

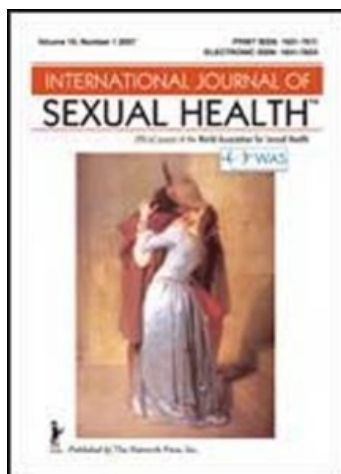
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### Transpeople, Transprejudice and Pathologization: A Seven-Country Factor Analytic Study

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## Transpeople, Transprejudice and Pathologization: A Seven-Country Factor Analytic Study

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**ABSTRACT.** Eight hundred and forty one undergraduate students in seven countries (China, Malaysia, Singapore, Thailand, Philippines, United Kingdom and United States) completed a questionnaire examining perceptions of transwomen (on a transacceptance–transprejudice continuum). The aim was to identify factors underlying transacceptance-transprejudice, and relationships among them. Five factors were identified (MENTAL-ILLNESS, DENIAL-WOMEN, SOCIAL-REJECTION, PEER-REJECTION, SEXUAL-DEVIANCE). MENTAL-ILLNESS (the belief that transwomen were mentally

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ill) was the most powerful underlying factor, linked to other aspects of transprejudice. We discuss implications for the debate on depathologization of gender variance, and for transprejudice worldwide.

**KEYWORDS.** Attitudes, gender identity variance, transphobia, transprejudice, pathologization

## INTRODUCTION

This paper describes research into people's perceptions regarding persons who are gender identity variant (transpeople). These perceptions are conceptualized as representing a continuum called transacceptance–transprejudice. The study goal was to examine the factor structure underlying people's perceptions about transpeople, as well as relationships between any factors identified. In the light of evidence that factor structure may be variant across cultures, the research incorporated samples from seven countries representing widely diverse cultures. It was hoped that a cross-cultural study of this sort might shed light on the nature of transacceptance–transprejudice as a global phenomenon.

Gender identity variant people experience a psychological discomfort living life in the gender consistent with the sex ascribed to them at birth, and consequently identify as (and desire to live in) another gender. Such people are often called “transsexual” (e.g. Whittle, Turner, & Al-Alami, 2007). However, the term is problematic. First, it is often used to refer only to those who have undergone or intend to undergo sex reassignment surgeries (Whittle, 2002). Second, the term carries unfortunate connotations of mental disorder, being a diagnostic label employed in the International Classification of Diseases, tenth edition (ICD-10) (World Health Organization, 2004). In this article we avoid the problems arising from the term “transsexual” by referring to gender identity variant people as “*transpeople*.” Transmen are birth-assigned females but grow up identifying as male. Transwomen are birth-assigned males but grow up identifying as female.

The perceptions we studied were chosen to represent a range of attitudes and beliefs on a continuum the current writers call *transacceptance–transprejudice*. We argue that transacceptance and transprejudice represent

two aspects of the stereotyping of transpeople. Transacceptance here may be viewed as the positive dimension in stereotyping of transpeople; a *transpositivity* analogous to the construct of *homopositivity* in regard to homosexual people (Morrison & Bearden, 2007). Transprejudice represents the negative dimension of stereotyping; a *transnegativity* analogous to the construct of *homonegativity* described by, among others (Morrison & Morrison, 2002).

Societal antipathy towards transpeople is a common finding in Western writing on people who are gender variant and/or gender identity variant. It is evident in autobiographies (e.g. Green, 2004, writing in the US; Morris, 1974, in the UK; Rees, 1996, in the UK), biographical accounts (e.g. May, 2005, writing in Australia), commentaries (e.g. Whittle, 2002, in the UK), academic research focusing on the trans experience (e.g. Lombardi, Wilchins, Priesing, & Malouf, 2001, in the US; Whittle et al., 2007, in the UK), and in research which has specifically examined attitudes towards transpeople among family members (e.g. Sandnabba & Ahlberg, 1999, in Finland; Wren, 2002, in the UK), among medical professionals (e.g. Franzini & Casinelli, 1986, in the US), in the lesbian and gay community (e.g. Weiss, 2003, in the US), among undergraduate students (e.g. Hill & Willoughby, 2005, in Canada), and in more general populations (e.g. Harvey, 2002, in the US; Landen & Innala, 2000, in Sweden; Leitenberg & Slavin, 1983, in the US; Tee & Hegarty, 2006, in the UK). Much of the research into transpeople's experiences, as well as into people's attitudes towards transpeople, has been broadly focused, i.e. with no attempt to differentiate transmen and transwomen.

Antipathy towards transpeople often leads to discrimination and victimization at home, school, workplace and in the wider society. The effects are broad, impacting the life quality, life opportunities, mental well-being and physical health of transmen and transwomen (Clements-Nolle, Marx, & Katz,

2006; Grossman & D'Augelli, 2006; Harcourt, 2006). The website "Remembering Our Dead" (<http://www.gender.org.remember>), which currently lists around 350 transpeople, most of whom died violent deaths, bears testimony to the hostile extremes to which the antipathy towards transpeople can extend. Many of those listed died in North America and Europe. In important respects the experiences of transpeople parallel those of homosexual people (Abelson, Lambevski, Crawford, Bartos, & Kippax, 2006, in research on gay men; D'Augelli, 2002, and Wright & Perry, 2006, in regard to both gay men and women).

Antagonistic attitudes and beliefs expressed in regard to transpeople have often been called "*transphobia*" (e.g. Hill & Willoughby, 2005; Norton, 1997; Tsoi, 1992) or "*gender phobia*" (Kronick, 2000). King, Winter, and Webster (2009) have argued that terms such as these are problematic in that they focus on the feelings of the perpetrator, divert attention from the effects upon the transpeople who are the victims whenever these feelings are expressed, and convey the impression that fear is a major component of people's reactions, when in fact it is often absent or comprises a minor aspect of an individual's response to gender identity variance. As King et al. point out, more central aspects of a person's response to transpeople may be the tendency to make judgments about the transperson's illness, immorality and inferiority, as well as an indifference to or outright rejection of civil and social rights for transpeople. We therefore prefer to use the term "transprejudice," consistent with the definition offered by King et al., as "the negative valuing, stereotyping and discriminatory treatment of individuals whose appearance and/or identity does not conform to the current social expectations or conventional conceptions of gender (p. 20)."

Antipathy towards transpeople and homosexual people appears to form two aspects of a broader attitudinal and belief system relating largely (but not exclusively) to sex and gender. Homoprejudice is linked to gender-role beliefs, endorsement of male gender norms, attitudes towards women, hypermasculinity and various aspects of sexism (see a meta-analytic review of the research by Whitley, 2002). Transprej-

udice is linked to heterosexism, authoritarianism, essentialist views of sex (Tee & Hegarty, 2006), gender-typing (Ceglian & Lyons, 2004), intolerance for gender non-conformity in children, and, perhaps unsurprising, attitudes towards homosexuals (Hill & Willoughby, 2005).

A recent study found transprejudice and homoprejudice to be linked to each other, and also to right-wing authoritarianism, religious fundamentalism and hostile sexism (Nagoshi et al., 2008). There were some clear gender differences however. Among men both transprejudice and homoprejudice were correlated with aggression proneness, and transprejudice furthermore correlated with benevolent sexism. Among women both transprejudice and homoprejudice were correlated with benevolent sexism and rape myth acceptance. Nagoshi et al. (2008) further examined the correlates of transprejudice with the effects of homoprejudice partialled out. It was at this point that even more substantial gender differences became evident. For women, transprejudice remained correlated with several variables; namely right-wing authoritarianism, religious fundamentalism, benevolent sexism and rape myth acceptance. For men, the only correlate was benevolent sexism; suggesting (as Nagoshi et al. themselves note) that among men homoprejudice and transprejudice are driven by similar causal factors, but that among women the two phenomena may have more differentiated causal mechanisms.

The precise reasons for transprejudice are little known, but are likely complex. Moran and Sharpe (2004) have noted that prejudice often arises out of ignorance of what gender identity variance is and who transpeople are; an ignorance that possibly persists because, in some cultures, many transpeople seek and achieve social invisibility. In addition, transprejudice often arises from (a) religious beliefs (for example Christian and Islamic texts proscribing cross-dressing); (b) commonly held notions that gender is subsidiary to biological sex, and that many transpeople are therefore deceivers and pretenders (a view critiqued by Bettcher, 2007); (c) psychological perspectives which suggest that gender identity variance is an expression of sexuality (a view

recently popularized by Bailey, 2003, in regard to transwomen, and leading to an angry reaction among members of the transcommunity that is the subject of a paper by Dreger, 2008); and (d) the orthodox view in Western psychiatry which declares gender identity variant people to be mentally disordered; suffering from a “Gender Identity Disorder” (GID) and related disorders (according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000)) or “transsexualism” and related disorders (according to ICD-10 (World Health Organization, 2004)).

The place of psychopathology in gender identity variance is subject to persistent and increasing scrutiny. The GID diagnosis, which first appeared in DSM (Revision III) in 1980, has been energetically criticized, with many calls being made either for reform of diagnostic guidelines, or removal of the psychiatric diagnosis altogether—in regard to GID in childhood and adolescence, GID in adulthood, or both (see for example, Bartlett, Vasey, & Bukowski, 2000; Chen-Hayes, 2001; Hale, 2007; Hill, Rozanski, Garfagnini, & Willoughby, 2005; Isay, 1997; James, 2004; Langer & Martin, 2004; Lev, 2005; Minter, 1999; Newman, 2002; O’Keefe, 2004; Richardson, 1996, 1999; Vasey & Bartlett, 2007; Vitale, 2005; Wilson, Griffen, & Wren, 2002; Winter, 2007; Winters, 2005; Wyndzen, 2004). Some criticisms focus on technical aspects of the diagnostic process; for example concerns about diagnostic criteria used, and about the sources of information upon which clinicians rely when making a diagnosis. Others are more ethical in nature; for example about the requirement for mental health evaluation that pathologization implies, and about the absence of any “exit clause” by which transpeople (once transitioned) can lose the diagnosis of “Gender Identity Disorder.”

Other arguments are possibly more fundamental, focusing on both the principle of psychiatric pathologization, and its consequences for the people pathologized. It is first of all claimed that many cultures embrace gender identity variance, that such variance in itself involves no pathology at all, and that any distress and (social) impairment experienced by transpeople (espe-

cially in the West) arises out of their experience of intolerance and stigma. It is further argued that psychiatric pathologization (a) is a tool of social control, stemming from restrictive ideologies of sex, gender and sexuality; (b) serves to exacerbate intolerance and stigma; (c) does so more than many other psychiatric diagnoses would, because it involves a pathologization of one’s identity; (d) encourages an essentialism that sees the transwoman as a man, and the transman as a woman, undermining each person’s own gender identification; (e) encourages “reparative” treatment approaches that are ethically questionable and practically ineffective, while at the same time undermining the legitimacy of medical procedures (such as sex reassignment surgeries) that could genuinely help many transpeople; and (f) contributes to unfavorable court decisions for transpeople. It should be noted that for this paper (which is concerned with transacceptance—transprejudice) arguments that psychiatric diagnosis promotes stigmatization and contributes to distress are particularly salient.

There are signs that the mainstream views in psychiatry may be shifting. For example, a document recently issued by the UK Royal College of Psychiatrists states that terms such as transsexualism and GID are clinical labels for “atypical gender development,” adding that

the experience of this dissonance between the sex appearance, and the personal sense of being male or female, is termed gender dysphoria. The diagnosis should not be taken as an indication of mental illness. Instead, the phenomenon is most constructively viewed as a rare but nonetheless valid variation in the human condition, which is considered unremarkable in some cultures. (Royal College of Psychiatrists, 2006, no page numbers)

The complex causality lying behind transprejudice, and the many links that exist between transprejudice and a broad range of other attitudes (many of them related to gender and sexuality) together suggest that it may not be a simple construct. Rather, it seems likely that a unique mix of underlying attitudes and beliefs comes into play to determine what any

individual feels and thinks about transpeople. Moreover, underlying attitudes and beliefs may vary between groups, especially between cultures. Despite the potential usefulness of factor analysis as a way of examining the underlying structure of transacceptance–transprejudice, it has seldom been put to this purpose. Three exceptions are the work of Hill and Willoughby (2005), King (2008), and Winter, Webster, and Cheung (2008).

In a study involving undergraduate students in Canada, Hill and Willoughby (2005) identified three interrelated constructs. They were: (a) Transphobia (the “feeling of revulsion to masculine women, feminine men, cross-dressers, transgenderists, and/or transsexuals,” manifesting itself in “the fear that personal acquaintances may be trans or disgust upon encountering a trans person” (pp. 533–534); (b) Genderism (a set of beliefs that “perpetuates negative judgments of people who do not present as a stereotypical man or woman,” and hold that “people who do not conform to sociocultural expectations of gender are pathological” (p. 534); and (c) Gender-Bashing (“the assault and/or harassment of persons who do not conform to gender norms,” “the fear manifest in acts of violence” (p. 534). All three scales were significantly and positively correlated. Because of the very high correlation between the genderism and transphobia subscales ( $r = .84, p = .01$ ), Hill and Willoughby opted to present their instrument as a two-factor scale; measuring Genderism/Transphobia and Gender-bashing.

Winter et al. (2008) employed a Chinese version of Hill and Willoughby’s scale with Hong Kong undergraduates, and found a rather different structure involving five factors. They were (a) Anti-Sissy Prejudice (antipathy towards gender variant men engaging in stereotypically cross-gendered behavior whether by way of makeup and dress or general appearance or behavior); (b) Anti-Trans Violence (a violent antipathy towards cross-gendered behavior in both sexes); (c) Trans-Unnaturalness (beliefs that gender variance violates either a divine or natural order); (d) Trans-Immorality (the immorality of transpeople presenting as they do to others, as well as undertaking surgery to alter their anatomy); and (e) Background Genderism

(a generalized experience (involving incomprehension and discomfort) and expression (by way of teasing and intrusive questioning) of antipathy towards gender variance in men, women and even in children). Intercorrelations between the five factors were all positive, with most of them significantly so. The Anti-Trans Violence factor in Winter et al.’s (2008) study largely drew on items tapping Hill and Willoughby’s (2005) Gender-bashing factor. The other four factors drew wholly or heavily on those tapping their conflated Transphobia and Genderism factor. Notwithstanding the overlap, the two studies (one in Canada, the other in Hong Kong) revealed the somewhat different structures underlying transprejudice in different cultures.

King’s (2008) study (also reported in King et al., 2009) was, like the Winter et al. study, conducted in Hong Kong. The research involved a general population sample (rather than undergraduate students) and a newly developed instrument called CATTCS (the Chinese Attitudes Towards Transgenderism and Transgender Civil Rights Scale). King identified eight factors. Four represented what he called a “personal dimension” of attitudes. They were: (a) Social Distance (unwillingness to interact with transpeople); (b) Social Discrimination (the denial of opportunities to transpeople); (c) Gender Essentialism (a belief that there are two natural sexes, male and female); and (d) Transprejudice (negative valuing, stereotyping and discriminatory treatment of transpeople). The other four represented an “institutional dimension.” They were: (e) Awareness of Transgender Discrimination (i.e. that it exists as a social problem); (f) Support for Equal Opportunities for Transpeople; (g) Support for Transsexual Civil Rights (i.e. of the rights of post-operative transpeople as members of their preferred gender); and (h) Support for Anti-Discrimination Legislation (to protect transpeople). Together these two Hong Kong studies indicate that even within one society it is possible to identify different factor structures underlying transprejudice.

Relatively little research has been done on gender identity variant populations beyond the (largely Anglo-Saxon and Christian) West. By way of illustration, Asia is home to 60% of the planet’s population (and presumably a similar

percentage of the planet's transpeople) and yet in 2002 was the focus of only 7% of the humanities and social science research in the subject (Winter, n.d.). This lacuna is unfortunate. Asia represents a wide diversity of ethnic, religious, socioeconomic and gender cultures that are likely to frame the gender variant experience in ways quite different, both from each other and from those observed in the West.

The research lacuna has abated somewhat recently. A catalogue of Asian research into transpeople over the last 20 years now includes work conducted in (a) Buddhist and Buddhist-influenced societies like Thailand, Laos, Myanmar, Cambodia and Vietnam (e.g. Coleman, Colgan, & Gooren, 1992; Costa & Matzner, 2006; Doussantousse & Keovongchith, 2005; Earth, 2006; Gallagher, 2005; Jackson, 1995; Jenkins, na Ayutthaya, & Hunter, 2005; Luhmann, 2006; Matzner, 2001; Nanda, 2000; Totman, 2003; Walters, 2006; Winter, 2002, 2006a, 2006b, 2006c); (b) Shinto Japan (e.g. Lunsing, 2003, 2005; Mackie, 2001); (c) Islamic societies such as Pakistan, Bangladesh, Oman, Indonesia, Turkey and Malaysia (Boellstorff, 2004; Graham, 2001; Hossain, 2004; Jami, 2005; Peletz, 1996; Polat, Yuksel, Discigil, & Meteris, 2005; Teh, 1998, 2001, 2002; Teh & Khartini, 2000; Wikan, 1991; Yuksel, Kulaksizoglu, Turksoy, & Sahin, 2000); (d) Hindu societies such as India and Nepal (Human Rights Watch, 2005, 2006; Nanda, 1990, 1993, 1997, 2000; People's Union for Civil Liberties, 2003); (e) Confucian-influenced societies such as Mainland China, Hong Kong, Taiwan and Singapore (Emerton, 2004a, 2004b, 2006; King, 2008; King et al., 2009; Kronick, 2000; Ma, 1997, 1999; Ruan, Bullough, & Tsai, 1989; Tong, 2001; Tsoi, 1990, 1992); and (f) the predominantly Christian Philippines (Alegre, 2006; Brewer, 1999; Cannell, 1995; Nanda, 2000; Rogando-Sasot, 2002; Winter, 2006c; Winter, Rogando-Sasot, & King, 2007).

These writings provide evidence of large numbers of people experiencing what the West calls gender identity variance, and living what the West would call trans lives, yet often being entirely unfamiliar with the terms "trans," "transgender" or "transsexual," which are familiar in the West, often experiencing little of the gender dysphoria so common among Western transpeo-

ple, and seldom accessing (or it seems desiring to access) the few mental health services that might exist in their countries to support their transgender. Indeed, the history and ethnography of South-East Asia seems particularly rich in what Peletz (2006) calls "gender pluralism": gender systems that ascribe legitimacy to gender variance.

However, the Asian research into gender identity variance begs caution. The vast majority of research into gender focuses on the experiences of transwomen. Only a few studies listed earlier have investigated the Asian transman's experience (and usually in conjunction with study of transwomen). Examples are Lunsing (2005) and Mackie (2001) in Japan; Polat et al. (2005) and Yuksel et al. (2000) in Turkey; Emerton (2004a, 2004b, 2006), King (2008), King et al. (2009), Ma (1997, 1999) and Tong (2001) in Hong Kong; Kronick (2000) in Taiwan; and Tsoi (1990, 1992) in Singapore. Aside from these five countries, there appears to be little substantial research into the lives of Asian transmen.

The available Asian research provides ample evidence of prejudice against transpeople (with accompanying discrimination, victimization and social exclusion). Throughout Asia transprejudice is expressed in the family, in school, at the workplace and in society more generally, though it clearly varies in strength and expression across societies (Winter, 2007). At its worst it can result in violence and murder, including that perpetrated by government agencies (e.g. in India and Nepal, as reported in Human Rights Watch, 2006; People's Union for Civil Liberties, 2003).

Human rights, based on individual freedoms, are a largely Western concept that often runs counter to "Asian values" of family and social harmony (Laurent, 2005). Perhaps for this reason international human rights law is somewhat silent on questions related to sexuality (Tahmindjis, 2005), and Asian governments, even those that have ratified the International Convention on Civil and Political Rights, often provide little legal or practical protection against transprejudiced discrimination or victimization. Indeed many governments perpetrate their *own* discriminative practices, whether by supporting the outlawing of sex reassignment surgery (for example Malaysia, in regard to its Muslim citizens), denying opportunities to change

legal gender status or enter heterosexual marriages (for example, “progressive” Hong Kong), or denying gender-appropriate ID cards even to those who have already undergone sex reassignment surgery (for example “tolerant” Thailand).

It is in this context that across the continent there is a growing trans-rights movement (often working alongside or within a broader LGBT movement), as evidenced by TEAM (Transgender Equality and Acceptance Movement, in Hong Kong); Pink Triangle (in Malaysia); STRAP (the Society of Transsexual Women of the Philippines), ProGAY, IWAG (=“light”)-Davao and Gay Human Rights Movement (GAHUM) (all in the Philippines); Anjaree and Rainbow Sky (in Thailand); Labrys (in Kyrgyzstan); Blue Diamond (in Nepal); Rush (in Korea); Insanca Yasam Platformu (in Turkey); as well as Trans-Net Japan and Singapore Butterflies.

Research indicates that men tend to be more transprejudiced than women, in Europe (Landen & Innala, 2000; Tee & Hegarty, 2006), in North America (Ceglie & Lyons, 2004; Hill & Willoughby, 2005; Leitenberg & Slavin, 1983; Nagoshi et al., 2008) and in Asia (King, 2008; Winter et al., 2008). Findings from this last study suggest that males may not only be the major perpetrators of transprejudice, but also are its major victims. Of five factors identified in Winter et al.’s (2008) study, the most important (accounting for as much of the variance as all the other four factors combined) was Anti-Sissy Prejudice; clearly a prejudice targeted upon gender variant males. Moreover, Winter et al. reported that, on three pairs of items in the GTS that allow direct comparison of attitudes towards gender variant males and females, levels of transprejudice were higher for the former than the latter.

Anti-sissy prejudice is likely a phenomenon that goes beyond Hong Kong. Note Sandnabba and Ahlberg’s (1999) finding that Swedish parents view gender variant boys more negatively than gender variant girls, and the suggestion by Zucker, Bradley, and Sanikhani (1997) that lower tolerance for gender variance among young boys (as compared with young girls) may account for the higher referral rates for the former (as compared with the latter) observed at their Canadian clinic. A recent study by Smiler and Gelman (2008) perhaps suggests a reason

for this intolerance. They found that college students expressed a deeper belief in the fixedness and biological basis for masculinity than for femininity. Their findings imply that gender-nonconforming boys may pose a more uncomfortable challenge to those beliefs than is the case for non-conforming girls.

It seems likely that, at least in some societies, men (as compared with women) may be particularly prone to express such prejudice violently. Most transpeople worldwide who are murdered appear to be transwomen (Lombardi et al., 2001), with most of the perpetrators apparently men (as in other categories of violence). A detailed discussion of the reasons underlying male anti-sissy prejudice go beyond what can be covered in this paper. However, it is worth noting that many societies may be structured so as to give men a greater investment in the maintenance of the cluster of broadly genderist and heterosexist values of which transprejudice forms a part. If this is the case then gender variant men, representing a rejection of these values, may present a greater threat. Indeed, male anti-sissy prejudice may be little more than veiled homophobia, with men commonly believing transwomen to be gay men presenting as women (what Bettcher, 2007 describes as “deceivers” and “pretenders”). As Bettcher notes, claims of “sexual deception” often form the basis of the defense case in trials of persons accused of murdering transwomen (for example, the killers of Gwen Araujo, a transwoman who was brutally murdered in 2002 in California).

Aside from participant gender, researchers in transprejudice have not usually examined links with other participant demographics. There are two exceptions. In Sweden Landen and Innala (2000) examined the impact of age. They found that older participants were more “restrictive” (i.e. less supportive of transpeople’s rights). They also collected data on socio-economic status (SES), but neglected to report any effects upon attitudes. In Hong Kong, King (2008) collected data on participant age, educational level and monthly income. He reported that these three variables displayed effects upon scores for the eight transprejudice factors identified in his research. Age was positively correlated with five of the eight factors. Educational level was negatively correlated with five factors, and personal



income with two. As is so often the case, findings in transprejudice echo those for homoprejudice. For example, in the USA Hicks and Lee (2006) found that the older and less educated are typically more prejudiced against gay men and lesbians than their younger and better-educated counterparts.

The study reported in this paper set out to examine the nature of transacceptance–transprejudice within the context of a multi-nation study.

As indicated earlier, the goal of this study was to examine any factor structure underlying the pooled transacceptance–transprejudice data, as well as to identify relationships between factors in individual country samples and in the pooled data. This was achieved by way of an exploratory factor analysis, conducted with an expectation that there might be an underlying structure in the international data, but without a clear expectation of what that structure might be, or how component factors might relate to each other. That analysis forms the basis of this paper.

While much of the data in this paper is presented in a way that allows informal inspection of country and gender differences in the data, more formal analyses are absent. A formal analysis of country differences would be of limited value because each of our samples, involving opportunistic sampling of both students and institutions within their respective countries, were likely unrepresentative (in terms of educational level and other demographics) of the national populations from which they were drawn (or even of the university populations in their respective countries). A formal analysis of gender differences will form the basis of a future paper.

## METHOD

### Instrument

A thirty-item questionnaire was developed to examine university students' perceptions concerning transwomen, their perceived characteristics, their rights, and the basis for their gender identity variance. Perceptions were conceptualized as representing a continuum running from *transacceptance* (i.e. attitudes and beliefs favorable towards transpeople, and supportive to-

wards transpeople's opportunities and rights) to *transprejudice* (i.e. attitudes and beliefs unfavorable towards transpeople, and denying them opportunities and rights).

The focus of the questionnaire was upon transwomen (rather than transpeople generally). This was because of evidence elsewhere, reviewed earlier, that transprejudice is directed particularly towards transwomen (as compared with transmen), and our consequent intention to avoid any complicating effects that target gender might have upon the data.

The first author drew up an initial pool of items on the basis of his research and contact with transpeople in Asia (particularly Thailand, the Philippines and Hong Kong) and elsewhere over a period of several years. The items represented some common experiences which transpeople reported of acceptance and prejudice (including in educational settings). The item selection was then modified and finalized through contact with the second and third authors, who had themselves previously worked with transpeople in the US and Malaysia, respectively. The final instrument contained items covering beliefs about the nature of transwomen's gender identity variance (for example as a mental illness, as sexual deviance, as unnatural), attitudes towards social contacts with transwomen (for example as classmates, acquaintances and family members), and beliefs about how society should respond to transwomen (for example whether they should be treated as men or women). All items were in statement form, with participants indicating agreement or disagreement on a five-point scale (strongly agree, agree, neutral, disagree, strongly disagree). The statements are listed in Tables 2a, 2b and 3 below.

English language versions of the questionnaire were prepared for use in the United States, United Kingdom, Philippines, Singapore and Malaysia (though the last of these also carried a Malay translation). Thai and Chinese language versions of the questionnaires were prepared for use in Thailand and China respectively. All translations were conducted by bilingual speakers, and employed back-translation checks. The Malay, Thai, Chinese versions of the instrument are available from the corresponding author.

All items were scored from 5 (strongly agree) to 1 (strongly disagree). Items expressing

unfavorable attitudes and beliefs were then recoded to the reverse, so that agreement was scored as 1, and disagreement as 5. In this way a high score for any item (particularly above the scoring mid-range) became indicative of transacceptance, with a low score indicative of transprejudice. Where the direction of any item (favorability–unfavorability) was unclear a decision was made based on an examination of correlations with other items. The recoded items were Items 1, 4, 7, 8, 12, 15, 16, 17, 18, 21, 23, 24, 28, 29 and 30. By summing the item scores it was possible to calculate Overall Acceptance (OA) scores (with a possible range 30 to 150). As for individual item scores, higher OA scores (i.e. well above mid-range) indicated transacceptance. Low scores (well below mid-range) indicated transprejudice.

The instrument also included a section for demographic data. In view of the research reviewed earlier suggesting that gender, age and SES may have an impact on perceptions regarding transpeople, the instrument included items designed to tap these demographics. Participants were asked to indicate their birth sex by checking “male” or “female,” and their age in years. They were also asked to indicate family income when they were growing up, checking one of three alternatives: (a) “below average: the bottom 33% for affluence within your society”; (b) “average: the middle 33% for affluence within your society”; or (c) “above average: the top 33% for affluence within your society.” Responses were recoded as numerical values from 1 (lowest third) to 3 (highest third). Participants could check more than one if they believed their family’s income had altered during their childhood and adolescence. In this case the numerical recoding reflected the average.

### ***Participating Researchers, Institutions and Participants***

Concerned to examine perceptions regarding transpeople in a part of the world so far little studied, we included five Asian countries in the study, together representing different majority cultures—Malaysia (Islamic), Philippines (Christian), Thailand (Buddhist), and China and Singapore (both with a strong mix of Confu-

cianism and Christianity). These countries also represent a broad range of (a) economic development (with annual per capita income levels from US\$3400 in the Philippines to US\$49,708 in Singapore (Central Intelligence Agency, 2008); (b) histories (involving British, Spanish, American and/or Japanese colonizations); and (c) language mixes (with majority languages belonging to the Sino-Tibetan family in the case of Thai and Chinese, and the Malayo-Polynesian (or Austronesian) family in the case of Pilipino and Malay) (Katzner, 1995). In all except Thailand, English is also used either as a second language (Hong Kong in China) or as a lingua franca (Malaysia, Philippines and Singapore). Gender identity variant communities of varying sizes are to be found in all five countries, and have a certain visibility (including through the media). In all five countries transpeople are the victims of prejudice and discrimination, and are socially marginalized (e.g. see Emerton, 2006; Jenkins et al., 2005; Teh, 2002; Tsoi, 1990; Winter, 2006c). Notwithstanding, these countries offer varying life opportunities to transpeople, as illustrated by their policies on, for example, (a) gender documentation (ranging from Singapore, where post-operative transpeople can change their ID cards and legal gender status, to Thailand, where neither is possible), and (b) healthcare (from subsidized SRS in Hong Kong, to a prohibition on SRS involving Muslim patients or doctors in Malaysia).

Samples from two other countries were included in the study: the USA and UK, both from the developed West. Prejudice, discrimination and harassment are well-documented in both countries. Transpeople in the USA, depending on where they live, suffer comparatively high levels of violence, a lack of access to affordable healthcare, and absence of opportunity to change their legal status. In the UK these problems appear less extreme. Indeed, the 2004 Gender Recognition Act (United Kingdom Government, 2004) provides some of the most liberal legislation in the world as regards provision of opportunities to change legal gender status. In summary, then, it was hoped that together these seven countries (five Asian and two Western) would enable us to tap into a wide range of perceptions about transpeople, drawing on a wide range of cultures.

A team of researchers from the seven selected countries collaborated to employ the questionnaire with undergraduate students. All members of the team had a research interest in gender (and gender variance) issues. They had backgrounds in psychology (four members, including the senior author), arts and literature (three), sociology (two) or counseling (one).

At both the level of participating institutions and participants, the samples were opportunistic. The use of opportunistic (convenience) samples followed well-established precedent in sexological research (e.g. Kinsey, Pomeroy & Martin, 1948; Williams & Best, 1990) and in research on attitudes towards gender variant people (e.g. Hill & Willoughby, 2005). Participating institutions were those at which the various research collaborators then worked. These were as follows: the University of Hong Kong, China; the Universiti Utara Malaysia, Sintok, Kedah State, Malaysia; the National University of Singapore, Singapore; Chulalongkorn and Silpakorn Universities, in and on the outskirts of Bangkok respectively, in Thailand; Ateneo University and University of the Philippines, both in Metro-Manila, the Philippines; the Universities of Essex, East Anglia and East London, all in the United Kingdom; and the University of Arkansas at Fayetteville, Arkansas, United States of America. Participant individuals were students attending undergraduate courses. We had no way of ascertaining whether the students were representative of student populations in their respective universities. Nevertheless, in order to avoid the most obvious source of biased sampling, we targeted courses that were not sexological in nature (and that therefore were unlikely to attract students with unrepresentative perceptions of transpeople). The aim was for each sample to comprise around 100 students, with a roughly equal balance of men and women.

### ***Procedure***

Members of the research group distributed questionnaires during classes. Participants were informed that the questionnaire was an attempt to find out what they thought about transwomen (simply defined as “people who are born male but live, or want to live, their lives as female”).

The preamble to the questionnaire stressed that there were no right or wrong answers, and that the task for participants was simply to indicate whether (and how strongly) they agreed or disagreed with each statement.

### ***Data Analyses***

All analyses were performed on SPSS PC+ Version 14. Analysis began with a preliminary examination of demographic data, as well as of discriminability, normality and internal consistency within the data. There then followed an exploratory factor analysis on the pooled data, in order to identify component attitudes and beliefs. Direct Oblimin method was employed in order to allow for the possibility of intercorrelated factors being identified. Relationships between factors were examined by way of bivariate correlational analysis. Missing values were small throughout the sample; they on average constituted less than 1% of the sample (0.0088). Cases with missing values were omitted from relevant analyses.

## ***RESULTS***

### ***Preliminary Analysis***

The pooled data (for all 841 participants) were examined for discriminability, normality and internal consistency. All items were found to discriminate well between individuals in the sample, and generated response distributions that were within acceptable limits for skewness and kurtosis. Internal consistency for the scale as a whole was high, as evidenced by Cronbach alpha values for each individual country sample (China, 0.84; Malaysia, 0.78; Philippines, 0.93; Singapore, 0.94; Thailand, 0.78; UK, 0.94; US, 0.95) and for the pooled sample (0.91).

Demographic data for each country sample are displayed in Table 1. Mean age for the entire sample was 20.16 years (s.d. 2.63), with 92.7% of participants ranging from 17 to 23 years. There were between-country differences in mean age and SES (ANOVA tests statistically significant at  $p < 0.000$ ). It will be evident from Table 1 that the intended gender balance in

TABLE 1. Sample demographics for 7 countries

Country	China	Malaysia	Philippines	Singapore	Thailand	UK	US
Male	11	25	56	31	77	29	48
Female	65	88	79	64	136	49	60
Gender not specified	2	6	3	2	3	3	4
Total N	78	119	138	97	216	81	112
Mean age (yrs)	19.94	22.58	17.97	20.36	19.46	21.24	20.16
SES	1.79	1.87	2.16	2.04	1.99	2.03	2.15

Note: SES: ranging from 1 (lowest third compared to compatriots) to 3 (highest third).

each country sample was not achieved, Women predominated over men in every country sample (though to varying degrees) and comprised 66.1% of the pooled sample.

For age and SES the associations with overall transacceptance–transprejudice (OA scores) were comparatively minor and somewhat inconsistent across countries. Country sample differences in age and SES could therefore be ignored in subsequent analyses of the data. Mean scores for each item and for each sample are displayed in Table 2. Mean OA scores are also displayed for each sample. The figures for men and women are displayed separately (Tables 2a and 2b respectively).

In each country sample and within each gender group, participants varied greatly in the perceptions of transpeople expressed. However, transprejudice was evident throughout, and was seen clearly in items specifically targeting the denial of rights to transpeople. Item 9 (“transwomen should be allowed to marry men”) provides a good illustration. A very high 62.7% of Malaysians and 50.0% of Americans rejected this right (disagreeing with the statement either moderately or strongly). Contrary to their otherwise quite positive attitudes, 52.9% of Filipinos did too. In this matter it was the UK sample that was most accepting, though even here 22.1% were ready to deny this right. Item 10 (“transwomen should be allowed to work with children”) provides another example. While 54.5% of Americans and 32.5% of Malaysians denied transwomen this right, 16.9% of the otherwise transaccepting UK sample and 13.8% of the Filipinos also did. It was the Thais who were most supportive of transpeople’s rights in this matter, but even here 12.7%

were ready to deny them the right to work with children.

### Factor Structure

The aim of the study was to explore any underlying factor structure in the pooled transacceptance–transprejudice data, as well as identifying any relationships between factors that may exist both in individual country samples and in the pooled data. Despite the high internal consistency for the scale as a whole, a Principal Components Analysis (using Direct Oblimin method to identify correlated factors) revealed five clear components underlying the data, and explaining 52.10% of the variance (see Table 3). They were, in order of variance explained, (1) a belief that transwomen suffer from a mental illness (designated MENTAL-ILLNESS, explaining 30.20% of variance); (2) a belief that transwomen are not women, should not be treated as such and should not have women’s rights (DENIAL-WOMEN, 7.42% of variance); (3) rejection of a range of contacts with transwomen among family and teachers (SOCIAL-REJECTION, 5.56% of variance); (4) rejection of contact with transwomen among peers (PEER-REJECTION, 5.16% of variance); and (5) a belief that transwomen engage in unacceptable sexual behavior (SEXUAL-DEVIANCE, 3.76% of variance). The five scales resulting from this factor analysis displayed Cronbach alphas of 0.86, 0.81, 0.78, 0.65 and 0.54 respectively. Intuitively, SOCIAL-REJECTION and PEER-REJECTION appeared to be similar constructs, both involving rejection of contact with transpeople. However, it should be noted that responses tapping

TABLE 2a. Mean responses for all 30 items and for each country (male participants)

Location	CH	MA	PH	SI	TH	UK	US	Pooled
Transwomen . . .								
1. are men with something wrong in their mind	2.64	2.72	2.89	3.00	2.49	3.38	2.00	2.66
2. are really women with the wrong body	2.91	2.32	2.61	2.57	2.42	3.00	1.98	2.47
3. are a third gender	2.64	2.08	2.88	2.45	3.17	2.28	2.04	2.62
4. are mentally disordered	3.00	2.84	3.48	3.42	3.44	3.69	2.44	3.23
5. are normal, but just different from most of the rest of us	3.45	3.08	3.86	3.06	3.51	3.55	2.60	3.34
6. are just as female as "real" women	1.73	2.40	2.44	2.52	2.17	2.45	1.60	2.20
7. are sexual perverts	3.45	2.63	3.46	3.61	2.58	4.38	2.81	3.15
8. need psychological help	2.73	1.72	2.86	2.61	3.05	3.45	2.06	2.70
9. should be allowed to marry men	2.73	1.76	2.14	2.58	2.82	3.07	2.38	2.51
10. should be allowed to work with children	3.09	2.88	3.41	3.10	3.49	3.45	2.13	3.12
11. deserve our admiration	2.36	2.76	3.41	2.40	2.96	2.79	2.02	2.77
12. are weak in character	3.09	2.60	3.75	3.26	3.16	4.00	2.83	3.27
13. can be as attractive as "real" women can be	3.18	2.36	2.57	2.71	2.56	2.55	1.85	2.46
14. deserve society's support	2.73	2.96	3.80	3.00	3.08	3.59	2.31	3.11
15. are in some way unnatural	2.18	2.48	2.41	2.23	2.60	3.34	2.00	2.47
16. live like they do so that they can find men more easily	3.45	3.60	3.05	3.26	3.51	3.69	3.19	3.36
17. have unstable personalities	3.18	2.20	2.95	2.68	2.88	3.45	2.33	2.79
A university student who is a transwoman . . .								
18. should use a specially designated toilet on campus	3.18	4.08	3.21	3.42	3.44	4.03	3.56	3.52
19. should be addressed as a female in class	2.91	1.84	3.45	3.60	3.05	3.26	3.51	3.69
20. would be an interesting person to work with in class	3.18	2.96	3.18	2.20	2.95	2.68	2.88	3.45
21. would have a bad influence upon classmates	3.27	2.60	3.18	4.08	3.21	3.42	3.44	4.03
22. would likely be a high-performing student	2.91	2.80	3.30	2.87	3.36	2.79	2.77	3.06
23. would deserve to be teased	3.18	3.12	3.96	4.16	4.22	4.38	3.42	3.90
24. would be sexually promiscuous	3.64	3.56	3.36	3.39	4.14	3.71	2.98	3.58
I could accept . . .								
25. a son of mine becoming a transwoman	2.09	1.76	2.45	1.71	2.30	2.97	1.65	2.16
26. a classmate being a transwoman	3.36	2.36	3.89	3.42	3.44	3.69	1.90	3.09
27. a friend becoming a transwoman	3.18	2.32	3.70	3.26	3.04	3.66	2.67	3.00
I could NOT accept . . .								
28. a son of mine dating a transwoman	3.36	2.20	2.30	1.65	3.17	3.03	1.75	2.48
29. a brother of mine becoming a transwoman	3.27	2.48	2.52	2.06	3.31	3.28	3.10	2.79
30. one of my teachers being a transwoman	3.45	2.52	3.75	3.13	3.16	3.62	2.10	2.96
OA score	89.55	77.04	94.02	86.63	92.62	101.89	72.40	87.57

Note: Scoring range for each individual item: 1–5, and for Overall Acceptance (OA) score 30–150.

For both individual and OA scores, high scores indicate transacceptance (positive attitudes and beliefs about transgenderism).

PEER-REJECTION tended in every country sample to be more accepting than for those tapping SOCIAL-REJECTION.

Factor subscale scores were calculated, using the items loading on each factor as displayed in Table 3. Table 4 shows the mean factor subscale scores for each country sample. Gender differences are not the focus of this paper. Nevertheless, subscale scores are listed for men and women separately in the Table; this because of apparent gender differences in our data. Table 5 displays the scale (i.e. factor) intercorrelations, first of all for the pooled

sample (Table 5a) and then for each country sample (Tables 5b to h). As might be expected from the high internal consistency for the questionnaire overall, many of the scale scores were significantly intercorrelated. Notably, for the sample as a whole (i.e. the pooled data) the highest correlations (0.5 or above), were between (a) on one hand, MENTAL-ILLNESS and, on the other, DENIAL-WOMEN, SOCIAL-REJECTION and PEER-REJECTION, as well as (b) on one hand PEER-REJECTION and, on the other, SOCIAL-REJECTION and DENIAL-WOMEN.

TABLE 2b. Mean responses for all 30 items and for each of 7 countries (female participants)

Location	CH	MA	PH	SI	TH	UK	US	Pooled
Transwomen . . .								
1. are men with something wrong in their mind	2.92	2.40	3.68	3.39	2.76	3.56	2.58	2.99
2. are really women with the wrong body	2.94	3.02	2.51	2.75	2.36	3.19	2.38	2.68
3. are a third gender	3.17	3.01	3.09	2.66	3.21	2.79	2.05	2.92
4. are mentally disordered	2.97	2.69	4.06	3.64	3.76	3.94	2.95	3.45
5. are normal, but just different from most of the rest of us	3.20	3.43	3.94	3.77	3.45	3.43	3.13	3.49
6. are just as female as "real" women	2.18	2.85	2.78	2.70	2.32	2.61	2.08	2.50
7. are sexual perverts	3.66	2.64	3.97	3.92	2.36	4.30	3.45	3.28
8. need psychological help	2.65	1.90	3.48	2.88	3.09	2.98	2.58	2.81
9. should be allowed to marry men	3.15	2.34	2.53	3.02	3.05	3.46	2.60	2.85
10. should be allowed to work with children	3.12	3.00	3.73	3.19	3.59	3.61	2.72	3.31
11. deserve our admiration	2.51	2.75	3.43	2.78	3.21	2.89	2.50	2.93
12. are weak in character	3.54	2.85	3.97	3.36	3.41	3.89	3.32	3.44
13. can be as attractive as "real" women can be	3.28	2.80	3.47	3.42	3.10	3.30	3.13	3.19
14. deserve society's support	2.89	3.21	3.89	3.38	3.27	3.74	2.80	3.30
15. are in some way unnatural	2.03	2.41	2.85	2.48	2.59	3.35	2.45	2.57
16. live like they do so that they can find men more easily	3.15	3.30	3.27	3.08	3.55	3.78	3.32	3.36
17. have unstable personalities	2.92	2.28	3.23	2.98	2.78	3.54	2.93	2.89
A university student who is a transwoman . . .								
18. should use a specially designated toilet on campus	3.42	3.17	3.38	3.34	2.96	3.86	3.70	3.31
19. should be addressed as a female in class	3.32	2.38	2.41	3.09	2.74	3.55	2.72	2.81
20. would be an interesting person to work with in class	3.14	3.00	4.13	3.45	3.46	3.45	3.50	3.45
21. would have a bad influence upon classmates	3.45	3.10	4.13	3.64	3.84	4.02	3.64	3.69
22. would likely be a high-performing student	2.80	3.02	3.42	2.97	3.46	2.67	3.10	3.14
23. would deserve to be teased	3.14	3.42	4.47	4.19	4.43	4.47	4.12	4.06
24. would be sexually promiscuous	3.78	3.24	3.75	3.51	4.39	4.02	3.42	3.79
I could accept . . .								
25. a son of mine becoming a transwoman	2.08	2.07	2.80	2.02	2.57	3.11	2.08	2.36
26. a classmate being a transwoman	3.51	2.61	4.19	3.58	3.78	3.84	2.37	3.34
27. a friend becoming a transwoman	3.26	2.48	4.19	3.28	3.51	3.51	3.33	3.26
I could <b>NOT</b> accept . . .								
28. a son of mine dating a transwoman	2.78	2.49	2.52	2.00	2.99	3.18	2.33	2.61
29. a brother of mine becoming a transwoman	2.66	2.48	2.84	2.25	3.13	3.33	3.70	2.80
30. one of my teachers being a transwoman	3.25	2.91	3.99	3.00	3.21	3.76	3.25	3.20
OA score	90.88	83.21	104.08	93.66	96.22	105.59	87.66	93.83

Note: Scoring range for each individual item: 1–5, and for Overall Acceptance (OA) score 30–150.

For both individual and OA scores, high scores indicate transacceptance (positive attitudes and beliefs about transgenderism).

## DISCUSSION

We note the major limitations of this study. First, while the questionnaire we used has good face validity there has so far been no empirical examination of other aspects of validity: for example concurrent and predictive. Second, the questionnaire focused on perceptions concerning transwomen only. Perceptions about transmen might be quite different. Third, as indicated earlier, the sampling for our study was opportunistic. The resulting samples were heav-

ily weighted towards women, though to a different degree in each sample. It remains unclear whether a factor analysis of data from a more balanced sample would yield the same factor structure as for the existing sample. In any case our participants were undergraduates, unrepresentative (in terms of educational level and possibly other demographics) of the national populations from which they were drawn. They were possibly even unrepresentative of the university population in their respective countries. Though the total number of participants is quite large,

TABLE 3. 5-Factor structure for questionnaire (pooled sample)

	Factor 1 (MENTAL- ILLNESS)	Factor 2 (DENIAL- WOMEN)	Factor 3 (SOCIAL- REJECTION)	Factor 4 (PEER- REJECTION)	Factor 5 (SEXUAL- DEVIANCE)
Transwomen . . .					
1. are men with something wrong in their mind	.721				
2. are really women with the wrong body		-.665			
3. are a third gender		-.561			
4. are mentally disordered	.640				
5. are normal, but just different from most of the rest of us				.307	
6. are just as female as "real" women		-.579			
7. are sexual perverts	.881				
8. need psychological help	.561				
9. should be allowed to marry men		-.578			
10. should be allowed to work with children		-.386			
11. deserve our admiration		-.356			
12. are weak in character	.513				
13. can be as attractive as "real" women can be		-.462			
14. deserve society's support		-.305			
15. are in some way unnatural	.342				
16. live like they do so that they can find men more easily					.543
17. have unstable personalities	.581				
A university student who is a transwoman . . .					
18. should use a specially designated toilet on campus				-.360	
19. should be addressed as a female in class		-.617			
20. would be an interesting person to work with in class				.547	
21. would have a bad influence upon classmates	.430				
22. would likely be a high-performing student				.690	
23. would deserve to be teased					.498
24. would be sexually promiscuous					.776
I could accept . . .					
25. a son of mine becoming a transwoman			.460		
26. a classmate being a transwoman				.433	
27. a friend becoming a transwoman				.408	
I could NOT accept . . .					
28. a son of mine dating a transwoman			.900		
29. a brother of mine becoming a transwoman			.969		
30. one of my teachers being a transwoman			.510		
Variance explained	30.20	7.42	5.56	5.16	3.76
Eigenvalue	9.06	2.23	1.67	1.55	1.13

Notes: 1. Only factor loadings of 0.3 and above included in table.

individual country samples were quite small. For all these reasons caution should be exercised in making generalizations from the findings of this study. Notwithstanding, we believe our findings raise some important questions about how societies may respond to the gender identity variant people in their midst.

Our findings confirm the work of other researchers (for example Hill & Willoughby, 2005; King et al., 2009; Winter et al., 2008) that perceptions regarding gender identity variance are multifaceted. This study, the first in which a single instrument has been used to examine the phenomenon cross-culturally and simultaneously,

TABLE 4. Means and standard deviations for factor subscale scores, according to country and participant gender country

	Gender		MENTAL-ILLNESS	DENIAL-WOMEN	SOCIAL-REJECTION	PEER-REJECTION	SEXUAL-DEVIANCE	OA SCORE
CH	Men	Mean	23.55	24.27	12.18	19.27	10.27	89.55
		s.d.	4.76	4.52	3.76	2.65	1.74	12.51
	Women	Mean	24.14	26.57	10.77	19.32	10.08	90.88
		s.d.	3.80	4.57	3.07	3.11	1.28	11.00
MA	Men	Mean	19.71	21.36	8.96	17.60	10.28	77.04
		s.d.	6.20	6.88	4.24	3.73	2.19	13.73
	Women	Mean	20.28	25.30	9.95	17.62	9.93	83.21
		s.d.	4.65	5.38	4.25	3.16	2.04	12.27
PH	Men	Mean	25.48	25.53	11.02	21.63	10.36	94.02
		s.d.	6.31	5.96	4.38	3.37	1.60	18.40
	Women	Mean	29.38	27.84	12.14	23.24	11.48	104.08
		s.d.	5.62	5.55	3.55	2.52	1.51	14.52
SG	Men	Mean	23.93	24.17	8.55	19.23	10.81	86.63
		s.d.	6.23	6.58	3.16	4.18	1.30	18.30
	Women	Mean	26.30	26.98	9.27	20.41	10.76	93.66
		s.d.	5.57	5.99	3.39	3.06	1.64	16.36
TH	Men	Mean	23.62	25.26	11.94	19.78	11.88	92.62
		s.d.	4.82	6.16	2.85	3.00	2.26	11.53
	Women	Mean	24.49	26.83	11.90	20.58	12.39	96.22
		s.d.	4.02	4.50	2.95	2.64	1.82	9.84
UK	Men	Mean	29.83	26.34	12.90	21.21	11.75	101.89
		s.d.	6.31	5.14	4.14	3.47	1.82	17.25
	Women	Mean	29.89	29.27	13.38	20.82	12.34	105.59
		s.d.	6.83	6.59	4.06	3.93	2.01	20.46
US	Men	Mean	19.53	18.65	8.60	16.10	9.58	72.40
		s.d.	6.39	6.38	3.67	4.73	1.92	19.74
	Women	Mean	23.76	22.98	11.37	19.13	10.85	87.66
		s.d.	5.63	6.27	3.88	3.95	1.89	18.35
Pooled	Men	Mean	23.65	23.74	10.64	19.38	10.83	88.05
		s.d.	6.55	6.62	3.98	4.09	2.08	18.72
	Women	Mean	25.11	26.50	11.23	20.18	11.21	94.29
		s.d.	5.82	5.62	3.72	3.50	2.00	15.84

Notes:

(a) Factor subscale scores calculated as follows:

MENTAL-ILLNESS. 8 items: 1,4,7,8,12,15,17,21. Scoring range 8–40, mid-point 24.

DENTAL-WOMEN. 9 items: 2,3,6,9,10,11,13,14,19. Scoring range 9–45, mid-point 27.

SOCIAL-REJECTION. 4 items 25, 28, 29, 30. Scoring range 4–20, mid-point 12.

PEER-REJECTION. 6 items: 5, 18, 20, 22, 26, 27. Scoring range 6–30, mid-point 18.

SEXUAL-DEVIANCE. 3 items: 16, 23, 24. Scoring range 3–15, mid-point 9.

(b) Overall Acceptance Score: All items. Scoring range 30–150, midpoint 90.

(c) In all cases high scores indicate greater transacceptance (positive attitudes and beliefs about transgenderism).

suggests that at the level of the pooled data there are at least five components that may be identified within transacceptance–transprejudice, with the greatest variance in overall acceptance being accounted for by a belief that transwomen (and perhaps transpeople generally) suffer from a mental illness (the MENTAL-ILLNESS factor). One needs to be circumspect about this finding. None of the three previous factor ana-

lytic studies has identified a factor of this nature, though this may stem from the mix of items in the instruments used in those studies. Moreover, in the somewhat different factor intercorrelations for each country sample in the current study, we can see an indication that the factor structure in the pooled data may not be reflected at the level of individual countries (a possibility that, in the absence of larger country samples, must



TABLE 5. Factor intercorrelations

(a) Pooled sample

MENTAL-ILLNESS				
.55**	DENIAL-WOMEN			
.50**	.47**	SOCIAL-REJECTION		
.64**	.59**	.51**	PEER-REJECTION	
.44**	.13**	.27**	.35**	SEXUAL-DEVIANCE

(b) China (Hong Kong)

MENTAL-ILLNESS				
.58**	DENIAL-WOMEN			
.31**	.20	SOCIAL-REJECTION		
.53**	.56**	.36**	PEER-REJECTION	
.09	-.19	-.22	-.08	SEXUAL-DEVIANCE

(c) Malaysia

MENTAL-ILLNESS				
.31**	DENIAL-WOMEN			
.22*	.31**	SOCIAL-REJECTION		
.39**	.41**	.22*	PEER-REJECTION	
.06	-.41**	-.15	.06	SEXUAL-DEVIANCE

(d) Philippines

MENTAL-ILLNESS				
.56**	DENIAL-WOMEN			
.60**	.62**	SOCIAL-REJECTION		
.64**	.53**	.62**	PEER-REJECTION	
.64**	.32**	.48**	.51**	SEXUAL-DEVIANCE

(Continued on next page)

TABLE 5. (Continued)

## (e) Singapore

MENTAL-ILLNESS				
.70**	DENIAL-WOMEN			
.58**	.68**	SOCIAL-REJECTION		
.77**	.63**	.59**	PEER-REJECTION	
.46**	.18	.12	.45**	SEXUAL-DEVIANCE

## (f) Thailand

MENTAL-ILLNESS				
.12	DENIAL-WOMEN			
.26**	.12	SOCIAL-REJECTION		
.18*	.47**	.16*	PEER-REJECTION	
.42**	-.15*	.12	.18**	SEXUAL-DEVIANCE

## (g) United Kingdom

MENTAL-ILLNESS				
.72**	DENIAL-WOMEN			
.66**	.65**	SOCIAL-REJECTION		
.72**	.64**	.71**	PEER-REJECTION	
.50**	.33**	.38**	.37**	SEXUAL-DEVIANCE

## (h) United States

MENTAL-ILLNESS				
.75**	DENIAL-WOMEN			
.70**	.63**	SOCIAL-REJECTION		
.78**	.68**	.81**	PEER-REJECTION	
.55**	.38**	.46**	.55**	SEXUAL-DEVIANCE

Notes: \* =  $p < 0.05$ ; \*\* =  $p < 0.01$  (2 tailed).

remain untested in this study). Nevertheless, the finding does raise the possibility that, across a range of cultures (non-Western as well as Western) the idea that gender identity variance is a mental illness may play an important part in the overall disposition of people in the general population towards transpeople (or at least towards transwomen).

Though the current study was solely of perceptions regarding transwomen (and the previous three studies were of transpeople in general), it is worth noting that the four other components of transacceptance identified in this study appear to echo factors identified by earlier research. DENIAL-WOMEN (the denial of transwomen's civil status as women) appears broadly to echo King's (2008) "Social Discrimination," "Support for Equal Opportunities" and "Support for Transsexual Civil Rights" factors. The SOCIAL-REJECTION and PEER REJECTION factors echo King's "Social Distance" factor. SEXUAL DEVIANCE echoes Winter et al.'s (2008) "Trans Immorality" factor.

Turning now to the relationships between different components of transacceptance—transprejudice, our findings were that, in the pooled sample and in individual country samples, most correlations between the five factors we identified were positive. It therefore appears that the various perceptions people express about transwomen were linked. Both SOCIAL- and PEER-REJECTION were closely correlated with DENIAL-WOMEN. There were therefore clear links between the ideas (a) that transwomen are not women, should not be treated as such, and should not be afforded their rights, and (b) that one should avoid any sort of contact with transwomen, either at work or study, in the family, or among classmates and friends. It therefore appears that those participants who would avoid contact with transwomen in their personal lives were also those who would seek to exclude them from full participation in society altogether.

Moreover, all these ideas were themselves associated with the belief that transwomen are mentally ill (MENTAL-ILLNESS). Over the pooled sample, and in most of the individual countries, participants viewing transwomen as mentally ill tended to avoid any form of contact with them, as well as to deny them the status

or rights of women. In the light of other research on stigma and mental illness (Davies & Morris, 1990), it is not surprising that those who adopted a "mental illness" view of transwomen would also limit their interactions with them. The refusal to view transwomen as women (or to accord them the status or rights of women) is arguably a quite logical consequence of the "mental illness" view of gender identity variance; that the transwoman is in fact a man with a disordered mind.

As usual when interpreting correlational data, circumspection is needed here; correlations do not always reveal simple causal relationships. On one hand the belief that gender identity variance is a mental illness may directly promote transprejudice. On the other, participants already prejudiced against gender identity variant people may draw upon a belief that this variance is a mental illness in order to rationalize their prejudice. A third possibility is that the link is entirely spurious, an artifact of links both phenomena have with a third variable, without the first two having any causal relationship with each other at all. Leaving aside this third possibility, we believe our findings raise important implications for the psychiatric pathologization of gender identity variance. If the psychiatric pathologization of gender identity variance either prompts transprejudice or maintains it by providing a way for those already prejudiced to rationalize that prejudice, then the consequence is that the pathologization of gender identity variance may facilitate social and economic exclusion. In turn that exclusion may (ironically) impair the mental and physical well-being of the persons pathologized, and contribute to far more substantial pathologies of social isolation, social anxiety, depression, helplessness, hopelessness, risk-taking and self-harm.

Few if any of the undergraduate students in this study had likely ever read DSM-IV, ICD-10 or any other psychiatric manual or text. Even fewer of their compatriots would have done so. However, we believe ideas about the pathology of gender identity variance percolate into the general community, including in Asia. They do so by way of magazine articles, TV documentaries, and the internet, among others. There

are other vehicles for the promulgation of these ideas. Thailand provides an example. All young men at the age of 20 are liable to be called for military service. Those considered gender identity variant are immediately released from their duty to serve. The discharge papers issued until recently stated that they suffered from a "mental perversion." We estimate that there are tens of thousands of transwomen carrying such discharge papers, and required to show them to prospective employers throughout their intended working life (often undermining their efforts to gain employment).

We note that transprejudice is neither prompted nor supported solely by the psychiatric pathologization of gender identity variance. Religion, for example, also plays a role, including in Asia. Indeed, we believe religion may have played an important role in our Malaysian data, swamping some of the effect that pathologization had, and reducing the size of the association between it and other aspects of transprejudice. We also accept that transprejudice would unlikely disappear even if "Gender Identity Disorder," "Transsexualism" and related diagnostic terms were taken out of the psychiatric manuals. The case of homosexuality is instructive in this regard. Large numbers of people worldwide evidently persist in regarding it as a mental illness, even though it was removed from the manuals in steps from 1973. Further, if the history of homosexuality is anything to go by, depathologization of gender identity variance may only lead to a reinvigoration of the struggle by the religious right to have it portrayed as a sin.

Notwithstanding, we believe that our findings indicate that the "mental illness" view of gender identity variance may prompt or provide a supporting rationale for transprejudice. We note arguments calling for an end to psychiatric pathologization of gender identity variance (reviewed earlier). Any eventual decision to remove gender identity variance from the psychiatric manuals will doubtless rest on numerous considerations. However, we believe our own study provides another strand of evidence adding to the concern about its presence in those manuals. We suggest our findings will be of interest to all those involved in the welfare of transpeople, from mental

health professionals to transactivists. We further suggest that, as the American Psychiatric Association (APA) embarks on a revision of its highly influential Diagnostic and Statistical Manual of Mental Disorders (with DSM-V due for publication in 2012), those involved in the revision may want to take account of our findings.

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