person has been free from significant distress or impairment in key areas for at least 18 months.

Research on transgender populations is not new. A review of the literature focused on transgender topics prior to the passage of DTM 16-005 indicated that researchers studied veterans to address the issues of transgender in the military. McDuffie and Brown (2010) conducted a descriptive study of 70 military veterans with gender-identity disturbances, extracting data from medical records and interviews. Results indicated that most individuals joined because they believed the military would “make men” or “women” out of them to help them conform to gender expectations. A majority had disturbances such as hypertension resulting from their military experiences, and 77% of participants used hormones to achieve feminization or masculinization. The military discharged most of them before completing a 20-year career. According to McDuffie and Brown, “More than half received health care at Veterans Affairs medical centers, often due to medical or psychiatric disabilities incurred during service. Comorbid Axis I diagnosis were common, as were suicidal thoughts and behaviors” (p. 21).

In a qualitative study, Chen et al. (2017) had transgender veterans describe their lived experiences while serving in the military. Transgender veterans described their experiences by answering open-ended questions to identify major themes related to any known strengths or challenges. Three main themes or challenges emerged as the most challenging aspects of being an active-duty transgender or former service member: (a)

external minority stress such as experiencing discrimination in the military, (b) internal minority stress such as concealment, anxiety, and shame, and (c) VA-specific problems such as access to VA providers who worked with transgender patients.

In other research, Parco et al. (2015) identified the key subjects of concern for transgender service members after the repeal of Don't Ask Don't Tell (DADT) but prior to the passage of DTM 16-005. Results showed that service members were most concerned about (a) incorrect pronoun usage from coworkers, (b) military dress and appearance standards, (c) clarity of self-identity, (d) double standards within the military, (e) performance on the job, (f) relationships with their coworkers, leaderships, and friends, and (g) hormone usage.

Studies have also addressed suicide risk among transgender service members diagnosed with gender dysphoria. Blosnich et al. (2013) found that suicide rates were over five times higher for military veterans with gender dysphoria than non-military with gender dysphoria and more than 20 times higher than for military veterans who were not suffering from gender dysphoria. In other research, Crosbie and Posard (2016) used a mixed-methods approach and found that most of the 835 transgender service members were concerned with a possible decrease in health care coverage, administrative discharge from the military, and the mental confliction and frustration about whether they should stay in the military if they could not serve openly. Participants indicated that changes in federal laws, consequences of self-identifying as a transgender service member, and the impact of not being able to live openly as a transgender service member prompted these concerns. Researchers have also been interested in transgender

experiences dealing with military-specific tasks. For instance, Harrison-Quintana and Herman (2013) analyzed transgender service members' and veterans' responses to the national transgender discrimination survey. The study outlined issues reported in obtaining service records and documents, access to military health care, and discrimination faced in the military.

Other research suggests transgender service member answers may have been incomplete or not completely honest. Edwards et al. (2009) found that response bias was more likely if respondents believed their answers would not remain private. From this perspective, previous research results may not have accurately characterized the experiences of transgender service members. Warner et al. (2011) highlighted the importance of anonymity when answering health assessment questions. Their research showed that respondents who felt their answers would not cause problems in their military careers answered more honestly. These results support earlier research by Ong and Weiss (2000) who identified the impact confidentiality and anonymity have on respondent answers to sensitive and personal questions. Their study found that participants were very unlikely to give honest answers unless their answers remained private.

As a sexual minority in the military, transgender service members have been a stigmatized group and had been banned from serving prior to the Secretary of Defense's memorandum, allowing transgender individuals to serve in the military. Increasing the understanding of active-duty transgender service member experiences in relation to gender dysphoria was the focus of this study. Previous research has demonstrated that

transgender persons experience gender dysphoria (Blosnich et al., 2013; Chodzen, Hidalgo, Chen, & Garofaol, 2019; Claire et al., 2016; Crosbie & Posard (2016); Timmins et al., 2017), and that this experience has consequences with respect to role conflict and role stress (Bingham, Harawa, & Williams, 2013; Cohn & Zeichner, 2006; Juan, Nunnink, Butler, & Allard, 2017; McDuffie & Brown, 2010; Wong, Ho, Wang, & Miller, 2017). Moreover, researchers have been able to study military veterans and found that gender dysphoria in transgender personnel may cause gender identity concealment, anxiety, depression, and suicide ideation (Blosnich et al., 2013; Timmins et al., 2017). Recent changes to federal policy (i.e., DADT) created an opportunity to study active-duty military personnel, and prior studies demonstrated that there are important social psychological characteristics that differentiate veterans from active-duty personnel (Blosnich et al., 2013; Chen et al., 2017; King, Brown, & McCrea, 2012). Limited research exists on gender dysphoria and its consequences in active-duty transgender service members, and the study sought to contribute to filling this gap.

Problem Statement

The abolishment of DADT, permitting lesbian, gay, and bisexual service members to serve openly requires an increased understanding of active-duty transgender service member experiences (Parco et al., 2015). Created in June of 2016, DTM 16-005 allowed researchers to use active-duty transgender service members without jeopardizing the careers of those who participated. Before implementation of the DTM, research on active-duty transgender service member experiences was limited to topics that would not jeopardize their military careers. Prior to the creation of the memorandum, transgender

personnel were disqualified from serving in the military and would be discharged if their transgender status was revealed through the research process. Consequently, transgender service members, wary of risking their military careers, would probably not have volunteered to participate in research. Because DTM 16-005 was only recently created, it is likely that researchers know little about the active-duty transgender population in a military context. The creation of DTM 16-005 also allows researchers to explore the experience of serving openly as it relates to the incidence of gender dysphoria.

Gender dysphoria is defined as distressed felt by some individuals due to a marked incongruence between their assigned gender and their experienced or expressed gender where there is distress caused by the incongruence (DSM-5, 2013). There have been profound intended and unintended consequences for transgender service members due to military culture and policy. For instance, Ross (2014) demonstrated that taking the psychological evaluation required for all recruits likely exacerbated some individuals' gender dysphoria once they learned that failing the evaluation could disqualify them. Early research on this topic suggested that some transgender individuals joined the military hoping the military's strict gender policies, such as gender-specific physical fitness standards, would purge any lingering transgender thoughts and help them conform to their socially identified role (Brown, 1998).

Transgender individuals have also conformed to their socially identified role to stay in the military. For example, according to McDuffie and Brown (2010), some conformed in an attempt to escape uncomfortable feelings due to role-identity conflict. In these instances, instead of responding to their feelings and behaving based on their self-

identified gender for a given role, participants chose to comply with traditional role expectations. In other research, service members wanting to stay in the military complied with gender role requirements that conflicted with their self-identity (Crosbie & Posard, 2016). Although these results suggest that transgender military members behave to alleviate negative experiences, other research has indicated that positive experiences may reduce the likelihood of suffering from gender dysphoria. For instance, research depicting an office supportive and accepting of sexual minority service members promoted positive military experiences and positive health outcomes as evidenced by higher bonds of trust between sexual minorities and their military peers, increased unit cohesion creating a happier organization, an increase in personal morale and well-being, lower overt rejection, and feeling like they belong (Belkin et al., 2012; Paco, Levy, & Spears, 2014; Ramirez et al., 2013).

One problem with past research on gender dysphoria in a military context is that participants in these studies were military veterans (i.e., those who are separated or retired from the military; Blosnich et al., 2013; Chen et al., 2017; King et al., 2012). Although transgender military veterans have suffered from gender dysphoria, adequate research on the incidence and experience of gender dysphoria among active service members now able to serve openly is lacking (Blosnich et al., 2013; Brown, 1988; Chen et al., 2017; Hill, 2014; Lutwak et al., 2014; McDuffie & Brown, 2010). Although transgender service members can serve openly, what is missing is a greater understanding of the gender dysphoria experience in active-duty personnel and how this experience manifests in daily social and organizational duties and activities. Gender dysphoria in

other settings is associated with role conflict and role stress, and until now, military policy has restricted opportunities to explore these phenomena in active-duty service people.

Purpose of the Study

The purpose of this interpretive phenomenological analysis (IPA) study was to explore the experience of gender dysphoria in current transgender military service members who can now serve openly, and to understand the associated experiences of role conflict and role stress in this setting. Because legislation permitting transgender service members the right to serve openly was recently created, there have not been opportunities to study the lived experience of active-duty transgender service members in a post-inclusion military context until now.

Research Questions

RQ1: What is the experience of gender dysphoria in active-duty transgender military service members?

RQ2: How do active-duty transgender military service members manage role conflict while on active-duty?

RQ3: How do active-duty transgender military service members manage role stress while on active-duty?

Theoretical Framework

The theoretical frameworks used in this study are Biddle and Thomas' (1966) role theory and Meyer's (2003) minority stress theory.

Role Theory

Biddle and Thomas (1966) created role theory to explain how people take on various roles that are either ascribed or earned (Turner, 1996). As explained more in Chapter 2, examples of these roles include reaching the legal age requirement to vote for president of the United States, reaching the age of 13 if they want to be a member of a youth club advisory council, or a military member obtaining a high enough test score for promotion. Biddle (1986) noted how a person accepts roles based on their own and other people's expectations and that role behaviors are predicated on role expectations. Other factors may also influence a person's role. According to Lopata (1991), these factors may be the result of a role cluster or the interconnectedness among roles within the same social group or institution. For instance, at times, a therapist may respond more like a mother figure, characterized stereotypically by nurturance and empathy, with a client in a client-therapist relationship. The therapist may later assume the role that may be more typical of a father figure, encouraging independence and toughness. In this example, the needs of the client influenced the therapist's role.

Embedded in role theory is role conflict, which happens when meeting one role expectation creates difficulty in meeting another (Katz & Kahn, 1966). According to Adler and Castro (2001) and Beeler, Lebovis, and Bishop (1983), the military's strict role demands might affect the emotional state of those experiencing role conflict. For instance, a female-to-male transgender service member assigned the role of female unit fitness monitor, a role that is assigned based on a person's sex identity, may experience role conflict if they have to weigh and measure a woman's waist in a female locker room.

Also integral to role theory is role ambiguity, which is the result of uncertainty about how to behave or the requirements of a given role (Ilgen & Hollenbeck, 1991; Katz & Kahn, 1966). According to Biddle (1986), the theory assumes behavior is predictable depending on the person's circumstances and social identity. In the military context, role theory suggests that active-duty service members are given role responsibilities based on their position and that any inconsistent or unclear role expectations may lead to role conflict or role ambiguity (Carpenter & Lertpratchya, 2016). In addition, role theory assumes that a role conflict prevents people from fulfilling role expectations (Biddle, 1986) and may be experienced by individuals in a role whose belief about the role expectations are not congruent with the expectations in fulfilling the role (Toffler, 1981).

Recent research on the application of role theory to military and other professional organization settings has shown that a person's roles may be a key element in how they navigate their life experiences. Based on research by Welbourne, Johnson, and Erez (1998), roles are the link between how an organization designs, communicates, evaluates, and accomplishes work. Role theory has been applied in a variety of ways, for example, to understand how individuals dealt with role conflict and role stress where role expectations and requirements are not fully defined or developed (Carpenter & Lertpratchya, 2016), as a means to connect psychology to foreign policy analysis in a domestic or international context (Canter & Kaarbo, 2012; Thies & Breuning, 2012), to understand work-family role balance (Stock, Bauer, & Bieling, 2014), to increase the understanding of expatriates dealing with role stress (Okamoto & Teo, 2012), to better understand how employer leadership style influences employee behavior (Qian et al.,

2018), and to understand how active-duty military service members deal with role conflict in a role designed more for the opposite gender (Huss & Cwikel, 2015). Based on the framework concepts and prior studies, this theory was appropriate to use as a framework to guide the development of the research questions, interview guidelines, and analysis plan.

Minority Stress Theory

Minority stress theory (Meyer, 1995; 2003), discussed further in Chapter 2, was created to explain the relationship between social stressors and mental disorders experienced by LGBT populations (Meyer, 2003). Minority stress theory suggests that members of a stigmatized group are susceptible to discrimination or mistreatment, which can lead to a negative self-image and suppression of their true feelings or status (Meyer, 2003). According to Meyer (2003), this theory examines a minority's socially inferior status in relation to internalized homophobia, perceived stigma, and prejudice. Meyer (2003) described minority stress as stress experienced by minorities due to values they hold that differ from the values of the majority group. For example, a male-to-female transgender military member prevented from being a female fitness monitor may experience internalized homophobia (Hoy-Ellis & Fredriksen-Goldsen, 2017).

The theory differentiates between internalized stressors (e.g., anticipating rejection) and external stressors (e.g., discrimination; Chen et al., 2017). Research shows that a stressful environment for a sexual minority may result from internalizing discrimination experienced in their inner social circle, such as their military peers or chain of command (Randall & Bodenmann, 2009). For example, being stigmatized by a

peer or supervisor, such as verbal harassment due to their sexual identity or preference, is a type of stressor that can cause sexual minorities to feel devalued and perceive their environment as stressful (Herek, 2009). Meyer (2003) stated that the perception of environmental stress might cause sexual minorities to expect rejection and thereby conceal their identity. Minority stress theory assumes the stress and tension related to prejudicial events or acts of verbal harassment are experienced by sexual minorities when trying to manage their sexual identity in a heteronormative environment (Meyer, 2003). This stress is likely to occur, considering that the military is assumed to be a force made up primarily of heterosexual service members.

This theory also assumes these types of stressors are chronic and unique to stigmatized groups (Meyer, 2003) and may explain health problems experienced by sexual minorities (Marshall et al., 2008). For example, lesbian, gay, and bisexual (LGB) individuals experiencing stress related to expected rejection and prejudicial attitudes (e.g., antigay victimization), using age and sexual orientation as variables, were positively associated with narcotic and alcohol use (Weber, 2008). Accordingly, this theory was useful for examining how homophobic attitudes in the military can be stressful for sexual minority members (Aneshensel, Rutter, & Lachenbruch, 1991; Dressler, Oths, & Gravlee, 2005). Based on the framework concepts and prior studies, this theory is appropriate to use as a framework to guide the development of the research questions, interview guidelines, and analysis plan.

Nature of the Study

The nature of this study is qualitative. A qualitative focus is consistent with understanding how people make sense of their world; in particular, an IPA approach is appropriate for research focused on exploring how individuals make sense of their social experiences or research interested in the crux of an individual's perception of an experience (Smith & Osborn, 2007). Further, IPA is used for exploring how a person relates to or is involved in a phenomenon (Smith, Flower, & Larkin, 2009) and with emotionally laden topics (Smith & Osborn, 2015). This approach was used to understand what it means to serve in a post-inclusion military as a transgender service member. I used semistructured interviews to gain an understanding of gender dysphoria from the perspective of current transgender service members.

Data were analyzed using NVivo analysis software to transcribe and organize all data, assist with coding and categorizing data into themes, and refine the data necessary to address the research questions according to Smith and Osborn's (2007) suggestion of analysis using an IPA approach. In particular, I looked for themes by reading and rereading transcripts and making notes and comments to extract themes. Making sense of and connecting the themes was next, ensuring the themes represented the participants' actual words. I created a theme table to help organize, name, and evaluate themes for appropriateness. Lastly, a narrative was translated from the themes to help explain the basis for the themes.

The analysis was accomplished in an attempt to comprehend the content and complexity of participants' lived experiences (Smith & Osborn, 2007). I also asked

critical questions when analyzing data that allowed for a deeper understanding of the person. Engaging in an interpretative relationship with the interview transcripts, such as asking critical questions (e.g., Is there anything here that the participants may not be aware of?), provided a richer analysis (Smith & Osborn, 2007).

Definitions

The following terms are considered crucial in understanding this IPA study.

Operational definitions for these terms are below:

- *Discrimination*: Differential treatment of outgroup members by individuals (Williams & Mohammed, 2008); unfair treatment toward others based on differences such as gender, sexual orientation, or race (American Psychological Association, 2015); differential treatment of outgroup members by individuals (Williams & Mohammed, 2008).
- *Gender dysphoria*: Distress experienced by a person with a marked difference between their expressed or experienced gender and the gender others would assign; the marked difference must continue for at least 6 months and should be connected with significant distress (DSM-5, 2013).
- *Interpretive phenomenological approach*: An approach concerned with attempting to understand the perspective of participants; that aims to explore in detail how people make sense of their personal or social world, and what those experiences and events mean to the participants (Smith & Osborn, 2007).

- *Minority*: People within a small representative group of a community differing from the main race, language, religion, or political population (“Minority,” n.d.).
- *Minority stress*: Minority stress may be broken down into four stigma processes, which are prejudice events, concealment, expected rejection, and self-rejection that can lead to mental health issues (Timmins et al., 2017). Minority stress may also be viewed as prejudice, stigma, or discrimination that creates a hostile or stressful environment resulting in mental health problems (Meyer, 2003).
- *Prejudice*: Negative attitudes and beliefs toward outgroup members (Williams & Mohammed, 2008).
- *Role conflict*: Experiencing multiple role pressures or role ambiguity (Carpenter & Lertpratchya, 2016); when the pressure of one role conflicts with pressures of another (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964); situations where a person experiences conflicting expectation where they find it impossible to adequately meet all expectations (Richards & Templin, 2012).
- *Sexual minorities*: A consensus of how this term’s use in the literature suggests it is a member who identifies as lesbian, gay, bi-sexual, transgender, or member of another group whose sexual identity or orientation differs from the majority.
- *Stress*: Adverse or challenging circumstances that lead to mental or emotional strain or tension (“Stress,” n.d.).

- *Transgender*: A person whose sex assigned at birth is incongruent with their gender identity, expression, or role (American Psychological Association, 2015).
- *Veteran*: A person who served and was honorably discharged from one of the active United States armed services (title 38 of the Code of Federal Regulations).

Assumptions

An assumption in this study was that participants are living as transgender service members in an active-duty status. This assumption was necessary because I was not able to determine from their common access card (i.e., proof of military service) what their military status is as their card could reflect an active-duty status for a variety of reasons (i.e., a reservist serving for 180 days in an active-duty status). Another assumption was that participants answered honestly about their experiences in the military. Although they can now serve openly, some may have had a fear of talking about their military experiences. Due to ongoing political changes addressing transgender military members, in particular, the Supreme Court allowing the president to place restrictions on how transgender individuals serve in the military and the amount of medical care they may receive, participants might have altered their answers if they felt that partaking in the study would jeopardize their military career (Edwards et al., 2009).

Another assumption of qualitative research is that through data collection, analysis, and interpretation, the researcher can potentially elucidate shared meanings

about the phenomenon of interest, illuminating that experience can influence both academic and applied disciplines.

Scope and Delimitations

This study is interpretive and is focused on understanding active-duty transgender service member experiences in relation to gender dysphoria while serving in the military. Although transgender military experiences may be similar to the experiences of other sexual minorities and gender dysphoria has been studied using military veterans, no studies exist that addressed transgender service member experience of gender dysphoria while serving in an active status.

One delimitation of the study was that participants were full-time active-duty service members serving in an active-duty component of the U.S. military. Guardsmen or reservists may not have the same experiences serving in a part-time role. Another delimitation was that service members who are less than 6 months removed from their technical training schools could not participate in the study. Basic training and technical training schools' environments are usually harsher and tougher on service members as they transition into the military. Generally, military members are being acclimated into their first unit, focusing on learning their job, and may not have enough experience in their organization to give detailed answers. As such, including service members with less than 6 months at their first duty location would potentially have affected the study's trustworthiness and transferability.

The current political climate in the U.S. government presented challenges during this study. In particular, the implementation of the ban controlling how transgender

service members serve in the military by the current White House administration may have impacted active-duty transgender service members' military experiences.

Consequently, the number of respondents may have been limited. Moreover, a fear of a possible reversal of the ban might have influenced how participants described their experiences. For example, transgender personnel who would otherwise describe their experiences as positive with respect to gender dysphoria may indicate that they feel depressed or anxious about the possibility of not being able to serve openly in the future. Qualitative research is designed to be context-sensitive (Patton, 2015), and thus I paid attention to the political and social forces that occurred during recruitment and data collection.

It is worth noting that the intersectionality and transgender theories have been used in studies with a transgender population; however, neither were used in this study. Although it may have been appropriate, a central element of the intersectionality theory may end up altering the intent of this study by focusing more on understanding the person's experiences based on multiple sources of oppression (e.g., race, social class, and religion) rather than their transgender status only. This element of intersectionality theory suggests that multiple sources of oppression (e.g., gender identity, race, and socioeconomic class) complicate the oppressive experience (Bauer, 2014). According to intersectionality theory, a person's gender, race, social class, and history must all be considered as they intersect to influence an individual's experience (Morales, 1990). Although transgender service members may experience two or more sources of

oppression, this study focused exclusively on participants' experiences in relation to their gender identity.

Limitations

The hallmark of qualitative research is the purposeful sampling of smaller numbers of participants to obtain deep insight into their experience (Cassidy, Reynolds, Naylor, & De Souza, 2011; Smith & Osborn, 2015). Results may be specific only to the participants involved, limiting the transferability of the findings.

Researcher bias in reviewing and transcribing data was another possible limitation that could have prevented the emerging of new themes or categories. Researchers may naturally search for data that confirm personal experience or views while overlooking data that do not confirm their beliefs or experiences (Smith & Noble, 2014). Strategies for minimizing bias are described in Chapter 3.

Significance of the Study

The demand for understanding the real and perceived impact of military environments on transgender military members justified the need for updated and current perspectives. Using active-duty transgender service members now able to serve openly to explore gender dysphoria may benefit those seeking to increase their overall understanding of the lived experience of gender dysphoria, role conflict, and role stress in a military context. The study results may also be useful for military and legislative policymakers, managers and commanders of active-duty transgender service members, and military mental health institutions to better serve and respond to active-duty transgender service members. Individuals responsible for exploring transgender stress in

the military workforce or enforcing transgender military policy and legislation were provided with perspectives of those who are currently affected. For researchers, this study helped uncover an area in active-duty transgender military experiences not explored previously.

Unique to this study was its focus on active-duty transgender service members now serving openly in the military. Although topics exploring military experiences with a sexual minority population have been conducted, findings using active-duty transgender service members may have yielded different results. For instance, participants who were hesitant to give detailed information or honest answers for fear of jeopardizing their career may have been more willing in today's military. In addition, the fear of potentially ending their career may have meant previous transgender responders failed to be completely truthful if they felt their responses might be disclosed (Edwards et al., 2009). Research conducted by Warner et al. (2011) echoed these findings by emphasizing that individuals who believe their answers would remain anonymous were three times more likely to be forthcoming about their experiences than if they felt the information they disclosed could be linked back to them.

The creation of DTM 16-005 repealed legislation banning transgender service members from self-identifying as transgender while serving in the military. I hoped that study results increased the understanding of gender dysphoria related to military experiences of those active-duty transgender service members serving openly in the military. By addressing this subject in a post-inclusion era, answers may have been more representative of the target population's honest feelings. Moreover, results from

transgender experiences following the repeal of the ban could provide rich descriptive data for quantitative studies aiming to confirm or reject the idea that transgender individuals should be viewed with the same lens as their LGB counterparts.

Summary

Despite the recent passage of a policy enabling transgender military members to serve openly, scholarly research has been insufficient to fully understand the experiences of active-duty transgender service members (Parco et al., 2015). Researchers were limited to the breadth of topics they could study prior to the reversal of the ban preventing transgender individuals from serving without jeopardizing their military careers (Harrison-Quintana & Herman, 2013). One area of research that has gained attention with respect to transgender military members deals with gender dysphoria (Hill, 2014; Kuzon et al., 2018; Parco et al., 2015). Some possible causes linked to transgender military members suffering from gender dysphoria include gender identity concealment, anxiety, depression, and suicide ideation (Blosnich et al., 2013; Timmins et al., 2017). Whereas prior research relied on transgender military veterans, the military experience of active-duty transgender members who now have the right to serve openly may have been different. Whether the right to serve openly changes the military experience of active-duty transgender members, with respect to gender dysphoria, is something we did not yet know.

The purpose of this study was to gain an understanding of active-duty transgender military experiences in relation to gender dysphoria and their experiences with role conflict and role stress in a right to serve openly military. Gaining this understanding was

addressed by answering the following research questions: what is the experience of gender dysphoria in active-duty transgender military service members?; how do active-duty transgender military service members manage role conflict while on active-duty?; and how do active-duty transgender military service members manage role stress while on active-duty? Role theory and minority stress theory guided the formation of the interview questions and the interpretation of results. Role theory claims a person's roles are ascribed or earned and assumes behavior may be predicted by the person's circumstance and social identity; role conflict or role ambiguity may result from inconsistencies in role expectations (Carpenter & Lertpratchya, 2016). Minority stress theory emerged to explain the relationship between social stressors and mental disorders among sexual minority populations (Meyer, 2003). According to this theory, members of a devalued group are susceptible to discrimination or mistreatment, which may cause them to conceal their true feelings or status.

I assumed that participants in this qualitative study were living as an active-duty transgender service member. The interview goal for this study was 12 active-duty transgender personnel serving in one of the four active-duty military components for more than 6 months at their first duty location. Study results may have been limited or influenced by the policy reversing the legal right of transgender service members to serve openly. Study results may have also varied based on the atmosphere of the participant's organization (e.g., one that supported the inclusion of transgender service members as opposed to one that did not). Results helped increase the understanding of active-duty

transgender military experiences, and study results provided insights into gender dysphoria related to military experiences for active-duty transgender service members.

Chapter 2: Literature Review

Recent developments since the abolishment of 10 U.S.C. § 654, known as DADT, allowing for LGB individuals to serve openly, require an increased understanding of the plight of transgender service members (Parco et al., 2015). Until the creation of DTM 16-005 in June of 2016 allowing transgender individuals the right to serve openly, researchers were limited in using active-duty transgender military personnel without jeopardizing their military career; consequently, researchers likely were not able to adequately assess the experience of the transgender population in a military context. Prior to the creation of DTM 16-005, scholarly research on the military experiences of active-duty transgender service members was limited (Harrison-Quintana & Herman, 2013).

Gender dysphoria is defined as distress caused by a marked incongruence between an individual's assigned gender and their experienced or expressed gender (DSM-5, 2013). The military's impact on transgender service members has varied. For example, knowing a medical disqualification was inevitable if they did not pass the psychological evaluation required for all potential service members upon entering military service likely added to gender dysphoria experienced by transgender personnel (Ross, 2014). Other research shows that the military's strict gender policies, such as gender-specific physical fitness standards and grooming appearances, have led some to join the military as a means to help them conform to their socially identified gender role (Brown, 1998). According to McDuffie and Brown (2010), some transgender individuals conform to escape uncomfortable feelings engendered by role-identity conflict. Yet other research suggests that service members privately complied with gender role requirements

that conflicted with their self-identity to remain in the military (Crosbie & Posard, 2016). Part of the problem with previous research on gender dysphoria in a military context is that results reflect only the perspective of veterans, that is, those who are separated or retired from the military (Blosnich et al., 2013; Chen et al., 2017; King et al., 2012). While a review of the literature revealed transgender military veterans suffer from gender dysphoria, little has been published to-date on whether active-duty transgender personnel suffers from gender dysphoria now that they can serve openly (Blosnich et al., 2013; Brown, 1988; Chen et al., 2017; Hill, 2014; Lutwak et al., 2014; McDuffie & Brown, 2010).

The study aimed to explore current transgender service member experience of gender dysphoria now that they can serve openly. By exploring how transgender service members described their daily life experience in a post-open-inclusion military context, the study addressed this existing gap in the literature. Research on military members with respect to gender dysphoria has illuminated the plight of transgender service members in the U.S. military (McDuffie & Brown, 2010; Londono, 2014; Milhiser, 2014), but increased awareness of gender dysphoria experienced by active-duty service members is needed in a post-inclusion military context to further the collective understanding of transgender individuals' military experience (Parco et al., 2015). Using semistructured interviews, this study explored military experiences with respect to gender dysphoria among openly serving active-duty transgender service members.

Past research has suggested that transgender service members may no longer suffer from gender dysphoria given they can now serve openly. For example, research

depicting a military climate that supports the legal inclusion of LGB service members was shown to promote positive military experiences and positive health outcomes for LGB personnel as seen through the following: (a) enhanced military readiness, (b) higher levels of honesty and greater bonds of trust between sexual minorities and their military peers, (c) increased unit cohesion creating a happier organization, (d) an increase in personal morale and well-being, (e) lower overt rejection, (f) feeling like they belong, and (g) a higher likelihood they would reenlist or extend their commitment (Belkin et al., 2012; Parco et al., 2015; Ramirez et al., 2013). However, research also has suggested that transgender service members may suffer from gender dysphoria if they have negative military experiences related to being transgender (Frayne et al., 2006; Meyer, 1995; Moradi, 2009; Ramirez et al., 2013; Trivette, 2010; Wilder & Wilder, 2012). For example, transgender service members worried about peer rejection or discrimination may have elevated levels of fear and anxiety (Barrett & Logan, 2002; Bolton & Sareen, 2011). Further, negative military role conflicts such as double standards in how commanders and supervisors in one organization may interpret and enforce policy differently than commanders and supervisors in another could also cause dysphoria (Parco et al., 2015). Although results may be similar for active-duty transgender individuals and LGB and transgender veterans, it is necessary to study each group separately to avoid inaccurately generalizing results from one to the other (Campbell, 1986; Polit & Beck, 2010).

Even though the conflation of lesbian, gay, bisexual, and transgender service members by the Department of Defense is not new, the experience of allowing

transgender members to serve openly is still unfolding. Gender identity disorder, later reclassified as gender dysphoria per the DSM-5, has been studied in a military context, but it has not been explicitly studied in the transgender active-duty service member population because DTM 16-005 has only recently passed (Blosnich et al., 2013; Donnelly-Boylen, 2016; Kaplan & Rosenmann, 2012; Karasic & Drescher, 2006; Ross, 2014; Witten, 2007).

In this chapter, a list of library databases and search engines are provided to help locate cited references. The literature review also includes key concepts. The iterative search process follows. As part of the theoretical foundation discussion, there is a discussion of role theory to show how the multiple and incompatible roles active-duty transgender service members may fulfill can influence their behavior. An explanation of minority stress theory to show the negative impact on a person's mental health and self-image when exposed to repeated stressors follows. The literature review also includes similar uses of the theories and how they relate to the current study. A review of existing studies related to gender dysphoria in a military context highlights known details about the subject and what is yet to be studied. Finally, a brief discussion on how this study addressed a gap in the literature and a summary of the chapter are provided.

Literature Search Strategy

Peer-reviewed articles were retrieved from the following Walden library databases: PsycINFO, MEDLINE with Full Text, LGBT Life with Full Text, ERIC, International Security & Counter Terrorism Reference Center, Academic Search Complete, Political Science Complete, PsycARTICLES, SocINDEX with Full Text, and

CINAHL Plus with Full Text. Further, peer-reviewed articles were found via Google Scholar using the same key terms listed below. The following key terms and combinations were used to locate relevant research: *sexual minorities – LGBT; LGB; lesbian, gay, bisexual/bi-sexual; transgender and gender dysphoria; heterosexual; military/US military; transgender and veterans/military veterans; gender dysphoria; gender dysphoria and military veterans; gender identity disorder; don't ask don't tell (DADT); role conflict; role theory; minority stress theory; military and personnel policy; military law; DSM and gender identity; mental health and military; transgender and military policy, discrimination and military.*

Theoretical Foundation

Role Theory

The social interaction between people is referred to as the socialization process, a process where roles or positions are assigned or assumed (Palomino & Frezatti, 2016). Credited as the founders, Biddle and Thomas (1966) based role theory on the notion that people take on many roles throughout their lifetime. These roles are ascribed, such as a person's birthright (e.g., the eldest son succeeding his father as king) or age (e.g., becoming a teenager in the United States upon turning 13 years old), or earned as a reflection of a person's skill, ability, or effort (Turner, 1996), for example, a military member being promoted due to satisfactory scores on physical fitness tests and proven ability to lead others. A role set or role position is created whenever two or more roles are occupied simultaneously, for example, an active-duty transgender service member

serving as a woman's physical fitness assessment monitor and a physical fitness safety monitor for their entire assigned unit (Payne, 1997).

Biddle (1986) suggested that the roles people assume are based on their expectations and the expectations of others given the social position they hold. For instance, an active-duty transgender service member colonel with a finance classification might expect or is expected to take on the role of the comptroller. Biddle also suggested that situation-specific role expectations can predict role behavior. Using the previous example, people will expect the colonel in the comptroller position to address concerns dealing with budgets for their respective military base, teach junior officers about financial policy, and establish a financial strategy to stay within congressional budgetary constraints.

Two elements of role theory are role conflict and role ambiguity (Fichter, 2011; Fisher, 2001). People experience role conflict when meeting expectations for one role creates difficulty in meeting expectations for another (Katz & Kahn, 1966). The military's strict role demands might affect the emotional state of those experiencing role conflict, which could lead to less communication, less commitment, and less trust (Beeler et al., 1983). From this perspective, demands within the military may influence how an active-duty transgender service member behaves and what role they feel compelled to fulfill. For example, a service member may feel conflicted if the military assigns them a role as a female physical fitness monitor, but they identify as a male. From a behavioral perspective, this theory may explain performance. According to role theory, a person's

performance is based on the guidance from or rules of the organization and the person's desire to comply with those rules (Wang & Niu, 2010).

On the other hand, role ambiguity may be present when someone is uncertain about how to behave or what they should do in a given role (Ilgen & Hollenbeck, 1991; Katz & Kahn, 1966). According to Fisher (2001), an individual who lacks useful information to perform their duties effectively may experience role ambiguity. For example, a transgender service member without proper guidance regarding which physical fitness path they are allowed to follow may experience role ambiguity. To be considered useful information and minimize the likelihood of role ambiguity, guidance to an employee should have (a) relevant role performance expectations including the person's rights and responsibilities in the role, (b) the steps required to meet the role expectations, (c) any consequences of meeting and not meeting the expectations, and (d) what is considered satisfactory behavior (Singh & Rhoads, 1991).

Role theory propositions. Role theory assumes roles are a set of patterns or characteristics filled by participants who take on the identity of the role to fulfill its scripts or role expectations (Biddle, 1986). According to Biddle, the theory assumes that individuals behave in predictable ways depending on the circumstances and the person's social identity. The theory also suggests that the role a person assumes influences the exhibited behavior. Role theory also assumes that a consequence of role conflict is the inability to properly fulfill role expectations (Biddle, 1986) and role conflict may be experienced by individuals who have a different belief about role expectations from what others believe (Toffler, 1981). From this perspective, active-duty transgender service

members assigned a role that conflicts with their gender identity may be ambivalent when fulfilling role expectations. Active-duty transgender service members experiencing role ambiguity may conform or withdraw to resolve stress associated with role ambiguity (Biddle, 1979). This theory relates to the research questions because it suggests that an active-duty transgender service member's military experiences may lead to gender dysphoria, defined as a marked incongruence between an individual's assigned gender and their experienced or expressed gender; this incongruence causes distress (DSM-5, 2013).

Role theory applications. Role theory has been used in a variety of job-related sectors. For instance, researchers utilized the theory to see how individuals integrated into a newly formed social media communicator role and the stressors associated with being the first employee to occupy the new role (Carpenter & Lertpratchya, 2016). A qualitative method was used with 10 English-speaking employees serving in new positions as social communicators to understand how employees perceived their work environment and how they perceived that they adapted to role stress and role conflict. Results were mixed. On the one hand, most of the participants indicated that they experienced role ambiguity due to insufficient details about their new position. Employees managed role ambiguity by relying on support from outside the organization.

On the other hand, participants indicated that they did not experience role conflict because the role of social communicator was too new. Because the position was new, communicators had leeway to make changes to any inconsistent protocols and balance demands to help fully define the position, which minimized occurrences of role conflict.

Although most felt their role was ambiguous, employees felt empowered because of their freedom to partake in defining the position if it aligned with management and organizational goals. Participants managed role stress by utilizing networking conferences and events, analytic software, and online resources such as social media communication channels, best practices literature, and online classes.

Using a qualitative design, Stock et al. (2014) studied top executives from industrial companies to increase understanding of the work-family role balance. They used semistructured interviews to gain insights into how executives manage the balance between their work and family lives and what the professional and non-professional circumstances are related to their family-work balance situation. Researcher themes generated from participant responses included job and life satisfaction (i.e., employee satisfaction), belief in one's ability to separate work from family life (i.e., functioning), and conflict between work and family life (i.e., role conflict).

Okamoto and Teo (2012) conducted a qualitative study using role theory to explore role stress among Japanese expatriates working for a Japanese company in Australia. They used semistructured interviews to learn how participants perceived a potential relationship between cultural mediators and a reduction in role stress in an intercultural social setting. Participant perspectives indicated that cultural mediators, such as bi-cultural staff members, mitigate role stress between Japanese expatriates and host country staff. Participants also felt that Japanese managers tend to rely on cultural mediators or a third-party individual to help reduce role stress.

Role theory has also been used in a military context. Huss and Cwikel (2015) studied active-duty military servicewomen to understand role conflict in fulfilling duties typically assigned to men (Huss & Cwikel, 2015). Twenty recently separated army women attending college as social work students were interviewed to assess their stress reactions, the content and context of the stressors, and assess coping resilience during their time in the military. The research presented a case study for each participant tasked with drawing, explaining, and analyzing the stress they had in mind when drawing the picture to answer what type of stress women experienced and how they coped with those experiences after separating from the military. Six main themes emerged from the researcher's perspective with respect to stress-inducing feelings: (a) active combat proximity, (b) seeing others' combat injuries, (c) injury to a friend, (d) personal responsibility that leads to an injury of others, (e) forced participation in civilian transfers, and (f) unhappiness with the organizational framework.

Juan et al. (2017) used role theory to examine role stress experienced by physical or verbal sexual abused men. Participants included veteran men age 20-78 requiring services from a veterans' administration clinic for posttraumatic distress. The questions asked focused on potential traumatic events that could lead to PTSD, the severity of depressive symptoms, and stressful situations related to masculine gender role expectations. In particular, questions focused on (a) physical fitness inadequacy, (b) emotional inexpressiveness, (c) stress related to having a female supervisor, (d) intellectual inferiority, and (e) work and sexual performance failure.

Results of Juan et al.'s (2017) study were mixed. Compared to veterans who did not suffer military sexual trauma, veterans who did suffer reported higher PTSD and severity of depressive symptoms. Further, participants reported higher levels of gender role stress, especially higher emotional inexpressiveness and intellectual inferiority; they felt they could not freely express tender-type feelings, such as love, care, and fear as this would violate typical masculine norms. Further, participants indicated that they experienced gender role stress if they were not able to meet masculine norms in areas such as physical fitness, again failing to meet male gender expectations of power in the military. Results are consistent with Moller-Leimkuhler (2002) who claimed the inability to express emotions impacts men's willingness to ask for help in stressful situations.

Role theory rationale. Role theory is appropriate for this study because it has been used to understand experiences based on fulfilling roles, in particular, explaining how people navigate in and adapt to roles (Wang & Niu, 2010). This study explored how active-duty transgender service members describe how they navigate their lives given the roles they perform. Researchers have commented on the importance of roles in an organization and understanding the relationship between roles and employee behavior (e.g., Katz & Kahn, 1987; Welbourne, Johnson, & Erez, 1998). Given the military's propensity to assign military members to multiple and undesired roles, it may be likely that service members may describe their military experiences differently than if they were not in those roles. The development of the interview guide questions and analysis plan used role theory.

Minority Stress Theory

Meyer's (2003) minority stress theory describes the negative impact prejudice, discrimination, and stigma has on a person's physical and mental health. One way to view minority stress as a concept is the relationship between the minority conflict experienced as a result of majority beliefs (Meyer, 1995; Pearlin, 1989). According to this theory, socially devalued group members may suffer from negative self-images and hide their status because they are vulnerable to mistreatment and discrimination. Used empirically with transgender populations (Breslow et al., 2015; Meyer, 2013), this theory differentiates between external stressors, such as discrimination, and internal stressors, such as anticipating rejection, internalized aversion, or concealment (Chen et al., 2017).

Prior studies have found that stressful interpersonal environments may be the result of people internalizing prejudicial messages deriving outside their immediate social circles (Randall & Bodenmann, 2009). From this perspective, an active-duty transgender service member without a desired social circle may describe their military experiences as stressful. Understanding how stressors negatively impact transgender individuals' well-being is also an important element relating to the general psychosocial vulnerabilities in the transgender community (Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014). For instance, transgender individuals who feel oppressed because of their self-identified gender have been known to feel like they are victims (Ellis, Bailey, & McNeil, 2015) and identify experiences such as discrimination and prejudice events as the reason they feel oppressed (Couch et al., 2007). Similarly, minority individuals such as active-duty transgender service members may experience internal and external stressors that have

negative consequences on their health, such as substance use and hypertension (Frost, Lehavot, & Meyer, 2011; Meyer, 2003).

Minority stress theory propositions. This theory suggests that members of a socially devalued group are vulnerable to discrimination or mistreatment that can lead to a negative self-image and suppression of their true identity (Meyer, 2003). Minority stress theory assumes that stressors are unique to stigmatized populations, are chronic, and are based on social experiences (Meyer, 2003). This theory also assumes that one explanation for ill health is the experiences people have in a social environment; stressors emanating from negative experiences usually lead to stress processes such as expected rejection and prejudice (Marshal et al., 2008; Meyer, 2003). This theory, therefore, was useful for examining how homophobic attitudes in a given social context (e.g., the military) can cause stress for sexual minority groups (Aneshensel et al., 1991; Dressler et al., 2005).

Minority stress theory applications. Minority stress theory has been used to understand sexual minority experiences. For instance, researchers concluded that transgender employees experiencing minority stress who were in the early stages of gender identity exploration faced greater discrimination and prejudice than those who were in later stages (Budge, Tebbe, & Howard, 2010). Using semistructured interviews to explore workplace experiences of individuals who have started the gender transition process, 18 transgender participants from LGBT support groups and community centers participated in Budge et al.'s qualitative study that focused on (a) job-related and non-job related experiences before transitioning, (b) job-related and non-job related experiences

after transitioning, (c) if their career or job is ideal, and (d) how their career aspirations would differ if they were not transgender. Results reflected two processes or models related to work experiences: gender transition while working and career-making decisions. The researcher's central generated themes resulting from the gender transition process at work included preparing for gender transition, coming out, presentation and appearance, coworker reactions, and coping experiences. Significant themes resulting from career-making decisions included occupational barriers and aspirations, occupational gratification, job prospects, taking action, and contextual influences.

Minority stress theory has also been used to examine experiences in competitive sports. Transgender accounts of being excluded from sports or other physical activities were compiled to understand the stressors related to wanting to play competitive sports as a transgender individual (Hargie, Mitchell, & Somervielle, 2017). Exploring transgender accounts of their experiences with sports and physical activity using a qualitative method, interviews were conducted with 10 transgender participants age 25-62 to examine stressors linked to exclusion from sports. Participants answered questions about sports participation and physical activity obstacles and how they deal with those obstacles. Based on participant perceptions, the intimidating nature of a locker room environment, fear of being in physical activity and sports public space, and fear of being denied the wellbeing, health, and social aspects of participating in sports were the emergent barriers linked to transgender individuals taking part in sports or physical activity.

Researchers have used minority stress theory to explore a variety of health-related topics. For instance, Bockting, Miner, Swinburne Romine, Hamilton, and Coleman

(2013) used this theory to study gender dysphoria in relation to mental health. Issues of gender dysphoria, stigma, and mental health were explored among American transgender men and women, focusing, in particular, on their sexual behavior, reasons for identity disclosure, gender-related stigma, substance use, social support, and mental health. Results were varied. While the participants perceived there were differences between transgender men and women participants in some areas (e.g., transgender women participants indicated perceived greater levels of experienced stigma or discrimination than transgender men), they cited commonalities as well (e.g., both males and females identified verbal harassment as the greatest type of stigma experienced). From a mental health perspective, results showed that although transgender individuals experienced psychological distress such as depression, anxiety, and somatization at a higher rate than their non-transgender peers, the likelihood of transgender individuals experiencing these mental health stressors was not associated with gender dysphoria.

Also focused on mental health, Bostwick, Boyd, Hughes, West, and McCabe (2014) examined the relationship between perceived discrimination and mental health among sexual minorities. To explore the effects of three types of discrimination (sexual orientation, race, and gender), six questions were asked for each type to determine which type of discrimination may lead to a mental health disorder. Questions asked were (a) the frequency of discrimination experiences, (b) the type of discrimination experiences, (c) have they been prevented from doing something as a result of the discrimination, (d) how often they were made to feel inferior or had been hassled, (e) have they been physically harmed or assaulted, and (f) have they been verbally assaulted or harmed in a variety of

situations due to factors such as race, gender, or sexual orientation. Discrimination experiences were grouped to determine if participants experienced one, two, or all three types. The researchers concluded that although various types of discrimination may be associated with different types of mental health problems, the frequency of discrimination experienced may not alone be responsible for poorer health outcomes. Rather the type of discrimination must also be considered. For instance, those who had experienced sexual discrimination reported a mental health disorder within the past 12 months, while those who experienced racial discrimination did not report a mental health disorder.

Minority stress theory has been used as a framework for understanding health disparities between those who suffer high levels compared to those who report lower levels of minority stress. Meyer (1995) conducted a study to better understand three stressors in particular: internalized homophobia (IHP), rejection expectations and discrimination (i.e., stigma), and experiences of violence or discrimination (i.e., prejudice) with respect to gay men. Participants answered questions to highlight if, and under what circumstances, IHP, stigma, and prejudice are associated with psychological distress outcomes. For instance, participants were asked to list how many times they wished they were not a sexual minority, if they felt others thought being a sexual minority was a sign of personal failure, and have they been a victim of antigay violence. Gay men were sampled to explore these stressors and how they relate to the five psychological distress outcomes of demoralization, suicide ideation and behavior, guilt, sex problems, and AIDS-related traumatic stress response. While participants who experienced minority stress felt psychological distress, their answers suggest that some

minority stressors appear to be positively related more toward some types of psychological distress than to others. For example, although not simultaneously present in each participant, all of the psychological distress measures were linked to individuals who experienced IHP except for sex problems, which were present in the group who experienced stigma and prejudice.

Research with transgender service members in a military context has used minority stress theory to explore the major themes associated with the challenges and strengths of being a transgender veteran (Chen et al., 2017). Three open-ended questions (what is the most difficult thing about being transgender, what is the best thing about being transgender, and what advice you would give others?) concerning the challenges, strengths, and advice one should give in relation to being a transgender veteran were sent to transgender veterans found on social media groups targeting transgender veterans. The researchers concluded that external minority stress such as discrimination while serving in the armed forces, internal minority stress such as concealment, anxiety, and shame, and VA-specific problems such as access to providers or staff who have worked with transgender individuals in the past as the three most frequent challenges identified as difficulties related to being transgender. In response to what one likes best about being a transgender veteran, pride and authenticity, health care, and military and pride in service were the most frequently reported. In response to advice, participants said be yourself, advocate for yourself and others, and find a social support group.

Parco et al. (2015) used minority stress theory to explore the lived experience of active-duty transgender service members prior to the change in laws allowing transgender

service members to serve openly, specifically in relation to gender dysphoria. Fourteen self-identified service members of the United States Air Force, Navy, Army, and Marine Corps were interviewed to capture firsthand accounts of what it means to be an active-duty transgender service member. Seven researcher generated themes emerged as the most common areas of importance in the military for transgender service members: (a) coworkers using the incorrect pronoun when conversing (b) dress and appearance standards, (c) clarity of self-identity, (d) double standards within the military, (e) performance on the job/going above and beyond to protect themselves from unwanted scrutiny, (f) relationships, and (g) hormone usage were the key sources of distress for those suffering from gender dysphoria.

Minority theory rationale. Minority stress theory is appropriate for this study given its use in a variety of studies exploring dysphoria or stress experienced by minority populations. For example, minority stress theory was the framework for understanding health disparities between those who suffer high levels of minority stress compared to those who report lower levels of minority stress (Meyers, 1995) and discrimination. In addition, minority stress theory suggests exposure to negative experiences (e.g., role stress) related to a person's minority status may be associated with minority stress (Meyer, 2003). From this perspective, it is plausible that negative military experiences may have an impact on the wellbeing and behavior of active-duty transgender service members.

Minority stress theory relates to the present study because it is used to explore the role of stress in a minority person's physical and mental health (Meyer, 2003). It suggests

that negative stressors such as gender-related stigma may have profound consequences for a person's well-being. In other words, their minority status may cause active-duty transgender service members to internalize negative experiences associated with role stress that could lead to dysphoria (Russell & Richards, 2003; Szymanski, Kashubeck-West, & Meyer, 2008a). Minority stress theory concepts and previous studies make this theory an appropriate framework as a guide in developing research questions, interview guides, and data analysis plan.

Literature Review Related to Key Concepts

The Transgender Experience

The literature on transgender individuals points to experiences that are similar to other sexual minorities and those similar experiences have justified merging transgender individuals with other sexual minorities; however, important differences may be masked when combining disparate groups of individuals into one (Lewis, Kholodkov, & Derlega, 2012). Although each class of the LGBT group experience stress related to their sexual minority status, transgender individuals may also experience stress uniquely as a result of their gender identity (Chen et al., 2017; Clements-Nolle, Marx, & Katz, 2006; Harrison-Quintana & Herman, 2013; McDuffie & Brown, 2010).

Transgender experiences with healthcare have been a topic of increased interest in recent years. Shires and Jaffee (2015) conducted a study on healthcare discrimination with female-to-male transgender adults between the ages of 25 and 44 using archival data from a national cross-sectional survey data set ($N = 1,711$). The online and paper survey used 70 questions sent to over 800 community organizations linked to the transgender

community. Using chi-square tests and a two-step logistical regression analysis, they addressed how gender identity and presentation predicted healthcare discrimination experiences. Informed by intersectionality theory, which asserts that people are often disadvantaged by multiple sources of oppression such as their race, gender identity, sexual orientation, or socioeconomic class (Bauer, 2014), researchers examined the relationship between demographic and socioeconomic status (i.e., race, sexual orientation, income, and employment status) and healthcare discrimination to test their hypothesis that female-to-male individuals belonging to multiple minority groups are more likely to experience healthcare discrimination. Results supported their hypothesis that certain minority subgroups of female-to-male transgender individuals were more likely to experience healthcare discrimination, most notably multi-racial and Native Americans and those with a lower income status, than others. Those who were not living as their sex assigned at birth were more likely to experience healthcare discrimination (46.4%) compared to those living as their sex assigned at birth (25.1%); those who had medically changed their sex experienced healthcare discrimination 47.2% of the time compared to 27.1% for those with no sex change. Results suggest that active-duty transgender service members who are in multiple categories and considered in a minority status, such as African American and female, may experience oppression in the military.

Results were typical for intersectionality theory. The theory posits a relationship between people who are a part of multiple interlocking minority groups and an increased risk of healthcare inequality and health disparities (Bowleg, 2012). In other words, intertwining multiple minority identities such as being an African American, transgender,

in a low-income socioeconomic status may produce disparate health outcomes in relation to receiving healthcare. These findings highlighted valuable insights into healthcare experiences for minorities, for instance, healthcare providers may be more likely to refuse paying medical procedural costs for those suffering from gender dysphoria (Khan, 2011), confirming previous research suggesting a relationship between healthcare discrimination, race, and socioeconomic status (Smedley, Smith, & Nelson, 2009; Sperber, Landers, & Lawrence, 2005). On the other hand, the number or type of healthcare visits by participants was not measured. Consequently, it cannot be determined if the cause of any harassment or discrimination was from medical professionals or other patients. This uncertainty may be the reason why some researchers have focused on the needs of transgender individuals in a public setting.

Research on transgender experiences in a public or leisure environment has identified some barriers they faced and their plight with overcoming those barriers (Grossman, O'Connell, & D'Augelli, 2005; Lewis & Johnson, 2011; Reisner et al., 2015). Oakleaf and Richmond (2017) explored transgender experiences and their perceptions of public recreation with five self-identified transgender adults between 25 and 56 years-old living in the Southeast United States. A qualitative study guided by the transgender theory was conducted by Nagoshi and Brzuzy (2010) to better understand the experiences of transgender individuals in a public recreation environment. The transgender theory views gender as a social construction reflected in the physical embodiment of the individual's and society's beliefs about what gender should be, rather than a simple dichotomy rooted in biological sex. Participants had to describe (a) their

gender, (b) their experiences in parks, recreation facilities, and sporting programs, and (c) suggestions for improving its safety, comfort, and welcoming they felt during their experiences. Three central themes emerged from the semistructured interviews, including (a) managing risk, (2) embodying gender, and (3) negotiating privilege.

Managing risk was noted as a necessary strategy for living as a transgender person. While participants found comfort and security in parks, other recreation areas such as pools and locker rooms caused fear and avoidance. Participants felt a need to manage risks to successfully live as a transgender individual and adopted strategies such as locating potential allies and those who would object to their presence in a recreational environment. Participants usually avoided the places perceived as most dangerous such as gender-specific locker rooms and bathrooms, perhaps because identifying as transgender invites a variety of negative experiences such as verbal and behavioral indignities (Nadal, Davidoff, Davis, & Wong, 2014). Results also suggested that some felt uncomfortable expressing their gender in certain situations, such as female-to-male transgender individuals feeling uncomfortable or concerned for their safety when using male locker rooms. Others had to learn how to negotiate gender privileges after transitioning, for example, a female-to-male participant no longer held hands and showed public display of affection with his male partner for fear of “gay-bashing” statements. Although there were adjustments necessary after transitioning, participants indicated that embodying their transitioned gender improved their sense of authenticity, thereby improving their experiences in public recreational areas.

Research focused on those who plan to transition and enter the workforce has also been undertaken. Budge et al. (2010) explored career decision making processes of 18 individuals in the middle of the gender transition process. Using grounded theory helped the researchers describe a model of how participants make sense of their work experiences. Five main questions were asked of participants: (a) what were workplace experience like prior to transitioning, (b) what was your workplace experience like during and after the transition, (c) are you currently in an ideal job/profession, (f) is there anything stopping you from having the job you want, and (e) would there be in differences in their career aspirations if they were not transgender? Results reflected two processes or work experience models: negotiating gender transition at work and making career decisions. Negotiating the transition at work process was broken down into (a) pretransition (e.g., suicide ideation related to problems at work and presenting as their birth sex assignment while at work, (b) during transition (e.g., coming out or being outed by others at work and reactions of co-workers), and (c) post-transition (e.g., coming out in job interviews). Career decision-making resulted in six themes: (a) occupational barriers, (b) occupational prospects, (c) occupational aspirations, (d) taking actions, (e) occupational gratification, and (f) contextual influences.

Their findings suggest that transitioning at work is distinct from transitioning in a person's private life and was consistent with previous research results. For instance, Griffith and Hebl (2002) hypothesized that the more an organization is perceived to be supportive of gay and lesbian employees, the more a gay and lesbian employee will have disclosed their sexual orientation at work. Participants included 220 gay men and 159

lesbians to show that coming out at work was strongly associated with the level of perceived acceptance, supportive attitudes, and support structure in a workplace environment such that the higher the perceived supportive environment, the greater the number of employees who came out at work. While the study by Budge et al. (2010) confirmed previous research, their research could have been improved by including participants who started their transition process earlier in life, consequently, their transition process at work may have been easier since they would have been entering the workforce for the first time. These results suggest that active-duty transgender service members may be more comfortable at work if they have a sufficient support system.

Research documenting transgender experiences has been gaining attention and steadily growing as punitive laws have been enacted throughout the U.S. in relation to transgender individuals, such as cities banning people from using the bathrooms if they were not using bathrooms that aligned with their sex at birth. An increase in laws designed to protect the rights of transgender individuals has prompted a growing body of research on transgender experiences (i.e., Brewster, Velez, Mennicke, & Tebbe, 2014; Ruggs, Martinez, Hebl, & Law, 2015). Some of these laws focused on the negative work experiences of transgender individuals, which has been an issue for many transgender workers. For example, in one study, approximately 97% of transgender individuals reported experiencing workplace discrimination and mistreatment due to being transgender (National Center for Transgender Equality, 2011).

While laws created to punish people who mistreat transgender personnel can aid transgender personnel in their workplace environment, in some cases, transgender

personnel have had to rely on the use of counselors and therapists to deal with certain types of workplace discrimination they may experience or to discuss how to handle workplace discrimination after they transition. For instance, a study by O'Neil, McWhirter, and Cerezo (2008) noted how the inability of companies to realize the changes necessary to provide bathroom facilities to accommodate transgender workers caused transgender workers to talk to counselors for help in dealing with workplace discrimination. Similarly, active-duty transgender personnel may describe experiences or see military counselors or therapists in an attempt to deal with discrimination experienced in the military.

Gender Dysphoria

Gender dysphoria or distress is caused by incongruence between expressed gender and gender assigned at birth (DSM-5, 2013) and has been researched in the transgender population. There have been efforts made to better understand the increase in gender dysphoria referrals to medical clinics (Chen et al., 2016; Zucker, Bradley, Owen-Anderson, Kibblewhite, & Cantor, 2008; Wood et al., 2013). There have been studies on the relationship between gender dysphoria, transgender behavior, and mental health. For example, Algars, Alanko, Santtila, and Sandnabba (2012) analyzed the association between eating disorders and gender dysphoria. Twenty transgender Finnish adults between the ages of 21 and 62 examined the participants' perceived reason for their disordered eating. Sixteen of the 20 participants were diagnosed with gender dysphoria and had completed or were in the middle of completing the gender reassignment process while the other four were waiting to receive a diagnosis. Semistructured interviews were

used to address participant eating habits, food choices, and any problems related to eating. Moreover, participants completed a thinness, bulimia, and body dissatisfaction eating disorder subscales. The subscales assessed 25 areas focused on dieting concerns, the attraction of thinness, fear of weight gain, binge eating behavior, and discontentment with their body size and shape.

Using the grounded theory to analyze the data, nine themes and three constructs emerged: (a) disordered eating included dieting, bingeing, purging, and excessive exercise themes; (b) perceived causes of disordered eating included suppressing gender, accentuating gender, and other reasons themes; and (c) eating disturbances and gender reassignment on disordered eating included positive and negative change themes. Sixty-five percent of the participants reported engaging in dieting behavior significantly impacted their weight, such as avoiding situations where people eat and losing a large amount of weight in a short period; 25% reported binge eating; 25% reported purging their food; 40% indicated excessive exercise to lose weight, and 35% reported suppressing their biological gender by losing weight. For instance, female-to-male transgender individuals lost weight to remove any curves usually associated with females; 21% reported weight loss as a method of accentuating their desired gender, and 25% cited other causes of disordered eating such as feeling like an outsider and being thin would make it easier to engage in sex. Twenty-five percent reported that having gender reassignment surgery improved their body image and reduced their disordered eating symptoms. Results show a variety of reasons why people diagnosed with gender dysphoria could be vulnerable to eating disorders which have been supported by previous

research (Hepp & Milos, 2002; Vocks, Stahn, Loenser, & Legenbauer, 2009; Winston, Acharya, Chaudhuri, & Fellowes, 2004). This research provides insight into possible behavior tendencies active-duty transgender service members could have if they still suffer from gender dysphoria.

Feder, Isserlin, Seale, Hammond, and Norris (2017) conducted a similar study by reviewing clinical documentation on eating disorders and gender dysphoria. The purpose of the study was to highlight eating disorders in 97 Canadian youths ages 12 to 18 diagnosed with gender dysphoria. The researchers predicted an increase in the incidence of eating disorders and their associated characteristics due to the internal distress caused by gender dysphoria. This was measured by examining body dissatisfaction, eating disorder, and comorbid eating disorder diagnoses. Overall, results suggest eating disorders and eating disorder symptoms are high in individuals who suffer from gender dysphoria. Results indicated 95% of participants reported that dysphoria due to gender non-alignment created most of their stress and body dissatisfaction; transgender males with gender dysphoria were almost twice as likely as transgender females to be diagnosed or have thoughts and show signs of an eating disorder because it may be more challenging to hide female body parts than male body parts.

Results also indicated a link between eating disorders and physical changes that stem from excessive dietary restriction leading to weight loss. For instance, agreeing with results found by Becker et al. (2016) and deVries et al. (2011) who documented a higher rate of body dissatisfaction for female-to-male individuals, these data suggest transmen may be susceptible to higher risks of an eating disorder. However, relying on clinical

reports and other documentation instead of using standardized questionnaires or psychometrically confirmed measures could mean the data were not complete or underestimated the prevalence of eating disorders and their relationship to gender dysphoria.

The military has documented reports of service members suffering from gender dysphoria. McDuffie and Brown (2010) examined the reasons why transgender military veterans joined the military and their experiences while serving on active-duty. The authors analyzed descriptive data from chart reviews of 70 U.S. service members and veterans referred (most were self-referred) for a gender dysphoria evaluation between 1997 and 2007. Participants had to answer questions related to their sexual behavior, cross-gender behavior, medical and surgical history, and employment history. Results indicated the majority of individuals had comorbidity of gender disturbances, such as hypertension and migraines, due to their military experiences; most joined because they believed the military's strict gender roles would "make men" or "make women" out of them forcing them to go along with gender expectations of their gender assigned sex at birth. Thirty-four percent had sexual reassignment surgery, 77% indicated hormone usage to achieve feminization or masculinization, and half of those who did not use hormones expressed a desire to use hormones. While results were typical experiences of people with gender dysphoria in a military context, study results may not have captured honest feelings and experiences of active-duty members who may have feared punishment because it was unlawful to serve openly at the time of the study. Results suggest that

active-duty transgender service members may suffer mentally or seek to use hormones during their time in the military.

A review of the literature suggests that only recently has empirical research about active-duty transgender service members been published with respect to gender dysphoria. Parco et al.'s (2015) research used minority stress theory to better understand lived experiences of active-duty transgender service members serving in a military environment prohibiting transgender individuals from serving openly. The researchers sought to understand gender dysphoria in the military by approaching the study as a revelatory case study of firsthand accounts of active-duty transgender service members. A revelatory case study was appropriate as it is most fitting when an opportunity to witness and analyze experiences previously inaccessible to inquiry (Yin, 2003). At the time the interview data from 14 transgender active service members were analyzed (nine were female-to-male transgender individuals), there was no known peer-reviewed research focusing on active-duty transgender service members. Analyzing the data produced seven main elements or themes mostly about the perception of what it was like to serve actively as a transgender person in the military: (a) incorrect pronoun usage from coworkers, (b) dress and appearance standards, (c) clarity of self-identity, (d) double standards within the military, (e) performance on the job, (f) relationships, and (g) hormone usage.

Stress related to being publicly identified as their birth sex instead of their self-identified sex was noted by all participants, with those who had a strong social structure at work reporting lower levels of stress. Dress and appearance guidelines caused distress

on various levels ranging from moderate to debilitating. None of the participants had any stress related to clarity of self-identity, but all noted the importance of being confident in self-identification. All participants noted the perceived double standards in the military, primarily due to how different organizations interpret policy and their tolerance for transgender individuals. Most participants felt that outperforming their counterparts played a key part in being accepted as a transgender person. Most perceived that their relationship status with friends, co-workers, and leadership was influential in the participants' well-being, which caused hesitation for all when coming out to their family, friends, and organization. Participants varied in their use of hormones to treat gender dysphoria, as some were fortunate to receive hormone replacement therapy by military medical providers who loosely interpreted the regulations to treat gender dysphoria while others had to pay out of pocket. While the researchers successfully described the lived experiences of transgender service members suffering from gender dysphoria, the participant responses may have been different in a right to serve openly military environment. Consequently, active-duty transgender service members participating in this study may have a more positive perspective of life in the military since they can serve openly.

As a sexual minority, transgender individuals can expect to face, and have faced, high levels of external stressors, which may negatively impact their health relative to gender dysphoria. For example, experiences such as family rejection or exclusion, discrimination in public settings such as at a Veteran's Administration hospital, institutional discrimination such as in job assignments and promotions, and coworker

harassment are some likely external stressors transgender service members may experience (Chen et al., 2017; Clements-Nolle, Marx, & Guzman, 2001; Grossman & D'Augelli, 2008; Meyer, 2003; Waldo, 1999). Sexual minorities are also likely to report high levels of internal stressors such as concealment of sexual identity, negative self-talking, and expecting rejection (Lick, Durso, & Johnson, 2013; Meyer, 2003; Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006). Moreover, some have commented that transgender service members may suffer from gender dysphoria as a result of identity concealment (Hargie et al., 2017; Panchankis, 2007), fear of rejection (Hargie et al., 2017), shame (Swim, Johnston, & Pearson, 2009), poor psychological functioning (Rostosky, Riggle, Gray, & Hatton, 2007) and suicidal ideation and attempts (Cavanaugh & Ladd, 2017; Grossman & D'Augelli, 2007).

Role Conflict

Role conflict is the result of when meeting one role expectation causes difficulty in meeting another (Katz & Kahn, 1966). There may be a link between stress related to role conflict and negative behaviors and health of sexual minorities. Research documenting workplace stress and its consequences have been a focal point of role conflict with an abundance of research focused on work variables such as job performance and dual-career families. For example, Fried, Ben-David, Tiegs, Avital, and Yeverechyahu (1998) conducted a study with 359 journeymen working in an Israeli industrial corporation to test their hypothesis that simultaneous increases in role conflict and role ambiguity are associated with lower job performance levels. Results supported their hypothesis: an increase in role conflict and role ambiguity was associated with

lower levels of job performance. Although this correlational study precludes causal inferences, a possible interpretation of the results is that active-duty transgender service members experiencing role conflict and role ambiguity may not perform well on their job.

Green, Bull Schaefer, MacDermid, and Weiss (2011) used the cognitive appraisal theory to test their hypothesis that reports of high levels of employee work behavior interfering with family behavior will be associated with the partner reporting a high level of work-family conflict in an attempt to better understand how partner reaction to conflict stemming from trying to balance home- and work-life (dual-career family). For example, an employee who consistently brings work home may not help with family responsibilities, such as chores or putting the kids to bed, will have a partner who frequently reports the employee verbally expresses negative emotions such as anger or unhappiness. Three variables were used to conduct the study of 139 faculty members working at a Midwestern university: (a) the work-interfering-with-family behaviors (WIF behaviors) factor measured how often work was being accomplished that could interfere with family responsibilities; (b) the observed work-to-family (WF) conflict factor measured the couple's assessment of conflict by asking questions related to the extent the employee's work life interferes with their family life and responsibilities; and (c) the family-to-work conflict factor measured the employee's reported levels of family and work conflict by addressing questions such as the frequency of putting things off at work because of family-related responsibilities.

Results supported the hypothesis. WIF behaviors were correlated with greater observed WF conflict. Those who reported higher levels of work interfering with family time reported higher levels of WF conflict. In particular, employee partners reported higher WF conflict with those employees working more hours at the office; employees frequently worried about working at home, or who frequently worked at home. Moreover, partners were likely to react to higher WF conflict with negative displays of emotions, such as becoming sad or angry, leading to added strain in the relationship. Results were in line with others who commented on a multiple role conflict, such as Greenhaus and Beutell (1985) who stated a partner might feel greater conflict when the employer's work interferes with family life; the conflict is viewed as a form of strain on the family and the partner. Even though causality cannot be inferred with this correlational study, one possible interpretation is that a family-work relationship interrupted by work may present conditions that could affect the transgender military member experiences in the military and with their family.

Others have commented that gender role conflict is associated with poorer physical and psychological health, such as anxiety, anger, and negative health behavior (Cohn & Zeichner, 2006). In a study conducted by Bingham et al. (2013), bisexual men who experienced higher levels of gender role conflict reported higher levels of psychological distress and higher frequency of risky HIV behavior compared to bisexual men who experienced low levels of conflict. Bingham et al. explored the relationship between gender role conflict and psychological distress and risky sexual behavior among 400 African bisexual men. Data from questionnaires completed as part of a 2010 Men of

African American Legacy Empowering Self were analyzed using the Critical Thinking and Cultural Affirmation Model (Park, 2010), which suggests that a healthy combination of sexual identity, gender role, and racial or ethnic pride will permit African American bisexual to make better choices in their sexual relationships and lives.

Role conflict is relevant to gender dysphoria as people with gender dysphoria are described as being uncomfortable or experiencing role stress due to the roles expected of their assigned gender (American Psychiatric Association, 2019). Research supports the assertion that conflict in roles is related to gender dysphoria. For instance, transgender individuals who have experienced gender dysphoria have contributed it to their experiences with role conflict (Bingham et al., 2013). Role conflict has been related to gender dysphoria for those occupying multiple roles in a partnership where the roles of being a co-parent, a romantic partner, and an ally of the transgender person contradict each other (Dierckx, Mortelmans, & Motmans (2019). Although role conflict may not lead to gender dysphoria, the medical community understands the need to help transgender individuals deal with gender dysphoric stress due to being uncomfortable in their roles assigned based on their gender. One organization providing standards of care for the health of transgender individuals is the World Professional Association for Transgender Health, which publishes guidance for health care professionals emphasizing the need to help transgender individuals find roles they find comfort in based on their gender identity (Johnson et al., 2016).

Summary and Conclusions

This study was needed to help fill a gap in knowledge of active-duty transgender service member experiences with respect to gender dysphoria as they now have the right to serve openly. Research on role theory and minority stress theory, and how these theories applied to the study, was discussed. Role theory was appropriate because of its use in getting a better understanding of how people behave in and acclimate to their roles (Wang & Niu, 2010). Minority theory's frequent use in research using a minority population to explore dysphoria and stress made it appropriate to use in this study. Meyer (2003) suggested that members of a minority status group are vulnerable to discrimination or mistreatment, which may negatively impact their well-being. For instance, those who feel vulnerable may hide their true identity, view themselves as victims, and blame their feeling of oppression on discrimination and prejudice (Couch et al., 2007).

Key terms used in this study to answer the research questions included (a) gender dysphoria, (b) role conflict, (c) experiences of being transgender. These three terms have been found in similar studies. For instance, a qualitative study by Algars et al. (2012) explored the association between transgender individuals and eating disorders of those with gender dysphoria. Researchers have noted a relationship between role conflict and psychological distress causing risky behavior (Bingham et al., 2013).

Chapter 3 focused on the study's design by defining the central phenomenon, the research tradition, and the rationale for its use. The role of the researcher, how any bias was managed, and ethical issues were discussed. A description of the sample population,

participant recruiting strategy, and data collection and analysis are addressed.

Establishing trustworthiness is discussed before concluding Chapter 3 with the methods used to protect the rights of participants.

Chapter 3: Research Method

Introduction

The purpose of this IPA study was to explore the experience of gender dysphoria in current transgender military service members who can now serve openly and to understand the associated experiences of role conflict and role stress in this setting. Because legislation permitting transgender service members the right to serve openly has recently been created, there have not been opportunities to study the lived experience of active-duty transgender service members in a post-inclusion military context until now. Semistructured interviews were used to explore active-duty transgender service member experience with respect to gender dysphoria.

This chapter describes the research design used to understand gender dysphoria from the perspective of active-duty transgender service members. The role of the researcher is also discussed, including researcher bias and any ethical issues that may affect the study. The methodology section includes information about the participants, such as procedures used to identify participants and the sampling strategy, and instrumentation, such as the use of instrumentation in the past. Procedures for data collection and analysis, as well as steps taken to ensure research trustworthiness and ethical safety of participants are also discussed.

Research Design and Rationale

Research Questions

RQ1: What is the experience of gender dysphoria in active-duty transgender military service members?

RQ2: How do active-duty transgender military service members manage role conflict while on active-duty?

RQ3: How do active-duty transgender military service members manage role stress while on active-duty?

Specifically, the IPA approach was used to understand what it means to serve in a post-inclusion military as a transgender service member (Smith & Osborn, 2007). This design is appropriate for research focused on exploring how individuals understand and make sense of their social experiences or research interested in the crux of an individual's perception of an experience (Smith & Osborn, 2007). IPA is also useful when examining emotionally laden and complex topics and enables the participants to fully recount as much as possible an account of their experiences (Smith & Osborn, 2015). Further, studies using an IPA tradition is useful when illuminating a sensitive or difficult subject (Marriott & Thompson, 2008).

The key concepts of the study include (a) gender dysphoria, defined as the distress experienced by people with a marked incongruence between their gender assigned at birth and their expressed gender where the distress is caused by the incongruence (DSM-5, 2013), (b) role conflict experienced when meeting expectations for one role creates difficulty in meeting expectations for another (Katz & Kahn, 1966), and (c) role stress, which is pressure experienced when there is a disparity between one's perception and others' expectations of behaviors associated with a given role.

Role of the Researcher

An engagement that is strongly empathic and highly attuned to the participant while probing further into critical aspects is key for researchers using the IPA approach (Smith & Osborn, 2015). My supervisory experiences of LGBT members in the military and federal government were beneficial in helping me to become an empathic and understanding person with respect to different ideologies, perspectives, and beliefs. Moreover, familiarity and the ability to relate suggest people are more likely to open up and discuss personal issues if it seems the other person genuinely cares about their thoughts and feelings. An empathic and understanding approach may create a positive relationship with participants, which aids in creating trust allowing the researcher to gain insight into their experiences (Lodico, Spaulding, & Voegtle, 2010). As a researcher and active participant in the research process (Smith & Osborn, 2007), my goal was to learn about transgender service member military experience by establishing rapport with the participants. Once established, this rapport increased participants' willingness to disclose details of their military experience and increased my ability to fully understand the meaning of participants' world (Smith & Osborn, 2008).

My four years of experience after the repeal of the DADT policy as mentor and counselor to my LGBT subordinates in the military and the federal government all over the world have made me comfortable speaking with LGBT service members about challenges of military life; it familiarized me with how to avoid potentially offensive language and how to put LGBT service members at ease when talking one-on-one. Those experiences have made it possible to create relevant research questions. To reduce the

possibility of potential bias or conflict of interest, I did not include participants with whom I have had professional or personal relationships (DeFilice & Janesick, 2015).

While past relationships and conversations with subordinates provide beneficial information for interview questions, it could also create problems with selective attention to information that confirms my preconceptions. Therefore, I created a diary to help identify, monitor, and limit this bias. According to Birks and Mills (2011), a diary is a reflective task that aids in objectivity during the study and reminds researchers of their thoughts. To further reduce biased interpretations, I used an audit trail to detail decision-making and procedures used in decision-making (Shenton, 2004). According to Shenton (2004) and Guba and Lincoln (1982), the audit trail establishes confirmability and aids others in tracing the step-by-step processes and decision points used during the study. Also called a confirmability audit, the audit trail will depict how data were collected and analyzed, indicate any predispositions, and provide evidence that collected data underwent a process of analysis and synthesis and that findings are the result of the participant ideas and responses.

Bias may have also been present in the form of having advance knowledge of participant experiences in the military, possibly leading participants to believe I consider myself to be an expert. I reminded the participants that they were the experts and were the provider of information required for this study to minimize the risk of perceived power over them. In addition, I might have known some of the participants, even if not as a direct supervisor. To help avoid conflict of interest and ethical breaches, I reminded participants that I was conducting this study as a Ph.D. candidate. Moreover, I asked and

received confirmation from the participants that we had no previous interactions in the military prior to starting the interview.

Interviews continued until data saturation, which happens when there are no new conceptual information or data emerging or themes repeating (Guest, Bunce, & Johnson, 2006; Marshall, Cardon, Poddar, & Fontenot, 2013). According to Guest et al. (2013), it is more important to measure the number of individuals who express an idea than the absolute number of times an idea is expressed. In other words, researchers should focus on code and thematic stabilization instead of the number of times a code or theme is used. Moreover, ensuring an interview structure is used (e.g., asking similar interview questions for all participants and making sure each participant has experience and knowledge of the subject), reduces the number of participants necessary to address the research questions (Guest et al., 2006). In addition, the more homogeneous the population, the sooner one can expect to reach data saturation (Guest et al., 2006).

Methodology

Participants

The target group for this study were self-identified active-duty transgender service members 18 years or older in one of the four major branches of the U.S. military (i.e., the U.S. Army, Air Force, Navy, or Marines) having served for at least 6 months beyond completing their basic training and technical training schools. Serving at least 6 months beyond their training schools may mean service members have acclimated to their duty location and unit. It also means service members usually have enough experiences to measure their time in the military. Participants were recruited using purposeful sampling.

Purposeful sampling is appropriate when seeking individuals who are considered information-rich regarding the phenomenon of interest (Maxwell, 2005). In particular, I used a homogeneous sampling technique, appropriate for an in-depth focus on participant similarities in relation to the research topic (Patton, 2002). This technique was beneficial as participants were similar in terms of the type of life experience they had in their work culture (Etikan, Musa, Alkassim, 2016).

The sample size proposed was 12 participants. Qualitative research typically does not have a predetermined sample size, depending instead on acquiring content to fully and thoroughly address any research questions (Sargeant, 2012), up to the point where no new concepts or codes emerge (Coyne, 1997; Shenton, 2004). Moreover, smaller sample sizes are typical of IPA research (Smith & Osborn, 2015). An academic search of 136 qualitative studies using IPA showed a mean sample size of 12 (Cassidy et al., 2011). Although researchers strive for saturation, obtaining it is not without issues; in particular, consensus is lacking on the appropriate number of participants necessary and how saturation should be conceptualized (Bowen, 2008; O'Reilly & Parker, 2013). For example, saturation can be viewed from an information or data saturation perspective whereby saturation is achieved when no new codes or themes emerge (Birks & Mills, 2015; Francis et al., 2010; Guest et al., 2006; Shenton, 2004; Urquhart, 2013). However, others consider saturation met when all theoretical concepts are fully represented and well-developed (Starks & Brown-Trinidad, 2007).

Moreover, there are varied approaches to determining an adequate sample size. For instance, Morse (1994) recommended no less than six participants for a

phenomenological study, whereas others suggest a range for qualitative studies regardless of the methodology used, for example, as few as 25 participants for studies that do not deal with human behavior, as few as 10 with intensive interviews, and as few as one for case studies about life history (Charmaz, 2006; Green & Thorogood, 2009). The varied and sometimes conflicting perspectives may cause saturation issues and impact the quality of research.

Participants were identified through self-identification as a transgender US service member. I recruited participants via personal connections within the military LGBT community. I also recruited participants via public social media LGBT groups, such as Facebook, discovered by interacting with friends and acquaintances. The study's general description and purpose were in the consent form, which was given to all willing participants and completed before any interviews began. The American Military Partner Association, a national and global organization for LGBTQ military and their families, was also used for advertising the study. Interested participants were given more information within 24 hours of expressed interest to discuss the research and address any questions or issues.

Instrumentation

The semistructured interview guide was the data collection method (see Appendix). Semistructured interviews are a popular data collection method for IPA studies because they provide researchers flexibility to modify initial questions in response to participant answers, allowing researchers to probe as necessary (Smith & Osborn, 2007). These in-depth interviews allow for further exploration of unexpected issues or

responses by asking additional questions. I created an interview guide to help identify and adjust questions as necessary due to the sensitive nature of the study (Smith & Osborn, 2007). Interview questions that focus on elements of the research topic, such as sensory perceptions such as thoughts and feelings and participant interpretations were created (see Pietkiewicz & Smith, 2012). Although probing questions were used to nudge participants without leading them, questions were created that encouraged participants to respond with minimal prompting (see Smith and Osborn, 2007).

In addition to audio recording the interviews, I created a journal and field notes for each interview. The journal and field notes were an aid when coding to help reduce memory bias with respect to nonverbal or environmental cues that could affect how the data are interpreted (Sutton & Austin, 2015). The journal included information such as gender expression, location, date, and time of the interview. Moreover, content such as body language and any obvious pauses when giving answers were captured (e.g., long pauses may have meant a question or thought was difficult to talk about), which helped provide insight into participant responses (Sutton & Austin, 2015).

Recruitment, Participation, and Data Collection Procedures

Participant recruitment took place via LGBT groups on social media, such as LGBT Facebook groups. I contacted participants using an invitation explaining the nature of the research. The study invitation included my phone number and email address for those who wanted to participate or were interested in additional information. Interested participants who emailed or called for more information received follow-up emails or phone calls to describe the research purpose further, discuss informed consent and the

interview process, and answer any questions they have about the study. The Informed Consent Letter was provided to participants by email to electronically sign (i.e., return the email with the phrase “I have read the Informed Consent letter and agree to participate, [full name]”) and returned before an interview was scheduled. Interviews were conducted by phone or using video technology on their computer. The interviews occurred in a single session that lasted between 60 and 90 minutes and were recorded via a Sony ICD-UX560 digital recorder.

Participants were informed that they could withdraw from the interview at any time and were under no obligation to complete the interview once it started. Each interview ended by my asking participants if they had any questions that had not been answered and notifying them of their right to review their responses before data analysis. Additionally, they were informed that they could request to review the results after data analysis to ensure the preservation of their privacy. Participants could have exited the study by stating their desire to withdraw; they each had the right to withdraw their consent to participate and to remove their data from the research study. Upon interview completion, I debriefed each participant. The debriefing process addressed the study’s purpose, research questions, and aim of the study, any areas of concern, misconceptions, and any questions about the study. I provided an interview summary during debriefing as another chance for participants to confirm that I captured their intent during the interview.

Data Analysis Plan

NVivo qualitative analysis software, a qualitative program used for the analysis of unstructured text, audio, and video files, was used to analyze the data. Following the IPA steps suggested by Pietkiewicz and Smith (2012), the following steps were conducted during data analysis: (a) multiple reading of the transcripts, audio files, making notes, (b) transforming notes into emergent themes, (c) seeking relationships and clustering themes, and (d) writing narratives. The first stage involved immersing in the data, making note of any observations and reflections of any significant or distinctive comments or emotional responses made during the interview experience. There was a focus on interview content, context, language used (e.g., metaphors, tone, pauses, repetitions) that was relevant. Personal reflexivity comments were created to list how my characteristics could affect the rapport with the participant (i.e., gender, age, education, social status). The second stage focused on categorizing the data into implicit topics using the comprehensive notes and ideas from the previous stage (see Auerbach & Silverstein, 2003). The goal at this stage was to consolidate the participant's experience into a meaningful whole or theme (see DeSantis & Ugarriza, 2000).

The third stage involved making connections among themes based on conceptual similarities and clustering themes with descriptive labels (Pietkiewicz & Smith, 2012). This process included refining or removing themes and creating subthemes as necessary. Writing a narrative account of participants' disclosures was accomplished by describing and exemplifying themes with excerpts from them, along with analytic researcher comments. This process helped illustrate the participant's voice and experiences and

helps readers see the participant's perspective and my interpretative account of the participant's experiences (see Pietkiewicz & Smith, 2012).

Issues of Trustworthiness

Credibility

Establishing credibility was achieved by member checking, which may be critical to enhancing credibility (Guba & Lincoln, 1982). Participants were sent a copy of their transcribed interview and asked to review to ensure that their thoughts and perspectives were accurately represented; participant verification helps ensure that transcriptions match what the participant intended (Shenton, 2004). Credibility was further enhanced by ensuring the questions asked were connected logically to the theoretical frameworks. I also created a reflexive journal to record my initial thoughts of each interview and note any appearing patterns (Shenton, 2004). This process of reflective commentary is a method of making the researcher's narratives, such as their thoughts, feelings, ideas, and opinions, visible and is considered critical in establishing credibility (Guba & Lincoln, 1982). Data saturation was achieved when there was no change to the codebook (Guest et al., 2006). According to Guest et al. (2006), code or theme stability, along with infrequent changes to codebook definitions, is an indication of achieving data saturation.

Transferability

Transferability was enhanced by detailed descriptions of the data gathering, management, and analysis process that permit applications to other contexts or situations for other researchers (Merriam, 2002). Comprehensive and thorough descriptions of the elements central to the research process, such as the methodology, participant selection,

study context, and data collection methods, were described. Although the small sample size may mean research findings are not transferable, a rich and comprehensive understanding of the research process provides a transferability index or database for other researchers to make judgments about transferability (Lincoln & Guba, 1985).

Dependability

Dependability was improved by implementing an audit trail of my data analysis process (Anney, 2014). A thorough description of the research design, including how it was implemented, the details of data gathering, and a reflective evaluation of the project, increased dependability (Shenton, 2004). I annotated how data were collected, recorded, and analyzed to demonstrate consistency in the research process (Marshall et al., 2013). In addition to keeping an audit trail that chronologically lists research activities, a reflexive journal was used to provide in-depth coverage of the research design. This included self-reflection of any personal or professional knowledge to aid in understanding the essence of the participant's experiences, my thoughts and continuous reflexivity, and other observations such as body language and participant tone during interviews (Berger, 2015; Shenton, 2004). Dependability was also increased by providing written transcripts of participant audio recordings.

Confirmability

Although used to establish trustworthiness in other areas of this study, it is suggested that audit trails, reflexive journals, and triangulation establish confirmability (Bowen, 2009; Koch, 2006; Lincoln & Guba, 1985), all which were utilized. An audit trail establishes confirmability in qualitative research as it is concerned with ensuring

results and their interpretation are clearly derived from responses provided by participants and not from the researcher's preconceptions or biases (Tobin & Begley, 2004). A reflexive journal strengthens confirmability in qualitative inquiries by allowing others to assess if my perceptions, interest, personal history, and background in any way influenced the research process (Koch, 2006; Lincoln & Guba, 1985). This study collected data through interviews.

Ethical Procedures

Institutional Review Board (IRB) approval (09-24-19-0286513) was sought from Walden University before potential participants are contacted and interviewed. Anonymity was assured by utilizing a computer-generated identification number for each participant instead of their name and other personally identifiable information. Participants were notified in writing and verbally that assigning them a number was to maintain their anonymity. To further protect participants, any documentation (i.e., journals and transcripts) used the participant's computer-generated number instead of names and their locations will be limited to the state (or foreign country). Participants were required to complete and return the written consent form before I conducted the interview; they were notified of their right to stop, reschedule, or withdraw from the interview if it became emotionally draining or for any other reason. A list of civilian and military counseling centers participants can contact if they wished to talk about any feelings emanating from their participation in the study was included on the consent form.

I was the only person with access to data as all written data was stored in a secured safe, which will remain for five years (or the minimum amount of time necessary at the time of the study) and will be destroyed by shredding documents in an approved classified shredder. All electronic documentation was stored on a password protected laptop accessible only by me. Any USB device use was immediately transferred to the password protected laptop and immediately deleted from the USB device. There were no other known ethical issues at this time. No material rewards or incentives were provided for participating.

Summary

This chapter opened with a restatement of the purpose of the study and a preview of its major sections. Details of the research design and rationale, as well as the IPA research tradition were discussed. The role of the researcher was discussed next, including how researcher bias was managed. Instruments used in the study included semistructured interviews via an in-depth interview strategy and seven neutral interview questions. Procedures for recruiting and collecting data from active-duty transgender service members were discussed. A discussion of data analysis, trustworthiness, and ethical concerns were provided. Data collection, data analysis, evidence of trustworthiness and research results will be discussed in Chapter 4.

Chapter 4: Results

The purpose of the study was to determine whether current transgender service members still experience gender dysphoria now that they can serve openly. By exploring how transgender service members describe their lived experiences in a post-open-inclusion military context, the study addressed this gap in the literature. Research on military members with respect to gender dysphoria has illuminated the plight of transgender service members in the U.S. military (Londono, 2014; McDuffie & Brown, 2010; Milhiser, 2014), but increased awareness of gender dysphoria experienced by active service members is needed in a post-inclusion military context to further the collective understanding of transgender individuals' military experience (Parco et al., 2015). Using semistructured interviews, this study explored military experiences with respect to gender dysphoria among openly serving active-duty transgender service members. This chapter presents the results of this interpretative phenomenological analysis followed by a discussion of trustworthiness.

Research Questions

RQ1: What is the experience of gender dysphoria in active-duty transgender military service members?

RQ2: How do active-duty transgender military service members manage role conflict while on active-duty?

RQ3: How do active-duty transgender military service members manage role stress while on active-duty?

Setting

I had no affiliation with the military installations, offices, leadership, or peers where participants were employed. The study was conducted independently by me as I was responsible for all data collection, transcription, and analysis. There were no changes to the research conditions that may have influenced participants or study results. All interviews were conducted by phone in a private office in my home, which has doors that close and lock and sits away from the most frequented areas of the house. Participants were advised to conduct the interview in a private setting; however, I was not able to confirm whether the participant answered questions in a private setting. There were no interruptions during the interviews that may have been interpreted as a participant's comments and there was no evidence of other conditions during the interview process that may have influenced data collection or interpretation efforts.

Demographics

Participants for this study included eight individuals self-identifying as active-duty transgender military members at least 18 years of age serving in the military from 3-14 years. Participants were assigned a random six-digit numerical code (103887, 943100, 784409, 228611, 842004, 199204, 566993, 830034). All interviews were conducted telephonically due to the geographical limitations. Only one (103887) out of eight participants agreed to a recorded interview session. All participants were currently assigned to a military location within the continental United States: 103887 in the state of Arizona, 943100 in the state of Washington, 228611 in the state of Colorado, 784409 in the state of Kansas, 842004 in the state of California, 830034 in the state of Washington,

566993, and 199204 did not indicate their current location other than indicating they currently reside in the United States. Five participants were male-to-female members (103887, 943100, 228611, 842004, and 830034) and three were female-to-male (784409, 199204, and 566993).

Data Collection

As an active participant in the data collection process (Smith & Osborn, 2007), my goal was to create a positive relationship with participants to gain insight into their experiences (Lodico et al., 2010). During each interview, I attempted to remain an active listener, be mindful of each participant's perception of their experiences, and consistently confirm their responses to ensure I captured the meaning as they intended and to reduce research bias. Participants were also periodically reminded of their right to withdraw at any time to ensure they were comfortable.

Fourteen individuals agreed to or considered participating in the study, but six eventually declined. The remaining eight participants were chosen based on their consent to be in the study. I interviewed participants using the list of questions approved by the dissertation committee. The average interview was 75 minutes with a range from 68 to 83 minutes. Each participant was only interviewed once. Data were recorded using a Sony ICD-UX560 digital voice recorder, with prior approval from the participant who agreed to be recorded, and transcribed within 48 hours into Microsoft Word. I took detailed notes during each interview for the remaining seven participants using Microsoft Word. Clarification questions were asked as appropriate throughout each interview, and

impressions and thoughts garnered were annotated in a reflexive journal as soon as possible after each interview.

Some of the data collection methods discussed in Chapter 3 went as planned. Participants had a chance to make any clarifying remarks upon hearing a summary of the interview and reminded of their right to view their responses before data were analyzed. Participants were also debriefed upon interview completion.

There were, however, a few exceptions to the planned data collection procedures discussed in Chapter 3. For example, I had anticipated recording all interviews via a digital recorder, but the majority of participants declined to have their interview recorded. Consequently, the length of most interviews was increased in order to confirm responses. This increased the need for member checking as a form of validating the accuracy of transcribed data to ensure the essence of their experiences was captured and to address any unanswered questions. Participants were sent a copy of the entire transcript and none requested modifications to the transcribed data. Although seven of eight participants agreed to be interviewed if they were not recorded, some, who ultimately declined, had initially agreed to participate but only with a face-to-face interview to guarantee their interview would not be recorded. This was not possible due to the geographic distance. There were no unusual circumstances encountered in the data collection process.

Data Analysis

Interviews were transcribed within 48 hours after completion. I sent transcripts to participants for member checking purposes before moving forward with data analysis. Data were analyzed and interpreted using IPA, a data analysis method suggested by

Pietkiewicz and Smith (2012), which is appropriate when attempting to understand the content and complexity of participants' lived experience (Smith & Osborn, 2007). NVivo 11 was used to assist in identifying key phrases and words, which aided in examining large chunks of data quickly, simplified manual coding efforts and categorizing data, and reduced the amount of time necessary to transform codes into themes.

Coding Process

The first step involved immersing myself in the data by identifying distinctive or emotionally driven comments and responses such as language reflecting their mood. In my journal, I noted the interview content, context, and the language used, paying particular attention to tonal inflections, repetitions, and length of pauses. Each transcript was read multiple times to ensure my notes accurately reflected participant responses and to capture comments pertinent to the research questions. Codes began to emerge during the transcription process, which resembled those listed in the reflective journal. Codes were linked to specific words or phrases made by each participant. The second step included in-text coding during the first reading of each transcript to apply descriptive codes to the data. Codes were refined or eliminated as appropriate during subsequent transcript readings making sure all key responses for each research question were represented. Comprehensive notes were created to aid in organizing data into easily understood topics or codes (see Auerbach & Silverstein, 2003), resulting in 21 codes as depicted in Table 1.

Table 1

Active Transgender Military Experiences

Code group (Categories)	Code	Definition
Supportive persons: People who encourage, provide comfort to, or show support for transgender military members.	Friends or coworkers	A person who has a positive bond or relationship with the transgender military member.
	Military chain of command	Someone in the member's chain of command; military medical professional; military religious person.
	Family	A person related to the military member such as a parent or sibling.
Esprit de corps: Support and encouragement suggesting loyalty or commitment to transgender military members.	Advice	Comments made by others suggesting how transgender military members should live or behave within the military.
	Support	Support given by military persons or friends to live in a way that makes them happy and encouraged to live their truth; engaging in positive activities with military transgender personnel.
Rights: Perception that all individuals are equal; to be treated with what is proper or just.	Inequality	Different standards or unequal rights for transgender personnel in the military compared to non-transgendered personnel.
	Spreading false rumors	Spreading untrue information designed to bring hurt or pain.
	Betrayal/telling secrets	Divulging information told by transgender personnel under secrecy to others.
Uncertainty: The state or condition in which something (e.g., the probability of a particular outcome) is not accurately or precisely known.	Fear of political changes	Uncertainty over the fate of military transgender members' right to serve in the military.
Emotional expressions: Outwardly expressing their feelings; outward manifestation of their mental state.	Crying/yelling	Shedding tears as an expression of distress, pain, or sorrow; loud crying or scream as an expression of distress.
	Talking with friends/peers	Verbally communicating thoughts or feelings.
Self-improvement: The act of making oneself better emotionally or mentally through one's own efforts.	Weight/circuit training	Exercising as a physical outlet of negative thoughts and feelings.
	Meditation exercises	Reflective exercises to achieve focused attention and to gain insight into oneself and their environment.
	Writing stories/journaling	Writing about military experiences as an outlet of negative thoughts and feelings.
Substance use/abuse activities: Response in order to relieve stress due to military experiences (e.g. being ridiculed)	Excessive drug or alcohol consumption	Taking illegal or prescribed drugs and alcohol as a coping mechanism.
Psychological wellbeing: State of mind associated with military experiences surrounding living and serving openly; may also be influenced by the constraints within the military.	Suicide attempt/ideation	Thoughts about or the act of attempting to take one's own life.
	Anxiety/depression	Emotions characterized by apprehensive tensions and somatic symptoms of tension; negative affective state that interferes with daily life, such as sadness, pessimism, despondency
	Social isolation	Voluntary absence from contact with others.
Self-denial: The act of suppressing desires or forgoing satisfactions.	Masking/concealment/suppressing feelings	Internalizing thoughts and feelings; effort to control or inhibit the expression of feelings.
	Living a lie	Belief that coming out would lead to negative experiences in the military
	Behaving/acting based on biological sex to fit in	Projecting talk or behavior based on what the majority of others expect

Categories

Codes were organized into conceptual categories based on similarity, staying as close as possible to the language used by participants. Each category was read and reread to ensure that only the relevant codes were associated with each category. As categories started to emerge, transcripts were revisited to make sure that relevant participant responses were represented in each category. Emergent categories included supportive person, esprit de corps, rights, uncertainty, emotional expressions, self-improvement, substance use/abuse activities, psychological well-being, and self-denial.

The next step included consolidating the participants' experiences into meaningful wholes to help identify emergent themes that addressed the research questions (see DeSantis & Ugarriza; 2000). Data were then refined into nodes or themes for each participant. Transcripts were reviewed multiple times before moving to the third step to make sure only the relevant data were used to form categories and themes. The third step involved creating relationships among themes based on conceptual similarities and then assigning descriptive labels to clustered themes (Pietkiewicz & Smith, 2012). Transcripts and journal notes were reread when connecting themes to ensure they were created from the participant's actual words. A theme table (see Figure 1) was created to help make sense of, organize, and evaluate themes for appropriateness. Lastly, a narrative account of each interview was accomplished. Participant excerpts were included when illustrating themes. This helped showcase the participant's voice and experiences and helps readers understand the participant's perspective and the researcher's interpretative account of the participant's experiences (Pietkiewicz & Smith, 2012).

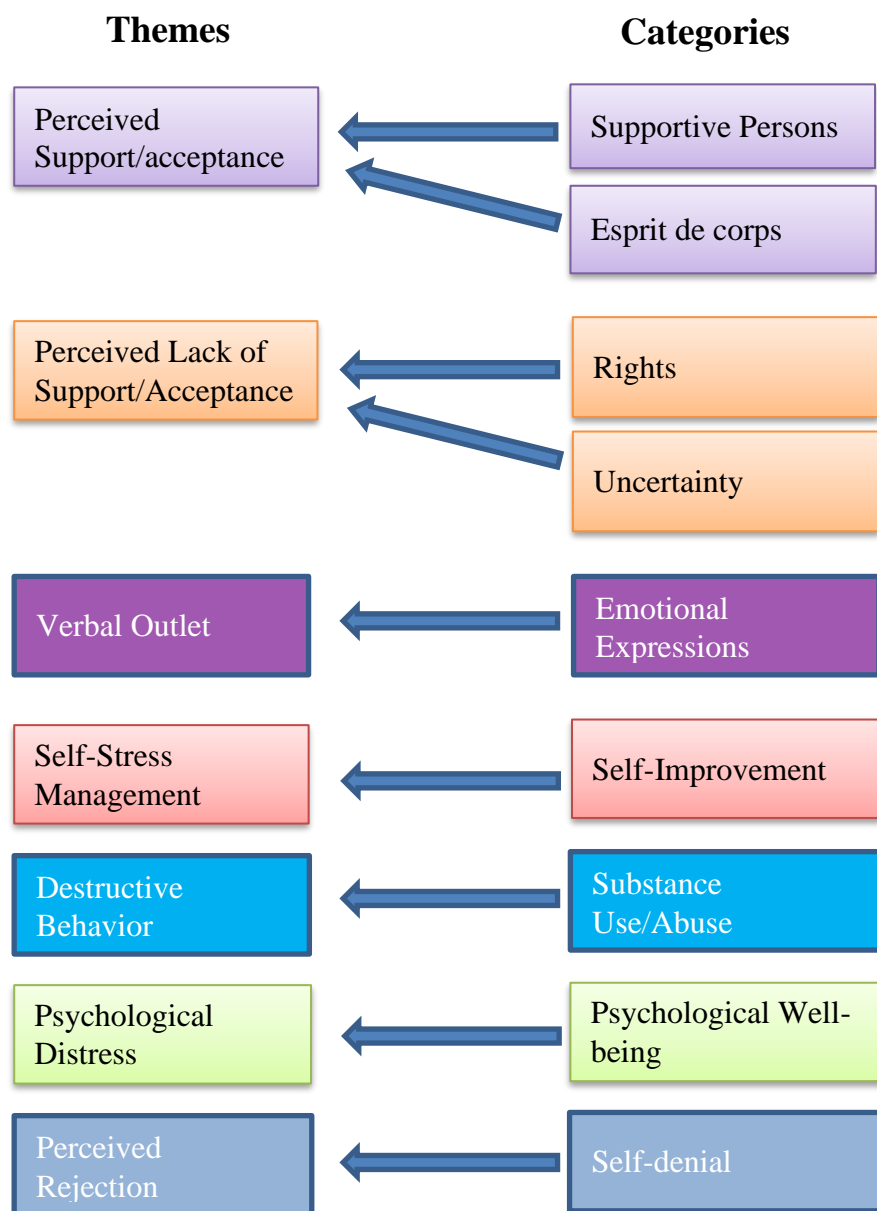


Figure 1. Diagram of themes and categories.

There were a few discrepant cases that differed from the majority with respect to the primary themes but were included to highlight differences in behavioral responses. Regarding destructive behavior, discrepant case 199204 mentioned not engaging in any destructive or reckless behavior even though it was likely to happen if military circumstances were different. When asked how stress was handled given his roles in the military, 199204 stated,

Well now I don't really have any stress in my life. Even when I did, I did not resort to anything harmful such as drinking or anything where I would not be in control of the situation. I wasn't going to give something else control over my body. The military already had enough control over limiting what I can do, who I can be. For me, it was learning to live with what is. My mother told me to never give up on hope growing up as a child and it has stuck. It just so happened to be that my hope was louder than the sound of stressors in my life related to my desire to live how I want to live.

However, prior to that question, when asked about how being in a role that prevents the freedom to express his gender, 199204 stated,

I'm not currently in such a role . . . but, I think I'd be depressed as I was before if I had to, but also may have had me acting irresponsible. It's one thing to have an internal fight because of a lawful mandate preventing me to serve openly but putting me in a situation that further goes against who I am, a gender specific role, would be like they really don't care. So, I know I would be doing something . . . I'd be going down a path I have fought hard to fight maybe. While I have been

tempted in the past to drink, I have been successful at fending off drinking . . . but I could see myself having been pushed over the edge and start drinking.

In response to perceived acceptance/support, all but 842004 mentioned that they have support from friends or co-workers (someone in their chain of command) and that this support has been very helpful in their journey. Participant 842004 stated,

I also work out a lot. We work out a lot in general in the Marine Corps, but I do a lot of working out. It's like I am trying to push out all the frustration and sadness through weightlifting. I have a weightlifting acquaintance who I talk to pretty regularly at the gym. He's been a big help with trying to keep me level-headed when I bring up my desire to leave the military. That's pretty much all we talk about besides things pertaining to weightlifting and nutrition and such. But I only talk to him when I see him at the gym, so he only knows that I am not really feeling the military. I haven't really shared much as to why. I really don't have anyone I talk to on a regular basis about my feelings.

When probed as to why she does not talk to anyone on a regular basis, 842004 stated,

Well because . . . I don't really think that many people would understand what I am going through. I have a couple transgender friends, but they are stationed overseas so we are usually awake at opposite ends of the day. I'll chat with them online on the weekends and talk to them about once a week. I've tried talking to people before about things, but my trust and privacy was betrayed so it's hard to trust people. I'm working on it, but it's tough.

There were some differences in the participants' experiences and beliefs about their support systems, but each participant indicated they chose to hide or suppress their true feelings or expressed identity to some degree along their journey. Some expressed ambivalence toward staying in the military because of the constant battle of one of the "voices in my head" (199204) went against the military culture. Yet others felt it was best to project their behavior, words, and mannerisms socially linked to their biological sex. Although there are variations in their reasoning, all participants felt they would be rejected and chose to hide their self-identified gender identity.

All commented on the current President of the United States in reversing the repeal in some manner. Two of the three (103887 & 199204) who have started transitioning mentioned the President of the United States as a reason why they decided to start the transition process when they did. In particular, 103887 mentioned "Donald Trump's" tweets about transgender not being able to serve openly was the reason she started researching the transition process at that time, in particular, talking to the military law (Jag) office and the primary care office to get started with the transition process. Participant 199204 stated,

I was afraid of coming out to my unit because I wasn't certain how things would go, but I knew that the consequences were low for me to come out now and if there ever was a time, it was now. Trump's decision sped up my process of coming out to my unit. Ultimately, I knew that I needed to transition and be able to serve how I wanted to serve in order to be effective . . . I was scared that they would reject me and advise me to keep it to myself because of all the Trump talk.

Participant 228611 expressed a feeling of sadness for those who are affected by the “Trump mess” and was thankful to have started the transition process before his ban took effect. Participant 228611 also said,

He’s all over the place and only making things worse for the people that fight for him to have the power and influence he has. Anyway, although the ban was lifted, I was still a little skeptical ...still not confident I should be proudly behaving as a woman, so I didn’t initially.

All other participants who failed to start transitioning prior to the implementation of President Trump’s ban on transgender military who are forced to serve as their biological sex were frustrated and angry with the current President. Participant 784409 stated,

Anyway, the Trump ban went into effect toward the end of my deployment and my gender dysphoria diagnoses did not happen until after it went into effect. And as a result, I can remain in the military as long as I serve in biological sex. So, while I identify as transgender, I can’t live as one in the military... it’s so damn frustrating. That I can serve my country sign up to die to keep freedom going but I cannot be who I am because one person, who don’t know anything, gets to make a decision to undue something that was such a positive thing?

Evidence of Trustworthiness

Credibility

I assumed participants were open and honest during the interviews. Subsequent contact with participants did not conflict with this assumption. Research is considered

credible when participants consider the transcribed interviews as representative of their experiences (Lincoln & Guba, 1985). Credibility was also established by member checking, which enhances credibility by having participants review their transcribed interview to ensure their thoughts and perspectives were accurately represented (Guba & Lincoln, 1982) and the participants' experiences were captured as intended (Shenton, 2004). Member checking is a proven strategy for improving the quality of data (Anney, 2014) as it means the data and accuracy of its interpretations have been consistently confirmed by participants (Guba, 1981); this is the heart of establishing credibility (Lincoln and Guba, 1985; Onwuegbuzie & Leech, 2007). By ensuring participants had the opportunity to review all data during and after transcribing and analyzing data, I remained as transparent as possible as to how I arrived at my findings and conclusions.

Credibility was also established by using a reflexive journal. My initial thoughts were recorded in a reflexive journal to highlight feelings, thoughts, and opinions on participant experiences. This reflexive commentary process is deemed critical when establishing credibility as it aids in ensuring data do not include any of the researcher's thoughts, experiences, or emotions (Guba & Lincoln, 1982). The reflexive journal was used as a reflexive tool and a key to reflexivity or the constant scrutiny and questioning at each step of the research process (Blair, 2015).

Transferability

In order to permit transferability, or the ability to apply results to other contexts or situations for researchers, detailed descriptions of the data-gathering and analysis procedures were provided (Merriam, 2002). Key elements of the research process, such

as the methodology, data collection methods, study context, and participant selection were thoroughly described in order to achieve transferability. Although the small sample size may prevent transferability to the experience of gender dysphoria among active-duty transgender personnel, a rich and comprehensive understanding of the research process provides a transferability index or database for other researchers to make judgments about transferability (Lincoln & Guba, 1985).

Dependability

Dependability was improved by using a time and date stamped audit trail and a comprehensive description of all research procedures, including data collection and analysis (Anney, 2014). Using a reflexive journal aided in observing my own biases, opinions, thoughts, and feelings about the experience of gender dysphoria among current transgender military service members who can now serve openly and to understand the associated experiences of role conflict and role stress in this setting. Using the journal to reflect on my personal and professional knowledge, aided in capturing participant tone, emotions, and conversational flow to help understand the essence of the participants' experiences (Berger, 2015; Shenton, 2004). Written transcripts of all recorded data also increased dependability.

Confirmability

Triangulation was used in addition to an audit trail and a reflexive journal to establish confirmability (Bowen, 2009; Koch, 2006; Lincoln & Guba, 1985). Triangulation was used to increase the quality of the study by interviewing participants from different branches of the military at eight different locations with various years of

military experience and professional backgrounds, each presenting a different culture and unique set of experiences. Confirmability was also improved by member checking and frequent reviewing of transcripts to ensure participants' accounts of their experiences were well-developed, robust, and comprehensive. The audit trail was used to establish confirmability, as an audit trail is concerned with ensuring results are clearly derived from participant responses instead of the researcher's biases or preconceptions (Tobin & Begley, 2004). A reflexive journal strengthens confirmability in qualitative research by allowing others to judge whether my opinions, perceptions, interest, personal history, or background in any way influenced the research process (Koch, 2006; Lincoln & Guba, 1985).

Results

Identified Themes

Themes revolved around psychological well-being, support and acceptance from friends and military co-workers, participating in reckless behavior, healthy de-stressing techniques, being encouraged to live their truth, and uncertainty over the ban repeal permitting transgender military members to serve openly (Figure 1). The reflexive journal included the participant's feelings and emotions emanating from the interview such as anger, cursing, frustration, feelings of sadness or hopelessness, and regret. With the exception of two participants, the below mentioned themes were experienced by all participants. In particular, Participant 199204 did not engage in any destructive behavior in response to their military experience and managing role stress. Participant 842004 did

not perceive she had support and acceptance from military leaders, friends, or coworkers due to her betrayal of trust experiences in the military.

Theme 1: Psychological Distress

All participants expressed experiencing some level of psychological distress due to their military experiences with two stating they were diagnosed with Comorbidity Axis I (842004 experienced major depression and social anxiety; 784409 experienced major depression and anxiety) due to the stress of having to “switch back and forth” (199204) between work and home. Based on role theory, their response to stress may be due to the differences between what is expected of them at work and what they expect of themselves. According to role theory, role conflict results when trying to meet expectations of one role that causes difficulty in meeting the expectations of another role (Katz & Kahn, 1966).

Two other participants mentioned difficulty in trying to fulfill roles that conflicted with their expressed gender, specifically, that they continue to “suffer from gender-specific roles” they cannot escape. This has resulted in stretches of anxiety and depression. Participant 830034 mentioned being in a male-dominated career field, which currently has her dealing with anxiety and depression, as she hears discriminatory and sexual remarks about women causing her to “bite my tongue so I will fit the mold.” Participant 228661 hid her status; she went through a drinking phase due to discriminatory remarks made by coworkers, leading to social isolation, suicide ideation, and a negative self-view prior to transitioning. According to minority stress theory,

sexual minority members may suffer and hide their status due to discrimination (Meyer, 2003).

Participant 784409 mentioned having to “put on a fake smile at work to keep from crying” to cover up the hurt and pain due to the inability to transition. In describing his experiences related to being a transgender, he said,

I feel the military has prevented me making friends because I don't want to have to answer the questions of why I want to transition, why do I feel like I am a man inside, blah, blah, blah, like I have heard other people have to answer prior to joining the military and a few after joining.

Some participants mentioned feeling sad about their experiences in relation to being transgender in the military. Participant 103887 stated,

“Every time I have to do something under male standards, it makes me feel like nobody takes the concept of transgender serious at all. I don't get to be “real” until some marker is changed. It makes me feel like shit. . . I hate it every day.”

Participant 943100 stated,

The more I did that, think of the positives, the more I thought of the biggest negative, which was rejecting who I was, the more my desire grew to transition although I knew this was not possible, at least then it wasn't. I knew I'd have to wait until after my military career was over, which kept me in a somber and sad state for a few years.

She also described a humiliating experience she had in the military that impacted her for a while:

Anyway, it was around the end of the first year at my first base when things were bad. We were playing flag football for one of our PT sessions and, well I was never good at sports. I still remember it like yesterday. It was a go route, I learned afterwards, where I was supposed to go and run straight after the ball was snapped. The ball was snapped, and I ran straight. 4 to 5 seconds later I hear “BALLLLLLL,” so I turned around and I saw it coming toward me and I was by myself. Next thing I know, I did this thing with my hands like I was scared to catch the ball and it hit me in my face, knocked me down, and hit the ground. Some ran over to help me, but I heard a lot of laughter. I was crying my eyes out and crying in this feminine voice... From that day forward until I left there 4 years later, I was heckled for crying and acting like a “pussy” as I overheard some say days later.

Participant 199204 mentioned being sad and feeling down after DADT was passed and witnessing his gay coworkers celebrating their victory: “I was happy for them, especially since it was a victory for sexual minorities, but I couldn’t help to feel a little sad for a few months since that victory did nothing for what I was going through mentally.” Participant 566993 described a previous role in the military as stressful because he was in a large unit. He stated,

The role of a unit deployment manager was hectic for me, especially as someone with only three years in the military. I was still in somewhat of an upgrade training myself and now I was responsible for keeping up with the training requirements, to some degree, for dozens and dozens of people. Well, it pulled me

away from my own job a lot of times . . . I felt like a nobody at times because I could normally handle tasks without getting too stressed. That role created a negative self-view for about a year.

Theme 2: Perceived Lack of Support/Acceptance

According to Beeler et al. (1983), having a lack of trust due to role conflict may affect a person and make them trust people less. Participant 842004 indicated that she does not feel the military accepts who they are as a person. In particular, she stated,

“I don’t think people in the military accepts who we are. I’ve tried talking to people before about things, but my trust and privacy were betrayed so it’s hard to trust people. I’m working on it, but it’s tough.”

When probed about the role of those friends and the subject surrounding the mistrust, she elaborated,

It was a military supervisor. I told my supervisor about the feelings I have been having for almost 7 years and I had been able to push to the side since joining the Marine Corps, feelings about my gender identity “issue” as I called it . . . and these feelings have been coming back since having to participate as a PT leader . . . having to behave like a male just to conform to the norm . . . Anyway, he told his best friend, and before you know it, it got back to me . . . I finally open up against my better judgment, I’ve never really been someone who opens up, and the one time I do with something so personal, this happens.

Participant 103887 commented on an incident where she felt like people didn’t accept who she was and what transgender individuals were going through, stating:

A co-worker came back on his mid-tour spreading rumors that I was giving out LOCs [letters of counseling] and LORS [letters of reprimands] for misgendering her. I pulled out the entire shop and got them together during a safety briefing and put those rumors to bed, such as I gave them the regulation that says I can't write up someone for that, that I'm super open.

She also commented that she hears people making noises periodically "like they want to vomit," suggesting that they do not fully accept who she is as a person.

Participant 943100 mentioned lying to her friends about who she was for fear of being judged, not accepted, or worse, discharged. In response to behavior being influenced by distress due to their biological sex and self-identified gender. She stated,

After getting to my first base and settling in, it was tough to continue that macho tough guy behavior. As time went on and I continued exploring my gender identity outside the military, the more difficult it was to keep pretending that I was a male. It only made me start to do things that I am not or don't want to do.

After I asked about elaborating on those things she started, she stated,

Such as being deceitful to my co-workers and not wanting to make friends. Lying wasn't something I was used to doing or even thought about doing too often. So, it was difficult having to make up stuff to co-workers as to why I wasn't able to hang out with them. I just didn't know how they would react. Would they push me away, bring it to my leadership? I just didn't know. Anyway, I've always enjoyed making friends and hanging out at each other's houses. The fact that I no longer wanted to or cared to make friends was a different type of behavior for me.

Gatherings at my house or going out and doing things with co-workers such as movies or parties were few and far in between.

Participant 784409 was hesitant to come out to a lot of people even though it was legal to serve openly. He stated,

Well I came out to my supervisor a couple months after getting there and he left it up to me to decide to tell anyone else because it was now legal. I don't know, I just didn't because I wanted to be sure that thing was going to stick. Trump was talking, sending his tweets and making noise about transgender and how they shouldn't be allowed in, blah blah blah, so I was afraid that if I came out and everyone knew and they reversed it, I'd be discharged. So, I only told my supervisor and kept it to myself.

Participant 199204 discussed lies and rumors he heard about himself. He stated,

I waivered back and forth from not wanting to try too hard and be macho because I didn't want people to get a false impression. I wanted them to know I was acting like a male because I was a male not because I was a butch lesbian, trying to show up all the females in my unit like some have said about me, or wanted to be accepted by guys because I was a whore, like others have said about me....these were just some of the things I heard was said about me over the years. It's why I chose to keep the truth to myself for as long as I did.

Participant 566993 commented on his perceived lack of acceptance:

Why create the ban just to take it away? I don't see a difference. I know others were successful in starting the transition process before the repeal was reversed, but for the rest of us, well, we weren't so lucky, so nothing really has changed.

Participant 830034 uttered a similar negative feeling about the ban and being accepted in the military. She stated,

I don't think anything has changed. The freedom wasn't afforded long enough.

We went from being accepted to not being accepted. Some may have been afraid to come out during the freedom period while others could have been down range and was planning to when they got back. In those cases, well . . . I look long and hard and don't see any big difference for the majority of us.

Theme 3: Verbal Outlet

All participants had someone to talk about their feelings or cry with in relation to being transgender in today's military. Participant 103887 relied on talking to her friends and crying to help get her through trying times in the military and still relies on talking, yelling, and a "good cry" to help her cope. In describing one such incident after starting her transition process, she stated, "I looked at crying a little differently before [starting the transition process]. Before, when I would cry, I still felt stressed. I see that there are different types of crying now...sad, stress, mad crying. I compare it to when the rain comes and then the sun comes out." Participant 943100 discussed a frequent type of occurrence she had before she started her transition process. She stated,

Anyway, there were a lot of crying moments when I was alone in the dorms, the bathroom at work, really anywhere I was free when I thought about how I was

being treated. I was called gay pretty frequently and others stayed away from me . . . Anyway, so that was my life in the military in a nutshell until shortly after the end of DADT . . . I still cry, but nowhere to the degree it used to be.

Participant 784409's background was also filled with crying episodes: "Lots of crying and sadness when I'm not at work and a lot of fake smiling while I am at work."

Participant 228611 indicated that crying helps deal with daily stressors from her role in the military:

I can say that my recent days are much better than my early days, but I still deal with stress due to the military . . . There are two things that have helped me get along . . . Talking to other transgender people also helps – crying with them due to our consistent struggles for the transgender military population overall and all those who are caught up in the Trump ban mess. My role is to be an advocate for those who aren't really free in a military that was created to ensure freedoms will always exist . . . there are 3 people I talk with pretty consistently, one transgender in the military and two veterans. They are my sounding board, and I am theirs.

Anyway, we do a lot of talking and crying, which I very much need.

Participant 842004 was the only person who has not opened up much about her feelings to anyone but mentioned a person she describes as a frequent workout partner. She mentioned that talking to her workout partner helps deal with the stress brought on due to the mandate that she serve in her biological sex:

He has been a big help with trying to keep me level-headed when I talk about leaving the military . . . I talk about how it's difficult navigating my home life

with my personal life and how the military prevents me from being me . . . I don't really tell him much about what I mean by "being me," but he has kept me somewhat level-headed.

Participant 199204 recalled a friend he met at his first location and how instrumental she was in dealing with his early struggles:

I was able to keep those voices under control for the next couple years, but barely. It was difficult at times, but I was able to with the help of one other transgender I met there. This person was my voice of reason. She was once where I was . . . she understood what I was going through and how to handle my difficulties. She was very helpful.

Participant 566993 remembered a similar experience:

I came into the military a few years after DADT was repealed, but transgenders weren't allowed in the military. I had already understood my label and how I technically wasn't allowed to serve. I came into the military anyway. It was tough in the beginning because of my urge to tell people in the military what some outside the military already knew, that I was transgender. I ended up meeting a veteran who is transgender, and she ended up being my mentor. She understood my struggles better than anyone I had met. She lived the life I was living at the time. She listened, gave advice, cried with me, yelled with me, bitched and complained with me. She was the outlet I needed.

Participant 830034 relies on non-military transgender friends and a gay military friend to help deal with role conflict:

I have a few non-military transgender friends who I talk to on a regular basis to help me deal with the conflict of being an aircraft mechanic. I do a lot of complaining to them because I can't really do it with my friends at work. While they can't really understand my plight in the military, they can relate in many ways . . . I do have one gay friend in the military. He can relate to my struggles because he was in since before DADT was repealed. He gets it and is always available to listen and talk.

Theme 4: Self-Stress Management

All participants described some type of stress management process or technique they use to deal with stress. Some rely on meditation exercises, such as yoga, which Participant 943100 mentioned as: "very peaceful, helps me stay relaxed . . . and turn my negative emotions and energy and release it in a productive and positive way."

Participant 199204 meditates during his 3 to 4 times-a-week swimming session. Others rely on weightlifting, such as Participant 842004 who works out 5 to 6 times-a-week to "get away" from work related stress. Participant 103887 runs as part of her stress relief process: a "weekly 6-mile run with a national guard member and another transgender person who can't serve openly . . . I always have time to go running or go to the gym to work out." Participant 228611 works out with her unit but relies on circuit training to help relieve stress. She stated, "Circuit training twice a week has been a good outlet. Pushing myself to succeed at something I have control over."

Participant 566993 also mentioned working out to help with stress but said he only does it as part of the unit personal training sessions. To help with stress, he prefers

to: “write about my life a piece at a time. Hopefully it’ll turn into a biography one day.”

While Participant 784409 relies on drinking and self-isolation as a means of dealing with stress, he mentioned writing short stories to deal with stress: “I try other things besides drinking and being by myself, such as reading and writing short stories, but that only helps some of the time.” Participant 830034 also uses writing to deal with stress:

Writing helps to de-stress. It's like my own story. A lot of what I feel, any anger, lack of trust, it's all written down. I get to let it out constructively. I have written dozens of stories in my journal. It's very therapeutic. I go back and read over them from time to time.

Theme 5: Destructive Behavior

According to minority stress theory, internal or external stressors may have negative consequences, such as substance abuse, on the health of minority individuals (Frost et al., 2011; Meyer, 2003). In response to stress emanating from hiding her true self, Participant 842004 mentioned frequent marijuana use and illegal drug use on occasion when on military leave. She also mentioned that drinking is a sporadic event in any given week. Moreover, when asked the interview question “has your behavior been influenced by experiencing distress (i.e. mental pain and suffering) due to a difference between your assigned gender at birth and the gender you want to express in the military,” 842004 stated,

I drink alcohol from time to time ... smoke weed when on leave for more than 10 days since I know I will not be drug tested during that time. I have also tried an illegal substance a few times while on leave. It seems to help me deal with being

angry and stressed due to my inability to transition . . . it helps me get over the fact that others have full freedom to be who they are, and I don't.

Other participants did not express illegal drug use, but they did express excessive drinking to some degree. For example, Participant 103887 mentioned drinking more than she should when interacting with friends. Participant 228661 went through a drinking phase due to some negative military experiences that almost ended in a military discharge. She also said in describing her military experiences that she would drink "pretty heavy" on the weekends and would "try to drown my pain away." Participant 566993 mentioned participating in drinking games on the weekends to help "forget about my issues that nobody cared about anyway" when describing their military experiences in relation to being transgender. Participant 943100 also felt "forgetting about today and worrying about tomorrow" was what caused her to "drink shots from time-to-time on the weekend."

Participants also engaged in destructive behavior because of role conflict or role stress. For instance, Participant 784409 stated,

Drinking helps with dealing with stress . . . I cannot wait to get home at times to numb the pain away. I get to see everyone living as they want to live and being who they are, while I have limitations on how I live and who I get to be. I'm in a role that has me out front representing the best and brightest, as an honor guard member, for those who fought for our freedom, yet I can't be free in paying my respect to those who died for the freedom I don't have? So, drinking helps with that.

Participant 103887 also drank as a stress reliever. She described her military experiences in relation to being a transgender by saying: “In addition to drinking with friends during social events, I drank more than I probably should when I drink as a stress reliever even with an amazing support system.” Participant 830034 discussed her role conflict at work by stating:

It has been difficult being in a position that is primarily occupied by men. I suppose I was put in this field because I am a biological male, but fighting two battles, one in my head about announcing who I am inside and what I want to be in the military while battling what men seem to think about women in this career field, such as the remarks made about the two women I’ve known in my short career in the same shop, well it’s been tough . . . facing the pressure of knowing that not many men will follow the direction of a woman in this field has me doubting staying in the military . . . I’ve attempted suicide by taking a whole bunch of sleeping pills to end the conflict.

When prompted about what conflict she was trying to end, she stated,

This conflict based on me not agreeing with my biological sex. The conflict of changing career fields and leaving the job I love to do, getting out of the military - the only thing I ever wanted to do, and coming out as a transgender person knowing that I will be looked at differently. So which option do I choose? Doing what the military wants, which is for me to do my job, do what my peers want, which is men should be in charge in this career field, or do I choose to do what I want to do?

Theme 6: Perceived Rejection

According to role theory, a person may conform to minimize stress when they are uncertain about what to do in a given role (Biddle, 1979). Minority stress theory posits that minority members may hide their status due to their perceived mistreatment or discrimination (Meyers, 2003); those who feel vulnerable may hide their true identity (Couch et al., 2007). All participants were unanimous in stating they have anticipated or have expected rejection in their career, which has caused them to “remain silent” about their true feelings or it has influenced their behavior in some manner. For example, in describing the early years of her military career, Participant 103887 said, “I blocked things I would normally say and would come off as extremely masculine because I thought that’s what others would respond to since that’s my biological sex.” Participant 943100 experienced an internal battle between coming out or suppressing her true feelings and denying who she was at work:

I decided to live two lives – one at work and one away from work to help me cope with life in the military. I wasn’t able to tell anyone at work about the real me before the ban was repealed. So those friends I had made at work didn’t know this side of me.

Some participants were fearful and had anxiety about coming out to people in the military, a likely response as fear and anxiety may be elevated as transgender service members worry about peer rejection or discrimination (Barrett & Logan, 2002; Bolton & Sareen, 2011). Participant 842004’s experiences in the military have made her afraid of showing her true self, primarily because her trust was betrayed. Participant 830034’s

experiences were similar. She has grown increasingly fearful of coming out because “once I come out, who I am inside becomes real and legally I can’t do anything about it.”

Other participants described their military experiences as hiding their true self at work by making a conscious effort to project the “behavior” and “talk” of their biological sex. For instance, Participant 566993 said he will sometimes make subtle comments about purchasing women’s clothing items around other females. Participant 228611 described her military experiences as transgender prior to the ban: “. . . I even went so far as going above and beyond with doing male things, the sagging pants or suits at military social events, using words that are socially associated with men.” Others had difficulty at times fighting the “voice in their head” as indicated by Participant 199204:

The longer I stayed in, the louder that voice in my head grew. I was at a crossroad. Do I stay in and aim for that better life at the end of my career or do I get out and see if I’ll be in a better place mentally? Do I risk my career as a result of siding with that voice in my head telling me I need to be real, true, authentic, or do I put my career first? I thought people wouldn’t understand what I was going through, so that kept me living in silence.

Participant 784409 said that although he has since come out to his unit, he did struggle with the decision to come out: “Even though I was open as a transgender upon coming in, I didn’t immediately come out to my unit. I went back and forth in my head on what to do – come out or remain hidden, because of Trump and all his talk.”

Theme 7: Perceived Support/Acceptance

With the exception of Participant 842004, all participants said they believe they have support or have received support from friends or coworkers during their military career. Participant 103887 described her mental health provider as “an absolute sweetheart” of a doctor who worked with transitioning members before and encouraged her to move forward with her transition. Participant 830034 mentioned the support of her transgender and gay friends as instrumental in “staying sane” in an “unfair” military. Participant 199204 discussed the overwhelming support he has received from his unit:

I finally decided to come out to my unit in the middle of 2017. It was a big relief. Huge really. Probably the best day of my life! I was so nervous when I sat down my supervisor and the shirt [first sergeant], I was scared that they would reject me and advise me to keep it to myself because of all the Trump talk. They were extremely supportive! I was so relieved. It was so nice for my chain of command to be by my side.

Participant 943100 had a similar experience:

I decided to come out to my supervisor in early 2013 since the abolishment of DADT had overwhelming positive responses for the LGT people . . . To my delight he was supportive. It was such a wonderful relief to be able to tell someone . . . My supervisor said for me to do what I needed to do to make myself happy and to take care of myself mentally and that I was here to do a job and needed the best version of myself . . . He warned me of telling people . . . since it was illegal for transgenders to serve.

Participant 566993 said he started writing in a journal at the recommendation of his mentor. She encouraged him to write about his life as a way to “release some of the pressure.” Participant 228611 talked about the necessity of having people who can act as a sounding board and how their help can be therapeutic:

There are 3 people I talk with pretty consistently . . . They are my sounding board . . . Talking things out and crying at times with them is very therapeutic. My friends are a great sounding board for me in trying to figure out how I should respond to given stressors and help me deal with the issues in the military, how I should respond to given stressors.

Participant 784409 alluded to unit support being vital to the transgender population:

I came out to my supervisor . . . I told my leadership as my supervisor said it may do me good if you didn't have to keep it in, and he was right. So, my military experiences have been ok. Because my unit knows that I am a transgender and have compassion for me and my inability to serve as a male, things aren't too bad. They treat me like one of the guys. I think it's very important for the health and psyche for transgender members if their chain of command knows and supports them. How much it helps may not be the same for each person, but every bit of support helps.

How the Results Respond to the Research Questions

Research Question 1: The Experience of Gender Dysphoria in Active-duty Transgender Military Service Members

The themes, psychological distress, perceived rejection, perceived support/acceptance, and perceived lack of support/acceptance respond to the first research question. Each participant described experiences that led to psychological distress ranging in severity from major depression and social anxiety to social isolation and a negative self-view. Participants routinely masked their true feelings or concealed their identity in response to their military experiences. As mentioned by Participant 566993, “the military has given me a lot of opportunities, but it has created a lot of pain, stress, and suffering.” Participants mentioned incidents of sadness, crying, and frustration because they were teased about the mismatch between their voice and their biological sex, ridiculed due to their fashion style, and experienced discrimination due to their minority status; all said these experiences contributed to their gender dysphoria.

Participants also experienced rejection and breach of trust by their military superiors and peers that contributed to their gender dysphoria or gender dysphoric symptoms, which influenced their behavior. For instance, some participants delayed coming out to their organization because they felt they would be mistreated or not accepted, forcing them to live multiple lives – one on duty and another off duty.

Although participants overwhelmingly mentioned negative experiences during their military journeys, they also narrated stories of support and acceptance. For instance, Participant 103887 discussed how her mental health provider was very supportive and the

reason why she gained the confidence to pursue transitioning. Participant 943100 expressed joy and relief after coming out to her supervisor, claiming it gave her a more positive perspective on the military.

Research Question 2: Managing Role Conflict while on Active-duty

The themes summarizing verbal outlet, destructive behavior, and self-stress management respond to this research question. The participants were silent about their transgender status, remaining isolated. Participants also sometimes engaged in substance or alcohol use as a response to their military experiences (e.g., being mocked, ridiculed, and shamed). Participants described destructive behavior such as smoking marijuana, taking illegal drugs, and abusing alcohol to ease the stress.

Participants managed role conflict in a variety of ways, but the most common responses were self-isolation, avoiding military social events, verbal outlets such as yelling and crying, destructive behavior, and utilizing self-stress reduction techniques. Participants mentioned that role conflicts caused them to feel down and depressed, which led to self-isolation. For instance, Participant 830034 said, “having role conflict pushes me away from many of my peers . . . it’s a cycle that is hard to break at times.” Others self-isolated and avoided voluntary military social events, even when they preferred to attend, to reduce the frequency of having to perform in a role that conflicted with their gender self-identity.

Participants also relied on yelling and crying with friends in response to role conflict. Talking through their feelings in the form of yelling and crying was mentioned as therapeutic and necessary, with some crying alone while others cried with other

transgender friends or allies. Participants also yelled out their frustrations to role conflict. Most participants looked at yelling the same way as Participant 228611 who said, “yelling things out loud allows me to yell out the things I wish I could say to people in the military.” Participants said that yelling and crying were sometimes helpful to avoid engaging in destructive behavior.

Except for 199204, participants sometimes engaged in destructive behavior in response to role conflict. Some relied on drinking as often as possible to deal with role conflict. For instance, Participant 228661 said she would drink pretty heavy on the weekend to “drown her pain away.” Others would engage in substances when in a temporary duty or leave status away from their military location, such as Participant 842004 who engaged in frequent marijuana use and occasional illegal drug use when on leave. Although participants frequently reported negative behavior to manage role conflict, they relied on self-stress management techniques to help deal with it. Meditation, weight training, and writing were common techniques used to help find comfort when dealing with role conflict.

Research Question 3: Managing Role Stress while on Active-duty

The themes destructive behavior, verbal outlet, and self-stress management were also responsive to the third research question. Participants generally handled role stress in the same manner they managed role conflict. For instance, Participant 784409 drank excessively as a means of managing role conflict and the associated role stress. Because he was not permitted to serve as a male honor guard member, performing honor guard duties was stressful; to alleviate the stress, he would drink most nights as soon as he got

home. All participants also relied on some form of verbal outlet to deal with stress; all mentioned yelling, crying, and screaming out their feelings and frustrations with trusted allies. Participants reported that their self-stress management techniques were effective outlets to help them emotionally and mentally deal with role stress in their organization

Summary

The key questions addressed in this study explored active-duty transgender experiences in relation to gender dysphoria and how they manage role conflict and role stress. The results of this study revealed the plight of active-duty transgender service members as evidenced by the seven emergent themes from the eight participants.

The themes include physical distress due to their military experiences; perceived lack of support/acceptance from friends or the military; verbal outlet as a way to deal with their experiences of being an active-duty transgender member; self-stress management techniques to help navigate through stressful experiences or feelings; destructive behavior in response to their military experience of role conflict and/or role stress; perceived rejection that led to masking their true selves and influencing their behavior; and perceived support/acceptance from friends or co-workers, which was nearly a unanimous key element described by participants as necessary in an active-duty transgender's military career.

Informed by the theories that grounded this study, Chapter 5 presents the interpretation of the findings in light of prior research and theory. Limitations of the study will be addressed and recommendations for further research will be discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore active transgender service members' experience of gender dysphoria in a right to serve openly military. The study addressed the gap in the literature by exploring how active transgender service members describe their lived experiences now that they can serve openly. Although the plight of transgender service members suffering from gender dysphoria in the U.S. military has been studied (McDuffie & Brown, 2010; Londono, 2014; Milhiser, 2014), increased awareness of active transgender service member experiences is needed in a right-to-serve-openly military (Parco et al., 2015).

The choice of the qualitative paradigm is consistent with understanding how people make sense of their world and is concerned with descriptions of subjective experiences in a social environment (Smith et al., 2009). Specifically, I used IPA to understand what it means to serve in a post-inclusion military as a transgender service member. To understand gender dysphoria from the perspective of current transgender service members, semistructured interviews were used.

Summary of Key Findings

Seven themes emerged from the data. All participants expressed some level of psychological distress caused by their military experiences, and all mentioned suffering from gender dysphoria. Although all participants described unique circumstances responsible for their psychological distress, commonalities emerging from their experiences included role conflict, inability to serve in their self-identified gender, perceived negative military experiences, and role stress, resulting in depression, anxiety,

suppression of true feelings, identity concealment, sadness, and a negative self-view. The majority of participants indicated that acceptance or support was critical to helping them navigate their military experience with all indicating that support and acceptance were in the form of mentorship, advice, or voice of reason. Participants mentioned a lack of support or acceptance was just as impactful as perceived support and acceptance. They also felt like others did not fully accept or understand what transgender individuals were going through due to people spreading rumors, having their trust betrayed, and witnessing negative comments or gestures.

Although conditions influencing military experiences were different for each participant, they all relied on talking or crying, often with friends and family, to help get through “trying times” in the military. Participants felt that having a consistent verbal outlet was necessary to deal with constraints placed on transgender military members. In addition to a verbal outlet, participants shared self-stress management techniques they relied on to help cope with their military experiences. Distress was alleviated with meditation exercises, weightlifting, and writing. Also, participants found healthy ways of handling stress, they relieved stress mostly by engaging in destructive behavior such as excessive alcohol consumption. Participants also expressed how their anticipated rejection altered their behavior; they mentioned hiding their true feelings or “remaining silent” if they perceived rejection by their coworkers or leadership.

Interpretation of the Findings

Research Question 1: What is the experience of gender dysphoria in active-duty transgender military service members?

The experience of gender dysphoria among active-duty transgender member was explored through participant accounts of their military experiences, starting with their first duty location. All participants considered their initial experiences in the military as unfavorable and that those experiences contributed to their gender dysphoria. Participants in this study discussed how they suffered in silence by hiding their true identity at work, which they felt they must do to remain in the military. Concealing one's identity supports findings by Crosbie and Posard (2016), who suggested that service members may comply with military requirements that conflict with their self-identity to remain in the military. Others were (a) teased because their voices did not match their biological sex, (b) ridiculed because of their civilian clothing fashion style and hairstyles when in uniform, (c) called gay or lesbian because of their behavior, and (d) targeted with sly remarks made against transgender personnel. Some mentioned discrimination in the workplace and breach of trust experienced by coworkers or supervisors. These experiences had a profound impact on the participants as they delayed coming out to their friends or leadership for fear of further discrimination or breach of privacy. Consequently, participants either hardened their stance on not befriending peers or delayed making friends within their organization.

These negative incidents led to psychological distress such as major depression, anxiety, and social isolation. Previous research yielded similar findings, which suggested

that negative military experiences related to being transgender may lead to gender dysphoria (Frayne et al., 2006; Meyer, 1995; Moradi, 2009; Ramirez et al., 2013; Trivette, 2010; Wilder & Wilder, 2012). All participants agreed that an unsupportive military climate for transgender individuals negatively impacted their mental health. This belief was supported by Belkin et al. (2012) and Parco et al. (2014) who concluded that lack of a supportive military climate might negatively impact the mental health of transgender personnel.

All participants also experienced living a double life in an attempt to remain in the military, conforming to military norms or cultures, and remaining silent on their views that differed from the perspective of the military. Conforming, within role theory (Biddle, 1986), is when people modify their behavior to comply with role expectations. Researchers have studied what motivates people to conform to remain in the military. In a study exploring transgender experiences in the military, transgender military members conformed to their socially identified role in an attempt to escape uncomfortable feelings (McDuffie & Brown, 2010). All participants lived double lives during their military career, living as their biological sex at work and as their self-identified gender in non-military settings. Participants mentioned that living a double life aided in their suffering from gender dysphoria. Although those who started the transition process no longer live a double life, others still choose to remain silent while serving as their biological sex due to the limitations currently placed on active-duty transgender military members. Forcing transgender individuals to live a double life may cause them to suffer from gender dysphoria (Hargie et al., 2017; Panchankis, 2007).

Participants also said they avoided military functions and events perceived as unsupportive to transgender individuals or those likely to object to transgender involvement, including using military public restrooms and volunteering for gender-specific military duties. Although they had a desire to integrate more fully within the military through volunteering efforts and accepting social gathering invitations, they declined because of the uncertainty of the impact that participating would have on their emotional health. Participants wanted to avoid feelings of discomfort, humiliation, shame, and embarrassment they may have experienced had they volunteered and participated in military social events or functions.

Participants' feelings and responses in this study are typical for sexual minorities in similar situations. According to Nadal et al. (2014), identifying as transgender invites a variety of negative experiences such as verbal and behavioral indignities that may impact a transgender person and cause them to avoid perceived dangerous situations. Other external stressors may have influenced their decision not to accept volunteer opportunities or participate in military social events such as perceived institutional discrimination and coworker harassment (Chen et al., 2017; Grossman & D'Augelli, 2008; Meyer, 2003). Although participants' accounts of their experiences reflected an outright refusal to volunteer in military social events, they eventually relaxed their stance, possibly due to the potential for support and acceptance during those opportunities and events.

Those participants who had started transitioning, that is, the process of shifting to a gender role different from that assigned at birth, which can include social transition

(e.g., new names, pronouns, and clothing) and medical transition (e.g., hormone therapy or surgery; American Psychological Association, 2018), described their experiences as mixed. Although happy that they could openly serve in their self-identified gender, there was an internal adjustment period before they were completely comfortable serving openly. They were ambivalent when trying to balance their inner desires with the general expectations of military service members (e.g., making friends in their organization and participating in social events). For instance, some participants were reluctant to use gender-specific services and gender privileges. Driven by uncertainty over the level of acceptance or support from their peers and/or organization, participants did not immediately volunteer for gender-specific responsibilities. Participants in a study by Budge et al. (2010) reported similar behavior. They found that transgender individuals who transitioned after joining the workforce were influenced by the perceived reaction of coworkers during the transition process. This was not the case in my study; the perceived reaction of co-workers did not influence their decision-making during their transitioning but rather by the specifics of the right to serve openly.

Even though participants overwhelmingly described their military experiences as unfavorable and said their experiences caused them to suffer from gender dysphoria, a more in-depth look into their journey indicated some positive experiences, typically the result of perceived acceptance and support provided by coworkers, leadership, military doctors, and friends. Leadership support and acceptance were influential in participants coming out to their organization. Their supportive work or social structure lowered stress levels and made the participants feel accepted and supported. As mentioned by Griffith

and Hebl (2002), sexual minorities are more likely to come out at work if they perceive the organization as accepting or supportive. Consequently, military transgender service members with a reliable support system may be more prone to indicate positive experiences, increasing the likelihood they would come out to their unit; this was the case with participants in my study.

Participants indicated that support and acceptance from friends were necessary, creating a positive outlet for dealing with life in the military. Participants indicated that their military journey would have been different if not for a positive relationship with their friends, separation from the military, social isolation, and suicidal thoughts due to distress from gender dysphoria being the most commonly mentioned differences. Positive friendships may have a profound impact on a transgender military member's well-being (Parco et al., 2015). Talking to their friends provided healthy methods of dealing with life in the military, helped motivate participants to remain focused on why they joined the military, and helped reduce their gender dysphoria suffering. Their friends likely provided a trusting outlet to vent their feelings without judgment or consequence. The participants' friendships in this study were deemed the most critical aspect in reducing the amount of distress they associated with their military experiences.

Research Question 2: How do active-duty transgender military service members manage role conflict while on active-duty?

Participant responses to role conflict varied, but their stories point to gender dysphoria. For some, ambivalence associated with conflicts between their self-identified gender fulfilling role duties based on their biological sex led to self-isolation, counseling

with military doctors, avoidance of military social events, anxiety, and depression. Because of this role conflict, participants experienced stress that harmed their health, which is often experienced by transgender individuals in the workplace. Carpenter and Lertpratchya (2016) found that a person is likely to report role stress that may impact them at work if they experience role conflict. All participants reported that they often feel down and depressed when fulfilling roles consistent with their biological sex and occasionally took military leave to help manage role conflict. Taking personal time away from work helped the participants mentally reset and stabilize their feelings to prevent falling into a deeper depressive state and, ultimately, separating from the military. Although it slightly reduced the frequency of engaging in negative behavior such as drinking or attempting suicide, participants mentioned that they still suffered from gender dysphoria.

Participants' frustrations, feelings, and behavior due to a role conflict may have been typical for transgender individuals. A study exploring the relationship between psychological distress and role conflict captured similar reactions (Bingham et al., 2013). Those who reported high levels of distress due to a role conflict cited more instances of psychological distress, engaged more frequently in reckless behavior, or indicated they were more likely to engage in reckless behavior as a consequence of role conflict. Similarly, participants in this study who reported high levels of distress due to role conflict had the most difficulty managing role conflict; in other words, distress caused by role conflict exacerbated the role conflict. They reported high levels of distress from gender dysphoria, more frequent substance and alcohol use, more extended periods of

depression and self-isolation, and more talk of attempting or thinking about suicide. All who mentioned that they experienced role conflict indicated poor psychological health, which supported previous research by Juan et al. (2017) who found that those involved in role conflict reported high levels of role stress and depressive symptoms.

Participants did not always revert to negative behavior to manage role conflict. When asked how they managed role conflict in a nondestructive manner, they all reported relying on self-stress management techniques to improve themselves. Self-improvement through meditation, weight training, and writing were commonly reported management techniques. Self-management techniques helped participants find solace in their roles and provided a healthy behavioral outlet for dealing with role conflict. The participants' self-management techniques were essential in trying to maintain their desired sense of self and for their overall well-being. When asked to expand on the benefits of their self-improvement techniques, participants indicated that role-conflict-related stress had decreased, and their military goal satisfaction improved.

Participants also relied on their perceived support and acceptance to help manage role conflict. Ruggs et al. (2015) found that support from leadership and peers reduced role conflict. Their results suggest that the greater the perceived organizational support, the less likely role conflict negatively impacts a person. Participants in my study reported similar responses. A more in-depth look into their experiences showed that the greater the perceived support and acceptance, the less role conflict negatively impacted their mental health and the less likely they were to engage in negative behavior. Participants felt more

comfortable in their role and grew more tolerant of role conflict as their perceived acceptance and support from their leadership and peers increased.

Research Question 3: How do active-duty transgender military service members manage role stress while on active-duty?

Participants experienced various types of role stress. At times, role stress was the result of the conflict between roles, and other times role stress derived from everyday experiences in the military; in each case, participants' disclosure of role stress experiences was evidence of gender dysphoria. Participants generally used the same destructive behaviors to manage role stress and role conflict. In particular, some drank excessively after work or used illegal drugs while on leave in response to the Trump Administration's decision to limit transgender rights in the military; participants viewed this as a significant source of role stress. In addition to managing role conflict, all participants cited self-stress management techniques, such as circuit training and yoga, to help them mentally and emotionally deal with role stress.

Participants also managed role stress through verbal outlets. In most instances, participants saw their friends or trusted peers as trusted allies; they were comfortable talking to them about stress caused by their conflicting military roles. Participants were often vulnerable to friends or peers when talking about stress related to their military experiences. Some narrated details of crying in private or crying with their friends for hours, yelling, cursing, and screaming as a means of venting their frustrations, sadness, or anger; they agreed that being emotional with friends and peers was therapeutic. Their desire to emotionally express themselves through yelling and crying with friends or peers

helped ease the negative impact of role stress. Similarly, La France, Boster, and Darrow (2003) found that the stronger or more supportive an interpersonal relationship, the less one will be impacted by role stress. Participants in my study only got emotional once they felt the rapport with their friends or peers were considered reliable and trustworthy.

Minority Stress Theory

Meyer's (2003) minority stress theory describes how prejudice, discrimination, and stigma impacts a person's physical and mental health. The concept of minority stress may be defined as a relationship between the minority conflict experienced as a result of majority beliefs (Meyer, 1995; Pearlin, 1989). Despite lawful efforts by the Department of Defense designed to improve experiences for transgender military service members, results from this study suggest that stress related to their minority status is still likely. While their military experiences varied (e.g., time served, opportunities for positive and negative experiences, and impact on their mental health), all participants experienced stress due to their identification as transgender, and all suffered from gender dysphoria attributable to their military experience.

Most described their military journey as a sequence of struggles due to their transgender status. In describing her experiences, Participant 943100 said,

I would say that it has [been filled with] ups and downs . . . I was in a battle with doing what the military wanted me to be, which was a macho tough guy, especially as an SP, and doing what I wanted to do, which was to wear dresses and makeup. I decided to live two lives – one at work and one away from work to help me cope with life in the military . . . I was often humiliated and teased by my

peers for acting like a girl . . . the discrimination was horrible . . . even though I started the transition process and have more rights than others who haven't started, I'm still at male standards in a lot of ways, so it's still a struggle since being me is still based on what others say I am. I feel I still have to hide some of myself.

This participant's description aligns with a fundamental proposition of minority stress theory, which suggests that socially devalued group members who are discriminated against or mistreated suppress their true identity (Meyer, 2003). Like Participant 943100, others hid their self-identified gender due to discrimination, mistreatment, or expected discrimination or mistreatment, which was the case with Participant 103887, who said, "I didn't put forward my true self. I came off as very masculine to be accepted . . . I would block the things that I would say." As suggested by minority stress theory, a transgender person may describe an environment as stressful related to prejudicial events or acts of verbal harassment when managing their sexual identity in a heterosexual context.

Participants also had other negative experiences due to their sexual minority status. In describing her struggling journey in the military, Participant 228611 stated, "I was growing somewhat comfortable in my own body as a result of being able to somewhat behave like I wanted. But over the next few years after DADT ended, I was approached by people in my respective offices asking if I was gay, and even had people tell me that it was now ok if I admit that I was gay. The prejudice because of my clothing choices, my mannerisms . . . well that was hard for me to hear . . . What I wanted to admit I couldn't. I had to pretend to be something that I

wasn't in order to be something that I know I wasn't, which was a male. I felt trapped and it made me keep my guard up.

Transgender service members are likely to keep their guards up to minimize social uncertainty (Thoroughgood, Sawyer, & Webster, 2017). All participants had stretches of being "on guard" due to stress related to their minority status. In the words of Participant 830034, "I bite my tongue so I will fit the mold." Participant 566993 said,

I don't trust most people. Hearing hate or homophobic remarks still to this day made about transgender individuals makes it hard to determine who is genuine.

So, I keep my walls up pretty high at times; stay to myself a lot.

This participant's reaction (i.e., self-isolation) is a coping mechanism relayed in Meyer's (2003) minority stress theory as a response to homophobic or discriminatory stressors in a social environment.

Although all participants experienced stress due to their sexual minority status and mentioned that those experiences led to a feeling of gender dysphoria, they differed in how they described their recent military experiences. The more time passed for participants who came out to their organization or the closer to their transition start date, the less they felt discriminated against and the fewer prejudicial occurrences they reported. Their responses were similar to a study by Budge et al. (2010) who found that transgender employees experiencing minority stress in the early stages of gender identity exploration faced greater discrimination and prejudice than those who were in later stages. It is possible the participants in my study focused more on what was ahead as opposed to their past experiences. For instance, when asked to elaborate on a comment

made about how his decision to come out to his unit changed his view on things, Participant 199204 stated, “I am more interested in the future than the past because my future is the rest of my life . . . and the future looks brighter.” Like Participant 199204, the others appeared to be more concerned about making new experiences instead of dwelling on the old.

Although all participants experienced psychological distress as evidence of gender dysphoria, those with more years in service or had started the transition process reported more positive recent experiences compared to those with fewer years of service or who were unable to transition. In particular, participants with at least seven years of military service openly described a more positive journey over their last five years. They described their journey from a “now” versus “then” perspective. For example, Participant 199204 said,

My early times were tough, horrible really, and a lot of stress due to being transgender, but things have been much better over the last four or five years compared to my early years in the military. Almost like night and day. Just sitting here and thinking about it. Yes, night and day. Well, more like night and dawn since there are still some issues.

One possible explanation for the difference in reports of more positive experiences in recent years may be a more reliable or more extensive support system built over many years, as mentioned by Participant 228611:

The past five or six years have been better. I have a strong and great structure and foundation of friends and peers around me that I have built up over the years.

They help me see the positive in things. And the fact that they were consistently there, well, that positive aspect sometimes outweighed some of the negative.

Studies support the importance of a positive support system; for example, Ozturk and Tatli (2016) found that a transgender person is more likely to come out at work if they believe that they will not face any discrimination or stigmatization due to their sexual minority status. Those with fewer years of service commonly painted a picture of a negative journey in recent years and more suffering from gender dysphoria. For instance, Participant 842004 narrated a military journey filled with constant stress related to her minority status, one that has not changed. Her journey showed a perceived lack of support and acceptance during her career; a violation of trust by her peers caused here to remain silent throughout her career. This lack of trust aligned with research by Hargie et al. (2017) whose results suggest that transgender people will conceal their identity when feeling unaccepted or uncomfortable in their environment.

On the other hand, participants reported positive experiences in the military, which centered on feelings of acceptance and support. Participant 103887 said,

The military is above and beyond the most accepted place I have worked in. My family is still not ok with me. They don't address the issue. They don't talk about it. Nobody talks about it. But the military has been overwhelmingly accepting with a couple of minor issues.

Participant 784409 said,

Well, I came out to my supervisor a couple of months after getting there, and he left it up to me to decide to tell anyone else because it was now legal . . . I told my

leadership as my supervisor said it may do me good if I didn't have to keep it in, and he was right. So, my military experiences have been ok because of this.

Participant 566993 mentioned a similar experience.

At the suggestion of my mentor, I came out to my supervisor because he seemed like someone I could trust. My mentor was right; I was able to trust him. My supervisor and I have built a pretty good bond of trust. I even act as a sounding board for him at times. He's a reason why the military is somewhat tolerable.

While their positive experiences eased their mental suffering, each described their journey as a psychological roller-coaster; they can tolerate things when they feel accepted and feel like a victim when having a negative experience. A study by Ellis, Bailey, and McNeil (2015) noted similar reactions. They found that transgender individuals who feel oppressed because of their self-identified gender, consider themselves victims.

Role Theory

Role theory explains how a person takes on various roles that are either assigned or assumed (Biddle & Thomas, 1966). People assume roles based on role expectations and/or the expectations associated with the position they hold; people socialize with one another via their assigned roles or positions (Palomino & Frezatti, 2016). The different roles one holds may lead to role conflict, which happens when meeting one role expectation creates difficulty in meeting expectations for another role. On the other hand, role stress is experienced at work due to role pressures within their organization (Wu, Hu, & Zheng, 2019). Managing role conflict and role stress varied among my participants.

Role Conflict

Consistent with findings by Adler and Castro (2001) and Beeler et al. (1983), the military's gender-specific role demands affected the emotional state of each participant in my study and caused gender dysphoric symptoms. For example, in response to conversations she had with coworkers about stress due to role conflict, Participant 842004 said, "I've tried talking to people before about things, but my trust and privacy were betrayed so it's hard to trust people." Participant 830034 echoed similar experiences when she said,

Why trust people when they have told some of your private thoughts to others?

So, while I talk to people, I don't do much communicating with my personal feelings with the majority of people. I find it best that way.

Participants reported turning down volunteer opportunities because of a conflict with a given role. When asked about role conflict due to their self-identified gender, Participant 943100 said,

I haven't been in any roles that have created role conflict. Most of my additional duties have been tasks such as UDM . . . I did turn down the opportunity to lead the guys for an intermural football league once, but I turned it down. I couldn't stand being around all the guys having practices and being in the locker rooms. I tried to minimize using public facilities as much as possible since I had to use the male bathrooms. It was already too stressful, so I didn't want to add to that stress unnecessarily.

Although Participant 784409 did not experience any role conflict due to his self-identified gender, he did imagine how he would manage role conflict if ordered to fulfill a role that caused role conflict. He said,

I already keep to myself and try to isolate myself, especially when I'm outside of my coworkers. But I think I'd start to even isolate myself from them. A coping mechanism of mine is to keep to myself because I don't want to face rejection . . . I'd probably communicate less with everyone.

There were similar reactions in a study by Carpenter and Lertpratchya (2016) who found that role conflict is likely to cause psychological stress leading to social withdrawal. From a role theory perspective, a person is likely to comply with organizational rules if they agree with role expectations (Qian et al., 2018). In each case of role conflict, the participant was ambivalent when fulfilling their role expectations.

Participants also managed role conflict via destructive behavior. Participant 228611 said, "The one that sticks out to me the most is having to be a urinalysis monitor . . . watching people pee into a cup . . . Part of why I started drinking heavily was because of that urinalysis monitor." Participant 842004 mentioned smoking marijuana, drinking alcohol, and using illegal drugs as part of her experiences in general and in response to her assignment to lead physical training, specifically. She said,

They picked me because I'm in great shape because I work out a lot. But the consequence of their decision to assign me this role pushes me to make bad choices. I sometimes drink and smoke for other reasons too, but it does not help being assigned to this role.

Their responses were similar to the reactions of others who reacted to role conflict by engaging in negative behaviors. In a study on sexual minorities, Bingham et al. (2013) concluded that those who reported higher levels of gender role conflict also reported higher levels of psychological distress and greater levels of negative behavior. All participants in my study who experienced role conflict indicated that the conflict affected how they approached and performed on the job. Based on role theory, the conflict between fulfilling the role per military guidelines and their desires to perform the job per their self-identified gender may have hurt their job performance, e.g., how long it took them to complete a task (Wang & Niu, 2010).

Some participants did not differentiate between roles in the military; instead they believed they had one role, the role of an armed forces member. Consequently, any significant conflict was considered a role conflict. In the words of Participant 784409:

My entire existence in the military, well I look at it as a single role . . . So regardless of what's going on or what particular role I am fulfilling at any given time, it's all one role in my opinion...the role of a soldier.

Participant 566993 uttered similar feelings when he said, "It's all the same. I'm here to fill one role, which is an Airman. Any military conflict I face is a conflict due to my membership in the Airforce."

Role stress

Role stress is defined as stressful experiences stemming from a disparity between one's perception and others' expectations of behaviors associated with a given role. All participants in my study experienced role stress but reported less stress based as a

function of the level of support at any given time; when participants perceived support and acceptance from others, they were happier and felt less stress in the military. A similar response was captured by Juan et al. (2017) who found that when perceiving a lack of support from people in their environment, people will report feelings of stress.

Participants in my study managed role stress and role conflict using the same methods. Participants described the importance of having a reliable support system to help manage role stress. Participant 943100 said,

I do talk to some other transgender friends I have outside the military. They act as a sounding board and listen to me bitch, complain, and cry . . . if not for them at times, I think things would have been much worse.

Participant 199204 mentioned having a transgender best friend who suggested ways to manage his role stress. “This person was my voice of reason. She was once where I was and helped me deal with my depression due to a variety of role stress.”

Participant 103887 said,

My support system I have is amazing. There are two other members, one guard and another transgender person who cannot serve openly. We meet once a week. We go for a 6-mile run and make breakfast, have a girl’s day . . . I always have a time when I can reach out to someone.

Participants also engaged in destructive behavior to help manage role stress.

Participant 103887 said, “I drink a little more than I should.” Participant 830034 made a similar comment about managing role stress: “I have a couple of drinks during the week,

nothing excessive, but more than I should have . . . it's enough to get me somewhat drunk.”

Although all participants engaged in destructive behavior due to role stress, they often used verbal outlets to manage it. Participant 784409 said, “I find myself crying often when I think about all of what I'm going through due to my role in the military.” Participant 103887 said, “Yelling has to be done. Either by me or to me.” In addition to crying or yelling, participants relied on conversing with friends or acquaintances.

Participant 842004 said,

I have a weightlifting acquaintance who I talk to pretty regularly at the gym. He's been a big help with trying to keep me level-headed when I mentioned how stressful I am due to my role in the military.

Participants also used self-management techniques to manage role stress. For some participants, utilizing their military installation's gym and fitness facilities was a perfect opportunity to deal with stress. For instance, Participant 103887 said she goes on a 6-mile run once a week or “makes time to go running or to the gym on base.” Participant 842004 said, “I also work out a lot. We work out a lot in general in the Marine Corps, but I do a lot of working out. It's like I am trying to push out all the frustration and sadness through weightlifting.” Others relied more on cerebral techniques such as journaling or writing stories. For instance, Participant 566993 said, “I work out, but I prefer to write about my life story. That, or short stories in general.”

Limitations of the Study

Only eight agreed to participate in the study, falling short of the proposed total of 12. Although the focus was on acquiring content to fully address all research questions as is typical for qualitative research (Sargeant, 2012), the smaller than expected sample may have impacted saturation. While participants represented each branch of the military, giving me deep insight into their experiences, two branches had only one participant (Cassidy et al., 2011; Smith & Osborn, 2015). Also, participants' experiences may be exclusive to the culture of their specific military branch, possibly limiting transferability; consequently, caution must be used when interpreting the results. Moreover, while transgender individuals can serve openly, those who did not start transitioning before President Trump's ban limiting transgender rights may not have been truthful or divulged their true feelings. Due to their uncertainty over the long-term outcome of the transgender ban, some may have limited their disclosure for fear of jeopardizing their military career (Edwards et al., 2009).

To reduce the possibility of potential bias or conflict of interest, participants with whom I had any relationship with were not included (DeFilice & Janesick, 2015). To reduce researcher bias, I used a reflexive journal to ensure that only the participants' thoughts and emotions were reflected in my interpretation of the data. I also allowed the participants to speak freely without asking leading questions, adding my thoughts or feelings to their stories, or summarizing what I think they meant. I also used a diary as a self-monitoring tool to help with researcher bias. My thoughts and feelings were captured in a diary, which helped to identify, monitor, and limit my bias. Using the diary also

acted as a reflexive task that increased objectivity by reminding me of my thoughts (Birks & Mills, 2011). Researcher bias could have been minimized further by utilizing a second coder or peer review to confirm or dispute my conclusions.

Recommendations

Study results highlighted the experience of gender dysphoria and associated experiences of role conflict and role stress for transgender individuals serving in the modern military. While previous research demonstrated the impact the military has had on its transgender population, including the prevalence of gender dysphoria associated with their military experience, future research should focus on exploring the experiences of *active-duty* transgender members who were unable to start the transition process before President Trump's ban limiting their right to serve openly (Blosnich et al., 2013; Chen et al., 2017; Crosbie & Posard, 2016; Harrison-Quintana and Herman, 2013; McDuffie & Brown, 2010; Londono, 2014; Milhiser, 2014; Parco et al., 2015). Active-duty transgender service members who were unable to transition before the ban may report different military experiences from those who started or completed their gender reassignment and should be studied separately (Campbell, 1986; Polit & Beck, 2010).

Implementation of DTM 16-005 provided an opportunity to increase the understanding of military experiences in relation to gender dysphoria among active-duty transgender service members. A significant amount of research using a transgender population focused on veterans (Chen et al., 2017; King et al., 2012) and points to the idea that active-duty transgender service members may not suffer from gender dysphoria in a right to serve open military (Belkin et al., 2012; Parco et al., 2015; Ramirez et al.,

2013). However, when exploring the experiences of current transgender service members in relation to gender dysphoria and the associated role conflict and role stress, without taking into account anything else, being in a right to serve openly military does not lessen the chance of suffering from gender dysphoria. Instead, reducing the pervasiveness of gender dysphoria in active-duty transgender service members may require frequent or consistent positive experiences, the ability to serve in their self-identified gender, and minimal negative experiences related to being transgender. Previous research on gender dysphoria and any associated experiences of role conflict and role stress supports this idea (Belkin et al., 2012; Bingham et al., 2013; Juan et al., 2017). Future researchers could conduct a qualitative study focusing their research and interview questions on those who have already started or completed the transition process. Alternatively, a sequential mixed-method design could be used to capture both quantitative and qualitative data to examine the frequency or consistency of positive experiences followed by in-depth interviews to understand how positive and negative experiences are defined and how gender dysphoria relates to those experiences.

Gender dysphoria has been applied to individuals who experience a marked incongruence between their assigned gender and their expressed gender, where there is distress caused by the incongruence (DSM-5, 2013). The inability to serve in their self-identified gender, negative military experiences, peer rejection, or conflict and stress emanating from their role in the military can heighten this incongruence (Bolton & Sareen, 2011; Frayne et al., 2006; Meyer, 1995; Moradi, 2009; Wilder & Wilder, 2012). In contrast, showing support and understanding of their feelings and creating a positive

and welcoming environment could decrease the chance transgender individuals would suffer from gender dysphoria (Belkin et al., 2012; Parco et al., 2015). I recommend that researchers study transgender individuals who describe their military experiences as positive and supportive to explore how they experience gender dysphoria.

Determining what experiences likely underlie the occurrence of gender dysphoria in active-duty transgender and how they manage any associated role conflict and role stress could be used to help non-transgender military personnel understand what their active-duty transgender service members are experiencing and how to improve their experiences. Legislative and military policymakers could learn how to better serve or respond to active-duty transgender military members. Future research should aim to investigate current perspectives of active-duty transgender service members to increase the overall understanding of the lived experience of gender dysphoria, role conflict, and role stress in a military context, specifically targeting transgender service members who have decided not to come out or were unable to start the transition process.

Implications

Positive social change may come from enhancing the rights of active-duty transgender service members and increasing the understanding of their experiences in a right to serve openly military. Transgender individuals continue to serve in the military, filling a need for qualified individuals to serve the United States, yet they continue to suffer from gender dysphoria or gender dysphoric symptoms. Like other service members, transgender service members play an integral role in the modern military, helping to fulfill one of the military's core principles, which is military readiness.

Exclusive to military service, a commander is responsible for the overall readiness of their command (DoDI 1300.28). As a leader, the commander must minimize anything that negatively impacts mission readiness, including personnel whose suffering affects them mentally or prevents them from effectively fulfilling military duties. Accordingly, leaders need current and accurate information on all individuals within their command.

Past research suggests that sustaining military readiness is linked to positive military experiences and positive health (Belkin et al., 2012; Parco et al., 2015; Ramirez et al., 2013). Military policymakers and medical professionals may benefit from knowing how current legislation impacts active-duty transgender members and what changes, if any, can improve the experience and health of active-duty transgender service members. While the participants in this study have more rights in the military than transgender service members who served before the establishment of DTM 16-005, some participants revealed that they are still serving in silence. All believed current legislation is still inadequate for transgender service members, and the results of this study capture those feelings and highlight areas that influence and impact their psyche, behavior, and decision-making.

This study aids in understanding what it is like to be an active-duty transgender in the current military. This understanding may help identify the underlying causes of active-duty transgender military gender dysphoria and any associated role conflict and role stress, which in turn, may help improve their military experience. Other transgender service members may benefit by understanding how participants in this study navigate

their military experiences and what practices they use to minimize role conflict and role stress.

Moreover, the findings of this study may have significance for military commanders and all service members working with active-duty transgender individuals. Insights from this study may help them understand in what ways their current operations can improve to help decrease transgender stressors for those who are at the highest risk of suffering from gender dysphoria. Also, study results can provide a gauge for military leaders and medical professionals to see the effectiveness of current legislation and its impact on active-duty transgender service members. As this research has shown, even though active-duty transgender service members can serve openly, some still do not. In addition to publishing in peer-reviewed journals, the findings from this study will be made available to military commanders, medical practitioners in military and civilian communities, military leaders, policymakers, and service members who work with transgender individuals through my military and Department of Defense civilian Public Affairs Offices.

Conclusion

This study provided a look into the lives and experiences of eight active-duty transgender service members. Their stories offer a glimpse into the impact the Department of Defense instruction for transgender service members has had on current active-duty transgender service members. The results of this study increased our awareness of the plight of active-duty transgender service members in relation to gender dysphoria, role conflict, and role stress. While past research on transgender service

members' experience suggested that active-duty transgender service members would no longer suffer from gender dysphoria now that they can serve openly, the participants in my study shared stories of their military experiences that highlight a different reality. Most telling is that active-duty transgender still may suffer from gender dysphoria or have gender dysphoric systems due to role conflict and role stress in a right to serve openly military. While participants described positive experiences signaling a reduction in gender dysphoric stress, their narrated negative experiences underscore the impact of having to serve in roles consistent with their biological sex on their emotional and mental health.

Although transgender individuals are now legally allowed to serve in a right to serve openly military, only those who completed or started the gender transition process can serve in their self-identified gender. In the current state of the military, some active-duty transgender service members are likely to have negative experiences and suffer from gender dysphoria due to their minority military status (Aneshensel et al., 1991; Dressler et al., 2005; Meyer, 2003) and the roles they fulfill (Biddle, 1986; Juan et al., 2017; Wilder & Wilder, 2012). Even with the positive experiences some participants recounted, there is no evidence that positive experiences reduced the likelihood of suffering from gender dysphoria. For those active-duty transgender service members unable to transition, we may not know the extent of their negative experience; because they were unable to serve in their self-identified gender, they may not have been entirely forthcoming in their interviews (Edwards et al., 2009).

According to the participants' stories, it appears the current military environment is conducive to gender dysphoric symptoms, and active-duty transgender service members may still suffer from gender dysphoria due to role conflict and role stress. Although coming out brings mental relief, it is not the same as being able to serve openly. As demonstrated by this study, it is vital to understand how active-duty transgender service members are limited in serving, the consequences of those limitations on their mental health and military journey, and how their experiences impact the military in general. Improving our awareness of how current legislation shapes active-duty transgender service members' military experience may help military leaders, peers, and policymakers support and understand the needs of the only group of people in the military who lack complete freedom.

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Appendix: Interview Guide

1. Could you give me a brief history of your military experiences from the time you arrived at your first duty location up until now?
2. Has your behavior been influenced by experiencing distress (i.e. mental pain and suffering) due to a difference between your assigned gender at birth and the gender you want to express in the military? If so, how?
3. If you had to describe your military experiences in relation to you being a transgender person, what would you say?
4. Has distress caused by your inability to freely express your gender made a difference for how you see yourself? If so, how?
5. The military has some roles that are gender specific, such as a female physical fitness monitor for females, and a male monitor for males. Some may say that this type of situation can be a role conflict if the role prevents them from freely expressing their gender. What would you be thinking and how would you feel if you were assigned such a role?
6. Are you in a role that prevents you from freely expressing your gender? If so, how do you respond as a result of not being able to freely express your gender due to a military role you are occupying?
7. If you are not, how do you think you would respond?
8. It has been suggested that military roles can be stressful even if they are not gender specific. On a day-to-day basis, how do you deal with stress from your roles in the military?

9. Is there anything else you would like to add at this time or anything I should have asked, but did not?