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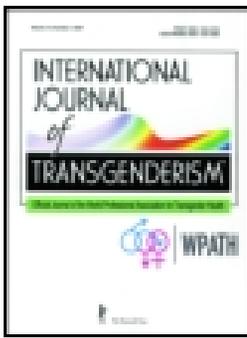


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Gender identity development among transgender and gender nonconforming emerging adults: An intersectional approach

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ABSTRACT

Background: The present study used an intersectional framework to elucidate similarities and differences in the gender-related experiences reported by a diverse sample of transgender and gender nonconforming emerging adults ($n = 20$, age 19–22). The first aim was to identify dimensions of gender-related experience that captured how participants describe, relate to, and express their gender-related sense of self. The second aim was to identify intrapersonal processes that supported the development of participants' gender-related sense of self across these dimensions.

Methods: Semi-structured qualitative interviews were conducted and data was analyzed using an inductive process of constructivist grounded theory.

Results: Dimensions of gender-related experience included gender identity (e.g., internal sense of one's gender, how one wishes others to perceive their gender, gender identity labels), gender presentation (e.g., clothing, make-up, style), gender expression (e.g., role in relationships and interactions, interests/activities, personality), and physical self-image (e.g., desired primary and secondary sex characteristics). Intrapersonal processes included awareness, exploration, meaning making, and integration. Being able to fully express one's gender and having this sense of self accurately reflected back by others was important to all participants. However, much variation existed in gender-related experience, including how participants described their internal sense of self, expressed and communicated this sense of self, and related to others of similar and different genders.

Conclusion: The intersectional approaches of both *intercategorical* and *intracategorical* complexity were useful in conceptualizing these similarities and differences in experience.

KEYWORDS

Gender development; gender identity; identity development; intersectionality; sexual orientation; transgender; transsexualism

Understanding how to best support the healthy development of diverse transgender and gender nonconforming (TGNC)¹ people is critical to the provision of culturally sensitive healthcare, education, and other social services (Drescher & Byne, 2012). However, research on the development of TGNC individuals remains limited, particularly in its ability to fully account for the diversity of gender-related experiences within this population. As defined by the World Professional Association for Transgender Health (Coleman et al., 2012), “gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a

particular sex.” The term transgender is typically defined more narrowly to reflect the experience of specifically identifying with a gender other than that associated with one's assigned sex. As seen in standards of care, treatment guidelines, and educational materials, professionals within the field are increasingly using the term TGNC to refer to these populations as a whole, likely due to the shared experiences of stigma, minority stress, and gender dysphoria (American Psychological Association, 2015; Coleman et al., 2012; Singh & Dickey, 2017). However, little is known regarding the similarities and differences in how TGNC individuals come to understand their sense of self in relation to gender,

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¹Gender diverse, gender expansive, and non-binary are increasingly used alternatives to the term gender nonconforming that are preferred due to being less suggestive of inherent pathology. The term transgender and gender non-conforming (TGNC) was retained in the present manuscript since this was the term and framework that was used when the study was conducted. Throughout the present manuscript we attempt to be mindful of the potential strengths and weaknesses of this method of grouping people's gender-related experiences.

or the strengths and weaknesses associated with grouping these diverse TGNC individuals into a shared population.

Further, a number of social and cultural shifts appear to be influencing the ways that TGNC individuals understand, experience, and communicate their gender-related experiences (Bockting, Benner, & Coleman, 2009; Ehrensaft, 2012; Kuper, Nussbaum, & Mustanski, 2012; Meyer, 2012). These shifts are occurring alongside the lengthening of the developmental periods of adolescence and young adulthood. This new context of “emerging adulthood” is associated with a delay in the major commitments of adulthood (e.g., marriage, child rearing, career) and an increase in availability of time and settings (e.g., college, the Internet) to further explore one’s identities, overall sense of self, and worldview (Arnett, 2000, 2014; Morgan, 2013). While previous studies of gender identity development have relied almost exclusively on adult samples, research suggests that key aspects of gender identity development and transition (e.g., changing name, pronoun, appearance, pursuing gender affirming medical care) occur during this period of emerging adulthood. Results from the largest study of TGNC individuals to date (U.S. Transgender Survey, $n = 27,715$) found that 58% of participants started to disclose their gender identities to others between the ages of 16 and 25 years old and 43% first started taking steps in transition between the ages of 18 and 24 (James et al., 2016).

Gender identity development

Previous research has utilized both stage and narrative based approaches to conceptualize the development of transgender individuals’ gender-related sense of self (e.g., Bolin, 1998; Coleman, 1982; Devor, 2004; Lev, 2004; Troiden, 1979). Stage models first emerged to represent the identity development of sexual minority (e.g., LGB, lesbian, gay, and bisexual) individuals, but have since been adapted to incorporate the unique experiences of transgender individuals. Both transgender and LGB models reflect intrapersonal processes of exploring, affirming, and integrating one’s identity. Within transgender populations, Devor (2004) identifies additional interpersonal processes of witnessing and mirroring that support progression through these stages. Mirroring refers to being seen and feeling validated by others that one considers similar to oneself,

while witnessing involves having one’s sense of self accurately reflected back by others who do not share such similarity. This perspective builds off Nuttbrock, Rosenblum, and Blumenstein (2002)) conceptualization of transgender identity affirmation, which also includes the ability to express one’s gender identity via appearance and adoption of the desired gendered social role. Consistent with research highlighting the effectiveness of gender affirming medical care including hormones (e.g., testosterone, estrogen), “top” surgery (e.g., mastectomy, breast augmentation), and “bottom” surgery (e.g., phalloplasty or vaginoplasty) (Murad et al., 2010), transgender identity development models also emphasize the role of medical transition as well as the recalled distress associated with pubertal changes. Although widely cited within the literature, a number of criticisms of stage models have been raised including concern that such models obscure generational/cohort, geographical, and subcultural differences and imply a linear and progressive developmental course (Bilodeau & Renn, 2005; Savin-Williams, 2011).

Narrative perspectives identify making meaning of one’s experience as central to the identity development process. Narratives have been conceptualized as personal frameworks for understanding and communicating one’s experiences in a way that orients and lends coherence to one’s past, present, and future sense of self (Cohler & Hammack, 2007; Mason-Schrock, 1996). Self-narratives are thought to develop through both interactions with others as well as engagement with larger social narratives that reflect common themes about what it means to be a gender or sexual minority, for example (Hammack, Thompson, & Pilecki, 2009). While primarily developed in reference to sexual orientation identity development, narrative perspectives appear to offer utility in understanding the process of gender identity development, with both gender and sexual minority narratives appear to be evolving to reflect greater diversity, fluidity, and self-determination (Bornstein & Bergman, 2010; Feinburg, 1999; Mock, 2014). For example, early perspectives on transsexual identity often reflected a narrative of being “born in the wrong body” and viewed hormonal and surgical interventions as necessary to achieve normalcy and authenticity of one’s “true self” (Bolin, 1998). However, clinicians as well as transgender activists have argued that this narrative is overly reductionistic (Bockting, 2009; Serrano, 2007;

Spade, 2006). Newer research has highlighted the diversity of gender identities, gender expressions, and desires for gender affirmation procedures within the larger TGNC population. In the U.S. Transgender Survey (n = 27,715), 35% of respondents reported a gender identity that was categorized as non-binary, 21% reported living “as neither a man nor woman” and 15% reported living part time as one gender and part time as another (James et al., 2016). In a large study of LGBT youth (n = 10,030), an even greater amount of TGNC young people wrote in a gender identity other than male, female, or transgender (6%) in comparison to those who identified as transgender (3.2%) (Baum et al., 2013).

Intersectional framework

Within the present study we conceptualized gender development from an intersectional framework and focused on the ways in which participants describe, relate to, and express their gender-related sense of self (Warner, 2008; Warner & Shields, 2013). Previous research by Nagoshi, Brzuzny, and Terrell (2012, 2014) and Diamond and Butterworth (2008) have identified intersectionality as a useful framework for understanding how transgender individuals experience gender and sexuality as multifaceted, dynamic, and mutually informative and have used this framework to explore similarities and differences in how transgender, LGB, and heterosexual people conceptualize gender and sexuality. De Vries (2012, 2015) also draws on intersectionality to explore how transgender individuals’ transition processes interact with self and others’ perceptions of concurrent identities and social categories (e.g., race, class). However, we know of no other study that has utilized an intersectional framework to explore variations in gender-related experience within and across subgroups of TGNC individuals. More specifically, we used a “both/and strategy” that combined the intersectional perspectives of both *intercategorical* complexity and *intracategorical* complexity (McCall, 2005; Shields, 2008). This process involved “both comparing individual identities to each other as well as considering intersections and their emergent properties” (Shields, 2008). While *intercategorical* complexity aims to identify and synthesize differences in experience across groups (e.g., gender non-conforming versus transgender emerging adults), *intracategorical* complexity focuses on elucidating variation within

an individual group as well as the experiences of individuals whose group membership may be difficult to define. In contrast to *anticategorical* approaches that reject categories altogether, both approaches use categorization strategically while acknowledging that all categories are dynamic as well as socially and culturally constructed (McCall, 2005).

Although not specifically conducted from a framework of intersectionality, research findings suggest that both of these intersectional perspectives can assist in conceptualizing how TGNC individuals experience their sense of self in relation to gender. *Intercategorical* complexity is consistent with the increasingly common but relatively recent practice of grouping TGNC individuals into a larger category that reflects shared experiences of being a gender minority. This practice is supported by several studies of tomboy and butch identified women that suggest overlap with transgender populations in identity development processes associated with challenging social gender norms surrounding desired secondary sex characteristics, appearance, activities, and gender roles (Carr, 2005; Hiestand & Levitt, 2005). *Intercategorical* perspectives can also be useful in elucidating shared experiences within subgroups of the larger TGNC population. For example, genderqueer or non-binary identified individuals as a group appear to experience lower desires for medical transition and more often describe their identities in a social, political, and/or cultural context of challenging traditional gender norms and expectations (Hansbury, 2005; Sycamore, 2006; Wilchins, Howell, & Nestle, 2002). Hansbury (2005) contrasts this subgroup with transsexual individuals who are described as the most likely to utilize gender affirming medical care and least likely to view their history of gender transition as an important aspect of their sense of self. However, consistent with the perspective of *intracategorical* complexity, researchers’ tendency to rely on these categorization methods has also been criticized as oversimplifying the complexities of gender-related experience and marginalizing the experiences of those who cannot be easily classified within existing subgroups (Bettcher, 2014; Serano, 2007; Spade, 2006).

Research questions

While both *intracategorical* and *intercategorical* perspectives appear to offer significant utility, research

has yet to examine how they apply to gender identity development within the TGNC population. Existing studies of TGNC identity development tended to focus more narrowly on a specific subgroup of the TGNC population and the majority have been conducted with adult samples. The present study aimed to address these gaps by adopting an intersectional framework guided by the following research questions: What similarities and differences exist in the gender-related experiences of TGNC emerging adults? What intrapersonal processes support the development of TGNC emerging adults' sense of self in relation to these gender-related experiences? We conducted semi-structured qualitative interviews with twenty racially diverse emerging adults (age 19–22) who all reported high levels of gender non-conformity in reference to their sex assigned at birth. We analyzed participants' narratives of salient gender-related experiences using the inductive process of constructivist grounded theory (Charmaz, 2006). Both *intracategorical* and *intercategorical* perspectives were used strategically to highlight similarities and differences in these gender-related experiences (Warner & Shields, 2013).

Methods

Participants and measures

Participants were recruited from an existing longitudinal study of a community sample of 246 racially diverse LGBT youth, ages 16–20 at baseline (for more information on this sample, see Mustanski, Garofalo, & Emerson, 2010). These participants were recruited using flyers in LGBT youth centers, neighborhoods, and events, e-mail advertisements, and incentivized peer recruitment. At enrollment, 8% of the sample identified as transgender ($n = 20$) and all resided in or near the same major Midwestern city in the U.S. Participants were recruited into the present study approximately one and a half to two years following their initial enrollment in the parent study, at which point three waves of data collection had occurred with over 80% of the initial sample retained. No participants declined participation in the present study, but we were unable to contact several potential participants.

Purposeful sampling strategies were used to select participants from this larger sample based on their self-reported experience of both childhood gender nonconformity (Boyhood/Girlhood Conformity Scale,

Hockenberry & Billingham, 1987; Phillips & Over, 1995) and current gender nonconformity (in reference to assigned sex) (Patton, 2002). Cutoffs were selected to correspond to the response choice indicating that gender nonconforming behavior, personality, and appearance to others were “often” feminine for those assigned male at birth or “often” masculine for those assigned female. Within this sample, we initially sought out to match ten transgender with ten participants of the same sex assigned at birth who did not identify as transgender at baseline, but scored within $\frac{1}{4}$ of a standard deviation of transgender participants on these measures (total $n = 20$). Transgender participants were initially identified by their responses on the parent study's questions assessing sex assigned at birth and gender identity (e.g., identified as Female-to-Male (FTM) or Male-to-Female (MTF), or identified as male or female and noted a different sex assigned at birth). However, some shifts in identification occurred across the three waves of the parent study (T5 and N5, T8 and N8, who were matched with each other) and subsequent interview data identified weaknesses in this method of assessing gender identity (N4, N6, T7, N9, N10), particularly the lack of non-binary and write in options. Despite the limitations of this sampling technique, we found that the selection process still resulted in a sample that was diverse in terms of gender identity and sex assigned at birth, and thus, was still relevant to our research questions.

Table 1 provides an overview of each participant's pair match along with their responses to questions assessing birth sex, gender identity, gender nonconformity, sexual orientation, and race/ethnicity. Participants ranged in age from 19 to 22 and self-identified with the following racial/ethnic groups: African American (55%), White (25%), Multi-Racial (15%), and Native American (5%). Participants assigned female were more likely to self identify as white (50% vs. 10%), self-report that their family was “upper class” (60% vs. 20%), and self-report completing at least some college (70% vs. 30%). Drawing on the *intracategorical* and *intercategorical* framework, relevant comparisons were made by participants' affirmed gender, sex assigned at birth, and self-identification as transgender (e.g., identified as a gender other than or in addition to sex assigned at birth) vs. non-transgender (e.g., retained assigned sex as current gender identity). References to “transgender men” and “transgender

Table 1. Overview of participants' gender identities, ratings of gender nonconformity, and demographics by pair match.

Matched participants											
Transgender participants					Matched participants						
ID	Assigned Sex	Gender Identity ¹	Gender Nonconformity ²	Sexual Orientation	Race/Ethnicity	ID	Assigned Sex	Gender Identity ¹	Gender Nonconformity ²	Sexual Orientation	Race/Ethnicity
T1	Female	Male, transgender, transsexual	Childhood: 4.3 Femininity: 1.3 Masculinity: 5.3	Asexual, other, "still developing"	White	N1	Female	Female	Childhood: 4.3	Lesbian	White
T2	Female	Male, transgender, female to male	Childhood: 5.8 Femininity: 2.3 Masculinity: 5	Queer	White	N2	Female	"Don't have a label", androgynous	Childhood: 5.5 Femininity: 3 Masculinity: 5	Lesbian	White
T3	Female	Stud ("mix between man and woman")	Childhood: 5.5 Femininity: 1 Masculinity: 7	Stud	African American	N3	Female	Woman	Childhood: 5.5 Femininity: 1.7 Masculinity: 6	Stud	African American
T4	Female	Queer, male	Childhood: 6 Femininity: 3.3 Masculinity: 4.7	Queer	White	N4	Female	Female (described period of considering male identity)	Childhood: 6 Femininity: 2 Masculinity: 7	Lesbian	Hispanic
T5	Female	Female (identified as male in one wave of parent study)	Childhood: 5.5 Femininity: 1.3 Masculinity: 5.7	Lesbian	Multiracial	N5	Female	Female (identified as FTM in one wave of parent study)	Childhood: 5.5 Femininity: 1.3 Masculinity: 5.7	Lesbian, Stud	Multiracial
T6	Male	Trans, male to female, female	Childhood: 4.8 Femininity: 7 Masculinity: 1	Gay (attracted to males)	African American	N6	Male	"Male, unfortunately" ("want to be a woman")	Childhood: 5 Femininity: 6.7 Masculinity: 2.7	Gay	African American
T7	Male	Trans, transgender, trans woman ("go back and forth" with gay male)	Childhood: 4.8 Femininity: 5.3 Masculinity: 3	Gay (attracted to males)	African American	N7	Male	Male	Childhood: 5 Femininity: 6.3 Masculinity: 3.3	Gay	Biracial
T8	Male	Woman, transsexual (identified as male in one wave of parent study)	Childhood: 4 Femininity: 7 Masculinity: 1	Gay (attracted to males)	African American	N8	Male	Transgendered, woman (identified as male in two waves of parent study)	Childhood: 4.2 Femininity: 6.3 Masculinity: 3.3	Homosexual (attracted to males)	Belizean
T9	Male	Male to female transsexual, transgender	Childhood: 5.2 Femininity: 6.7 Masculinity: 1	Lesbian	African American	N9	Male	Male, female, transgender ("depends on the day")	Childhood: 5.6 Femininity: 4.3 Masculinity: 2	Homosexual	African American
T10	Male	Transgender, sometimes female	Childhood: 4 Femininity: 7 Masculinity: 1	Transgender (both gender and sexual orientation)	African American	N10	Male	Male (described period of identifying as transsexual and considering transition)	Childhood: 5.2 Femininity: 7 Masculinity: 2.7	Gay	African American

¹Gender identities reported in the table reflect how participants self-identified during the qualitative interview for the present study (in response to the question: how do you identify in terms of your gender?). Additional information is included in parentheses.

²Gender nonconformity scores reflect means of items from a childhood nonconformity measure (in reference to assigned sex; range 1 to 6) as well as a measure of current femininity and masculinity (range 1 to 7). Participants T4 and N4 and T8 and N8 were matched because they each varied in how they reported their gender identity during waves of the parent study.

women” reflect participants’ affirmed identities (vs. assigned sex).

Qualitative interviews

One-on-one interviews were semi-structured and explored developmental processes related to identity formation and experiences of gender nonconformity. Open ended questions covered topics including participants’: 1) gender identities 2) childhood and adolescent experiences with gender and sexuality 3) experiences during puberty 4) coming out and identity development processes 5) relationships with friends/peers, family, and other LGBT individuals. Questions were framed with the goal of being open ended and non-directive in order to allow the interview to unfold in accordance with the emphasis and meaning each individual participant placed on their experiences within these broad topic areas. Interviews were conducted over a 9-month time period in 2010. All interviews were audio recorded, transcribed by study team members, and subsequently reviewed for accuracy by the study’s first author. Atlas.ti was used to manage and code the transcribed interviews.

Qualitative data analysis

A constructivist grounded theory approach to qualitative data analysis was selected as most consistent with the present study’s intersectional framework of *intercategorical* and *intracategorical* complexity. Both constructivist and intersectional frameworks prioritize remaining “close” to participant’s own words and perspectives while also elucidating meaningful shared experiences (Charmaz, 2006; McCall, 2005). Consistent with this approach, codes were identified through an iterative and inductive coding process where regular team meetings were held to discuss new interviews within the context of previous interviews and identify and refine coding categories (Charmaz, 2006). This process also involved creating memos to assist with organizing, synthesizing, and analyzing excerpts within these coding categories. Concept maps were used to visually represent the data and depict the relationships between coding categories and the processes associated with these categories (Figure 1 reflects the final concept map).

We recognize that the backgrounds of study team members likely shaped our interpretations of the results, and thus should be taken into consideration. The study’s first author, who identified as a visually

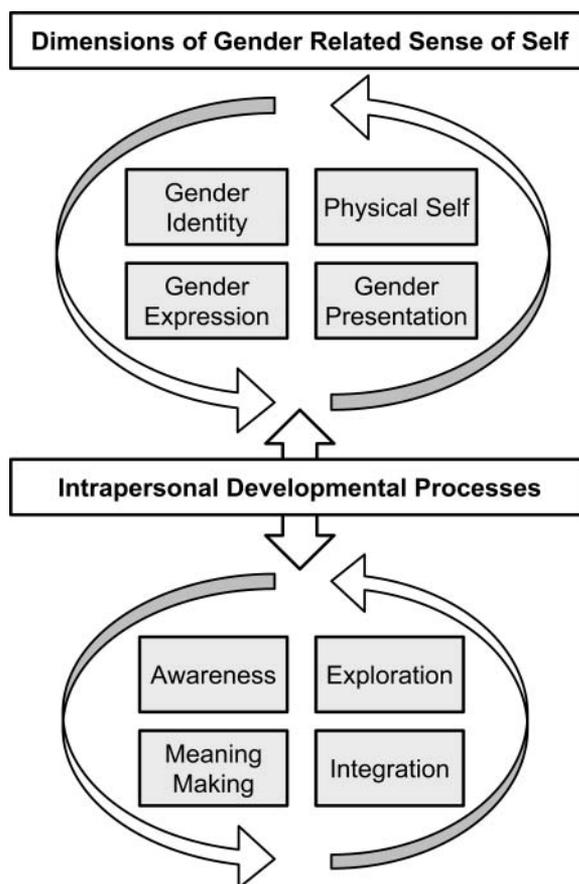


Figure 1. Overview of themes.

gender nonconforming person, interviewed all participants. While efforts were made to ensure that the remaining study team members were diverse in terms of assigned sex, gender nonconformity, and race/ethnicity, none specifically identified as transgender at the time of participation in the research process. During the coding process, study team members regularly met to reflect on the research process and review, discuss, and refine coding categories. During this time, we made efforts to reflect on how our own experiences and background may be influencing how we interpret these findings. Constructivist techniques were also used to evaluate the credibility, originality, and resonance of our codes and associated analysis (Charmaz, 2006). This was accomplished through presentations and discussions with TGNC community members and other researchers and clinicians with expertise in transgender development.

Results

Final codes and their relationships are visually depicted in Figure 1. Arrows highlight the interactive,

fluid, and bidirectional relationships that existed between the dimensions of gender-related experience and intrapersonal developmental processes. Quotes by individual participants were identified using the Participant IDs seen in [Table 1](#).

Dimensions of gender-related experience

The first aim of the study was to identify dimensions of gender-related experience relevant to all participants and summarize similarities and differences in these experiences within each dimension. These included: Gender identity, physical self-image, gender presentation, and gender expression. While each of these dimensions of experience appeared distinct, they were also described as interacting and overlapping.

Gender identity

Experiences coded within this dimension included participants' descriptions of their internal sense of gender identity, the perceptions that they desired others to have in reference to their gender identity, and the identity labels that they associated with these experiences. Gender identity labels reported by participants are listed in [Table 1](#).

When asked "how do you identify your gender" (at time of interview), participants varied greatly in how they responded. Those that reported identifying as their sex assigned at birth responded to the question with this identity alone (e.g. "male" or "female"). When asked more about what being [male/female] meant to them, these participants explained that it meant that they were not [female/male] or transgender, or did not want to be. One participant, who identified as both a stud and female, specifically commented that identifying as male "would just make me feel like I'm in denial of my sexuality" (N5). Another participant identified herself as "androgynous" stated that she "could be considered genderqueer," but avoids labels and does not think of interests or personality traits in terms of a gender binary (N2).

Participants who identified as a gender other than their sex assigned at birth responded to this question with a longer identity narrative. For these participants, this narrative often referenced an internal sense of self as male or female (e.g., "I've always felt like I am female") along with an identity of transgender, transsexual, female-to-male, or male-to-female (see [Table 1](#) for gender identities that participants reported).

Participants varied in the emphasis that they placed on each of these identities (e.g., primarily identify as transgender vs. male/female). At time of interview, transgender identifying participants described this identity as a way to represent their transition. Transition was commonly defined as an individual process of finding "what fits" for them: "So it's not so much you have to get surgery or take hormones, you just have to work towards being yourself, and embrace the person that you was supposed to be born, in your own eyes (T7)." Another participant described transgender as "the experience of having parents and other people expect you to identify with a gender you don't (T1)." In contrast, transsexual was described more narrowly, such as "part of having altered my body in some way to make it fit more with how I identify (T1)." For transgender participants, use of their affirmed name and correct pronoun was particularly important and affirming to their sense of self.

Two participants reported contentment with identifying as both male and female. One participant identified as both a transgender woman and gay man (T7), explaining that in general she prefers being transgender full time, but that she also enjoys the versatility of presenting as male at times and does not have a pronoun preference. The second participant identified as transgender, stud, and gay (T3). In contrast to the other stud identified participants, she described stud as being a mix between a man and a woman rather than a masculine female (for a more detailed analysis of stud identification among these participants, see Kuper, Wright, & Mustanski, 2014). She also explained that she tends to use she/her pronouns and a masculine chosen name but does not have a strong preference.

Two additional participants gave responses that reflected greater ambivalence about their gender identity at the time of interview, both of whom were assigned male at birth. One specified that he was male, "unfortunately," explaining that he wants to be a woman and would "switch over" if he has the money, but that he is not planning on saving to do so, in part because he viewed the cost and desired results as unattainable (N6). Another specified that while he identifies as mostly male, he sometimes also sees himself as transgender or female: "I have my days like, in my head I'm like two people that lives up there. Like one day I'll feel really masculine, other days I'll feel really feminine (N9)." This participant struggled with his desire to be both of these aspects of himself, also

commenting: “At the end of the day I know I am a man and that’s all I can ever really be.”

Physical self-image

Experiences coded within this dimension reflected participants’ relationships to their bodies, including primary and secondary sex characteristics as well as overall body size and shape. Participants often described an increasing awareness of their physical self during puberty, although participants differed both in the extent of discrepancy they identified between their physical self and gender identity and also in the level of distress caused by this discrepancy, if present.

Among non-transgender identified participants, two female participants reported that they did not think much about the changes associated with puberty (N2, N3), three reported that they were uncomfortable with, or hated their period and/or felt “awkward” about developing more feminine sex characteristics, but that this discomfort was not universally linked to gender (N1, N5, T5). Three also noted their desire to have a more masculine body shape and/or smaller breasts (N4, N5, T5). Three of the non-transgender identified men did not report puberty to be a particularly challenging time and did not elaborate much on their experience (N7, N10). In contrast, the participant who disliked being male but was not planning to transition reported that he “felt confined to a body that was not mine,” like God played a “humiliating joke” by making him a boy and “ruining his life (N6).” This participant described multiple changes that he would like to make, including removing his Adam’s apple and facial hair and developing a more feminine shape.

Reactions to puberty also varied among transgender identified participants. One transgender male described puberty as “the worst time of my life” and reported frequently crying in the shower (T1), while another commented “I just looked down and I was like these [breasts] are inconvenient...those were my thoughts. Umm, that was pretty much it (T2).” One transgender female specifically described feeling positively about her “girl shape” growing up and being pleased with her “lower half” in general (T6). However, all transgender men described some level of discomfort with breasts, body shape, and menstruation while most transgender women expressed discomfort regarding pubertal changes in voice, body shape, and facial hair.

By the time of interview, three transgender men were consistently taking testosterone in order to alter

their physical appearance to be more in line with their internal sense of self and desired appearance to others (T1, T2, T4). These participants also reported a desire for top surgery, but varied in the extent to which this was a priority (particularly given the financial cost). In contrast, the transgender and stud identified participant indicated that she is not “interested in making any physical changes,” including testosterone as she does not want facial hair or anything “extra (T3).” However, she noted that she “lied about being sexually active” to her healthcare provider so that she could obtain birth control shots to stop her period due to the distress it caused her. The participant who identified as a transgender woman and a gay man also denied interest in any gender affirming medical care, but noted that she obtained silicone injections in her lips to better match her desired appearance, which was influenced by several African American female celebrities who she strongly identified with (T7). All of the remaining transgender women reported a history of taking cross-sex hormones and all desired breasts. Four transgender women specifically discussed obtaining hormones from an informal source (e.g., “gay mother,” “m,one lady”) (T6, T8, T10, N8).

Desire for “bottom” surgeries was complicated by high cost, uncertainty regarding outcomes, and concerns regarding impact on sexual functioning/pleasure. One transgender woman participant in particular described feeling extremely detached and uncomfortable with her genitalia, but noted that she is hesitant to consider surgery because her male partners are specifically attracted to her anatomy and tell her not to get surgery (T8). Another transgender woman reported that while she did not initially want bottom surgery she now thinks that it will “complete her” and allow her to be less worried about safety when in public (T10). Two transgender women specifically reported being comfortable with their anatomy (T7, T9), including the lesbian identified participant who explained:

Where I’m from in the hood the lesbian girls they have the one girl, that you know, uses a device and the other girl that doesn’t...I just thought of myself as the lesbian that didn’t have to go to the store and buy mine, it was already there, it’s like a permanent strap-on.

None of the transgender male participants actively desired bottom surgery, although one participant reported that while he “definitely wants” a penis and

testes, “whatever I have now works fine and I’m not going to mess with it just so you know, what? so I can have a penis? Like that’s not what being male is about (T4).”

Distress over physical characteristics also appeared to shift over time. Although social and hormonal transition was generally discussed as reducing gender dysphoria, two transgender women discussed how their lack of breasts became increasingly distressing as they started to present as female, which they noted prevented them from wearing some of the feminine clothing that they desired (T8, T10). Similarly, one transgender male participant reported that he has grown increasingly frustrated with binding his breasts and being unable to swim in public (T2); however, another explained that he has gotten used to wearing a binder and finds it comforting (T4). Two non-transgender identified participants (N4, N10) noted that they only desired cross-sex physical features during the time that they actively explored the possibility of transition (e.g., “dreamed of having breasts and a vagina” (N10)).

Gender presentation

The gender-related dimension of gender presentation reflected participant’s desired clothing as well as other alterable characteristics of appearance such as hairstyle, and makeup use. Desire to wear clothing associated with the other gender was one of the earliest experiences of gender nonconformity described by most participants, although participants differed in their ability to act on this desire. Participants of both assigned sexes generally described this interest as being driven what “felt most comfortable.” Mannerisms were initially included in the dimension of gender presentation as a gender-related characteristic of appearance, but they appear potentially less alterable than other characteristics and may be better captured as an aspect of physical self image or gender expression. Mannerisms were mentioned much less often than other aspects of gender presentation and typically referenced a way of “carrying oneself.”

All participants assigned female at birth discussed a childhood discomfort with clothes perceived as feminine, dresses and “fitted” clothing in particular. By middle school these participants shifted to wearing primarily clothes from the “boys’ section,” although one non-transgender identified female continued to wear only “comfortable” non-fitted clothes from the

female section and some make-up (N1). The transgender and stud identified participant explained that her grandparents (primary caretakers) forced her to wear more feminine clothes but that she would change into “male” clothes whenever she left the house (T3). By high school, most had also adopted a short haircut, although two women had long hair at the time of interview and reported that this was not something that they desired to change (N1, N4). One participant explained that she purposely keeps her hair long so that she will not be “mistaken for a man” (N4) while another participant with shorter hair noted that she regularly gets her eyebrows and nails done and hair lined up, which she described as “girl stuff” (N5).

In contrast, most participants assigned male at birth reported wearing mostly “boys” clothes during childhood and middle school, although most ($n = 8$) were drawn to tighter fitting clothes and began to incorporate clothes from the girls’/women’s section into their wardrobe. Most ($n = 8$) also reported dressing up in “women’s” clothing as children, commonly in the bathroom using their mothers’ clothes but never outside of the home. During these sessions of dressing up, several transgender women also discussed applying makeup and doing their hair (T7, T8, N8, T10). Although these experiences were described as particularly affirming, transgender women participants did not report “switching over” to wearing “women’s” clothing full-time until they started taking hormones during or shortly after high school. At time of interview, all of the transgender identified women noted growing their hair out as an important step in transition. While non-transgender identified male participants continued to incorporate more styles perceived as feminine into their wardrobe, none reported a desire to consistently wear “women’s” clothes or a desire for hairstyles commonly associated with women.

Gender expression

The dimension gender expression included discussions of interests, activities, interactions with others, and personality traits that participants linked to gender. Similar to gender presentation, participants tended to trace their gender nonconforming interests and activities back to their earliest memories. However, the meanings they ascribed to these interests and activities varied and were reported to evolve over time as participants described becoming increasingly

cognizant of their larger social meaning through interactions within an expanding range of social contexts (e.g., peers at school and LGBT community centers).

For non-transgender individuals, gender expression was conceptualized as distinct from one's gender identity. At the time of interview, two non-transgender identified women reported seeing themselves as both "masculine and feminine" and reported that gender does not typically come up in their day-to-day interactions (N1, N2). The remaining non-transgender identified female participants viewed themselves as "very masculine," citing an interest in sports and cars and/or disinterest in cleaning as well as making reference to their perceived masculine clothing and mannerisms. These participants were often mistaken for men or boys in their day-to-day interactions, but reported that this does not bother them so long as others are not disrespectful. Three specifically commented that their friends or family treat them "like one of the guys (N3, N4, N5)," which is what feels most comfortable to them. These participants also discussed lack of interest in interests such as shopping and gossiping perceived to be female-typical, and two made reference to desired careers that they considered to be male-typical (e.g., mechanic, cook). A similar spectrum existed among non-transgender male participants with most describing themselves as moderately to very "feminine," three noting that they also have "masculine" characteristics, and one describing himself as a "tomboy that is a guy (N10)." Although none were mistaken for women in their day to day lives, they described a preference for female friends and noted ongoing interests such as cosmetology and dance that they associated with femininity.

In contrast, transgender identified individuals tended to discuss their gender expression as developing out of or reinforcing their gender identity. When reflecting on their gender expression, transgender men described mostly what they perceived to be male-typical interests and traits. However, they emphasized their masculinity somewhat less than the "very masculine" female identified participants, perhaps because they tended to compare themselves to other men (versus women) and did not see themselves as significantly more masculine than typical for men. One transgender male specifically commented that following his social and physical transition, "I just see it [gender expression] as very fluid, there are times when I feel more masculine, there are

times when I feel more feminine, but I mean I'll always present in a more like masculinish way, because that's what I'm comfortable. But in terms of like, just my behavior, I'm not afraid to show more femininity (T4)." This perspective of fluidity was also echoed by two participants who identified as both male and female (T7, N9) as well as the lesbian identified transgender woman (T9). In contrast, the remaining transgender women described themselves as "feminine" or "very feminine" and "not at all masculine" and emphasized their connection with female friends. However, the ways in which they described their femininity in relation to romantic and sexual partners varied. For example, when asked what it means to be seen as female by a partner, one transgender woman explained: "I have to just, hold the throne. I'd be the most ladyest of all, the most feminine of all (T10)" while another explained "If we live together I might do a majority of the cooking and the cleaning but, you know, I contribute financially. I don't have a problem with working or anything as long as you respect me as woman, that's the only thing that matters in a relationship to me...I don't think there's a specific role in any relationship, I really don't (T6)."

As a whole, most participants struggled somewhat to explain or describe their gender expression, and tended to rely on male/female stereotypes when coming up with specific examples of how they see themselves in terms of gender. Roughly half of participants pointed out that these descriptions were overly simplistic or limiting, yet had difficulty articulating their sense of self without falling back on them. For example, when asked what influences her view of herself as "very masculine," one participant reported "cause the certain types of stuff that I do, I like work out and stuff. Well that, that's not real masculine. Um... you know real female women work out. Um, I dunno, I just... hmm... I just... you know I watch sports and stuff...that was-, that was a catchy question right there (N5)." Across participants, most ($n = 14$) also discussed the importance of "equality" and/or "balance" within a relationship, although two non-transgender men (N7, N10) and two transgender women (T6, T9) discussed difficulty finding partners who also shared this value: "It seems that when I find a person to be in a relationship with, they always throw their role at me and you know, you know what role that is if I'm feminine...some people, don't like a feminine person to be

on top. I guess cause they think that they don't have that, um, aggression a little (N7)."

Intrapersonal processes

The second aim of the study was to identify and describe the intrapersonal processes that supported participants' development of their sense of self across all four gender-related dimensions. These processes included awareness, exploration, meaning-making, and integration. While each process appeared distinct, they were also often co-occurring, interacting (e.g., awareness often spurred exploration which subsequently furthered a deeper awareness and facilitated meaning making) and overlapping (e.g., integration appeared to be a specific but key process of making meaning of how one's gender related sense of self fits with other aspects of the self and social world).

Awareness

Exposure to others with similar gender-related experience as well as language surrounding gender identity/expression was critical to the development of awareness. For example, two transgender men described picturing their future physical self-image as more masculine during childhood (facial hair, muscular build, pictured self shaving their face), but explained that these images were not of themselves as "men" as they did not register becoming male as a possibility (T1, T2). While three transgender women did report identifying as female in childhood, they also described lacking an outlet for understanding or making changes based on this self-image (T8, T9, T10). Learning about and meeting transgender individuals was discussed by many as key to clarifying their identities and/or desires to transition. One transgender woman described seeing a transgender woman on the train for the first time: "I was just amazed, I just looked at her, I just kept staring at her (N8)." In contrast, one female participant reported that growing up, she "thought I was supposed to be a man" but that after "started reading different stuff and watching TV I realized I didn't feel nothing like transgender person saying that they always knew that they was this and that they in the wrong body, I didn't feel none of that (N3)."

While both transgender and non-transgender identifying participants assigned female described preference for rougher play, interest in male friends, and wearing male-typical clothes and hairstyles as an early marker of being different than same sex peers, these

were linked to being a tomboy or lesbian rather than to a male identity. In contrast, transgender identified women typically linked their initial awareness of their gender identity back to experiences dressing as women, including doing their hair and make-up. One participant described it as her "few minutes of bliss" where she was able to look at herself like "I look like a girl, like this is how I'm supposed to look (T8)." Several participants assigned male at birth (T8, N8, N10) recalled becoming aware that they related to or emulated female family members, friends, or individuals in the media, and cited this as their first recognition of feeling different than other men: "I would see something on TV and it would be a heterosexual couple and I always envisioned myself being the woman, it's like, oh my God, look at her hair and look at her-, I was able to point characteristics of women better than I would men (N10)."

For both male and female transgender identified participants, becoming aware of one's desired appearance and identity to others was often described as another key realization, although the timing, progression, and impact of the development of awareness varied. One transgender male participant who was consistently mistaken for a boy in childhood described realizing that he was getting a mix of male and female pronouns on his college campus and subsequently reached a "breaking point" where he could no longer function as a female: "that's when I really freaked out about my gender and realized I can't live like this (T1)." Once deciding to transition, one transgender woman participant described this process as "overnight" and noted becoming impatient with the length of time required to see changes from hormone therapy alone, explaining that she would not be happy being seen as a "guy wearing women's clothes (T9)." For these reasons she reported seeking out and receiving free-flowing silicone injections in her hips, buttocks, and face. While she reported that she heard warnings about such injections she commented: "I would pick like-, if it's a short life looking the way I want to look, than a long life of being miserable and unhappy." In contrast, another transgender male described coming to this realization more gradually with the assistance of a therapist who he described as helpful at reflecting back his gender-related experience (T4).

Exploration

Both non-transgender and transgender identified participants reported periods of reflecting on and

exploring options associated with identifying and expressing their gender.

Several women who did not identify as transgender at time of interview recalled a period of thinking they wanted to be or should be male occurring in late childhood (approximately 8 – 12 years old) (N3, N4, T5, T6). During this time one explained she would put a sock in her pants, draw mustaches on her face, and pretend to be her favorite male characters from TV (N2). These participants also reported questioning their gender again in late adolescence. They discussed meeting transgender men at a youth group or researching others' stories online and realizing that their interest in transition was not as "serious," that they did not want some of the changes or risk factors associated with testosterone, or that these changes were too unclear. Although she commented that it was hard to remember what she was thinking at the time, one participant reported that her main motivations for exploring transition were to have a "flat chest" and be more accepted by her family (N4). However, her perspective changed after she discussed the process with her aunt, realized how expensive the surgery was, and found her breasts became smaller when she lost weight. None of these three participants described any current ambivalence, and all presented as content with their decision not to transition or identify as male.

Of the two participants who were ambivalent about their gender identities, one had extensively explored and even temporarily lived "full time" as female (N9). However, these experiences were reflected on with disappointment and embarrassment, particularly given other TGNC individuals had encouraged him to participate in sex work as a female, which led to several arrests, mistreatment within jail, and placement in an all male alternative school where the bullying and violence against him escalated. In contrast, the second participant reported very little exploration of his desire to transition, explaining that fear of his mother's reaction and perceived masculine features prevented him from doing so (N6):

My mom, she criticize people like, uh they look disgusting...if she sees drag queens, she's like some of 'em look good, she say some people should do it, but some people shouldn't do it and when she says stuff like, I'm like oh God...so if I try this I got too many manly features, but I do want to do it. I always wanted to do somethin' like that, if I ever get the big money to do it, I'm gunna do it,

but, for the time being I'm not gunna be a drag queen with this walk around and stuff and change my clothes, but I feel like if I do that, I don't think it'll be enough cause I have manly features.

One additional male participant also reported a brief period of identifying as transsexual and considering transition (N10). This participant described a period where he would frequently dress up "head to toe" and travel to the gay neighborhood to see what reaction he would get or how he felt. He reported that 50% of his decision not to transition was because of the stereotype that all African American transsexual women are sex workers, while "25% of it was medical problems and 25% was probably like just unsure if I would be willing to go that far because once you go that far, you can't really turn back and still be the same person that you were."

Before adopting a transgender gender identity or deciding to transition, several transgender identified participants discussed an initial period of denial or change attempts, which were often influenced by interpersonal relationships, namely parents and peers. These included experiences such as joining a sorority as a "last ditch effort at being a girl (T2)," trying to "suppress it with religious counseling (T1)," or being afraid or embarrassed to think about their desire to transition due to the potential for negative reactions (T1, T6, T8). Several transgender women described briefly considering whether their experiences fit with those of drag queens that they met or saw on TV, but reported that they realized that they were not satisfied only living as a woman part-time or for entertainment purposes (T6, N8, T10). After deciding to transition, participants also discussed a period of experimenting with their style or way of presenting themselves. In particular, transgender women often described a process of observing other women and adopting traits, presentations, or mannerisms that they felt would best suit them. During this process, feedback from other transgender peers or potential romantic/sexual partners was particularly impactful. Talking with other transgender individuals or reading about their stories online also helped some to identify the specific types of medical interventions that they desired.

Both transgender and non-transgender participants described the importance of LGBT affirming settings (e.g., school peer groups, LGBT youth spaces). However, competitiveness, fighting, and "drama" occurring within these settings was often identified as a barrier

to exploration. Transgender women in particular discussed how other transgender women often judge each other based on looks and ability to pass. Two specifically reported that they avoid other transgender women and noted that it was too dangerous to associate with a group of transgender individuals as this makes them a target for harassment and violence (T6, T8). In contrast, several participants described college as a more affirming setting that allowed for exploration without previous barriers such as unsupportive parents or bullying at school (T1, T2, N2, T4).

Meaning making

Throughout development, participants described actively striving to make meaning of their gender-related experiences and sense of self. For some this was a difficult or ongoing process; whereas, for those individuals whose gender identities and expressions were less called into question or devalued, less of an explicit explanation or narrative was developed.

When reflecting on their childhood most participants exhibited at least some difficulty explaining their experiences and views of gender due to the developmental changes that subsequently occurred in how they understand and relate to gender. For example, one non-transgender identified female participant reported not really identifying as male or female (N2), while another explained that “maybe I just felt like I was more of a boy growing up (N5)” because of the male clothes she would wear, and a third commented that for several years she would imagine and dream of herself as a man or boy, but that she “just got used to [being female],” but was not sure how (T5). In contrast, most transgender participants interpreted childhood memories of gender non-conformity as early markers of gender identity. For example, one transgender woman described often fantasizing about being married to a man and described a strong desire to be the “pink Power Ranger [so she could] date the red Power Ranger,” both of which she described as confirming her affirmed childhood identity as female (N8).

Most transgender and several non-transgender identified participants reported periods of internalizing negative views of transgender and/or LGB identities. One transgender and one non-transgender identified participant both discussed experiencing a period of depression that led to a brief psychiatric hospitalization but improved after coming out as

lesbian (N1, T4). An additional transgender man discussed going through a “homophobic and transphobic” period that he described: “[I was] scared of the unknown so I turned that fear into this weird hatred (T2).” Prior to coming out to others, most participants discussed developing a sense of self-acceptance or having to be “true to myself” despite the reactions or beliefs of others. This process also involved shifting the focus of difficulties away from the self and towards larger gender norms and stereotypes. However, the effectiveness of this shift appeared to depend on the degree of affirming interpersonal support: “I just always felt like something was wrong with me like, I felt like, I’m different...but the thing about me is I didn’t wanna change myself though. I wanted to change everybody else. Which I’m still trying- I’m still battling with that (T7).”

The process of meaning making also involved articulating one’s sense of self in relation to others. When reflecting on their gender identity, two non-transgender identified women commented that the term transgender would fit with their experiences, but that they were not familiar with the term until recently, do not like the term, or do not want to confuse people who would not know what it means (N3, N4). For participants such as the asexual transgender man (T1) and the lesbian transgender female (T9), a process of overcoming common stereotypes or narratives associated with being a gender or sexual minority was also reported (e.g., perception that all transgender women are very feminine and attracted to men). Four transgender women specifically contrasted their experiences with the stereotype that all African American transgender women are “prostitutes,” often highlighting their efforts to finish school and obtain careers (T6, T7, N8, T10). Two participants specifically noted that college classes on gender or women’s studies provided helpful concepts or perspectives relevant to their own experiences of gender (N2, N8). Most transgender identified participants also referenced the diversity of experiences within this population through comments such as “gender is a spectrum” and that “trans people are all different...no one of us is alike.”

Integration

In addition to making meaning of one’s gender-related experiences, participants’ discussions also reflected a process of integrating these meanings into a larger sense of self. For transgender participants, this

process was facilitated by physical and/or social transition.

While two transgender participants described their social and physical transition as occurring “overnight (T1, T9),” the remainder discussed transition as a process of observing other women/men and improving one’s appearance over time, often with the help of hormones and the support of similar and/or supportive others. Three described the “second puberty” associated with hormone therapy as a confusing, “emotional rollercoaster (T6, N8).” Two transgender men specifically disliked the initial “awkward” or “androgynous” period where they reported looking like a younger boy or somewhere in-between genders (T1, T4). Transgender men also discussed the social adjustment of learning how to interact in “the boys club” and being treated as male by others. In contrast, transgender women tended to focus on the changes in the attention they received from other men and learning how to navigate their transgender status within relationships (e.g., when to disclose to potential partners). In general, adopting a transgender identity and/or planning for transition was described as a process of “finding oneself,” “being brutally honest,” stopping attempts to “compartmentalize” or deny feelings, and “adjusting puzzle pieces to figure out what fit best.”

Following this adjustment period, transgender participants reported an increased comfort, confidence, and self-assuredness. One participant who reported making a suicide attempt in childhood commented: “I do have a lot of worries about my future but I don’t have so many doubts that there can be a future (T1).” Two transgender men specifically discussed becoming more comfortable expressing aspects of themselves or interests that they perceived to be feminine such as cooking or becoming an elementary school teacher (T2, T4). At the time of the interview, all transgender identified men were consistently passing as male in their day-to-day lives and explained that their transgender identities had become less of a focus. One explained: “I’m not like denying my trans roots I guess but I’m just not gonna focus on it as much (T4).” While one commented that he is “ok” with people assuming his identity because it allows people to see other aspects of himself rather than focusing on his gender (T1), two described a tension between this perspective and also wanting to share their history with others and wanting their queer identity to be more visible (T4, T5).

The two participants who expressed ambivalence about their gender identity described difficulty envisioning or expressing an integrated sense of self. One of these participants explained that if he were to take hormones, it would “freak him out” to be “female from the waist up and male from the waist down (N9).” He further explained that he used to picture himself as a “full fledged woman with working vagina, that wasn’t gonna happen so I’m like forget it,” and that now he occasionally wishes he had a “detachable” female body. This participant also struggled more generally to integrate his feminine and masculine selves, noting “one day I’ll feel really masculine, other days I’ll feel really feminine...it’s kind of weird to be honest with you because, how do I explain it? I don’t want to say that I’m two people, but that’s what it feels like sometimes, it’s confusing.” In contrast, descriptions provided by participants who identified as both male and female (T3, T7) reflected greater integration: “I would wanna remain trans for the rest of my life because I like the fact that I can go back and forth...it doesn’t make me confused. It just make, it makes me versatile (T7).”

Barriers to social and medical transition were also associated with integration related difficulties. At the time of the interview, two transgender women described consistently “passing” (T9, T10), but one was experiencing daily harassment and fights as a result of her difficulty passing (N8), and one was temporarily presenting as male because her financial situation forced her to return home to live with her unsupportive family (T6). These participants expressed distress and described periods where they had difficulty envisioning their futures or feeling as if their goals were obtainable (e.g., establishing a career, finding a partner). Lack of access to gender affirming procedures (e.g., top and bottom surgery, electrolysis, facial feminization) or consistent hormone therapy was also a barrier to integration that prevented participants from feeling fully comfortable with their physical self-image or complete with their transitions. Transgender women also described frustrations with physical features such as height and voice that could not be changed.

Discussion

The present study explored the gender-related experiences of a diverse group of TGNC emerging adults

who reported similar experiences of gender nonconformity in comparison to their sex assigned at birth. Participants discussed experiences within each of the four inductively coded dimensions: Gender identity, physical self-image, gender presentation, and gender expression. These dimensions share key similarities with previous gender identity frameworks, such as Serano's (2007, 2010) gender variance model, which identifies sex, gender identity, and gender expression as distinct yet interactive and often correlated traits and Tate (2014); Tate, Youssef, and Bettergarcia (2014)) conceptualization of gender-related experience as a "bundle" of non-binary and dynamic personality facets (i.e., assigned sex, identity, roles and expectations, social presentation). We summarized the range of experiences described within each of these dimensions as well as participants' descriptions of the intrapersonal developmental processes (awareness, exploration, meaning making, integration) that supported their development. Similar developmental processes have been described within previous models of transgender identity development (Devor, 2004; Lev, 2004). Summarizing the similarities and differences in gender-related experience within these shared dimensions and across developmental processes highlights the utility of the intersectional perspectives of both *intercategorical* and *intracategorical* complexity.

Sociocultural shifts in both the context of emerging adulthood and the visibility of TGNC experiences were evident within the present study, although these shifts appeared to interact with other factors (e.g., economic status, geographic location) to differentially impact participants' developmental trajectories. In comparison to previous studies, participants appeared to have greater access to information about being TGNC as well as greater contact with both similar and different LGBT others, both of which appeared to be crucial prerequisites of identity development. Particularly when coupled with supportive family and peer contexts, these processes began at earlier ages and progressed more quickly than has typically been reported in the literature (Bolin, 1998; Devor, 2004). Given these connections were primarily forged among LGBT individuals within affirming contexts (e.g., LGBT youth groups, gay friendly neighborhoods), these evolving ways of making meaning of gender and sexuality also reflected an increased recognition of the complexity of gender, sexuality, and identity, and fewer stereotypes or expectations of what it means to

be a certain gender (Bolin, 1998; Devor, 2004). Across all participants, most appeared comfortable openly incorporating gender conforming or gender non-specific traits, interests, and activities into their overall sense of self and/or explicitly objected to viewing these in terms of a gender binary.

Identity exploration and delays in the commitments associated with adulthood have been identified as key markers of emerging adulthood. Given these larger shifts in both TGNC visibility and the developmental milestones associated with adulthood, transgender participants within the present study are members of one of the first generational cohort to socially and medically transition prior to establishing a career, entering into a committed partnership, and/or starting a family. College, in particular, appeared to afford those participants who attended additional opportunities for exposure and support surrounding their gender identities while affirming medical providers were also critical to facilitating the achievement of transition related goals. These shifts in timing and context are likely to improve the developmental trajectory of many TGNC individuals. However, earlier ages of coming out in the context of unsupportive settings can also disrupt family, peer, and romantic relationships and detract from educational and occupational attainment during a particularly pivotal period (Alanko et al., 2008; Landolt, Bartholomew, Saffrey, Oram, & Perlman, 2004). Unequal access to interpersonal and structural supports (e.g., access to college, healthcare coverage, occupational opportunities) is likely to further exacerbate the marginalization of TGNC youth by race/ethnicity and class. Although the present study focused on gender-related experience at the intrapersonal level, these interpersonal and structural supports are also critical to the healthy development of TGNC emerging adults (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Hwang & Nuttbrock, 2007).

Throughout the presentation of results, the intersectional perspective of *intercategorical* complexity was visible in descriptions and quotes describing overlapping gender-related experiences of participants who shared similar characteristics such as sex assigned at birth, current gender identity, or transgender status. While wanting to be seen as more masculine or feminine (dimensions of gender presentation and expression) and wanting to be seen as male or female (dimension of gender identity) may appear

conceptually similar, this difference in self concept was critical to distinguishing individuals who self-identified as transgender from those who did not. Consistent with existing research, transgender identified participants discussed an internal, cross-gender or sense of self that was accompanied by a strong desire to be seen by others as this gender identity (Bolin, 1998; Devor, 2004). This dimension of gender identity, termed gender role casting by Nuttbrock and colleagues (2009), was consistent with one's internal sense of self, including name and pronoun preferences. This sense of self was affirmed, but not determined by, these participants' gender expression and gender presentation (i.e., ability to express and present themselves in ways perceived as consistent with their affirmed gender identity) (Gagne & Tewksbury, 1998; Schrock, Reid, & Boyd, 2005). Dysphoria surrounding one's physical self image was fairly exclusive to those who identified or were actively ambivalent about identifying as transgender. At minimum, hormone therapy appeared necessary for transgender participants to "pass" as their affirmed gender, and for most participants, to feel validated in their gender identity. In contrast to transgender identified participants, participants who retained the gender identity associated with their sex assigned at birth did not describe an explicit process of learning to embrace this identity. Consistent with constructivist perspectives of gender development, this subgroup also did not identify an inherent "maleness" or "femaleness" that existed beyond physical sex characteristics (Butler, 1990; Newman, 2002). However, these participants did describe the importance of being able to be seen and validated in their non-conforming gender presentation and gender expression and identified similar underlying processes of development related to their sense of self in these areas.

McCall (2005) notes that the perspective of *intercategorical* complexity can be particularly useful at elucidating the dynamics of inequality produced by dominant methods of categorization. Within the present study, participants assigned male at birth, both transgender and non-transgender, appeared to experience less ability to express their femininity or combine their masculinity and femininity into a cohesive sense of self, both as a result of increased rejection and more narrow gender roles (Serano, 2007). Consistent with previous research, transgender women (all also identified as

racial-ethnic minorities) reported obtaining hormones via illicit means, and two also discussed receiving medically risky silicone injections as a more accessible and immediate way to achieve their desired physical self (Sevelius, 2013). These participants also described the need to contend with additional stereotypes (e.g., sex workers) and barriers to community affiliation (e.g., concerns about associating with each other in public and reported experiences of competitiveness among each other that appeared linked to previous experiences of victimization and social stigma). Previous studies of transgender communities of color have noted similar stressors and identified further variation in experience based on age, class, geographic location, and native language (Bith-Melander et al., 2010; Hwahng & Nuttbrock, 2007; Sevelius, 2013). Participants whose sense of self combined aspects of male or female or otherwise challenged the larger society's conflation of sex, gender, and gender expression (e.g., the lesbian identified transgender woman) also appeared to share similar barriers to gender identity development. These participants appeared to struggle with the lack of available narratives to make meaning of their experiences and experienced difficulties effectively integrating their gender-related experiences into their larger sense of self. This is consistent with the research of that suggests that non-binary identified people are more likely to face challenges to the legitimacy of their gender identities, both from within and outside the TGNC population (Galupo, Henise, & Davis, 2014; Langer, 2011).

Taken together, these findings highlight the strategic utility of adopting an *intercategorical* approach to identify the unique experiences and associated psychosocial needs of such subsets of the TGNC population. However, as visible in these examples, the specific categorization strategies of utility will vary depending on the aspects of experience researchers are seeking to elucidate. Despite these differences in experience, all participants also exhibited similarities in the developmental processes (e.g., awareness, exploration, meaning making, integration) that supported the development of their gender-related sense of self. These similarities across participants highlight the utility of strategically conceptualizing participants as part of a larger TGNC population; an approach that is also

consistent with *intercategorical* complexity. In comparison to stage-based models that do not appear to apply to the full range of experience within the TGNC population, process-based perspectives such as the one used in the present study appear more broadly applicable. Narrative based approaches also appear to offer utility in challenging inequalities that arise from dominant forms of categorization. As described by Wexler, DiFluvio, and Burke (2009), collective meaning making within oppressed groups can serve to shift focus away from personal shortcomings toward an understanding of, and mobilization towards, the institutional structures and practices that maintain oppression.

Results also support the utility of the *intracategorical* complexity perspective. This perspective was visible in descriptions and quotes reflecting differences in experience reported by those with similar characteristics as well as in experiences that problematized categorical distinctions. Much variation existed across participants, even among those with similar backgrounds or identities. These differences spanned nearly all areas of gender-related experience (e.g., identity labels, degree of physical dysphoria, desired appearance, preferred interests/activities) and were also visible across developmental processes (e.g., differing timelines, sources of information and support, contexts of exploration, modes of integration). At the individual level, participants also varied in the extent to which they experienced these dimensions as distinct, interactive, and/or dynamic. The perspective of *intracategorical* complexity argues that categorization inevitably obscures this diversity of experience, and in doing so, reinforces mechanisms of exclusion and inequality (McCall, 2005; Valentine, 2007). These negative consequences of categorization appear visible in the resistance efforts that have emerged from within TGNC communities surrounding early conceptualizations that attempted to assimilate transgender experience into a male-female binary (Bullough & Bullough, 1998), as well as ongoing methods of categorizing transgender individuals into subgroups based on sexual orientation (Serano, 2010).

By failing to thoughtfully examine how their methods of conceptualizing TGNC populations may exclude or misrepresent certain individuals and groups, *intracategorical* complexity demonstrates how

researchers may contribute to these mechanisms of exclusion. For example, participants in the present study who expressed ambivalence or uncertainty surrounding their gender identities, those whose sense of self combined aspects of being “male” and “female,” and those who described personal experiences of gender diversity but did not view themselves as part of a larger transgender spectrum are scantily visible within the current research on TGNC health and development. Newer conceptualizations of gender-related experience appear to be incorporating such concerns, including Tate (2014) and Tate, Youssef, and Bettergarcia (2014) conceptualization of the gender as a “bundle” of non-binary and dynamic personality facets. Within the past decade, use of a “two step” method of assessing assigned sex and gender identity has also evolved to capture information about how groups of people identify their gender in a way that is inclusive of diverse TGNC people’s experiences (Tate, Ledbetter, & Youssef, 2013). Using this method, individuals are asked to first indicate their gender identity in one question (with non binary and write in options increasingly offered) followed by their sex assigned at birth in a second question. This approach appears to improve ability to make distinctions between sex and gender, facilitating many of the strengths associated with the *intercategorical* complexity perspective. The present study recruited from a parent study that used an early version “two step” approach (e.g., asked participants to separately indicate their sex assigned at birth and current gender identity). However, this approach did not allow non-binary or write-in options, which appeared to limit many participants’ ability to accurately self-report their gender identities (as evidenced by qualitative interview data). (e.g., N2, T3, T4, N6, T7, N9, T10). Also of note, changes in the gender identity across survey waves were also common (e.g., T5, N5, T7, T8, N8, N9, N10). These weaknesses in the current study design further highlight the need for research frameworks that acknowledge gender related experiences as both non-binary and dynamic (e.g., change over time).

Several limitations of the present study are important to consider. Namely, the small sample size likely restricted the range and diversity of experiences present and is not meant to be representative of TGNC populations as a whole. For example, given participants’ proximity to a large city, they likely experienced greater access to

affirming LGBT services and settings. It was also not possible for interviews to provide an exhaustive discussion of all aspects of one's gender related experiences. Further study is necessary to explore how these gender-related dimensions and associated developmental processes apply to other TGNC populations not represented in the present study such as genderqueer, two spirit, agender, or other non-binary identified individuals (Galupo, Pulice-Farrow, & Ramirez, 2017). More recently, cis-gender has become an increasingly common term used to refer to individuals whose gender identity matches their sex assigned at birth (Ansara & Hegarty, 2012; McGeeney & Harvey, 2015), but little is known regarding how gender nonconforming or non-binary individuals relate to this term, or the relative strengths and weaknesses of employing this term across contexts. We chose not to use the term cisgender in the present manuscript given participants were not queried regarding their relationship to the term and the term was not mentioned by any participants during the interview. Within the larger cohort used to recruit participants into the present study, no white transgender women and only one African American transgender man were available to recruit. While the reasons for this demographic imbalance is unknown, these are additional populations whose experiences also warrant further study. More broadly, additional research is also needed to explore how race/ethnicity, socioeconomic status, and other such factors interact with gender-related intrapersonal experiences and processes. Particularly in light of research demonstrating that important fluctuations in identity, attraction, and behavior continue to occur throughout young adulthood, additional longitudinal and developmentally informed studies are also needed (Diamond, 2008; Diamond & Butterworth, 2008).

Despite these limitations, we hope that the intersectional framework developed within the present study can assist researchers and clinicians better conceptualize the gender-related experiences and associated developmental needs of diverse TGNC emerging adults. Both frameworks of *intercategorical* and *intracategorical* complexity appear to offer utility in developing, refining, and enhancing services to support the healthy development of diverse TGNC people.

Declaration of conflict of interest

The authors declare that they have no conflict of interest.

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