Aira Huttunen

FRICION AND BODILY DISCOMFORT

TRANSGENDER EXPERIENCES OF EMBODIED KNOWLEDGE AND INFORMATION PRACTICES
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Transgender experiences of embodied knowledge and information practices

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Abstract

This doctoral thesis is the first extensive research on the information practices of Finnish transgender people. This research focuses on embodied information, which is defined as information derived from the sensory and sentient experiences of people in practice. The findings contribute to the developing knowledge on transgender individuals’ experiences of the ways that senses, affects, body-related self-observations and observations of other people’s bodies are a part of information practices. The conceptual framework of the research builds upon a theorisation of information behaviour and practices, transitions and queer theory and transgender studies in an interdisciplinary fashion.

Methodologically, interpretive phenomenology informs the research. The thesis is founded on four peer-reviewed articles (Studies I, II, III and IV), and a compilation report combining their results with a focus on transgender individuals’ embodied experiences. The empirical material was collected through 12 interviews in 2013 (Study I) and 25 interviews in 2016 (Studies II, III and IV) with Finnish people who identified as transgender. The data were analysed using qualitative content analysis and queer phenomenology.

The findings of this research illustrate how personal and interpersonal factors shape information practices of transgender individuals, including information encountering, seeking, creation, sharing, use, avoiding and hiding. The findings foreground the interconnectedness of bodily experiences, affects and stigma within the experiences of transgender individuals, indicating how these elements can shape their information practices during gender transitions.

This thesis increases the understanding of affects as social phenomena that shape the embodied information practices of marginalised populations. The research suggests that the concept of early-stage information needs can be used to understand how embodied knowledge and friction between the lived experience and the social world can lead to information seeking. Moreover, the results provide novel insight into how bodily discomfort can act as a trigger for a transition. The outcomes of the research provide new knowledge to support and inform information and healthcare providers and organisations working with transgender people by describing the variety of information needs and information barriers that transgender people encounter.

Keywords: embodied information, embodiment, gender, information practices, LGBTQ+ communities, marginalised populations, stigma, transgender
Tämä väitöstudotutkimus on ensimmäinen kattava tutkimus suomalaisen transsukupuolisten tietokäytäntöön liittyen. Tutkimus keskittyy keholliseen tietoon, jolla tarkoitetaan informaatiota, joka välittyy aistien ja aistillisten kokemusten avulla ihmisten käytännöissä. Tutkimuksessa tarkastellaan aistien, affektien, kehollisen itsetarkkailun ja muiden kehohjelmoiden tarkkailun merkitystä osana transsukupuolisten tietokäytäntöjä. Tutkimuksen teoreettinen viitekehyys yhdistää monitieteisesti tietokäytäntöjen, muutoteorian, queer-teorian ja transtutkimusta.


Tutkimuksen tulokset kuvaavat kuinka yksilölliset sekä ihmisten väliset tekijät muovaavat transsukupuolisten tietokäytäntöjä, sisältäen tiedon kohtaamista, hakemista, luomista, jakamista, käyttöä, välttelyä ja piilottamista. Tulokset korostavat kehollisen tiedon, affektien ja stigman yhteen kieltävää transsukupuolisten kokemuksissa ja osoittavat, kuinka nämä elementit muokkaavat transsukupuolisten sukupuolentorjuksesta kytkeytyvä tietokäytäntöjä.

Väitöstudotutkimus lisää ymmärrystä affekteista sosiaalisena ilmiönä, joka muovaa marginalisoitujen ryhminen kehollisia tietokäyttäjiä. Tutkimus ehdottaa, että varhaisen tason tiedontarpeiden käsitettä voidaan käyttää jäsentämään sitä, kuinka keholliset kokemukset ja kitka elettäjen kokemusten ja sosiaalisen maailman välillä voivat johtaa tiedonhankintaan. Tulokset myös kuvaavat kehollisen epämukavuuden merkitystä muutoksen laukaisijana. Tulokset hyödyttävät transsukupuolisten kanssa työskenteleviä tiedon välittäjiä, terveydenhuoltoa ja organisaatioita kuvataessaan transsukupuolisten tiedontarpeiden ja tiedonhankinnan esteiden moninaisuutta.

Asiasanat: HLGBTQ+ yhteisöt, kehollinen tieto, kehollisuus, marginalisoidut vähemmistöt, stigma, sukupuoli, tietokäytäntö, transsukupuolisuus
Eelille ja Akselille
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In Oulu, September 2022
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Abbreviations

APA American Psychiatric Association
DSM Diagnostic and Statistical Manual of Mental Disorders
ELIS Everyday life information seeking
e.g. exampli gratia
i.e. id est
LGBTQ+ Lesbian, Gay, Bisexual, Transgender, Queer and other sexual and gender minorities
LIS Library and information science
ICD-10 Tenth version of the International Classification of Diseases
ICD-11 Eleventh version of the International Classification of Diseases
WHO World Health Organisation
List of original publications

This thesis is based on the following publications, which are referred throughout the text by their Roman numerals:


*Huttunen née Pohjanen

*Description of the author’s role in the original articles:*

In all studies, as the first author (formerly Pohjanen), I was responsible for the overall study design, data gathering, analysis and writing of the articles. Docent Terttu Kortelainen was my thesis first supervisor and guided the work in all phases. As an expert in the field of information studies, she provided insights as well as comments and suggestions throughout the writing process, and in particular in Studies I, II and IV. As my second supervisor Docent Lotta Kähkönen provided expertise and insight throughout the research process and contributed to writing and editing in Studies II and III. Docent Heidi Enwald was my third supervisor during 2015–2019 and contributed to writing and editing Study II. Professor Noora Hirvonen was my third supervisor during 2021-2022 and contributed to writing and editing Study III.

In Study I, Docent Kortelainen provided her expertise throughout the writing process and especially contributed to theoretical concerns and edited the article as a whole. In a joint effort, we wrote the discussion and prepared the article for publication.
In Study II, Docent Kortelainen, Docent Kähkönen and Docent Enwald contributed to the writing process with comments and suggestions and by editing the paper.

In Study III, Professor Hirvonen and Docent Kähkönen contributed to the writing process with comments and suggestions. Professor Hirvonen contributed to the theoretical section by editing it and wrote a paragraph on social constructivism. Docent Kähkönen wrote a paragraph about the concept of transgender. Together with my co-authors, we outlined the discussion part and the edited the paper to prepare it for publication.

In Study IV, Docent Kortelainen provided insight on theoretical sections in the paragraphs concerning information seeking, and in a joint effort, we edited the article to prepare it for publication.
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1 Introduction

1.1 Background

In 2013, while doing my master’s thesis, I interviewed 12 people identifying as transgender about their information behaviour. In response to my question about whether they thought there was a lack of information on transgender experiences, one of the interviewees said:

*From my point of view, information about transgender themes lacks the experiences of transgender people because it is only about the identity and never the feeling. So, I didn’t know about the opportunities to correct the physical sex, because I got the impression after reading about androgyny that I’m something like that from my soul, but in the woman’s body. But it wasn’t clear to me that it is possible to correct your sex unless you haven’t felt that you are in the wrong body since the age of three. Because no one ever used or explained the terms like ‘body dysmorphia’ or ‘dissociation’, I never ever realised I was being in the wrong body, I just though every girl hates their body and everyone else too feels that it is really difficult to be in their own body.*

(Gender non-conforming, A12.)

In this quote, the interviewee points out several issues with regard to information on transgender experience. For them, information about transgender people they had encountered had not been helpful in understanding their own embodied experiences. The interviewee indicates that information on transgender people lacks feelings and embodied experiences and that a diversity of stories is missing. Concepts such as ‘androgyny’ had not helped to understand their own embodied experience, since the description did not include descriptions of bodily experiences. Moreover, the interviewee points out the issue with a wrong-body narrative (Bettcher, 2014; Daves, 2021; Engdahl, 2014), namely, that transgender identity is commonly represented as fixed or as identity that one realises in early childhood and that seeking trans-specific healthcare or taking part in medical interventions is possible only for individuals who possess this kind of identity. Altogether, this quote demonstrates the diversity and complexity of the barriers transgender people encounter when aiming to understand their own (embodied) experiences.

This research is among the first to focus on transgender people’s information practices. As an alternative to the wrong-body narrative, which centralises a normative understanding of transgender experience, this thesis seeks to describe
various ways in which transgender people describe their embodied experiences and information practices in relation to these experiences. This thesis increases understanding about the understudied topic of how embodied and social experiences of ‘friction’, bodily discomfort and gender dysphoria are formed as information needs in areas where transgender people are largely stigmatised. According to several studies, transgender people are largely marginalised and stigmatised in Western societies (Cruz, 2014; Hughto et al., 2015; Kosenko et al., 2013; Poteat et al., 2013). Several studies have shown that transgender people face significant discrimination, violence and harassment in several areas of social life, including with family members (Askevis-Leherpeux et al., 2019), school and education (Askevis-Leherpeux et al., 2019; Beemyn & Rankin, 2011; Pomerleau, 2012), public places (Beemyn & Rankin, 2011; European Union agency for fundamental rights [FRA], 2013; Namaste, 2000), religious communities (Kitzie et al., 2020; Strassfeld & Henderson-Espinoza, 2019) and healthcare (Bauer et al., 2009; 2014; Cruz, 2014; Kosenko et al., 2013; Linander, 2018; Poteat et al., 2013; Sanchez et al., 2009; Hughto et al., 2015).

It is well established that the rapid development of the Internet and ICT tools have made it easier to access information, create content and make it available for others. In many ways, traditional gatekeepers’ role for accessing information has decreased. Internet has tremendous potential to improve social equality and empower marginalised populations (Mehra et al., 2004). However, discourse about ubiquitous access to information has also been challenged in studies focusing on marginalised and underserved populations (Chatman, 1996; 1999; Hasler et al., 2014; Lingel & boyd, 2013). Marginalisation can shape access to information through stigmatisation. Studies have found that both certain identities and information can be stigmatised (Lingel & boyd, 2013; Kitzie, 2017b). For example, social media sites and different platforms remove queer content because non-normative sexualities and genders are inherently politicised and stigmatised (Floegel, in press). In healthcare settings, stigma can include the absence of marginalised identities, offering unwanted information or commoditising marginalised identities (e.g., Kitzie et al., 2021).

Marginalisation and stigma can shape information practices, that is, a set of socially, culturally and historically constructed and materially mediated actions to identify, create, seek, manage, use and share information (Lloyd, 2010b; Mckenzie, 2003; Savolainen, 2007, 2008). Previous studies have noted that individuals with marginalised identities may adapt protective and defensive information practices, such as seeking information from a distance (Veinot, 2010; Veinot et al., 2006;
Wong & Wong, 2006), using sources where information can be sought anonymously (Hamer, 2003; Hasler et al., 2014; Kitzie, 2019; Mehra, & Braquet, 2011; Yeh, 2008), avoiding potential risks (Kitzie et al., 2020), destroying and hiding information (Namuleme, 2013) or minimising information availability in order to protect the community (Lingel & boyd, 2013).

For transgender people, public media (Beemyn & Rankin, 2011; Capuzza, 2015; Floegel & Costello, 2019) or libraries (Drake & Bielefield, 2017; Jardine, 2013; Thompson, 2012) are not usually helpful information sources, and limited and negative media representation of transgender people can negatively affect the impression of transgender experiences and its commonness (Beemyn & Rankin, 2011; Capuzza, 2015). As public media or other institutional information sources tend not to serve the information needs of transgender people, they may turn to alternative information sources. Previous studies have shown that peers and the transgender community can serve both information and support for transgender people (Cavalcante, 2016; Hawkins & Gieseking, 2017; Irni, 2017; Karami et al., 2018; Linander et al., 2017). The process of separation from existing networks and finding new information channels and communities can be understood as a process of transition (Haimson, 2018b). Studies have found that during life transitions, people have several types of information needs (Hicks, 2018; Kennan et al., 2011; McKenzie & Willson, 2019; Ruthven, 2019b; Willson & Given, 2020), and life transitions shape the information practices of individuals (Bronstein, 2019; Clemens & Cushing, 2010; Lloyd et al., 2017; Ruthven 2019b; Willson & Given, 2020).

This research combines theoretical perspectives from the fields of library and information science (LIS) and gender studies, especially transgender and queer studies, where the focus is on bodily experiences and gender norms and normativity. By combining these two perspectives, my research elaborates the knowledge of how bodily experiences and norms are tied into information practices. The emerging concept of **embodied information practices** (Olsson, 2016; Olsson & Lloyd, 2017) focuses on discursive, affective and embodied practices from an information practices perspective. Studies have noted that experiences of the body during the execution of work are legitimised as a source of valid information (Lloyd, 2007) and that information is experienced through the senses (Gorichanaz, 2015; Lloyd, 2010a; Lloyd & Olsson, 2019; Olsson, 2016). Moreover, observing others’ bodies and hearing about their bodily experiences can be an important source of information (Bonner & Lloyd, 2011; Lloyd, 2009; St. Jean et al., 2018). The body can also work as a communicator when making comparisons between the old and
current self (Wella & Webber, 2018) through clothing and style (Guzik, 2018), and walking and talking (Olsson, 2010). *Embodying knowledge* (Olsson, 2010) refers to information creation that can happen by, for example, creating costumes (Olsson, 2010), visual art and craft (Guzik, 2018) and handcrafts (Prigoda & McKenzie, 2007).

This thesis offers a novel approach to examine the information practices of transgender people by combining two perspectives: embodied information practices and information practices on marginalised and underserved populations. Based on interpretive phenomenology, this study offers a novel understanding of a variety of experiences of transgender people living in Finland as the approach enables to focus on individuals lived experiences in a certain historical and societal context.

This thesis contributes to the current fields of information behaviour, information practices and transgender studies. Specifically, it adds to the restricted amount of research on embodied information practices. Only a few of these studies have focused on marginalised and unserved communities, and even fewer on queer and transgender communities. Furthermore, it seeks to develop the understanding of information needs arising through bodily experiences and, as such, broaden the understanding of the concept of information need. Moreover, this research contributes to theoretical discussions on marginalised communities’ information practices. In addition to contributing to theory, the outcomes of the research are expected to provide new knowledge to support and inform organisations, information providers and healthcare providers working with transgender people.

### 1.2 Aim of the thesis and purpose of the thesis

The aim of this thesis is to develop knowledge about transgender people’s embodied information practices. The purpose of this research is to examine how Finnish transgender individuals describe their information practices and embodied experiences related to these practices. The research questions of this thesis are as follows:

1. In relation to their gender experience, how do transgender individuals describe their information needs and use?
2. What kind of information do senses, emotions and affects generate for transgender people about their gender experiences?
3. How do transgender individuals describe the roles of information creation, sharing and community building as part of their information practices?

4. In relation to their gender experience, how do transgender individuals describe information avoidance and barriers to information encountering, seeking and sharing?

These questions are deliberated upon in the four studies. Table 1 summarises the relationship between the research questions and the studies of this research.

Table 1. Research questions of the thesis.

<table>
<thead>
<tr>
<th>Research questions</th>
<th>Study I</th>
<th>Study II</th>
<th>Study III</th>
<th>Study IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ1: In relation to their gender experience, how do transgender individuals describe their information needs and use?</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RQ2: What kind of information do senses, emotions and affects generate for transgender people about their gender experiences?</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>RQ3: How do transgender individuals describe the roles of information creation, sharing and community building as part of their information practices?</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RQ4: In relation to their gender experience, how do transgender individuals describe information avoidance and barriers to information encountering, seeking and sharing?</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>

The main theoretical objective of this research is to contribute to research on information practices. The main empirical objective of this research is to listen to the experiences of transgender people and amplify their perspectives on their information practices.

1.3 An overview of the articles and the structure of the dissertation

This thesis is based on four studies, which are reported in the original articles. The articles are referred to as Studies I, II, III and IV.

**Study I** focuses on transgender people’s information behaviour, including information needs, information encountering, seeking, information avoidance and sharing and barriers affecting information seeking. In this study, information behaviour is examined from the perspectives of identity construction and seeking trans-specific healthcare by analysing interview data from 12 transgender
individuals. This study represents an individual perspective to understand the information behaviour of transgender people. According to the results, serendipity played an important role at the beginning of the participants’ information seeking. However, several barriers to information seeking were found and were divided into psychological, demographic, role-related or interpersonal, environmental or source characteristic-related barriers.

**Study II** broadens the understanding of information seeking and sharing as bodily and affective experiences. In this study, transgender embodiment is examined at both the individual and interpersonal levels. The data included 25 semi-structured interviews with transgender individuals and were analysed using qualitative content analysis. Study II exemplifies the kinds of information senses, emotions and affects that contribute to transgender person’s understanding of ones’ gender identity, how this information can be shared and the kind of information that other’s embodiment provide for transgender people. Queer theory is used to theorise gender norms, and a phenomenological understanding of the body reinforces the understanding of the materiality of a transgender experience.

**Study III** focuses on transgender individuals’ early-stage information needs in relation to gender identity. Considering both individual and interpersonal levels, Study III describes how bodily and social experiences can shape the ways early-stage information needs are formed into conscious information needs. This study presents an analysis of semi-structured interviews of 25 transgender individuals using queer phenomenology and qualitative content analysis as analytical frameworks. The formation of early-stage information needs of the transgender interviewees was conceptualised as a chain, including a trigger for information seeking, finding the right words and understanding the experience. The findings of this study indicate that bodily changes starting at puberty were especially strong causes of discomfort causing friction between the subjects’ own gendered body and their gender experience, even leading to gender dysphoria. Finding words to describe the experience played an important role in the process of identity formation for the interviewees. In many cases, this was difficult because of the lack of accurate and relevant information.

**Study IV** highlights embodiment and emotions as part of information seeking during a significant life change. The concepts of ‘meaning-making’, ‘transitioning’ and information seeking in ‘deeply meaningful and profoundly personal contexts’ were used to understand transgender individuals’ information seeking in the contexts of gender identity formation. The data included 25 interviews with transgender individuals and were analysed with qualitative content analysis.
Focusing mainly on the individual perspective, Study IV presents four phases of life transition and emotions and information practices related to these phases. This study highlights information that can be contextualised as ‘deeply meaningful’, helping people forward during life transitions.

This thesis contains five chapters. In Chapter 1, I introduce the background, aim and purpose of this study. In Chapter 2, I present the theoretical background by introducing relevant concepts and previous studies about transgender experience, information behaviour and practices, transitions theory, embodied and affective information practices and information practices of marginalised and underserved communities. In Chapter 3, I introduce my research methodology, research context, and ethical considerations. In Chapter 4, I present the key findings and discussion on these findings, contribution to theory, practical implications, research evaluation and recommendations for future research. Finally, I present conclusions in Chapter 5.
2 Theoretical background and earlier studies

Theoretically, this thesis builds on transgender studies and information behaviour and practices research. In this chapter, I introduce the key concepts and theoretical framework. First, I define the concept of transgender and present current issues in relation to transgender health and healthcare in Finland. Then, I introduce the concepts of information, information need and information behaviour and practices and present the transitions theory. Moreover, I define the concepts of body and affect and present different approaches related to body and affect in information behaviour and information practices contexts. After that, I discuss previous studies on information practices of marginalised and underserved communities.

2.1 Defining the concept of transgender

The word transgender has entered widespread use as an umbrella term for describing a range of gender-variant identities and communities within the United States in the early 1990s (Williams, 2014), and the concept can be defined in various ways. According to Enke (2012, pp. 18–19), the term transgender can be used at least in three distinct but overlapping arenas of social organisation, including the name of a social movement that insists on the right of all people to determine for themselves their own personal and legal gender status (gender self-determination), an ever-expanding social category that incorporates the broadest possible range of gender nonconformity for the purposes of movement building, organising and social-service recognition, and finally, an identity that some people embrace for themselves. Stryker, the author of the book Transgender history, used the term ‘transgender’ as a broad concept to refer to people who moved away from the gender they were assigned at birth or and people who cross the boundaries constructed by their culture to define and contain that gender (Stryker, 2017, pp. 36–38). However, Hines (2010, p. 1) used the term transgender to denote ‘a range of gender experiences, subjectivities and presentations that fall across, between or beyond stable categories of “man” and “woman”.

In this research, I understand the term transgender as an ‘ever-expanding social category’, and the focus is on transgender experiences rather than on transgender identities (see also Linander et al., 2017). I understand transgender as a broad umbrella category that encompasses diverse gender experiences and identities. However, it should be noted that transgender people use a range of self-descriptive terms, including transsexual, genderqueer, gender nonconforming, nonbinary and
more, and not all of them may find the concept transgender inclusive. Nevertheless, I found ‘transgender’ to be a suitable term for this research as it is widely used and more accurately describes the people focused on in this research than additional concepts, such as gender minorities, gender diversity and gender variant people, which also include intersex\(^1\) people.

### 2.1.1 Trans-specific healthcare

In this research, I use the concept ‘trans-specific healthcare’ to refer to the healthcare services responsible for evaluating the need for gender confirming medical interventions and providing such care, which can include hormones, gender confirmation surgery, speech therapy or other medical interventions (Linander, 2018). I adopted the term from recent works that have taken the transgender studies strand in the Nordic context (Honkasalo, 2018; Linander, 2018; Sørlie, 2019). Eisfeld (2014) points out that even though transgender people’s identities are not diseases, some transgender people want and need access to trans-specific healthcare.

In Western countries, there is a growing number of people (in Finland, approximately 800 in 2017) who seek trans-specific healthcare (Kärnä, 2018; Mattila & Tinkanen, 2015). Currently in Finland, changing one’s legal gender marker requires a medical diagnosis (Irni, 2017; Leino, 2016). The Act on Gender Confirmation of Transsexuals 563/2002 \(^2\) (Laki transseksualin sukupuolen vahvistamisesta 563/2002) was passed by the Finnish Parliament in 2002 and came into effect in 2003 (Honkasalo, 2018). The law requires that the applicant is a citizen of Finland, is over 18 years old, has medical expert evidence of being transsexual and has undergone sterilisation or is, for other reasons, infertile (Laki transseksualin sukupuolen vahvistamisesta 563/2002). Moreover, before Finland legalised same-sex marriage in 2017, applicants for gender reassignment also had to be unmarried (Honkasalo, 2018). In Finland, there is no third legal gender marker, unlike, for example, in Australia, Canada and Germany.

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\(^1\) Intersex refers to sex characteristics, including chromosomal make-up, hormonal effects and anatomical features, that do not fit typical binary notions of female and male bodies (Lundberg et al., 2018).

\(^2\) The name of the law is sometimes translated as Act on legal recognition of the gender of transsexuals and it is available only in Finnish and Swedish. The unofficial translation into English is available in: https://finlex.fi/en/laki/kaannokset/2002/en20020563.pdf
Finland is the only Nordic country that demands that one has to be sterile to change one’s legal gender marker. The law (often called the ‘transact’) has been widely criticised by legal authorities, the European Union Human Rights Court, the United Nations, human rights organisations and other actors for violating transgender people’s rights to personal integrity (Honkasalo, 2018; Irni, 2017). Moreover, the law does not consider the variety of transgender experiences and needs (Kähkönen & Wickman, 2013), including the fact that not all transgender people want to become infertile (Sudenkaarne, 2020). The current government in Finland has started the process of reforming the ‘transact’. However, the process has been slow, and it is unclear what issues the reform would concern. As of the writing this thesis, it is anticipated that the draft law will be presented to the Ministry of Social Affairs and Health in September 2022.

Trans-specific health care in Finland operates through the public healthcare system and because of this, the costs of trans-specific healthcare in Finland are much lower for the individual than, for example, in the United States (Honkasalo, 2018; Irni, 2017). Public healthcare is based on state-managed social insurance, which is mandatory for all citizens and determined through a sex-based social security numbering system, whereby all babies assigned female at birth receive an ID number that is distinguishable from those assigned male at birth (Honkasalo, 2018).

The procedures includes a multi-professional psychiatry-led research period that usually lasts for a minimum of 6 months, after which one of the diagnoses may be made (Irni, 2017; Kärnä, 2018). Thereafter, one is expected to begin the ‘real-life test’, which includes living in one’s gender role before any eventual genital surgical procedure is conducted (Irni, 2017).

Currently, medical diagnosis for transgender people falls under criteria in the tenth version of the International Classification of Diseases (ICD-10), the diagnostical tool maintained by the World Health Organisation (WHO) (Irni, 2017; Leino, 2016). The ICD-10 divides the various trans conditions into discrete concepts, and it therefore has implications beyond diagnostics, categorising trans people into separate classes (Leino, 2016). In practice, changing one’s legal gender marker is possible only with a diagnosis of F64.0, transsexualism (in the current Finnish translation, *transsukupuolisuus*), posing a problem for people with nonbinary-gender identities, as the usual diagnosis available to them is F64.8, other gender identity disorders (*muu sukupuoli-identiteetin häiriö*) (Irni, 2017; Leino, 2016). The diagnosis F46.8 is sufficient to change one’s legal gender, and the
available treatments under this diagnosis are up to the individual physician (Leino, 2016).

However, the upcoming ICD-11 will come into effect in 2022 (Sudenkaarne, 2020). In this version, transgender identities are no longer classified as mental health disorders; instead, they are being moved to a chapter pertaining to sexuality health (Askevis-Leherpeux et al., 2019). Moreover, the diagnostic category of ‘gender incongruence’ does not make a distinction between binary and nonbinary identities (WHO, 2021).

Several studies have shown that transgender people face several different barriers when trying to access healthcare, including experiences of stigma, prejudice, discrimination, financial barriers and a lack of information and visibility (Bauer et al., 2009; 2014; Cruz, 2014; Linander, 2018; Poteat et al., 2013; Sanchez et al., 2009). Moreover, trans-specific healthcare in the Nordic context has been criticised for its binary understanding of gender (Irni, 2017; Linander et al., 2019a; Occhino, & Skewes, 2020; Sørlie, 2019), lack of access and its gatekeeping system (Irni, 2017; Linander et al., 2017; Sørlie, 2019), as well as lack of support and information (Irni, 2017; Linander et al., 2017), long waiting times (Irni, 2017; Linander et al., 2017), and pathologisation of transgender identities (Linander et al., 2017).

In terms of diagnostics, pathologisation, which can be defined as a process that frames gender and sexual variance as psychiatric disorder, has a negative impact on transgender health, including stigmatisation (Eisfeld, 2014; Sudenkaarne, 2020). Stigma refers to a negative and often unfair mark of disgrace and it is usually related to experiences of both discrimination and victimisation (Goffman, 1963/1990). Stigma towards transgender people in healthcare has been the focus of several studies (e.g., Cruz, 2014; Kosenko et al., 2013; Poteat et al., 2013; Hughto et al., 2015). In healthcare settings, stigma works through multiple risk factors to impact multiple health outcomes, including restricting access to protective health resources (Cruz, 2014; Hughto et al., 2015). Previous studies have found that the stigma of transgender limits opportunities and access to healthcare resources and affects physical and mental health (Hughto et al., 2015; Poteat et al., 2013). Stigma and marginalisation can lead to minority stress. According to the minority stress model,

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3 In trans-specific healthcare, the waiting concerns all parts of the process: waiting for appointments with the team, the diagnosis, access to medical procedures and legal gender reassignment. Moreover, the waiting can be also used as an intentional tool during the diagnostic process ‘to have time to think it through, so that people do not regret it’ (Linander et al., 2017).
stigma, prejudice and discrimination increase rates of psychological distress of transgender individuals (Bockting et al., 2013).

### 2.1.2 Medical models and conceptualisation of transgender

Medical professionals have wielded enormous power over the range of possible ways in which gender-variant individuals can express their gendered identities (Irving, 2013). In this research, I use the concept of ‘wrong-body model’ to analyse the experiences of transgender people. The wrong-body model has been developed in the context of sexology, medicine and psychiatry, and it involves an understanding of a misalignment between gender identity and the sexed body (Bettcher, 2014). The model has affected the ways transgender embodiment has usually been understood not only in medicine but also in the media and wider society. It represents the idea of a transgender person being a man or woman ‘trapped in the wrong body’ (Bettcher, 2014; Engdahl, 2014).

Activists and researchers from feminist, queer and transgender political and theoretical perspectives have criticised the wrong-body model, also called transnormativity (Johnson, 2016), of the idea of fixed identities and for lack of consideration for nonbinary identities (Bettcher, 2014; Daves, 2021; Engdahl, 2014). However, repeating the narrative in medical settings has gained access to hormonal and surgery treatment for transgender individuals, making the wrong-body model dominant in psychiatric and clinical research (Bettcher, 2014; Hines, 2007; Namaste, 2000; Stone, 2006). The information gathered in clinical and medical settings on transgender people may be incomplete because it reflects the bias of the clinical research setting in which it has been collected (Namaste, 2000). Moreover, the wrong-body model has long served to sensationalise transgender lives in wider society (Chu, 2017).

Another relevant concept for this thesis is gender dysphoria. Gender dysphoria is a concept that is usually used in the English-speaking world as a medicalised term to refer to strong discomfort with the physical body (Hines, 2007; Kondelin, 2017). Gender dysphoria is included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (APA), and it usually needs to be diagnosed to receive trans-specific healthcare (Aizura, 2018; Stryker, 2017; Sudenkaarne, 2020). However, in Finland, the concept of gender dysphoria is commonly used within transgender communities to discuss the negative feelings in relation to one’s gender and body and, additionally, the ways other people see and categorise transgender people (Kondelin, 2017).
In their study, Kondelin (2017) indicated that gender dysphoria was commonly described as emerging after becoming conscious of one’s embodiment, including the body itself as well as its reciprocal relationship with its surroundings as gendered in a way that does not match one’s sense of self. This can happen through sensory observation of one’s body (Kondelin, 2017). Moreover, one can start to focus on one’s gendered embodiment through various signals from one’s surroundings, including being misgendered or moving in gendered spaces, such as public toilets or public pools (Kondelin, 2017). Gender dysphoria is a significant experience in the everyday lives of those who experience it (Kondelin, 2017).

2.2 Information needs, behaviour and practices

The concept of information has a wide variety of definitions within the field of library and information science (LIS). From an objective approach, information can be understood as a thing (e.g., number of bits), and from a subjective perspective as a sign; that is, as depending on the interpretation of a cognitive agent (Capurro & Hjørland, 2003). This thesis adopts a subjective perspective to define information and understands it as ‘a difference which makes a difference’ (Bateson, 1972, p. 459). To be more specific, it is ‘any difference you perceive, in your environment or within yourself. It is any aspect or pattern that you notice in your reality. It is something that brings about a change in your take on the world’ (Case & Given, 2016, p. 6). In other words, from a subjective perspective, information can exist in any form.

In practice, however, from the perspective of information professionals, information is often defined in relation to the needs of a person or a group who needs it, not in a universalistic or individualistic manner but in a collectivist or particularistic fashion (Capurro & Hjørland, 2003). From this perspective, information becomes so when people ascribe meaning to it (Furner, 2015). Moreover, Lloyd (2014) stated that if information was defined as ‘anything which makes a difference’, it must be referenced against the ontological and

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4 It should be noted, however, that not all transgender people experience gender dysphoria, and levels of discomfort may vary. Moreover, it is important to note that although gender dysphoria is a medicalised term, not all transgender people who experience gender dysphoria want or are able to access trans-specific healthcare (Kondelin, 2017).

5 As an example, a study from Lupton (2014) found several forms of information relevant for students studying elective subject in music composition, including traditional music structures, compositional techniques, software for music composition, sound manipulation and recording, composition process, feelings, moods and emotions and ideas, beliefs, life experience and personal aesthetic.
epistemological setting of the context. Ontologically, ‘against the particular agreed upon knowledges that shape the setting and the way of knowing’ and epistemologically, ‘in relation to interaction with others who are co-present and co-participating in its ongoing performances and the material objects of the setting’ (Lloyd, 2014, p. 87).

2.2.1 Information need

Information needs are a key construct in understanding why people initiate and continue the information-seeking process (Savolainen, 2017). Moreover, information needs can be understood as a recognition that one’s knowledge is inadequate to satisfy a goal that one has (Case & Given, 2016). It is one of the core concepts of many information behaviour models. Famous information behaviour models from Wilson (1981; 1997) and Krikelas (1983) placed the concept of information need as the starting point of information seeking activities. Alternative concepts, such as the notion of an anomalous state of knowledge (ASK) (Belkin et al. 1982), a gap in understanding (Dervin, 1998) and uncertainty (Atkin, 1973; Kuhlthau, 1993) have also been presented (Case & Given, 2016; Cole, 2011; Talja, 2010).

Information needs differ from primary physiological needs, such as the need for food and water, since the concept constitutes a paradox: What exactly is required to satisfy the information need is often not known before the information-seeking process (Cole, 2011; Savolainen, 2017; Wilson, 1981). Typologies of information needs have been presented, for example, by Borlund and Pharo (2019).

Taylor’s (1968) famous conception of information needs is based on how and why information seekers come to library desks to ask questions, and it is considered to be the most influential conception of information need in LIS (Case & Given, 2016; Cole, 2011; Edwards, 2005; Lundh, 2010; Ruthven, 2019a). Taylor (1968) proposes that information needs exist across four levels: visceral (Q1), conscious (Q2), formalised (Q3) and compromised (Q4). The first two levels (Q1 and Q2) are defined as originating from within the individual and can be understood as early-stage information needs (Ruthven, 2019a). The last two levels (Q3 and Q4) are part of a question-negotiating process, where a person has to (re)formulate their questions in interaction with an intermediary or an information system (Lundh, 2010; Taylor, 1968).

Taylor (1968) described visceral information need as the actual, unexpressed need for information. This need may be only a vague sort of dissatisfaction, and it
is probably inexpressible in linguistic terms (Taylor, 1968). The word ‘visceral’ signifies a physical awareness of information need (Ruthven, 2019a). Moreover, Cole (2011) defined a visceral information need as a black box, as something that we cannot know or observe and that an information seeker cannot define. This need will change in form, quality, concreteness and criteria as information is added (Taylor, 1968).

Studies taking a constructionist perspective have shifted the focus to information needs as collaboratively negotiated and constructed in social settings rather than fixed entities in information residing in the mind of the information seekers (Lundh, 2010; McKenzie, 2004). Lundh (2010) focused on communicative projects of children doing research in a primary school setting and noticed that information needs can be understood to form as the result of collective efforts and joint construction. Moreover, McKenzie (2004) stated that information needs were negotiated and constructed dynamically by the participants in the encounter in a clinical midwifery setting by pregnant women, midwives and other participants. According to McKenzie (2004), the act of ‘chatting’ determined the kinds of topics suitable and unsuitable for discussion and affected the information needs identified and acknowledged by participants. In this research, however, the interest is on how information needs are formed when aiming to understand one’s own experience. Thus, the focus is not on the question-negotiating process, but instead on the visceral (Q1) and conscious (Q2) levels of information needs (Taylor, 1968).

2.2.2 Information behaviour and practices

Information behaviour and information practices are both umbrella concepts denoting the general ways people deal with information and the difference between information behaviour and practices strands lies in metatheoretical as well as methodological perspectives (Lloyd 2010b; Savolainen, 2007). Wilson (1999, p. 249) defined information behaviour as ‘those activities a person may engage in when identifying his or her own needs for information, searching for such information in any way, and using or transferring that information’. The concept of information behaviour focuses more on the individual encountering information, while information practices shift the analysis to social dynamics and highlight the social context of information seekers (McKenzie, 2003; Savolainen, 2007). The information practices perspective is grounded in social constructionist and discourse-analytic strands of research (Case & Given, 2016; Talja et al., 2005), which emphasise that all human practices are social, ongoing, bound to specific
contexts and manifested through a suite of activities enabling construction and reconstruction of information (Lloyd, 2014).

From the perspective of information practices, the embodied, materially mediated arrays of human action are highlighted (Savolainen, 2008). Following Schatzki (2002), practices can be understood as bodily doings, sayings or the actions that these doings or sayings constitute. Such doings and sayings are considered practices because they are linked to (social) rules (Schatzki, 2002). Overall, practice theories highlight central core concepts, including centrality of human activity, the importance of the body as well as of material objects, an emphasis on individual agency, a collective understanding of knowledge and a foregrounding of power (Nicolini, 2012). In this research, information practices are thus understood as information-related social actions that are usually connected to interactions with other people (see Savolainen, 2008) and corporeal modalities of information within the development of knowing (Lloyd, 2010a; 2014). The focus on information practices directs attention specifically to the ways information activities are woven into social practices (Cox, 2012).

In this research, rather than understanding the information behaviour and practices approach to exclude each other (see also Costello & Floegel, 2021; Willson, 2019), I understand information practices as an umbrella term, covering information behaviour and adding social and community aspects to that phenomenon. In this thesis, I adapt the understanding of information practices as the ‘interplay between the personal and public’ (Guzik, 2018, p. 364), where personal experiences and the surrounding world are intertwined in the experiences of transgender individuals. I utilise both information practices and information behaviour perspectives since I found certain concepts from the information behaviour perspective, such as information need, useful for describing the experiences of transgender individuals. This approach was chosen because my interest was to understand how one verbalises one’s experiences in contexts where it is difficult to find information or where the information includes hostile and negative portrayals. Moreover, the information practice perspective centralises important aspects for marginalised communities, including historically shaped sociocultural aspects, such as norms, conventions, routines and discourses (Olsson, 2010; Pilerot, 2016), the complex inter-relationship of people, information and social context (Olsson, 2010; Pilerot, 2016), and it considers physical activities, embodied practices, skills, material habits and use of objects (Cox, 2013; Olsson, 2010; Pilerot, 2016) of both individuals and communities.
The information behaviour perspective has been criticised for models focusing on individuals in which the information seeker has a clear information need, which will lead to straightforward information seeking processes (Olsson, 2010; Lundh, 2010; Talja & Nyce, 2015). This kind of straightforward process that entails a clearly defined beginning, middle and end does not necessarily represent people’s actual sense-making process (Olsson, 2010). Instead, models from the information practices perspective aim to represent a variety of information-related activities and iterative processes during information seeking, highlighting the importance of non-active information practices, such as information encountering and avoidance (Kitzie, 2017b; McKenzie, 2003).

Costello and Floegel (2021) criticised both information behaviour and practice research on defining information in terms of value, focusing on person-in-situation, relying on binary definitions and assuming that information improves people's lives. According to Costello and Floegel (2021, p. 1149), ‘these assumptions lead to two implications for information behavior and practice research: We rely on extractive logic, and we under-theorise embodied and affective dimensions of information interactions.’ In this research, the focus has been on the embodied and affective elements of information behaviour and practices.

There are various concepts describing how people encounter information from both information behaviour and information practices perspectives (Ellis, 1989; Kuhlthau, 1991; McKenzie, 2003; Wilson, 1981; 1997). The concept of information seeking is closely tied to that of information need, and it is usually defined as active and intentional behaviour (Case & Given, 2016; McKenzie 2003; Savolainen, 2008; Wilson, 1997). Ongoing search, active scanning and information gathering are concepts describing activity where information seeking is ongoing and continues for a longer period and can include practices such as semi-directed browsing, systematic observation and active listening to conversations (Krikelas, 1983; McKenzie, 2003; Savolainen, 2008; Williamson, 1998; Wilson, 1997). Information encountering, serendipity and non-directed monitoring are concepts for describing a memorable experience of unexpected discovery of useful or interesting information (Erdelez, 1997; Foster & Ellis, 2014; Makri & Blandford, 2012; McKenzie 2003). Information use can be divided into conceptual (i.e., changes in the knowledge of the recipient) and instrumental (i.e., application of the information to some task or decision) (Case & Given, 2016).

The concept of information sharing highlights the collective and collaborative nature of information behaviour or practices, and it may include information spreading, creating documents or telling other people (Krikelas, 1983; Pettigrew,
Information creation is a concept that can be used to describe the ways in which people create messages, cues and informative content that can be used to meet existing or potential information needs of the creator or other users (Kitzie, 2019; Koh, 2013; Multas & Hirvonen, 2022). Information avoidance refers to behaviour in which an individual intentionally avoids specific information content or information sources and can include destroying or hiding information (Chatman, 1996; Namuleme, 2013; Sairanen & Savolainen, 2010; Wilson, 1997). Information barriers are commonly defined as a set of physical or immaterial obstacles that can hinder, delay or prevent a person’s access to information (Savolainen, 2016b; Świgoń, 2011).

According to Kitzie et al. (2020), scholars in LIS have applied an information practices approach when doing research among marginalised groups based on its strength in centralising the sociocultural context. The information practices approach has been applied in studies focusing on different groups, including queer and LGBTQ+ people (Floegel & Costello, 2019; Kitzie, 2019; Kitzie et al., 2020), body modification communities (Lingel & boyd, 2013), self-identified sadomasochists (Harviainen, 2015), refugees (Lloyd et al., 2013), immigrants (Allard & Caidi, 2018; Caidi et al., 2010) and Muslim converts (Guzik, 2018), among others.

### 2.2.3 Information practices during life transitions

The frameworks developed in work-related and everyday life information seeking (ELIS) contexts are not particularly useful when the aim is to understand information practices during gender transitions, as these frameworks tend not to include the change in person’s information practices when one’s life phase is changing. However, different concepts and theories for understanding information practices during life changes have been presented. The concept of *deeply meaningful and intensely personal situations with life-long impacts* highlights contexts in which information behaviour happens ‘far outside the realm of everyday life’ (Clemens & Cushing, 2010, p. 1), while the concept of *meaning-making* has been presented to describe ‘a vital human reaction to significant life

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6 In the theoretical background, I used terms employed by the researchers. However, when it comes to abbreviations, I used LGBTQ+ throughout this research for clarity.
changes’ in which people gather information and make meaning within their lives (Ruthven, 2019b, p. 1).

LIS studies that have adapted transitions theory have highlighted the role of information as part of life transitions. Transitions theory is most comprehensively studied in the fields of education and nursing (Hicks, 2018), and the roots of the theory lie in anthropology, especially in Van Gennep’s work (Kralik et al., 2006; Van Gennep, 1909). The transition process occurs when life’s circumstances or relationships change (Kralik et al., 2006), usually referring to events where an individual’s life phase changes (McKenzie & Willson, 2019). Transitions have been categorised in many ways, including the ‘type’ of transition: developmental (changes due to changes in life cycle), situational (changes in circumstances in personal or professional life), organisational (changes in the organisational environment impacting individuals) or health–illness (changes due to developing an illness or health condition) (Meleis et al., 2000; Schumacher & Meleis, 1994; Willson, 2019).

Traditionally, transition has been framed as a process, a linear movement between settings or as occurring from one life phase to another (Chick & Meleis, 1986; Hicks, 2018; McKenzie & Willson, 2019); for example, developmental stages like puberty, adulthood or old age, and major life events like marriage, illness or starting work (Hicks, 2018; Willson, 2019). In transitions theory, transitions are personal rather than structural. However, transitions share certain features, including movement from one state to another, a process that occurs over time, and substantive change, such as changes to identity, role, relationship, ability and patterns of behaviour (Chick & Meleis, 1986; Hicks, 2018; Schumacher & Meleis, 1994; Willson, 2019).

In LIS, transitions theory has been adapted to understand the information behaviour and practices of individuals such as migrants (Bronstein, 2019), refugees (Kennan et al., 2011; Lloyd, 2017; Lloyd et al., 2013; 2017), students (Hicks, 2018), early career academics (Willson, 2019) and pregnant women (McKenzie & Willson, 2019). Moreover, Haimson (2018b) studied the transitions of transgender people by using van Gennep’s (1909) liminality framework to describe life changes as a series of stages that involve rites of passage during a life transition (Haimson, 2018b; van Gennep, 1909).

Different themes and stages of transition have been involved in different studies, and some studies see life transitions as being more cyclical than linear. For example, Bronstein (2019, p. 328) described transitions of migrants as ‘ongoing, recurring and unending transition that requires them to constantly acquire new
skills and knowledge, renegotiate their perception of self and their sense of belonging’. The transition framework proposed by Bronstein (2019) includes elements of process, disconnectedness, perceptions and patterns of response. Two phases of the process of transition of Israeli migrant workers are named as ‘immigration to Israel’ and ‘achieving a sense of belonging’ (Bronstein, 2019, p. 320). However, language barriers and sociocultural barriers can cause disruption, which Bronstein (2019) named disconnectedness. Perceptions in the framework are connected to affective elements and include perceptions of exclusion and unsafe and unstable environments (Bronstein, 2019). To gain cultural mastery as a positive outcome of a transition process, information practices aiming to achieve a sense of belonging were divided into markers and means and engaging with social environments (Bronstein, 2019; Meleis, 2010). By contrast, in the context of migrants, Kennan et al. (2011) discussed three phases: transitioning, settling in and being settled. These phases may not be sequential but rather cyclical and iterative (Kennan et al., 2011).

Willson (2019) studied early career academics’ transitions into their first continuing academic positions and focused on liminal space, implying the ‘movement from one space to another, being neither here nor there’ (Willson, 2019, p. 843). Liminality can cause a person to experience vulnerability, a sense of being overwhelmed, confusion, disorientation and detachment (Baird, 2012; Willson, 2019). Moreover, Hicks (2018, p. 153) highlighted the multiple, complex and non-linear transition of language students studying abroad, where they ‘participate in a temporally mediated and situated process of transition as they develop subjectivity within their new setting’.

Recently, Ruthven (2022) has suggested an intermediate transitions theory that is based on the synthesis of several theories. In his theory, individuals’ transition has many possible outcomes, and transition moves forward but can include exiting or looping backward (Ruthven, 2022). This theory includes the start and end points (life before/after) and three main phases: understanding, negotiating and resolving (Ruthven, 2022). Between these phases, there are transition processes named as event, engaging, enacting and establishing (Ruthven, 2022).

**Gender transition as life transition**

Previous studies have noted that life transitions that are stigmatised by society are made more difficult (Willson, 2019). Stigmatised life transitions may include abuse, divorce and gender transition, for example (Haimson et al., 2021a). Haimson
(2018a; 2018b) noted that few other life transitions encompass such potentially drastic, numerous and complex identity changes during the transition, including name, gender and appearance (Haimson, 2018b). Gender transitions can also include medical interventions. It can include crossing from one binary gender to another or transcending the gender binary (Ekins & King, 1999; Haimson, 2018a). Moreover, for transgender people, transition usually includes ‘series of disclosures and other milestones that occur one after another throughout a series of months and often years’ (Haimson, 2018a, pp. 124–125).

Haimson adapted van Gennep’s (1909) liminality framework to study transition blogs on Tumblr and to interview transgender bloggers. It involves three stages: a separation stage in which a person separates from their previous identity, a transitional period and finally an incorporation stage in which the person is incorporated back into a social world after the transition (Haimson, 2018b; Van Gennep, 1909).

The separation stage is a stage, where one separates from one’s existing networks. In this stage, individuals seek information and resources (Haimson, 2018a). Social media sites, such as Tumblr, that allow pseudonymous and multiple accounts, can be important for transgender people as they allow identity exploration without long-lasting consequences or in situations where physical bodies and sociocultural expectations are restrictive (Haimson, 2018b; Kitzie 2019). These sites also enable network building (Haimson, 2018b). According to Haimson (2018a), for gender transition, this stage may include disclosure to family members (Haimson, 2018a).

During the transitional period, transgender people may present multiple identities simultaneously on different social media sites to keep identities and networks separate (Haimson, 2018a; 2018b). This can be done to disclose personal information and receive social support in social media, which can be used anonymously (Buss et al., 2022; Haimson, 2018b; Kitzie, 2019). When individuals reach a point in their transition trajectories where they are ready to disclose their transition to a broad audience, they may use social media where they are not anonymous, for example, Facebook and LinkedIn (Haimson, 2018b). Disclosure for a broad audience may increase wellbeing on average if the network is supportive (Haimson, 2018a). The incorporation stage refers to the situation after disclosure (Haimson, 2018a). The final stage is postliminal rites, in which a person is incorporated back into a social world after a life transition (Haimson, 2018a).
According to previous studies, information has important meaning during life transitions. Moreover, transitions can contain strong emotions. In the beginning, an individual may not know which words to use to find information and may not want to reveal their true information needs to others (Clemens & Cushing, 2010). An individual can feel isolated, entering an ‘unfamiliar territory’ (Clemens & Cushing, 2010, p. 5) or being ‘alone in the universe’ (McKenzie & Willson, 2019, p. 460). According to Ruthven (2019b), active information seeking can occur after the information seeker has formed a basic understanding of the subject. An individual can use several methods to obtain information (Ruthven, 2019b), including sifting, observing and self-observing (Hicks, 2018) and identity exploration online (Haimson 2018b). The need to master a new role and the insufficiency faced in it may be manifested in negative emotions, such as depression, anxiety and a feeling of powerlessness (Ruthven, 2019b), which can in turn cause stress and frustration (Willson & Given, 2020).

Information can help us understand new life situations. For marginalised people, literature, autobiographical fiction and social media can be the only means to access representations for marginalised people (Ruthven, 2019b). Fear-based life changes lead to seeking people in similar situations to judge normality and share experiences with them (McKenzie & Willson, 2019; Ruthven, 2019b). Sharing information with others who are in some ways similar can increase the feeling of safety (Bronstein, 2019; Lloyd et al., 2017; Willson & Given, 2020). Moreover, sharing stories can help model ways of coping, renegotiating a new identity and position and providing reassurance to a newcomer (Haimson, 2018b; McKenzie & Willson, 2019).

Social interaction is both a source of information and a site for information sharing, guiding how to live with a new identity within a new community (McKenzie & Willson, 2019; Ruthven, 2019b). People in the same situation may offer social, instrumental and embodied knowledge that can be combined with the norms and values of the surrounding culture to create a new information landscape (Lloyd et al. 2017). Haimson (2018b) noted that social media work as a series of separate sites that together enable identity construction, as well as featuring stigmatised content, and identity separation among different networks may be needed. The ability to present multiple identities on social media may be a critical part of moving forward through life transitions (Haimson, 2018b; Haimson et al., 2021a).

After life transition, an individual may understand the practices of the new community and may start to reflect on them with the experience of the new lived
identity (Ruthven, 2019b; Straus, 1979). To increase stability and a feeling of belonging, individuals may want to create effective information relationships with people in their new community (Willson & Given, 2020). People who have gone through transitions tend to be more aware of their information needs and increasingly confident in their ability to find and evaluate information sources to ensure that their information needs are met (Kennan et al., 2011).

Transitions theory has been criticised for the risks of establishing normative transitional milestones (Hicks, 2022; Fenwick, 2013). However, although the linearity of transitions may seem idealistic, the different phases of transitions may help in understanding individuals’ information behaviour or practices during their life transitions (Ruthven, 2022). In this thesis, transition theory offers a lens to describe how a person needs to adapt new information practices when one is living through a life transition.

2.3 Embodied and affective information behaviour and practices

The importance of the body and affects has not yet been fully acknowledged in studies on information behaviour and information practices. The concept of embodied information practices (Olsson, 2016; Olsson & Lloyd, 2017) aims to show ‘that bodies are not passive, but actively create and anchor information, making the embodied experiences of practice visible’ (Olsson & Lloyd, 2017, para. 38). Moreover, the concept broadens the boundaries of the information practices discourse ‘by demonstrating that embodied practices, like linguistic ones, are products of social construction’ (Olsson & Lloyd, 2017, para. 38). According to Olsson (2016, p. 418), discursive, affective and embodied practices of both individuals and communities are part of the information practices perspective.

In this research, the focus is on transgender people’s experiences, especially for bodily experiences, emotions and affects, to understand information needs, encountering, seeking and sharing in this context. The concepts of affect and body are commonly considered separate in LIS (Hartel, 2019). However, the concept of affect has been defined as ‘deeply embodied’ (Ngai, 2005, p. 27) or as ‘bodily sensation’ (Ahmed, 2010, p. 32). Therefore, it comes close to the concept of embodiment. In LIS, the concept of affect is usually used synonymously with the concepts of emotion and feeling. In the following sections, I introduce the concepts of body and affect and present studies focusing on these aspects from information behavioural and information practices perspectives.
2.3.1 Body

Historically, in LIS, language has received much attention rather than the body and materiality as part of information activities (Cox et al., 2017; Olsson & Lloyd, 2017). The ‘bodily turn’ in social sciences as well as in other disciplines, such as geography, history and anthropology, emerged in the 1980s and 1990s (Cox, 2018; O’Connor, 2017). The ‘bodily turn’ has also been recently noted in the field of LIS (Hartel, 2019).

An important reference point for any revaluation of the body and its relation to the mind is the work of the French twentieth-century phenomenological philosopher Merleau-Ponty (Cox, 2018; O’Connor, 2017). Merleau-Ponty highlighted the importance of bodily knowledge and aimed to dissolve the Cartesian problem of the union of the soul and the body (Merleau-Ponty, 1945/2012). From the beginning of modern philosophy, the split between mind and body has been fundamental (O’Connor, 2017). Merleau-Ponty’s phenomenological understanding of the body is that it breaks down the separation of cognition, motive, perception, and emotion (Merleau-Ponty 1945/2012). For Merleau-Ponty, the body is always both natural and cultural. Merleau-Ponty (1945/2012) uses the term “lived body”, referring to the notion that we are a body, rather than that we “have” one. It also means that people (and other beings) can perceive the same things differently (Merleau-Ponty, 1945/2012). Others’ bodies and their expressive gestures are the speaking traces of an existence; thus, the social encounter needs to be understood as a “reading” of others, in both literal and figurative senses (Merleau-Ponty, 1945/2012).

Additionally, Foucault’s work is important for theorising embodiment. Foucault’s theories blur the boundaries between culture and cognition. For Foucault (1976), deployments of power are directly connected to the body. The biological and the historical are bound together in a complex fashion in accordance with the development of the modern technologies of power for which life is the objective (Foucault 1976).

Butler’s (1990) theory of gender performance, grounded in the concept of genealogy from Foucault (1977), is central for this study. Butler (1990) describes the concept of gender as an act, social performance, that happens through repeated performative acts of naming and signification. According to Butler, this performance requires public action, and is affected by the strategic aim of maintaining gender within its binary, normative matrix. The effect of gender is produced through stylisation of the body in a mundane way in bodily gestures,
movements and style (Butler, 1990). Butler has argued that embodiment is a repeated process, the practice by which gendering occurs and the embodying of norms. According to Butler (1993), it is a compulsory practice, and a forcible production, but it is not fully determining for those reasons. Butler (1990; 1993) argues that materiality of the body cannot be understood outside of the materiality of language; discursive practices are part of materialisation of the body. Gender is constituted in social temporality (Butler, 1990). According to Butler, the distinction between expression and performativeness is crucial, and if gender is seen as a performance, there is no “true gender identity” (Butler, 1990, 191-192).

Feminist phenomenologists, such as Grosz (1994) and Young (2005), have paid attention to how gender structures affect how persons live out their positioning in social structures along with the opportunities and constraints they produce. Grosz (1994) has stated that it is important for feminism to understand the body through a range of disparate discourses and not simply as restricted to pseudo-naturalistic appropriations from which it has historically suffered. According to Young (2005), as structured, gender is also lived through individual bodies always as a personal experiential response and a set of attributes that individuals have in common.

Empirical studies on information behaviour have often found information from others to be a valued source. However, much of this information may not be oral, as one tends to assume, but may involve perceiving information from the bodies of others (Cox et al., 2017). One of the first studies where information coming through the body has been acknowledged is Lloyd’s study on firefighters, where the experiences of the body during the execution of the work are legitimised as a source of valued information (Lloyd 2007). Embodied information is action oriented and is drawn from interaction with sensory and sentient aspects of the information environment that impacts on peoples’ bodies (Lloyd 2009).

According to Gorichanaz (2015), bodily information in general tends to be taken for granted and noticed only when the information has potentially threatening consequences. By contrast, Keilty and Leazer’s (2018) and Keilty’s (2016) studies on online pornography browsing revealed that the conjoined relation between the lived body and representation, even though online browsing cannot fulfil certain sensory experiences, such as touch, smell and taste. The importance of senses as a part of information seeking and information practices has been noted in several studies, for example, of martial artists (Olsson & Hansson, 2019), field archaeologists (Olsson, 2016), and ultrarunning (Gorichanaz, 2015). Moreover, sensorial experiences can play an important role in a library space (Cox, 2019).
Lueg (2015) noted that the analysis of bodily characteristics shaped information through perception. Bodily characteristics affect how we seek information, as well as how we see the world (Lueg, 2015). In the context of health, embodied information practices may include body listening, self-monitoring and measuring and observational learning (Lloyd, 2009; Godbold, 2013b; St. St. Jean et al., 2018). Moreover, the lived body has a communicative function in the context of illness, when making comparisons between the old self before the illness and the current body (Wella & Webber, 2018).

Besides one’s own body, bodies of others can be seen as valuable sources of information (Bonner & Lloyd, 2011; Lloyd, 2009). This may include learning by observing others’ bodies as well as hearing about their experiences (Bonner & Lloyd, 2011; St. Jean et al., 2018). In many cases, observing others may play an important role in obtaining information (Harviainen, 2015; Lloyd, 2009; Lloyd et al., 2013; Olsson & Hansson, 2019; St. Jean et al., 2018).

With our bodies, we create and produce embodied knowledge (Olsson & Lloyd, 2017; Prigoda & McKenzie, 2007) and share this embodied knowledge through our body with others (Guzik, 2018; Lloyd, 2014). How embodied knowledge is created can be understood primarily as a social process (Olsson, 2010). Moreover, according to Olsson (2010), for theatre professionals, the ability to embody their knowledge is vital to manifest their understanding in the physical world as physical actions in physical space. Embodied information is displayed, for example, by walking, talking and other embodied practices (Cox et al., 2017; Guzik, 2018; Multas & Hirvonen, 2022; Olsson, 2010).

Materiality and artefacts also have meaning when aiming to understand embodied information practices. This may involve, for example, creating art and material artefacts (Guzik, 2018) and handcrafts (Prigoda & McKenzie, 2007). Moreover, in everyday-life contexts, mobile devices can be understood as the ‘third hand,’ as an extension of the body, enabling and constraining individuals’ activities (Shankar et al., 2018). Additionally, style and clothing, including choices about material aesthetics, are acts of information sharing and are usually based on certain norms (Guzik, 2018). Material artefacts are tied into social situations, and information creation in complex settings may include flexible transitions from words to gestures and then to using tools and back again (Suorsa et al., 2019).

Criticism on how much attention LIS should pay to bodily and embodied information has also been discussed by Hartel (2018), who noted that the nexus of the field of LIS should lie in textual documents. However, for marginalised people, textual documents may not serve enough information or the information served in
this form may not be helpful to understand their own experiences. For this reason, additional information channels, including different forms of bodily information, are needed.

2.3.2 Affect

The concept of affect is in this thesis used to understand how information needs are formed through (bodily) emotions and affects and how emotions and affects shape information practices of transgender people. According to Seigworth and Gregg (2010) and Salmela (2017), the ‘affective turn’ in humanities was based on two separate roots that introduced the concept of affect in the humanities: Sedgwick’s and Frank’s study relying on Tomkins’ psychobiology of differential affects and Massumi’s thesis following Deleuze’s Spinozist understanding of bodily capacities. For Sedgwick and Frank, affect is understood as a prime ‘interest’ motivator that helps us understand bodily drives. For Massumi, affective is autonomous: It is a self-regulating, vital and modulating field of myriad becomings across the human and nonhuman (Keilty & Leazer, 2018; Seigworth & Gregg, 2010). The ‘affective turn’ in feminist research includes critiques on the limitations of post-structuralist theorisations, emphasising embodied, located and relational subjectivity (Koivunen, 2010; Liljeström & Paasonen, 2010).

The difference between affects and emotions is vital in many affect theories (Salmela, 2017). Affects and emotions are usually separated in a way that affects are understood as deeply embodied and less conscious or structured than emotions (Ngai, 2005). Moreover, in some definitions, emotions are understood as cultural and social expressions, while affects are of a biological and physiological nature (Koivunen, 2010; Probyn, 2005).

However, taking a phenomenological perspective, Ahmed (2010) noted that this separation did not place value on the work of emotions, since emotions, such as happiness, shape the bodily orientation. Moreover, emotions are not only embodied, but also social when we read other peoples’ reactions and emotions through their bodies (Ahmed, 2004). For the purpose of this research, I follow the phenomenological understanding of affects and emotions as intertwined and shift focus from ‘what emotions are’ to ‘what emotions do’ (Ahmed, 2004, p. 4).

The ‘affective turn’ in LIS took place in the 1990’s when information seekers’ emotional experience became the keen interest of research (Hartel, 2019). This affective turn is based on educational and cognitive science’s ideas of affects (Nahl, 2007a). The concept of affect has been mainly used in LIS to refer either to
motivation or interest (Nahl, 2007b), feelings and emotions (Dervin, 1998; Kuhlthau, 2004; Savolainen, 2015a; 2016b; Wilson, 1981), attitudinal and emotional responses and behavioural intention (Fourie & Julien, 2014) and emotion and mood (Hartel, 2019).

One of the first theories about affects in LIS is Mellon’s perception of library anxiety from 1986 (Hartel, 2019). Mellon’s study focused on the feelings students have when using a library for research, and they found that students largely feel confusion, fear and shame of their skills when using the library (Mellon, 1986). The role of affects as part of the information-seeking process has been considered, among others, by Wilson (1981), Kuhlthau (1991), Dervin (1998) and Nahl (2007b). Dervin’s (1983) sensemaking theory pays attention to cognitive, affective and situational factors, whereas Kuhlthau’s (1991) information search process model places affective, cognitive and conative realms at its centre (Savolainen, 2015b). In real-life information seeking, however, cognitive and affective elements are intertwined (Chen, 2021; Savolainen, 2015b). For example, ‘uncertainty’ has been understood both as a ‘cognitive state’ and a ‘negative feeling’ affecting information seeking (Kuhlthau, 2004, p. 44; Savolainen, 2015a, p. 183).

The majority of LIS studies on affects focus on the motivational role of negative affects, such as anxiety related to information needs (Kuhlthau, 1991; Nahl, 2007b; Ruthven, 2019a; Savolainen, 2016a). However, positive affects and emotions can have a major impact on information behaviour (Fourie & Julien, 2014). For example, Kari and Hartel (2007) and Keilty (2016) have noted the role of positive affects in information seeking.

Godbold (2013a) stated that studies with an information behaviour perspective usually viewed emotions as an element that interrupted or hampered clear thinking during information seeking. Another way to understand emotions is to acknowledge how emotions can modify what is seen as information or to understand emotions as informational (Godbold, 2013a).

Studies on affect in LIS have not commonly paid attention to the bodily experiences of information seekers. However, there are some exceptions. Keilty and Leazer (2018) approached embodied engagements, including affective responses, through existential phenomenology. According to Keilty and Leazer (2018), while seeking documents, we judge them not only to be relevant or irrelevant in the context of what we already know, but we also emotionally respond to them. Lee et al. (2021) linked sensational information (sight, hearing, touch, smell and taste) and emotion in a study where they found a correlation between emotion and sensation by using statistical approaches. By using social media data,
their study supported research from psychology and medical sciences stating that human senses predict stimuli that take part in the formulation of emotions (Lee et al., 2021). Olsson’s (2010) study on theatre professionals pays attention to affect, not only as the emotion of a subject but also as a social construct. Olsson (2010) viewed affective factors as ‘emotional truth’, which is part of socially-validated practices amongst theatre professionals. In his study, Olsson (2010, p. 6) understood emotions and affects as synonymous, both including bodily reactions when stating ‘emotion, for participants, was clearly more than a matter of hormones and endorphins, it was a social construct’ (Olsson, 2010, p. 6).

2.4 Information behaviour and practices of marginalised and underserved communities

Marginalised groups tend to adopt information practices that are less typical with other groups (Kitzie et al., 2020). The theories of information poverty and small worlds by Chatman (1996; 1999) both addresses how social norms and insider and outsider dynamics shape the information behaviour of marginalised communities (Floegel & Costello, in press). In Chatman’s (1999) theory of the small world, an individual is strongly influenced by others, specifically insiders. Information behaviour occurs in life in a small world in which its other members may set boundaries for information behaviour, including social norms and appropriate behaviour. Life in a small world includes boundaries to seeking information that can only be crossed if the information is perceived as critical, if there is a collective expectation that the information is relevant and if a perception exists that the life lived in the round is no longer functioning (Chatman, 1999).

Chatman’s theory of information poverty (1996) represents a dominant theoretical perspective within LIS studies on marginalised, underserved or otherwise vulnerable groups (Kitzie, 2017b). The theory of information poverty describes situations in which people are unwilling to share information or approach others in their usual social environments for needed information, and hide their information needs from potential information sources because of mistrust or fear. Information poverty is determined by self-protective behaviours in response to social norms (Chatman, 1996).

The theory of information poverty has been criticised because it operates at the individual level and gives little attention to how life-worlds intersect and are shaped by cultural forces (Floegel & Costello, in press) or vehicles of marginalisation (Gibson & Martin, 2019). However, the theory has potential to understand how a
stigma can affect the information behaviour of individuals in vulnerable communities. Sligo’s and Jameson’s (2000) study on Pacific Island immigrants’ cervical cancer screenings revealed that if it was normal in a given community to believe that a topic was so sensitive that there were ethical or moral reasons why it should not be discussed, it created significant and enduring barriers to the topic's discussion (Sligo & Jameson, 2000). Stigma can cause seeking help and information anonymously in an attempt at self-protection, as studies on HIV/AIDS diagnosis have found (Namuleme, 2013; Veinot, 2010; Veinot et al., 2006; Wong & Wong, 2006). Moreover, stigma can cause covert information seeking and can lead to avoiding, destroying and hiding information (Namuleme, 2013).

Furthermore, in stigmatised communities, such as extreme body modification communities, members actively work to minimise information availability, both to protect themselves and to protect the community and develop collective norms for locating, sharing and hiding information (Lingel & boyd, 2013). For some stigmatised communities, such as sadomasochists, common information sources are not reliable or helpful, and information is gained mainly through experience (Harviainen, 2015). Internet groups can serve as places where people who are part of stigmatised communities can express their needs and hopefully obtain useful information and support (Hasler et al., 2014).

2.4.1 Information behaviour and practices of queer and LGBTQ+ communities

The stigmatisation of LGBTQ+ identities in Western societies shapes the information practices of queer individuals and can also place barriers against information seeking (Kitzie, 2017b; Stewart & Kendrick, 2019). The concept of queer can be understood as one that criticises gender binary and normativity, rising from gender and sexuality studies (Kähkönen & Wickman, 2013; Sudenkaarne, 2018). Though the concepts of queer and the acronym LGBTQ+ include both sexual minorities and transgender people, studies on the information behaviour and practices of these communities focus mostly on the information needs of gay men and lesbians, and transgender people remain under-represented (Drake & Bielefield, 2017).

The focus of previous studies on queer and LGBTQ+ communities has mainly been on library use during the process of coming out (Hamer, 2003; Mehra & Braquet, 2006; 2011; Norman 1999; Stenback & Schrader, 1999; Stewart & Kendrick, 2019). Studies have found that during the process of coming out,
questions about self-labelling, self-awareness, how to tell friends and relatives and fuller understanding of sexual identities can form information needs (Hamer, 2003; Yeh, 2008). Mahra and Braquet (2011) have divided coming out into five stages, including self-recognition, sharing with other LGBTQ+ people, telling close friends/family, positive self-identification and integration of LGBTQ+ identity. After becoming a part of the community, information seeking may be less active (Yeh, 2008).

Several studies have found that Internet is a common source for information seeking since it offers the possibility to seek information anonymously (Hamer, 2003; Kitzie, 2019; Mehra & Braquet, 2011; Yeh, 2008). Moreover, the importance of online communities as part of information seeking has been noted in the context of LGBTQ+ people in many studies (DeHaan et al., 2013; Jia et al., 2022; Kitzie, 2019). Social networking sites can also enable access to interpersonal information sources, with affordances such as associations supporting ongoing information seeking (Kitzie, 2019). Recently, there has been rising interest in the role of the body in LGBTQ+ people’s ways to create, seek, use and share information (Kitzie et al., 2021).

Limited media or normative presentations on LGBTQ+ people can act as information barriers when encountering information on the topic (Floegel & Costello, 2019; Mehra & Braquet, 2006). Fears relating to information seeking and lack of information on LGBTQ+ issues from personal and psychological aspects, as well as social and cultural misperceptions and stereotypes, can also be barriers (Hamer, 2003; Mehra & Braquet, 2006). Moreover, information sources may be unreliable, information is hard to find or information may not exist at all (Stewart & Kendrick, 2019).

In a recent study, the social reality of the LGBTQ+ population has been framed through Foucault’s (1976/1998) concept of discursive power (Kitzie et al. 2022). Discursive power can be understood as knowledge and practices considered normal or acceptable within society, and it manifests as, for example, homo-bi-transphobia, and hetero-cisnormativity (Kitzie et al., 2022). Hetero- and cisnormativity can be used as wider discourses that privilege dominant gender and sexuality-based narratives over queer alternatives (Ahmed, 2006; Floegel & Costello, 2019). The concept of cisnormativity can be used to problematise the idea that cis-position is natural, unlike the categories of transgender or nonbinary (Linander et al., 2019b; Spade, 2006). Information landscapes are usually overloaded with cisnormativity, and for marginalised identities, hetero- and cisnormativity can have a significant impact on their information practices (Floegel & Costello, 2019; Kitzie, 2019).
In healthcare settings, discursive power may shape the information practices of LGBTQ+ communities by the absence of health information, resources and services and by providing unwanted information (e.g., Kitzie et al., 2020). Resisting discursive power causes protective and defensive information practices inside LGBTQ+ communities (Kitzie et al., 2022). Moreover, in the context of entertainment media, resistance against discursive power may include queer world-building through content creation, including creating video materials on YouTube or creating fan fiction (Kitzie, 2019; Floegel & Costello, in press). These queer world-building activities are usually collaborative and can constitute informationally rich small worlds (Floegel & Costello, in press).

2.4.2 Information behaviour and practices of transgender people

The process of transition may change the information practices of transgender individuals because of stigma, and they may need to build communities outside their existing networks (Haimson, 2018b; Haimson et al., 2021b). Previous studies in LIS have noted that transgender people have information needs in terms of accepting transgender identities, coming out to family and friends, searching for support groups and counselling services, as well as seeking general information on the topic (Miller, 2016; Taylor, 2002). Moreover, transgender people can actively seek information on other people’s experiences (Adams & Pierce, 2006; Beemyn & Rankin, 2011; Taylor, 2002). Internet is an important tool for transgender people to seek information, as it enables anonymity and easy access (Adams & Pierce, 2006; Beiriger & Jackson, 2007; Drake & Bielefield, 2017; Hawkins & Gieseking, 2017; Kitzie, 2019; Levitt & Ippolito, 2014; Scheuerman et al., 2018; Taylor, 2002).

However, information about transgender experiences may not be easy to access. Limited media presentation on transgender people, as well as the narrow definition of transgender, can negatively affect the impression of transgender experiences and its commonness (Beemyn & Rankin, 2011; Capuzza, 2015). Moreover, information may be difficult to access from libraries. Library censorship can occur due to a librarian’s own prejudice or because of a particular bias in collections, policies or operating procedures (Jardine, 2013). Libraries may either contain limited transgender-related materials, or collections may not be inclusive (Drake & Bielefield, 2017; Jardine, 2013). Library staff themselves can be a barrier to information access for transgender individuals, since patrons may be afraid of outing themselves, especially in a small community (Thompson, 2012).
Information needs of transgender individuals may also include information on trans-specific healthcare (Augustaitis et al., 2021; Karami et al., 2018; Stewart & Kendrick, 2019). The possibility of accessing medical information may be a question of accessing peer support (Irni, 2017). Information seeking about trans-specific healthcare can happen through online sources or through other people in transgender communities (Cavalcante, 2016; Hawkins & Gieseking, 2017; Irni, 2017; Karami et al., 2018; Linander et al., 2017). Social media can offer safe spaces to share and learn from others about trans-specific healthcare and medical interventions (Hawkins & Gieseking, 2017). However, there are several barriers to accessing information on transgender health online, including platform censorship, misinformation and hate speech, and a lack of tools to flag inaccurate content and sources (Augustaitis et al., 2021).

In the context of hormonal treatments, medical information can include bodily information, such as ‘comparing experiences, body transformations, the injection/use intervals and injection styles’ (Irni, 2017, p. 119). However, information needs and the need for peer support may not only include questions about medical interventions per se but also the medical gatekeeping system itself (Irni, 2017). The ability to acquire and use medical information can be vital in moving forward in the chain of care (Linander et al., 2017).

According to recent studies, transgender people themselves play an important role in producing information about transgender issues, especially in online spaces and on social media (Austin, 2019; Hawkins & Watson, 2017). Online platforms can offer safe places for transgender people to build communities where they can be accepted, validated and empowered and share information (Cannon et al., 2017; Drake & Bielefield, 2017). Several online spaces, such as Twitter, YouTube, Instagram and Tumblr, have been studied as platforms where transgender people share information about their own experiences, gender transition process and issues relevant to the transgender community (Haimson et al., 2021b; Hawkins & Haimson, 2018; Karami et al., 2018; Kitzie, 2017a; Raun, 2018; Stryker, 2017). Online technologies may serve as a taken-for-granted part of the identity work of transgender individuals (Cavalcante, 2016). Moreover, social media platforms can be used by transgender people to allow themselves to be seen in the correct gender role and to experiment with a new identity anonymously (Buss et al., 2022; Haimson et al., 2015; Kitzie, 2019). However, it must be noted that not all transgender people have reliable Internet access and that Internet is not necessarily a safe place for transgender people.
2.5 Summary of the theoretical part of the thesis

This thesis focuses on the embodied information practices described by transgender individuals, especially considering their role in gender transition. In this research, the concept of transgender is understood as a broad umbrella category that encompasses diverse gender experiences and identities that fall across, between or beyond stable categories of ‘man’ and ‘woman’ (Enke, 2013; Hines, 2010). For some transgender people, gender transition may include medical interventions (Linander, 2018), but in this research, gender transition is understood as a broad concept referring to the experience of one’s gender rather than medical or juridical transition.

As medical professionals are gatekeepers for trans-specific healthcare and have been the main producers of research on transgender people, they have wielded enormous power over the range of possible ways in which gender-variant individuals can express their gendered identities and how transgender experiences have been understood (Bettcher, 2014; Engdahl, 2014; Irving, 2013). Activists and researchers from feminist, queer and transgender political and theoretical points of view have criticised the medical understanding of transgender people, which can be conceptualised with the ‘wrong-body model’ (Bettcher, 2014; Daves, 2021; Engdahl, 2014; Johnson, 2016). It represents the idea of a transgender person as a man or woman ‘trapped in the wrong body’ (Bettcher, 2014; Engdahl, 2014), and it has produced limited understanding of a variety of transgender experiences.

As an alternative to the ‘wrong-body model’, which lacks the diversity of transgender experiences and identities, this research seeks to describe various ways transgender people describe their embodied experiences and information practices in relation to these experiences. In this thesis, the concept of information practices is understood as an umbrella term (Savolainen, 2007), covering information behaviour and adding social and community aspects to that phenomenon. Information practices are used as a concept that covers information needs, encountering, creation, seeking, sharing, use and other practices, such as avoiding and hiding information (e.g., Chatman, 1996; Ellis, 1989; Kuhlthau, 1991; McKenzie, 2003; Namuleme, 2013; Wilson, 1981; 1997). Previous studies taking a constructionist perspective have focused on information needs as collaboratively negotiated and constructed in social settings (Lundh, 2010; McKenzie, 2004). In this research, early-stage information needs, including the visceral (Q1) and conscious (Q2) levels of information needs (Ruthven, 2019a; Taylor, 1968), are studied in the context of the gender transition of transgender individuals.
Studies on marginalised groups in LIS have applied an information practices approach to pay attention to the sociocultural context of minority groups (Kitzie et al., 2020). Research on the information practices on LGBTQ+ people (Floegel & Costello, 2019; Hamer, 2003; Kitzie, 2019; Kitzie et al., 2020), self-identified sadomasochists (Harviainen, 2015), refugees (Lloyd et al., 2013), immigrants (Caidi et al., 2010) and Muslim converts (Guzik, 2018) show how marginalised groups have to adapt alternative information practices as sociocultural contexts do not serve their needs. However, only a few of these studies (Guzik, 2018; Harviainen, 2015; Lloyd et al., 2013) have paid attention to the role of the body as central to information practices. These studies focused on information literacy as embodied practice (Harviainen, 2015; Lloyd et al., 2013) and information sharing in a religious context (Guzik, 2018) and pointed to the interconnectedness of social and corporeal information.

This thesis adopts a subjective perspective to define information and understands it as ‘a difference which makes a difference’ (Bateson, 1972, p. 459) and focuses on different forms of body-related information practices, namely senses as information source (Cox, 2019; Gorichanaz, 2015; Lloyd, 2007; 2009; 2010a; Keilty, 2016; Keilty & Leazer, 2018; Olsson, 2016; Olsson & Hansson, 2019), affects as part of embodied information practices (Olsson, 2019), body-related self-observation as information practice (Lloyd, 2009; Godbold, 2013b; St. Jean et al., 2018; Wella & Webber, 2018), observing other people’s bodies as information source (Bonner & Lloyd, 2011; St. Jean et al., 2018; Harviainen, 2015; Lloyd, 2009; Lloyd, et al., 2013; Olsson & Hansson, 2019; St. Jean et al., 2018), bodily information creation (Olsson & Lloyd, 2017; Prigoda & McKenzie, 2007) and sharing (Cox et al., 2017; Guzik, 2018; Lloyd, 2014; Olsson, 2010).

Previous studies have noted transitions theory suitable for understanding the information behaviour and practices of individuals in different life transitions (Bronstein, 2019; Haimson, 2018b; Hicks, 2018; Kennan et al., 2011; Lloyd et al., 2013; McKenzie & Willson, 2019; Ruthven, 2022; Willson, 2019). However, the role of embodied information during life transitions has not been fully examined.
3 Research methodology

In this chapter, I first introduce the theoretical framework and methodological choices of this research. After that, I describe the research context. This is followed by descriptions of the methods for data gathering and analysis. Finally, I discuss the ethical considerations of this thesis.

3.1 Theoretical framework and methodological choices of this thesis

This thesis represents the interprevist paradigm, which, according to Pickard (2013), ontologically lies in relativism. Interprevists believe that realities are multiple, constructed and holistic (Pickard 2013). There is no single reality but local, complex, multiple realities of individuals (Lincoln et al., 2018; Pickard, 2013). Moreover, in interpretivism, epistemologically, the known and the knower influence each other. Knowledge is the result of interactions between the known and the knower, and all descriptions are time- and context-bound (Pickard, 2013).

Knowledge is constructed through lived experiences and interaction with other members of society (Lincoln et al., 2018). From a relativistic perspective, there can only be culturally relative ways of assessing research validity (Hammersley, 2008).

In this research, the interview technique enabled knowledge to be built through conversations where the interviewer and interviewee are seen as co-constructors of knowledge (Kvale & Brinkmann, 2009).

The metatheoretical approach is based on social constructivism. However, this research also draws from gender studies, in particular queer theory and the field of transgender studies. The social constructivist approach arises out of educational sciences and sociology and views individuals as actively constructing an understanding of their worlds, heavily influenced by the social worlds in which they operate (Bates, 2005). The core belief of social constructivism is that the human experience of reality is local and shaped by social and cultural forces manifested within communities (Hartel, 2003; Lincoln et al., 2018). Social constructivism emphasises that information processes should be seen as embedded in social contexts (Talja et al., 2005). From this perspective, it is relevant to seek increased understanding of the ways that discourse communities collectively construct information needs, seeking, sources and uses (Prigoda & McKenzie,

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7 Transgender studies are more discussed in the section 3.1.1.
According to Talja et al. (2005), in this strand of research, knowledge is understood as social in origin, and the individual is viewed as living in a world that is physically, socially and subjectively constructed.

This thesis is qualitative and follows interpretive phenomenological approach. From the beginning, in the heart of this research has been the principle of listening to the experiences of transgender people and giving a voice to their viewpoints. I collected the data for this thesis with semi-structured interviews and analysed it using qualitative content analysis and queer phenomenological approach. The theoretical framework and methodological choices with short descriptions are summarised in Table 2. These choices are discussed in more detail in the following sections.

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<tr>
<th>Methodological choices</th>
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<td>Paradigm</td>
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<td>Epistemology: Knowledge is a result of interaction between the researcher and the subject (Pickard, 2013).</td>
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<td>Metatheoretical approach</td>
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<tr>
<td>Human experience of reality is shaped by the social and cultural forces manifested within communities (Hartel, 2003).</td>
<td></td>
</tr>
<tr>
<td>Methodology</td>
<td>Interpretive phenomenology</td>
</tr>
<tr>
<td>Describes the meanings of the individuals and how these meanings influence the choices they make (Lopez &amp; Willis, 2004).</td>
<td></td>
</tr>
<tr>
<td>Data collection technique</td>
<td>Qualitative strategy: Interviews</td>
</tr>
<tr>
<td>Interviewees are understood as active meaning makers (Warren, 2001).</td>
<td></td>
</tr>
<tr>
<td>Analysis method</td>
<td>Qualitative content analysis</td>
</tr>
<tr>
<td>Qualitative content analysis reduces data, it is systematic, and it is flexible (Schreier, 2012a).</td>
<td></td>
</tr>
<tr>
<td>Queer phenomenology</td>
<td></td>
</tr>
<tr>
<td>Examining ways in which the bodily, spatial and the social are entangled (Ahmed, 2006).</td>
<td></td>
</tr>
</tbody>
</table>

3.1.1 Transgender studies and queer studies

In addition to the constructivist approach, this thesis is informed by transgender studies, focusing on the lived experiences of transgender individuals. In relation to gender norms, this research relies on critiques from Hines (2007) and Spade (2003) concerning the medical perspective of the transgender and binary understanding of
gender through male/female categories\textsuperscript{8}. Although the medical context is not at the centre of this research, I claim that it significantly influences the norms of gender expression for transgender people. Moreover, transgender studies have affected the choices I made in terms of terminology, as I have chosen terms used in trans studies (instead of terms commonly used in medical and psychiatric literature). Finally, transgender studies guided my choices of methods, as I have attempted to select methods that pay attention to lived experiences.

However, transgender studies is not a single methodology, but works as an umbrella term for studies taking a critical approach to the medical understanding of transgender experience (Stryker & Currah, 2014; Whittle 2006). According to Stryker and Currah (2014, p. 4), transgender studies does not merely investigate transgender phenomena as its proper object, but it also treats as its archive and object of study the very practices of power/knowledge over gender-variant bodies that construct transgender people as deviant.

Transgender studies emerged as an academic field when transgender people began to produce themselves through counter-discourses (Stryker & Currah, 2014; Whittle, 2006). Sandy Stone’s pathbreaking ‘The Empire Strikes Back: A Posttranssexual Manifesto’ from 1991 was one of the first scholarly written texts that interrupted discourse on transsexuality produced entirely by people who had little or no connection to transgender people’s lives (Enke, 2012; Stryker & Currah, 2014).

Queer theory is based on feminist theorising, and it is one of the subfields of gender studies. The fields of queer studies and transgender studies are linked through shared histories, methods and commitment to transforming the situation of gender and sexual outsiders (Love, 2014). Moreover, transgender studies and queer studies are both interested in the relationship between sex and gender and gender roles and identity (Hines, 2014). However, when compared to queer studies, transgender studies is more attuned to questions of embodiment and identity (Stryker, 2006). Scholars in the field of transgender studies have criticised queer theory for missing the complexity of gendered embodiment and the reality of bodily materiality (Hines, 2007; Salamon, 2010; Whittle, 2006) and for not taking the lived experiences of transgender people into account (Namaste, 2000). However, since queer theory can be used to criticise the naturalising discourses of the Western dichotomous gender order (Hines, 2007), conceptualisations made in queer theory can be helpful when examining transgender experiences.

\textsuperscript{8} in the Nordic context, see Linander et al., (2019a).
In this thesis, I do not use queer theory as such, but it works more as a background theory for understanding how gender norms can be both internalised and negotiated through bodily practices or styles (Hines, 2007).

3.1.2 **Interpretive phenomenology**

Interpretive (hermeneutic) phenomenology is based on Heidegger’s ideas, and it aims to look at meanings embedded in common life practices (Lopez & Willis, 2004). Heidegger emphasises that humans cannot abstract themselves from the world, and the focus of a hermeneutic enquiry is on what the individual’s narratives imply about ones’ experiences on their daily life (Lopez & Willis, 2004).

As a research methodology, the focus in interpretive phenomenology is on describing the meanings of the individuals and how these meanings influence the choices they make (Lopez & Willis, 2004). This might involve an analysis of the historical, social and political forces that shape and organise experiences (Lopez & Willis, 2004). Another important feature in this kind of approach is the acknowledgement of the impact of the researcher in data gathering, as well as in the interpretation of the data (Lopez & Willis, 2004; Suorsa, 2017).

In this research, interpretive phenomenology is applied to study human experiences of the world in which they are living, including interactions with other people, culture and nature. In this study, this approach was applied throughout the research process. In this research, the aim was to study interviewees’ individual experiences and the ways of making meaning of their experiences. During analysis and reporting, I wanted to avoid simplifying the interviewees’ experiences, instead showing the diversity and complexity of the research phenomena. To ensure that I understood the meanings of the research subject’s utterances, I was reflective and critical of my own understanding of the phenomena (Laine, 2001).

3.1.3 **Queer phenomenology**

Within transgender studies, a branch of theories has tied into both phenomenological and queer theory to conceptualise transgender experiences, using critical perspectives on trans-specific healthcare (Daves, 2021; Hines, 2007; Linander, 2018; Rubin, 1998; Salamon, 2010; Sullivan, 2008). Following (existential) phenomenology, which is focused on human existence, some phenomenologists, such as Merleau-Ponty (1945/2012), have highlighted the body as crucial for understanding subjectivity (Salamon, 2010).
According to Rubin (1998), a methodological hybrid connecting queer theory and phenomenology can mend the rift between many marginalised communities and the scholarship written about them. Moreover, queer phenomenology offers a model of how gendered, sexualised and racialised bodies become oriented in time and space (Ahmed, 2006). Drawing from feminist, queer and critical race philosophy, scholars engaged with the phenomenological tradition, it focuses in particular on the notion of orientation, examining it as ways in which the bodily, spatial and the social are entangled (Ahmed, 2006). In this research, queer phenomenology is used as an analysis method to understand how these norms are experienced through and in the body.

In her book *Queer phenomenology: Orientations, objects, others*, Ahmed described how the concept of orientation was central for phenomenology since consciousness is always directed towards an object. Orientation is tied to bodily inhabitance, and the body provides the perspective for us (Ahmed, 2006). Ahmed’s (2006) queer phenomenology develops a way of thinking about the spatiality of gender, sexuality and race, focusing on how social differences are the effects of how bodies inhabit spaces with others. Ahmed’s (2006) approach is both queering phenomenology and moving queer theory towards phenomenology. For Ahmed (2006), phenomenology offers a tool to understand how spaces are not exterior to bodies and to show how social spaces shape their orientation.

According to Ahmed (2006), we are oriented when we are in line. Lines are understood here as the spatialisation of the concepts of norms and contributing to which bodies become intelligible and as belonging in a space (Linander et al., 2019b). Gendered performance affects the ability to take up space with the body, and bodies that appear to be in line can comfortably take up space in oriented spaces (Linander, 2018). In aiming to understand the experiences of transgender people, Ahmed’s notion of ‘alignment’ and re-conceptualisation of the phenomenological concept of ‘orientation’ can be used to analyse the (bodily) experiences of the marginalised. Moreover, the notion of disorientation is particularly useful as it helps to elaborate bodily experiences of being out of place or losing one’s place.

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9 For Ahmed (2006), queer phenomenology concerns not only the concept of orientation in phenomenology, but also the orientation of phenomenology. According to Rubin (1998), phenomenology has been justly criticised for reproducing forms of domination encoded in educated, financially secure, white, heterosexual, masculinist and European subject positions. In other words, the “I can” is a privilege only certain bodies hold. Ahmed (2006) has described Husserl’s phenomenology from the point of view of whiteness as an “I can” phenomenology, that is, the ease with which the white body extends itself in the world through its orientation towards objects and others.
Disorientation happens when the subject does not follow the line but instead seems to be ‘out of space’ (Ahmed, 2006, p. 160).

It is important to note that there is an important philosophical difference between the phenomenological and queer approaches (Fryer, 2012; Rodemeyer, 2017). While phenomenologists presume that we have direct access to our immediate sensory experiences and that we can describe them, queer theorists usually understand our sensory experiences as already filtered through our discursive surroundings (Rodemeyer, 2017).

When aiming to combine phenomenological and queer perspectives, it must be noted that even if sensory experience might be filtered through social constitution to some extent, those experiences are still there and can appear as grounds for analysis. Thus, the sensory body can be understood in a qualified way, where the sensory experiences themselves are taken up for analysis from both phenomenological and queer perspectives (Fryer 2012; Rodemeyer 2017). Queer phenomenology can thus be used as a coherent perspective, if there is no presumption of a ‘raw’ material source to our sensory experiences, but instead, sensory experiences are simply taken as they are experienced (Rodemeyer, 2017).

### 3.2 Research context

This thesis focuses on the experiences of transgender people located in Finland. By choosing Finland as the empirical context of this research, I aimed to fill a gap in research. Although there is a rising number of studies and reports of experiences of transgender people in Finland (e.g., Alasuutari, 2017; Huusko et al., 2021; Irni, 2017; Kondelin, 2014; 2017; Lehtonen, 2013), remarkably little research has focused on information seeking or sharing. As the studies focusing on transgender people in the field of LIS have predominantly focused on the US context, this research produces new knowledge on the lives of transgender people outside the US. Moreover, as a Finland-based and Finnish-speaking person, I am particularly familiar with Finland’s cultural and social settings.

Finland offers a unique context for studying transgender people’s information practices. For transgender people, the cultural and political setting in Finland has changed during the 20th and 21st centuries. In Finland, as well as in many other Western countries, the history of transgender people is largely tied to the history of homosexuality (see, for example, Stryker, 2006). In Finland, homosexuality was criminalised in 1898 and decriminalised in 1971 (Juvonen, 2015). Moreover, homosexuality was depathologised in 1981, making it no longer defined as an
illness (Alasuutari, 2020; Juvonen, 2015). In 1999, the law that had banned the promotion of homosexuality, which was installed after the decriminalisation of homosexuality and which to some extent resembled the laws prohibiting ‘homopropaganda’ in contemporary Russia, was lifted (Alasuutari, 2020). Although this law never led to an actual sentence, it did promote self-censorship and especially limited how the Finnish public broadcasting company Yle could discuss LGBTQ+ issues (Taavetti, 2018).

The visibility of diverse LGBTQ+ representations in Finnish society started to grow in the mid-1990s in media and other cultural products (Juvonen, 2015; Taavetti, 2018; Wickman, 2003). Before that, neutral information on LGBTQ+ people was difficult to encounter (Sievers & Stålström, 1984). At the same time, transgender activism grew and became more radical in Western counties when access to Internet enabled transgender communities to expand (Whittle, 1998; Wickman, 2003). However, as Finnish is a language with a relatively small spread, with approximately 4.9 million people speaking it as their first language (Kotimaisten kielten keskus, 2022), information on LGBTQ+ topics in Finnish remain limited. Hence, the ability to seek information in other languages, especially in English, can be important in accessing information on transgender experiences. In the Finnish schooling system, the second language is most commonly English. However, especially for older people, Finnish may be the only language they use.

3.3 Research interviews

I collected the data for this qualitative research through semi-structured interviews with people who identified themselves as transgender. Of the interviews, 12 were conducted in 2013 (Study I) and 25 in 2016 (Studies II, III and IV). The 2013 interviews were originally conducted for my master’s thesis. In both master’s thesis and Study I, the research question focused on information behaviour as part of the identity construction of transgender individuals. However, the theoretical framework and analysis was partly different between the master’s thesis and Study I. Studies II, III and IV focused on the information practices of transgender individuals from both embodied and societal perspectives instead of identity construction.

I chose qualitative interviews as a data collection technique to study the real-life experiences of transgender people: The interviewees were viewed as active meaning makers, and the interview technique was used to understand the meaning of interviewees’ experiences and life worlds (Warren, 2001). I used a purposive
sampling method as it is suitable for gathering qualitative responses from people belonging to minority groups. Ethical considerations concerning the interview data are discussed in more detail in Section 3.5.

Interviews included themes on gender experience-related information needs, information sources, information seeking strategies (active and passive seeking, information avoidance, serendipity), information creation, sharing and barriers to information seeking (McKenzie, 2003, Williamson, 1998; Wilson, 1997). Moreover, the interviewees were asked to disclose their age and how they defined their gender identity. The interviews in 2013 and 2016 shared similar themes, but also differed from each other. In 2013, the focus was more on individual aspects concerning information encountering, seeking and avoidance, whereas in 2016, the emphasis was more holistic and concerned intersecting identities (e.g., how religion, ethnicity, language and community affected information seeking), bodily experiences in relation to gender experiences and cultural and political climate in relation to transgender issues.

For Study I, I recruited participants by delivering information about the study via organisations targeted at transgender people, social media, a paper bulletin and through friends. Additionally, many of the interviewees were found by using snowball sampling (Warren, 2001), where interviewees helped to find other interviewees. In total, 12 interviewees were reached from two cities in Finland, and I conducted the interviews face-to-face in February–July 2013. The interviews were conducted in places chosen by the participants, including library offices, cafes and my home. The interview guide was not pilot tested because the interviews were qualitative and conversational (Warren, 2001). However, a question concerning the importance of the Internet was added to the interview guide because it became apparent in the first two interviews. Conducting pilot interviews could have strengthened the research design, in particular the interview guide.

For Studies II, III and IV, I found potential interviewees through an online survey. The survey focused on information seeking about gender experience and information sources, barriers and enablers for information seeking and encountering. I distributed the survey by sending a cover letter and a link to the survey to six different Finnish LGBTQ+ organisations, two moderators of closed LGBTQ+ discussion forums in Internet, posted them on three open discussion forums and shared them through my personal Facebook page. Of the 162 survey respondents, 41 were willing to participate in the interviews, and I contacted them by e-mail. Since some of the interview candidates did not respond or chose not to participate in the subsequent interview, 25 individuals eventually participated in the semi-structured interviews I conducted in 2016. A limitation of the interview guide in Studies II, III and IV is that it was not
piloted. Piloting the interview guide would have confirmed that the research questions were asked in language and terms familiar to the interviewees. However, I was constantly reflexive about the nature of the questions, and I considered whether the questions were appropriate for specific participants (Charmaz, 2001).

Of the interviews, I conducted 17 face-to-face, five via Skype and three by phone. I conducted the face-to-face interviews in five cities in Finland in places chosen by the participants, including library offices, restaurants, participant’s workplaces and LGBTQ+ organisations’ meeting rooms. I audiotaped all the interviews. The interviewees did not receive any financial or material payment for their participation. I did not use survey data as the research data in this thesis. Moreover, I did not use the information interviewees had provided in the survey as background information in the interviews. The interviewees from 2016 had not participated in the interviews in 2013.

In the beginning of each interview, the interviewees gave their consent for recording the interviews and using the data for research purposes. Then, I explained to the interviewees that the study focused on gender experience-related information seeking. The interview guides (see Appendices 1 and 2) were used as tools in the semi-structured interviews. The interpretive phenomenological nature of the research guided the interview situations, such that I asked the research questions as openly as possible. If the interviewees asked more detailed questions concerning the themes, I avoided giving examples based on my previous understanding of the themes.

The length of the interviews in 2013 ranged from 26 min to 1 h 48 min, the average time per interview being 53 minutes. In 2016, the length of the interviews ranged from 35 min to 1 h 59 min, the average time per interview being 1 h 10 min. I transcribed the interviews verbatim, including the questions I asked as an interviewer. I did not use detailed descriptions of paralinguistic features, as those were beyond the scope of this study (Schreier, 2012a). I altered names and places included in the data.

3.4 Analysis

For the purpose of this thesis, I used qualitative content analysis in all the sub-studies to analyse the data. According to Schreier (2012a), qualitative content analysis has three features: It reduces data, it is systematic, and it is flexible. In this research, reducing data included limiting the analysis to those aspects that were relevant to the scope of the research question. The systematic nature of qualitative content analysis includes several steps distinctive to the method (Schreier, 2012a). In this thesis, the steps I used included framing the broad research question,
building the first version of a coding frame based on the theoretical background, dividing the material into units of coding, checking the coding, creating new and removing categories if needed, implementing the main analysis and interpreting and presenting the findings. Flexibility of qualitative content analysis includes the possibility of tailoring the coding frame and making the coding frame partly data-driven (Prior, 2014; Schreier, 2012b).

In this research, I used content analysis in both inductive and deductive ways, with a combination of both approaches (Cho & Lee, 2014; Elo & Kyngäs, 2008). Induction is the generation and justification of a general explanation based on the accumulation of several particular but similar circumstances, whereas deductive explanations move in the opposite direction, in that a particular situation is explained by deduction from a general statement about the circumstances (Gibbs, 2018). In Studies I and IV, I primarily used deductive content analysis, but I also created categories in a data-driven manner, making analysis partly inductive. I used mostly inductive content analysis in Studies II and III.

### 3.4.1 The analytical frame of Study I

In the analysis of Study I, my focus was on the information behaviour of transgender individuals. In this study, my aim was to explore gender experience-related information seeking and barriers affecting it. Transcriptions of 12 interviews with transgender individuals formed the material for my analysis. I built the analytical frame of this study based on previous studies on information behaviour and practices (McKenzie, 2003; Niemelä, 2006; Talja, 2002; Williamson, 1998; Wilson, 1997) to include four core categories: 1) information seeking practices, 2) information sources, 3) information barriers and 4) information needs. I created subcategories of the fourth core categories based on the empirical data. The core categories and subcategories are presented in Table 3.
Table 3. The analytical frame of Study I.

<table>
<thead>
<tr>
<th>Core category</th>
<th>Sub category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information seeking practices</td>
<td>Active seeking of information (McKenzie, 2003)</td>
</tr>
<tr>
<td></td>
<td>Active scanning of information (McKenzie, 2003)</td>
</tr>
<tr>
<td></td>
<td>Non-directed monitoring (McKenzie, 2003)</td>
</tr>
<tr>
<td></td>
<td>Getting information by proxy (McKenzie, 2003)</td>
</tr>
<tr>
<td></td>
<td>Abstaining from information (Niemelä, 2006)</td>
</tr>
<tr>
<td></td>
<td>Information sharing (Talja, 2002)</td>
</tr>
<tr>
<td>Information sources</td>
<td>Institutional sources (Williamson, 1998)</td>
</tr>
<tr>
<td></td>
<td>Mass media (Williamson, 1998)</td>
</tr>
<tr>
<td></td>
<td>Wider personal networks (Williamson, 1998)</td>
</tr>
<tr>
<td></td>
<td>Intimate personal networks (Williamson, 1998)</td>
</tr>
<tr>
<td>Information barriers</td>
<td>Psychological barriers (Wilson, 1997)</td>
</tr>
<tr>
<td></td>
<td>Demographic barriers (Wilson, 1997)</td>
</tr>
<tr>
<td></td>
<td>Role-related or interpersonal barriers (Wilson, 1997)</td>
</tr>
<tr>
<td></td>
<td>Environmental barriers (Wilson, 1997)</td>
</tr>
<tr>
<td></td>
<td>Source characteristic (Wilson, 1997)</td>
</tr>
<tr>
<td>Information needs</td>
<td>Transition process</td>
</tr>
<tr>
<td></td>
<td>Identity-related information needs</td>
</tr>
<tr>
<td></td>
<td>Other information needs</td>
</tr>
</tbody>
</table>

During the analysis, I read and reread the transcriptions of the interviews carefully line by line. I picked all statements concerning information seeking, encountering and sharing on gender identity into the tabulated categories. These statements contained one or several sentences on the same theme. One statement could be divided into several categories. I reduced the original expressions. An example of the process of reducing is provided in Table 4.

Table 4. An example of the categories of the content analysis.

<table>
<thead>
<tr>
<th>Original expression</th>
<th>Reduced expression</th>
<th>Category</th>
<th>Sub category</th>
</tr>
</thead>
<tbody>
<tr>
<td>'I heard about the transition process from the peer support group. They told that</td>
<td>Information seeking practice: Receiving information from the peer support group</td>
<td>Information seeking practice: Receiving information by proxy</td>
<td>Information source: Wider personal networks Source: Peer support groups</td>
</tr>
<tr>
<td>at first you need to fetch a referral for a medical examination. The people in the</td>
<td>Topic: Access to trans-specific healthcare</td>
<td>Topic: Trans-specific healthcare</td>
<td></td>
</tr>
<tr>
<td>group were able to recommend a doctor whom someone of them had earlier visited and</td>
<td>Topic: Recommendation of a doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>who knew about this topic'</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4.2 The analytical frame of Study II

I used transcription data of the 25 interviews from 2016 as material for the analysis of Study II. During the transcription process of interview data, I noticed that several of the interviewees described their bodily experiences as a part of their identity formation and information-seeking process. I took this theme under closer examination. I conducted the analysis using the NVivo Plus programme.

At the beginning of the analysis, I reviewed the coding data and did coding line by line to gather all statements about embodiment or bodily information. After that, I constructed three core categories based on the theoretical background described below. I labelled the first core category ‘body as an information source’ based on the studies noticing senses and other corporeal experiences as important information (Cox, 2018; Cox et al., 2017; Gorichanaz, 2015; Lloyd, 2007; St. Jean et al., 2018) and the second core category as ‘interaction with others’ based on study results indicating how body-related information is acquired by observing other people’s bodies and hearing about their experiences (Bonner & Lloyd, 2011; Cox et al., 2017; Harviainen, 2015; Lloyd et al., 2013; St. Jean et al., 2018). I labelled the third category ‘information sharing’ based on studies that highlight information that is produced and shared through our bodies (Cox et al., 2017; Guzik, 2018; Lloyd, 2014; Olsson, 2010; Prigoda & McKenzie, 2017). All statements in the material describing somehow interviewees’ bodily experiences, emotions or affects were divided into these core categories. I further examined the coding in all categories and created subcategories based on the empirical data. In this process, my aim was to be open to the data and to respect the experiences of the interviewees.

I constructed two subcategories on the core category of the body as an information source: sensory information and emotions and affects. The second core category, interaction with others, included subcategories of media presentation and close people. Finally, I divided the third core category, information sharing, into four subcategories: gender expression, how people see me, passing or blending and fear of violence.

3.4.3 The analytical frame of Study III

In Study III, my aim was to study the early-stage information needs related to transgender individuals’ identity formation. I used the transcriptions from the 25 interviews from 2016 as data and implemented coding using NVivo Plus software. I also wrote memos during the analysis. I utilised a combination of inductive and
deductive analysis, and the theoretical background included Taylor’s (1968) categorisation of information needs (i.e., visceral, conscious, formalised and compromised information needs) to guide the analysis in identifying stages of information needs from the data. Additionally, Ahmed’s (2006) concept of disorientation informed my analysis of queer experiences at this stage.

By carefully reading and rereading the transcriptions, I examined all statements related to early-stage information needs and identity formation. Additionally, I examined the statements connected to finding a word for an experience and embodied experiences. In most interviews, there was a certain type of narrative to be found about identity construction from childhood to the current situation with certain life events that had changed the direction or triggered information seeking. I took these ‘turns’ under closer examination.

The two core categories of the analytical frame were early-stage information needs and experiences of dysphoria. I divided the early-stage information needs category into four subcategories: a trigger for information seeking, finding the right words, understanding the experience and lack of information in society. Additionally, I divided the core category of experiences of dysphoria into three subcategories: bodily dysphoria, social dysphoria and a combination of bodily and social dysphoria. It must be highlighted that not all the interviewees described experiences of bodily or social dysphoria. However, descriptions of experiencing discomfort contributing to emerging information needs were common and included in this category.

3.4.4 The analytical frame for Study IV

In Study IV, I used a theoretically driven, mostly deductive content analysis. However, topics beyond the frame of analysis were also considered in the analysis, making it partly inductive. I used the transcriptions from the 25 interviews from 2016 as data and coded them using NVivo Plus software. The theoretical background of Study IV included studies using theories of meaning-making (Ruthven, 2019b), transitioning (Bronstein, 2019; Hicks, 2018; Kennan et al., 2011; Lloyd et al., 2017; McKenzie & Willson, 2019; Willson & Given, 2020) and information seeking in deeply meaningful and profoundly personal contexts (Clemens & Cushing, 2010). Based on this previous research, I organised information seeking in a significant life change into four phases as follows: 1) early stage of significant life change, 2) seeking information for a significant life change, 3) finding the community and 4) becoming part of the community. I used these four
categories as the main categories of the analysis. I divided all of these main categories into two subcategories: activities and emotions.

I read and reread transcriptions carefully and picked all of the statements concerning information seeking, encountering and sharing on gender experience in the data into these categories. These statements contained one or several sentences concerning the same theme.

3.5 Ethical considerations

All interviewees gave their consent to audio-record the interviews and use the data for research purposes. I followed ethical guidelines for integrity, meticulousness and accuracy in conducting research as well as in recording, presenting and evaluating the research findings for human and social sciences throughout the research (Finnish advisory board on research integrity [TENK], 2019). I altered the names of the interviewees and excluded other personal information from the research data. No other demographic data besides the ages of the interviewees were gathered. Additionally, I considered security issues carefully when storing the data and saved all the data in a password-protected folder and computer.

According to TENK (2019), there was no need for an ethical review statement from a human sciences ethics committee. According to the instructions, if the minor is 15 or older, their own consent is sufficient for participation in the research. In this thesis, all interviewees were aged 15 or older.

Moreover, I took additional ethical considerations into account. When conducting research with a minority group, it is important to carefully consider that, during the interviews, a study setting that produces stereotyping or even dehumanising representation is avoided. Instead, my intention was to give voice to multiple experiences and pathways (Kong et al., 2001).

When I started this research, I positioned myself as part of the LGBTQ+ community, while being an outsider of the transgender community. The insider/outsider dynamics have been discussed in feminist research (Doucet & Mauthner, 2008; Oinas, 2004), and it has been noted that there are varied degrees of being both an insider and an outsider in the research relationship. However, being an insider or outsider are not fixed positions (Doucet & Mauthner, 2008), and my position has changed during the research process, as I currently see myself as a part of the transgender community.

During my preparation phase (Roulston & Choi, 2018), I became familiar with academic studies, but I also read blogs and novels written by transgender people. Additionally, a friend of mine who is part of the transgender community gave
valuable comments on the research setting. Kong et al. (2001) emphasised that when studying people with an LGBTQ+ background, ethical consideration must cover the following themes: ensuring that research is described correctly, concepts and language are clear enough, and the researcher presents enough information of him/her/themselves and of the research to potential interviewees to make informed choices. I took these instructions into account while reaching out to potential interviewees.

Since the theme of the interviews was personal for the interviewees ethical considerations of this research included avoiding any harm to the participants during the interview, including psychological discomfort (Case & Given, 2016). In practice, I considered strategies for dealing with potential challenges during the interviews beforehand and during the interviews (Roulston & Choi, 2018). Part of the ethical strategy was for me as an interviewer to construct an empathic, emotional orientation during the interview process (Kong et al., 2001). This involved taking into consideration the interaction during the interview process, for example, by showing empathy and avoiding disagreement with the interviewees. I approached my role in the interviews as that of a listener, asking questions broadly on the topic. Overall, interviewees had the opportunity to talk in their own words about the topic as much as they felt comfortable with. I asked detailed questions if needed, but if an interviewee did not want to respond to some theme, I did not push that interviewee.

A qualitative interview situation is never neutral. Both the interviewer and the interviewee participate from historically grounded biographical and disciplinary perspectives (Warren, 2001). Moreover, researchers’ personality, as well as ethnicity, race, gender, age and class, can affect the interview situation (Warren, 2001). Since I stated that I was an outsider of the transgender community during the interviews, it no doubt affected the interaction during the interviews. However, I found that during the interviews, there was common trust between me and the interviewees. For instance, the interviewees were not afraid to raise concerns about trans-specific healthcare and were open when discussing information barriers. From my perspective, this may not have happened if I had represented myself as a researcher in the medical field. Furthermore, I tried to give enough space for the interviewees to ask questions about the research and my motives as a researcher during the interviews. Most interviewees asked about my motives for doing this research, to which I responded that I was interested in how gender diversity is addressed in media and society as I have not encountered any information on gender diversity until I started my studies at university. The interviewees also asked about my own position in relation to the topic, and I felt that I was considered as an ally by the interviewees.
After the interviews, my role as an outsider of the transgender community gradually changed, and I currently define my gender identity as nonbinary. It seems that for some people, information seeking about their gender identity may include making a doctoral thesis on the subject. However, repositioning myself about this research may have had an impact during the analysis phase, although it is impossible to say in what ways. I took personal notes about my positionalities during the research process.
4 Findings and discussion

In this chapter, I present the research findings. I start with the background information of the 37 people who were interviewed for this thesis. After that, I present the main findings for the research questions and discuss them in light of previous research. Then, I discuss the theoretical contributions and present its implications for practice. Moreover, I evaluate the quality of this research and discuss its limitations. Finally, I present recommendations for future research.

4.1 Summary of the findings

At the beginning of each interview, the interviewees had the opportunity to define their gender experience in their own words. Most of the interviewees used more than one word to describe their gender experience, and often the definition was not experienced as clear-cut or unambiguous.

Well, I have defined myself as a gender non-conforming, mainly because I think manhood is pretty terrible and feels quite strange for me. But maybe it is now somewhere between gender non-conforming and transman. So maybe I would still say to be gender non-conforming. (Gender non-conforming, B10.)

In the excerpt above, the interviewee describes their gender through the exclusion of certain experiences (manhood). Moreover, some of the interviewees described their gender identity as moving towards something:

But it kind of has evolved more deeply, that I feel like, kind of more transsexual, which is just, or transgender, I feel to be more and more like a woman every day. (Transgender, A9.)

The quote above describes how the understanding of one’s gender experience is not static, but rather moving and constantly forming. However, to represent a variety of definitions the interviewees used about their gender, descriptions of the interviewees were abridged into short definitions (see Table 5). Even though there were differences between the interview data from 2013 and 2016, both datasets describe information practices of Finnish transgender people. For this reason, the datasets were collated and presented as one dataset throughout the findings section. In Table 5, gender definitions are separated by the year of the interview. The markers A1–A12 represent the interviewees from 2013, whereas the markers B1–B25 represent the interviewees from 2016.
Table 5. Gender definitions of the interviewees.

<table>
<thead>
<tr>
<th>Gender definition</th>
<th>2013</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androgyne man</td>
<td>B24</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Boy/ transboy</td>
<td>B21</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Did not define</td>
<td>B8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fluid/gender non-conforming</td>
<td>B20</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Girl-boy androgyne</td>
<td>A7</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No gender</td>
<td>B3,</td>
<td>B9</td>
<td>2</td>
</tr>
<tr>
<td>Nonbinary transmasculine guy</td>
<td>B25</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>B5,</td>
<td>B17</td>
<td>2</td>
</tr>
<tr>
<td>Man-other-who cares</td>
<td>B12</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other gender / gender non-conforming</td>
<td>A6,</td>
<td>A12</td>
<td>5</td>
</tr>
<tr>
<td>Something between woman and man</td>
<td>B4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Third option</td>
<td>B7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Transboy</td>
<td>B23</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>A8,</td>
<td>A9,</td>
<td>4</td>
</tr>
<tr>
<td>Transgender man</td>
<td>A3,</td>
<td>A5</td>
<td>3</td>
</tr>
<tr>
<td>Transgender woman</td>
<td>A1</td>
<td>B13</td>
<td>2</td>
</tr>
<tr>
<td>Transman</td>
<td>B6,</td>
<td>B11,</td>
<td>B15,</td>
</tr>
<tr>
<td>Woman</td>
<td>A2,</td>
<td>A4,</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>A10</td>
<td>B2,</td>
<td>B19</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>25</td>
<td>37</td>
</tr>
</tbody>
</table>

It must be noted that in the Finnish language, there are no gendered pronouns, and because the interviews were done in Finnish, I did not ask which pronouns the interviewees would prefer in English. This was not done because I did not want to assume that all the interviewees had equal language skills. In the following text, I use the pronoun she for interviewees who defined themselves as woman or transgender woman and he for the interviewees who defined themselves as man, transgender man, transman, boy, transboy or androgyne man. Otherwise, I use the pronoun they.

The interviewees were between 15 and 72 years of age, with an average age of 34 years. Most of them were highly educated, lived in urban areas and were read as white. Several of the interviewees belonged to a sexual minority group. One interviewee's native language was not Finnish, and all but one lived in Finland at the time of the interview. Three reported having ADHD, and one reported having an autism spectrum disorder. Of all of the interviewees, 28 had sought trans-specific healthcare. Moreover, five were considering or aiming to seek trans-specific healthcare, such as hormonal treatment, and four had not considered medical interventions.
4.1.1 (Embodied) information needs and use of transgender individuals (Studies I, II, III and IV)

In this section, I present the main findings of Studies I–IV as a response to Research question 1, ‘In relation to their gender experience, how do transgender individuals describe their information needs?’ In this chapter, the main findings of embodied information needs are discussed in light of previous studies.

All interviewees had information needs in relation to their gender experiences. They described several kinds of information needs concerning other people’s experiences, how transgender experiences were described in science and where to find support, including peer support. Similar information needs have also been found in previous studies concerning transgender people (Adams & Pierce, 2006; Beemyn & Rankin, 2011; Miller, 2016; Taylor, 2002) (Study I). The information needs of the interviewees had changed during their lives. For instance, those who had gone through medical interventions had experienced information needs concerning access, services, legal and financial issues in relation to trans-specific healthcare, hormonal treatments, gender confirmation surgery, speech therapy or other medical interventions. However, although the interviewees described similar information needs, and they often described a series of shared milestones, the identity work of transgender individuals should not be understood as liminal or linear.

A novel finding of this research was that experiences of the information needs were sometimes described arising from discomfort with one’s own body, namely experiencing that one’s body was not what it should be (Study II). For some, body dysphoria was a clear signal of a transgender experience, which was not necessarily understood to be caused by gender; rather, the experience appeared hard to define without information about the subject. In queer phenomenology terms, these experiences can be described as moments of disorientation (Ahmed, 2006). Such moments were described as bodily experiences, such as feeling one’s own body to be strange or odd and, for example, the feeling that ‘I am here, and my body is somewhere next to me’ or ‘restlessness in my being’ (Study II).

For those who had suffered from body dysphoria, strong discomfort had usually begun at puberty. The bodily changes with strong ‘turns’ of discomfort led the interviewees to gain an understanding of the friction between their own gendered body and their gender experience. The lack of information on body dysphoria made these experiences harder to deal with (Study III).
It did affect me, well at first the experience that you appear as a teenage girl, but you feel like a teenage boy, and at the time of puberty some appendages begin to grow that you don’t want to, it raises anxiety and depression. And there was no information to say that you could bind your breasts, there wasn’t any kind of practical help on how to deal with gender dysphoria. Suddenly it makes you anxious to go to the shower and all these kinds of disturbing things. It was hard to deal with these issues. (Transman, B6, Study III.)

In the quote above, the interviewee explains how bodily changes had a strong negative effect during puberty. He describes that gender dysphoria caused discomfort in his daily activities, such as taking showers. According to him, because he lacked information on ways to ease the dysphoria, it had been even harder to deal with (Study III). The interviewees also described that they had information needs relating to body dysphoria in terms of describing and understanding their experiences. For example, some interviewees connected their eating disorders with body dysphoria, but as they had not had information concerning body dysphoria, it had taken time to separate these experiences from each other. Even for the interviewees with weaker body dysphoria, the bodily changes at puberty had still caused discomfort and confusion (Study III).

For some of the interviewees, the discomfort with their own bodies had escalated to a point where it was not possible to live without change. This was described as a ‘dead-end’ where change had to happen. These ‘dead ends’ started taking shape as information needs, which then triggered information seeking and helped the interviewees to use the information they found to deal with their bodies and find different ways to reduce their discomfort. However, for those who had been unfamiliar with the term ‘transgender’, it was difficult to know what kind of information to seek (Study III). Moreover, as the transgender experiences and information concerning transgender people was often felt as stigmatised, interviewees postponed the information seeking concerning the topic or avoided information.

In many cases, the interviewees had experienced social dysphoria, which includes negative experiences of not being recognised in the right gender and not being seen and treated as one would want. This experience had, in many cases, deepened at puberty. Many interviewees described how they had the experience of being ‘genderless’ in their childhood. It was not until puberty that their gender started to affect their lives. A friction between one’s own experience and how other
people saw the person had caused discomfort and a need for information to understand this friction.

*If I look back on my life, I may link it more to feeling where I feel that I am outside of some definitions. It is hard for me, well, there are some experiences where it is hard for me, for example, well, I am seen as a woman. - - Really clear, no-one ever confuses with it, my, well, to them there is nothing unclear with my supposed gender and it may have been some kind of friction between my own experience and the message that comes from the outside. There is some kind of, well, friction is a pretty good term for it, friction, friction in it. (No-gender, B9, Study III.)*

The description exemplifies how discomfort and information needs can form friction between experiences ‘from the inside’ and the message coming ‘from the outside’ of the person. It can be viewed as being caused by dissonance in the way other people see the person’s gender (identity), not solely by the bodily experience. Dissonance is also connected to the normative understanding of gender in the society as well as expectations regarding the ways of expressing one’s gender. This exclusive experience can then cause friction between one’s own identity and presumed gender and can be described as disorientation (Ahmed, 2006) (Study III).

A novel finding of this research is the importance of serendipitous information encounters for transgender people. Most of the interviewees had found information on transgender people serendipitously, such as in books and movies or on television and Internet (Studies I, III). The following excerpt illustrates the importance of finding a term to describe the own experience:

*It was a term you kind of knew existed all along. It's like, if you find a term for some experience, like the experience of déjà vu. If you have the experience and you find out there is a term for that, that it's so common there is a term for it. And if your whole identity is intertwined around that, it feels like a big thing.* *(Agender, B1, Study IV.)*

Serendipitous encounters served as a ‘turn’ which led to an understanding of the cause of (embodied) discomfort and change in orientation. This turn can also be seen as a turn from a visceral information need to a conscious information need (Taylor, 1986). The following excerpt illustrates this aspect:

*I have always felt myself somehow uncomfortable in my own skin, and through many, well, I don't actually know when it started. But anyhow, at some point I*
watched television and I remember there was Buck Angel on, who is a transman who has not had genital surgery or anything like that. I was like wow, how cool is that! It happened years ago but somehow it remained. And now it finally, I don’t remember exactly what launched it, but I went to watch stuff like video blogs made by transmen, and it made me think that this is it, I have found my own place, kind of. I finally found the word I can use to describe this experience. (Transman, B11, Study III.)

In the preceding quote, the interviewee describes how the first encounter with a transman’s experience did not lead to information seeking right away but remained as a memory of something relevant for understanding one’s own experience. The first encounter with information about transgender people and gender diversity can be described as ‘deeply meaningful’ (Clemens & Cushing, 2010, p. 1) because it makes information use possible and opens the possibility for transition. In other words, the interviewee found the information itself to be important, even vital, for understanding himself and starting the gender transition (Study IV).

4.1.2 Body, affects and emotions as information sources (Studies II, III and IV)

To provide answers to research question 2, ‘What kind of information do senses, emotions and affects generate for transgender people about their gender experiences?’ the findings from Studies II, III and IV concerning embodied experiences of the interviewees are combined and discussed in the light of previous studies.

According to the interviewees, bodily experiences and affects relating to their bodies played an important role during gender transition. One’s embodied experience was connected to one’s information needs but was also the source for information (Study III). Senses were found to be an important source of information, including sight (how do I look), hearing (how does my voice sound like) and touch (what does my body feels like). Sensory information was important for the interviewees when they sought to understand their own gender, reinforcing study findings that have found senses as important information sources in different settings (Cox, 2019; Gorichanaz, 2015; Lloyd, 2007; Olsson, 2010; 2016; Olsson & Hansson, 2019). Sensory information was often connected to gendered experience.
Well, it gives you the kind of knowledge, for example, that if someone touches a part of your body which you don’t feel part of yourself, or, or – this is a complicated part of the transgender experience generally that it is your body, but at the same time it can feel like it is not. So, if someone touches a part of my body it kind of emphasises it, and it can emphasise that it is not part of my body, no matter what part of the body it is, for example cheeks that are too sharp or too high, which I don’t like, or features that are too masculine. Well, I don’t know if this is information or not, but it can give you the knowledge that this does not feel part of me or this is not something which is part of me (Fluid/gender non-conforming, B20).

Additionally, some of the interviewees described how hormonal treatment caused side effects, such as sweating, and this was read as information coming from the body, as embodied knowledge. Information coming from the body was experienced affectively, and it was an important part of both gender expression and gender experiences by some of the interviewees.

In the description above, the interviewee describes how his feelings towards his voice have been the clearest signal of his transgender experience. Interviewees also used self-observation as a way to get information about gender transition. For example, one of the interviewees recorded their speech to listen to how hormonal treatment might affect their voice (Study II). Documenting transition has also been noted by Haimson (2018b), who studied transgender peoples’ transition blogs.

Embodied knowledge was also connected to looks. Especially for binary transgender people, clothing and dress were described as bringing happiness and building self-esteem. Emotions and affects set the course for expressing one’s own gendered experience in social reality. However, fear of being marginalised because of one’s gender expression affected where and how one was able to express one’s gender. The process of exploration one’s gender expression was emotional in tone, as one of the interviewees described as follows (Studies II, IV):

So, it is like, you go to seek information from clothing stores, Internet, make-up department of what exists. (...) After I came out of the closet, it was like my nights dragged on, and sometimes I ended up crying after trying on clothes for
In the preceding excerpt, the interviewee describes how, after ‘coming out of the closet’, the process of finding her feminine looks had taken much time and effort. The process in which one sought to find her own gender expression was emotional, involving negative feelings, and the information sources at this stage were new to her. In this kind of information seeking, the guiding question was the feeling of ‘what is good for me?’, and also involved embodied knowledge of oneself. Questions about their own embodiment and gender expression were also connected to gendered norms and the fear of being marginalised (Study IV).

4.1.3 Information creation, sharing and community building (Studies I, II and IV)

To answer Research question 3, ‘How do transgender individuals describe the roles of information creation, sharing and community building as part of their information practices?’, findings of Studies I, II and IV concerning information sharing were combined and discussed in light of previous studies.

For most of the interviewees, the transgender community served as the most important source of reliable, up-to-date information, giving emotional support, which supports the findings of other recent studies (Cannon et al., 2017; Drake & Bielefield, 2017; Haimson et al., 2015; Haimson et al., 2021b; Hawkins & Haimson, 2018; Karami et al., 2018; Kitzie, 2017a; 2019; Raun, 2018; Stryker, 2017). Peers delivered the kind of information that was not available from any other source, such as detailed information about medical interventions, surgeries, how the trans-specific healthcare worked, legal and financial issues and studies concerning transgender people and their experiences (Study I). Peer support online and offline was important for most of the interviews during the gender transition. The importance of peers has also been noted to be important during other life transitions (Bronstein, 2019; Lloyd et al., 2017).

During the 2013 interviews, discussion forums with granted access were found to be an important source for peer support and information. However, in 2016, social media, including Instagram, Facebook, YouTube and WhatsApp, had partly replaced discussion forums. Social media platforms, such as YouTube, Reddit, Tumblr and Instagram and blogs, offered textual and visual information (Study II). YouTube and Instagram, in particular, were found to be good sources of
information in relation to gender transition process, enabling access to embodied information from other people through photos and videos, for example video diaries. This involved information on bodily changes during hormonal treatments and surgeries, among other things (Study IV). The importance of social media for seeking visual information on transition has also been noted in other current studies (Haimson et al., 2021b; Hawkins & Haimson, 2018; Karami et al., 2018; Kitzie, 2017a; Raun, 2018; Stryker, 2017).

Besides social media, cultural products outside mainstream media found online were able to offer information on transgender experiences. A few of the interviewees said that fan fiction was important for finding diverse representations of transgender experiences. Fan fiction as an alternative format for transgender experiences has also been noted by Floegel and Costello (in press), who have represented the concept of queer world-building as a place for LGBTQ+ people to develop their identities and collaboratively create information on the topic. For some of the interviewees, other cultural products, such as photo exhibitions and comics, were also channels to see diverse transgender experiences.

The interviewees also created content online. Content creation included, for example, blogs and video blogs (vlogs), supporting the findings of other current studies (Austin, 2019; Haimson, 2018b; Hawkins & Watson, 2017). Some of the interviewees had created videos on YouTube concerning their own experiences. However, the questions about visibility and safety shaped how much and what kind of content the interviewees wanted to share by using their own name or photos, reinforcing the understanding of other current studies (Haimson, 2018b; Scheuerman et al., 2018).

In addition to online information sharing, real-life observations and discussions with other transgender people served as sources of embodied information for the interviewees. Observing other people has previously been found to be a source of information in other contexts (Harviainen, 2015; Lloyd, 2009; Lloyd, et al., 2013; Olsson & Hansson, 2019; St. Jean et al., 2018). Face-to-face peer support offered body images to observe and reflect on in a confidential environment. Moreover, embodied information was sometimes also sought from cisgender\(^\text{10}\) people (Study

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\(^{10}\) The term *cisgender* can be used to describe individuals who possess, from birth and into adulthood, the male or female reproductive organs (sex) typical of the social category of man or woman (gender) to which that individual was assigned at birth (Aultman, 2014; Stryker, 2017). The term is used to mark the trans/not-trans distinction, and it can be used to refer to people who gain social privilege of being not-trans (Enke, 2013; Stryker, 2017). The term emerged from transgender activists’ discourses in the 1990s to criticise the common ways to describing sex and gender (Aultman, 2014).
II). Interviewees living in bigger cities explained that they had good opportunities to access several information sources, including libraries, peer support groups and transgender networks (Study I). By contrast, interviewees from rural areas and the North explained that they had fewer opportunities to find information and access to peer support groups, for example. As Lingel and boyd (2013) have found, the experience of information poverty can be tied to the extent to which individuals feel connected to the local community. As for transgender people, communities were difficult to find in rural areas, and the concept of metronormativity (Halberstram, 2005) explains this phenomenon. Metronormativity refers to the binarisation into urban/rural as an idea that life for LGBTQ+ people in rural areas is full of suspicion, persecution and secrecy, while urban areas enable ‘the full expression of the sexual self in relation to a community of other gays/lesbians/queers’ (Halberstram, 2005, 36). One interviewee described how living in the city had helped them obtain more information:

_I live in this big city: there are organisations, the transpolyclinic and other people who are in the same situation. It has helped me for sure, and I think the cities are more accepting and stuff, like people have not paid so much attention to me. Well, it is easy for me to say because I have always lived here, I haven’t lived in any small town. I might have a stereotypical image on how it is to live in a small town. Like, I have not had any experience on gossiping or anything like that._ (Third option, B7).

It has been noted that metronormativity can affect how information sources are adapted in LGBTQ+ communities (Kitzie et al., 2021). In the Finnish context, binarisation into south/north or into the capital city Helsinki/other parts of Finland was present in the experiences of the interviewees (see also Peltomaa, 2022), where residing in the capital city area was associated with greater information resources.

One important aspect affecting the information-seeking and sharing behaviour of transgender people was the feeling of being safe. Peer support groups were places where interviewees usually felt safe to share their thoughts and ask for help, as well as talking about their own experiences (Studies I and IV).

_They are people who think you are just like everyone else, which is quite nice. And you kind of get to be by yourself, because, well, I know some trans people who do not have any people outside of their own bubble as a friend, and I totally get it. Because if you are kind of traumatised by how you have been_
treated before, it is kind of, kind of normal to not want that because of the fear.
(Man, B17, Study IV.)

In the excerpt above, the interviewee expresses how he understands why some transgender people only want to be friends with people from a similar background because they are afraid of how they may be treated by cisgender people (Study IV). This finding is in line with Linander et al. (2019b) on how the experience of being safe and getting emotional support is important for information sharing in peer support groups.

The feeling of safety also shaped information sharing on an embodied level. How one’s body is confronted as gendered happens through cultural understandings of feminine and masculine styles. Bodily information sharing can happen through walking, talking and moving, representing feminine or masculine gender expression (or something between or neither) and gender norms (see also Butler, 1990). For some of the interviewees, expressing their gender as they wanted had caused conflicts and harassment, and sometimes a need to hide one’s gender identity from their family members or other people. Moreover, others’ reactions sometimes caused negative emotions such as shame and guilt, especially in adolescence (see also Hines, 2007) (Study II).

One of the interviewees had experienced physical violence in a public place because of their transgender status, and several interviewees were suffering from fear of violence in public places. This fear was not only limited to physical violence, but also to harassment and inappropriate behaviour in a broader sense, involving, for example, questions about genitals from strangers. Fear of violence can limit the places in which gender can be expressed and how (see also Linander et al., 2019a). A transgender person who is not passing or blending may feel the risk of not being supported or even accepted in public places (Study II). This finding is in line with Guzik (2018), who found that for Muslims in Western societies, the public response is connected to the information that individuals display through their physical appearances.

Passing or blending, which refers to being read by others in one’s experienced gender, was important for some interviewees because it offered the experience of being ‘just like anyone else’ and to be seen as who one is. It can sometimes be understood as an act of not sharing information about one’s transgender status; as information hiding. Passing or blending was connected to gender norms, and it was seen as important by some interviewees because it enabled them to avoid stigma and marginalisation. Passing or blending concerned the physical body, tallness or
voice, as well as other gender markers such as clothes, hair or names. However, all interviewees did not see passing or blending as an option, especially in cases of nonbinary gender expression (see also Hines, 2007). In other words, when the external appearance is not distinctly or merely feminine or masculine, passing or blending may not be possible (or wanted, for that matter). This was also described by stating that it was impossible to be confronted as nonbinary by other people without telling one’s own status to them (Study II).

4.1.4 Lack of information, information avoidance and information barriers (Studies I, II, III and IV)

To answer Research question 4, ‘In relation to their gender experience, how do transgender individuals describe barriers to information encountering, seeking and sharing?’, findings concerning information barriers from Studies I–IV are combined and discussed in the light of previous studies in this subsection.

For the interviewees, information barriers manifested in several areas of life. In Study I, I divided barriers following Wilson (1997) into psychological, demographic, role-related or interpersonal, environmental and source characteristic barriers. Barriers in all of these levels were apparent in transgender people’s experiences. However, this separation did not serve the research optimally, as some of the most important barriers for transgender people, including fear, did not easily follow this categorisation. Respectively, another typical categorisation, internal and external barriers (Savolainen, 2016a), did not seem reasonable for the same reason, as the emotion of fear is not only a feeling that someone has internally but is connected to their external context. Kitzie et al.’s (2020) study focusing on LGBTQ+ communities included categorisation into risks and barriers. Barriers included family, law and religion, operating at the sociocultural level, whereas risks were more immediate and individualised. Risks include physical violence, being kicked out and fear of the unknown (Kitzie et al. 2020). However, in this thesis, rather than following these categorisations of barriers, I discuss them in two different contexts: the societal and medical contexts, which will be discussed in more detail in the ensuing sections.

Societal information barriers

Some of the older interviewees described their experiences of not having any (real) possibilities to deal with their transgender identity or gender dysphoria until the
1990s. These people lived in their presumed gender role until society in general became more open-minded and permissible. Some of them had lived their lives following the line of getting married and having children (Studies I, III). Moreover, before Internet became more common, there were not many sources from which to seek information. In particular, the older interviewees described that the lack of possibilities to relate to others’ experiences or find words needed to seek information made information seeking difficult (Study III).

Information sources were often hard to find, misleading, misinformed, one-sided and outdated (Study I). The findings of this research support previous studies (Ahmed, 2006; Beemyn & Rankin, 2011; Capuzza, 2015; Floegel & Costello, 2019; Kitzie, 2019; Kitzie et al. 2021a; Linander et al., 2019b; Spade, 2006) suggesting that the current cisnormative society does not support the information needs of transgender people. Media representation of transgender people was often found to be deficient or even misleading by the interviewees (Study III), in line with previous studies (Beemyn & Rankin, 2011; Capuzza, 2015; Floegel & Costello, 2019). Moreover, with a few exceptions, interviewees also found that the rarely seen transgender-inclusive media representations did not help the process of gaining an understanding of their own experiences. Instead, the limited media representation negatively affected their ideas of the transgender phenomenon and how common it was. Negative media representation sometimes caused information avoidance, which one interviewee described as follows:

_Sometimes when people, for example, share articles on how some transkid has been killed in the United States, I feel like I should not read those; those will just cause anxiety._ (Gender non-conforming, B10.)

Several of the interviewees described getting the impression that they could not be transgender unless they had experienced the feeling of being in the wrong body since childhood (Study III). Some of the nonbinary interviewees felt that there was no media representation that would relate to their experiences. This is in line with previous research showing that transnormativity in media portrayals (Johnston, 2016) can make information seeking harder for people who do not follow the ‘wrong-body model’ (see also Hines, 2007).

Institutions, such as school and church, had not been helpful for the interviewees in terms of gaining information or receiving support, but instead, were more likely to cause stigma and covert information seeking on the topic. Covert information seeking as an information practice for marginalised individuals has been noted by Namuleme (2013). Only the youngest of the interviewees (aged 15)
had gained helpful information about transgender people at school, although it was given after he had already sought information elsewhere. However, some of the interviewees said they had encountered some information on transgender people in school, but it was represented as a rare and uncommon phenomenon (Study III).

Well, it may have been presented or I may have interpreted it somehow vaguely or as an extremely rare experience, or in such a way like, like this could not concern me, kind of. (Third option, B7, Study III.)

The interviewee above suggests that the way transgender experiences were presented in school did not help them in understanding their own experience. Moreover, a few of the interviewees described how information about LGBTQ+ people were not shared in school in small, rural and religious towns. Many interviewees thought, however, that the school should have offered information about gender (and sexual) minorities.

For four interviewees, the Christian religion had strongly affected their acceptance of their identity. For the interviewees with religious backgrounds, experiences of negative emotions, such as shame and guilt, caused information avoidance, including avoiding practices about their transgender identity building. One of the interviewees, for example, told how after trying on feminine clothes and styles, she felt shame and guilt and prayed for forgiveness. For some, religion and active participation in the Evangelical Lutheran Church slowed down the process of accepting their gender identity (Study III). This finding supports previous studies (Alasuutari, 2020; Juvonen, 2015).

Living in a small town was seen as a barrier to information seeking, as there may not be an opportunity to access peer support groups and meet other transgender people, and the political and religious atmosphere may affect people’s attitudes. One of the interviewees described how he talked about his gender to his parents as follows:

I kind of came out of the closet when I was four. But it was a small town in the 90s, so of course my parents did not pay any attention to that. (Transgender man, B18.)

In the excerpt above, the interview describes how in small towns in the 1990s, a transgender experience would not be taken seriously. Moreover, several of the interviewees described how their parents and family members either did not pay attention or reacted negatively when they expressed their transgender experiences. Some of the interviewees felt that their family had slowed them down or barred
them from information seeking in their childhood and adolescence by limiting access to Internet, television or other information sources. A negative or even hostile atmosphere at home had affected them so much that they had been unable to even think about the issue (see also Beemyn & Rankin, 2011). They avoided information, or they rejected opportunities for information seeking, asking questions or talking about their experiences (Study I). This finding supports the findings of Haimson (2018b), who claimed that transgender people may not be supported by their networks during gender transition, but rather need to hide their transitions and build new networks to be supported.

**Information barriers in medical contexts**

For the interviewees, the medical understanding of transgender people, especially in previous decades, had made it more difficult to understand or accept one’s experience as transgender. One interviewee had found the word ‘transsexuality’ as a child in a popularised medical book (Kodin lääkärikirja) at home, in which being transgender was defined as a mental disorder. Four of the interviewees had suffered from depression. However, for these interviewees, medical care or therapy had not resolved the challenges of understanding their gender experience. On the contrary, in some cases, their gender experience had not been taken seriously by medical authorities or the idea of being transgender was disputed (Study III). One interviewee described that the doctor he met when he was seeking a referral was hostile towards him and called him crazy. This experience made the interviewee to be extremely disappointed by the doctor’s behaviour for a long time. His strong emotional reaction contributed to information avoidance.

> When that happened, it felt like, like has someone lied to me? It blocked my information seeking for a long time. I did not seek any information and I did not want to know anything. I was just, I decided like okey. If they think I am crazy, I’ll rather be crazy without medication. Like, not by force. But it took, like, three years, and that was not a nice time at all. (Transman, B15.)

Because the Finnish transgender legislation (Laki transseksuaalin sukupuolen vahvistamisesta 563/2002) requires that one must have medical diagnosis of being transgender and be infertile to change one’s legal gender marker, the interviewees had several concerns about medical diagnosis, treatment and reproduction. Some interviewees stated that they wanted to have children before accessing trans-specific healthcare, and they chose to delay their care. Medical authorities in public
care and in trans-specific healthcare were unable to offer enough information on medical interventions concerning gender recognition, such as hormonal treatment and surgeries. Information in the interviewee’s native language about hormones and surgeries was not to be found in any other source than from other transgender people or in peer support groups on Internet. This is in line with the findings of Irni (2017) and Namaste (2000), who both indicated that medical authorities either did not provide enough information, or given information was contradictory on the risks of hormonal treatments. Moreover, it was difficult to obtain information on reproduction options after hormonal treatments. For some of the interviewees, trans-specific healthcare had not helped in gaining any information about medical interventions (Study I).

Admittedly, it is a little bit disturbing that they don’t tell anything really specifically in trans-specific healthcare. They assume you find out everything yourself (...). They should at least offer you the possibility to ask, like do you know anything or so – Or do you want some information. (Transgender man, A3, Study I.)

In the preceding excerpt, the interviewee describes how he had not gained enough information on medical interventions in trans-specific healthcare. The interviewees of this research stated that the fear of not getting treatment in trans-specific healthcare prevented them from asking questions. As noted in sections 2.1.2, there are two kinds of diagnoses, ‘transgender’ or ‘other undefined gender disorder’. With the diagnosis of ‘transgender’, all treatment, including all the surgeries, will be available; however, in cases where the care diagnosis is ‘other undefined gender disorder’, surgeries are not always guaranteed. According to the interviewees, it is left to the patient to know the difference between these diagnoses. To obtain the needed treatment, they should know the difference between these diagnoses before accessing trans-specific healthcare. Moreover, the difference between the diagnoses can cause the patient to highlight certain feelings and conceal others to ensure they obtained the needed treatment.

I went to trans-specific healthcare at first with the thought that I would be happy to get diagnosed for other undefined gender disorder. But when I found out I wouldn’t get a mastectomy with that diagnosis, I realised no way would it be enough, because I must have the mastectomy. So, it put me in a really hard position there because I knew the difference between these diagnoses, so, so I had to play my cards right to get the right diagnosis. (...) In the other situation
The interviewee indicates that transgender people may need to hide their uncertainty and information needs because of the fear of not getting treatment if one is seen as somehow uncertain, which is in line with the findings of other current studies (Irni, 2017; Linander et al., 2017; Sørlie, 2019). One of the interviewees, on the other hand, felt pressured by medical authorities in trans-specific healthcare to take ‘the whole package’, including all surgical operations. The uncertainty of the treatment can lead to a fear of asking questions from medical authorities (Study I). One of the interviewees explained how they had used the wrong-body narrative to move on in the chain of care in trans-specific healthcare:

> And then there was also that I had to know a certain kind of transnarrative to be able to show it in the right way in those transition examinations. It helped that I had read about other people’s experiences to be able to point out certain things. So, if I had gone there without this background information, about who they wanted me to be in there, it wouldn’t have probably gone so well. (Transgender, A8, Study I.)

In the excerpt above, the interviewee describes how they had to repeat the wrong-body narrative in trans-specific healthcare. This finding supports the findings of previous studies (Bettcher, 2014; Hines, 2007; Namaste, 2000; Stone, 2006). Moreover, the excerpt also illustrates that transgender people may need to hide certain information (see also Namaste, 2000) to make sure they get the treatment they need. In short, transgender people need to actively seek information from other sources. The findings of this research show that active information seeking about trans-specific healthcare is important for transgender individuals to ensure they will get the treatment they need. Transgender individuals may adopt the strategic approach because of fear that the gatekeeping system may deny their access to care if they appear uncertain in the psychiatric assessment, as noted in other recent studies (Linander et al., 2017; Namaste, 2000).

4.2 Theoretical contributions

This research, which began in 2015, is among the first to focus on the information behaviour and practices of transgender people. By taking a social constructivist approach, this qualitative research contributes to the embodied information
practices perspective (Olsson, 2016; Olsson & Lloyd, 2017) with two theoretical contributions. In Section 4.2.1., I discuss the contribution to the concept of information need, and in Subsection 4.2.4, the contribution to the concept of embodied information practices through analysing affects, norms and stigma as part of the concept. By highlighting the role of affects and giving an understanding of stigma and marginalisation as embodied experiences, the findings suggest that the ‘affective turn’ and ‘embodied turn’ within LIS (Hartel, 2019) should not be seen as separate from each other, but as interconnected in the lived experiences of people.

4.2.1 Early-stage information needs are embodied

By utilising a social constructive perspective combined with a queer phenomenological approach, my thesis contributes to developing an understanding of the concept of information need. The findings of this research highlight the embodied, experiential nature of early-stage information needs. The ways transgender individuals described their early-stage information needs being formed through experiences of bodily discomfort or gender dysphoria led to the interpretation that these bodily experiences may have been hard to understand and verbalise in an environment that lacks information on transgender experiences. By analysing the descriptions of the information needs of transgender individuals, this research suggests that information plays an important role in dealing with gender dysphoria. The findings of this thesis provide novel insight into how bodily discomfort or gender dysphoria can act as a trigger for a transition. Gender dysphoria or bodily discomfort can serve as a trigger for a change and start the information-seeking process in a situation where it is impossible to live without change.

This thesis suggests that the concept of information need should be studied from an information practices perspective (see also Lundh, 2010; McKenzie, 2004) as it enables the analysis of the individual as part of the social world. The concept of early-stage information needs can be used to understand how embodied experiences and the friction between the lived experience and the social world can lead to information seeking. The findings of this research demonstrate that early-stage information needs (Ruthven, 2019a), the visceral (Q1) and conscious (Q2) levels on Taylor’s (1968) model of information needs, are better understood through embodied experiences in situations where information is not available.

This research suggests that visceral information needs (Taylor, 1968) can be understood through ‘friction’ between the individual and the surrounding world.
Besides gender dysphoria, the experience of ‘friction’ between the own experience and the (gender) role in which one is seen can cause disorientation (Ahmed, 2006), which can be understood as early-stage information need. This ‘friction’ can be understood as visceral information need that is gradually forming into conscious information needs after serendipitous encounters with information and terms to describe the experience are encountered. A novel finding of this research is the importance of serendipitous encounters with information at the early stages of life transition.

This research suggests that information that leads to life change can be conceptualised as deeply meaningful information. Deeply meaningful information can be seen as a starting point of a new path in one’s life, something that makes the ‘turn’ in life possible. It also denotes information use in occurring life change situations. If information is defined as ‘a difference which makes a difference’ (Bateson, 1972, 453; Lloyd, 2014, p. 86), something we are given to notice, deeply meaningful information is information that makes a significant difference, for example, understanding of oneself, including affects and embodied knowledge. Moreover, ‘profound’ or ‘deep’ information allows humans to engage with phenomena, experiences or activities that transcend the daily grind (Kari & Hartel, 2007). In the context of life transition, without deeply meaningful information, the transition process does not proceed. The concept of deeply meaningful information highlights embodiment and affects as part of information practices during a significant life change.

The concept of deeply meaningful information is connected to the concept of resonance (Ruthven, 2021), which can be used to describe the subjective experience of meaning, as ‘feeling of rightness’, something that one can emotionally respond to (Ruthven, 2021). However, for transgender people, finding experiences of resonance usually took time because of the lack of diversity in experiences and information on transgender people.

4.2.2 Affects, norms and stigma are tied into embodied information practices

This thesis suggests that affects and bodily experiences should not be seen as separate, but tightly connected to each other in real-life experiences (see also Floegel, 2021; Kitzie, 2017b), thus deepening the concept of embodied information practices (Olsson, 2016; Olsson & Lloyd, 2017). Drawing on queer theory, transgender studies and the phenomenological understanding of the embodiment –
the process of living in a body —, the findings of this thesis demonstrate that affects and bodily experiences are intertwined, contextual and tied to social settings and power relations.

By analysing the described experiences of transgender individuals, the findings of this research show how senses, body-related self-observation and observation of other people’s bodies can serve as information sources. Moreover, the findings show how this information was interpreted as affective and emotional. For transgender people affects can form embodied knowledge, which shapes their embodied experiences. This is also connected to experiences of dysphoria. For example, how one’s voice sounds like was not affectively ‘neutral’ but the feelings towards one’s voice worked as a signal of one’s transgender experience. Likewise, the feelings of body dysphoria show how the bodily information and affects should not be considered as separate.

The findings also shed light on how sensorial information has a special meaning during life transitions where one’s own body changes. Transitions theory exemplifies how comparisons ‘between the old self and the current body’ forms embodied knowledge about the lived body during gender transition (Haimson, 2018a; Wella & Webber, 2018). In this research, feelings about sensual information guided gender transition, raising questions such as “How would I like to look?” which also shaped information creation. Moreover, negative feelings work as strong signals for a need of change. By analysing experiences of transgender people, this research reinforces the understanding of the intertwining of affects and sensual information during life transitions.

The findings of this thesis show how marginalisation and stigma are connected to affects and embodied information practices. They specifically exemplified the ways in which stigma shapes embodied information creation and sharing among transgender individuals. As gender can also be embodied experience, interviewees embodied their knowledge (Olsson, 2010) in many gendered ways, including through clothing and style. Style and clothing can be understood as acts of information creation and sharing, and they are usually based on certain norms (Guzik, 2018), in this case gender norms. Norms in relation to gender are not private, but strictly regulated by other people (Foucault, 1976/1998; Taylor, 2009). The findings showed that the interviewees regulated their own embodied information creation and sharing because they feared violence and marginalisation. Fear of violence affected the interviewees gender expression and thus their ability to create and share embodied knowledge. Moreover, fear of violence limited the places in which gender was expressed and how (see also Linander et al., 2019a).
The findings of this study have contributed to broadening the research on the information practices of marginalised populations. In this research context, this finding increases understanding on how stigmatisation shapes information practices of transgender individuals. Fear-based avoidance of information sharing is connected to self-protective information behaviour (Chatman, 1996). Moreover, interviewees adapted information practices that were linked to information poverty (Chatman, 1996), including covert information seeking and self-protective information practices, such as information avoidance (Kitzie, 2019; Namuleme, 2013; Veinot, 2010; Veinot et al., 2006; Wong & Wong, 2006). As transgender people are largely stigmatised and may encounter harassment and violence, their embodied information practices are shaped by their social surroundings.

By analysing the experiences of gender norms and stigmatisation, this research contributes to understanding of affects as social phenomena, which shape the information practices of marginalised populations. For the interviewees of this research, breaking the gender norms sometimes caused negative, even hostile comments, which in turn, was connected to negative emotions, such as shame and guilt in the interviewees. This is in line with Ahmed (2004), who indicated that emotions were not only embodied, but also social when other peoples’ reactions and emotions are read through their bodies. Brennan (2015) described affects as energies transmitted through bodily encounters. For Brennan (2015), the individual emotional experience cannot be separated from the social environment. The affective atmosphere can refer to that feeling that one gets after walking into a room and sensing a particular mood in the air (Brennan, 2015). In this sense, even our most intimate feelings do not really belong to us but are an effect of the body's encounters with others (Ahmed, 2004; Brennan, 2015).

4.3 Practical implications

Findings of this research provide new knowledge to support and inform professionals and experts working with transgender people in healthcare (Section 4.3.1) or organisations, schools and libraries (Section 4.3.2) by describing information barriers transgender people encounter. According to the findings, cisnormativity and the wrong-body model in relation to transgender people’s embodied experiences hinders transgender people’s from understanding their own embodied experiences and from seeking information and help.
4.3.1 Implications for trans-specific healthcare

This thesis produces relevant knowledge for trans-specific healthcare by describing information barriers transgender people encounter before and during their care. In addition, the findings of this study show that stigma can cause information avoidance. The findings of this research support previous studies (Irni, 2017; Linander et al., 2017), which have recognised the lack of information sharing in trans-specific healthcare. Moreover, this thesis shows how transnormativity in trans-specific healthcare can lead to negative outcomes for the well-being of transgender individuals. The findings of this research concerning the various ways in which transgender people describe their embodied experiences should be used in trans-specific healthcare to dismantle transnormativity and increase satisfaction to care.

Findings concerning information barriers in the medical context indicate that in the Finnish setting trans-specific healthcare does not offer enough information about medical interventions, including hormones and surgeries. The current model of information sharing, where it is left predominantly to organisations and peer support to share vital medical information, does not foster the health of transgender people in the best possible way. As the findings show, access to these services varies based on residence.

The current gatekeeping model of trans-specific healthcare does not promote information sharing between medical authorities and transgender patients as the uncertainty of getting the diagnosis and treatment may lead to concealing one’s information needs. It is vital to make diagnostic processes transparent to transgender patients and inform patients on differences between the two diagnostic labels in the current diagnostics. Open information sharing between transgender patients and medical authorities is possible only if transgender people are respected and they are given agency in their own care (see also Sundcaarne, 2020). There is a need for more research on information sharing during trans-specific healthcare to find best practices for care.

The findings of this research highlight the need to enforce knowledge on transgender health in general healthcare and other subfields of healthcare, such as in schools. The findings of this thesis can be used to inform the importance of normalising transgender experiences in these settings.
4.3.2 Implications for organisations, schools and libraries

Professionals and experts working with transgender people in organisations, schools and libraries may make use of the findings of this thesis by considering the variety of information needs and information barriers transgender people encounter. The findings of this thesis indicate that transgender people are not a homogenous group, but comprise a variety of people with unique needs, experiences and life paths.

This research produces knowledge on how cisnormativity works as a barrier to information seeking on transgender individuals. Moreover, the findings provide insight into how embodied experiences during adolescence can be more difficult to understand and accept because of a lack of information on gender diversity. For this reason, it is important to offer more updated information on the diversity of transgender experiences, especially for young people. This knowledge should be used in schools, organisations and libraries, which can offer information about queer and transgender issues and which have an important role in advocacy in terms of normalising queer and transgender experiences (Tenney et al., 2021).

The findings of this thesis suggest that libraries have much catching up to do to meet the needs of transgender patrons. The findings of this research reinforce the existing body of literature on suggestions how libraries could better serve LGBTQ+ and transgender patrons (Braquet, 2019; Drake & Bielefield, 2017; Jardine, 2013; Pierson, 2017; Wagner & Crowley, 2020), including that librarians must be proactive in their support for marginalised communities; be inclusive for transgender people by making facilities usable (e.g., by providing gender neutral single-stall bathrooms); enable privacy; offer patrons the option to not select a salutation or to write their own on library registration forms; provide established remote name change process; avoid gendered language whenever possible; train their staff to be welcoming; create encompassing collections; and promote inclusive services (Braquet, 2019; Drake & Bielefield, 2017; Jardine, 2013; Wagner & Crowley, 2020). The findings of this research suggest that transgender people engage in information creation practices, for example creating YouTube videos and writing blogs, to create diverse descriptions of transgender experiences. Public libraries should include alternative cultural productions, and the gap in traditional publishing should be filled regarding diversity and the marginalised (Moulaison et al., 2017).
4.4 Research evaluation

This research represents an interpretivist paradigm, and its aim is not to present generalisable results but to produce knowledge that is reflective of the lived reality of the participants. Following the guidelines for evaluating the quality of studies that represent an interpretivist paradigm, I will next evaluate the credibility, transferability, dependability and confirmability of this research (Lincoln et al., 2018, 115, 122).

Credibility is linked to how well the researcher represents participants’ accounts. Methodologically, credibility can be increased by ensuring that the most appropriate methods are chosen (Miles & Huberman, 1994). This thesis aimed to develop knowledge about the embodied information practices of transgender people. This thesis focuses on the experiences of 37 transgender individuals, and there were several contextual and situational factors in this research. Qualitative interviews worked as a fitting research technique to produce knowledge on people’s own understanding and experiences of embodiment, as they enabled in-depth information gathering and gained the possibility to ask more detailed questions, if needed. Moreover, interviews as a technique enabled us to ask follow-up questions, which are especially important when studying experiences, emotions and affects, which can be difficult to verbalise. The conversational nature of the interview technique supports this aim as it enables interaction between the interviewer and the interviewee (Brinkmann, 2018; Kvale & Brinkmann, 2009). This can be difficult with other techniques, such as surveys, or other qualitative data, such as written texts. In addition, as a research technique, interviews enabled us to focus on themes that were the most relevant for the interviewees, and they showed the richness of experiences of transgender people.

In this research, I conducted interviews in 2013 and 2016. However, the interviewees were varied to maximise differences, such as age and gender experience, among respondents to contrast patterns (Warren, 2001) and ensure data saturation (Morse, 2018). The interviewees represented various age groups, cities and towns in diverse parts of Finland. They had different ways of describing their gender experiences. It may be impossible to obtain a saturation point for gender experiences, since these experiences are subjective and constantly changing. However, a total of 37 interviews provided a rich dataset for building research certainty since it enabled training the focus on embodiment as a larger research theme in terms of information practices. In order to ensure the evaluation of the
credibility of my research, I regularly attended research community meetings to discuss the data collection, data interpretation and the findings.

Transferability refers to the degree to which findings can be applied to other settings (Lincoln & Guba, 1985). In this research, transferability was ensured by describing the characteristics of the participants, interview method, analysis and research process to permit adequate comparison to other research settings. Qualitative content analysis was a fitting method for analysing this kind of interview data because it made it easy to follow a theoretical framework. The flexible nature of this analysis method also allowed the consideration of the themes that interviewees wanted to highlight. Besides qualitative content analysis, I also utilised queer phenomenology as analysis method in Study III. This thesis is among the first studies to adopt this analysis method in LIS. Queer phenomenology offered a basis for detailed analyses of the embodied experiences of transgender individuals, enabling to analyse bodily and gendered normativity and orientation of the bodies that do not follow the given norms. Concepts, such as disorientation, could be adapted to analyse the experiences of marginalised people in other settings as well.

This research represents the Western, especially the Finnish context, and the transferability of results, specifically in terms of medical contexts, is limited. Moreover, the findings of this research represent the experiences of native Finnish speakers who were identified as white, and most of the interviewees were highly educated and lived in urban areas. Although the interviewees represent a diverse group in other ways, for example in terms of age, an intersectional approach, where race, ethnicity, class and other factors are considered more closely, could have offered more nuanced results.

Dependability is linked to how well the researcher accounts for changing research context (Lincoln & Guba, 1985). Dependability on this research involved careful documentation of all the phases of the research, including defining the theoretical concepts, gathering and analysing data and reporting the findings. During data collection, I confirmed dependability by making notes directly after each interview and writing memos when doing the analysis. The interview data for the current research were collected in 2013–2016. Since then, information availability has increased, and the diverse experiences of transgender people are more easily accessible in both public and social media. However, it has to be noted that there has been relatively little change in social attitudes towards transgender people, as either legal reforms or diagnostic criteria have not yet been reformed.

Confirmability refers to the ability of results being corroborated by others (Lincoln & Guba, 1985). Since the nature of qualitative research is highly
contextual, the confirmability of the study can be proven by making the research process transparent by acknowledging the role of the researcher (Miles & Huberman, 1994). For feminist epistemology, in particular, the question of ‘situated truth’ and researchers’ position are central (Liljeström, 2004; Oinas, 2004). As I mentioned before, when I started this research, I placed myself as an outsider to the transgender community, and for the interviewees, I positioned myself in that manner. As Oinas (2004, 221) states, the question of the researchers’ position is not simply a question of epistemology or ethics, but a concrete baseline on how the interviews are shaped. However, the question about researchers’ insider/outsider position is also problematic since the researcher’s place can also change during the course of the study. This also happened during my research, as I now see myself as a member of the transgender community. What was central for my role as a researcher was that I positioned my research to follow the transgender studies perspective, which epistemologically aims to give voice to transgender people and avoid objectifying transgender individuals (Radi, 2019). I allowed interviewees to use their own definitions and did not question their experiences. Moreover, I was careful with the kinds of concepts and language I used (Oinas, 2004), and I followed the terminology preferred in the transgender community instead of that preferred in medical discourse.

4.5 Recommendations for future research

The findings of this research inform several areas of future research. Future research is needed for further theoretical and empirical elaboration on the concept of embodied information practices. There is a need for developing approaches that focus on embodied experiences (Olsson & Lloyd, 2017), as ‘the knowing can be a matter for bodies, as well as for minds’ (Olsson, 2010, p. 9). Further discussion on the role of the body in LIS is needed to establish the body as a central concept when considering information practices.

There is a need for further theoretical discussion about the intersection of the concepts of affect and embodiment in LIS, as the centrality of the body on affect has been noted in several strands in the ‘affective turn’ in humanities (Ahmed, 2010; Koivunen, 2010). Further conceptual discussions are needed to broaden understanding of the interconnection between these concepts on both theoretical and empirical levels. As noted by Fourie and Julien (2014), affective and emotional dimensions have not been taken seriously enough when studying information behaviour and practices. However, as Floegel (2021, p. 84) has stated, affective
information interactions should be a key component of information practices’ social focus. In this research, I have suggested that affects are an important part of embodied information practices. This finding should be studied in other research settings and with other populations, for example, in health settings or with other marginalised communities. Based on the findings of this research, I also recommended considering norms as an important concept concerning this discussion. Deepening the understanding of how affects and norms shape information practices of marginalised communities would contribute to the field of LIS.

This thesis focused on the information practices of transgender individuals on a general level, but more studies are needed, especially on their health-related information practices, as the findings of this thesis imply several issues related to information sharing in trans-specific healthcare. More research is needed to understand transgender people’s informational barriers in the medical context. In particular, nonbinary transgender individuals’ experiences regarding information sharing on trans-specific healthcare should be studied further. As noted in the research evaluation, there is a need for an intersectional approach to transgender information practices, where other factors, such as class, ability/disability, race and ethnicity, are considered. There is a research gap in studies focusing on the experiences of transgender people from racial or ethnic minorities in Finland. It can be assumed that transgender experiences in terms of access to information, trans-specific healthcare and peer support can differ according to ethnic and racial categories.

There is a need to develop theoretical and methodological approaches for studying marginalised and underserved communities and their information practices in LIS. There is emerging discussion about paradigmatic, theoretical and epistemological standpoints in LIS from the perspective of marginalised communities (Cooke & Kitzie, 2021; Costello & Floegl, 2021; Oliphant, 2021) that should continue to reinforce the needed theoretical and methodological tools. The findings of this research indicate that, as a method for analysis, queer phenomenology offers a promising framework for studying the experiences of marginalised people, especially embodied experiences. Furthermore, applying queer phenomenology as a methodology could be beneficial for deriving detailed understandings of the experiences of marginalised communities. However, this methodology needs to be developed further and accompanied by innovative methods to enable valid findings and knowledge of the everyday information
practices of marginalised people. Ethical discussions on studying marginalised populations are also needed.
5 Conclusions

This thesis is among the first to focus on the embodied information practices of transgender people. By examining how Finnish transgender individuals describe their information practices and embodied knowledge related to these practices, this thesis has produced new knowledge on the interconnectedness of bodily experiences, affects and stigma in the experiences of transgender individuals and examined how these elements shaped transgender peoples’ information practices during their gender transition. Within LIS, this knowledge is valuable in broadening the understanding of the information practices of marginalised populations.

The thesis adds to the research on embodied information practices with two theoretical contributions. First, the findings suggest that the concept of early-stage information needs can be used to understand how embodied knowledge and the friction between the lived experience and the social world can lead to information seeking. Moreover, the findings show that information has an important role for people dealing with a strong discomfort in their body and gender dysphoria, as well as experiences of disorientation. In this research, early-stage information needs concerning gender were formed through experiences of friction, bodily discomfort or gender dysphoria. The concept of deeply meaningful information was suggested to describe information that resonates with one's own experience and can serve as a trigger for life change.

Second, by analysing the experiences of norms and stigmatisation, this research adds to the understanding of affects as social phenomena that shape embodied information practices. Although this thesis focused on transgender people in particular, it may offer knowledge on how stigma and marginalisation shape the embodied information practices of other marginalised populations too. By focusing on affects as part of embodied information practices, the findings of this thesis exemplified how the senses are connected to affective experiences and have important meaning in life transitions where the body changes. The findings highlighted that affects and bodily information should not be considered separate from each other, but rather intertwined in the embodied knowledge of individuals. Moreover, the findings indicated that stigma affects embodied information sharing by narrowing the possibility of sharing information to be safe. Fear of violence influenced the gender expression of the interviewees and thus the ability to share embodied knowledge.

The thesis provides new knowledge to support and inform organisations, information providers and healthcare providers working with transgender people.
According to the findings, cisnormativity and the wrong-body model in relation to transgender people’s embodied experiences hinders transgender people’s possibility to understand one’s own embodied experiences and seek information and help. For this reason, it is important to offer enough information on transgender experiences, especially for young people. This knowledge should be used in schools, organisations and libraries that can provide information on queer and transgender issues and bear crucial roles in advocacy for normalising queer and transgender experiences.

For healthcare providers the findings are also valuable as they describe the information barriers transgender people encounter during their care. Based on the findings, transgender people need more information on medical interventions, including hormones and surgeries, during their care. The findings concerning the various ways in which transgender people describe their embodied experiences should be used in trans-specific healthcare to dismantle transnormativity and increase satisfaction with care. Moreover, the findings of this thesis highlighted the need to enforce knowledge on transgender health in general healthcare, for example, healthcare in schools. In future research, it would be valuable to examine in more detail transgender people’s informational barriers in the medical context. In light of these findings, more research is needed on the vehicles of marginalisation and stigma in trans-specific healthcare.
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Appendices

Appendix 1  Interview guide in Study I
Appendix 2  Interview guide in Studies II-IV.
Appendix 1. Interview guide in Study I

Current situation
1. How old are you and how do you define your gender?
2. When did you start to consider your experiences as transgender?
3. What is your situation now?

Information encountering
4. How and when did you get information on transgender topics or experiences? Where did you seek for information or did you get information serendipitously?
5. Did you know anything about transgender topics before you considered your own experiences? If you did, what and from where did you find out?

Information searching and seeking
6. What kind of information have you sought in relation to transgender topics or experiences?
7. Have your information needs changed during time? What kind of information needs did you have before and what kind of information needs have you had lately?

Information sources
8. What information sources have you used?
9. What have been the best sources?
10. Have you found useful information? Have you found enough information?

Internet
11. Have you used Internet for information seeking? What kind of information have you sought and were successful in locating it from Internet?
12. Has the found information been useful?
13. Have you used social media for information seeking on transgender experiences or other information needs? What kind of influence did social media such as Facebook on your information seeking and sharing?

Issues with information
14. Has information seeking been sometimes difficult? Have you ever experienced that you haven’t found enough information or the information has not been relevant to you?
15. Have you ever found misleading information? What kind of information have you found to be misleading and why?

Gatekeepers
16. Have you received information from other people without actively seeking it? Have your relatives, friends, doctors or other people helped you to find information? Who and how? What kind of information?

17. Have people close to you (relatives, colleagues or other people in your life) been supportive of your information seeking, or has there been barriers because of that?

18. Do you think people working in healthcare know enough about transgender experiences? Have you gained enough information from them?

19. Have organisations, for example, Seta or transgender support centres, helped you to find information? On which topics?

20. Has peer support helped you find information? On which topics?

Serendipity

21. Have you gained information serendipitously about transgender experiences or topics? From where and on which topics?

Passive information seeking

22. Do you follow some information channels where you might encounter information on transgender topics? For example, in social media?

Information sharing

23. Have you shared information on transgender topics, shared studies or other information sources on the topic? Where have you shared information and to whom?

24. Do you think people generally know enough about transgender experiences? Do people close to you know enough? Is there enough information on transgender topics in the media?
Appendix 2. Interview guide in Studies II–IV

1. Gender identity
   a) How would you define your gender?
   b) When do you think you started to think about your own gender identity and in what situation you are now?

2. First encounters with information
   a) How did you get information about the transgender phenomenon for the first time? When and where?

3. Information needs in relation to gender identity
   a) How have your information needs changed during your life?
   b) On what themes have you been looking for information?

4. Information sources in relation to gender identity
   a) What information sources are important to you?
   b) What information sources do you rely on the most?

5. Themes influencing information seeking in the transgender phenomenon
   a) How do you think age, income, education level or language skills influence your information seeking?
   b) Do you think distances, place of residence or library services have influenced your information seeking?
   c) Do you think religion, culture, work or school could have influenced your information seeking?
   d) What kind of feelings have you had towards information seeking?
   e) Do you think other people have influenced your information seeking? Such as family, friends, peers and healthcare personnel.

6. Passive information seeking, information sharing and information avoidance
   a) Have you ever gained information on transgender phenomena serendipitously?
   b) What sources do you encounter? Do you follow some channels about transgender topics?
   c) In what situations might you avoid information on transgender topics or are there particular sources you avoid and why?
   d) Do you share information about transgender topics more broadly or in relation to your own identity?
   e) In what situations would you not want to share information about your gender identity?
List of original publications


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