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The psychological effects of demographic gender representation

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The psychological effects of demographic gender representation

Abstract
The present study is an exploration of the psychological ramifications for transgender (trans*) individuals when asked to complete a form requiring them to self-select as either male or female. Study results endorse significant adverse psychological ramifications. Specifically, respondents indicated that when presented with these limited options they have often added additional information on the form to help clarify their gender and over half of respondents indicated having chosen not to provide gender information at all when asked. Further, respondents indicated concerns regarding feelings of safety, anxiety, and depression when asked to disclose one's gender. Almost two-thirds of respondents indicated that disclosing their gender has lead to an awkward or uncomfortable conversation with their healthcare provider. Over half indicated the provider did not respect their gender after disclosing and 60.8% of respondents indicated an expectation to educate the provider after disclosure.

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THE PSYCHOLOGICAL EFFECTS OF DEMOGRAPHIC GENDER REPRESENTATION

A THESIS

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

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DOCTOR OF CLINICAL PSYCHOLOGY

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Keywords: trans*, transgender, gender, demographics, psychological effects, care provider
ACKNOWLEDGEMENTS

I chose the topic of my thesis because I am personally and academically committed to engendering mutual respect between the diverse trans* communities and their allies, and towards the creation of an environment where every person may live their life with the dignity that is their due. I also seek to provide and maintain safe space for individuals to explore and dialogue about their experiences and to freely express themselves. Had it not been for the multitude of friends and strangers willing to share their experiences, this thesis would not be possible.

I must give special thanks to my family of origin and my chosen family whom continually teach me to believe I can do anything I set my mind to. I offer unspeakable gratitude and love to Aidyn who always supports, encourages and gets excited about my academic pursuits. I offer the deepest honor and appreciation to Shawn E. Davis, PhD for believing in my passion, sharing of his own, and his willingness to take on this project.
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Language intersects with bodies and divides them in ways that can never encompass the varying textures and nuances that structure experiences of embodiment, even as the subjects in those spaces speak themselves into differentiation, self-identifying with a category and bringing themselves into proximity with others who also place themselves or are placed there. (Weaver, 2012, p. 41)

Introduction emergence of more and more diverse types of individuals on a daily basis. An increase in diversity, however, does not automatically translate to understanding; rather it often is met with ignorance, bias, and discrimination. Care providers enter their respective fields in an effort to help support the physical and mental health of their clients, but they often are not provided with training on how to work with diverse populations. The provider role requires recognition of the limits of the their own understanding coupled with a thoughtful understanding of their clients. Through active engagement and dialogue, the provider can better understand and acknowledge the lens through which the they see the world, thus better serving their client by seeing them through their own terms.

Trans* individuals, especially trans* individuals of color, continue to be especially vulnerable to mistreatment resulting from ignorance, bias, and discrimination in all aspects of their lives (National Coalition of Anti-Violence Programs, 2013). Interacting with a health care provider, particularly a new one, is often accompanied with a significant amount of anxiety and fear. Interacting with a provider who is unfamiliar with
or biased towards trans* individuals often results in the individual being mocked, disrespected, invalidated, marginalized, or refused service. As a result, trans* individuals may wait longer than they should to seek out care, which could lead to complications or the worsening of symptoms that could have otherwise been mitigated.

This present study is an examination of the psychological ramifications for trans* individuals when asked to fill out a form within which they are asked to self-select as either male or female. This investigation will explore possible psychological ramifications to this kind of self-selection that might impact the client and the resulting relationship with the provider. Specifically, the present study is an examination of the psychological effects and perceptions associated with a variety of demographic options for disclosing one’s gender ranging from binary (e.g., male / female) to open-ended. Further, this study will be an exploration of the circumstances through which trans* individuals choose or opt not to disclose their gender to a health care provider.
Oppression, Othering, and Social Justice

Social justice, as Bell (2007) discussed, “is both a process and a goal” that seeks the “full and equal participation of all groups in a society that is mutually shaped to meet their needs” (p. 1). Forms used by an institution, whether educational, medical, or business, to collect demographic information are often the first introduction an individual has into the environment of that institution. In order to create a socially just environment that will interact with individuals with broad backgrounds and diverse life experiences, institutions are increasingly being called upon to revise existing systems through policy changes, which include such issues as how that institution collects demographic information (Stewart, 2012). Similar to the ways in which multi-cultural individuals have historically been forced into needing to self-select an incomplete identity when limited to one constructed category of race, trans*¹ individuals are asked to similarly self-select an incomplete representation of their gender, often without full information on how or why this information is relevant to the subsequent encounter. Stryker (2008) has argued that trans*² experiences challenge the coherence of the dominant binary gender system. She suggests that, “...sexual orientation was not the only significant way to differ from heteronormativity — that homo, hetero, and bi in fact all depended on similar understandings of ‘man’ and ‘woman,’ which trans problematized” (pp. 146-147).

Stewart (2012) explains, “Indeed, it is rarely the obvious issues of justice and fairness that individuals struggle with. Instead, more challenging are the subtle ways that

¹ I use “trans*” to refer to the range of persons who identify or present as transsexual, transgender, or gender nonconforming. This term was proposed by Lev (2004) and has met with broader acceptance and been considered to be more inclusive than many other terms that have been previously proposed or used.
innocuous situations can undermine best intentions regarding pluralism and social justice” (p. 67). Weaver (2012) suggests that when trans* individuals are limited to identifying within a binary system or even within those that allow them to select as Other, their lives and bodies are effaced. The lived experiences of those under the trans* umbrella cannot point to an accurate demographic when limited to male, female or other.

There must be a broadening in our understanding and conceptualization of oppression. This requires both a fusion of approaches and a willingness to look beyond the field in recognition of possibilities offered from marginalized communities (Kumashiro, 2002). Oppression can take the form of “who the Other should be” in which the individual is expected to assimilate into a dominant culture (Kumashiro, 2002). Trans* individuals are commonly expected to fit themselves into a binary framework of male or female simply because it is the existing methodology of the dominant culture. While those within the dominant culture see such assimilation as a minor, or even painless request, the ingestion of an identity not reflective of the individual can create psychological harm (Osajima, 1993), including depression and self-violence through drug abuse, starving, cutting, suicidal ideation, and suicide (Clements-Nolle et al., 2006; Goldblum et al., 2012; Grant et al., 2010; Keller, Althof & Lothstein, 1982; Klein, 2009; Orenstein, 1994; Uribe & Harbeck, 1992; Xavier et al., 2005; Yuksel, Yucel, Tukel & Motavalli, 1992). The normalization of exactly two genders supports the indirect, yet powerful, “hidden knowledge” of trans* individuals through exclusion, invisibility, silence and marginalization (Kumashiro, 2002).
Oppression is produced through discourse, especially through the normalization of dominant ideology. When that ideology is repeated over and over again it creates a hierarchical parameter of what is right, relegating all else to that which is Other (Kumashiro, 2002). The dominant discourse on gender has repeatedly asserted the parameters of exactly male and female. This assertion has normalized the gender binary and Othered those theories and individuals who would challenge this ideology. This discourse is “innocently” repeated in how we solicit demographic information on intake forms and the ways in which we talk about gender in research.

Being Other is indicative of lacking a clear reference group and, thus, gives the individual little control over how society views them. This ambiguous and unequal status marginalizes those relegated to the Other category. Without recognition of this marginalization and the equality of these individuals, it is “unlikely that nonpathological models of mental health . . . can be developed,” instead, “new templates and models for identity development are needed which reflect respect for difference” (Root, 1990, p. 186). Individuals who are thrust into the Other category must combat oppressive attitudes within current models of mental health in order to develop a positive sense of self-identity. Steele (1997) explains that when an individual spends a considerable amount of time in an environment that presents a constant stereotype threat, disidentification results. While disidentification provides the protection of temporary retreat, it also threatens to undermine sustained motivation, which can be costly when the environment is important. “Through long exposure to negative stereotypes about their group,” Steele suggests that, “members of prejudiced-against groups often internalize the stereotypes, and the resulting sense of inadequacy becomes part of their
personality” (p. 617). Theories and policies of identity must champion inclusivity and flexibility in an effort to reduce crises of identity. Root (1990) contends, “It is this ability to be flexible that may indeed determine both self-acceptance and constructive, flexible coping strategies.” (p. 203).

Provider as Support and Advocate

The APA Council of Representatives passed its Resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination (Anton, 2009), supporting the work of psychologists serving trans* populations. The resolution specifically states (p. 443):

- APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination toward transgender and gender variant individuals; . . .

- APA supports the provision of adequate and necessary mental and medical health care treatment for transgender and gender variant individuals; . . .

- APA supports the creation of educational resources for all psychologists in working with individuals who are gender variant and transgender.

Furthermore, the APA Task Force on Gender Identity and Gender Variance recommended the establishment of a task force focused on developing guidelines for “ethical and competent psychological work with transgender populations” (2008, p. 83).

For those clients wanting to be supported in their gender identity and transition,
whether or not this includes medical transition, psychologists are often the first professional contact (Hendricks & Testa, 2012). This points to the importance of having not only the cultural competence to work with this population, but having policies and tools that reflect such cultural competence. As the provider works with the client to address the manner in which society polarizes gender, including marginalization and pathologization (Swann & Herbert, 2009), the provider’s first tangible impression (the intake form) should not reinforce these societal traits by limiting the client’s gender choice to that of male or female. Trans* individuals identify their gender in a myriad of ways and continuing to use forms that limit an individual to self-identify within the confines of male or female demonstrates a lack of cultural competence and sensitivity (Carroll, Gilroy, & Ryan, 2002; Eyler, 2007; Hendricks & Testa, 2012; Klein, 2009).

Embracing diversity and learning about the Other cannot be achieved simply by attending a workshop. It takes more than a once or twice yearly diversity training to demonstrate a true sense of competence and acceptance of individual difference. Only a clear and open integration of different identities will challenge oppression and birth a real respect for gender variant individuals (Kumashiro, 2002).

Challenges

Challenging oppression requires becoming involved in altering citational practice that perpetuates oppression (Butler, 1997; Kumashiro, 1999; Talburt, 2000). Both oppression and a lack of opportunity to self-identify in any consistent official capacity have made it particularly challenging to gain an accurate account of demographic trans* representation. “Attempts to survey the trans community remain particularly challenging due to a tendency for silence surrounding issues related to gender identity or
expression, geographic dispersion of this population, and variability in understanding of who is including in ‘transgender.’ To date, no population-based studies have been conducted” (Testa et al., 2012, p. 453). Trans* individuals have long been forced to self-select as either male or female, perpetuating their invisibility and providing an inaccurate demographic account. Opening up the manner in which gender information is collected allows individuals the capacity for self-selected identification, and offers potential new information on trans* and gender nonconforming populations.

A fundamental change to demographic information collection might be perceived by many as a logistical nightmare, however, in 1997 the White House Office of Management and Budget (OMB) issued guidelines to begin expanding the data collection on race and ethnicity in order to be more inclusive of individuals’ actually identities. These new guidelines resulted in major changes in how educational institutions collected data on student enrollment and the resulting statistics (Jaschik, 2006). Barmak Nassirian, associate executive director of the American Association of Collegiate Registrars and Admissions Officers, explains that “people need to be prepared that with [a] new system there will be a ‘discontinuity’ with data previously collected. But he said that was an issue that would accompany any change and that the problems would be worked out over time” (Jaschik, 2006, p. 2). The expansion of collecting demographics that represent a continuation of genders will absolutely create a period of logistical adjustment, however this necessary change will provide a more accurate representation of respondents providing necessary data to better understand and serve the needs of trans* populations.
The Present Study

The purpose of the present study was to examine the psychological ramifications of binary gender demographic limitations trans* individuals and the resulting impact on the client/provider relationship. In that this is an exploratory study, no specific hypotheses are postulated.
Methods

Participants

Inclusion criteria for participants were that they had to identify as trans* and be at least 18 years of age. Three hundred sixteen individuals, all self-identified within various trans* identities consented to participate in the study. Participants ranged from 18 – 68 years of age and identified with over 50 distinct gender identities. While the majority (84.18%) of participants identified themselves as Caucasian, participants also identified themselves as follows—Mixed – 5.38%, Native American – 5.06%, Asian – 2.85%, European and Latina/o – 2.53%, Black, Irish, and Other – 1.90%, British – 1.58%, and <1% each for African, Australian, Austrian, Canadian, Dutch, Human, Indian, Italian, Jewish, Middle Eastern, Napali, Russian, and Spanish. Participants resided in eleven different countries, with the majority (86.7%) from the United States. The following countries were additionally represented—Australia – 4.4%, United Kingdom – 4.1%, Canada – 1.6%, and <1% for China, Finland, Germany, Nepal, New Zealand, South Africa, and Sweden.

When asked what, if any, pronouns participants were most comfortable with over half (53.5%) chose He/Him/His. The following options were also represented—She/Her/Hers – 38%, They/Them/Their – 32%, Ze/Hir/Zer – 9.5%, None – 4.4%, and write-in responses – 8.9%. A large majority (88.3%) of participants had some level of higher education (ranging from some college or technical school up through a doctoral degree). Finally, over half (57.6%) of participants were in some form of relationship at the time they completed the survey.

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2 Several participants self-selected more than one category for this question, as such, the total percentages will not add up to 100%.
Procedures

A recruitment message was distributed online through social networking sites owned and operated by study investigators and through listserves servicing trans* populations. This recruitment message included a link directing potential participants to an online survey site wherein they could participate if they so wished.

Upon entering the study site, participants were presented with the informed consent document (see Appendix A). In that this was an online survey, signed consent was not possible; participants indicated their consent by agreeing to the terms of the study as outlined in the informed consent document. Individuals who did not wish to participate could exit the study site at any time without penalty.

After providing informed consent, participants were presented with and asked to complete a brief demographics questionnaire and a series of questions (see Appendix B) aimed at determining the emotional impact of being asked to self-select as either male or female. Further, open-ended questions were presented wherein individuals could provide any additional information regarding their personal experience with demographic forms.
RESULTS

Study results indicate significant adverse psychological ramifications for trans* individuals when asked to respond to a form requiring them to self-select as either male or female. Almost half (42.4%) of respondents indicated that when presented with these limitations they have often added additional information on the form to help clarify their gender. When asked why they chose to manually write in clarifying information, one respondent explained, “To do so feels horrendous, like self-betrayal, like giving up and committing suicide.” Another participant commented, “My frustration with having my identity erased outweighs my fear of any potential mistreatment.” Yet another respondent explained that, “Because it is important to me to be seen as who I am and I feel that writing in my identification in the margins serves to educate people who might not realize that they are marginalizing folks who don’t identify with the binary.” Additional common reasons for adding additional gender clarifying information included:

- **Accuracy** – including feelings of being otherwise forced to lie or being deceptive, and for a sense of integrity.
- **Addressing Oppression** – including feeling as though they were slipping through the cracks, not included or represented, identity was being erased, eradicated or invalidated.
- **Education** – including increasing social awareness, direct feedback, and advocating for changes on form.
- **Anger, frustration, hurt**
- **A sense that silence is agreement with the status quo, giving the provider permission to assume the client is what they read them as, and the writing in or**
crossing out information is a form of resistance.

Participants were asked, “Have you ever chosen not to provide gender information when asked? If so, why?” Over half of respondents (59.2%) indicated having chosen not to provide gender information at all when asked. Participants were also asked, “Does the manner in which you disclose your gender depend on the provider/services you seek? If so, please explain?” Again, over half of respondents (59.8%) affirmed that the type of provider or the services sought determines how they disclose their gender identity. When asked why they chose to abstain from providing gender information, one respondent replied, “I felt the form didn't ask me the right question, so I chose not to give an answer.” Another respondent explained, “Sometimes I don't feel like it's safe to disclose, even if it is for [a] medical issue.” Several respondents suggested it can be related to how much energy they feel they have for the conversation; one respondent declared, “Whenever possible I choose this option, because often I feel that gender is not my priority at the time and I am so burnt out from talking about and explaining my gender that I just don't even want to get into it.”

Additional common reasons for choosing not to provide gender information included:

- Wasn’t sure how to respond and pretended to overlook the question.
- Would rather have a face-to-face conversation.
- Fear that it would be used against them, including that it might affect the treatment they received, fear of discrimination, safety, job security and legal repercussions.
- Wanted to make a statement against or refusing to participate in a binary gender
system.

- Attempting to avoid an uncomfortable situation.
- Felt like a “slap in the face” to be forced into an identity that didn’t fit and shouldn’t have to provide information when they are not allowed to self-identify.
- Irrelevant to the situation.

Responses to questions specific to feelings of safety, anxiety and depression indicate a number of adverse psychological effects associated with having to disclose ones gender. When participants were asked, “Has having to disclose your gender ever made you feel unsafe?” more than half (59.8%) affirmed they have felt unsafe. An overwhelming majority (86.7%) of respondents indicated disclosure of gender has been accompanied with feelings of anxiety and over half (63.3%) endorse feelings of depression.

Disclosure of gender not only affects psychological health, but the very relationship trans* individuals have with providers. 38% of respondents indicated that having to disclose their gender prevented them from seeking medical or psychological care. A small percentage of respondents (12.3%) even indicated they chose not to disclose their birth sex when it could have been relevant to treatment they were seeking. Of those endorsing this answer, lack of safety and fear were both common factors, including fear of being tread poorly, retaliation, discrimination; being told they are bad, wrong, a freak, etc. When asked why they chose to abstain from disclosing relevant birth sex information, one respondent explained, “I was afraid that if I did I would not be provided care.”
When trans* individuals do disclose their gender to a provider, they are often faced with bias, discrimination, and ignorance. Almost two-thirds (72.8%) of respondents indicated that disclosing their gender has lead to an awkward or uncomfortable conversation with the provider. Over half (54.4%) of respondents indicated the provider did not respect their gender after disclosing. An overwhelming 60.8% of respondents indicated the provider expected the client to take on the role of educator after disclosure.

Participants were asked to think about how they would feel about their provider’s ability to understand and respect them when presented with a variety of different demographic options. The perceived impact on the provider’s ability to provide care for each demographic option is presented in Table 1.

Table 1

*Demographic Option Impact on Client’s Perception of Provider’s Ability to Provide Care*

<table>
<thead>
<tr>
<th>Demographic Option</th>
<th>Less likely to understand and respect me</th>
<th>More likely to understand and respect me</th>
<th>No different</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male or Female</td>
<td>69.6%</td>
<td>4.4%</td>
<td>26%</td>
</tr>
<tr>
<td>Male, Female, Other ________</td>
<td>11.4%</td>
<td>65.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Male, Female, Transgender</td>
<td>25.3%</td>
<td>53.2%</td>
<td>21.5%</td>
</tr>
<tr>
<td>(Write in option)</td>
<td>4.8%</td>
<td>78.5%</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Over two-thirds (78.5%) of respondents indicated that a write in option was the best method to provide the greatest sense that the provider would be more likely to
understand and respect them as a trans* individual.

Participants were then asked to think about how the various demographic options would impact their level of anxiety. The impact of each demographic option is presented in Table 2. Figures 1-4 detail how the level of anxiety is affected for each of the demographic options.

Table 2

*Demographic Option Impact on Client’s Level of Anxiety*

<table>
<thead>
<tr>
<th>Demographic Option</th>
<th>Some level of increase in anxiety</th>
<th>Some level of decrease in anxiety</th>
<th>No change in anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male or Female</td>
<td>72.5%</td>
<td>5.5%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Male, Female, Other _______</td>
<td>25.1%</td>
<td>55.7%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Male, Female, Transgender</td>
<td>34.1%</td>
<td>47.2%</td>
<td>18.7%</td>
</tr>
<tr>
<td>(Write in option)</td>
<td>15.2%</td>
<td>68.4%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>
For each of the following demographic options, **think about how your level of anxiety would be affected**:
Figure 2
Figure 3
Respondents indicated that a write in option was the best method to decrease anxiety when interacting with providers. Nearly three-fourths of respondents (72.5%) indicated a moderate or major increase in anxiety when given only the options of male or female, whereas, when given a write in option 68.4% indicated a moderate or major decrease in anxiety.

Participants were also asked to consider that they had access to a provider’s forms prior to their first visit. They were then asked how likely they would be to keep their appointment with the provider when given the various demographic options. Table 3 shows the impact of each demographic option.
Table 3

*Demographic Option Impact on Client’s Willingness to Keep An Appointment*

<table>
<thead>
<tr>
<th>Demographic Option</th>
<th>Keep appointment with no anxiety</th>
<th>Keep appointment with anxiety</th>
<th>No effect on appointment</th>
<th>Cancel appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male or Female</td>
<td>5.4%</td>
<td>58.9%</td>
<td>31%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Male, Female, Other ________</td>
<td>45.6%</td>
<td>28.5%</td>
<td>25%</td>
<td>1%</td>
</tr>
<tr>
<td>Male, Female, Transgender</td>
<td>40.8%</td>
<td>31.7%</td>
<td>26%</td>
<td>1.6%</td>
</tr>
<tr>
<td>(Write in option)</td>
<td>59.8%</td>
<td>14.6%</td>
<td>25%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Respondents once again endorsed the write in option as the best method to decrease anxiety when interacting with providers in keeping their first appointment with a new provider. Over half of respondents (58.9%) indicated they would keep their first appointment but with an increase in anxiety when only given the male or female demographic options, whereas, when given a write in option over half (59.8%) indicated decrease in anxiety. When asked to talk about how they would feel if presented with the option to self-select their gender with a write in option one respondent exclaimed, “I feel like I am being given control over my identity, not being pigeon-holed into a category for ease of coding.” Additional common responses to having the ability to self-select one’s gender with a write in option included:

- A sense inclusion, relief, happiness, excitement, and comfort
- Feeling respected, affirmed, welcomed, and understood
- Feeling safe or safer
• A sense of empowerment in being able to be authentic and the freedom to be able to tell the truth

• A real appreciation and gratefulness for the care provider, including the impression that the provider might be inclusive, knowledgeable, and experienced working with trans* individuals and will, thus, receive proper care

• A sense of being recognized leading to an increased trust and willingness to share personal information

• A sense that they actually matter

Finally, participants were asked how often they had encountered the various demographic options. An overwhelming majority (92.1%) indicated frequently or always encountering Male or Female, the option associated with the most negative psychological ramifications. In contrast, the option associated with the greatest reduction in negative psychological ramifications, the write in option, was indicated by 55.1% of respondents as having never been encountered.
Discussion

The purpose of the present study was to examine the psychological ramifications of binary gender demographic limitations trans* individuals and the resulting impact on the client/provider relationship. Most intake forms limit the client to selecting either *male* or *female*, others will sometimes provide a *transgender* or *other* option. While these additions do help to acknowledge gender as more than male or female, many feel that this method actually serves to *Other* trans* individuals.

Levels of anxiety, fear, and depression were examined in association with each of the gender selection options—male or female; male, female, other; male, female, transgender; write in option. The write in option provided the greatest reduction in anxiety for over two-thirds of respondents. Likewise, the most limited option of male or female was endorsed as creating the greatest increase in anxiety for almost three-fourths of respondents. Often, the write in option was endorsed as the best method by which trans* individuals could accurately communicate their gender. Study participants were more likely to express experiencing a reduction in negative feelings, improved likelihood of keeping an appointment with a new provider, and greatly improved perceptions of the provider’s ability to provide competent care when presented with a write in option. This option provided many respondents with the unique opportunity to feel respected and affirmed. Many expressed a sense of empowerment, which translated to a greater willingness to share important information with the care provider. Most notably, several respondents spoke to a greatly improved sense of safety when they were allowed to disclose their gender in an authentic open-ended manner.

While it is clear that a write in option is the most inclusive and affirming method
by which to collect gender demographics, an overwhelming majority of participants had rarely or never seen this option offered. As expressed by Stewart (2012), in order to create a socially just environment that supports a broad spectrum of backgrounds and diverse life experiences, institutions need to revise existing systems through policy changes, not the least of which is how that institution collects demographic information. We must be willing to broaden our understanding and conceptualization of oppression, looking beyond our fields of interest in recognition of marginalized communities. The historical trauma and *Othering* that has been inflicted on trans* communities by forcing them to self-select an incomplete representation of their gender will be perpetuated until a fundamental change is made to the methods we use associated with the collection of gender demographics.

Care providers have the unique opportunity to be advocates of trans* clients if they are willing to advocate for this purposed methodological change in the collection of gender demographics. The literature warns that embracing diversity and learning about the *Other* cannot be achieved simply by attending a workshop (Kumashiro, 2002). What is needed is a clear and open integration of different identities that challenge oppression and demonstrate respect for trans* individuals.

**Conclusions**

A fundamental change in gender demographic collection methods is desperately needed. This change is a necessary first step in the process of building healthy client/provider relationships. Gaining support of providers in this small, initial step could also have massive, untold positive implications for the historical trauma rampant within trans* communities. While most respondents have not experienced a write in option first
hand, the very possibility of such an option resulted in a dramatic shift in respondent’s sense of self, affect, and ability to be authentic.

The results of the present study point to the critical need for the creating of provider training opportunities that can address the need for new methods of collecting gender demographics information; Further, the results of the present study is a call to providers to educate themselves on how to best interact with trans* clients, rather than expecting the trans* client to take on the role of educator. It is through such knowledge that care providers can become allies and advocates of trans* communities rather than a perpetuation of marginalization.
References


Murphy, J. Ruiz & D. Serlin (Eds.), *Queer futures* (pp. 144-157). Durham, NC: Duke University Press.


APPENDICES

Appendix A

Informed Consent

1. Study title

The Psychological Effects of Demographic Gender Representation

2. Study Personnel

Del Rapier, Principal Investigator
Pacific University
School of Professional Psychology
rapi3350@pacificu.edu
503-473-7331

Shawn Davis, Faculty Advisor
Pacific University
School of Professional Psychology
davissh@pacificu.edu
503-352-7319

3. Study invitation, purpose, location, and dates

You are invited to participate in this examination of the psychological ramifications for transgender individuals when asked to fill out a form, which asks them to self-select as either male or female.

The study is expected to begin after IRB approval and to be completed by December 2013. All study information will be collected via the Internet and stored on a secure account owned by a student of the Pacific University School of Professional Psychology, within the College of Health Professions.

4. Participant characteristics and exclusionary criteria

To participate in this study, you must be at least 18 years of age. If you are below the age of 18, please exit this survey immediately by closing the browser window.

5. Study materials and procedures

In this study, you will be asked to complete a brief demographic survey. Once this is complete, you will also be asked to complete a number of questions regarding the structure of commonly used demographic forms.

Your participation is completely anonymous. There is no means of associating any
information that you provide with you personally.

You may opt out of the study at any time by closing the browser window. If you choose to close the window before completing the study none of your information can or will be used.

It should only take about 15 minutes to complete your participation in the study.

6. Risks, risk reduction steps and clinical alternatives

   a. Unknown risks

   Your participation in this project involves no foreseeable risks.

   b. Anticipated risks and strategies to minimize/avoid

   Any risks involved in participation in this study are minimal and are not greater that those ordinarily experienced in daily life or during the performance of any routine computer operation.

   All data collected will be strictly anonymous. While SurveyGizmo allows the survey administer to determine whether or not to collect IP addresses as part of the survey data, IP addresses will not be collected during any phase of this study to insure anonymity.

   c. Advantageous clinical alternatives

   This study does not involve experimental clinical trials.

7. Adverse event handling and reporting plan

   If you experience discomfort during the study procedure you should stop your participation immediately and contact Shawn Davis, Ph.D. at (503) 352-7319.

   The Institutional Review Board office will be notified by Dr. Davis on or before the next normal business day if minor adverse events occur. Study investigators will consult with the IRB about changes that may need to be made to the protocol or other changes deemed necessary to minimize any minor adverse events.

   The Institutional Review Board office will be notified by Dr. Davis within 24 hours if major adverse events occur. In such a situation, the study investigators will immediately discontinue recruitment and discuss with the IRB office the best solution in order to minimize any and all adverse events.

8. Direct benefits and/or payment to participants
a. Benefit(s)

There is no direct benefit to you as a study participant.

b. Payment(s) or reward(s)

You will not be paid for your participation.

9. Promise of privacy

Your participation is completely anonymous. There is no means of associating any information that you provide with you personally. At no point during data collection will personally-identifying information be gathered. You will not be asked for your name or contact information, IP addresses will not be collected during any phase of this study.

All data will be collected, analyzed, and contained in an online Internet survey account (SurveyGizmo) owned by the principle researcher, Del Rapier. The account is password protected and Del Rapier will be the only individual with access to the account.

Results from participants will be available only to the experimenters. If a publication or conference presentation results from this experiment and findings are presented, all information will be presented terms of group data; no responses for a single individual will be presented. There is no means of associating your responses with your identity.

10. Voluntary nature of the study

Your decision whether or not to participate will not affect your current or future relations with Pacific University. There are no costs to you for your participation other than the time involved in completing the surveys. If you choose not to participate, you are free to withdraw at any time; withdrawal will not result in penalty.

If you withdraw (by closing your browser window) from the study at any point prior to completing the survey, your participation will be ended. In this situation, all data collected to that point will be erased and not used in any analyses. It will not be possible to withdraw from the study after completing the entire study survey, due to its anonymous nature. However, all data will be erased (and not used in any analyses) for any individual that does not complete the entire study survey (defined as not reaching the final page of questions and answering any questions on that page).

Participation in this project is voluntary and the only other alternative to this project is non-participation. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences.

11. Contacts and questions
The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you have questions about your rights as a research subject or become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

12. Statement of consent

Since this is an on-line survey, signatures cannot be obtained. By clicking "NEXT" I understand I will be taken to the study and that my continued participation in the survey denotes my consent to the following:

I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I have read and understand the description of my participation duties and I understand that I can print a copy of this form to keep for my records.

Remember that if you choose not to participate or to withdraw from participation, you can close your web browser at any time.
Appendix B

Part I: Demographic Questionnaire

- What is your age:
  - Open-ended write in response

- What is your gender:
  - Open-ended write in response

- What, if any, pronouns are you most comfortable with (check all that apply):
  - She/Her/Hers
  - He/Him/His
  - They/Them/Their
  - Ze/Hir/Zer
  - None
  - Open-ended write in response

- What is your racial identity:
  - Open-ended write in response

- What is your ethnicity:
  - Hispanic or Latino
  - Not Hispanic or Latino

- What country do you live in:
  - Drop down menu of all country options

- What state do you live in (If selected they lived in the United States):
  - Drop down menu of all state options

- With whom do you live (check all that apply):
  - No one
  - Male partner(s)
  - Female partner(s)
  - Transgender partner(s)
  - Parent(s)
  - Sibling(s)
  - Other family
  - Roommate(s)

- What is your level of education:
  - Some high school
Part II: Survey Questions

For the purposes of this survey we use the term sex to refer to that which was assigned by a provider to an individual at birth as a result of that individual’s biological and physiological characteristics. We use the term gender to refer to one’s self-identified, psychological understanding of self which often refers to the individuals socially constructed roles, behaviors, activities, and attributes.

For the following questions, **consider how you would feel when filling out forms during your first visit** to a medical or mental health provider:

- How do you feel when asked to disclose your gender and being provided with the options of male or female?
  - Open-ended write in response

- How do you feel when asked to disclose your gender and being able to write in your gender?
  - Open-ended write in response

- Have you ever been provided with the options of male or female (no write in option) and written additional information to clarify on the form? If so, why?
  - Yes
  - Open-ended write in response
  - No
- Have you ever chosen not to provide gender information when asked? If so, why?
  - Yes
  - Open-ended write in response
  - No

- How does being provided with the gender options of male or female influence your opinion of the provider you are about to see?
  - Open-ended write in response

- How does being provided with a write in option for gender influence your opinion of the provider you are about to see?
  - Open-ended write in response

- How do you feel about being asked to disclose gender when it is irrelevant to the services you are seeking?
  - Open-ended write in response

- Does the manner in which you disclose your gender depend on the provider/services you see? If so, please explain?
  - Yes
  - Open-ended write in response
  - No

- Has having to disclose your gender ever made you feel unsafe?
  - Yes
  - No

- Has having to disclose your gender been accompanied with feelings of anxiety?
  - Yes
  - No

- Has having to disclose your gender been accompanied with feelings of depression?
  - Yes
  - No

- Has having to disclose your gender prevented you from seeking medical or psychological care?
  - Yes
  - No

- Has having to disclose your gender ever lead to awkward or uncomfortable conversation with the provider?
  - Yes
  - No
• Have you chosen not to disclose your sex when it could be relevant to the treatment you are seeking? If so, why?
  - Yes
  - Open-ended write in response
  - No

• Have you ever disclosed your gender and not had it respected by the provider?
  - Yes
  - No

• Have you ever disclosed your gender and had a provider expect you to educate them?
  - Yes
  - No

For each of the following demographic options, think about how you would feel about your provider’s ability to understand and respect you:

Male or Female:
  - I would feel the provider is less likely to understand and respect me.
  - I would feel the provider is more likely to understand and respect me.
  - I would feel no different about the provider’s ability to understand and respect me.

Male, Female, Other _____________:
  - I would feel the provider is less likely to understand and respect me.
  - I would feel the provider is more likely to understand and respect me.
  - I would feel no different about the provider’s ability to understand and respect me.

Male, Female, Transgender:
  - I would feel the provider is less likely to understand and respect me.
  - I would feel the provider is more likely to understand and respect me.
  - I would feel no different about the provider’s ability to understand and respect me.

(Write in option) _____________________:
  - I would feel the provider is less likely to understand and respect me.
  - I would feel the provider is more likely to understand and respect me.
  - I would feel no different about the provider’s ability to understand and respect me.

For each of the following questions, think about how your level of anxiety would be affected:
Male or Female:
- I would feel a major decrease in anxiety.
- I would feel a moderate decrease in anxiety
- I would feel a mild decrease in anxiety
- I would feel neither a decrease, nor an increase in anxiety.
- I would feel a mild increase in anxiety.
- I would feel a moderate increase in anxiety.
- I would feel a major increase in anxiety.

Male, Female, Other _______________
- I would feel a major decrease in anxiety.
- I would feel a moderate decrease in anxiety
- I would feel a mild decrease in anxiety
- I would feel neither a decrease, nor an increase in anxiety.
- I would feel a mild increase in anxiety.
- I would feel a moderate increase in anxiety.
- I would feel a major increase in anxiety.

Male, Female, Transgender:
- I would feel a major decrease in anxiety.
- I would feel a moderate decrease in anxiety
- I would feel a mild decrease in anxiety
- I would feel neither a decrease, nor an increase in anxiety.
- I would feel a mild increase in anxiety.
- I would feel a moderate increase in anxiety.
- I would feel a major increase in anxiety.

(Write in option) _____________________:
- I would feel a major decrease in anxiety.
- I would feel a moderate decrease in anxiety
- I would feel a mild decrease in anxiety
- I would feel neither a decrease, nor an increase in anxiety.
- I would feel a mild increase in anxiety.
- I would feel a moderate increase in anxiety.
- I would feel a major increase in anxiety.

For each of the following questions, consider that you have access to the provider’s forms prior to your first visit (ex. you can download them online). How likely would you be to keep your appointment with that provider:

Male or Female:
- I would cancel my appointment.
- I would keep my appointment with anxiety.
- I would keep my appointment with no anxiety.
- It would have no effect on whether I would keep or cancel my appointment.
Male, Female, Other _____________:
- I would cancel my appointment.
- I would keep my appointment with anxiety.
- I would keep my appointment with no anxiety.
- It would have no effect on whether I would keep or cancel my appointment.

Male, Female, Transgender:
- I would cancel my appointment.
- I would keep my appointment with anxiety.
- I would keep my appointment with no anxiety.
- It would have no effect on whether I would keep or cancel my appointment.

(Write in option) _____________________:
- I would cancel my appointment.
- I would keep my appointment with anxiety.
- I would keep my appointment with no anxiety.
- It would have no effect on whether I would keep or cancel my appointment.

How often do you encounter each of the following demographic options:

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<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
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<tbody>
<tr>
<td>Male or Female</td>
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<td>Male, Female, Other</td>
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<td>Male, Female, Transgender</td>
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<tr>
<td>Write-in option</td>
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- Please provide any additional information regarding your personal experience with demographic questions specific to gender.
  - Open-ended write in response