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Inside out and outside in: Towards a clinical and dialectical model of gender dysphoria amongst transgender and gender non-conforming youth

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I Acknowledgements

I started this study out of curiosity about gender. Partly because I have grappled with the topic myself; what is gender and why does it influence daily life in such a profound way? The most important reason, however, was that I had been involved in queer activism and political work for some years. I wanted to contribute with knowledge and understanding to the heated discussion about what constitutes the best care for youth that struggle in the margins of gender. In my master thesis, I interviewed clinical psychologists that worked with transgender and gender non-conforming youth. This piqued my interest to speak with the youth themselves. I am indebted to the youth who agreed to participate. I hope you manage to lay the foundation of a good life, and I am grateful that I had the chance to learn from you. I am also indebted to Norwegian Council for Mental Health and **Charlotte Elvedal**, **Skeiv Ungdom** (Queer Youth), **FRI – Foreningen for kjønns- og seksualitetsmangfold** (Norwegian Organisation for gender and sexual diversity), and **Harry Benjamin resurssenter** (Harry Benjamin Resource Centre) for providing the support in applying for funding. Thank you also to Stiftelsen Dam (Dam Foundation) for making the dissertation possible. The reference group consisting of **Luca Dalen Espseth**, **Benjamin Solvang** and **Ask Aleksi Berglund** have conscientiously commented on the development of the project and provided insights and support. FRI , Skeiv Ungdom, HBRS and the rest of the political family of gender and sexual diversity: your activism makes it possible for me as an academic to work. Let us all continue to imagine a different and better society.

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Reidar Schei Jessen

II Summary

The topic of the present study is gender dysphoria (GD) amongst transgender and gender non-conforming (TGNC) youth. The topic has received increasing attention as medical treatment aimed at bringing the body more in alignment with one's gender identity has become more sophisticated. At the same time, rigid gender norms and expectations regarding gender identity and expression have been challenged, opening up for new sources of self-understanding. The number of adolescents being referred to medical treatment has multiplied over the last decade, and the majority of these were assigned female at birth. The current field of knowledge indicates a mixed picture of these youth: some seem to struggle with co-occurring psychosocial and mental health challenges, while others do not. Furthermore, the current literature is overwhelmingly quantitative, consisting of knowledge based on standardised measurements. Little is known about the perspectives of the youth themselves. The aim of this study is therefore twofold: firstly, to explore what experiences TGNC youth target as essential when they are asked about GD. Secondly, to describe individual differences in subjective experiences of GD in order to develop our conceptual understanding.

The first step to achieve the stated aims was to synthesise current qualitative knowledge on subjective experiences of GD amongst adolescents. The results indicated four meta-themes: (1) the emerging understanding and awareness of GD being experienced as navigating in the dark, (2) the importance of relationships and societal norms, (3) the role of the body and the exploration of one's own body, and (4) sexuality and sexual impulses. The young person's relation to the body and the emerging sexuality elicit subjective experiences of GD. These experiences are mediated through relations with other people and social norms. GD is therefore a complex negotiation of body, sexuality, relations to other people and identity development.

The second step was to collect personal data through semi-structured interviews with 15 adolescents referred to the National Treatment Unit of Gender Incongruence at Oslo University Hospital. The youth were asked about their developmental history, life story and subjective experiences of GD in everyday life, using questions from the life-mode interview. All interviews were analysed using thematic analysis, and the results indicated that the participants targeted five major themes that characterise GD: (1) Bodily sensations are constant reminders of GD throughout the day; (2) emotional memories from the past of being

different and outside trigger GD; (3) the process of coming out as a man was a transformative experience that has changed how the participants understand themselves; (4) GD both increases and decreases in relation to others; and (5) everyday life requires careful negotiation to feel whole without developing new forms of GD. Based on the results, my co-authors and I suggested a more conceptually nuanced model of GD: Bodily sensations and emotional memories from the past are sources that *elicit* GD. These sources are mediated through the *process* of coming out and relating to others, and this results in a present negotiation of GD.

Next, four interviews were strategically selected for Interpretative Phenomenological Analysis (IPA) in order to study underlying processes of subjective experiences of GD and the development of core gender identity. The results suggested that subjective experiences of GD emerge from the mismatch between how the person gazes on oneself from the outside and from the inside. Furthermore, important sources of meaning that contribute to these gazes come from narratives on TGNC in popular culture. The conflicting gazes lead to feelings of shame and being disconnected from the body. It seems that subjective experiences of GD are characterised by a complex web of identifications that are at times contradictory. Furthermore, it seems that the participants have committed to an identity as a man that they struggle to recognise in the gazes on themselves from the outside when they gaze at themselves from the inside.

In the interviews, GD emerges as a compound phenomenon that changes across time and place; it is individually diverse and related to psychological processes such as transformation of emotions, desire, intimacy and relationships. Furthermore, I argue that GD is the result of a complex aspect of subjectivity: experiencing the world, no matter how oppressed and marginalised by external forces a person might be, is always mediated by a psychic structure, such as memory, imagination, fantasy and emotions. From birth, the psychic structure begins developing in relation to the gradually expanding social world. I argue — informed by the interview material and inspired by the literature on the topic — that to achieve a sense of self implies that one relates to other people through the gazes from the outside and takes the risk of committing to an identity, while at the same time recognises this gaze from the inside. Furthermore, instead of taking a person's self-defined identity as the reference to which the body should be adjusted, as we usually do within an identity political framework, I rather suggest that a sense of self in relation to gender should be conceptualised and analysed as a continuously developing end point of a dialectic process between gazes from the outside and the inside.

III Norsk sammendrag [Summary in Norwegian]

Tema for denne studien er trans- og ikke-kjønnsnormative ungdommer som strever med manglende samsvar mellom tildelt kjønn ved fødsel og kjønnsidentitet, ofte omtalt som kjønnsdysfori. Temaet har fått økt oppmerksomhet i takt med utviklingen av medisinsk behandling som har gjort det mulig å endre kroppen slik at den passer med kjønnsidentiteten. Andelen ungdommer som har blitt henvist til medisinsk behandling for kjønnsdysfori har blitt mangedoblet det siste tiåret, og flertallet av disse har fått tildelt kvinnelig kjønn ved fødsel. Forskningen viser at noen av disse ungdommene ser ut til å streve med psykososiale vansker, mens andre ikke gjør det. Dessuten er det eksisterende kunnskapsgrunnlaget overveldende kvantitativt, og baserer seg for det meste på standardiserte måleinstrumenter. Vi vet derfor mindre om hvordan ungdommene beskriver kjønnsdysfori med egne ord. Målet med denne studien er derfor å utforske hvilke opplevelser som kjennetegner kjønnsdysfori, slik at vi kan utvikle vår konseptuelle forståelse av temaet.

Det første som ble gjort for å oppnå dette var å sammenfatte og syntetisere allerede eksisterende kvalitativ kunnskap om subjektiv opplevelse av kjønnsdysfori blant ungdom. Fire tema fremsto som særlig viktige i studiene: (1) den gryende erkjennelsen av kjønnsdysfori ble beskrevet som å navigere i mørket, (2) sosiale normer og relasjoner til andre, (3) betydningen av å utforske sin egen kropp, og (4) seksualitet. Det virket som at ungdommenes forhold til egen kropp, sammen med en begynnende seksuell oppvåkning, bidro til å utløse subjektiv opplevelse av kjønnsdysfori. Disse opplevelsene tok form i mellommenneskelige relasjoner, og ble påvirket av sosiale normer. Kjønnsdysfori ser derfor ut til å være et samspill mellom kropp, seksualitet, relasjoner til andre og identitetsutvikling.

Deretter ble 15 ungdommer med kvinnelig fødselskjønn som nylig hadde blitt henvist til Nasjonal behandlingstjeneste for kjønnsinkongruens ved Oslo universitetssykehus intervjuet. I begynnelsen av intervjuet ble ungdommene spurt om sin livshistorie og viktige hendelser i oppveksten. Deretter ble de spurt om hvordan de opplever kjønnsdysfori i løpet av en typisk hverdag, med utgangspunkt i livsformintervjuet. Alle intervjuene ble tematisk analysert, og resultatene indikerte at fem hovedtema karakteriserer kjønnsdysfori: (1) fornemmelser av kroppen er stadige påminnere om kjønnsdysfori gjennom dagen, (2) følelsesladde minner fra fortiden av å være annerledes og utenfor utløser kjønnsdysfori, (3) komme-ut-prosessen som mann var en transformerende opplevelse som har endret hvordan

ungdommene forstår seg selv, (4) subjektiv opplevelse av kjønnsdysfori kan både øke og minke i relasjon til andre, og (5) hverdagslivet er kjennetegnet av en krevende forhandling for å føle seg hel, uten å utvikle nye former for kjønnsdysfori. Med utgangspunkt i resultatene foreslo jeg og mine medforfattere en mer nyansert modell for kjønnsdysfori: Kroppsfornemmelser og følelsesladde minner fra fortiden er *kilder* som utøser kjønnsdysfori. Disse kildene tar form gjennom *prosessene* med å komme ut og inngå i relasjoner til andre mennesker. Dette resulterer i ulike *tilstander* av kjønnsdysfori i hverdagen.

Deretter ble intervjuene med fire ungdommer valgt ut for fortolkende fenomenologisk analyse, for å studere subjektive opplevelser av kjønnsdysfori og såkalt kjernekjønnsidentitet mer inngående. Resultatene indikerte at subjektive opplevelser av kjønnsdysfori springer ut av manglende samsvar mellom personens blikk på seg selv fra *utsiden* og blikket fra *innsiden.* Videre fant vi at allmenne forestillinger om transpersoner og andre ikke-kjønnsnormative er kilder som bidrar til disse blikkene. De motstridende blikkene gjør at ungdommene føler seg avkoblet fra kroppen og skamfulle. Subjektive opplevelser av kjønnsdysfori er kjennetegnet av et komplekst samspill av ulike identifikasjoner som til tider er motstridende. Ungdommene har forpliktet seg til en identitet som mann. Det kan se ut til at de strever med å gjenkjenne denne identiteten i blikkene på seg selv fra utsiden, når de ser på seg selv med blikket fra innsiden.

I intervjuene fremstår kjønnsdysfori som et komplekst fenomen som forandrer seg avhengig av tid og sted; kjønnsdysfori er forskjellig fra person til person, og bør forstås i lys av grunnleggende psykiske prosesser som intimitet, relasjoner til andre mennesker og hvordan vi forstår og gir mening til egne følelser. Kjønnsdysfori bør forstås i lys av et komplekst kjennetegn ved subjektivitet: når vi erfarer verden så observerer vi oss selv på samme tid. Vi er både den observerende og den som blir observert. Dette skjer alltid gjennom psykiske strukturer som hukommelse, forestillingsevne, fantasi og følelser. Fra fødselen av blir disse psykiske strukturene utviklet i samspill med omverden. Jeg mener derfor – med utgangspunkt i ungdommenes beskrivelser av egne opplevelser og relevant teori – at det å oppnå en opplevelse av seg selv forutsetter at man pendler mellom å relatere seg til andre mennesker gjennom blikkene fra utsiden med å forplikte seg til en identitet *og* å gjenfinne dette blikket på seg selv fra innsiden. I stedet for å ta utgangspunkt i en persons selvdefinerte identitet som kroppen deretter skal tilpasses, så foreslår jeg at kjønnsidentitet heller forstås som et sluttprodukt i stadig utvikling – et sluttprodukt som spinger ut av en dialektisk prosess mellom blikkene på en selv fra utsiden og blikkene på en selv fra innsiden.

VI List of papers

Paper 1:

Jessen, R. S., Haraldsen, I., & Stänicke, E. (accepted with minor revision in *Social Science & Medicine*). "Navigating in the dark: Meta-synthesis of subjective experiences of gender dysphoria amongst transgender and gender non-conforming youth".

Paper 2:

Jessen, R. S., David, L., Wæhre, A., & Stänicke, E. (accepted in *Archives of Sexual Behavior*). "Negotiating gender in everyday life: Toward a conceptual model of gender dysphoria".

Paper 3:

Jessen, R. S., David, L., Wæhre, A., & Stänicke, E. (submitted to *Psychoanalytic Psychology*). "Finding oneself in the gazes of others: An exploration of core gender identity amongst transgender and gender non-conforming youth".

V Prologue

According to Aristophanes, in his speech in *Symposium* by Plato, the original human nature consisted of three sexes, and each human was twice what they are today. The union of man and woman was named 'androgynous' — a character of double nature with both male and female attributes. In primeval times, humans had no fewer than eight limbs — four hands and four feet — and possessed incredible strength. One day, the humans turned their power against the gods themselves and challenged their hegemony. Zeus and his divine colleagues decided to respond with horrific revenge; they crushed the rebellion by rotating the humans' faces. However, the gods did not want to destroy them completely; who else should worship them, if the humans were extinguished? The humans were divided in two parts as 'you might divine an egg with a hair', and referred to them as men and women. The scattered humans clustered together in their new separated existence, well on their way to becoming extinguished, because they were not able to reproduce. Hephaestus, the god of sculptors, carpenters and blacksmiths, then positioned the organs in front of their bodies, so that they could seek together in reproduction. However, the character of the human embrace was forever changed. Aristophanes explains:

> For the intense yearning which each of them has towards the other does not appear to be the desire of lover's intercourse, but of something else which the soul of either evidently desires and cannot tell, and of which she has only a dark and doubtful presentiment. Suppose Hephaestus, with his instruments, to come to the pair who are lying side, by side and to say to them, 'What do you people want of another?' they would be unable to explain. And suppose further, that when he saw their perplexity he said: 'Do you desire to be wholly one; always day and night to be in one another's company? For if this is what you desire, I am ready to melt you into one and let you grow together, so that being two you shall become one, and while you live a common life as you were a single man, and after your death in the world below still be one departed soul instead of two – I ask whether this is what you lovingly desire, and whether you are satisfied to attain this?' – there is not a man of them who when he heard the proposal would deny or would not acknowledge that this meeting into one another, this becoming one instead of two, was the very expression of his ancient need. And the reason is that human nature was originally one and we were a whole, and the desire and pursuit of the whole is called love.

Ever since the catastrophic rebellion against the gods, humans have been destined to a desperate longing for the harmonious fusion, a gratification which only can be achieved by seeking the company of others. So it is, according to Aristophanes. An essential quality of human existence is doubleness after the terrible division in two parts. Humans have been destined to a sense of being lost and separated from the true fusion with others, and an intense longing for the ultimate embrace:

> And when one of them meets with his other half, the actual half of himself, whether he be a lover of youth or a lover of another sort, the pair are lost in an amazement of love and friendship and intimacy, and would not be out of the other's sight, as I may say, even for a moment: these are the people who pass their whole lives together; yet they could not explain what they desire of one another.

1 Introduction

Since the first experimentations in the early 20th century with surgical and hormonal treatments, *transgender and gender non-conforming* (TGNC) people have increasingly been offered medical treatment aimed at bringing the body more in line with gender identity, referred to as *gender-affirmative care* (Ettner et al., 2015). TGNC is a label that refers to a diverse group of individuals with gender behaviours, expressions and identities that depart from the social norms and expectations associated with their assigned sex at birth (Olson-Kennedy et al., 2016). Thus, TGNC people move away from the gender they were assigned at birth and challenge and cross over the gender norms that culture has established (Stryker, 2017). *Non-binary,* also sometimes referred to as *genderqueer,* describes people who do not subscribe to the conventional gender binary but rather identify as both masculine and feminine, between masculine and feminine, or outside the traditional gender binary (McGuire et al., 2018). The subjectively experienced distress that arises from the mismatch between gender identity (or internally felt sense of gender) and assigned sex at birth is referred to as *gender dysphoria* (GD) (Butler et al., 2018). In parallel with the development of more sophisticated treatments within the medical sciences, our understanding of sex and gender is continuously changing. At first sight, the topic of gender-affirmative treatment might seem as a straightforward matter — it is all about decreasing the mismatch between body and mind. However, topics related to sex and gender have for centuries been a contested domain in the Western world (Foucault, 1976/1999). In everyday life and politics, sex and gender often come up as topics when the relation between men and women, especially the assumed differences between them as groups, rises to the surface or lurks in the background. The understanding of sex and gender is a highly contested topic with political implications in different domains, such as the labour market, reproductive health and economic distribution (Butler, 1990). In addition, sex and gender is deeply personal and subjectively experienced amongst individuals (McNay, 2000). As a consequence, when sex and gender are discussed, it might be challenging to relate to the political aspects without at the same time being affected personally. This is the context in which clinicians and care seeking TGNC people relate to gender-affirmative treatment. Therefore, the seemingly straightforward act of bringing a body into alignment with gender identity raises questions beyond the medical, i.e., what biological model do we refer to when we assign a sex to a new-born, and against which norms do we judge the acceptability of someone's gender expression or behaviour? As a consequence, the

target of gender-affirmative care — subjective experiences of GD — are deeply rooted in contested political domains and personal afflictions.

1.1 Towards an initial definition of GD

GD refers to the diagnosis in DSM-5, the North-American classification of mental disorders (American Psychiatric Association, 2013). The equivalent diagnosis in the international classification of diseases, ICD-11, is gender incongruence (GI) (World Health Organization, 2019). The diagnostic criteria in both taxonomies are the same and refer to the mismatch between assigned sex at birth and gender identity/internal sense of gender. In this study, I have chosen to use GD, since this is the concept with the longest history of research; GI was launched as a diagnosis only in 2019, one year after this project was initiated. In line with this, there are two components that require further attention, if we want to improve our understanding of GD: 1) the body, as it appears to the person, and 2) gender identity/internal sense of gender, which leads us into the realm of the *self* and its appearances. Thus, GD refers to subjectively experienced distress that arises from this mismatch. Deogracias and colleagues (2007) define gender identity as a person's basic sense of self as male or female. This basic awareness of being either male or female has been conceptualised as *core gender identity* (Stoller, 1964). Conventionally, one has assumed that the core gender identity is determined by the perception of one's external genitalia, and a 'biological force which results from the biological variables of sex', typically referring to chromosomes, gonads and hormones (Stoller, 1964, p. 453). The two biological sexes, male and female, have been assumed to correspond with two resultant genders, masculine and feminine (Stoller, 1964). I will return to the challenges associated with these classifications in chapter 4. Estimating the prevalence of GD and TGNC is challenging, due to methodological flaws and differently used terminology, especially whether one recruits from a clinical sample or not (Zucker, 2017). In addition, it is challenging to measure gender expression and gender behaviour, since norms regarding what is regarded as non-conforming might be significantly different across contexts (Deogracias et al., 2007). Furthermore, identifying as TGNC does not necessarily mean that one meets the diagnostic criteria of GD or seeks medical treatment (Zucker, 2017). Meta-analyses indicate that overall amongst children, adolescents and adults, the prevalence of self-reported transgender identity is estimated to be 0.5 – 1.3%. However, the numbers vary between generations and birth-assigned sex (Zucker, 2017). Therefore, TGNC and GD are still rare, but increasing, both amongst those who end up seeking medical treatment and those who do not (Zucker, 2017).

Since the first conceptualisations of GD and gender identity diagnoses (Stoller, 1964), various attempts have been made to measure gender non-conformity, such as developing questionnaires that ask relevant questions regarding gender identity, gender expression and behaviour (Zucker, 2017). Since the 1990s, the Recalled Gender Identity Scale (RCGI), a 23-item measurement, has been used to assess childhood gender identity and feelings about gender in relation to others (Zucker et al., 2006). The Utrecht Gender Dysphoria Scale (UGDS) is a 12-item scale assessing GD in relation to body and gender identity among adolescents *in the moment* (Cohen-Kettenis & van Goozen, 1997). Another widely used scale is the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), assessing GD in relation to body and gender role *in the past and present* (Deogracias et al., 2007). UGDS and GIDYQ-AA are perhaps the most widely used questionnaires (McGuire et al., 2018). Researchers have found that in surveys on the TGNC populations, up to 40% of the respondents report that in some significant way they identify outside all the three categories of man, woman and transgender (Harrison et al., 2012). GIDYQ-AA aims to assess GD dimensionally and thus not as an either-or phenomenon. However, GIDYQ-AA, UGDS and RCGI all uphold the gender binary, as made evident by the fact that they use separate male and female versions (McGuire et al., 2018). One important topic within the field of measuring TGNC identity and GD has therefore been to frame the questions so that people who identify outside of or between the gender binary poles are included; thus, the questionnaire should be dimensional rather than dichotomous (McGuire et al., 2018). This is especially important since the gender binary norm, categorising people as *either* a (trans)man or (trans)woman, might overlook the diversity of gender identities and gender expressions amongst TGNC people by forcing respondents to choose between two categories of gender identity (McGuire et al., 2018).

Estimating the prevalence of gender non-conformity and GD amongst children and youth is perhaps even more challenging than among adults, because it depends on how it is measured and what kind of behaviour is being classified. Studies have indicated that 3.8% of boys aged 4 to 11 years in a normative sample were rated by their mothers as sometimes behaving like the opposite gender, compared with 8.3% of the girls, while 1% of boys and 2.8% of girls in the same sample wished to be the opposite gender (Möller et al., 2009). However, cross-gender behaviour is not necessarily experienced as GD, and only a small minority (approximately 2%) of the gender non-conforming children expressed an explicit wish to belong to the opposite gender (Zucker et al., 1997). Furthermore, children assigned

female at birth are more likely to be reported as gender non-conforming, the majority of those who are referred for clinical help are assigned male. The prevalence of GD and gender non-conformity has increased amongst youth over the past two decades, especially since 2013, as demonstrated by the marked rise in adolescents who are referred to gender identity clinics for GD to access gender-affirmative care (Arnoldussen et al., 2019; de Graaf et al., 2018; Kaltiala et al., 2020b).

1.2 An initial note on identity politics and the present study

This brief introduction has so far demonstrated that GD is a phenomenon that is social in its nature, embedded in changing social and historical contexts. The developing understanding of GD has always been related to political and medical efforts to legitimise gender-affirmative treatment needs amongst TGNC people (Coleman et al., 2011; Stoller, 1968). Thus, research on GD has always been embedded in political efforts to improve the lives of TGNC people. As I will elaborate further on in chapter 3, studies on the lives of TGNC people are often associated with an aim to liberate and transform social conditions (Stryker, 2006). In recent years, this research increasingly celebrates gender diversity (Stryker, 2017). Therefore, research on GD and TGNC becomes easily entangled in what might be referred to as *identity politics.* This refers to a wide range of political activities that are founded upon shared experiences of injustice amongst members of social groups, for example lesbians, gays, bisexual, trans and queer (LGBTQ), people of colour, or people with disabilities (Heyes, 2020). Identity political movements became increasingly important in the late 1960s because of growing claims of self-determination amongst various marginalised groups (see also chapter 2). Identity political goals are usually achieved by amplifying similarities within the group in order to challenge and legitimise experiences and ways of living that are at odds with the majority (Hellesund, 2008). A typical example is the narrative of coming-out that emerged from the gay liberation movement in the 1960s and onwards (Clarke et al., 2010). As a consequence, the individual is often equalised with the collective in an identity political context. I celebrate the growing efforts to legitimise TGNC lives and the increasing awareness of gender diversity (Stryker, 2017). As I psychologist and researcher in studies of subjectivity, however, I cannot guarantee that the analyses of TGNC experiences developed in the present study do easily fit into narratives of TGNC identity development that aim to legitimise and secure political support to gender-affirmative care. The aim of the present study is to focus on tensions and ambivalent experiences. This does not imply, however, that the results from the present study can be used as arguments against

formulations of common TGNC experiences and political efforts to improve the lives of TGNC people as a group. On the contrary, the current thesis was in fact initiated as an effort to explore and give voice to experiences of gender diversity that for so long have been silenced. Thus, the present study aims to gain in-depth knowledge on how GD is experienced subjectively in its manifold ways amongst TGNC youth. I hope that by gaining knowledge into how GD is experienced *from within,* clinicians, researchers, activists within the LGBTQ movements, other user representatives and perhaps the wider public will be better equipped to relate to TGNC youth with GD. Ideally, the effort of understanding GD paves the way for more fruitful lives for people struggling at the margins of gender.

1.3 Initial reflections on the subject matter

The body of knowledge on GD is divided between different research traditions that seldom speak to one another (Stryker, 2006). On the one hand, there is a substantial body of knowledge regarding GD within disciplines such as gender research, anthropology, sociology and other domains of the social sciences and humanities. On the other hand, there has been done extensive research on GD within the medical field. Traditionally, research on GD and TGNC issues has been done within the fields of surgery, endocrinology, public health issues such as the prevention of HIV/AIDS, and psychiatry (Sweileh, 2018). Many clinicians, scholars and activists have throughout the years attempted to define the underlying truth. My aim is to give a brief outline of these various perspectives. Philosophers, scientists and academics from the humanities have for centuries investigated topics that are related to TGNC and GD, such as consciousness, experience and the relation between the body and mind. In order to provide a background to discuss the findings, I will in the following review some important discussions. This will, however, require some repetition of certain conundrums — namely, dyadic relationships such as sex/gender, essentialism/social constructionism, individual/society, intrinsic/non-intrinsic, body/mind, natural kind/human kind and naturalism/interpretivist methods. These are classical dilemmas that in different ways discuss how we relate to reality and understand the *subject matter* of the human conditions. These questions have been discussed extensively the last centuries within philosophy, science and humanities. I introduce these — at times abstract — debates on the subject matter in the belief that it might illuminate and enhance our understanding of subject experiences of GD amongst youth.

1.4 Outline of the thesis

In chapter 2, I will give a historical introduction to GD as a concept. Chapter 3 aims to give an overview of the empirical knowledge on TGNC youth and models of care. In chapter 4, I embark on a discussion of the sex and gender, before I go through some theoretical and empirical lessons on self and identity in chapter 5. Thereafter, in chapter 6, I will present some theoretical efforts that have been made to make these perspectives relevant to study GD and TGNC experiences. Chapters 2-6 reflect my attempts to identify theoretical perspectives that directly and indirectly discuss GD. The concluding remarks in chapter 10 represent my efforts to let these theoretical insights illuminate the empirical findings of the present study. Ideally, the empirical findings might also contribute to some of the theoretical discussions. At the end of each chapter, I have included a brief summary to help the reader along the way and show the thoughts in progress. The summaries can also be enjoyed independently by the busy reader.

Some notes on the vocabulary: I will use the terms *cisgender* when I refer to people who experience congruence between assigned birth-assigned sex and gender identity. Furthermore, I will use gender-affirmative care interchangeably with sex reassignment or medical treatment. However, the *gender-affirmative* model of care outlined in chapter 3 refers to the specific approach. In the next chapters, I aim to introduce various perspectives on GD in order to show how the understanding has changed and different conceptualisations still co-exist. Some of the words are considered offensive and antiquated today by many in the TGNC community. The various terms that have been launched to speak 'the truth' about TGNC people have often come from the outside, often describing GD in an ostracising and alienating manner. My hope is that a thorough discussion of these various terms demonstrates their limits and thus does justice for those who have been marginalised by them. By indicating the limits, I also believe that the potential insights become clearer.

1.5 Summary

Transgender and gender non-conforming (TGNC) people have increasingly been offered medical treatment aimed at bringing the body more in line with one's gender identity to alleviate gender dysphoria (GD), a process called *gender-affirmative care*. GD refers to a mismatch between internal sense of gender/gender identity and assigned gender at birth. Therefore, TGNC people break with the assumption that two biological sexes — male and female — correspond with genders — men/masculine and women/feminine. Sex/gender has been — and still is — a contested domain that evokes feelings when being discussed amongst

laypeople and academics. TGNC and GD as phenomena are therefore embedded in public debates. It is challenging to measure the prevalence of GD and TGNC due to different terminology and research methods in use. Furthermore, being TGNC does not necessarily imply a wish to undergo medical treatment to alleviate GD. Estimates suggest that between 0.5 to 1.3% of children, adolescents and adults are self-referred transgender, and numbers have been increasing the last years. Amongst children, 3-8% have been reported to behave like the opposite gender occasionally or consistently. Only a small percentage of these children expresses an explicit wish to belong to the other gender. Research on GD and TGNC becomes easily entangled in what might be referred to as *identity politics.* This refers to a wide range of political activities that are founded upon shared experiences of injustice amongst members of social groups. The present study investigates subjective experiences of GD as an individually diverse phenomenon. This might seem at odds with identity political aims to improve the lives of TGNC people as a group. However, although the present study represents an attempt to explore how GD is experienced from within in its complexity, I cherish all attempts to improve the lives of those of us who hover in the margins of gender and sexuality.

2 Historical background

TGNC people have been met with various degrees of discrimination, ostracism and tolerance throughout history and across cultures, which influences how GD is experienced (Wren, 2000). Furthermore, the topic of subjective experiences of GD throws us into century-long debates in Western intellectual life regarding the relation between body and mind, and questions about how we develop a sense of self. By *Western*, I loosely refer to developmental lines associated with the European modernity and the Enlightenment (Foucault, 1976/2007). Anthropological and historical studies indicate that social categories that we today take for granted as natural — such as homosexual/heterosexual and man/woman — are historically and socially contingent. Non-Western cultures have operated with more gender categories than 'men' and 'women' (Walton, 2020), while medical doctors have been confronted with the enigma of the 'hermaphrodite' — an antiquated term for individuals with bodies that are not easy to categorise as either male or female (Slagstad, 2021). In his ground-breaking, if not oft-debated, investigation of the history of sex, gender and sexuality, the philosopher Michel Foucault (1976/1999) aimed to demonstrate, through his *genealogical* studies, that the understanding of gender and sexuality has shifted over time. 'Homosexual' as an identity emerged in the 19th century as a consequence of laws that criminalised sex between men (Foucault, 1976/1999). Furthermore, the development of a 'gay culture' took place in the growing cities in the wake of the industrial revolution (Walton, 2020). The subjective experience of being homosexual relies on the categorisation of sexual identities. The point is that what we are culturally conditioned to assume to be unquestionable and innate characteristics residing in each individual actually come to bear meaning through available categories and conceptualisations of gender and sexuality. Foucault (1976/1999) referred to these complex webs of categories, ways of using language, laws, institutionalised practices and norms as *discourse*. These discourses are reproduced and conserved through politics, laws, language and disciplines such as medicine, theology and psychiatry (Foucault, 1976/1999).

A controversial example given by Foucault (1976/1999) to illustrate the formative effect of discourses is the story about the young man from a French village in the end of the 18th century who had intercourse with a much younger girl. When the incident was discovered, it was investigated and psychiatrists were asked to diagnose the perpetrator. The doctor later concluded that it was the young countryman's 'paedophile character' that caused

his behaviour (Foucault, 1976/1999), while the label can be seen as a description of an act. According to Foucault, this example illustrates how sexual behaviour is converted into a character that is assumed to reside within the individual as an unalterable essence of one's personality. Foucault demonstrates that social categories, in this case 'paedophile', are constructed through discourses such as law and medicine. One might morally condemn it, but there is not necessarily something *inherently* wrong in the character. Furthermore, the history of gender and sexuality demonstrates that people have been organising their lives in quite different ways throughout the centuries. The ancient Greeks, for example, regarded homosexual behaviour to be desirable, while accounts of hermaphrodites indicate that TGNC is not a new phenomenon. However, instead of challenging binary gender norms, hermaphrodites have been treated as a deviant and pathological condition by medical doctors. Foucault (1976/1999) suggested that the formation of subjectivity is moulded through the discourse and science of *confession.* This refers to the assumption that all humans are expected to confess about their sexuality and gender and unravel the authentic and innate truth about themselves. The truth about a person is actively being produced in relation to societal discourses but perceived to be objective descriptions of an essence of the person's character. In this way, gender identities beyond the heteronormative and binary paradigm has been produced and framed as pathology and deviance in disciplines and institutionalised practices such as medicine and law.

In the following, I will start the historical examination by looking at the origin of GD as a concept. From there, I delve into the development of the medical school of sex reassignment and transsexualism, in which GD emerged as a concept, before I move on to the development of the transgender movement and the wider socio-political context that has prepared the groundwork for the modern understandings of GD and TGNC. In the end the chapter, I discuss how the medical school of GD has developed in parallel with the transgender movement and general political changes in the Western world over the last decades.

2.1 The concept of GD

GD is a historically situated concept that emerged from the medical context in the end of 1960s. In order to illustrate how the concept is complexly — and not always logically — interwoven in a historical context, I will first explain the origins of GD, before I delve deeper into the medical school of sex reassignment in the following section. Medical interventions

aimed at changing the body to be more in alignment with one's gender identity and internal sense of self have become increasingly popular since the 1950s (Ettner et al., 2015). However, it was the North-American psychiatrist Norman M. Fisk who first coined GD in the early 1970s. In relation to a symposium held in 1974 on GD, Fisk (1974) wrote an article that has been widely referred to within the field of psychiatry. In his text, Fisk (1974) argued that the growing attention from both doctors and laypeople that the phenomenon of GD was receiving suffered from a misleading and unprecise conceptualisation. His aim was therefore to clarify GD as a medical concept.

Fisk's text (1974) gives us an interesting insight into the development of GD as a concept. He suggested *gender dysphoria syndrome* as an alternative diagnostic term to what medical doctors such as Harry Benjamin and Magnus Hirschfeld had referred to as *transsexualism* in its 'classical sense'. According to Fisk (1974), the medical doctor and pioneer within sex reassignment treatment, Harry Benjamin, conceptually developed transsexualism in order to diagnose suitable candidates for sex reassignment. In order to be diagnosed as transsexual, the person was required to have a life-long behaviour that was either effeminate or masculine and a deep conviction of being a member of the female or male sex or gender (Fisk, 1974). This experience should be so profound as to lead to an "incessant search" for medical and surgical treatment in order to change the body to be more in alignment with one's gender identity (Fisk, 1974, p. 387). In addition, the person electable for sex reassignment should not be amused by sexual interest from others towards their genitals but rather find their genitals repugnant. Finally, the electable candidates should not find cross-dressing erotic, because this would indicate 'transvestism' as a differential diagnosis instead of 'classical transsexualism' (Fisk, 1974). According to Fisk (1974, p. 387), the reason why Benjamin and his colleagues set up these requirements was to uphold 'primum, non nocere', the professional oath of physicians meaning, 'first, do no harm'. Establishing strict requirements for sex reassignment was, according to Fisk (1974, p. 387), a strategy to differentiate the classical transsexual from "all other forms of gender deviations".

Fisk was part of the team at Stanford University Medical Center that embarked upon a clinical research programme on transsexuality in 1968 when a sex change clinic was opened (Levy, 2000). In the beginning, the aim of the Stanford clinic was to help the 'classical transsexuals'. Fisk (1974) wrote that in hindsight he regretted that they did not include any control group. He admitted that such a research design would have posed ethical and practical dilemmas, since it would imply that they did not offer treatment to patients who otherwise

would have been considered eligible for sex reassignment. However, the argument illustrates how Fisk drew on a medical discourse when he laid out his arguments regarding what constitutes a good outcome. Fisk then presented his own medical conceptualisation of gender diversity, based on the experiences from the Stanford University's clinic. He asked if sex conversion harms a broader group of patients that do not fulfil the criteria for classical transsexualism. He suggested that these patients are suffering from 'gender dysphoria syndrome' (Fisk, 1974). Furthermore, he defined gender as a complex phenomenon that consists of biological, psychological and psychosocial factors. According to Fisk, already after 2–3 years of clinical treatment within the Stanford University program, the clinicians learned from in-depth psychobiographies of patients that many deviated from the 'classical transsexual' type. What struck Fisk (1974, p. 388) and his clinical colleagues as intriguing was "the high level of dysphoria concerning the individual's gender of assignment or rearing". Based on these clinical experiences, Fisk (1974) suggested a conceptualisation of 'gender deviance' as a spectrum of affliction in relation to gender, where the 'classical transsexual' represented the most severe form of 'gender dysphoria syndrome'. Within this spectrum, one could conceptualise people presenting with different forms of GD as "psychopathology in everyday life", thus as a normal continuum rather than clear-cut categories of eligible and non-eligible for sex reassignment (Fisk, 1974, p. 388).

Furthermore, according to Fisk (1974), the clinical staff at Stanford experienced that many patients had learned how to present a narrative in accordance with the 'classical transsexual' in order to receive sex reassignment. Fisk (1974) was concerned that the patients did so because society is not tolerant towards people suffering from more social forms of GD that are not related to a contempt with one's genitals but rather to their assigned sex role and upbringing as men or women. He therefore suggested that sex reassignment procedures should be complemented by other interventions, such as psychotherapy, family therapy and social work. Thus, in my view, Fisk (1974) attempted to formulate aspects of 'transsexualism' that were more social in nature.

2.2 The medical school of sex reassignment

By suggesting the concept of GD as an alternative diagnosis to 'transsexualism', Fisk (1974) intervened in a century-long debate regarding the nature of sex and gender and how medical doctors should treat TGNC people. The term 'transsexual' was first used by the German medical doctor and sexologist Magnus Hirschfeld, who lived and worked in Berlin in

the first half of the 20th century (Slagstad, 2021). Hirschfeld was an important figure in the sexual liberation movement that emerged in the aftermath of the First World War (Healey, 2002). This movement promoted scientific and medical perspectives on reproduction and sexuality, and argued for decriminalisation of homosexuality, access to abortion rights and sexual education (Hellesund, 2003). Hirschfeld founded the Institute for Sexual Science (Institut für Sexualwissenschaft), which operated from 1919 to 1933 and became the hub of an intellectual, scientific, cultural and professional movement promoting the welfare and pride of homosexuals and other 'gender deviants'. Hirschfeld's perhaps most important contribution to the history of gender non-conformity was the term 'transvestites'. He suggested that sex and gender should be understood of a spectrum of 'sexual intermediaries', which referred to people who deviated from the binary category of men and women, for example homosexuals and intersex people (Stryker, 2017). Initially, transvestism referred to a wide range of gender non-conforming identities and behaviours, but over the course, the term has ended up as a diagnosis for the erotic desire to cross-dress (Stryker, 2017). Hirschfeld's earliest continuum of transvestism reflected the historical conflation of gender and sexuality that emerged in the 19th century and was famously reproduced by early sexologists such as Richard von Krafft-Ebing and Havelock Ellis in their literature and classificatory systems (Stryker, 2017). The *inversion theory*, which posits that homosexual men are feminine people in male bodies while lesbians are masculine people in female bodies, is also a reflection of the tendency to conflate gender and sexuality (Kite & Deaux, 1987).

As a consequence of his clinical work with transvestites and transsexuals, Hirschfeld came to the understanding that some were in need of more invasive treatment than just the opportunity to cross-dress. In addition to transvestism, Hirschfeld therefore suggested the term 'transsexualism' — in German 'seelischer transsexualism' ('spiritual transsexualism') — to describe people who had more profound feelings and urges to live as the other gender (Stryker, 2017). Hirschfeld argued that medical treatment to align the body to be more in accordance with experienced gender would improve life significantly for transsexuals. Hirschfeld was part of the medical team that organised the first documented genital surgery in 1928 and later assisted several other transsexual patients in similar way.

In the 1930s, Hirschfeld and the core group of medical professionals, scientists and activists at the Institute for Sexual Science had to disband in 1933 in the aftermath of the Nazi's seizure of power (Stryker, 2017). Several of his medical colleagues that worked with him at the Institute for Sexual Science fled to the United States. One of Hirschfeld's students

was the medical doctor Harry Benjamin, who moved to the United States to practice as an endocrinologist and continue the work that Hirschfeld started on sex reassignment (Stryker, 2017). In 1952, Christine Jørgensen became famous worldwide for undergoing a sex change from male to female (Stryker, 2017), and the case is considered to be pivotal for the decision to offer sex reassignment in Norway in the early 1960s (Sandal, 2017). Benjamin became the most important advocate for medical sex changes in the post-war era. Like Hirschfeld, he argued that 'transsexuals' were in the need of medical interventions to live completely as the other sex (Stryker, 2017). At the same time, there was a heated discussion amongst medical doctors and psychologists about the nature of transsexualism. Some argued that gender non-conformity should be regarded as a psychological deviation that should be treated with psychotherapy. In 1966, Benjamin published his book 'The Transsexual Phenomenon', where he described several clinical cases and proposed the first systematic treatment programme for medical sex change. Furthermore, he argued that psychotherapeutic attempts to help people identify with their assigned gender at birth had proven to be useless, and medical interventions were thus the only option for those he considered to be *true transsexuals* (Stryker, 2017).

Benjamin argued, in line with Hirschfeld, that there was an underlying medical cause to transsexualism (Stryker, 2017). This tendency to search for biological explanations that legitimised gender and sexual deviations that earlier had been understood as the result of an 'unmoral character' was typical for the sexual radical movement in the first half of the 20th century (Healey, 2002). Benjamin founded the first organisation for professionals working with transsexuals, today known as World Professional Association for Transgender Health (WPATH). WPATH is the publisher of the international guidelines for professional work with gender nonconforming people, *Standards of Care* (Coleman et al., 2011). The distinction between 'true transsexualism' as the valid diagnosis to receive sex reassignment on the one hand, and other gender deviations such as transvestism on the other hand, was later reflected in the various versions of the diagnostic classificatory systems ICD and DSM (Bockting, 2014). However, in medical practice, it continued to be challenging to distinguish between 'true transsexualism' and other diagnoses (Bockting, 2014). Psychologists and medical doctors described alternative trajectories amongst patients, where some started with cross-dressing which later developed into transsexualism and an increasing desire to undergo sex reassignment (Bockting, 2014). As a consequence, a distinction between primary and secondary transsexualism was developed in the 1970s. Primary transsexualism refers to early

onset of gender dysphoria and a strong wish to live as the other gender. Secondary transsexualism refers to late onset of gender dysphoria, often following transvestism/cross-dressing or homosexuality (Bockting, 2014). In the 1980s, clinicians started to use sexual orientation as the point of departure for classification. Thus, they distinguished between homosexual and non-homosexual male-to-female transsexualism, referring to the latter as 'autogynephilia', or sexual arousal to the image or thought of oneself as a woman. The various typologies are overlapping, but differ mainly on two criteria: age of onset of cross-gender identification and sexual orientation (Bockting, 2014).

The concept of GD received little attention during the 1980s and 1990s but emerged in 2013 as the revised diagnosis that replaced transsexualism/gender identity disorder in the American manual for psychiatric diseases, 'DSM-5' (American Psychiatric Association, 2013). This was the result of systematic work by activists to satisfy the need for a diagnosis that secures coverage by medical assurances without pathologising gender diversity (Stryker, 2017). The diagnosis of Gender Identity Disorder was regarded as disrespectful by many in the TGNC community, because it conceptualised TGNC as pathological. The aim with the new diagnosis was to pinpoint that it was the unhappiness and distress related to being gender nonconforming and perceiving a mismatch between gender identity and assigned gender at birth that were the unhealthy aspects that should be treated, rather than the identification as TGNC per se (Stryker, 2017).

2.3 The development of a transgender movement

According to trans historian Susan Stryker (2017), the development of a medical and psychological understanding of gender non-conformity has been intertwined with important social movements and changes in the Western hemisphere. Following the Second World War, at the same time as medical doctors such as Harry Benjamin developed the medical school of sex reassignment, self-identified transvestites started to organise themselves. These were heterosexual men with a wish to dress in female clothing and live part-time or full-time socially in a female gender role. The transvestites did not want to pursue any medical interventions. They distanced themselves from the gay minority and emphasised that transvestism had nothing to do with homosexual desire. Thus, the transvestite movement consisted of many white, heterosexual men, mostly from the middle class and with a secure economic background. In the 1960s and 1970s, the transvestite movement was able to gain some attention in public (Stryker, 2017).

At the same time, in more marginalised communities in the Western world, other minority groups began to organise in the early 1960s. In the United States, these activist groups were in many places influenced by the Afro-American and civil rights movements. Big cities attracted young people from rural districts, and these marginalised communities inhabited sex workers, young people of colour, gays and lesbians and gender non-conforming people. The differences between being gay and cross-dresser could be fine-grained (Stryker, 2017). The decade saw an emergence of gay and lesbian youth experimenting with different gender expressions typical for the opposite gender, such as through *drag*, a specific way of mimicking the expression and attitudes of the opposite gender. The political activism in the 1960s culminated with the student revolt in 1968, and women's rights and gay rights became increasingly important in the political climate during the 1970s (Fraser & Honneth, 2003

Although the transgender movement historically shares the same origin as the gay movement and the women's movement, the attention and awareness of TGNC issues decreased in the 1970s and 1980s (Stryker, 2017). It was first in the 1990s that TGNC issues again received mainstream attention. In this period, one influential stream came from the academic development of queer theory, which questioned heteronormative values (see more in chapter 4). Queer theory emerged as a collaborative effort between gay activists and academics during the rise of the AIDS crisis in the 1980s. At the same time, the academic field of transgender studies began to develop, emerging originally from gay and lesbian studies and women's studies (Stryker, 2006). The focus within transgender studies was to establish and legitimise transgender as an identity and respectable way of life (Solomon, 2010). The field focused on livelihood research on transgender and gender nonconforming people's life conditions. Many influential researchers were heavily invested in what can be understood as an essentialist understanding of TGNC as a stable identity across time and place. This political strategy has also been deployed by both the women's movement and the gay movement in order to establish acceptance and tolerance for marginalised groups (Salamon, 2010).

In summary, Stryker (2017) suggested that today's transgender movement has historically been driven forward by three political forces: 1) the medical and professional engagement for sex change interventions; 2) the establishment of transvestite organisations; and 3) the activism for and by transsexuals and other gender minorities that arose stemmed from the women's and gay rights movements of the 1960s and 1970s and increased the

awareness of minority issues and marginalisation. In the United States, for example, medical professionals joined forces with marginalised transsexuals in order to advocate for access to medical treatment (Stryker, 2017). Gender identity diagnoses seem to have emerged in parallel with political and professional efforts to legitimise sex reassignment as a medical treatment covered by insurance companies, and as a model of care in line with medical ethics. The aim to legitimise GD and TGNC as phenomena with a firm biological foundation should also be understood as part of these strategies to recast people at the margins of gender as legitimate members of society (Stryker, 2017).

2.4 Concluding notes on identity politics and some contextual considerations

TGNC awareness of the development of the diagnosis of GD reflects the recent development of a long history of sexual and gender diversity. Identity positions and sources to self-knowledge, such as TGNC and GD, are historically and socially contingent (Stryker, 2017). People crossing over the gender binaries are historically not a new phenomenon (Slagstad, 2021), and gender norms and discourses regulating how people understand themselves have changed over time (Foucault, 1976/1999). The historical development of GD and TGNC is open for an identity politics understanding that might improve our understanding of TGNC and GD today, as peoples' private feelings and sense of self are deeply intertwined with contemporary political efforts to improve the self-determination amongst marginalised (Heyes, 2020). It seems that the contemporary 'trans revolution', characterised by increased awareness of gender identities beyond the male-female binary, has emerged out of historical and social factors (Walton, 2020). The concepts and debates that Hirschfeld and his contemporaries contributed with are still influencing the medical treatment of GD and the lives of TGNC people (Stryker, 2017).

The development of the gay and TGNC movements, and consequently subjective experiences of belonging to these social categories, emerged from laws that criminalised sex between men and cross-dressing during the 18th century (Stryker, 2017). Legal rights and legal changes are still important in the field of GD. Since 2016, legal gender has been self-determined, after the Norwegian Act on Legal Gender Change. However, when sex reassignment treatment was established as an option in Norway in the 1960s, a 'complete' procedure, including the removal of sexually reproductive organs, was required in order to change legal gender (Arnesen, 2020). The relations between men and women have been changing since the 1960s, influencing people's sense of self (McNay, 2000). Since the 1990s, however, there has been an increasing awareness of the experiences of TGNC people and the

manifold of gender identities beyond men and women (Walton, 2020). Especially amongst young people there is an increasing tendency to embrace identities that transgress the traditional gender binary (McGuire et al., 2018). Access to gender-affirmative treatment continues to be a site of controversy. Gender-affirmative care is increasingly offered to young people, and proponents argue that these interventions are life-saving (Keo-Meier & Ehrensaft, 2018). Sceptics, on the other hand, are concerned that young people are offered treatment too early. In between these two poles are actors who argue for access to gender-affirmative care while warning that it might reproduce strict gender norms by altering the bodies of TGNC people instead of changing gender norms (Bolsø, 2019; Roen, 2016) Over the last years, we have seen that TGNC issues and access to gender-affirmative care have become the site of a cultural war between conservative and progressive forces, exemplified by former President of the United States, Donald Trump, and his attempts to stop laws prohibiting discrimination against TGNC people (Slagstad, 2021), as well as the recent decision by British High Court that under-16s are unable to give informed consent to puberty suppression (Holt, 2020).

The changing discourses on GD and TGNC people illustrate how the identities have developed in response to social, political, medical and legal understandings of gender and sexuality (Walton, 2020). These contextual factors and identity political strategies to promote social change influence the lives of TGNC people and the sources to self-understanding. Identity political strategies have proven to be very successful to promote the rights of groups such as women, LHBTQ and people of colour (Heyes, 2020). A danger, however, is that these strategies construct certain narratives of life as more respectable and undermine the diversity within the group in order to be perceived as consistent and intelligible (Hellesund, 2008). Within the realm of TGNC and gay and lesbian identity politics, so-called *essentialist* views on gender and sexuality have been the dominating approach. Essentialist views are grounded in the notion that homosexuality and gender identity are innate and unchangeable qualities; in popular culture, this paradigm is reflected by 'born this way' rhetoric (Clarke et al., 2010). The opposite of essentialism is captured in so-called *social constructionist* theories on homosexuality, which have historically been used as fuel to justify political interventions aimed at eradicating gay and lesbian lives (Sedgewick, 1990). Political conservatives have argued that if sexual orientation is "not a hard-wired biological given but, rather, a social fact deeply embedded in the cultural and linguistic forms of many, many decades", people are free to choose (Sedgwick, 1990, p. 41). This has led to the popular position of essentialist arguments in the gay liberation movement about homosexuality as predetermined and

therefore impossible to change. The essentialist position has also been widespread within the trans movement, found in arguments that TGNC identities are innate and naturally given (Stryker, 2017; Salamon, 2010). It has been suggested that these essentialist/social constructionist debates take their premises from a whole history of nature/nurture debates (Sedgewick, 1990). The sex/gender debate, which I will return to in chapter 4, amongst feminist scholars and activists has been especially influential on the self-understanding of TGNC people and in the LGBTQ community in general. The concept of gender, when referring to the socialisation of gender identities and gender roles, has been used to argue that sex differences that are due to human culture are possible to change (Sedgwick, 1990). Thus, within such a political and social framework, the conceptualisation of an 'unalterably homosexual body' (and we could easily add a TGNC people to this index) has offered resistance towards conservative forces in their political attempts to argue against recognition of both gays and lesbians and TGNC people (Sedgewick, 1990). The popular position of essentialist understandings such as 'being born this way' should be understood as fear of not being recognised as a legitimate, which brings us back to identity political strategies aimed to increase self-determination (Heyes, 2020). As an overall consequence, people's identity work and self-understanding are always rooted in specific historical and geographical contexts (Bang-Svendsen et al., 2018).

2.5 Summary

Historically, people have transgressed and challenged gender norms and expectations based on their assigned sex at birth (Foucault, 1976/1999). Furthermore, we know that people in non-Western cultures have organised gender and sexuality in different ways than the heteronormative binary division between men/women and homosexual/heterosexual that has been influencing the Western world the last few centuries (Walton, 2020). In particular, there have been three historical lines in the post-war era which have influenced the development of today's understanding of GD and TGNC. Firstly, the medical school of sex reassignment, building on the work of the early European pioneers, created new opportunities for TGNC to improve their lives. Secondly, the transvestite organisations emerging in the 1950s, dominated by white, heterosexual men from the middle class, created attention towards gender diversity. Thirdly, the transgender movement that arose out of the liberating politics in the 1960s and 1970s, advocating for greater individual freedom for women, gay and lesbians and other marginalised minorities, enabled a political climate in which the value of self-determination has been strengthened. Today, the rights of TGNC people continue to be a site of controversy.

Essentialist positions, arguing that being TGNC is an innate characteristic, are still popular and meaningful for many. Knowledge about the historical background and identity political forces are important to understand the context in which subjective experiences of GD arise.

3 The field of knowledge: An empirical and theoretical introduction to TGNC

In the following, I will review the theoretical and empirical literature on the livelihood TGNC children and youth with GD.

3.1 GD in a developmental perspective

In the developmental literature on TGNC people with GD, there has traditionally been a distinction between those who develop an atypical gender identity in late adolescence or adulthood (*late onset*) and those who have shown signs of gender non-conformity since childhood (*early onset*) (Zucker, 2012).

3.1.1 Developmental tasks in adolescence

Adolescence is in general characterised as a period of intense development — socially, emotionally, cognitively and biologically (Kroger, 2012). Important *developmental milestones* for adolescents have traditionally been regarded as accepting one's body, adopting a masculine or feminine social role, achieving emotional independence from parents, developing close relationships to peers, preparing for an occupation, preparing for family life and achieving a socially responsible behaviour (Kaltiala-Heino et al., 2018). The development of a gendered social role and coming to terms with one's body can be challenging for youth in general. For children and youth with GD, the relationship to the body and the adaptation of a masculine or feminine role is regarded as especially challenging (Kaltiala-Heino et al., 2018). The challenge is likely amplified when developing close relationships with peers, both sexual and romantic.

The onset of puberty is considered crucial in the development of gender identity amongst TGNC youth (Kaltiala-Heino et al., 2018; Leibowitz & de Vries, 2016; Möller et al., 2009). A qualitative study from the Netherlands reported that the pubertal development of the body, especially the development of secondary sex characteristics (e.g., breasts and facial hair), increased subjective experiences of GD (Steensma et al., 2011). In addition, the study showed that social interaction with peers tended to change in adolescence. In particular, the increased division between girls and boys in adolescence made it harder for the TGNC youth to be perceived as neither boy nor girl. The first romantic and sexual experiences in early adolescence were also reported to increase the mismatch between gender identity and body (Steensma et al., 2011). Sexual orientation amongst TGNC youth with GD has also received attention in scholarly literature. A meta-analysis reviewing prospective follow-up studies from childhood to adolescence on gender non-conforming children indicated that for 90% of

them, GD disappeared after puberty onset and the first sexual and romantic experiences. An overwhelming majority of these youth later identified as non-heterosexual (Möller et al., 2009). Based on the findings in the literature on the importance of psychosocial changes in adolescence, puberty onset and later sexual orientation, there has traditionally been a distinction between two developmental pathways for TGNC children and youth: *persister* and *desister*. Persister refers to those whose who remain gender dysphoric into adolescence, while desister refers to those who develop a gender identity in accordance with their birth-assigned sex after the onset of adolescence. The persisters, composing approximately 10% of TGNC children, experience that GD increases after onset of puberty and the increasing sexual and romantic involvement associated with adolescence, while the desisters, composing approximately 90%, experience that GD decreases (Möller et al., 2009). However, numbers vary across studies and should therefore be taken with caution (de Vries & Cohen-Kettenis, 2012). Some studies have indicated that more extreme gender non-conformity in childhood might predict persistence into adolescence and adulthood, but the evidence is scarce (Wallien & Cohen-Kettenis, 2008; Steensma et al., 2011). However, it has not been possible to predict whose gender non-conforming children are going to persist with GD into adolescence and to go through sex reassignment later in life (Möller et al., 2009).

3.1.2 Aetiology: Social, psychological, and biological factors

Degree of tolerance has been suggested as the most important *social factor* that influences TGNC children's gender identity development (Leibowitz & de Vrier, 2016). Adverse parental reactions towards gender non-conformity is associated with psychosocial challenges in the long run (Yunger et al., 2004; Kaltiala-Heino et al., 2018; Olson-Kennedy et al., 2016). Both encouragement and discouragement of cross-gender behaviour might influence on the child's sense of self and gender identity (Zucker et al., 2012).

Development of GD has been correlated with certain *psychological factors* (Leibowitz & de Vries, 2016). In the literature on normative gender identity development and social cognition, *gender constancy* refers to a child's understanding of gender as an unchangeable aspect of the self (Zucker et al., 2012). This happens normally between the ages of five to seven, when children typically acquire the capacity for *concrete operational thought*, which refers to the ability for more abstract reasoning. Until this stage, children have a tendency towards conflating gender identity, defined in the literature as the recognition of gender as an unchangeable aspect of the self, with surface gender expression and behaviour. As a

consequence of the developing capacity for concrete operational thought, children develop *cognitive schemes* about themselves that organise information about their body, external expectations and other relevant knowledge (Kohlberg, 1966). In the general psychological literature on gender identity development, children are expected to have developed a stable cognitive scheme about themselves in accordance with their birth-assigned sex (Kohlberg, 1966). In the case of TGNC children, Zucker and colleagues (2012) suggested that if a four-year-old birth-assigned girl dresses in boy's clothing and engages in play behaviour typically associated with boys, she might think she is a boy when performing this behaviour, if gender constancy has not been achieved. Furthermore, studies have indicated that gender non-conforming children referred to the clinic have been reported to show a lag in gender constancy acquisition (Zucker et al., 2012). The researchers have thus hypothesised that a lag in gender constancy might be both a contributing and a maintaining factor to the development of a non-conforming gender identity (Zucker et al., 2012). It has therefore been suggested that a TGNC identity amongst children is developed during the span from childhood to the beginning of adolescence, a timeframe referred to as the *concrete operational stage* (Zucker et al., 2012; Fausto-Sterling, 2012).

The individual's *temperament*, a psychological, but highly hereditary factor, has also been suggested to contribute to the development of a non-conforming gender identity. Activity level is a dimension of temperament, defined as propensity for intense physical energy expenditure and thus proneness to rough-and-tumble-play (Zucker et al., 2012). Studies have indicated that birth-assigned male children with GD show lower activity level than control-group boys without GD, while birth-assigned female children with GD show higher activity level than control-group girls (Zucker et al., 2012). It has therefore been suggested that the opposite activity level of one's natal sex, understood as a temperamental personality trait, might lead the child to play with peers of opposite sex. In turn, this could lead to a greater interest in the toys and the behaviour typically associated with children of the opposite sex (Zucker et al., 2012). Furthermore, it has also been suggested that such a dynamic might be strengthened by children's tendencies *before* the aforementioned concrete operational stage, characterised by rudimentary and rigid thinking (Zucker et al., 2012). The first clinicians working with TGNC children and youth in the 1960s hypothesised that the *core gender identity*, more precisely the ability to say either 'I am male' or 'I am female', is established within the first four years of life. However, the process of developing a gender identity goes on until late adolescence (Stoller, 1964). Interestingly, the age of achieved

development of core gender identity is approximately the same as the concrete operational stage. I will return to Stoller's theory on gender identity development in chapter 4.

One *biological factor* is the so-called *fraternal birth order effect,* which refers to a tendency identified in the psychomedical literature that the more older male siblings from the same mother that a boy has, the higher is the probability that he will develop a homosexual orientation (Vanderlaan et al., 2014). The maternal immunisation hypothesis suggests that some women develop for each pregnancy more antibodies for a Y-linked (male chromosome) protein essential to male brain development (Bogaert et al., 2018). The same significant preponderance of older male siblings has been documented amongst birth-assigned males seeking gender-affirmative care to alleviate GD. This had led researchers to suggest that there might be some underlying chromosomal factors that contribute to both TGNC identity development and homosexuality amongst birth-assigned males (Vanderlaan et al., 2014). Lately, research on biological aetiological factors has shifted toward structural and functional brain imaging studies. The aim has been to investigate whether the sex differentiation of the brains of TGNC individuals with GD is more similar to cisgender individuals of the same assigned sex or to the experienced gender identity. Overall, the results have varied; some studies have found similarities between the structural and functional brain characteristics of TGNC individuals and controls of their experienced gender, while others have not identified such correlations (Leibowitz & de Vries, 2016).

3.1.3 Stage models of identity development

Within the field of LGBTQ studies, developmental models of identity development inspired by the work of Erik Erikson has been influential since the 1970s (Clarke et al., 2010). Vivienne Cass proposed in 1979 a six-stage model of homosexual identity formation within what she referred to as the framework of interpersonal congruence theory, a symbolic interactionist perspective highlighting relations and engagement with cultural frameworks as pivotal in the development of a sense of self. The model was ground-breaking in the sense that it framed the active acquisition of a homosexual identity as a positive goal in itself (Clarke et al., 2010). Cass (1979) based her model on clinical work with gay and lesbian clients in Australia. Stages are differentiated based on the person's perception of their own behaviour, and the development can follow different trajectories. The main point was that a person needs to go through the stages successively in order to acquire an identity. In each stage, *identity foreclosure*, or a lack of further exploration, is possible. Important factors that

were suggested to contribute to the development included ways of dealing with stigma, intimate relationships and engagement in gay communities (Cass, 1979). The source of stability and change in identity development is found in the interaction between humans, consisting of three elements: (a) the person's perception of some culturally meaningful characteristic that the person attributes to oneself; (b) the person's perception or labelling of their own behaviour as influenced by the culturally meaningful characteristic; and (c) the person's perception of how other people view and value that characteristic. The three elements, which humans strive to achieve congruency between, are bound together in an affective and cognitive interpersonal matrix (Cass, 1979). Gradually, for homosexuals, the perception of one's own thoughts, feelings and behaviour results in the acquisition of a gay identity and, for some, the process of coming out.

Inspired by Cass (1979), the clinical psychologist Walter Bockting (2014) has suggested a model of five stages to describe transgender identity development; each stage has developmental tasks that need to be sequentially accomplished. In the first stage, 'pre-coming out', the person struggles with a sense of feeling different, followed by the second stage, 'coming out', where the person comes out to oneself and others. In the third stage, 'exploration', the person starts exploring the transgender community, experiments with gender expression, and finds a gender role that is comfortable. In the fourth stage, 'intimacy', the person starts establishing intimate relationships and risks rejection. In this stage, sexual orientation might be redefined. In the fifth stage, 'identity integration', grief over lost time as one's birth-assigned sex and the consequent missed opportunities, often coupled with an increasing recognition of not being able to truly change sex, contributes to a deeper acceptance of one's transgender identity. The importance of *passing* — when a TGNC person is perceived in accordance with gender identity — also tends to decrease over time. Furthermore, Bockting (2014) emphasises the analytical importance of distinguishing between *gender identity* and *gender expression* in the development of transgender identity — while the former refers to one's identification with gender, the latter refers to how one expresses their sense of gender.

In addition to Bockting's research (2014), Devor's (2004) foundational research on the development of transgender identities, based on twenty years of interview research and field work, suggested that there are 14 stages. This model, greatly inspired by Cass (1979), has been adopted to describe typical identity processes for TGNC population. At each stage, Devor (2004) distinguished analytically between *characteristics* and *actions*. The three first

stages are marked by an ‘unfocussed gender and sex discomfort’, followed by identity confusion, experimenting with alternative gender identities, and comparison of one’s own sex and gender with those of other people. Especially for adolescent and young adult TGNC individuals who have learnt to abide by gender norms, the increasing awareness of discomfort with sex and gender makes them concerned that claiming to belong to another sex and gender is to “invite others to think of them as crazy” (Devor, 2004, p. 49). At this stage, people are usually aware that their sex and body have mandated their gender status, which contributes to growing identity confusion. Some try to decrease the growing mismatch by experimenting with alternative gender expressions but still living in accordance with assigned sex at birth (Devor, 2004). They often compare themselves with recognised subcultural identities, such as ‘butch lesbian’. For some, these newly acquired identities fit, while others continue in their exploration. Some persons assigned male at birth live as homosexuals and experiment with different kinds of effeminate gender expressions. Some heterosexual males explore cross-dressing in private spaces as an attempt “to give expression to their inner feelings of womanliness” (Devor, 2004, p. 51). Especially during the first years, for many of these individuals, cross-dressing is accompanied by sexual arousal and orgasm, but this might change over time (Devor, 2004). However, there are many different strategies aimed at handling gender diverse feelings, and many individuals develop acceptance towards their own gender non-conformity by adopting a feminist critique of gender norms.

The next three stages of Devor’s model (2004) are described as a process of discovering TGNC and gender diversity, followed by increased comparison of oneself and the newly found identity. This process is marked by dialectic between relating and comparing oneself seriously with TGNC identities, and doubts regarding whether ones is an authentic TGNC person. This comparison process is usually characterised by more focused attention towards aspects of other people with the same assigned sex that makes them feel alienated, which leads to increased disidentification. Furthermore, this comparison process is characterised by an exploration of how the reference group mirrors their inner feelings. An example could be individuals assigned female at birth who explored a butch identity among lesbians, and, after receiving feedback about not fitting in, they develop a male identity (Devor, 2004). For some, the moment of realising that one is TGNC is described as an ‘a-ha moment’, while for others, the process is gradual and slow. Online exploration is often a part of this process. Then, stages seven, eight and nine are characterised by an increased tolerance of one’s TGNC identity as the person tests how the new identity fits their sense of self in

relationships with other people. For many, it is also important to receive positive feedback from the TGNC community, giving the sense of 'you are one of us' (Devor, 2004, p. 56). Stages 10 and 11 are often marked by a deepened understanding of one's TGNC identity, accompanied by practical arrangements and planning regarding social transition and coming out to other people. Finally, the stages 12, 13 and 14 are characterised by the development of acceptance and pride in regard to TGNC identity, as well as an integration between the new gender identity and other aspects of the self. This stage is also often characterised by increased stigma management. In addition, according to Devor (2004), many TGNC people start advocating politically and socially in order to help others in the same situation. Devor (2004) stressed that each person moves through the stages in their own idiosyncratic ways. Some may repeat the stages, while others conclude that the best way for them to live their lives is to not continue the developmental pathway, but remain closeted (Devor, 2004).

The stage models of LGBTQ identity development have been criticised for assuming that gender and sexuality are innate and that people through introspection discover their 'true' identity. Thus, they fail, according to critics, to account for fluidity between recognised identity categories by assuming that LGBTQ identities form through a sequential and linear developmental process (Clarke et al., 2010). Furthermore, sociocultural contexts and historical changes tend to be forgotten in the stage models (Clarke et al., 2010). However, in my view, the emphasis on the possibility of disclosure at each stage, together with a reflective and synthesising development of previous history with present time, opens up for a more dynamic process. Furthermore, the explicit analysis of the role of self and others in the identity developmental models might offer a promising opportunity for studying the developmental steps on an individual level.

Finally, the adjacent perspective of *transgender identity affirmation* has also been suggested as a framework for understanding the relation between the development of TGNC identities and mental health (Nuttbrock et al., 2002). This perspective was originally launched as an alternative to minority stress theory, focusing more explicitly on how mental health of TGNC people is affected by the extent to which TGNC individuals are able to integrate their gender identity in social roles and relationships. Lack of affirmation by close relations, such as partners or parents, is hypothesised to be "an obstacle to achieving a sense of self-acceptance among transgender persons" (Nuttbrock et al., 2002). *Transgender identity affirmation* refers to an interpersonal and dynamic process whereby the person is able to disclose one's gender identity, be recognised and be responded to by others. This

interpersonal process enables two important milestones: (1) disclosure of gender identity to others, and (2) enactment and gender role casting (Nuttbrock et al., 2009).

3.1.4 Transgender studies

Over the last three decades, the field of transgender studies has grown as an empirical and theoretical academic tradition (Stryker, 2006). Transgender studies grew out of the efforts of marginally situated transgender academics and activists that aimed to be taken seriously on their own terms (Stryker, 2006). Because TGNC individuals challenge fundamental assumptions about the relation between bodies, desire and identity, there was a need to complement and compete with the pathologising research on TGNC and GD. Within fields such as abnormal psychology, psychiatry and medicine, but also humanistic fields such as literary criticism and cultural studies, transgenderism was imagined as mental illness and symbolic expression of desire (Stryker, 2006). TGNC people needed to be included in the knowledge production and the imagination within various academic disciplines, instead of being "pathologized and dismissed", as Stryker (2006, p. 2) has formulated it. Transgender scholars have throughout the last decades contributed with new theoretical frameworks that conceptualise issues such as embodiment, gender identity development, law and public policy making (Currah, 2016). Furthermore, transgender studies is an interdisciplinary field that draws upon social sciences, including psychology, medicine, physical and life sciences, humanities and arts (Stryker, 2006). Although the main focus within transgender studies is the lives of TGNC people, many scholars within the field aim to take the study of anything that disrupts taken for granted assumptions about sex, gender, identity and embodiment as a starting point for reflections about the human condition in general (Currah, 2016). At its best, according to Stryker (2006), scholars from transgender studies, like other socially engaged interdisciplinary fields like critical race theory and disability studies, are able to investigate how embodied differences and categorisation of people into groups — and the pain and desire that this creates — are in fact the effects of the relationship between these phenomena and socially produced norms. Thus, transgender scholars produce knowledge based on investigations of lived experiences amongst TGNC people that shed light on social mechanisms behind constructs such as sex, gender, identity and embodiment in general (Stryker, 2006).

3.2 Clinical models of care for TGNC youth with GD

The clinical management and care of TGNC youth and GD has shifted over the years but has received increased attention in both clinical practice and research over the last decades (Wren, 2014). In the 1950s, many psychologists and psychiatrists claimed that GD should be treated with psychotherapy, aimed at changing one's gender identity in accordance with the gender assigned at birth (Stryker, 2017). Today, it is widely accepted that psychotherapeutic interventions aimed at changing one's gender identity in accordance with the gender assigned at birth has not proven to be successful and should therefore be regarded as unethical (American Psychological Association, 2015; Blass, 2020). In the following, I will describe the most leading approaches to clinical treatment of TGNC children and youth with GD.

3.2.1 The Canadian model of care: 'Live in your own skin model'

The Canadian model of care developed various behavioural and psychoanalytic principles of care during the 1980s, mainly aimed at helping non-conforming children settle with their assigned sex at birth (Edwards-Leeper et al., 2016). Critics have claimed that Zucker and his clinical colleagues used behavioural measures to encourage gender non-conforming children to play with the same assigned sex and pursue interests associated with the normatively corresponding gender identity (Ehrensaft, 2017). How these treatment principles have been applied is still under discussion (Edwards-Leeper et al., 2016). A more benign interpretation of the research conducted by Zucker and his colleagues (2012) is that they considered it to be more helpful for children to be protected from social sanctions against gender non-conformity in the absence of physical treatment opportunities (Edwards-Leeper et al., 2016). The Canadian model has also been referred to as 'live in your own skin model' (Ehrensaft, 2017).

3.2.2 The Dutch model of care: 'The watchful waiting model'

In the 1990s, GD and the associated distress was increasingly regarded as a condition that could be solved with physical treatment that changes the body to be more in accordance with the experienced gender (Wren, 2000). Clinical research on TGNC children and youth has mainly been occupied with interventions in adolescence when GD as previously mentioned tends to increase (Kaltiala-Heino et al., 2018). In the 1990s, clinicians in the Netherlands started to offer medical treatment aimed to alter the body more in accordance with gender identity, often referred to as the Dutch model or the 'watchful waiting model' (Ehrensaft, 2017). The Dutch model has developed strict criteria in order to be included. Namely, the youth are expected to have a stable gender identity from early on, often referred to in

literature as *early onset* (de Vries & Cohen-Kettenis, 2012). Furthermore, they should have no significant mental health challenges, and their family and friends should be supportive (de Vries & Cohen-Kettenis, 2012). If GD persists into puberty and the young person is deemed to be suited for treatment according to the aforementioned criteria, hormonal medication (GnRH) is prescribed to delay or suppress somatic puberty. The clinical rationale for puberty suppression is that it allows time for reflecting on future medical interventions. If GD persists until the age of 16, cross-sex hormones are prescribed (de Vries & Cohen-Kettenis, 2012). The first treatment studies from the Dutch clinic indicated that a selected group of youth benefited from puberty suppression at the onset of puberty, followed by hormonal treatment at 16 (Cohen Kettenis & Van Goozen, 1997). The promising results have been replicated in later years (de Vries & Cohen-Kettenis, 2012; Arnoldussen et al., 2019). Data from the Dutch clinic has indicated that a great majority of the youth starting on puberty suppression continue with hormonal treatment after age 16. In addition, their mental health improved significantly, together with other forms of distress related to GD (de Vries et al., 2014; Wallien & Cohen-Kettenis, 2008; Zucker, 2019).

3.2.3 The gender-affirmative model of care

Over the last few years, the so-called gender-affirmative model of care has gained popularity (Olson-Kennedy et al., 2015). This approach is not in opposition to the Dutch model, but it is more open to early social transition to the preferred gender and emphasises to a greater degree the importance of following the path that the young person chooses (Keo-Meier & Ehrensaft, 2018). Proponents of the gender-affirmative model, together with TGNC activists, have claimed that the Canadian model, and to a certain degree the Dutch model, umholds a professional gatekeeping of the young TGNC person's right to pursue medical treatment (Ehrensaft, 2017). Clinicians should therefore follow the child in the exploration of their *true* gender identity, regardless of assigned sex (Keo-Meier & Ehrensaft, 2018). According to these clinicians, preliminary research has indicated that social transition before puberty leads to more well-adjusted children (Ehrensaft, Giammattei, Storck, Tishelman & Keo-Meier, 2018). Gender diversity is not seen as pathological, and gender identity is understood as something that can change over time. Thus, the overarching treatment goal is to facilitate the exploration and discovery of the unique and authentic gender identity, regardless of birth assigned sex. Clinical attention is also directed towards creating acceptance among friends and family and increasing tolerance for gender diversity.

To summarise, common across the three models of care is that they do not intervene medically on prepubertal children and youth. There is also a common goal across the three models of care to identify the underlying core gender identity in order to decrease the mismatch between internal sense of gender and assigned sex at birth that creates GD. The difference seems to lie more in their eagerness to support social transition into another gender than the birth assigned sex (Ehrensaft, 2017; Kaltiala-Heino et al., 2018).

3.2.4 Psychodynamic models of care

In addition to the three aforementioned treatment models, psychoanalytically-oriented clinicians have emphasised the importance of exploring psychological problems that may have contributed to the development of an atypical gender identity and gender dysphoria. Clinicians working within the Atypical Gender Identity Model (AGID), developed at the Tavistock Gender Identity Development Service in London, are less focused on predicting the development of persistence and desistance (Di Ceglie, 2009). The aim is to formulate some developmental processes based on an assessment of important incidents in the young person's life, both in relation to gender and life in general (Di Ceglie, 2009). The aim is not to identify causes for atypical gender identity development, but rather to foster exploration and curiosity about subjective experiences of gender. The psychoanalytic concepts of symbol formation and symbolic thinking — meaning, the ability to verbalise and represent psychological needs and motivations — are used as a framework of understanding for the young client's unique atypical gender identity development. The goal is to continually evaluate how gender identity is organised on an individual's psychic level, and how it develops in relation to social discourses as well as family and peers (Di Ceglie, 2009). Clinicians are encouraged to be non-judgemental towards the young person's gender identity. Clinical attention should instead be directed towards the accomplishment of important developmental tasks and getting in touch with unconscious thoughts, feelings and identifications that are not symbolised. These therapeutic strategies are aimed to help clients symbolise their hatred towards the body, combined with exploring new ways of doing gender in order to foster embodiment and an increased one's ability to live with the body as it is (Saketopoulou, 2014).

3.2.5 Standards of care

An additional source to clinical treatment guidelines is the 'Standards of Care' (Coleman et al., 2011), published by World Professional Association for Transgender Health (WPATH) since 1979, now in its seventh edition. The purpose has been to promote the highest standards of care for TGNC people by developing best practice guidelines. Both the

organisation and the authors of the guidelines are largely based in the U.S., but the goal is to encourage a standardised knowledge platform for care for TGNC care-seeking people globally. 'Standards of Care' recommends that TGNC youth struggling with GD start on puberty blockers after the onset of puberty, as in line with stage 2 of the Tanner scale (Hembree et al., 2017). The Tanner scale is an international classification system for the development of puberty based on outer bodily development, such as breasts for those assigned female at birth, and penis growth and facial hair for those assigned male at birth. The Tanner scale includes five stages. Cross-sex hormones are not recommended until the age of 16, and the lower age limit for surgery is 18. The guidelines are based on the recommendations made by the International Society of Endocrinology (Hembree et al., 2017). The same guidelines recommend that the young person should not be on puberty blockers for longer than four years. Some clinicians have therefore argued that in some cases, if puberty has started as early as the age of eight or nine, cross-sex hormones might be beneficial (Hembree et al., 2017). Furthermore, WPATH recommends that the young person and their family are supported by an interdisciplinary team of medical, psychological and social professionals. According to the Standards of Care, clinicians working with children and youth should have a developmental approach, valuing greater fluidity regarding both gender and identity issues in general, compared to adults.

Furthermore, the Standards of Care relies heavily on the so-called *informed consent model* (Schulz, 2018). This model is rooted in biomedical ethics (Beacuchamp & Childress, 2009). From this perspective, patient *autonomy* is the first principle of good treatment. The second principle of good treatment is the concept of *non-maleficence* — similar to 'primum, non nocere' — which means that medical professional should do no harm. The third principle refers to *beneficence*, which is the need to choose treatment that is assumed to benefit the patient. The fourth principle, *justice*, refers to the moral obligation of treating patients in a just and non-discriminatory manner (Beacuchamp & Childress, 2009). Informed consent implies that the patient, e.g., a young person seeking medical help to alleviate distress associated with GD, is informed about the potential negative long-term consequences of medical treatment. As a consequence, WPATH recommends that an interdisciplinary team of professionals evaluate whether the young care-seeking person has the capacity to understand long-term and short-term consequences of both reversible and irreversible medical treatment. This includes the ability to understand what bodily changes are realistic or not (Schulz, 2018). A part of this process, according to WPATH, is that mental health professionals make psychological

assessments in order to ensure that co-occurring psychological disorders are dealt with if necessary. The development towards increased patient autonomy reflects a general tendency within medical treatment (Beauchamp & Childress, 2009).

3.3 Living conditions, quality of life and mental health amongst TGNC youth with GD

What do we know about the livelihood and health of TGNC children and youth seeking care for alleviating GD? Empirical research on TGNC children and youth has grown significantly over the last decade (Leibowitz & de Vries, 2016; Sevlever & Meyer-Bahlburg, 2019; Sweileh, 2018). At the same time, the rate of adolescents referred to gender identity clinics for GD has markedly increased the past two decades (Arnoldussen et al., 2019; Kaltiala et al., 2020a).

3.3.1 Psychological functioning

How can we summarise the mental health of TGNC youth seeking gender-affirmative care? Systematic studies assessing the prevalence of psychiatric symptoms indicate that between 20 and 60% of the youth being referred to gender identity clinics in the Western world reported a history with emotional and behavioural difficulties and suicidal behaviour. At the same time, studies vary significantly (Leibowitz & de Vries, 2016; Janssen et al, 2019). A significant proportion of TGNC youth with GD presents with serious psychiatric illness, but the picture is not clear and the cited percentages range widely (de Graaf et al., 2020). Six to 42% of TGNC youth with GD report depressive symptoms, 10–45% report suicide attempts, and 14–39% report self-injury thoughts and behaviour as well as anxiety disorders including ADHD (Janssen et al. , 2019). In addition, there is a significant overlap between GD and autism spectrum disorders, with a prevalence rate varying from 6 to 20% (ASD) (Janssen et al., 2019; Kaltiala-Heino et al., 2018). Thus, when cisgender youth and TGNC youth are compared, higher rates of mental health concerns across symptomatology become visible (Reisner et al., 2015).

3.3.2 The minority stress theory on the association between TGNC and co-occurring mental health challenges

Minority stress theory has been suggested as a perspective to study the association between TGNC individuals and co-occurring mental health challenges (Hendricks & Testa, 2012). In fact, one of the strongest factors associated with mental health challenges is poor relations to peers, which, according to the researchers, indicates that a lack of tolerance for

gender variations is the most obvious explanation for poor mental health (Leibowitz & de Vries, 2016). TGNC youth are at higher risk of social stigma, including bullying and family rejection, due to gender non-conformity, in addition to poor access to care (Reisner et al., 2015). Globally, the prevalence of substance abuse, homelessness and prostitution among TGNC people is higher than in the general population (Stieglitz, 2010). Historically, we know that TGNC people have been prone to seek illegal or marginalised means such as prostitution to finance medical treatment. Homelessness, exposure to violence and substance abuse are often associated with such living conditions (Stryker, 2017).

The minority stress theory was originally developed to study mental health amongst lesbians, gays and bisexuals, by integrating theoretical insights from social psychological studies on the relation between stress, self and identity (Meyer, 1994). It suggested that the higher incidence of mental disorders found amongst the lesbian, gay and bisexual population was related to "a hostile and stressful social environment" (Meyer, 2003, p. 674). Thus, Meyer (2003) extended the definition of stress to include conditions related to systematic discrimination of minority groups, and not only personal events. More precisely, Meyer (1994) proposed three processes that contribute to minority stress: (1) adverse external events that take place in the person's life due to their minority status — referred to as objective stressors, such as a lack of legal protection against discrimination and threats to safety and security; (2) anticipation and expectation of external stressful events in the future and in specific situations that create vigilance about and a fear of disclosing gender identity status in certain situations; and (3) the internalisation of negative social attitudes towards one's own minority group — in the case of TGNC people, this is referred to as *internalised homophobia*. Furthermore, Meyer (2003, p. 676) built on social psychological theories on group categorisation based on for example gender, sexual orientation or ethnicity as "an anchor for self-definition". Therefore, the categorisation of people into groups and the process of being ascribed a group identity impacts on the individual's sense of self (Meyer, 2003). Group cohesiveness, community and validation between minority group members has also the potential to contribute to increased self-worth (Meyer, 1994).

In addition, it is hypothesised that individuals with more complex self-identities — who are in the final stage of *identity synthesis,* according the stage models of identity development — are less prone to minority stress and adverse mental health effects (Meyer, 2003). The minority stress theory has increasingly been adopted to study the TGNC

population, amongst both adults (Hendricks & Testa, 2012) and adolescents (Chodzen et al., 2019). Hendricks and Testa (2012) suggested that adverse judgements and stereotypes of TGNC people in society lead to negative cognitions about one's own self among gender minority individuals, and they found that social isolation from other TGNC people was predictive of suicidal behaviour. Thus, researchers working within minority stress theory have suggested that harassment and stigma lead to internalisation of transphobic attitudes, resulting in self-hate and loss of self-worth amongst TGNC individuals (Hendrics & Testa, 2012; Chodzen et al., 2019).

3.3.3 Clinical outcome studies

In contrast to the first outcome studies on the Dutch model of care (de Vries et al., 2014), clinical research from recent years has indicated that a bigger proportion than those youth who were included in the Dutch trials have a history with serious illness (Carmichael et al., 2021; Kaltiala et al., 2020b). Clinical research from Finland have indicated that a considerable number of youth, most of them birth-assigned females, that start on medical treatment struggle with serious psychiatric symptoms and suicidality (Kaltiala-Heino et al., 2015). So far, the outcome studies have suggested that these symptoms continue after medical treatment (Kaltiala-Heino et al., 2015). The same results have been found in gender identity clinics in other countries (Carmichael et al., 2020; Connolly et al., 2016). Some clinicians are today worried that GD could be a symptom of underlying mental health challenges, such as traumatic loss or other stress inducing incidents (Bell, 2020; Drescher & Pula, 2014). The common conclusion across studies is that outcome studies over time are needed to follow the long-term development (Leibowitz & de Vries, 2016). There are disagreements among clinicians and researchers on how to interpret the shift in the outcome data (Costa et al., 2016; Ehrensaft, 2017; Drescher & Pula, 2014). The Dutch model includes first and foremost TGNC youth with a long history of GD (early onset) who report that GD increased significantly after the onset of puberty. In addition, they should present without serious psychiatric symptoms, and their family should be supportive of sex reassignment (de Vries et al., 2014; Zucker, 2019).

What about the young people who make up the large increase in referrals over the last decade, characterised by later onset of GD? A background of co-illness and suicidality and an absence of history with GD in childhood, coupled together with an often very sudden onset of GD, worry both clinicians and researchers (Arnoldussen et al., 2019). The more conservative clinicians hesitate to offer proactive medical treatment to reduce GD, because they are

concerned that GD is a symptom of underlying mental health challenges (Bell, 2020). Clinicians working within the gender-affirmative model, on the other hand, argue that psychiatric symptoms and distress are the result of discrimination and a lack of tolerance among family and friends (Keo-Meier & Ehrensaft, 2018; Olson-Kennedy et al., 2016). These assumptions lean on research within the aforementioned *minority stress theory*, arguing that discrimination and socials distress result in higher degrees of psychiatric symptoms among those who are gender-, sexuality- and other minorities (Meyer, 2003). This perspective has been adapted within research on livelihoods of TGNC youth with GD (Chodzen et al., 2019). However, it is a challenge when conducting empirical research based on quantitative methods to evaluate the direction of effects. More specifically, it is difficult to evaluate whether the higher risk of serious psychiatric problems among the majority of those who are referred to gender-affirmative care after the onset of puberty is caused by a lack of tolerance or by an underlying vulnerability for psychiatric illness (Sevlever & Meyer-Bahlburg, 2019). Some preliminary data have suggested that these youth do not benefit from medical interventions (Kaltiala-Heino et al., 2015). However, the outcome of the increasingly offered medical treatment in the long run should be evaluated carefully (Levine, 2018). Could there be other factors, apart from GD, that underlie some of the increased degree of psychopathology amongst newly referred TGNC youth? De Graaf and colleagues (2020) have for example found a significantly increased risk of suicidal ideation and behaviour among those assigned female gender at birth, compared to their male-assigned peers.

3.3.4 Two developmental pathways?

Based on empirical research from the last three decades, two developmental pathways have been suggested regarding the beneficial effects of medical treatment for GD (Zucker, 2019; Sevlever & Meyer-Bahlburg, 2019; Kaltiala-Heino et al., 2015). The first developmental pathway refers to those who have had signs and symptoms of GD and gender non-conformity since early childhood. Subjective experiences of GD and associated distress such as psychiatric symptoms have increased dramatically after the onset of puberty, and the youth have benefited from puberty blockers, followed by cross-sex hormones after the age of 16 (Arnoldussen et al., 2019). This group has previously been referred to as ‘early onset’ GD (Zucker, 2019). Furthermore, young TGNC people belonging to this group typically have supportive family and friends. The characteristics of this so-called early onset group resemble those who have been included in the Dutch clinic. The second developmental pathway refers to the group of young TGNC people who have been increasingly referred to gender identity

clinics over since the early 2010s. Most of these youth have no previous history with cross-gender identification or other signs of early onset of GD (Butler et al., 2018). On the contrary, for many, the debut of GD happens years after puberty onset (Kaltiala-Heinio et al., 2018). Some have suggested referring to this group as *rapid onset gender dysphoria* (ROGD) (Littman, 2018). This label was suggested based on the results from an online study that recruited 256 parents of TGNC youth that had very recently developed GD. Of the participants, 82% were parents to birth assigned females. Littman (2018) identified several factors, in addition to female birth-assigned sex, that characterised the ROGD group: (a) the coming out as transgender appeared 'out of the blue' to the parents; (b) these youth had struggled with mental health diagnoses and psychosocial challenges before they developed GD; and (c) their psychosocial functioning worsened after coming out as TGNC. According to the parents, the youth had been exposed to what they considered to be a 'transgender subculture'. For this reason and other potentially transphobic and pathologising underpinnings, the ROGD label is considered controversial (Restar, 2019). The discourse of ROGD moreover suggests that the individuals belonging to the increasing number of TGNC youth presenting with serious psychopathology and no history of GD in childhood have been influenced by exposure to transgender identities and gender-affirmative care, without specifying the potential underlying mechanisms of such a development, for example minority stress (Ehrensaft, 2017).

Having these concerns in mind, Littman's (2018) study may contribute to a patchwork of empirical studies on characteristics of the TGNC youth that have been referred to the clinic the last years. Studies indicate that an overwhelming majority of the young TGNC people who seek medical treatment today were assigned female at birth. They report little or no history of gender non-conformity in childhood, and they developed GD long after puberty onset (Olson-Kennedy et al., 2016). Furthermore, as previously mentioned, there tends to be a higher prevalence of co-occurring mental health diagnosis and self-harm among those who are referred to the clinic today, both compared to their cisgender peers and the highly selected groups that were included in the first outcome studies (Arnoldussen et al., 2019; Kaltiala-Heino et al., 2018). It has therefore been suggested that some of the adolescents belonging to the growing group are struggling with identity formation in general (Zucker, 2019). Perhaps their gender identity exploration, and the subsequent development of subjective experiences of GD, is related to a more general identity formation process of youth with a history of psychosocial challenges and lack of belonging to peers (Zucker, 2019; Kaltiala-Heino et al.,

2018). Regardless of whether GD is related to underlying co-occurring mental health challenges or lack of tolerance from early childhood, there is reason to believe that when the gender identity development of youth belonging to the growing TGNC group is embedded with serious mental health challenges, this has consequences for the treatment approach and development of evidence-based protocols (Sevlever & Meyer-Bahlburg, 2019). This is especially relevant when TGNC youth, together with clinicians and their families, are in the process of making decisions regarding medical treatment with potentially life-long effects.

3.4 Summary

Over the last decades, research on TGNC people's lives and experiences has emerged as a growing field. Gender non-conformity and cross-gender identification amongst children is not a new phenomenon; it has traditionally been referred to as *early onset GD*. Research has indicated that a majority of children with early onset GD will develop a gender identity in accordance with birth-assigned sex after puberty onset, referred to as the *desisters* in the literature. The remaining minority experience that GD increases after puberty onset, referred to as *persisters*. The interaction between social, psychological and biological factors has been suggested as contributing to the development of early onset GD. The literature on normative gender identity development has been transferred to research on TGNC children and youth. Early onset and persisting cross-gender identification has been hypothesised to be associated with a lag in gender constancy, referring to the developmental milestone of achieving a sense of gender that is stable, unchangeable and in accordance with birth-assigned sex. Furthermore, stage models of TGNC identity development have also been suggested, building on the Eriksonian perspective from mainstream social science and psychology on the importance of resolving tasks at each stage to further develop a self and identity. Since the 1990s, the persisters have increasingly been offered medical treatment aimed at altering the body to be more in accordance with gender identity as a measure for alleviating GD, referred to as the Dutch model. The first youth being offered such treatment were selected based on strict criteria in relation to psychosocial functioning and support, and the first outcome studies were promising. Today, the gender-affirmative model of care has gained terrain, emphasising early social and medical transition into the preferred gender. In addition, the number of adolescents being referred to gender-affirmative treatment has multiplied over the last ten years. Today, the group of help-seeking TGNC youth are more likely to suffer from co-occurring mental health challenges in comparison both with cisgender peers and with those who were referred to treatment before. In addition, a majority of the referrals are today birth-

assigned female, and most of them did not experience GD as children. The preliminary outcome studies indicate that those who struggled with co-occurring mental health challenges do not seem to benefit from medical treatment in the same way as the first evaluative studies indicated. It has therefore been suggested that there are two developmental pathways of GD. The first is represented by the experience of early onset GD that persists into adolescence. The distribution between birth-assigned sexes is more or less the same within this group, and most of them seem to benefit from medical treatment. The second is found amongst those who have been referred in recent years. A vast majority of these youth are assigned female at birth, some with a history of co-occurring mental health challenges and onset of GD a couple of years after beginning of puberty. Researchers and clinicians are therefore discussing how to understand these different developmental pathways of GD in adolescence, especially amongst those who belong to the second group.

4 Underlying nuts to be cracked: The conundrum of sex and gender – initial attempts to clarify

In English, one distinguishes between sex and gender. *Sex* refers to the biological make-up by which members of species, including humans, can be divided into two major forms; males and females, which complement each other reproductively (Fausto-Sterling, 2019). *Gender*, on the other hand, can be defined as the set of beliefs and practices associated with sex, more precisely what distinguishes between masculine and feminine, and therefore between males and females. Historically in the Western world, one of our strongest cultural beliefs is that sex and gender are the same. People therefore tend to use the terms interchangeably (Stryker, 2017). In Norwegian, only one word – *kjønn* – refers to both sex and gender. Instead of talking about sex or gender, it is common to specify whether one refers to the social and cultural aspects of *kjønn* or to biological features (Lorentzen & Måuhleisen, 2006). Some criticise the lack of distinction between sex and gender, claiming that it confuses the debate and results in endless theoretical disputes amongst feminists regarding the nature of sex and gender (Walton, 2020). Other commentators are more content with the lack of distinction between the two terms, suggesting that it leaves the question of sex and gender more open (Espseth, 2017). From time to time, debates concerning sex and gender surface in Norwegian public media. Recently, a debate has emerged in relation to proposals concerning medical treatment of GD. A recent example is a discussion between medical doctors regarding the meaning of sex and gender. One doctor claimed that sex is diverse, because recent research on sexual differentiation indicates that the categories of female and male are too rudimentary to capture the complex development of sex in each individual (Slagstad, 2018). Two conservative Christian doctors and one philosopher responded promptly that reproduction demonstrates that more than two sexes is impossible (Onsrud et al., 2018). This example from Norwegian public debate illustrates the importance of trying to clarify what we refer to when we talk about sex and gender. This is especially relevant in order to improve our understanding of GD, because the experiences of TGNC people challenge our taken-for-granted notions about sex and gender (Stryker, 2017). In the following, I will first try to define sex and gender before I examine more closely how the tension between what constitutes sex and gender respectively is important within the field of GD and TGNC experiences. Then, I analyse the tension between sex and gender in light of the neighbouring discussion of social constructionism and essentialism in order to show that the sharp division between what belongs to sex and gender might complicate more than it clarifies, if our goal is

to improve our understanding of GD and TGNC experiences. In the end, I introduce some queer-theoretical perspectives on how to further analyse the subject matter of sex and gender.

4.1 Defining sex – the conventional definition

"Why do males and females behave differently?" asked neuroscientist Melissa Hines (2010). The development of sex differences is partly claimed to be the result of inborn factors (Hines, 2010). The biological differences between males and females are the result of a complex process of *sexual differentiation* that begins already in the womb (Wilson & Davies, 2007). Sexual differentiation is the process by which male and female characteristics develop. The biological make-up of sex refers to the complex developmental interaction between chromosomes, hormones, hormone receptors, primary and secondary sex characteristic and neurochemistry (Wilson & Davies, 2007; Fausto-Sterling, 2012). In mammals, like humans, sexual differentiation results from *chromosomal* differences. Males have an XY chromosome and females an XX, thus, the presence or absence of a Y chromosome makes the difference (Wilson & Davies, 2007). *Genetic sex* is determined by chromosomal sex, because the X and Y chromosomes carry with them thousands of genes. The process of sexual differentiation begins immediately after conception, and sexual differences can be seen, for example, in the size of the foetus. The most determining sexual event is the differentiation of the genital ridge into testes, which only occurs in the presence of Y chromosomes, therefore forming males (Wilson & Davies, 2007). This process results in the development of *hormonal sex.* Testes are the male gonads and ovaries are the female. The gonads are important, because this is where the *gonadal hormones* are produced. Gonadal hormones are testosterone, androgen, oestrogens and progesterone (Hines, 2010).

Darwin's theory of sexual selection suggests that different mating choices have shaped the evolution of sex differences between males and females. However, as neuroscientist Melissa Hines (2010) explained, it is both controversial and challenging to apply an evolutionary perspective, because genetic explanations are distal explanations of the observable behaviour. The distal processes act through proximal mechanisms, which can be observed more directly. One such prominent proximal mechanism is related to differences in the amount of testosterone to which male and female foetuses are exposed (Hines, 2010). One important hypothesis is that prenatal exposure to testosterone influences of human neural and behavioural development, and this is supported by thousands of experimental studies in non-human mammals (e.g., monkeys and rodents). The influence of testosterone on behaviour acts through brain development. Already within the first weeks after conception, the testes begin

to produce testosterone, which results in significant differences between male and female. The hypothesis is that testosterone acts through androgen neural receptors in certain brain regions, influencing cell survival, anatomical connectivity and neurochemical specificity that ultimately produce sex differences in brain structure and function (Hines, 2010). Early exposure to testosterone and hormones produced from testosterone shape brain development in regions with receptors for these hormones. As a consequence, they manifest as behaviour throughout life (Hines, 2010). One such behaviour that is assumed to be produced by these early sex differences is s sex-typed play amongst children, but sex differences in behaviours such as personality characteristics and motor performance have also been identified (Hines, 2010). One important source of evidence to the hypothesis are findings from studies on girls with high levels of the masculinising hormone *androgen* (due to intersex/Disorder of Sex Development [DSD]) and external genitalia that are virilised show increased male-typical play behaviour. Historically, critics have suggested that these girls show a stronger preference for male-typical behaviour because they have been socialised differently than other girls due to their virilised external genitalia (Hines, 2010).

Hines argued, however, that it is not possible to rule out the socialisation hypothesis, especially if the connection between distal explanations (such as genetics) and proximal mechanisms are not identified. Researchers have investigated children's preferences for various shapes of toys in order to identify the mechanism through which prenatal androgen exposure might influence sex-typed play, but this was not the case (Hines, 2010). Another possibility that has been suggested to account for sex differences is that boys prefer toys that can be moved in space. The hypothesis is that prenatal androgen exposure influences on the development of the visual system, making boys more visually prone to observing moving objects. These differences in the visual system are therefore hypothesised to explain why male children prefer a distinctive type of play behaviour. Since these children are more prone to prefer typically male toys, they are more likely to play with boys, which result in a more masculine socialisation (Alexander, 2003).

Furthermore, core gender identity — which in chapter 1 was defined as the basic awareness of being either male or female — has been hypothesised to be linked to early hormone exposure. This has been supported by studies indicating that females with an intersex/DSD condition that results in an increased production of the masculinising hormone androgen are 100 times more likely to develop GD (Hines, 2010; Slijper et al., 1998).

However, the same studies indicate that psychosocial factors such as the mismatch between one's socialisation as girl and the development of bodily characteristics typically associated with boys could be an explanation. Interestingly, research on TGNC individuals and the increased association between people with intersex/DSD and GD has been influential in the mainstream research on sex differences in testing hypotheses (Hines, 2010).

Lately, there has been a growing field of literature studying whether the brains of TGNC people are most similar to the brains of cisgender people with the same gender identity or same birth-assigned sex (Nguyen et al., 2018). Brain-imaging studies indicate that the brains of TGNC individuals are closer to the average brain of members with the same gender identity with respect to cerebral and grey matter volume and performance on gender-biased cognitive tasks (e.g., verbal and spatial tasks). Gender-affirmative hormonal therapy has been suggested as one cause of this (Nguyen et al., 2018).

My point in addressing these perspectives has not been give an exhaustive lecture on the complex field of sex differences, but rather to provide some examples of proximal mechanisms that might help link sex with gender identity and gender role (Hines, 2010; Fausto-Sterling, 2012). Furthermore, I want to give insight into the complex and dynamic process of sexual differentiation that ultimately result in two phenotypes: male and female. Within genetics, *phenotype* refers to those characteristics of an individual that are directly observable, in contrast to *genotype*, which points to the information that is carried within a gene (Wilson & Davies, 2007). Traditionally, at least in the Western world, new-borns are assigned either male or female sex, based on their external genitalia (Stryker, 2017). Recent research on the development of sexual differentiation indicates that these two dichotomous labels are imprecise and thus are in danger of overlooking the complex development of sex. Hormonal sex, especially sex differences in exposure to testosterone prenatally that might influence on how individuals relate to objects in space, might help us link sex and gender. Still, it remains to be answered how distal, genetic sex factors influence differences between the two genders that we traditionally employ (Hines, 2010). To put it more simply, how are differences in distal factors transformed into behaviour and the social membership as either man or woman? This leads us to the next topic.

4.2 Defining gender

Gender can be defined as the attitudes, feelings and behaviours that are associated with a person's sex in a given culture (Unger & Crawford, 1993). It concerns the social roles,

gender expression, values and gender identities that are offered in social life (Stryker, 2017). Gender can also be defined in a broader sense, referring to social systems and social practices that create and maintain relations of inequality between men and women (Wharton, 2012). The former definition is closer to an *individualist approach*, focusing on gendered personality traits, feelings and sense of self. Within this perspective, the individualist approach, the framework of *socialisation* is popular, focusing on the individual's adherence to social norms and practices (Maccoby, 1998). The argument underlying socialisation is that boys and girls, based on their birth-assigned sex category, are socialised differently. The *contextual* approach, on the other hand, is more interested in how gender is embedded in social structures and institutions that are *outside* of and independent from the individual. Today, gender is investigated on different levels, acknowledged as a "multilevel phenomenon" (Wharton, 2012, p. 9). Gender was originally used as a term in linguistics that describes the formal rules for feminine and masculine designation. Feminist scholars began to use gender in the 1970s to refer to the social organisation of the relation between the sexes (Unger & Crawford, 1993). Thus, gender was established as the opposite of sex, and the social perspective on the relation between men and women became popular amongst second-wave feminists in the 1970s and onwards (Macey, 2000). Earlier feminist theorists had also argued that differences between men and women are not biologically determined, but heavily influenced by social and cultural norms. This is famously exemplified by the French philosopher Simone de Beauvoir (1949/2000), who claimed that 'one is not born, but rather becomes, a woman'. However, the perspective of gender has helped refocus the critical examination of underlying norms that produce sex differences. The perspective of gender was launched as a critique of the biological determinism underpinning terms such as sex and sex differences (Unger & Crawford, 1993; Sedgewick, 1990).

4.2.1 Some attempts to conceptualise gender

Before gender was launched, the concept of *sex roles* had been suggested for analysing social influence on sexual differences. Sex role refers to a *self-concept*, or a *cognitive scheme*, that has internalised appropriate norms for male and female behaviour (Kohlberg, 1966). Highly sex-typed individuals are motivated to achieve consistency between their behaviour and their internalised sex-role standard. Within this perspective, a male with a narrowly masculine self-concept might inhibit behaviours that are viewed as stereotypically feminine (Kohlberg, 1966). Gender is therefore produced through social-learning processes of *modelling* (Maccoby, 1998). These behavioural distinctions between men and women are first

and foremost a 'group-contextual kind' that plays out when men and women meet (Maccoby, 1998, p. 12). Traditionally, the male-assigned gender role is *masculine*, associated with an instrumental orientation that is characterised by a cognitive focus on 'getting the job done' (Bem, 1974, p. 156). The female-assigned gender role, on the other hand, has traditionally been *feminine*, associated with an expressive orientation towards affects and others' well-being (Bem, 1974). Later, the concept of sex role was criticised for its explicit contrast between masculinity and femininity, ignoring the possibility of an androgynous self-concept that includes both feminine and masculine traits (Bem, 1974). The 'Bem Sex-Role Inventory' (BSRI) was launched as a questionnaire to measure 20 personality traits associated with femininity and masculinity. The aim with BSRI was to empirically investigate the potential effect of masculinity and femininity norms on the internalisation of a sex-role standard. Thus, a personality trait was classified as masculine if it was deemed to be appropriate and desirable for males and feminine if it was deemed to be appropriate and desirable for females. In addition, the BSRI opened up for the possibility that individual males and females might be characterised by *both* feminine and masculine personality traits, therefore an androgynous personality (Bem, 1974). The early research on BSRI and sex-typed behaviour and personality indicated that individuals characterised by highly sex-typed responses aimed to achieve consistency between their internalised self-concept and their description of oneself. Furthermore, the research also demonstrated that androgyny — low sex-typed behaviour and personality traits — was more common than assumed (Bem, 1974). Later studies on the previously mentioned *inversion theory* (see chapter 2) demonstrated that the perspective that male homosexuals are similar to female heterosexuals and female homosexuals are believed to be similar to male heterosexuals was still implicitly endorsed by many in the public (Kite & Deaux, 1987). These results indicated that stereotypes about gender and sexuality might survive despite the documented tendency towards androgyny and equality between men and women in terms of personality and behaviour (Kite & Deaux, 1987). Common to all these perspectives is a focus on how ideas and norms regarding how men and women *should* behave are internalised and thus influence individuals' self-concepts.

4.2.2 The gender similarities hypothesis

As a contrast to the model of sex differences that traditionally has dominated popular media and public life in general, Hyde (2005) suggested the *gender similarities hypothesis*: males and females are similar on most, but not all, psychological variables. According to Hyde (2005), Maccoby and Jacklin's 1974 study found little evidence for psychological sex

differences. However, they found that those studies which investigated sex differences focused on the few variables in which men and women tended to differ — verbal ability, visual-spatial ability, mathematical ability and aggression — instead of on all the factors where no differences were found (Hyde, 2005). As a response to this, Hyde (2005) reviewed 46 meta-analyses of studies investigating psychological differences between men and women. The research questions of the meta-analyses were categorised into six types: (1) assessing cognitive variables, such as intellectual abilities, (2) assessing verbal or nonverbal communication, (3) assessing social or personality variables, such as aggressiveness, pro-social behaviour, sexuality, leadership and the big five personality traits, (4) assessing well-being, such as self-esteem, (5) assessing motor behaviours, such as throwing distance, and (6) assessing miscellaneous constructs such as moral behaviour. Hyde (2005) found differences between men and women only in throwing distance and to some degree in sexuality, particularly regarding frequency of masturbation. Furthermore, the differences in relation to aggressiveness were deemed ambiguous, because women tend to show higher levels of relational aggressiveness, while men tend to be more physically aggressive. Thus, Hyde (2005) concluded that membership to the categories of men and women are not suited to predict individual performance on these psychological measurements. Despite this, popular assumptions regarding men and women continue to influence how people think and feel about themselves. According to Hyde (2005), one consequence of what she referred to as the myth of gender differences is that men might end up believing that they are not able to exert care, while women may aspire to the expectation of nurturing in order to not be interpreted as aggressive. Again, it is suggested that gender differences are internalised through self-concepts, or cognitive schemes, as Kohlberg and his colleagues (1966) referred to it. Therefore, assumptions about how men and women *should* behave influences our lives more than *actual* differences. These assumed gender differences might have adverse effects, according to Hyde (2005). She was concerned for example that the popular assumption about the communicative differences between men and women might result in relational conflicts and disrupted family lives. Misguided assumptions about differences might be interpreted as normative in regard to how men and women *should be* (Hyde, 2005).

Hyde (2005) was also concerned that the myth of gender differences might have the damaging consequence of contextual factors for differences being overlooked. A clear example of this is Lightdale and Prentice's study (1994) on the influence of gender roles on sex differences in aggression. The hypothesis was that the social role of either men or women

influenced on the degree of aggression performed. They used the technique *deindividuation* to investigate whether college students felt less obliged to conform to social norms such as gender roles when in an anonymous condition. Lightdale and Prentice (1994, p. 35) defined a social role as "a set of social pressures or expectations that individuals in a given group share in common". Lightdale and Prentice (1994) aimed to investigate whether gender-stereotypic behaviour is caused by social roles that have been *internalised* as a stable characteristic of an individual's personality or social pressure (Lightdale & Prentice, 1994). In the first part of the study, they assessed the participants' implicit theories about whether the deindividuated condition would make women less inhibited in relation to aggressive behaviour, by asking them to predict the aggressive behaviour of men and women in both conditions. The participants predicted that men would be more aggressive than women in both conditions, thus that context would not affect the aggressive behaviour exerted by men and women. In the second part of the experiment, half of the participants were assigned to an individuated condition and the other half to a deindividuated condition. In the individuated condition, the participants were asked to state their name and other personal information before playing a video game in which they first defended and later attacked enemies in the video game by dropping bombs. The other half played the same video game, but in a deindividuated condition: they did not give up any personal information, had no name tags and were sitting far away from the experimenter. The technique of deindividuation is a recognised approach, developed by the social psychologist Philip Zimbardo, to study individuals in a context free from influence from social norms (Lightdale & Prentice, 1994). The results demonstrated that men and women did not differ in aggressive behaviour in the deindividuated condition. This indicates that when women are asked to give up personal information, they are more inhibited from aggressive behaviour, while men feel freer to drop bombs in the video game (Lightdale & Prentice, 1994). Furthermore, the study suggests that the mere awareness of being a woman made the female participants more inhibited and prone to behave in accordance with the social role of women. The study therefore indicates that an important contextual factor underlying gender differences in behaviour is gender roles, or more precisely a self-identification in them that is activated in certain situations.

4.3 Sex vs. gender in GD and TGNC experiences

The distinction between sex and gender has historically been important when regarding how GD and medical sex reassignment has been framed.

4.3.1 Virginia Prince and the transvestite experience

The famous North-American transgender activist Virginia Prince (1973/2005) argued in the early days of gender-affirmative care in the 1970s that the debate concerning treatment needs was blurred because people did not distinguish between sex and gender. Prince (1973/2005) suggested that GD should not be conflated with what she referred to as *sexual dysphoria*, the reason why some TGNC people were seeking medical sex reassignment. As previously mentioned in chapter 2, GD was suggested by Fisk (1974) as the diagnosis required before admission to sex reassignment. Prince (1973/2005) defined herself as a transvestite male, thus a person who wants to live as a woman *socially*. Many transvestites, according to Prince (1973/2005), used to pray to God when they were children that they would wake up in the morning as a girl. As part of her work as an activist, Prince asked her transvestite comrades if it would be enough to have one's genitalia changes:

> Suppose you woke up the next morning and your penis and testicles were gone and you had a vagina. You had the same [male] clothing, took the same books to school, went to the same class, played the same baseball games with the boys and did everything that you did the day before. Would you think that God had answered your prayer? (Prince, 1973/2005, p. 30).

'No, I wanted to be a girl', was the answer that Prince received. Thus, according to Prince (1973/2005), the deep longing since early childhood to wake up in the morning as a girl, that so many male transvestites like her have felt, is a wish belong to the other *gender* — which cannot be resolved through medical treatment. Sex and gender should therefore not be conflated.

4.3.2 Introducing Robert Stoller

Robert Stoller, psychiatrist and psychoanalyst and another key figure in the history of TGNC, GD and the development of sex reassignment, grappled with the same differences between sex and gender. According to Stoller (1964, p. 453), "It is rarely questioned that there are two biologic sexes, male and female, with two resultant genders, masculine and feminine". According to Stoller (1964, p. 453), every person is at birth ascribed "an absolute position as a member of one sex or the other, with the result that one develops a sense of belonging to one gender". As mentioned in chapter 3, Stoller (1964) suggested that the child's first awareness of belonging either to the male or female group, 'I am male' or 'I am female', reflects a *core gender identity* that is the result of the child's perception of its external

genitalia, together with a 'biological force' which results from the person's sex. This process happens in the context of infant-parents relationships. Stoller (1964) suggested that although core gender identity is established before the ages of three to five, the process continues until the end of adolescence. Furthermore, although core gender identity is fully established by the first years, psychic conflicts that occur later in late, such as penis envy and castration anxiety, is part of the development of *gender identity*. Hence, according to Stoller (1964), there is a distinction between the first basic awareness of being either male or female (core gender identity) and gender identity, the latter of which refers to the later development of femininity and masculinity. It seems that *core gender identity* is equivalent to the two sexes, male and female, while *gender identity* refers to masculine or feminine (Stoller, 1964). In order to prevent problems later in life, it is pivotal, Stoller (1964) explained, to establish a core gender identity during the first years of life. The immediate statement by a doctor, assigning a legal sex based on the external genitalia, lays the foundation of the development of a core gender identity, based on the child's perception of the external genitalia. In addition, a *biological force* contributes to gender identity development. The parents follow then the doctor's statement, and help the infant identify in accordance with birth-assigned sex. Thus, gender identity is produced by the infant-parents relationship. Most children develop a core gender identity withen the first years according to birth-assigned sex (Stoller, 1968).

However, Stoller (1964) argued that it is possible to develop an ambiguous core gender identity, or the core gender identity of the opposite sex. This could happen in some cases of intersex/DSD, where the doctors are unable to evaluate whether the external genitalia are male or female (Dønåsen & Lundberg, 2017). Stoller (1964, p. 455) referred to a patient of his who was born with an enlarged clitoris and raised female but had parents who were not fully convinced that she was a girl. Sometimes, the person was sanctioned by her parents for not being 'lady-like', while at other times, she was allowed to dress in her father's clothes while helping him at the farm. Later, when she observed other children's genitalia, she became aware of being different from them. The person was, Stoller determined, fully ambiguous regarding her core gender identity. She presented herself for some years as a masculine female and underwent a feminising surgery to reduce the size of her clitoris. Then, after several years of socialising in a homosexual community and living as a lesbian, the person came to Stoller and his colleagues for treatment. It appeared to Stoller that the person's ambiguous identity from childhood had been repressed, and only later in life did it reappear. The person then went through a masculinising surgery. At the same time, and related to the

new awareness of himself as a man, the person fell in love with a woman whom he married. He then lived as a heterosexual man. Stoller explained that such cases indicate that some people who are intersex or have DSD (whom he called 'hermaphrodites') have not developed a basic sense of being either male or female, because their parents were not able to maintain a consistent interpretation of the genitals and socialise them accordingly. Stoller's (1964) account illustrates how confusing the terms of sex and gender might be, because even the establishment of a core gender identity, based on the perception of external genitalia, seems to be the result of a complex interaction between the corporeal body, the parents' attitudes, the development of a personality with neuroses and conflicts, and the person's unique perception of their own body. Like Prince (1973/2005), Stoller (1964) distinguished between sex and gender when he claimed that transvestite men wish to be dressed in women's clothing but do not "truly feel that they *are* females" (Stoller, 1964, p. 453 [emphasis in original]). Thus, their core gender identity is male, or, as Stoller (1964, p. 453) states, "Only later, as the personality develops, will this male core gender identity be overlaid by the gender identity of a much more feminine cast". Based on his clinical work, Stoller (1968) later suggested that in contrast to intersex/DSD individuals, TGNC children assigned male at birth might have developed a core gender identity of the opposite sex because of identification with their mother. He argued in a similar vein as Kohlberg (1966) and Zucker and colleagues (2012) when he suggested that the core gender identity for most children is established when the capacity for concrete operational thought is acquired at the age of five. Stoller (1968), as a psychoanalyst, referred to this as the pre-oedipal phase. However, both Stoller (1968) and Zucker and colleagues (2012) argued, from a normative standpoint, that TGNC children 'misinterpret' their gender in these formative years, resulting in an unalterable gender identity.

I have introduced Prince and Stoller to illustrate how assumptions regarding sex and gender have influenced major discussions regarding gender identity, sex reassignment and TGNC people's subjective experiences. The tension between what respectively belongs to sex and gender derives from a conundrum that goes beyond the apparently self-evident distinction between bodily aspects and social processes. Both Prince and Stoller's studies provide salient examples of attempts to describe how subjective experiences of GD reflect the struggle to bring alignment between body and gender. Furthermore, both the concept of sex and gender leave unanswered what aspects belong to which of the two domains. As outlined in the introduction, GD is still referred to as the mismatch between gender identity/internal sense of gender and assigned sex at birth (Deogracias et al., 2007). Consequently, GD refers to the

distress that TGNC people experience regarding their "gender identity vis-à-vis one's birth sex" (Deogracias et al., p. 370), or the mismatch between felt sense of gender and sex. However, which aspects are mismatched is still difficult to determine. Nearly six decades after the first clinicians and activists began to conceptually define the experiences of TGNC people, discussions regarding treatment of GD are still centred on questions regarding sex and gender, or what belongs to nature and nurture. Leading gender-affirmative clinician Diane Ehrensaft (2017) claimed for example that the true gender identity of TGNC children and youth is biologically-rooted, while McGuire and colleagues (2018, p. 291 [emphasis added]) claimed that "to conceptualise gender as *only* socially constructed negates aspects of gender that are felt deeply and internally". Thus, both Ehrensaft (2017) and McGuire and colleagues (2018) seemed to posit a social constructionist view on GD as in opposition to "deeply and internally" felt. The questions about the nature of GD that Stoller (1964), Prince (1973), Deogracias and colleagues (2007) and Ehrensaft (2017) were struggling with are typical within the field of TGNC activism and medical care. TGNC people's treatment needs have been — and still are — justified by arguing that the gender identity of TGNC people is to various degrees innate or unalterable (see also chapter 2). Ehrensaft (2017) and McGuire and colleagues (2018) belong to those who most clearly emphasise a biological position, while Stoller (1968) focused on the interaction between children and parents. Both emphasised however the unalterable aspects of a core gender identity. The gender perspective, emphasising the socially constituted aspects, has traditionally been regarded as delegitimising of TGNC experiences by those arguing for sex reassignment (Salamon, 2010). Sex refers to essential features of human nature, while gender emphasises the social constructed nature of differences between men and women (Salamon, 2010). In this way, the tension between sex and gender resembles a debate that has been heavily discussed within feminist theory, gay and lesbian activism and the LGBTQ and TGNC movements in general, namely regarding whether human qualities such as personality and gender-related behaviour are constructed through social and interactional processes between people or reflect an essential feature of human nature (McNay, 1999). Perhaps a detour to the neighbouring conundrum of essentialism and social constructionism might help us illuminate subjective experiences of GD.

4.4 A neighbouring conundrum: Essentialism and social constructionism

Within the gay liberation movement and gay and lesbian studies, the academic tradition emerging from and in parallel with the movement (Clarke et al., 2010), the dominant

position has been an essentialist one. The struggle over essences or social constructions, often referred to as the nature-nurture debate, has been pivotal in gay and lesbian identity politics (Youdell, 2006). The question concerns whether persons and their individual characteristics are natural and innate, which is the essentialist position, or are produced through discourse and language, which is the social constructionist position. The rhetorical and folk psychological manifestation of the essentialist position is that gays and lesbians are 'born this way' (Svare, 1999; Söderström, 1997). The same perspective has been influential on the development of medical care for GD and the TGNC movement (Salamon, 2010). However, in the social sciences and the humanities, especially since the 1970s, this position has been heavily criticised. According to a social constructionist perspective, essentialism presumes innate qualities that overlook the meaning-making processes behind identity formation. Interestingly, the two opposing positions are seldom defined, and the assumed differences are hence not clarified (DeLamater & Hyde, 1998).

4.4.1 Defining essentialism

The concept of essentialism originates from the work of Plato, who posited that shapes have an unchangeable form, or *essence* (DeLamater & Hyde, 1998). For example, a triangle, no matter the size or angles, is intrinsically different from and thus of a difference essence than a rectangle or circle. According to classical essentialism, constancy and discontinuity are crucial elements of the essence. An essence does not change, and it is categorically different from another essence. Thus, there exists no continuum between different essences, such as between a triangle and a circle. However, as DeLamater and Hyde (1998) argued, few modern researchers have the platonic definition in mind. Modern essentialism therefore refers to research and theory that come from a biological basis, usually biological determinism. In modern social science, essentialist positions rely on three different properties: (1) a belief underlying true forms of essences, (2) a discontinuity between different forms rather than a continuum, and (3) constancy (that the phenomena, for example sexuality or gender, does not change over time). More specifically, research within an essentialist perspective usually comes from evolutionary psychology, genetic influences, brain factors and hormones (DeLamater and Hyde, 1998). Following the three criteria outlined, biological theories are essentialist in the sense that within the realm of sexuality, there are two different forms, homosexuality and heterosexuality. However, cultural essentialism is also possible. Within the realm of gender research, theorists like for example Carol Gilligan (1982), who argued that men and women resonate morally and relate socially in fundamentally different ways

then men due to different socialisation, might be labelled *cultural essentialists* (DeLamater and Hyde, 1998).

4.4.2 Defining social constructionism

The theory of social constructionism is distinctive from constructivism, which describes a position within psychology that emphasises the importance of the individual mind in its construction of the reality (Gergen, 2014). Social constructionism is often loosely defined, referring to the study of any social influence on the individual (DeLamater & Hyde, 1998). Based on the influential theoretical programme outlined by Peter Berger and Thomas Luckmann in 1966, Delamater and Hyde (1998) proposed five statements to clarify social constructionism. Firstly, our experience of the world is ordered. Our perception is not a chaotic jungle of pieces; rather, we are able to categorise and order the observations into single events and phenomena. Secondly, language is the foundation of our perception, since it provides us with the categories that we use for ordering our perceptions. Language is constitutive of experience and comes prior to it. Thirdly, the reality of everyday life is shared. This means that other people perceive reality in much of the same way as we do, and language is pivotal for us to be able to share these experiences with others. Fourthly, shared categories used to describe reality become institutionalised. This is made possible through habitualisation, which makes it possible to follow the same routine over and over again and thus makes people predictable. Fifthly, knowledge may be institutionalised at the level of society or within subgroups. This means that shared meaning is carried between individuals. Central to this position is the attention directed towards the external world of the individual. How then are internal sensations understood? According to the *strong versions of social constructionism*, all internal sensations, such as emotions, are sociocultural products. The *weak version of social constructionism*, on the other hand, acknowledges a basic repertoire of natural emotions but considers the socially and culturally conditioned influence as theoretically most important (Bohan, 1993).

4.4.3 Contrasting and comparing social constructionism with essentialism

According to Bohan (1993), the difference between an essentialist and a social constructionist perspective on gender does not lie in the origin of gender qualities, but in their location. From an essentialist stance, one might argue that gendered qualities such as 'relationality' are "internal, persistent, and generally separate from the on-going experience of interaction with the daily socio-political contexts of one's life" (Bohan, 1993, p. 7). In contrast, from a social constructionist stance, one would argue that the same gendered

qualities are not traits of the individual and thus not essentially connected with sex. In this context, sex refers to what is regarded as the biological aspects of gender (Fausto-Sterling, 2019). Gender is, on the other hand, "a construct that identifies particular transactions that are understood to be appropriate to one sex" (Bohan, 1993, p. 7). Thus, the difference between the two positions is to be found in where the qualities are considered to belong — the essentialist position argues that gender resides in the person as a stable and qualitatively different category, while the social constructionism stance argues that it lies in the interaction, more precisely in the common interpretation and negotiation of meaning (Gergen, 2014).

The two positions can be further elucidated through the example of a 'friendly' individual. According to Bohan (1993), within an essentialist model, the individual would be *described* as friendly, while from a social constructionist position, the attention would be directed towards the amicable nature of the conversation in which the quality of being friendly takes place. In the former case, the quality 'friendly' is assumed to represent a trait of the person, while in the latter position, it is understood as the result of an ongoing interaction. In addition, a conversation is considered to be friendly if the participants agree upon the same meaning and interpretation. Whether one has an essentialist or social constructionist approach as an underlying assumption will probably influence on how one as a researcher analyses the empirical material. An essentialist position would probably argue that women are in general friendlier then men, since the quality is understood as a trait that belongs to the individual. This is particularly the case since the quality of being 'friendly' is typically interpreted as a feminine characteristic. A social constructionist stance, on the other hand, would argue that the gendering of friendly transactions is the product of social agreements about the appropriateness of certain behaviour. The differential exposure of men and women to those contexts that elicit friendly behaviour results in a linkage between sex and friendliness, and friendliness becomes gendered. (Bohan, 1993, p. 7)

The three fundamental assumptions behind an essentialist stance are that a quality, such as gender, is (1) located within the individual, (2) can be identified as an essence, and (3) that there is no continuum of differences between opposing categories, such as the two gender categories, because the difference between men and women is qualitative (DeLamater and Hyde, 1998). From this perspective, gender differences would be explained as deriving from sex characteristics. The fundamental assumption behind social constructionism is that a quality such as gender is located and created *between* individuals, and not *within*. (Bohan,

1993; DeLamater & Hyde, 1998). Thus, it seems that the essentialist-social constructionist debate leaves unexplained what happens *within* a person, and how this is related to the interaction *between* the person and the *outside*.

4.4.4 Social constructionism and essentialism in psychology

If we follow the distinctions between essentialism and social constructionism that have been outlined so far, what type of research would be suitable within the two positions? Research within a naturalist paradigm, such as genetics and hormones, would fit an essentialist model. Researchers on sex hormones could assume that its object of study is located within the individual, making it stable over time and possible to identify, if the method of measurement were specific enough. A problem within such a research paradigm, however, would be that it is difficult to link research findings with observable data and identify the causal process (Fausto-Sterling, 2019; Hines, 2010). Furthermore, as previously mentioned, a challenge in research on sex differences is that knowledge on chromosomes, hormones and the brain are distal explanations of behaviour, despite increasing knowledge into the links between prenatal hormone exposure, brain development and behaviour (Hines, 2010; Wilson & Davies, 2007). Social scientists and psychologists doing research on the structural differences between men and women and the relation between them would likely benefit from a social constructionist perspective that highlights contextual factors that influence on the interaction.

Traditionally, psychology has been associated within an essentialist position (Brinkmann, 2008). In a way, this makes sense, because it could be argued that psychological topics such as thoughts, feelings, identity, sense of self, memory and other cognitive functions are located *within* the individual. Identity and a sense of self could be assumed to be constant over time, but that depends on how it is defined. On the one hand, most people have a unified and consistent sense of self that links together and spans the past, present and future. Self has an essence, so to say. On the other hand, it must be asked what counts as a sense of self or identity. Research on sexual behaviour has identified three qualities of sexuality: (1) identity, (2) fantasies and (3) behaviour. Furthermore, these three components do not always correspond, an example of which would be a man that identifies as heterosexual but has sex with men (Clarke et al., 2010). From a social constructionist perspective on psychology, it could be argued that although most people have a stable sexual orientation, the behaviour that is considered to be a hallmark of such an identity is constructed and negotiated between people (Gergen, 2009). Still, the value of sexual orientation — namely, heterosexual or

homosexual — still has tremendous value when it comes to most people's self-perception. The same could be said about the dichotomy of masculine and feminine gender identities, despite several decades of research that has unravelled the chaotic nature of different aspects of gender and the lack of biological qualities that could be directly linked to gender-related behaviour. The question then becomes, What qualifies as an essential characteristic or trait of a person?

In order to concretise the discussion about how the discussion between essentialism and social constructionism influences psychology research, I will shortly delve into the methods textbook, *Interpretative Phenomenological Analysis* (Smith et al., 2009). The authors argued against what they call a discursive and social constructionist position within psychology, more specifically *the school on discursive social psychology*. Smith and colleagues (2009) acknowledged that the social constructionist critique of efforts to find the essence of a phenomenon is challenging, since we have to rely on language when doing research on subjective experiences. Still, Smith and colleagues (2009) were deeply sceptical towards social constructionism, since this position in their view argues that there is no essence behind a phenomenon, only language. Instead, Smith and colleagues (2009) insisted on what they described as a material substance behind experiences. If only the researcher describes the experience concretely and precisely enough, the experience *is* something. The experience is ontological, they argued, as opposed to discursive. However, Smith and colleagues (2009) acknowledged that we will never be able to grasp another person's experience fully. Methodologically, we therefore have to be very cautious when we draw any inferential conclusions (Smith et al., 2009). If we look closer at the social constructionist stance within psychology, certain material realities are acknowledged (Gergen, 2009). However, within a social constructionist stance, the attention is directed more towards language and discourses — the products of human interaction.

Others call into question the utility (and rightfulness) of positioning essentialism and social constructionism as two opposing poles. According to Deborah Youdell (2006), essentialism and social constructionism are not dichotomous but in fact deeply entwined. An illustration can be found in the social categories, man and woman. A social constructionist position would refute the search for an essence of these two categories, highlighting instead the socially and culturally conditioned production of male and female identities and subjectivities. Thus, the attention would be drawn towards factors such as stereotypical

images of men and women in mass media, gender norms and early socialising, to give some examples. Still, according to the criticism voiced by Youdell (2006), the social constructionist position relies heavily on notions of essence. Although a social constructionist perspective explores the social production of men and women and emphasises the historical and contextual factors at the expense of presumed innate features, the social categories of men and women are often taken for granted. Social constructionism, emphasising the cultural mapping of the body as male or female, does not eliminate the biological body as an essence, in the sense as an innate and taken for granted matter of fact; it rather reproduces it. According to Lois McNay (2000), the obsessive focus on the problematic aspects of an essentialist view on sex and gender in feminist thought has resulted in an unhelpful distinction between the so-called material aspects of gender identity, e.g., the body and affective reactions, and the discursive aspects of subject formation. Within this framework, bodily aspects and theories on the psyche and identity development have been understood as unchangeable or essential features, and therefore they cannot be changed. However, according to McNay (1999), the deeply felt experiences of being a man or a woman, what she referred to as *ontological claims about identity*, might be resistant towards change but still historically and contextually dependent.

Thus, the essentialist principle of constancy is not necessarily incommensurable with social constructionism, because the importance of the institutionalisation of meaning through habituation is emphasised. Constancy of meaning is therefore important also in a social constructionist perspective. The second essentialist principle of qualitative difference between categories is perhaps more difficult to reconcile with a social constructionist perspective, because the continuum of experiential modes and the complex nature of social life is stressed. The third principle of essentialism, that a quality is located within the individual, is perhaps where the difference with social constructionism lies. From a social constructionist perspective, meaning is produced through interaction between individuals in the external world, while the essentialist stance emphasises features within the individual. It seems that this debate leaves a dichotomy between what happens outside and inside the individual.

To summarise, the strength of an essentialist stance is its eagerness to describe processes on a detailed level in order to identify an essence. This opens up for research on the biological make-up of sex, and how gender identity is a deeply material phenomenon. The essentialist view of gender as the result of sexual differentiations have indicated how bodily processes influence on what ultimately ends up with a gender identity that is expressed to

other people. However, essentialist knowledge on sexual differentiation is not able to help us understand the link between these biological processes and the interpretative and discursive efforts that are needed in order to be able to express a gendered identity to other people. Furthermore, how can sexual differentiation explain historical changes and diversity in sexual and gender identities across time, as described in chapter 2? Asked more simply, what is the link between the level of sex hormones and the wish to 'wake up the next morning as a girl', as Prince (1973/2005) asked? This is where the social constructionist position, and its attention towards the social nature of self and identity, especially the importance of developing a sense of reality in collaboration with others, might be fruitful. A social constructionist position could help us understand the importance of forming an identity and expressing a sense of self that is accepted and seen by others, as described by Prince (1973/2005). However, applied to the study of subjective experiences of GD, the social constructionist position fails to give an appropriate and useful account of why some develop a core gender identity in accordance with birth-assigned sex, while others do not. Furthermore, the psychic processes are difficult to understand within a social constructionist stance: what are the psychic processes through which their bodily sensations have been transformed into language and discourse? The debate between essentialism and social constructionism might lead us to choose between *either* a perspective on the social, *or* the psychic and bodily processes, where the link between body and mind remains unanswered (McNay, 1999). An essentialist approach might be satisfying for biologists in their efforts to study how sexual differentiation could account for the observable (phenotypic) expression of gender identity amongst individuals. A social constructionist approach, on the other hand, might be helpful when studying the role of language and social norms, thus the societal and cultural institutions that both limit individuals and enable interaction and meaning-making. However, when studying subjective experiences of gender identity, especially the development of GD, as well as the complex interaction between bodily and social processes and the way they are transformed and sifted through a stable psychic apparatus, the essentialist stance and the social constructionist perspective leave some questions unanswered.

4.4.5 Social constructionism and essentialism and the question of human agency

From a social constructionist perspective, an essentialist understanding of identities and subjectivities is in danger of overlooking the social and cultural contributions, framing gender as determined by innate processes of sexual differentiation (Gergen, 2009). One important aim with a social constructionist stance is to be able to study social categories such

as gender in a way that opens up for the role of historical processes and hence the potential for social change and liberation. However, the social constructionist critique of essentialism might become an extreme version of voluntarism and relativism in its eagerness to reject biological determinism (Youdell, 2006). Voluntarism refers to a school of thought that emphasises the human capacity to *choose* (Käll, 2015). According to this critique, social constructionism is in danger of conceptualising subjectivities and identities as a matter of choice (Youdell, 2006). However, the social constructionist emphasis on the importance of discourse and social and cultural institutions in creating identities and subjectivities has also been criticised for becoming social deterministic, an approach which leaves no space to account for agency and historical change (McNay, 1999). Thus, a danger with the polarised debate between essentialism and social constructionism within the realm of sex and gender is that both positions might end up conceptualising gender as determined by either sexual differentiation or language and norms (Youdell, 2006; McNay, 1999). On the other hand, the social constructionist answer to this dilemma might end up in a voluntarist position where questions regarding self and identity are a matter of choice, thereby losing sight of the material and bodily aspects of gender identity formation. As I will argue later, there are ways of integrating an essentialism and social constructionism in an epistemological stance of transcendental idealism. Firstly, I will review social constructionism and essentialism in light of queer-theoretical perspectives.

4.5 A queer-theoretical take on sex and gender

From a queer perspective, gender is not approached as a system of correlation between two incommensurable biological sexes, male and female, with two incommensurable social categories produced by socialisation, internalisation and development of gender identities, masculine men and feminine women (Stryker, 2006). Rather, in a queer-theoretical perspective, sex/gender is studied as a framework that produces specific forms of human being and subjectivities along multiple *axes of signification* (Stryker, 2006). The development of gender as a concept in the 1960s as a means of challenging the unquestionable notion of sex was promising in the sense that it offered a framework to study the impact of different upbringing of the two conventional sexes. The assumed predetermined nature of sex differences could be challenged and new alternatives be suggested (Sedgewick, 1990). In the modern *base-and-superstructure epistemic paradigm,* gender is treated as a social, linguistic, or subjective representation of an objective material sex that serves as a stable referential anchor. This has been referred to as a *mirror theory of knowledge* by cultural critic Frederic

Jameson, in which representations are subjective reproductions of an objective category (Stryker, 2006). *Matter* is what ultimately matters in the Western world post enlightenment (Stryker, 2006). Within this framework, anatomical sex is represented socially as a gender role and subjectively as a gender identity. TGNC people, however, call into question the common-sensical notion of stable links between bodily sex, gender role and subjective gender identity (Stryker, 2006). This brings us back to the challenging task of defining bodily sex anatomically, genetically, chromosomally and hormonally, as previously mentioned in this chapter. This unstable construct of bodily sex is assumed to be a uniform quality that correlates seamlessly with gender as a social role and subjectively felt identity. The majority of the population identify with their birth assigned sex, as previously mentioned in the paragraphs on epidemiology in chapter 1. However, the links between bodily sex, described previously in this chapter, and the development of a gender role and gender identity remain largely unanswered within the framework of gender as the layer in which the sexed body is wrapped. Sex can definitely be questioned as a self-evident biological construct, as previously mentioned, because it is individually diverse. However, conventionally, sex is assumed to be a uniform quality that defines "each and every individual whole body" (Stryker, 2006, p. 9). In addition, it turns out that sex is not the foundation of gender in the same way that the golden ornaments of Queen Elizabeth II's crown mirror a golden colour. Sex is rather a symbolic representation or a story — a "mash-up" (Stryker, 2006, p. 9) — about how the body comes to mean something, what parts matter most and how they are registered visually in the consciousness of each individual (Butler, 1990; Fausto-Sterling, 2019). An example of how the sexed body is interpreted in a gendered manner is the way the vagina in sexuality education has been constructed as a passive channel open for penetration (Clarke et al., 2010). Perhaps the missing links between sex as a stable category and subjectively experienced gender point to the gap between distal factors such as genetics and proximal factors such as behaviour, as previously mentioned in the section on sex differences (Hines, 2010). For TGNC people, the unquestioned use of sex as a stable anchor of reference becomes challenging, because it leads to the use of genital status as the criterion for determining gender status, instead of subjective gender identity (Stryker, 2006).

This brings us to the concept of *performativity* that has been central in queer theory (Butler, 1990). Performativity builds on *speech act theory*, which holds that language is not merely an abstract system of signifiers but deeply entrenched in actions and the material world (Butler, 1990). A *constative speech act* transmits information about a state of affairs or

a reality which it corresponds with, e.g., that the crown of Queen Elizabeth II is made up of gold. A *performative speech act*, on the other hand, is an utterance that does not describe a reality, and it can thus be neither true nor false. A performative speech act is instead linked to behaviour, and therefore a part of the doing itself; it becomes meaningful while it is done. When Butler (1990; 1993) argued that gender is performative, she meant that it does not need a material referent to become meaningful. The biologically sexed body does not secure the performative act of a woman that does what a woman is assumed to do and who identifies with women as a group. The subjectively meaningful identity as a woman is not secured by the sexed body. The body is there, but it does not predetermine the relationship to gender as performative (Butler, 1993). Within queer theory, therefore, gender can be conceptualised as the continuous production of meaningful speech acts that secure a stable sense of self as male or female (Bolsø, 2019).

The notion of gender as performativity raises question regarding the development of gender identity and the ability to be recognised as the subjectively felt gender. Not everyone can automatically occupy the role of a woman. The speaker needs to be authorised by *extralinguistic circumstances* in order to be able to be recognised (Butler, 1993). These social and political forces that surround gender as performative become especially salient for TGNC people (Stryker, 2006). More specifically, the question of embodying experiences of these speech acts are necessary to investigate. The experiences of TGNC people serve as what Foucault described as (de)subjugated knowledges — the experiences that are masked in order to uphold a system of meaning (Stryker, 2006). This knowledge can be exemplified by Foucault's (1999; 1976) historical investigations on hermaphrodites and same-sex relations in pre-modern times, or Hirschfeld's (1910) conceptualisation of sexual and gender diversity beyond the heteronormative dichotomies, as previously mentioned in chapter 2.

Queer theory and the concept of performativity has been criticised for neglecting the role of the body and the stable psychic structure, portraying humans as voluntaristic and thus capable to choose a new identity every morning (Käll, 2015). However, queer theory has also been declared to be deterministic on the basis that it sees human subjectivity as fully determined by discourse and thus devoid of the potential for human creativity (Käll, 2015). In an attempt to bridge these two contradictory claims, the Swedish philosopher Pia Käll (2015) suggested a phenomenological reading of queer theory and the concept of performativity to understand human subjectivity. Käll returned to the French philosopher and phenomenologist Maurice Merleau-Ponty, and his conceptualisation of subjectivity as always being *in statu*

nascendi, whereby meaning is continuously being produced. However, like Butler (1993), Merleau-Ponty claimed that the unfolding of subjectivity is not necessarily a mirroring of an inner truth that is expressed to the outside (Käll, 2015). The continuous production of meaning and experience is relying heavily on already existing frameworks and the individual history of performance. The fully voluntaristic individual is therefore impossible. However, this does not mean that the individual is not able to change identity throughout life and develop in relation to shifting circumstances. Every performative act is principally open for change and new modes of experience. How can we theorise the relation between a stable gender identity rooted in a psychic structure that is both deeply felt, but at the same time open for change? This will be the topic of the next two chapters.

4.6 Summary

Sex refers conventionally to the biological differences between males and females that are the result of a complex process of sexual differentiation that begins already in the womb. The biological make-up of sex refers to the complex developmental interaction between chromosomes, hormones, hormone receptors, primary and secondary sex characteristic and neurochemistry. We therefore usually talk about chromosomal, hormonal and gonadal sex. The research challenge has been to identify the connection between distal processes that create sexual differences that ultimately result in the proximal processes of socialisation into different gender: girl or boy. Gender refers to the attitudes, feelings and behaviours that are associated with a person's sex in a given culture — qualities that reside within the individual — but also social structures that maintain inequality between men and woman — the gendered qualities that are outside the individual. Socialisation refers to the process by which individuals adhere to gender norms associated with their sex, whereby men are traditionally expected to be masculine and women feminine. While sex refers to how sexual differences origin in the individual, the perspective of gender focuses on how differences between men and women operate in terms of their effects on social interactions in society. Sex roles, gender schemes, gendered self-concepts, modelling and identifications are all psychological concepts aimed to describe the acquisition of a male or female gender identity, usually assumed to correspond to the person's birth-assigned sex. Within the field of GD and TGNC, the tension between sex and gender has also been influential. Whether GD – previously referred to as the mismatch between gender identity/internal sense of gender and assigned sex – is related to sexual/bodily aspects of being male or female or social practices associated with the two genders, is still a site of contention. It might be that the concept of sex and gender leave this

conundrum unresolved. The debate between essentialism — referring to human qualities as innate and unchangeable — and social constructionism — referring to human nature as constructed in and through society — reflects the same controversy as sex and gender. Similar to sex and gender, the essentialist-social constructionist debate leaves a gap between what is *inside* a person and what happens *between* and *outside*. Furthermore, essentialism and social constructionism also touch upon the question of human agency: Are humans predetermined from the beginning, or do we have a potential for change? Within queer-theoretical perspectives, the concepts of both sex and gender are questioned. Instead, the attention is directed towards how gender is performed through actions, but always with references to a material world that is unstable.

5 Underlying nuts to be cracked: The development of ego, self and identity

In chapter 4, I discussed different perspectives of gender identity. The concepts of self and identity are important to clarify when studying personal development, including gender identity. In the following, I will therefore review some general concepts and discussions on the relation between self and identity in order to further elaborate our understanding of GD.

5.1 What is a self?

A classic definition breaks down the self into two phenomena: (1) an ongoing sense of self-awareness, referred to as the self-perceiving 'I'; and, (2) stable mental representations of the self-as-object, the 'me' (Elliott, 2020). These two aspects of the self were highlighted by both psychologist William James and sociologist George Herbert Mead across different theories (Elliott, 2020). First, the self as 'I' is both the ongoing consciousness (or the ongoing experience of the world, e.g., whether I feel comfortable or stressed) and self-awareness (e.g., when I reflect on the fact that I am writing at the moment perhaps a bit more efficiently than I usually do). Second, the self as 'me' is the product of the reflexive processes, rather than the reflexive activity in itself ('I'). These mental self-representations integrate different ideas about oneself physically, morally, psychologically and socially in the past, the present and the future (Elliott, 2020). Furthermore, Robins and colleagues (2008) suggested that different theories of the self differ in their degree of abstractness. Autobiographical memories represent the most specific level of representations about oneself, meaning, concrete lived episodes. Generalised knowledge of oneself belongs to the mid-range, while theories about personal narratives (McLean & Syed, 2015) represent the most abstract level of self-representations. Thus, what emerges out of this two-component model of the self is an ongoing dialectic between the 'I' that experiences oneself in the world and mental representations about oneself across time and place (Elliott, 2020).

The *naturalist view on the self* posits that the self can be studied like any other natural phenomenon (Robins et al., 2008). There are various markers of the self. *Linguistic markers* refer to the first labelling, at approximately the age of 2, of oneself as 'me' and objects as 'mine'. *Cognitive-behavioural markers* refer mirror recognition, imitation and role-taking. Children usually start to recognise themselves in the mirror by 18 months (as has been demonstrated through the use of the 'rouge test'). *Emotional markers* of a self refer to self-conscious emotions such as pride and shame, which implies a sense of self for a child, because it requires a stable representation of the self in order to attribute various achievements

to oneself (Robins et al., 2008). Self-esteem stems from the continuous evaluation of one's self, and there might be illusions around, or mismatch between, a person's achievements and behaviour on the one hand and their self-representation on the other (Robins et al., 2008). From a cognitive-psychological perspective, the self is perceived as a necessary information processing system aimed to organise incoming experiences and navigate in the world, referred to as *self-schemas* (Robins et al., 2008). From an evolutionary perspective, the development of a self is seen as adaptive, because the ability to understand oneself is necessary in order to understand the state of mind of other people, referred to as *mentalization* (Robins et al., 2008). To summarise, our understanding of the self should be informed by evolutionary perspectives, focusing on the adaptive and functionalist aspects and linked to *basic psychological processes*, such as attention, memory, and emotions, and their underlying neural mechanisms (Robins et al., 2008). The naturalist view suggests a paradigm for empirical investigations of the self.

5.2 Ego and identity

What does the concept of *identity* refer to and how is it related to the self? Erik Erikson (1963) conceptualised identity as the *ego functions* that provide the ability to experience *sameness* and *continuity*. Thus, identity is the ability to experience oneself as a stable entity across time and place and to act accordingly (Erikson, 1963). Furthermore, Erikson suggested that the development of identity builds on *ego functions*, such as rational planning, defence against anxiety and the maintenance of a coherent sense of self. These functions enable the young person to gradually integrate important identifications with role models into "self-images which culminate in a sense of identity" (Erikson, 1963, as cited in Kroger, 2012, p. 66). Erikson (1963) used the terms ego, self and identity interchangeably to describe the ability to have a sense of self. As mentioned in chapter 3, the conceptualisation of identity development in stages suggests that specific conflicts have to be resolved in order to develop further (Clarke et al., 2010). The sense of self increases in complexity and nuances, and adolescence is characterised as a period where the individual is expected to resolve the conflict between role confusion and the achievement of a stable identity. The development of identity is characterised by the processes of *exploration* and *commitment* and takes place in a continuous negotiation with social norms and relationships with other people (Kroger, 2012). If a young person commits without substantial exploration, there is a danger that their identity forecloses, resulting in the development of a rigid ego functioning later in life. Thus, the ability to explore is a central task of adolescence and young adulthood. At the same time, it is

suggested that a certain level of commitment to important identifications and role models is necessary in order to explore and experience genuine intimacy and interaction with other people — which is an important task in the next stage, namely the transition from adolescence into young adulthood (Kroger, 2012). Too much identity diffusion, or a lack of commitment, might hinder genuine exploration in close relation to other people and social expectation. This could contribute to a fragmented sense of self later in life, characterised by, for example, high levels of anxiety and fragmented relations to other people. Thus, adolescence and young adulthood is conceptualised as a challenging period in the individual's engagement with the wider world, characterised by the tension between the conflicting needs of exploration and commitment in the gradual integration of various identifications, social roles (e.g., occupational, gender and ethnicity), and the fulfilment of increasing societal expectations (Kroger, 2012).

The theories outlined by Erikson are rooted in psychoanalytic ego psychology and use self and identity interchangeably. Ego development is understood as the increased tolerance for ambiguity, a more complex sense of inner life, and a greater ability to balance the needs of oneself with others (Gullestad & Killingmo, 2013). Winnicott (1969) suggested that the subject develops a sense of self in interaction with a facilitative environment that mirrors the infant's feelings. According to Winnicott (1969), the infant needs a facilitative environment that pays attention to its bodily and emotional needs. Pivotal to this is the process of experiencing that the other person is not a continuation of oneself. Thus, the development of a sense of self depends on the awareness that one is a subject separated from external objects, i.e., the mother and father. Within self-psychology, another psychoanalytic school, the self is conceptualised as the sense of being an 'independent centre' of perception and initiative and as having the ability to experience oneself as a unit across time and space (Karterud, 1997). Within a self-psychological perspective, the self develops in close relation to the environment, conceptualised as self-objects. Self-objects are other persons or ideologies that help the individual to mirror oneself. In this way, the fragmented impulses are united into one coherent sense of self (Karterud, 1997).

Hammack (2008) proposed the model of narrative identity that integrates cognitive, social and cultural levels of analysis, building on the Eriksonian perspective. According to this model, identity is understood as the negotiation between self and society, and it describes the individual's engagement with society, namely narratives and ideologies. Narrative identity

is proposed as the negotiation between personal narratives and master narratives. Master narratives are culturally shared stories and discourses on how important topics are to be understood, while personal narratives are the unique stories that each individual develops continuously to integrate oneself with social groups. McLean and Syed (2015) adopted this model to better study the development of minority identities, proposing that the development of an identity depending on the personal engagement with master narratives *and* alternative narratives. For majority members, master narratives offer the recognition of a basic sense of self. However, for minorities that depart from the master narratives, alternative narratives offer a more proper understanding of themselves in relation to master narratives. Attention is paid to how the master and alternative narratives are *internalised* on an individual level, both on an intrapsychic and interpersonal level (McLean & Syed, 2015).

Robins and colleagues (2008, p. 441) suggested that "people's self-representations are comprised of multiple identities — *personal, relational, social and collective*". Some theorists suggest that the self is *structured* along different levels, arguing that society is enmeshed with the self in different contexts. The tasks of different social roles and memberships elicit different, and at times conflicting, representations of the self (Robins et al., 2008). One way to conceptualise the structured self is to distinguish between the *personal* level (ideas about one's private self), the *relational* level (ideas about oneself in intimate and close relations), the *social* level (ideas about their social roles in bigger group settings), and the *collective* level (e.g., religious, ethnic or sexual identity). Gender is highlighted as a part of one's identity that permeates all levels of the self (Robins et al., 2008). Furthermore, it is suggested that information about one's self might be stored and retrieved in different systems of the memory, reflecting a complex and compound representation of the self (Robins et al., 2008). Identity, meaning *the same* (Sokolowski, 2000), is a complex construct, allowing humans to both differentiate from others and feel sameness and belonging (Robins et al., 2008). Thus, within this perspective, identity is conceptualised as a component of self-representation, which both contributes with a sense of being unique and different from others and a sense of belonging to different groups (Swann & Bosson, 2008). Furthermore, this identification with different groups makes it easier to adopt *social roles* in various contexts. The identity is the bridge between the self and the world (Robins et al., 2008).

A different slightly different perspective on the self is offered by proponents of the *life-story model of identity.* This model defines *narrative identity* as "an individual's internalized, evolving, and integrative story of the self… [which] comes to terms with society

through narrative identity" (McAdams, 2008, p. 243). The narratives that we develop about ourselves not only make it possible to connect our past with the future, it also enables us to imagine who we are, as mind and body, when trying to integrate different social roles in the social contexts of, for example, family, friends, the workplace, ethnicity, social class, gender and sexuality. Life stories refer to how people come to make meanings out of their lives (McAdams, 2008). In this way, life stories represent a different domain of the personality than dispositional traits. Life stories begin with the infant's first experiences of exerting intentionality. How an individual provides meaning to their life by constructing narratives that create cohesion and a sense of self is an important aspect of personality. The life-story model of identity builds upon Silvan Tomkin's *script theory* of personality, conceptualising the individual personality as the ongoing construction of scripts containing of affect-laden scenes that organise experiences throughout life (McAdams, 2008). People begin to construct narrative identities in adolescence, which continue throughout life. On the one hand, the perspective of narrative identity highlights the individualised aspects of identity that synthesises various experiences across time and place. In this perspective, identity is a stabilising factor in a person's life that secures continuity across time and place. On the other hand, the stories that people tell about their lives are deeply entrenched in cultural narratives and meaning-making frameworks. This results in conflicting and multiple ways of understanding oneself (McAdams, 2008).

As previously mentioned, a classical definition of the self distinguishes between the self as 'I' and as 'me'. If life is a storytelling, the 'I' is the agent who experiences, and these experiences are storied as part of 'me'. Autobiographical memory is developed early and consists of memories about oneself from childhood and into present time (McAdams, 2008). Autobiographical memories are encoded and retrieved later in ways which serve personal goals and help both reconstruct the past and imagine the future. Life stories give meaning to life by integrating the past, happenings, characters and other facets of life into an understandable frame. They are also integrated with time, explaining how life has developed by giving meaning to important life choices (Swann & Bosson, 2008). Furthermore, life stories integrate different aspects of a person's identity, such as ethnicity, sub-group, occupation and gender. Today, the perspective of narrative identity positions life stories as the meaning-making construct that integrates a person's dispositional traits with developmental tasks and demands from the external world throughout life (McAdams, 2008). The aforementioned theories indicate that people develop a sense of self that is the result of the

interplay between different demands from the external world, such as developmental tasks, and the person's evolving life story and schemes about oneself. As described in chapter 3, the adaption to gender roles, conventionally defined as the task of becoming either a man or a woman, is one important domain of identity development (Kaltiala-Heino et al., 2018). Thus, gender identity is one of many assets that together form a person's sense of self. GD is defined as the mismatch between gender identity and birth-assigned sex. Therefore, it might be useful to analyse GD as a phenomenon that is integrated with other aspects of narrative identity and a sense of self.

5.3 Summary

The concept of a self refers to the ability to become aware of oneself as a separate entity who is different from other people. Out of this process emerge representations of oneself and self-awareness, often referred to as self-schemas. The self is traditionally conceptualised as a twofold phenomenon: (1) the self as an 'I' refers to the ongoing consciousness of being and interacting with the world, while (2) the self as 'me' refers to the stable mental representations about oneself and who one is. There is an ongoing dialectic between the 'I' that experiences oneself in the world and the mental representations about oneself in relation to others. Identity is conceptualised as a component of self-representations that contribute with a sense of sameness and difference. Thus, identity can be understood as a component of self-representations (the 'me') that help people navigate between different social roles and expectations from others and achieve a sense of both being different from others and of belonging. In the reviewed theoretical literature, self and identity are overlapping concepts that refer to the experience of having a sense of self. The research on TGNC identity development and a sense of self mentioned in chapter 3 represents strains of work aiming to integrate gender identity development within mainstream perspectives on the development of self and identity. The aforementioned perspectives on the relation between the individual's engagements with society refer to various processes of integrating societal norms and cultural narratives with a stable sense of self. This process continues throughout life, but adolescence and young adulthood is a particularly important period, characterised by a balance between exploration and commitment. Furthermore, gender roles, conventionally defined as the task of becoming a man or woman, is an important asset of a person's overall identity.

6 More nuts to be cracked: Psychic structure and a broadened perspective on the self

In this final theoretical chapter, I will review some important strains of theory on the relation between the body, psyche and social realm, and the sense of self that emerges from this dynamic interplay.

6.1 Psychic structure, the internalization of norms and experiences of the body

In the previous chapter, self and identity was defined as the stable sense of self that enables the individual to relate to external demands. As mentioned in chapter 4, gender is deeply felt but historically dependent and related to societal norms (McNay, 2000). How can we conceptualise the relation between a stable psychic structure and meaning-making frameworks in the external world? According to McNay (1999), a creative use of psychoanalytic theories and queer perspectives might enable an account of gender identity and subject formation that is durable, but not predetermined by neither sex nor societal norms. Within the 'structural' model in psychoanalysis, the self is conceptualised as a gradually developing psychic structure consisting of the three agencies — namely, *id*, *ego* and *superego* — which becomes a stable aspect of personality (Gullestad & Killingmo, 2013). Within this perspective, ego refers to the site of perception and consciousness that mediates repressed wishes and fantasies, physical needs, external social demands and internalised 'ideal' objects (Frosh, 2012). The ego is developed by the 'taking in' of experiences with objects, a process referred to as internalisation (Frosh, 2012). *Internalisation* is central to the development of the psychic structure, referring to the gradual development of representations of lost objects (e.g., mother's breast) and *identification* with things and values in the external world (Frosh, 2012). Identification can be defined as a psychological process of assimilating a property of the other in which the subject is transformed by the model (Laplanche & Pontalis, 1974). This involves unconscious identifications, and human subjectivity is thus not unitary but rather multifaceted and at times contradictory (Hollway, 1989). Early in life, the internalisation of objects is closely related to physical events such as feeding and getting rid of things in order to feel comfortable. The early internalised objects form the basic building blocks of the psychic structure, and every human expression, such as affect, thoughts and fantasies, are structuralised as object-relations. The ego continuously mediates external demands, unconscious wishes, fantasies and internalised ideals, and this refers to the process of experiencing and getting a sense of oneself. Object relations refer to the building blocks of out

psychic structure (Gullestad & Killingmo, 2013). The model of id, ego and superego describes what the self does "to cope with complexities of unconscious ideas as they make themselves felt in the real world" (Frosh, 2012, p. 75). Thus, human experience is characterised by a continuous negotiation between internalised objects, identifications, repressed wishes, bodily needs and psychic energy, and "the ego has to mediate between them and reality so that the individual does not suffer too much" (Frosh, 2012, p. 75). This might also explain why a central essence of human experience is to feel at odds with oneself — human subjectivity is characterised by a dialectical relation between different agencies (Frosh, 2012).

Freud (1905) theorised, perhaps implicitly, about the self and identity in his 'Three essays on the theory of sexuality'. According to Freud (1905), subjectivity and the notion of desire develops in close relation to the increasing awareness of bodily impulses. The ego is a *bodily ego*, and the exploration of the erotogenic zones of the body is pivotal to development of subjectivity (Freud, 1923, as cited in Salamon, 2010). The investment of psychic energy into body parts is a central mechanism in this process. According to Salamon (2010), in 'On Narcissism', Freud defines as erotogenicity as "taking any part of the body, describe its activity of sending sexually exciting stimuli to the mind" (Freud, 1914, as cited in Solomon, 2010, p. 34). Bodily coherence is the result of the attribution of erotogenicity to various parts of the body.

Lacan further developed the model of the psychic structure, discussing the identificatory mechanisms, specifically the ego's imaginary mode of relating to the world (Frosh, 2012). According to Stephen Frosh's (2012, p. 114) interpretation of Lacan, the imaginary refers to the order of fantasy in which the individual in front of the mirror believes oneself to be coherent, despite being embedded in a fractured world that is full of contradictions and impossibilities. From a Lacanian perspective, the psychic structures are developed through the entrance into language, or what he referred to as the acquisition of a position in the symbolic domain of human culture (Elliott, 2020). Language both enables and sabotages communication with others and our objects of desire, and the person's psychic structure is the role one is given in the symbolic. Lacan suggested that the *mirror stage* is formative in the development of the ego and the imaginary mode (Lacan, 1966/2007). The mirror stage is when the child is able to recognise her own image in the mirror. The incident is identified by the *Aha-Erlebnis*, which is the sudden insight of new connections. This

implies that the child recognises for the first time herself as a subject in the mirror, resulting in a new mental organisation. The recognition of oneself in the mirror

> immediately gives rise in a child to a series of gestures in which he [sic] playfully experiences the relationship between the movements made in the image and the reflected environment, and between this virtual complex *and* [emphasis added] the reality it duplicates, namely, the child's own body, and the persons and even things around him. (Lacan, 1966/2007, p. 75)

Thus, it is not simply a mirroring of the infant's self that take place in the mirror, but a look at oneself from the outside. Infants have a tendency to pose in front of the mirror, almost as if they aim to capture the image in their mind. A transformation finds place when the child identifies herself in the mirror (Lacan, 1966/2007). The end of the mirror stage is when "the dialectic that will henceforth link the I to socially elaborated institutions". Thus, the mirror enables the child to connect with the external world by obtaining a position in the realm of the symbolic (Lacan, 1966/2007, p. 79). According to Lacan, the infant experiences their own body initially in bits and pieces. Gradually, by the process of identification with identity positions in the external world, what Lacan called the entrance into the realm of language and symbols, the infant is able to mirror oneself and achieve a sense of self (Salamon, 2010). However, this mirroring is always misrecognition — it is a work of fiction, since an absolute identity, or sameness between the particular individual and the symbolic ideal, is impossible (Salamon, 2010). Thus, the mirror offers a coherent sense of self that is based on the identification with a position in the symbolic. This implies that the subject is constituted from the outside — by the mirror — and not from an inner depth (Elliott, 2020). The self is mediated through the external mirror and thus by definition is alienated. This leads to a misrecognised sense of self that is filled with 'alien guests' and a sense of *lack* emerging from disavowed desire and subject positions (Elliott, 2020, p. 58).

Historically, psychoanalytic accounts of the formation of gender identity have been criticised for conceptualising psychic structure, interpretation of gender identity as a derivate of sexual differences, specifically genital differences (Goldner, 1991). As previously accounted for, gender identity has traditionally been understood as a system of correlation between two incommensurable biological sexes — male and female — with two incommensurable social categories produced by socialisation, internalisation and development of gender identities — masculine men and feminine women (Butler, 1990). The

previously mentioned queer-theoretical notion of gender as performative suggests that gender identity is not an innate quality that evolves naturally from within the individual psyche, as ahistorically given. On the contrary, it is rather the effect of repetition and mimicking — referred to as *citing* — of gender norms. Following this perspective, the gendered self appears to us as through these repetitions (Butler, 1997). The question, then, is how to conceptualise the relation between the psychic structures and social norms?

According to Butler (1997), an essentialist perspective undermines the social aspects of gender identity, while a social constructionist perspective fails to give a reasonable account of how language and social norms are formed into a coherent identity. Butler recognised the potential of the idea of the unconscious as a means to explain the internalisation of gender norms in psychic structure, and thus why gender identity is both stable and open for change, *without* falling into either an essentialist or a social constructionist account. Psychic structures are not ahistorical and independent from social and historical relations, because fantasises and other elements are always formed by notions about gender. However, the psychic structure is neither a mere reflection of social determinants, as posited by bold social constructionists such as Foucault (McNay, 1999). Psychic structures, or the achievement of a sense of self and identity, are always played out in the social realm but not in a determinative manner; rather, the psyche exists as a potential to be realised in the social realm (Butler, 1997). Butler (1997) embraced the Foucauldian notion of social norms as foundational of psychic structure. However, according to Butler, Foucault overestimated the internalisation of discourses and norms into psychic structures. The internalisation of norms is a challenging process shaped by social and historical context. However, this process is not mechanic and predicable, and the internalisation creates a psychic space that is experienced as the *inside*, although played out and formed by norms from the *outside* (Butler, 1997). Butler described how the subject strives for symbolic identification as man or woman:

> Bound to seek recognition of its own existence in categories, terms, and names that are not of its own making, the subject seeks the sign of its own existence outside itself, in a discourse that is at once dominant and indifferent. Social categories signify subordination and existence at once. In other words, within subjection the price of existence is subordination. (Butler, 1997, p. 20)

The formation of a sense of self through *symbolic identification* requires foreclosure, or *melancholia*, understood as the refusal to grieve a lost object of desire. The formation of an

identity as a man requires the relinquishment of a feminine object of desire. However, this loss is never fully disavowed, but is incorporated unconsciously and melancholically into ego (McNay, 1999). Thus, the formation of a unitary sense of self as either male or female identity is not ahistorically given, but formed in the complex relation between the *potential* of a psychic structure meeting a social and historical context in which it can be played out and formed (Butler, 1997).

Thus, the formation of a coherent sense of self is enabled through *symbolic identification*, which refers to the process of identification "with an idealised subject position" in the external world (Salamon, 2010, p. 23). However, it will always be a gap between the idealised subject position that has been internalised from the symbolic realm and other objects of desire and identifications that together constitute the psyche (Salamon, 2010). This gap was founded already in the mirror stage, when the chaotic and fragmented child had to enter the level of the symbolic in order to become coherent. According to Salamon (2010), the attempt to identify with an idealised subject position always fails, because there is an unbridgeable gap between the particularity of any individual and the ideal. This act — to exclude fragmented experiences in order to become intelligible — is a repetition of the scene of the infant in front of the mirror insisting upon wholeness: recognition is always misrecognition. Thus, Salamon (2010) proposes that there will always be a gap between the *phantasmatic* (mental representation) and the corporeal body.

The body is central to this account of the development of selfhood, although emphasis is placed on the mode of the imaginary and the gap between the phantasmatic and corporeal body. In fact, Lacan's work (1953) reminds us that the child establishes the initial connections with the external world through oral, anal and genital relationships in the preoedipal (and presymbolic) stage. As previously mentioned, Freud (1905) described the development of a bodily ego as the exploration of erotogenic zones. How do we then experience our body later in life? Building on Freud's concept bodily ego and Merleau-Ponty's concept *body schema* as the mechanism — the psychic representation that mediates the relation between the felt sense of a body and the corporeal body — Salamon (2010) argued that the body is far from biologically given. Not only is the physically placed partly outside of the visual field – the coming-to-know the body proceeds through interpretations of (erotogenic) sensations that are gradually integrated into the body schema (Salamon, 2010). The body schema represents sensations of the body and enables the experience of it. However, given the representational

nature of the experience of the body, the body is both constituted and perceived at the same time. The subject will never have a complete access to the body and how it is perceived by others. The felt sense of a body is dependent on representations that are cultural. Furthermore, the meaning of the body is always conveyed through cultural discourses which, according to Salamon (2010), are based on heterosexist norms. These heteronormative frameworks shape our experiences of the body and the gradually developing body schema (Salamon, 2010). Thus, the mirror that enables the coherent self is, as previously mentioned, adopted from the outside, which leads us to the dialectical development of a sense of self.

6.2 Hegel's 'I'

If a central part of saying 'this is me' presupposes an ability to formulate what one is *not*, as the philosopher Hegel (1807/1999) suggested in his highly acclaimed work *Phenomenology of Spirit*, how do we develop a sense of self and where does it emerge from? In the modern Western world, we assume that identity and the sources of the self come from within the individual and that they reflect an inner, authentic and unchangeable kernel that we bring into the world, pure and untouched, ready to flourish, as long as the soil is healthy and nutritious (Taylor, 1991). Our experience of the world, both ourselves and others, is characterised by a dual nature. According to Buchanan (2018), Hegel took the radical step of arguing that there is nothing prior to the concepts that we are using to make sense of the world of objects, what we can refer to as *sense data*. What, then, is the process behind the human process of producing an understanding of the sense data around us?

This brings us to the *dialectics* of Hegel. The key to dialectics is the process which Hegel (1807/1999) referred to as the *negation of the negation*. *Negation* refers the process whereby an object is defined by what it is *not.* Our understanding of the world is transformed, because the sense data around us is defined by what it is *not*, namely a *universal concept [Begriff]* (Østerberg, 1999, p. 21). Concepts, on the other hand, are defined by what it is not, namely sense data. Let us use a pencil as an example. If I look at a pencil in front of me, I recognise it as the concept of a pencil. However, the moment I recognise it as such, I also understand that the object in front of me is insufficient to ground the truth of the concept, because it is *not* a concept, but mere sense data. Pencil as a concept — as an idea — on the other hand, is negative, and hence insufficient to ground truth, because it is an empty abstraction without sense data. However, in combination, the sense data and the concept negate the other's negativity, and our understanding is transformed. Thus, our perception of the world is produced as we are exposed to concepts that enable us to make sense of them.

We see an object, and we need a universal concept to understand what it is. However, the moment we believe that we have *comprehended (begreifen)* the character of the object, it all *sublates (aubheben)*; it loses its meaning, so to say. It was clear for one moment, but then we lose it. However, although the particular element that we believed to have understood is eliminated, the understanding is synthesised into an improved insight (Østerberg, 1999).

The concepts we use to understand what we immediately cognise, concepts such as 'now' or 'here', are *universal (allgemein)*. The concepts do not capture what I immediately believe that I sense of an object or a situation, because the experience is always *mediated (vermitteln)* through universal concepts. What is immediate disappears in the universal concept, but we are left completely dependent on universal concepts to cognise the immediate. Thus, the moment I *cognise (erkennen)* that I have made an *immediate (unmittelbar)* sensory experience and states that I am sure what it is, I understand the *inner contradiction*; we understand that the immediate sensory experience is mediated through universal concepts. The immediate sensory experience is directed outwardly, and it presupposes thinking, more precisely a synthesis, to appear as an immediate sensory experience (Østerberg, 1999). Hence, our sensory experiences are the result of a dialectic that transcends/exceeds the preceding *cognition (Erkennen/Erkenntnis)*. Knowledge is produced in this fashion: We start with what we know, and, as we gain more information, the new information negates the older information, and our understanding is transformed (Østerberg, 1999).

Hegel builds on this insight in order to shed light on *self-consciousness*, the human ability to be aware of oneself, specifically the cognition of oneself as an *I (Ich)*. The I needs to be mediated by something else, because it is immediately abstract (Østerberg, 1999). Hegel suggests a different genesis of the human self than what is offered by Aristophanes (see the prologue of the present study); moreover, he does not offer a primordial nature from which the self arises, but a complicated account of the development of the spirit in three stages, the details of which exceed the present thesis' capacity (Hegel, 1807/1999). Simplified, Hegel suggests that spirit in its lowest type is only able to sense without concepts (Østerberg, 1999). At the next stage, the spirit develops a consciousness of the *forces* that are acting on the objects. Thus is the spirit as self-consciousness born. Self-consciousness is to *desire,* according to Hegel, and it is directed *outwards.* Self-consciousness needs another self-consciousness to appear. The spirit as self-consciousness needs to be *recognised (anerkennen)*

by another self-conscious being. Suddenly are we caught up in the middle of a struggle of recognition between two self-consciousnesses which both seek to affirm the certainty of their being of themselves (Hegel, 1999, p. 118). This leads to the famous *master/slave dialectics* in the *Phenomenology of Spirit;* when the slave serves the master, he mediates the master's dominance and enjoyment (Østerberg, 1999, p. 22). The master is dependent on the slave's recognition of him as a master, in order to appear for himself as just that. Therefore, it is impossible to distinguish the self-consciousness of the master from the self-consciousness of the slave. The slave, in turn, becomes a self-consciousness through his service to the master.

To summarise, when we perceive ourselves and others, we are always positioned against something else. If you oppose something, e.g., being associated with wealthy economists working in finance, you depend on those people in order to be able to appear as what you identify as. If a substantial part of your life and identity is associated with this opposition, would you then be able to 'survive' without the opposition? Who are you if the opposition disappears? I would like to turn to the Norwegian royal family to give another example of the paradoxical nature of human relations. The public tend to emphasise that the Norwegian royal family is 'down to earth', in contrast to other royals. King Harald is respected because he seems to be like one of us. Apparently, Norwegians are able to transcend the paradox that Norway, having a self-image as being egalitarian, is a constitutional monarchy with a royal family that is by definition exalted. This is done by claiming that the royals are 'down to earth' by acting like 'one of us'. Still, by referring to Hegel, I would claim that the more down earth King Harald and his family appear, the more they are exalted. Their quality of being down to earth is intrinsically related to their exalted status. If they had not been exalted, they would not have been perceived as down to earth, but rather a family of ordinary people. This paradoxical dependence on other humans, both when it comes to our identity and perception of others, is an important quality of the sense of self and identity. Hegel's *Phenomenology of the Spirit* (1807/1999) prompted the development of phenomenology — the study of experience (Sokolowski, 2000). Some basic analytic tools from phenomenology might be useful to shed light on subjective experiences of GD, which I will review in the last section of this chapter.

6.3 Some analytic tools from phenomenology

Phenomenological analysis can be understood as the study of experience, and how objects and people *appear* to us (Sokolowski, 2000). Firstly, we experience the world in parts and wholes. In addition to parts and wholes, the concept of identity, meaning *the same,* is

important (Sokolowski, 2000). Even though an object, for example a chair, appears as various parts from different angles and through different sensory systems (e.g., touch or vision), the concept of a chair appears as a whole. Thus, wholes are being synthesised across time and place (Sokolowski, 2000). The phenomenological method might offer a way of describing the world in a new and perhaps transformative way. The appearances are not private or subjective; they are related to culture. But neither are they objective. Phenomenological method investigates the process of the coming-to-appear. Another key insight is *intentionality*, the active engagement with the world through the direction of consciousness towards *something* (Macey, 2000). This perspective transcends the notion of an inferiority standing over an exteriority. Rather, it is a combination of the subjective and the objective — a 'consciousness of *something*'. The existential phenomenologists extended upon this perspective and claimed that intentionality is not merely a knower-known relation, but also a "being-in-the-world" or "the flesh of the world" (Davis, 2020, p. 4). The previously mentioned Maurice Merleau-Ponty belongs to these existentialists (Salamon, 2010). Phenomenological intentional consciousness is not easy to achieve, and in the continuously lived experience *(Erlebnis)*, the kind of understanding that permeates our world is uncritically affirmed (Davis, 2020). At its best, phenomenology refuses to take for granted the taken-for-grantedness of experience. The aim is to study and shed light on the basic structures of human existence, e.g., language, perception, temporality and intersubjectivity, that enable our experiencing of the world. When we investigate these structures, we question our very existence (Weiss et al., 2020). Experience can never be understood as an isolated phenomenon. Experiences are always interconnected, and they are generated from particular 'places, times and cultural milieus'. All experiences consist of a figure/ground structure, where certain parts are focused on (Husserl, 1900, as cited in Sokolowski, 2000). Power relations and dominating norms influence which figures are given attention, and what aspects are expelled to the margins (Weiss et al., 2020).

6.4 Summary

The themes described in this chapter are all variations around the same conundrum: how do we experiences ourselves, our body and our being in the world, when we are part of it and the observer at the same? Within the 'structural' model in psychoanalysis, the self is conceptualised as a gradually developing psychic structure consisting of the three agencies — namely, *id, ego* and *superego* — which becomes a stable aspect of personality. Internalisation and identification, defined as the process of assimilating a property of the other in which the

subject is transformed by the model, are important aspects of this process. As a consequence, human experience is characterised by a continuous negotiation between internalised objects, identifications, repressed wishes, bodily needs and psychic energy. Lacan (1966/2007) further developed this model, suggesting that the formation of a coherent takes place in front of the mirror. By identifying with the image in the mirror, the child achieves a coherent sense of self and a place in the social that is based on fiction and misrecognition. Therefore, the unitary subject comes at the price of disavowing unrecognised desire and identifications. The child's sense of self is mediated by the external mirror and thus willed with 'alienated guests' and estranged from herself. Butler (1997) suggests that the coherent sense of self emerges from the gradual development of a stable psychic structure that is constituted by the internalisation of norms and identities from the social realm that contribute with meaning to our sense of self. Furthermore, the experience of oneself is closely related to one's body as the starting point of our being in the world. Body schemas refer to the psychic representation that mediates the relation between the felt sense of a body and the corporeal body. The body is therefore not biologically given, but the result of identification with cultural discourses and symbolic identifications in the social realm. Through a rigorous account of how the world appears, Hegel suggests that the sense of self is a dialectical process of relating to external concepts, trying to understand oneself through interaction with the world. Only in this way does the self appear. Phenomenological method offers an approach to the study of how we are embedded in taken-for-granted-structures that enable our continuously evolving experience through the focus on how we appear to ourselves as being-in-the-world. In phenomenology, this is referred to as intentionality, or consciousness that is directed towards something (Macey, 2000).

7 Research questions

The project consisted of two qualitative studies: (1) a meta-synthesis of qualitative studies on subjective experiences of GD amongst youth (presented in the first article), and (2) a multiple case-study on subjective experiences of GD amongst TGNC youth who have been referred to a specialised clinic for treatment of GD (presented in the second and third articles).

7.1 Overarching aim: To improve our conceptual understanding of GD

The overarching aim with all three articles was to deepen our understanding of GD in order to improve clinical care and help activists, politicians and other policy-makers in their work to enhance the livelihoods of TGNC youth. To do so, the underlying aim was to study GD as a dynamic and compound phenomenon that may be rare in its frequency but nonetheless the result of some general psychological processes related to the negotiation of body, identity, gender, a sense of self and the individual's struggles to find a place in social life.

7.2 The aim and research questions for the meta-synthesis

The aim with the meta-synthesis was to conduct a systematic review of qualitative studies of subjective experiences of GD amongst youth from a diverse range of disciplines. This was especially important, given the lack of conceptual clarity of different terminologies in use within the medical literature on the one hand and social sciences and humanities on the other. The aim was therefore to synthesise existing empirical knowledge in order to develop a theoretical framework which future research on GD could benefit from. The research questions were therefore: (1) What topics emerge when TGNC youth talk about GD and their gender identity development? (2) How can these topics be understood from a phenomenological perspective?

7.3 The aim and research questions for the multiple case-study

The overarching aim with the multiple case-study was to provide rich descriptions of how GD is experienced by TGNC youth themselves in their everyday life. The approach was phenomenological, focusing on unique ways of experiencing GD from within, instead of standardised observations. This was especially important because of the lack of qualitative studies within the medical literature on TGNC youth with GD.

The aim with the first article emerging from the multiple case-study was to describe subjective experiences of GD in order to improve our conceptual understanding and clinical

care. The material was analysed thematically in order to cover the material in its breadth, and the research questions were: (1) Which experiences do adolescents assigned female at birth target as essential when interviewed about GD in their daily life? (2) How can the results be conceptualised into a model that establishes the connections between the clusters of experiences in order to contribute to the growing body of knowledge on development of GD in adolescence?

The aim with the second article emerging from the multiple case-study was to study more in-depth subjective experiences of GD amongst four participants, which could shed light on the individual variance within the sample. Firstly, we analysed subjective experiences of GD in order to explore the concept of core gender identity. Secondly, we aimed to improve our analytic understanding of GD as a psychic process that involves the negotiation between body, identity and a sense of self.

8 Findings: Summary of the papers

8.1 Navigating in the dark: Meta-synthesis of subjective experiences of gender dysphoria amongst transgender and gender non-conforming youth

The qualitative studies on subjective experiences of GD amongst TGNC youth are scarce and have emerged from different fields within medicine, social sciences and the humanities. As a consequence of the lack of communication across disciplines, there is no agreed upon definition or conceptualisation of GD. In order to complement existing knowledge and potentially influence future research, we conducted a literature search on qualitative studies of youth with GD. Starting with 2000 articles, we ended up with 12 primary studies on adolescents' first-hand experiences of living with GD. Four meta-themes were developed based on the results: (1) the emerging understanding and awareness of GD being described as a navigation in the dark; (2) the importance of relationships and social norms; (3) the role of the body and the exploration of one's own body; and (4) sexuality and sexual impulses. Subjective experiences of GD are influenced by the young person's relations to their own body and sexuality. The experiences are mediated in and through relations to others and social norms. They can be both long-lasting across contexts and transient. The phenomenological analysis of the results indicate that subjective experiences of GD should be understood as a complex and manifold phenomenon that changes across time and place in each individual. GD is an expression of continuous negotiation between the body and bodily impulses, sexual desire and the relationships in which each young person partakes. Clinicians working with TGNC youth are therefore encouraged to help them to reflect on this developmental process over time as a complement to medical approaches.

8.2 Negotiating gender in everyday life: Towards a conceptual model of gender dysphoria

A multiple case-study was conducted in order to uncover and describe subjective experiences of gender dysphoria amongst TGNC youth. Fifteen TGNC youth assigned female at birth were interviewed about the development of GD and their daily life. The interviews were thematically analysed, and participants targeted five major themes that characterise GD: (1) bodily sensations are constant reminders of GD throughout the day; (2) emotional memories from the past of being different and outside trigger GD; (3) the process of coming out was a transformative experience that changed how the participants understood

themselves; (4) GD both increases and decreases in relation to others; and (5) everyday life requires careful negotiation to feel whole without developing new forms of GD. Based on the results, we suggested a more complex conceptual model of GD: bodily sensations and lived experiences are *sources* that elicit GD. These sources are mediated through the *psychological operations* of coming out as TGNC and relating to others. This results in the negotiation of *states* of GD in everyday life. Ideally, the model outlined in the present study can shed light on pre-existing knowledge on GD amongst TGNC youth. Perhaps can it also be applied clinically as a method to help TGNC youth, their families and clinicians to gain more knowledge about the unique processes underlying the subjective experiences of GD of each young individual in order to discuss the need of medical treatment.

8.3 Finding oneself in the gazes of others: An exploration of core gender identity amongst transgender and gender non-conforming youth

In order to further explore the underlying processes of GD on an individual level, we analysed four of the interviews with Interpretative Phenomenological Analysis. Three major themes emerged: (1) the participants relate to challenging experiences from the past of being ostracised and different from peers, which have been transformed after learning about TGNC and medical treatment; (2) their sense of self emerges from the gazes on themselves from the outside that has been internalised as a male identity on the inside; and (3) today, the participants seem to struggle to unify conflicting gazes on themselves from the outside with the gazes on themselves from the inside, which leads to an estranged relation to their bodies. It seems that the participants have internalised a sense of self from the outside that they struggle to recognise from the inside. We suggest that the development of a core gender identity amongst some TGNC youth continues as a dialectical process into adolescence that needs to be negotiated. This ongoing development may cause subjective experiences of GD. We encourage therefore clinicians to engage in a therapeutic exploration of underlying motives and identifications in order to negotiate GD in everyday life.

9 Methodological issues

Research on TGNC youth GD is not a new endeavour; the empirical body of knowledge has been increasingly growing the last decades and new models and typologies have been suggested (Sweileh, 2018). The first wave of literature consisted mostly of clinical case studies. In contrast, the empirical work of the last three decades has been largely dominated by *quantitative methods*, including questionnaires and the gathering of large-scale clinical data on psychopathology, psychosocial aspects and developmental milestones as compared to peers (see chapter 3) (Drescher & Byne, 2012; Leibowitz & de Vries, 2016). Thus, GD is mainly studied by *external observations* that require standardised answers. Despite its significant contributions to the body of knowledge, this approach implies a lack in the understanding of how the phenomenon is experienced and understood by the individuals themselves (Willig, 2008). This bias towards quantitative methods was confirmed by the systematic literature research as part of the meta-synthesis, which was the premise of the first article of the present thesis. Thus, we know little about how GD is experienced by the TGNC children and youth themselves. This kind of knowledge is especially important when the topic — in this case the increase of youth seeking medical treatment because of having developed a TGNC identity — might seem abstract and hard to grip by those who are not affected (McLeod, 2014).

As previously mentioned, the aim with the present study has been to fill the gap in knowledge on how GD is experienced by those who seek medical treatment to alleviate distress. A qualitative approach is suited for generating *ideographic* material, which refers to the study of subtle and complex patterns of human individuality (Brinkmann, 2008). An ideographic approach is suited for developing new hypotheses, constructing new theories and illustrating complex patterns of individual dynamics. This is especially important for studying how young people, on the verge to adulthood, construct their narrative identity and life stories about who they are in order to make sense of ongoing experiences (Marecek, 2003).

My overarching argument is that the qualitative study of human experiences requires a reformulation of some important methodological concepts used to assess the quality of quantitative research, such as *validity* and *reliability* (Silverman, 2005). Although the process of collecting, analysing and evaluating the data is presented in the articles, I will in the following highlight some methodological discussions that have been relevant throughout the multiple case-study. Levitt and colleagues (2017) suggested that qualitative research should

be designed and evaluated based on the overarching goal of *methodological integrity,* which refers to the degree to which the readers are convinced that a study has captured trustworthy observations and analyses of the topic. They further suggested that the methodological integrity of qualitative research should be evaluated based on two concepts: first, *fidelity to the subject matter* refers to degree to which the data collection methods are suited to capture relevant observations and experiences that enlighten the topic of the study; second, *utility in achieving goals* refers to whether the method decisions being made enable to produce knowledge that answers the stated objectives of the study (Levitt et al., 2017). I will therefore discuss the degree to which the present study has been able to capture relevant data and be useful in answering the research questions. Then, I will reflect on the subject matter of the present study and what implications this might have for the methodological approach, before I end by discussing some ethical challenges.

9.1 Fidelity to the subject matter

In the following, I will describe the process of collecting data in collaboration with the clinicians at the National Treatment Unit of Gender Incongruence (*Nasjonal behandlingstjeneste for kjønninkongruens* [NBTK]), delve deeper into my background as a researcher, and offer some reflections on the use of a reference group to ensure collaboration with activists. Together, all these formal and informal sources of reflection form a backdrop which I believe have influenced my methodological decisions along the way. The aim is to offer transparency into the process.

9.1.1 The meta-synthesis

The aim with the meta-synthesis, presented in the first article, was to identify and review the existing knowledge on subjective experiences of GD among TGNC youth in order to establish the field of knowledge against which the multiple case-study could be discussed (Levitt, 2018). My co-authors and I followed the methodological recommendations by Noblit and Hare (1988) to conduct a *meta-ethnography* as a means to achieve this goal. Already in connection with the literature research, it became clear that the various terminologies in use in the body of knowledge were going to pose a challenge in the review process. Together with my co-authors, I therefore had to begin the process of looking closer at what experiences that were relevant to enlighten the concept of GD. This was a careful balance between being specific enough in order to narrow down the literature search, while at the same time being open for new and unexpected topics that are relevant to GD. A concrete challenge that we struggled with was to distinguish between studies that illuminated social aspects of GD with

an applied purpose, for example, in relation to prevention of HIV/AIDS and those who could enlighten subjective experiences. In this way, the process of conducting the meta-synthesis on subjective experiences of GD offered an opportunity to start defining relevant aspects that constitute GD while starting the process of collecting the empirical data. I believe that the meta-synthesis offered some *sensitising concepts* that proved to be useful in the multiple case-study (Willig, 2008).

9.1.2 Collecting the data

This is a theory-building case-study with multiple single cases that aims to shed light on aspects of GD that have not been previously described (McLeod, 2010). Since the focus has been on the diversity of presentations of GD, a case-study with multiple single cases is suited, because it enables development of hypothesis, concepts and theories and sheds light on individual differences (McLeod, 2010). Data was collected by semi-structured interviews with 16 adolescents between 13 and 19 years old that had been referred to NBTK within the last 12 months. The participants were recruited in close collaboration with the clinical staff at NBTK. The exclusion criteria were psychosis and serious mental illness. The first interview was conducted in December 2018 and the last was in June 2019. Ten of the participants were recruited with the help from clinicians at the child and adolescent unit of NBTK. The remaining six were recruited among the youngest referees to the adult section of the same national treatment unit. The participants recruited at the child and adolescent unit received a written request (see appendix D) in advance of a clinical appointment with my contact information. We sent 40 letters to newly referred adolescents, and 15 of them contacted me. The participants recruited at the adult section were asked in advance by their clinician. In total seven participants were approached, and five ended up being interviewed.

The aim was to interview them early in the process of paving a path forward, before they had been able to form a narrative in which a new understanding of their situation had been established (McAdams, 2008). The semi-structured interview "provides an opportunity for the researcher to hear the participant talk about a particular aspect of their life or experience" (Willig, 2008, p. 24). In addition to the compatibility with different methods of analysis and epistemologies, an advantage of the semi-structured interview design is that it allows the researcher to moderate the conversation in a way that remains flexible while still maintaining a certain focus. Especially important in relation to interviews with youth struggling with GD, for whom the topics of interest would be both intimate and sensitive, this

flexibility gives the researcher the opportunity to maintain a degree of compassion of the participants (Kvale & Brinkmann, 2009). The interview guideline was developed in collaboration with supervisors and a reference group, and it was revised five times throughout the process (see appendix E for the last version). One pilot interview was made in September 2018 in order to explore the usefulness of the first version. The first part of the interview focused on the developmental history, and the goal was to gain information about the participant's childhood and relationships with family and friends, with a special emphasis on gender and identity. The aim with this part was to 'set the stage' for the final part, the life form interview, inspired by the approach developed by Hanne Haavind (1987) and her colleagues. The focus was on how the participants experienced that GD affected their daily life, following the guidelines for a *life-mode interview* (Haavind, 2011). The participant was asked to describe the last weekday in detail, with a special focus on gender and gender dysphoria. Within this approach, the interviewer is encouraged to mirror the participants' statements in order to elicit further descriptions and reflections. In addition, the participants are asked to provide concrete episodes that exemplify their statements in order to go beyond already established narratives and elaborate nuances (Haavind, 1987). Thus, one might say that the aim is to explore how affective nuances are not only *structuralised* in memory through narratives and meaning-making frameworks, but also how they play out and become *actualised* in daily life (Gullestad & Killingmo, 2013). In this way, the life-mode interview is suited for a study with a phenomenological approach (Smith et al., 2009). The initial aim was to recruit participants with different assigned gender at birth. However, I ended up interviewing 15 adolescents assigned female at birth and only one assigned male at birth. Due to the small number, data from the one participant assigned male at birth was not included in the findings. The decision was taken after consulting the reference group, who was concerned about the ability to retain the participant's anonymity as the only one assigned male at birth.

In addition to the semi-structured interviews, the participants answered two standardised questionnaire. The first was translated to Norwegian by the Norwegian Directorate of Health, the last was translate by myself prior to issuing:

- SCL-10, consisting of ten questions about mental health symptoms during the previous week.
- Genderqueer Identity Scale (GQI) (McGuire et al., 2018).

The two standardised clinical measurements were not utilised in a quantitative analysis, but used as background information in the methodological triangulation of each case to shed light on the qualitative material. For some participants, the questionnaires did not add any substantial information, while for others, some of the questions prompted further reflections on GD that added important information.

9.1.3 The reference group

I was fortunate enough to be able to consult with a reference group consisting of one representative from three NGOs representing various TGNC people in Norway. All representatives had experience seeking treatment at NBTK and were thus going through the same procedures as the participants in the study. We had in total six meetings, the first in June 2019 and the last in January 2021. The three organisations represented, *Skeiv Ungdom* (Queer Youth), *Foreningen FRI* (FRI – The Norwegian Organisation for Sexual and Gender Diversity) and *Harry Benjamin Ressurssenter* (Harry Benjamin Resource Centre), have offered different perspectives on how to understand TGNC and GD, including what constitutes good treatment. Due to challenges in relation to data security, we were not able to establish a structure where the representatives could read transcripts from the interviews. Instead, I presented an update from the project at each meeting. In addition, I sent the same tentative themes from both the thematic analysis and the IPA that the supervisors and co-authors received in advance of the meetings in order to ensure a substantial insight into the data material. The reference group gave feedback on how to understand the clusters of experiences. I asked them about their intuitive feedback, before I elaborated my own reflections. At the same time, I tried to include the representatives in the academic process by explaining the research methods and the purpose of the study in order to bridge the gap between them and me as a researcher.

Thus, in addition to the triangulation between theory and the data, the reference group offered additional perspectives to understand the material. According to Kvale and Brinkmann (2009), there is a risk that because of the power imbalance between researchers and participants, the analysis of the data might lose important aspects if the researchers lack lived experience of the topic they are doing research on. Another potential pitfall is that the analysis may create a stigmatising impression of a vulnerable group. The main aim with the reference group was therefore to have them as a corrective to my lack of lived experience as a TGNC person, thus helping me empathise with the participants and the messages they were

trying to convey and keep the analysis as close as possible to the experiential perspective. Furthermore, the perspective from the reference group is also important, given the historical dominance within the field of clinicians and researchers without personal experience (Stryker, 2017).

How did the reference group influence the process? Overall, the regular meetings with them reminded me on the commitment to produce knowledge that is relevant and close to the needs of TGNC youth with GD. This was especially important, since the present study aims to explore how GD is experienced from within the youth themselves, instead of relying on standardised research methods. In addition, I want to highlight three concrete examples of reflections that helped me during the analytic process. In the first meeting where I presented the narrative summaries, all representatives stressed independently that one of the participants' partner seemed to subtly discriminate against him by telling him to act 'manly'. This observation had gone unnoticed for me as a cisgender-identifying person, and it served as a reminder to maintain a sensitivity for how relations that can be experienced as positive might also have some repressive effects. Secondly, the representatives helped me to keep in mind that some of the apparently ambivalent and contradictory statements made by the participants might reflect that they are early in their exploratory process and hence not necessarily able to present a coherent narrative. These two reflections exemplify how an alternative view on the data gave me perspectives that helped me further in my analyses of the material. The reference also gave feedback on the manuscript of the first and second articles on an early stage.

9.1.4 Important topics in the initial process

I kept a research diary for field notes throughout the entire process, in which I wrote important topics that emerged in the interviews, relevant theoretical insights that I had come across and discussions with clinicians, researchers and others that I discussed the ongoing project with. I have kept close contact with actors within the field, such as activists, relatives of people living with GD and clinicians working outside of NBTK. In addition, as part of the process of collecting data, I spent much time with clinicians at NBTK and observed consultations and discussed emergent issues. All these formal and informal meetings contributed with insights and experiences against which the data material has been understood and approached. Inspired by the emphasis on relational knowledge within ethics of care, I have written down all such reflections and impressions from others in the belief that the emotional reactions and intuitive knowledge amongst both clinicians and lay people with

lived experiences represent important insights that could breathe life into the data material and contribute to the analytical framework (Held, 2006).

Early on in the interview process, two types of experiences of GD emerged as important. In the beginning, I hesitated to develop these thoughts, since the medical history of GD is full of typologies and diagnoses aimed to characterise those who deserve gender affirming care from those who are not 'real'. However, the label 'early onset' emerged in my mind when I interviewed participants who had experienced gender trouble since early childhood. They had often been taken to be boys, they had many male friends, and their gender expression had been masculine. Puberty was very distressing, because it meant that the differences between boys and girls increased, both bodily and socially. Regarding subjective experiences, they expressed most distress in relation to their genitals in everyday life today. They do not ruminate much about gender and how they feel about themselves. When asked them to describe their experiences of gender, they struggled to find proper words. In the interviews, it seemed that they just *are* men, and there is nothing more to explain. However, they provided concrete examples of situations that had been stressful before they learned about TGNC, and how their general well-being improved after they started to live as men and came out to friends and family. Today, most of them pass generally as men in daily life.

With some other participants, the controversial category of 'rapid-onset gender dysphoria' (ROGD) emerged as descriptive of those participants who did not identify as boys in childhood. Some felt comfortable in a feminine gender expression, while others were happy as long as they could behave 'boyish'. Common across these participants was an early experience of being disconnected from peers. In addition, these participants described mental health challenges earlier in life. Like the 'early onset' participants, the second group also experienced puberty as stressful. However, this was not necessarily related to being TGNC, but rather an increasing discomfort with developing body parts associated with women. After puberty, they learned about transgenderism on the internet or from peers at school that started to transition. They described a period of intense research, where everything in the past began to make sense in the framework of transgenderism. Some even started to mourn the loss of a childhood, because they felt their parents should have understood they were transgender already at an early stage. After they started to identify as transgender, many of their mental health challenges could be explained. Nonetheless, they also describe increased experiences of GD. During the interviews, I struggled to comprehend their need for medical treatment, in contrast to my almost immediate empathy towards these wishes expressed by the

aforementioned group of participants. It seemed to me that these participants had not yet 'settled' in their gender experiences; they gave rather vague descriptions and general characteristics that seemed to be derived from more general identity political movements. It was as if their experiences did not 'hang together', to borrow an expression from Erik Erikson (1963).

I continued to reflect on these two 'groups' throughout the analysis process, and I discussed it with supervisors and co-authors. The two types reminded me of early onset and ROGD (Littman, 2018) presentations of GD, as discussed in chapter 3. When I presented my analysis of the two different types of GD with the reference group, the representatives suggested the participants might vary in relation to how strongly they experience their gender identity. However, it might be possible to be in need of medical treatment even though one's gender identity and gender expression is not very masculine or feminine. In the end, the tentative typology was not included in the analyses of either the second or the third article. Nevertheless, I believe it helped me to elaborate on the countertransference during the interviews — specifically, the feelings of emptiness that I was left with in some of the meetings with the participants that reminded me of ROGD and my struggle to empathise with their distress (Gullestad & Killingmo, 2013).

9.1.5 The researcher in the mirror: Reflexivity

It is good practice for a researcher to state explicitly what they are assuming and then interrogate it (George & Bennett, 2005). Furthermore, reflecting upon personal experiences is important within phenomenological research to connect the analysis to everyday contexts and breathe life into the data material in order to grasp the lived experiences (Smith et al., 2009). I did certainly not enter this field without investments. I have been engaged in the field of LGBTQ politics for several years, an engagement which first made me curious about the questions that later led to the application for funding for the present thesis. I was saddened to learn about TGNC people who told stories about being denied treatment, and I was of the opinion that the more medical care there is to alleviate GD, the better.

The interviewing and the following process of getting immersed in the material started in December 2018 and have continued until now (April 2021). After several months, I began to notice that the process of understanding the interviews and the experiences of the participants gradually and imperceptibly made me question my own childhood and youth. I found myself ruminating excessively about my own discovery of gender and sexuality, especially the difficult years in early adolescence. More specifically, I remember the

existential crisis I found myself in during these years. I was questioning my sexuality and desire, but also how to behave and express myself. Furthermore, I experienced that peers commented on my feminine mode of expression, which led to allegations of being gay. I did not question my assigned sex at birth, but the intersection between gender and sexuality made me very aware of how to dress and act in order to pass as straight. The experience of being objectified and commented on and the lack of control this implied was terrible. The relief that accompanied the growing ability to imagine a good life as a gay man, when I was in my late teens, was all the better. However, the process of getting immersed and breathing life into the data material of the present study brought emotional memories from my own youth in the 2000s to the surface that I thought had been fully processed. The content of the topics did not surprise me, since they had been recurrent themes in my psychotherapeutic treatment. However, the emotional depth of the 'ghost from the youth' surprised me, and required that I reflected on it together with supervisors and friends. It was as if the participants' reinterpretation of their childhood experiences (a recurrent topic in all three articles) and the jubilation over finding a narrative (an identity political anchor to cling to) forced me to investigate my own developmental process a decade after coming out.

I believe I share the gradual discovery of a non-normative sexuality and gender identity with many other LGBTQ people, a process which is powerfully described by feminist philosopher and queer theorist Sara Ahmed (2017) as being confronted with a future without any opportunities. The lack of role models and liveable alternatives for people at the margins of heteronormative ideals might lead to the perception of a future as a black hole. For my part, the difficulties were related to understanding myself; it was as if I were in free fall. Furthermore, I believe that this experience of being looked upon in very fixed ways by others, characterised by a confusing and disturbing sense of being look upon as someone who deviates, made me self-conscious in a way that I believe many sexual and gender minority youth experience to various degrees (Clarke et al., 2019).

How could this have influenced on my interpretation and analysis of the interviews? My own crisis in youth is reflected in the focus on lived experiences and the chaos — namely, theme 1 in the first article, and themes 1 and 2 in the second article. Moreover, the jubilant triumph in finding a solution is perhaps reflected in the third theme (coming-out) in the second article. Furthermore, the focus on the gazes is the result of my attempts to understand the participants; they did not put words to it explicitly. At best, these experiences have been

enabling in the analysis, a kind of queer solidarity across generations. I am thankful for the process I have related, and still relate, to. What are the similarities between me and the participants? I am perhaps gender non-conforming, in a wider sense. However, using my lived experiences and investment in a certain life-path — my gaze at my own past — as a starting point to understand the participants' subjectivity may also be in danger of trivialising the stress that they are experiencing.

On the one hand, my background as a gay man has given me some experiences of belonging to sexual and gender diversity that might put me in a position to understand the experiences of the participants and 'step into the other's shoes', perhaps invoking a kind of queer cross-generational solidarity from one living in the margins to another. On the other hand, it has become clear to me that the identity political mechanisms that unite us in some common experiences also divides us; I have never developed a TGNC identity, and this makes a fundamental difference in our positions in the world. Perhaps the concept of *asymmetrical reciprocity* is useful, which means accepting that there are aspects of another person's experience that are impossible to understand, while trying to be curious and open-minded (Edwards & Mauthner, 2002). I hope that my gay background has enabled a gaze from the outside that at times is close to how GD and identity conflicts might be experienced from the inside.

9.2 Utility in achieving goals

I will in the following describe the analytical steps and decisions that have been made, before I reflect upon the potential of transferring the knowledge from the present study to other contexts.

9.2.1 Thematic analysis

All methods within qualitative research begin with one kind of *categorisation* of the data, to show how apparently different findings belong to the same process (Willig, 2008). Categorisation is a way of abstracting from the concrete expression to common processes across cases (Levitt, 2017). Thematic analysis offers a step of widely accepted recommendations to categorise qualitative findings (Braun and Clarke, 2019). The data from the present multiple case-study was first analysed thematically in order to get a broader picture of the empirical body. The first step in the analytic process after transcribing the data was to write a narrative summary of each participant in order to engage with the material. In order to organise important information, this was a mean to *immerse* sufficiently in the data

from each participant (Bennett & Checkel, 2014). It was also important to give the analysis team consisting of supervisors and co-authors insight into the variations and richness of the data, before we embarked on the analysis of identifying common patterns across the cases. The second article is based on a thematic analysis of the 15 included participants. Within thematic analysis, the themes are supposed to represent the abstracted findings from each case (Braun & Clarke, 2006). A theme within thematic analysis should aim to represent a *shared pattern of meaning* (Braun & Clarke, 2019). Thus, a mere *domain summary*, organised around shared topic but not meaning is an underdeveloped theme (Braun & Clarke, 2019). The goal of the thematic analysis was to look for shared patterns of meaning across the cases that represented the entire data set. In addition, it offered a broad overview of the nuances and diversity within the material that could be interesting to analyse closer within a phenomenological and experiential framework, which leads us to the approach that formed the basis of the third article.

9.2.2 Interpretative phenomenological analysis

Interpretative Phenomenological Analysis (IPA) is an approach that offers methodological strategies that seek to integrate new empirical findings with existing theory (Smith et al., 2009). IPA was therefore relevant for the present study, because an aim with the multiple case-study was to discuss the findings against the rich literature on GD and sex and gender in general. In addition, IPA is also suited to generate hypothesis and develop new theory (Willig, 2008). Thus, IPA offers six concrete steps to focus on the experiential aspects of the data, beginning first with specific aspects of each case, before one proceeds to the commonalities across cases (Smith et al., 2009). The triangulation between the unique expressions of a phenomenon in each case and the commonalities across cases, in addition to the focus on existing theories and the researchers' ongoing reflections throughout the process, enables a hermeneutical approach that is suited for a multiple case-study (McLeod, 2010). Throughout the process of performing the IPA, I kept a record of field notes and other reflections in the margins of the transcripts, enabled by the qualitative data analysis software NVivo. In this way, I could compare field notes I had made with theoretical and personal reflections. In addition, I used the insights from the thematic analysis and the outline of an initial model of GD when I performed the IPA (Smith et al., 2009). In my view, these provided a helpful backdrop against which the results from the IPA could be analysed. In addition, the analysis from the IPA was used to further develop the analysis of subjective experiences of GD that form the basis of the concluding remarks suggested in the last chapter.

9.2.3 Transporting the findings: Generalizability in qualitative research

Within the logic of quantitative methodology, statistical tools and guidelines have been developed to evaluate the potential of generalising the findings from the sample of participants to a bigger population. By narrowing down the focus of observation and implementing the study in a controlled setting, the aim is to isolate confounding factors. To do so, one needs to include sufficient participants (George & Bennett, 2005). The overarching objective is to identify mechanisms that are general to a broader population, which operate beyond the subjective experience of each participant (Smedslund, 2009). Within qualitative research, one cannot rely on the number of participants, because the interest is directed towards the ideographic expression of a phenomenon, the richness of the data, and the ability to contribute with nuanced and multi-layered observations (Willig, 2008). How, then, can the findings on subjective experiences of GD amongst the 15 participants that form the basis of the multiple case-study be proven useful in other contexts?

Within qualitative research, different strategies are required to generalise and transport findings (George & Bennett, 2005; Willig, 2008). There are different traditions within qualitative methodology in this regard; some methods, for example thematic analysis (Braun & Clark, 2006), are developed to analyse a bigger sample of participants. The attention is directed towards both the common features *across cases* and the underlying factors that are common, as previously described in this chapter. Therefore, the attention in the case-study is directed towards the variation *within* the cases, and the ideographic and particular expression. The careful process of tracing patterns, initially used in psychology to study the intermediate steps in human cognition, might even enable the researcher to analyse causal mechanisms (Bennett & Checkel, 2014). The argument is that the ability to document a causal link in one case by careful observations that are analysed within a theoretical framework is able to illustrate *how* the processes that are described within a quantitative logic that rely on controlled and randomised trials *unfold* (George & Bennett, 2005). Thus, the logic of generalisation within all kinds of qualitative research relies on the ability to connect careful categorisations of findings to relevant theory in order to contribute to theory development and the accumulation of knowledge (Haavind, 2009). As within quantitative research, the qualitative investigator needs to carefully select a data set that enables rich observations that might illuminate the research question (Willig, 2008). Furthermore, we have to have to make inferences about what we see, because at some level we cannot possess full and direct insight into a phenomenon. Neuroscientists rely on diagnostic tools such as brain imaging and brain

waves when they make causal inferences and interpret their findings, because they are not able to observe *directly* how the phenomenon unfolds (Bennett & Checkel, 2014). The data of the present study, consisting of young people's accounts of their experiences, also do not offer direct observations of how GD is experienced in each concrete situation. We therefore rely on some assumptions regarding the nature of the phenomenon, and the empirical and theoretical chapters in the present study constitute in this way the framework of assumptions that enable the interpretation, and thus the transformation, of insight from the present multiple case-study to other contexts (Bennett & Checkel, 2014; Haavind, 2009). Thus, within qualitative research, we generalise on a different level: contextual, instead of universal (George & Bennett, 2005).

Some would say that a case-study can be *generalised* if it explains a tough case; others would say it has to be tested against different cases in order to investigate the scope conditions of each mechanism (Bennett & Checkel, 2014). The second article of the present multiple case-study represents in that way an attempt to illuminate the diverse unfolding of GD, while the third article aims to investigate the richest and apparently most paradoxical experiences within the participants. Another way to put it is that the meta-synthesis of the first article and the thematic analysis that formed the basis of the second article aimed to be more faithful to the descriptive level across all 15 cases, while the IPA of the third article analyses four cases in-depth and thus moves towards a more interpretative stance of developing (analytic) theory (Sandelowski & Barroso, 2006). The analytic process of all three articles, however, started with the abstraction from the lowest levels of meaning units to theoretical claims about processes that underlie and reproduce subjective experiences of GD.

9.3 Reflections on the subject matter

Philosopher Ian Hacking (2002) distinguished between two types of subject matter under study: *human kinds*, referring to human beings, and *natural kinds*, referring to objects, animals and other non-human creatures. According to Hacking (2002), one has to be aware of the way in which we interact with human kinds — people — when we classify them. The truth about the category of people being described will change as a consequence of being studied and described, what Hacking (2002) refers to as the *looping effects of human kinds.* Being labelled homosexual affects the way people think about themselves. Natural kinds, on the other hand, are indifferent to the classification; the mud is not affected by being described as brown and disgusting. Thus, when people are classified and described, it makes a huge

difference, because they come to think about themselves in new ways, which opens up new choices of action. Even if, hypothetically, researchers were able to identify the genetic correlate of homosexuality, or a specific family environment that predisposes people to develop a certain sexual orientation, the way homosexuals think about themselves and experience the world will develop in unforeseen manners (Hacking, 2002). Thus, when studying the experiences of humans, there is a *double hermeneutics* at play, since social scientists are interpreting experiences that already have been interpreted by the participants themselves (Giddens, 1996). These insights are relevant to the present study, because the analysis should reflect on the nature of the participants' statements; there is reason to believe that the TGNC youth that I have interviewed are both heavily influenced by the ongoing public conversations about gender affirmative care and GD when they give meaning to their experiences. Furthermore, perhaps have they responded to me during the interviews in manners that reflect the impression they want to give in order to uphold their narratives about themselves, rather than what happens during their daily life.

Then, what kind of knowledge is offered and conveyed through the interviews? Within epistemology, *naïve realism* refers to a strong belief in the possibility of gaining secure knowledge of the material world that is independent of the observer, if only observed rigorously. *Relativism,* on the other hand, rejects the possibility of obtaining secure knowledge (Willig, 2008). Between these positions, proponents of *transcendental idealism* argue that knowledge is only grasped through representations. This position is a modification of *critical realism,* based on a reinterpretation of Immanuel Kant's position (Stänicke et al., 2020). Thus, within this interpretation of transcendental idealism, we acknowledge that there is a material world and a psychic apparatus through which the world is grasped and experiences constituted. As a consequence, we relate to the world as if it is real when we observe both ourselves and others. At the same time, our representations are not completely coherent with the real (Stänicke et al, 2020).

Transferred to GD, we might say that GD exists as a phenomenon that is experienced by the participants I have interviewed. However, GD is a *concept* developed to grasp some experiences that are grouped into the same category. These representations are invested with affect and meaning and are deeply felt (Stänicke et al., 2020). Furthermore, building on the analytic account of the human subject as someone who struggles to understand external reality and inner states without being fully capable, we might say neither I nor the participants have complete insight and direct access into GD. Within phenomenology as a research

method, two approaches to interpretation are of interest in this regard. *Empathic interpretation* attempts to reconstruct the experiences in its own terms, while *suspicious interpretation* engages with theoretical perspectives from the outside to illuminate the phenomenon (Smith et al., 2009). In the second article, we have been closer to an empathic interpretation; we have taken the experiences as they are *formulated* by the participants. In the third article, we engage more with psychoanalytic theory to go beyond what the participants explicitly say, assuming that the existence of an unconscious and manifold subject requires a suspicious interpretation. Furthermore, the involvement with the reference group and my reflections around my own personal reactions to the material represent attempts to interpret empathically.

9.4 Ethics

The project was approved by the Norwegian Regional Committees for Medical and Health Research Ethics (REK) in June 2018 (reference number: 2018/1088/REK Sør-Øst C). The clinical context posed some ethical challenges that needed to be handled. A clinical population is by definition vulnerable (Kvale & Brinkmann, 2009). In addition, some of the participants were under 16, so their participation required careful monitoring during the process. It was important that consent was informed (Schultz, 2018). For those under 16, this required the permission from parents or care-givers. All participants were in the early phase of seeking help and still under consideration for treatment. My main concern was that some would participate in the hope that I could influence on the decision regarding treatment. I therefore stressed explicitly that the clinical staff would not learn about their identity, and that I had no role in any treatment decisions. As a trained clinical psychologist, I was able to continuously evaluate suicide risk and provide support if the interview evoked strong emotional reactions. Throughout the interview, I reminded the participants about their right to both withdraw and say no to elaborating topics that were too sensitive. We had also established an infrastructure at NBTK so that I could report any concerns regarding mental health or other topics that emerged during the interviews. In addition, clinicians at NBTK had evaluated the participants' ability to both participate and consent before they received a formal request to join in research.

The interviews were transcribed, anonymised and stored safely. In addition to name and age, I removed any information that could potentially reveal the participants' identity and replaced with something similar.

Throughout the process, I aimed to reflect on my position as a researcher before, during and after the interviews, and the responsibility I have to convey the experiences that the participants shared. This ethical responsibility as a researcher goes in many ways beyond the fulfilment of formal requirements such as informed consent and safe storage (Edwards & Mauthner, 2002). The question of power hierarchy is especially relevant in this context, because gender affirmative care has traditionally been developed by researchers and clinicians without much involvement from TGNC people living with GD. Furthermore, given the polarised debate regarding treatment, as described in previous chapters, I have tried to be aware of how I convey experiences and reflections from the research in both formal and informal settings. Thus, I have tried to ensure that the experiences communicated by me are not used to legitimise some type of agenda. Furthermore, given the power I had as a researcher to interpret the experiences of the participants, I tried to use both the reference group and collaboration with actors of different opinions as a system of 'checks and balances' of my own understanding of the material. In the end, the collaboration with both the participants and their parents and care-givers in the preparation of the interviews and their eagerness to participate gave me a sense of humbleness and a sense of responsibility that I feel followed me throughout the process. I conveyed to all participants that they should feel free to contact me at any time if they any requests. So far, I have not heard from any of them.

In addition, as consequence of the clinical recruitment, I tried to be aware of the relational aspects of the context, especially whether the participants had felt indirectly pressured to participate. On two occasions, I decided not to follow up a request to participate, because the participants were always occupied and hesitated in their communication. I was concerned about the discrepancy between the explicit wish to participate and the hesitative behaviour. The goal was to be on the safe side rather than risk forcing someone (Edwards & Mauthner, 2002). In the end of each interview, I asked the participants if they had learned something knew about themselves during the interview. Some said that the questions had made them reflect in new ways about their life, see also Hacking's (2002) concepts of human and natural kinds and Giddens (1996) concept of double hermeneutics. In addition to producing research that could be transported as insights to other fields, I tried to make the interviews an opportunity to gain more self-knowledge for the participants (Edwards & Mauthner, 2002). Since the present study is not a follow-up inquiry, I have not been able to hear more about their situation after the interviews took place.

9.5 Summary

A qualitative approach was chosen for the present study, because it is suited to explore GD as experienced by the youth themselves. I interviewed 15 adolescents that had been recently referred to medical treatment to alleviate GD. They were asked about their developmental history and lived experiences of GD in everyday life. A reference group consisting of TGNC individuals was consulted to shed light on other aspects of the data material. In addition, I have tried to use my own experiences of growing up as a gay man to empathise with the participants in order to breathe life and context into the material. In order to transport the findings from a qualitative study to other contexts, it is important to connect data to theory. The strength of qualitative data is to provide rich descriptions of the phenomenon under scrutiny in order to generalise on a contextual level. The subject matter of the present study, subjective experiences of GD, is characterised by being mediated and represented in mind. This psychic nature of the topic under scrutiny requires that one as a researcher interprets the data both empathically, by attempting to reconstruct the participants' experiences in their own terms, and suspiciously, by engaging with theoretical perspectives from the outside to illuminate the phenomenon. In addition to the formal ethical requirements, I tried to be aware of my role as researchers and clinical psychologist, and of the responsibility and power I have in communicating the experiences from the interviews.

10 Notes towards the end: Attempts to conclude

The results from the meta-synthesis and the two articles from the multiple case-study indicate that subjective experiences of GD amongst TGNC youth are individually diverse and compound. The pubertal body, sexual impulses, and the increasing task of becoming an adult that takes on responsibilities and engages in intimate relations with other people are all factors that serve as sources of their continuous self-experience. Together, these sources contribute to subjective experiences of GD. All articles describe various processes of feeling outside and incomprehensible to both oneself and others, described as 'navigating in the dark' in the first article, emotional memories from the past of being odd in the second, and being ostracised in childhood in the third. The participants' exploration of TGNC identities and narratives represent different efforts to help bridge fragmented self-experiences. All articles indicate that these efforts to commit to TGNC identities have to a certain degree been successful. However, it seems to have come with a price; subjective experiences of GD increased or at least created new forms of distress in everyday life, such as feeling estranged from the body and a sense of not being able to occupy the role of a man. The task of TGNC youth, clinicians and others who assist them is therefore to negotiate GD. In order to understand what this negotiation is about, we need to give shape to an insight that became clearer in the third article — namely, the importance of the gazes on oneself from the outside and the inside as a source of self-experience.

In the first part of this chapter, I suggest a dialectical model which ideally makes a contribution to our conceptual understanding of subjective experiences of GD. The model indicates that subjective experiences of GD represent an ongoing negotiation in everyday life. Within this perspective, the difference between TGNC youth and cisgender people are of no principal character but reflect general challenges in the development of a sense of self. The implications of understanding GD as a challenge of negotiation in everyday life, applied to the clinical setting and our political efforts to create a more inclusive world, will be the topic of the second part.

10.1 Lessons in the mirror

In the second article, we suggest a dialectical model of subjective experiences of GD based on the results; bodily sensations and emotional memories from the past represent *sources* of GD that are mediated through the *psychic processes* of coming out as TGNC and forming relations to other people. This results in the ongoing negotiation of *states* of GD. In

the following, I will elucidate the dialectical model; firstly, I will show how the sources of GD, mediated through a psychic structure that is the result of interaction with the external world, as outlined in chapter 6, is characterised by the dialectics between the gazes from the outside and the inside. Thereafter, I will argue that in order to understand the *states* of GD, we could benefit from a conceptualisation of the self — referred to as the subject — as the product of meaning, rather than the source of it. The model is dialectical, because it describes an iterative process that is ongoing and gradually developing through interaction with the external world. As mentioned in chapter 6, subjective experiences are not isolated but embedded in fundamental structures of human existence, for example language, perception, temporality and intersubjectivity (Weiss et al., 2020).

10.1.1 The proposition of a dialectical model: The gazes from the outside and the inside

In the third article, the vague subjective experiences of GD are characterised by a sense of not feeling whole — a lack of congruence between the internal sense of self and gender identity on the one hand, and the external world on the other. The identification as TGNC seems to have been a strategy to bridge this existential lack of wholeness, by being transformed in relations with other people and exploration of discourses and narratives that provide new meaning. Furthermore, subjective experiences of GD are always transformed through a psychic structure. As mentioned in chapter 5, self and identity are theoretically intertwined concepts. However, the findings from the present study suggest that the ongoing dialectic between sense of self and identity, experienced as gazes from the outside and the inside, is crucial to understand how subjective experiences of GD have developed and continue to unfold in everyday life. In short, to reference Hegel (1807/1999), it seems that in order to appear as a self, the subject has to step out to observe oneself, and then return and identify this new gaze on oneself from within. In the following, I will attempt to illuminate the dialectical development of a sense of self, by elaborating the tension between the gazes from the inside (illustrated by sub-theme 2.2. *Identity*, in article 3) and the gazes from the outside (illustrated by sub-theme 2.1. *Sources of meaning*, in article 3). Furthermore, I aim to develop an analysis that does not take the identity as the starting point, as we usually do within an identity politics framework. I rather suggest that we conceptualise and analyse identity and a sense of self as a continuously developing end point of a dialectical process between gazes from the outside and the inside. Subjective experiences arise from this ongoing dialectic. Furthermore, the experience of a lack of wholeness is open for a Lacanian reading:

to inscribe oneself in discourse, as the participants do when they identify as TGNC, is always to lose some meaning.

I believe that the underlying processes behind subjective experiences of GD are best understood within a Hegelian account of subject formation, as described in chapter 6. The participants describe a mismatch between their body and their internal sense of gender. This dissonance appears to them when they are both alone and together with other people. The surroundings are not able to recognise them properly. My immediate suggestion would be to educate the surroundings about TGNC, so that they recognise and accept them as men. At the same time, I am concerned that the results from the interviews indicate that this is based on a simplified understanding of the relation between an individual's self-consciousness and their relation to other people. Based on the exposition of Hegel (Hegel, 1807/1999; Østerberg 1999), I suggest that the participants and their relation to themselves — their development through dialectical spirals of reflection — is a continuous and ever going interplay between *gazes from outside* and the *gazes from inside.* The participants, like all other humans, attempt to understand themselves from within, or in Hegel's vocabulary, *in itself* (Østerberg, 1999, p. 8). To be *in itself* is to be impulsive and implicit (Østerberg, 1999). However, to do so requires a gaze from outside — *for itself,* which means to become conscious about what the spirit is *in itself* (Østerberg, 1999). One does not gaze on oneself from the outside — for itself — to uncover more of one's unique, inner kernel. On the contrary, after gazing at oneself from the outside, one returns and gazes at oneself from the inside, in order to synthesise and transcend the previous experience of oneself as gazed from the inside. Hegel's peculiar point is that the I — the self-conscious being — is only able to appear to oneself by being distinguished as a contrast against what one is *not*, and seen from the outside as something *for itself (für sich).* Thereafter, the I turns inwards, where it once again insists on being something inner, something *in itself (an sich).* This dialectical spiral of reflections oscillates between experiencing as immediate (in itself) and experiencing as mediated (for itself). The participants in the present study do often experience that they are not recognised as men, the *universal concept* outside themselves, which they desire and identify with. If we as a society do not recognise them, and hence deny them from taking on roles as men *for themselves*, how can they explore life as a men? More specifically, how can they explore a future life if they are not able to gaze themselves from outside, as something *for itself.* Based on the results, I suggest that gender identity is best understood as a gaze on oneself from the inside, which is the result of having turned outward and gazed at oneself from the outside. In this perspective,

gender identity and sense of self does not reflect an inner kernel that unfolds in the external world, but is the continuous internalisation of gazes on oneself from the outside.

10.1.2 A case illustration of the dialectical model

In order to elaborate how the dialectical model might shed light on the dynamic behind subjective experiences of GD, I will illustrate with a brief analysis of 16-year-old Noah, one of the participants. Noah did not feel uncomfortable as a girl in childhood but struggled to find his place amongst peers. According to Noah, he was a bit chubby as a child and struggled to relate to his body. Some months after puberty onset, he started to feel uncomfortable with his body, especially the breasts. He learned about TGNC and experienced gradually that this explained his trouble with the body. After some months with reflection and exploration, Noah transitioned, and today he lives openly as a man. As part of the life-mode interview, he described a situation from the gym where he struggled with subjective experiences of GD. Noah was changing clothes in the wardrobe, and this sensitive setting made him more aware of the body than he usually is. The awareness of the body elicited a negative train of thoughts about not being 'manly enough'. After some minutes with exercises, Noah described that he almost lost control over his thoughts. One aspect of his body after the other became wrong; he felt that his feet were too small, his hips were too wide and even that his personality appeared too feminine for him. Thus, within a phenomenological perspective, it seems that both his body and his self *appeared* to him in distressing ways.

How can we understand Noah's sudden increase of subjective experiences of GD within the dialectical model? Firstly, it seems that being in the wardrobe made Noah aware of his body, and these uncomfortable sensations became *sources* that were *processed psychically*; the body reminded him of his background as birth-assigned female, which led to a comparison with other men in the gym that made him feel outside. According to Noah, he did not compare himself with physically present males when the distress escalated. Thus, it seems to have been his mental representations of men that were compared with his representation of the appearances of his body and self. The appearance of himself as too 'unmanly' resulted in the *state* of feeling ashamed. This made Noah increasingly aware of the body, hence the emphasis on the dialectical relation back and forth between sources and states that are processed psychically. Moreover, perhaps the state of feeling ashamed elicited new bodily experiences. These sources were further processed and became new states of subjective experiences of GD. Perhaps the feeling of shame and the tendency to blame himself triggered

Noah's lived experiences of not fitting in during childhood. Finally, this example illustrates that the body occupies a complex position in subjective experiences of GD; bodily sensations are processed through the mind, contributing to mental representations of oneself and one's being-in-the-world.

During the interview, Noah explained that after he transitioned, he became increasingly aware of the mismatch between his body and his male identity. Perhaps the escalation of subjective experiences of GD that Noah described in the specific episode provide insights into how the ongoing dynamic of GD has developed over time and is structured by previous experiences. The ongoing experience of oneself and the world is always contingent on the past and the psychic apparatus, while at the same time being open for changes. In my view, this points to the *dynamic temporality* of experience. The internalisation of social norms — in this case Noah's idealised representation of how men should look — is not reducible to the symbolic 'out there' (McNay, 1999). As mentioned in chapter 6, Butler (1997) posited that the achievement of a sense of self and identity is always played out in the social realm, but not in a determinative manner. The internalisation of the external, in this model understood as the gazes from the outside, creates a psychic space that is experienced as the *inside*. However, the psychic space is always played out and formed by norms from the *outside* (Butler, 1997). This brief illustration indicates how the model of sources that are mediated through processes into states can shed light on the phenomenology behind subjective experiences of GD. In the following, I will discuss the implications of the dialectical model on how to understand the subject that experiences GD.

10.1.3 Towards a new definition of the self: The subject

The different gazes described in the results of the present study suggest that we are left grappling with an experiential dilemma; one both observes oneself as a *me*, while at the same time being an *I*. Put in other words, we are grappling with the doubleness of experience; we are both the observer and the observed (Elliott, 2020). Many theories of the self posit that the individual is the source of meaning. Within the perspective of sex, for example, the individual arises from innate capacities. Theories that embrace the unconscious and focus on the importance of representation and the alienation in front of the mirror (Salamon, 2010) suggest that the individual — usually referred to as the *subject* — is the product rather than the source of meaning. Applied to the results from the present study, there is no innate meaning; subjective experiences of GD are the result of a continuous dialectic between gazes from the

outside and the inside. In the following, I will elaborate the model within a Lacanian perspective on the self.

As described in chapter 6, in a Lacanian perspective, the child is gradually separated from the symbiotic relationships with its primary caregivers and enters the realm of the symbolic (Elliott, 2020). Initially, the child experiences its body and self in bits and pieces, and the mirror offers the illusion of a coherent self (Lacan, 1966/2007). The symbolic refers to language, narratives and the social world in a broader sense. Gradually, the child seeks identification with ideal images offered in the symbolic order (Salamon, 2010). As previously mentioned, identification can be defined as the psychic process of internalising a property of the other in which the subject is transformed by the model (Laplanche & Pontalis, 1974). Furthermore, symbolic identification refers to the process of internalising an idealised subject position in the external world (Salamon, 2010). However, as Salamon (2010, p. 23) put it, the "image is always external to the subject simply by virtue of its location in the visual register, even as that image is internalised". Thus, out of these accounts emerges a complex sense of self that is enabled by the entrance into the symbolic but always characterised by misrecognition and a sense of lack. This is experienced by the participants as alienation towards their own bodies and increase in subjective experiences of GD.

The participants describe how they succeed to various degrees in reconciling the gazes on themselves from the outside with the gazes on themselves from the inside. Perhaps these experiences are the result of an impossible attempt to bridge the gap between the mental representation of the body and the corporeal body. Furthermore, the Lacanian perspective underlines that the ongoing dialectics between gazes on oneself from the outside and gazes on oneself from the inside is always characterised by a certain degree of alienation and lack. If so, maybe the participants' experiences of being estranged from their bodies reflect the lack that always follows the entrance into the realm of the symbolic.

Applied to the present study, the results indicate that the participants struggle to reconcile the gazes on themselves from the outside with the gazes on themselves from the inside. It seems that the participants struggle with a conflicting identification in everyday life; they identify with traditional values, the idea of a 'normal' guy and the narrative of being 'born in the wrong body'. At the same time, they experience that their gender expression, memories from the past or notions about who they are clash with this strict narrative. Furthermore, the participants seem to have invested in the idea of 'being themselves' by

looking for an internal sense of self that is stable and unquestionable. However, the process of having established a male gender identity has always been deeply relational, enabled by different gazes at themselves. Perhaps have they internalised a traditional gaze from the outside regarding how a 'normal guy' should be, and they struggle to recognise this idea when they gaze at themselves and their mental representation of their bodies from the inside. This may not be surprising, given that the idea of a 'regular guy' is an idea that they have to identify with symbolically, and not a concrete person (Salamon, 2010).

Thus, according to a Lacanian perspective, the development of a unitary subject — which, in the case of the participants, is a commitment to an identity as man — represents an attempt to form a coherent sense of self in front of the mirror (Salamon, 2010). The coherent sense of self is constructed symbolically, through representations of oneself located in language. This construction of a unitary sense of self depends upon the disavowal of difference, both within oneself and others, and the repression of these fragments into the unconscious (Salamon, 2010). The results of the present study indicate that the participants are driven by a lack of coherence between the gazes from the inside and the outside. Perhaps repressed unconscious material, located in the body, represents an ongoing source of GD that must be processed psychically and negotiated.

10.1.4 Final reflections on the subject matter: Transcendental idealism

As mentioned in chapter 4, within the social constructionist view, reality is produced through language, discourses and other constructs (Gergen, 2014). The essentialist position, on the other hand, posits that reality is reachable through rigorous observation (Delamater & Hyde, 1998). The results from the present study indicate that subjective experiences of GD are both material, in the sense of originating from bodily sensations, but always mediated through mind. Thus, subjective experiences of GD are multidetermined phenomena, produced both by the corporeal body that is innate *and* by gender socialisation and upbringing. The social constructionist perspective captures the importance of discourses and narratives that serve as sources of meaning to the participants, but it has less to say about how these constructs are internalised by the participants' inner world through memory, imagination, fantasy, etc. The essentialist position fails to acknowledge the complex nature of GD by framing the body as a self-evident feature that is directly accessible to the human mind (Salamon, 2010). Thus, both positions might fail to take into consideration the limitations of the human mind and describe the ongoing negotiation of GD of each individual. Based on the findings from the present study, I suggest that the reinterpreted version of *transcendental*

idealism, as outlined by Stänicke and colleagues (2020), offers a promising perspective on GD. Transcendental idealism is an epistemological position stemming from the philosopher Immanuel Kant. Stänicke and colleagues (2020) provided some nuances on transcendental idealism in their modern reading of Kant that are of significance in my reasoning on GD. In this specific understanding of transcendental idealism, the essentialist perspective is limited, because it claims to grasp reality *as it is*. Social constructionism, on the other hand, is limited because it studies the constructs as if one has direct access to them. Applied to the present study, transcendental idealism suggests that knowledge about GD is always transformed and mediated through representations in psychic structures. As a consequence, subjective experiences of GD may be a transient phenomenon to grasp for both TGNC youth themselves and those who try to understand it (Stänicke et al., 2020).

10.2 The clinical task: Negotiating GD

In a phenomenological perspective, the world and oneself as situated in the world appear as wholes that are formed by parts. In the interviews, I have tried to investigate and describe in detail everyday life situations and the microlevel interactions and experiences that together form gender identity and consequently GD. The aim with this approach has been to describe subjective experiences in detail in order to produce knowledge on GD that might be useful for both TGNC youth and clinicians helping them to alleviate GD (Jessen & Roen, 2019). A challenge with this approach, following the phenomenological perspective, is that the parts do only make sense to people in its whole. Thus, GD varies across situations and individuals, and it can be difficult to provide an exhaustive list of contributing factors. This is where a Hegelian perspective on the gazes from the outside and the inside becomes meaningful. I would suggest that if gender identity and GD are continuously experienced as a whole that consist of various parts that vary depending on the situation, every new experience of oneself as a gendered person with GD is the result of a dialectic between the gaze from outside and from within. Every new perception constitutes a new experience, experienced as a whole that can only continue to be reflected on. A challenge with the detailed approach of the current study is that the analysis at the best describes a process, rather than an end product. The moment gender identity and the body, the two main parts that constitute GD, appear to the person as an intelligible phenomenon, it is lost, because of the continuous dialectics that result from the never-ending being-in-the-world. The ongoing production of self-experiences arising from the dialectics from the gazes from the outside and the inside require continuous negotiation on behalf of the subject. The identity on the inside originally derived after gazing

on oneself from the outside is always characterised by a lack; the corporeal body will never match fully the mental representation of it. The present study indicates that subjective experiences — the whole — is influenced by several factors, such as the body and the perception of it, the relation to the past and relations to other people. The totality of these axes must always be negotiated in order to be handled. However, everything is experienced continuously without pause; we both observe and are observed.

10.2.1 Concluding notes on identity politics

The current treatment models for GD have historically grown out from the medical community and the overlapping and highly diverse LGBTQ and TGNC movements (Stryker, 2017). Since the first clinical descriptions by Hirschfeld in the 1920s of gender diverse people in need of medical treatment in order to develop a liveable gender identity to handle GD, there has been debate amongst clinicians and activists regarding the need for sex reassignment. Although outdated as a term, the *true transsexual* described by Hirschfeld and Benjamin identified TGNC people with a need for gender transition. Perhaps it is these individuals represented by the youth population that benefit from early intervention in adolescence (Arnoldussen et al., 2019). The beneficial effects of medical treatment indicate that it is possible to bring body and mind more in alignment (Salamon, 2010). In my view, the challenges arise when all TGNC care-seeking youth are met with the same identity political solution: the unproblematic alignment of body and mind through medical treatment. The results from the present study indicate that subjective experiences of GD are always mediated in the mind. If GD is conceptualised as the consequence of a mismatch between a directly accessible body and a coherent and unalterable sense of self, we might overlook the problems that are caused by the ongoing dialectics between gazes from the outside and gazes from the inside. Given the dialectical nature of GD, it is rather challenging to evaluate treatment needs; no clinicians have the 'X-ray vision' needed to determine whether an individual will benefit from medical treatment. The present study indicates that GD is not a one-way process where someone discovers an inner kernel, which in the next round is taken outwards. On the contrary, an individual's ability to develop a gender identity and a sense of self is deeply situated in relations to other people, and their interpretation of the body in cultural and social frameworks that both enable and suppress.

Furthermore, the emphasis on the gazes from the inside and the outside as the process of understanding oneself also applies for clinicians and others trying to understand subjective experiences of GD. In chapter 6, I described that my background as a cisgender homosexual

with experiences of being at odds with gender norms is both enabling and a hindrance to understand the participants I have interviewed. There might be a risk that I, from my position as an adult cisgender man, am not able to empathise sufficiently with the urgent need for bodily changes that are so prominently experienced amongst TGNC youth.

10.2.2 A generative paradigm

Lacan focuses on the determinist role of the symbolic; to become someone is always to lack something (Salamon, 2010). McNay (2000) referred to the Lacanian perspective on gender identity and subject formation as a *negative paradigm;* the stable subject is an illusion which covers over fragmented unconscious impulses that threaten to disrupt the 'I'. The result of the lack between the repressed unconscious material and the internalisation of the realm of the symbolic is an ongoing conflict between psyche and society (McNay, 2000). I am sympathetic towards the negative paradigm of gender identity, and I believe the results of the present thesis indicate so. At the same time, I believe that the *generative paradigm*, as suggested by McNay (1999), might be beneficial in a clinical context. Inspired by Butler's queer-theoretical reinterpretation of Lacan and Freud, the generative paradigm offers an account of how individuals, in close relation to significant others and social discourses in the realm of the symbolic, are able to renegotiate and develop agency that is necessary to decrease subjective experiences of GD (Butler, 1997). In a Lacanian perspective, the unstable unconscious is always threatening to destabilise the coherent sense of self (McNay, 1999). This perspective implies a determinative ahistorical account of the self. As mentioned in the case illustration, Butler (1997) underlined that a sense of self is influenced by and played out in the social realm, but not in a determinative manner. Furthermore, as Käll (2015) pointed on in her integration of queer theory and phenomenology, subjective experiences are constituted here and now — *in statu nascendi*. The dialectic between the gazes from the inside and the outside create a psychic space and a sense of self that is perhaps full of tension, but always open for change and renegotiation. The creative dimensions of human agency — in this context defined as the creative capacity to think, reflect and transcend apparently unavoidable and predetermined gender identities and senses of self — open up for social and personal change (McNay, 2000). In a phenomenological perspective, consciousness is always directed — *intended* — towards something, for example an object or a sense of self (Davis, 2020). Thus, the complex process of subjective experiences of GD is not self-evident or naturally given, but negotiated continuously. However, this does not necessarily mean that GD is experienced as something one can control (Davis, 2020).

The results from the present study indicate that the participants are grappling actively to enter the realm of the symbolic by *intending* themselves as men. Perhaps is it a paradox that the gaze that has enabled the participants to think about themselves as men implicitly excludes them from establishing the gaze on themselves as 'normal guys'. Still, the participants experience that the gazes on themselves reflect their inside. Perhaps a clinical approach to TGNC youth might benefit from an acceptance of this ambivalent nature of human experience: always depending on an already established sense of self that is founded upon a lack after the entrance into the symbolic, but always open for renegotiation (Butler, 1997). As mentioned in chapter 6, the relation between the body and the experience of it is a feedback loop; the individual's body schemes, defined in chapter 6 as the psychic representation that mediates the relation between the felt sense of a body and the corporeal body, are constitutive of how we experience the world, but open to change (Salamon, 2010). We should therefore not forget the potential help in bodily interventions in the negotiation of the body schemes. We should also embrace identity political efforts to create new and more diverse and inclusive narratives on gender that might help us grapple with the lack of wholeness that characterises the entrance into the social world in general, and the subjective experiences of GD amongst TGNC youth in particular.

10.3 Final summary

The participants have felt different and outside since childhood, and they have struggled to obtain a coherent sense of self in the mirrors set up by others. This navigating in the dark seems to have prompted attempts to connect with other people and become intelligible through the commitment to TGNC identities. This process is a dialectic between gazes on oneself from the outside that are in the next round internalised as gazes on oneself from the inside, experienced as an identity. Furthermore, this dialectical process is characterised by the tension between gazing at oneself as an object, while at the same time being the experiencing subject. This doubleness of self-experience implies that the sources for a sense of self come from gazes on oneself that needs to be taken in and internalised. This process is by definition characterised by a sense of lack, described by the participants as alienation towards their own bodies and increase in subjective experiences of GD. Thus, the self appears to us as an object that is also a subject. There is perhaps no difference of principal character of this way of experiencing between TGNC people and cisgender people (Bolsø, 2019). However, it might be that this paradoxical aspect of self-experience is pushed to the extreme for some TGNC youth because of their challenges to settle within a heteronormative

society (Salamon, 2010). This dilemma is perhaps strengthened by the widespread notion of a self as a source that emerges from the inside, only waiting to be perfectly matched with the outside. Subjective experiences of GD are best understood as the product of attempts to negotiate a sense of self. The present study does not offer any answers to clinicians in regard to specific 'factors' that might predict the usefulness of medical treatment. Given the limits of human mind, we can never get a direct access to subjectivity, because identity and sense of self are always conveyed through symbols, language and representations that are already embedded in the external world. The clinical task is therefore not to seek for the final truth at the inside of each TGNC youth, but rather to clarify whether various aspects of GD are open for negotiation or not.

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PAPER 1

Jessen, R. S., Haraldsen, I., & Stänicke, E. (accepted with minor revision in *Social Science & Medicine*). "Navigating in the dark: Meta-synthesis of subjective experiences of gender dysphoria amongst transgender and gender non-conforming youth".

Title:

Navigating in the dark: Meta-synthesis of subjective experiences of gender dysphoria amongst transgender and gender non-conforming youth

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Appendix:

The electronic search strategy was developed in collaboration with a librarian at the University of Oslo in June 2018.

Abstract:

Objective: We conducted meta-synthesis of qualitative research on subjective experiences of gender dysphoria (GD) amongst transgender and gender non-conforming (TGNC) youth in order to improve clinical encounters, complement existing knowledge and potentially influence future research.

Methods: We systematically searched for qualitative studies on GD in English, German, Spanish and Scandinavian languages in seven databases. Starting with 2,000 articles, we finally included 12 papers in the meta-synthesis, following Noblit and Hare's (1988) seven steps for qualitative meta-synthesis research.

Results: Through the consistent comparison of key concepts, we were able to cluster the findings from the 12 included studies into four meta-themes: (1) the emerging understanding and awareness of GD was described as navigation in the dark, (2) the importance of relationships and societal norms, (3) the role of the body and the exploration of one's own body and (4) sexuality and sexual impulses. The young person's relation with his or her own body and sexuality influences subjective experiences of GD. The experiences are always mediated in relation with other people and societal norms, and they are both long-lasting and changing.

Conclusion: The phenomenological analysis indicated that GD is a complex phenomenon involving manifold factors that changes across time and place for each individual. GD is not a

static phenomenon but an expression of continuous negotiation amongst the body, its impulses, sexual desire and the relationships in which each person participates. Therefore, clinicians who treat TGNC youth should help them to reflect on this developmental process over time as a complement to medical approaches.

Key words: Gender dysphoria, gender affirmative care, meta-synthesis, transgender, gender non-conforming youth, phenomenology, recognition

INTRODUCTION

The clinical management and care of transgender and gender non-conforming youth (TGNC) has received increased attention in both clinics and research over the last decades. TGNC is an umbrella term that refers to a diverse group of individuals with gender behaviours, expressions and identities that depart from the societal norms and expectations associated with their assigned sex at birth (Olson-Kennedy, Cohen-Kettenis, Kreukels, Meyer-Bahlburg, Garofalo, Meyer, & Rosenthal, 2016; Stryker, 2017). Some TGNC individuals experience gender dysphoria (GD). This refers to the subjectively experienced distress that arises from the mismatch between gender identity, or internally felt sense of gender, and assigned sex at birth (Butler, De Graaf, Wren & Carmichael, 2018). Since the advent in the 1950s of medical treatment that aimed to change the body more in accordance with gender identity, GD has been the clinical target for gender affirmative care (Fisk, 1974). However, identifying as transgender does not automatically imply a need for medical treatment or meeting the diagnostic criteria for GD (Zucker, 2017).

GD emerged as the new diagnosis, replacing transsexualism/gender identity disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th Edition) (DSM5; American Psychiatric Association, 2013). *The International Classification of Diseases 11th Revision* (ICD11) diagnosis of gender incongruence refers to the same mismatch as GD (World Health Organization [WHO], 2019). The clinical rationale with medical treatment has been to alleviate GD by changing the body to be more in accordance with gender identity. For children, this medical treatment model includes the possibility of puberty suppression and hormonal treatment after age 16. However, the highlighting of subjective experience in the new diagnoses – GD and gender incongruence – raises questions regarding how we understand the concept of GD. Since subjective experiences represent the clinical target of medical treatment, it seems to be especially important to gain further knowledge about the nature of GD in order to improve future treatment. Furthermore, the number of teenagers seeking medical treatment for gender incongruence/GD has been increasing each year since 2013 in the Western world (Arnoldussen, Steensma, Popma, van der Miesen, Twisk, & de Vries, 2019). However, researching quantitative and qualitative dimensions of GD is challenging because of the varying terminology in use and unspecific diagnostic terms. Furthermore, estimating the incidence and prevalence of GD is challenging due to the lack of representative population-based studies (Zucker, 2017). According to non-representative survey studies, prevalence amongst adults varies from 0.0004 to 0.0352% for birth-assigned

males and 0.0003 to 0.0066% for birth-assigned females (Arcelus, Bouman, Van Den Noortgate, Claes, Witcomb, & Fernandez-Aranda, 2015). Nevertheless, there has been a reported increase over the last years of individuals, especially amongst youth, identifying as TGNC (Zucker, 2017).

Since medical treatment aimed at decreasing the subjective experiences of GD has gained popularity in recent decades (Leibowitz & de Vries, 2016), an expanded understanding of subjective experiences of GD may help clinicians to develop more individually tailored medical and psychosocial interventions to alleviate the subjective experiences of GD. Qualitative investigations are suited to complement quantitative research because they provide first-hand experiences offering nuanced and individual descriptions of phenomenology (McLeod, 2013). Meta-synthesis of qualitative studies is a method used to identify patterns of convergence and tension across the findings that may be hidden in each single study (Johnson & Hennessy, 2019; Levitt, 2018; Noblit & Hare, 1988). Furthermore, phenomenological analysis of subjective experiences is suited to identifying individual processes of human cognition within a wider social context (Sokolowski, 2000).

The present study aimed to synthesise existing literature on the subjective experiences of GD amongst TGNC youth. Although all three of us, the authors, identify with our assigned sex at birth, we want to emphasise the importance of TGNC youth being supported in expressing themselves, without discrimination and stigma. In order to ensure a TGNC perspective, we discussed the implications of the findings with a reference group consisting of gender diverse individuals throughout the analysis process. Our goal was to shed light on the various developmental pathways that have been described in the research literature, especially with respect to why some youth with GD seem to benefit from medical treatment while others do not (Chodzen, Hidalgo, Chen, & Garofalo, 2019; Kaltiala-Heino, Bergman, Työlöjärvi, & Frisen, 2018; Kaltiala-Heino, Sumia, Työlöjärvi, & Lindberg, 2015; Zucker, 2017). Our hypothesis is that GD amongst adolescents is a multidimensional and complex phenomenon that is individually diverse and the result of various contributing factors, such as the body and relationships. More specifically, we addressed the following research questions:

(1) What topics emerge when TGNC youth talk about their GD and gender identity development?

(2) How can these topics be understood from a phenomenological perspective?

METHOD

We synthesised our qualitative study by following Noblit and Hare's (1988) seven analytical steps: (1) Getting started, (2) Deciding what is relevant to the initial interest, (3) Reading the studies, (4) Determining how the studies are related, (5) Translating the studies into one another, (6) Synthesizing translations and (7) Expressing the synthesis. An important part of the meta-synthesis was the selection of relevant primary studies that would shed light on our chosen research questions. Given the methodological recommendations for meta-synthesis, a balance between reviewing the results of the selected literature in respect to our chosen foci and being open to new and unexpected perspectives on GD had to be maintained (Malterud, 2017).

Literature Search

We included qualitative studies from both clinical and non-clinical samples. The following databases were searched: Medline, PsycInfo, Embase, Cochrane Library, *Cumulative Index to Nursing and Allied Health Literature* (*CINAHL*), Web of Science, Scopus, Sociological Abstracts, International Bibliography of the Social Sciences, Anthropology Plus SveMed+ and the psychoanalytic database Psychoanalytic Electronic Publishing Web (PEP-Web). In addition, the reference lists of the included articles were used for potential further selection. The literature search was guided by keywords relevant to the following themes: qualitative research, subjective experience, adolescents, youth, transgender and gender non-conforming, genderqueer, gender creative, gender expansive and transsexuals (see Fig. 1, flow diagram, for the full list of included keywords). We followed the definition of youth suggested by the WHO (2014) to be individuals from 15 to 24 years of age. According to the WHO, the term *youth* refers to a developmental stage that is characterised by strong individual and cultural differences and might vary across cultures. We therefore decided to include studies with a range of up to 29 years of age in order to investigate subjective experiences of GD within a developmental perspective as a phenomenon that potentially changes over time. In total, 211 youth participated, in addition to one focus group. A total of 176 participants were from 15 to 24 years of age, 33 participants were 25 or 26 years of age and two participants were 29 years of age.

Table 1. Inclusion and exclusion criteria

The first author screened the records against the broad inclusion criteria (see Table 2, inclusion and exclusion criteria), based on title and abstract. In this step, 1,818 papers were excluded. A total of 174 papers were thereafter reviewed by all the authors based on their abstracts, which resulted in the exclusion of 131 studies. The remaining 43 articles were read by all the authors in the full-text edition against the inclusion criteria, and 31 articles were excluded. Before the final selection, we assessed the quality of the remaining 12 studies using the checklist and standards developed by Malterud (2001) and Cho (2017). We evaluated the degree of reflexivity, choice of method, presentation and transparency (Cho, 2017; Malterud, 2001).

Figure 1. Flow diagram

Analysis and synthesis

We read the included 12 articles several times in full-text and in depth, making notes in the margins, looking for possible translations and connections. We started to code the data into meaning units. In order to translate across studies, we developed labels that could transcend the original themes and enable inferential arguments (Levitt, 2018; Timulak, 2009). Following the advice from Levitt (2018), we always included the original categories and labels that the meaning units stemmed from in the primary study to be able to ground our third-order interpretation in the second-order interpretation. Second-order interpretation refers to the researchers in the primary studies and their interpretation of raw data (the participants' interpretation of their experiences are in this vocabulary the first-order interpretations). This was done in order to keep information about the context of the data, while at the same time aiming to transcend the context. When we extracted data from the primary studies, we included citations and interpretations from the results sections. The analysis of the findings from the primary studies in meta-synthesis is referred to as third-order interpretation (Malterud, 2017).

The first part of the coding process was descriptive, aiming to be as open-minded as possible. The first author extracted relevant data from the primary studies and coded the material by developing analytic units that abstracted the meaning in order to be able to compare findings across studies (Levitt, 2018). The second and third authors reviewed this process and suggested revisions. These abstracted meaning units were used to develop sub-

themes and sub-categories. The sub-themes and sub-categories presented in the results section represent this lowest level of analysis. Within the field of systematic review of qualitative research, this process is described as moving from descriptive to interpretative reviews (Sandelowski & Barroso, 2006). Thereafter, 10 meta-themes and 40 sub-themes were derived. We discussed disagreements during this process, in order to refine the codes, which resulted in four meta-themes. The analytic work continued after the drafting of the paper, as we appreciated the importance of writing in developing and refining meta-themes and sub-themes (Braun & Clarke, 2006).

In order to improve transparency, we incorporated citations from the primary studies. We made one exception to this, the study from the Thai context (Costa & Matzner, 2007), since they did not refer to extracts from the narratives written by their informant, but published this separately. We included the citations in the results section in order to facilitate the translation of the findings across individual studies, a process corresponding to step (4) determining how the studies are related, and step (5) translating the studies into one another, as outlined by Noblit and Hare (1988). Thus, in order to be transparent about the process of translating the findings across primary studies, we continued in our discussion with step (6) synthesizing translations and step (7) expressing the synthesis. Our aim was to discuss the translations of the findings in light of external theory in order to reveal what was hidden knowledge on subjective experiences of GD in the individual studies.

Table 2. Features of the 12 primary studies included in the analysis.

RESULTS

We identified four meta-themes that represented subjective experiences of GD amongst youth. Each meta-theme consisted of sub-themes, which in turn consisted of sub-categories (see Table 3, Meta-themes, sub-themes and sub-categories). The numbers under each sub-theme refer to the sub-categories. The number in parenthesis (n = #) refers to the number of articles that contained evidence of this theme. The intention of including this information was to offer transparency, not to quantify the qualitative findings. We developed the narrative of 'navigation in the dark' from the studies: (1) a vague and often unnameable sense of being different related to gender. These vague subjective experiences of GD were characterised by a sense of not feeling whole, more precisely by a lack of congruence between the internal sense of self and gender identity on the one hand, and the external world on the

other hand. The three remaining main themes refer to sources that elicit and mediate subjective experiences of GD: (2) relations to other people and available narratives and recognition, (3) body parts and the interpretation of one's own body and (4) sexuality, sexual impulses and sexual relation with others.

Table 3. Meta-themes, sub-themes and sub-categories.

I. First meta-theme: Subjective experiences of GD as navigation in the dark

All 12 studies illuminated various experiences of GD in relation with a non-conforming gender identity and the continuous process of giving meaning to these subjective experiences of GD in relation with available identity categories and societal norms.

Vague feeling of difference

The process of navigating in the dark is often prompted by (1) a vague feeling of being different from peers that (2) occurred in childhood.

(1) The vague feeling of difference was characterized by a sense of not belonging with peers, a lack of gender recognition by others and an experience of not being whole or authentic (n = 10): 'I spoke about it continuously, from, I would say, two on. I was like, "I don't want to wear these shirts." [and] "I don't want to wear these dresses," and stuff like that. As I got closer to seventh grade that's when I started feeling a lot of pressure to conform and dress a certain way and do my hair a certain way. So, I just kind of stopped talking about it' (Catalpa & McGuire, 2018, p. 96) and 'I knew that I was biologically a girl, but ever since I was little, I always wanted to be a man so bad. Other people said I want to be a lawyer, a doctor, and I said I want to be a man' (Grossman & D'Augelli, 2006, p. 121).

(2) The vague feeling of difference can already occur during childhood. For some, however, it was related to gender first in adolescence (n = 2): 'I think when I started to really think about gender in terms of like what I really thought I might be, it was in high school. I think before that I had like subconscious inklings . . . I knew that something was off. I don't know. But I didn't necessarily know it was gender-related" (Pollock & Eyre, 2012, p. 212). Thus, many TGNC youth have from early on felt ostracised from the available narratives, without being able to find the words to describe and define these experiences.

Lack of congruence between the internal and the external

The lack of congruence between the internal sense of gender and the external world is (1) often accompanied by distress that (2) results from certain body parts that are especially prone to being interpreted as a sign of gender.

(1) The vague feeling of difference was often accompanied by a distressing experience of not being able to express an identity that was congruent with inner sense of self (*n* = 6): '. . . there are definitely times when I just feel sort of oppressed in just a general sense that the whole world is looking at me and seeing something that is completely erroneous to what I am' (Salzburg & Davis, 2010, p. 99). This often developed into a feeling of not being whole. In a Thai context (Costa & Matzner, 2007), the transgender youth assigned male at birth made a distinction between 'one part who she really is and the other is expressed for public consumption' (p. 141), and they wrote about their true selves that 'differ from the selves they perform for others' (p. 150). This indicates that the lack of congruence can emerge when TGNC youth had to relate with society and this caused subjective experiences of GD.

(2) An important source of the lack of congruence between the internal sense of gender and external expression was certain body parts and body features that were especially sensitive to being interpreted as a sign of gender, for example, how body fat is distributed (*n* = 5): 'I could deal with being heavier if it wasn't in my stomach, if it was in my hips and in my chest, it would be great . . . it's very much a masculine thing and I don't like that' (McGuire, Doty, Catalpa & Ola, 2016, p. 102). The interpretation of the body can also happen through comparison with others: 'I noticed the Adam's apple of my brother, and an uneasy feeling stole upon me. If I would get an Adam's apple like his, I did not want to live' (Steensma, Biemond, de Boer, & Cohen-Kettenis, 2010, p. 506). Thus, it appears that TGNC youth interpret their own bodies as they interact with those of other people and thus make assumptions about what bodies should look like.

Exposure and exploration

The (1) exposure to gender diversity prompts (2) exploratory processes amongst the youth that can lead to altered identification.

(1) Being exposed to alternative gender identity categories was a pivotal experience for some youth (*n* = 5). This made many question their gender identity and prompted an exploratory process in order to relate themselves and their experiences with alternative gender categories. The participants were exposed to these alternative gender categories through various sources, such as books, movies and media: "I moved to [an East Coast city] and

started reading a book by Patrick Califia, a sex activist and great guy. I'm reading another book by him now. I've read several of his books and I was reading one book in particular, reading about his story as a trans person and maybe that's when the thought occurred to me that maybe I am trans. The more I thought about it the more it made sense' (Hawkins, 2010, p. 148). This suggests that the mere exposure to alternative gender identities and gender expressions represents an important milestone for many TGNC youth.

(2) The vague feeling of being different followed the youth from childhood, and exposure to gender diversity was typically accompanied by exploration of different ways of doing and expressing gender (n = 6). Culturally specific words such as *kathoey* and *sao braphet song*, in the Thai context, meant different things to different people (Costa & Matzner, 2007, p. 139). An important part of the exploration was also to mark the differences from other identity categories. For example, in the Thai context, it was important for transgender youth to distinguish themselves from gays, stating that gays are 'not equipped with a women's soul at birth' (Costa & Matzner, 2007, p. 139). More or less accidental exploration throughout life could also be a source of the discovery of new gender identity: 'As soon as I started picking my own clothes, when I was 12, they were all boy clothes and people started figuring it out and making fun of me. It was the first time that I realized that I was different . . .' (Hawkins, 2010, p. 87). Thus, the development of subjective experiences of GD seems to be a gradual negotiation following ongoing interaction with family and friends and increasing social demands along with the exploration of identity.

Gradual and dynamic gender identity development

The development of gender identity is (1) a gradual process characterised by trial and error that (2) changes over time depending on context.

(1) After being exposed to gender diversity and exploring different identity categories and ways of expressing gender, some youth strived to gradually develop a coherent sense of self that unified internal sense of gender with external expression (n = 4): 'It's like when I was a girl. They wanted me to be a certain kind of girl and I was like, "Uh, no" and then I became a guy. And then the same people were like, "Okay if you're going to be a guy you have to be like this and this." And I was like, "No, actually I don't"' (Pollock & Eyre, 2012, p. 216). This indicates that the gradual development of gender identity can be a continuous negotiation with available narratives, which are characterised by trial and error.

(2) Over time, for some youth, the subjective experiences of GD changed depending on the context (*n* = 3). The importance of gender identity decreased for many as time passed: '. . . It's changed a lot over time . . . at this point it's part of what happens with my gender and with my sex but it's not nearly as important as it has been in the past . . .' (Bradford, Rider, Catalpa, Morrow, Berg, Spencer & McGuire, 2018, p. 6). In addition, the experiences of GD changed depending on factors such as the situation or development of the body: 'My weight fluctuates a lot and it does affect how I feel about my gender. I guess I feel more uncomfortable at my higher weights because I feel I look more feminine' (McGuire et al., 2016, p. 102). Even after transition to the preferred gender, the body needs to be reinterpreted and negotiated continuously, depending on the context: 'Basically, at this point in my life, the only time my transsexualism comes up is with potential sexual partners' (Pusch, 2003, p. 121). This suggests the subjective experiences of GD continuously change across time and context, and GD does not necessarily have a clear-cut endpoint.

II. Second meta-theme: Relating to others

The pivotal role of other people and the relational dynamic emerged as central to understanding how subjective experiences of GD develop and unfold.

Being misrecognised by others

Misrecognition can span from (1) active disapproval to (2) more subtle forms of misreading, and it can therefore (3) leave the youth in a state of not feeling whole. This (4) can then hinder exploration of gender in the long run.

(1) Many participants described experiences of active misrecognition and disapproval from other people, including close family and friends (*n* = 5). The reactions from others could span from discrete silence around gender diversity to violence: 'When my mother, who is a PhD, found out what I was (i.e. transgender), she used to hurt me with things. She hit me on the head with an iron once, and I had five staples' (Grossman & D'Augelli, 2006, p. 125).

(2) Some ways of misrecognition could be more subtle, and the affirmation had to match the youth's own experience (*n* = 5): '[I don't understand] how can they like about me what I don't like about myself?' (Pusch, 2003, p. 139). Some participants described a feeling of being an 'object of curiosity' if friends and family asked too many questions (Pusch, 2003, p. 140). Thus, misrecognition is not necessarily direct disapproval and violence.

(3) Misrecognition by others created a sense of not feeling whole and authentic (*n* = 7): 'Usually, with people that I start spending time with, there's a few months into getting to know them and I start to really feel uncomfortable with them not knowing just because I feel like I can't fully express myself around them if they don't know . . . there are definitely times when I just feel sort of oppressed in just a general sense that the whole world is looking at me and seeing something that is completely erroneous to what I am' (Salzburg & Davis, 2010, p. 99).

(4) The lack of being mirrored by others created a vague sense of being incomprehensible to oneself. From the next example, we can see how this can hinder exploration of gender for some youth (*n* = 2): 'I think that actually I still couldn't fully understand it myself. I couldn't really put a name to it or anything like that, and it was and it would have been difficult to talk to people about it' (Wilson, Griffin & Wren, 2005, p. 311).

To summarise, experiences of not being mirrored by others created a feeling that is similar to the lack of not being whole, described in the previous meta-theme, navigating in the dark. This indicates that the sense of not feeling whole is often mediated through relations with other people. Thus, GD is a relational phenomenon.

Recognition by others

Being (1) exposed to gender diversity has helped youth to (2) understand themselves in new ways that can make them feel (3) whole and authentic. This often happens (4) in close relation with other people.

(1) Seeing TGNC people and being exposed to gender diversity was extremely important to the youth, because it helped them in understanding their own gender identity (*n* = 5): 'And she's, you know, biologically a male, and I realized that because she had like the stubble and things like that. I was like, is she doing what I want to do? Is this person actually accomplishing what I want to feel, what I want to do like period? I got excited about it, I wanted to walk up to that person and ask them, like, so much' (Austin, 2016, p. 222). Thus, the mere experience of seeing TGNC people can open up new ways for the youth to understand themselves.

(2) The recognition that followed exposure to gender diversity enabled exploration of gender for some youth (*n* = 2). The mere effect of disclosure to other people could result in exploration of gender, since it was a way of starting to understand oneself: '. . . it is a great lift, weight off your shoulders' (Wilson et al., 2005, p. 312). Warm-hearted recognition by

others could help participants to develop a sense of authenticity, i.e. if friends or family offered practical help to develop a gender expression during the transition process, for example to: 'buy clothes, pick a name, encourage them in the process of transition, showing how to be their chosen to gender . . . participants appreciate others assisting them to express themselves as their chosen gender' (Pusch, 2003, p. 129). Thus, the exploration of internal feelings related to gender, which increase or decrease subjective experiences of GD, takes place in close relation with other people.

(3) Being recognised by others in the same way that the youth experienced themselves internally created a sense of feeling whole and authentic (n = 5): 'I was, like, being serious the whole time. I felt good. To be honest with you, I felt so good 'cause I felt natural. I felt like, okay, this is who I want to be; this is who I am' (Austin, 2016, p. 223). The feeling of wholeness was associated with an experience of congruence between internal sense of self and external gender expression that alleviated subjective experiences of GD. For some youth, finding a community that mirrored their internal selves and offered more flexible gender identities prompted the development of feeling whole (n = 3): 'The [term] "gender queer" is fairly accurate for me. . . . I mean, one day I may feel like being very feminine in the way I dress, the way I act. Another day I might feel like being very masculine. Usually I feel like being sort of "in-between androgynous" and just sort of mixing and matching gender' (Salzburg & Davis, 2010, p. 96). Again, it seemed that the sense of feeling whole described in the first meta-theme could both decrease and increase in relation with other people, depending on whether TGNC youth experienced recognition or misrecognition.

(4) Forming relationships with others, and observing how they are perceived by them, helped TGNC youth clarify gender identity (n = 5): '. . . having these really amazing people in my life . . . who really validate my existence and hold my hand through these things that I'm thinking about all the time' (Hawkins, 2010, p. 145). At the same time, forming relations could also be challenging, since it was sometimes unclear whether, for example, the potential partner mirrored their internal sense of gender: 'I mostly date male-bodied people and I have to make sure that they're not gonna see me as a straight female which is always the hardest thing' (Austin, 2016, p. 223). Thus, forming relations involves explanations about who they are, which can be both frustrating and clarifying. This indicates that subjective experiences of GD can fluctuate across time and place and depend on context.

The second meta-theme indicates that even the most private feelings of gender and not feeling whole depend on the unique relations in which TGNC youth participate. Recognition

and misrecognition come in different forms, both from relationships with other people, but also from available narratives and identities that can mirror subjective experiences.

III. Third meta-theme: Body

The body emerges as an important factor contributing to the subjective experience of GD.

Puberty

The (1) onset of puberty can be distressing, but (2) for some, it is not initially related to gender.

(1) Many of the youth experienced the onset of puberty as distressing because the body developed in another direction from what they wished (*n* = 3): 'As soon as puberty started, I could no longer be myself. A boy does not have breasts. As a child it didn't matter that much, boys and girls don't differ except that boys have a penis, and girls don't' (Steensma et al., 2010, p. 508). Thus, for some TGNC youth, bodily changes associated with puberty represented the onset of development of subjective experiences of GD.

(2) For some, puberty was distressing, but it took a while before this made them question their assigned gender at birth (*n* = 1): 'Getting physical qualities associated with being female somehow didn't feel right. But I didn't quite think about why it didn't feel right' (Pollock & Eyre, 2012, p. 214). Thus, for some youth, it takes some time after the onset of puberty before they understand that the dysphoric feelings they experience are related to gender.

Disconnected from the body

The experience of living in a body that does not develop in alignment with gender identity can contribute to (1) hatred of and (2) a sense of alienation and disconnection from the body.

(1) Some youth expressed hatred towards their bodies (*n* = 2): 'I mean I was in a body that I hated so much, I wanted to mutilate it and I was in a role in society that just was wrong' (Salzburg & Davis, 2010, p. 100). Thus, many TGNC youth can develop strong negative feelings towards their own bodies.

(2) Many described a sense of alienation towards either the entire body or certain body parts (*n* = 3): 'If I do think about my body . . . I mostly feel disconnected. There is a sense that just doesn't feel like me. I am most upset about things that are irreversible like the way my voice is, or my height, and I also don't like being fertile [the ability to get someone pregnant]. . . . I wouldn't want to be able to get pregnant either' (McGuire et al., 2016, p. 101). Thus, either TGNC youth feel alienated or experience hatred; they struggle in relating with their own body and the ownership of it.

Body as a hub of communication

The body is a hub of communication because (1) body modifications can be means to recognition. This happens in parallel with (2) reinterpreting the body in light of societal gender norms.

(1) Because of the pivotal role of the body, body modification was important in order to be recognised (*n* = 5): 'I am much more comfortable with my body image after taking hormones and developing some external female characteristics which are very important for me' (McGuire et al., 2016, p. 103). Body modifications could be achieved through medical treatment or cultivation of the body through, for example, weight reduction, and were experienced as a way of reconnecting with the body. For many, the aim of the modification was to bring the body more in line with the internal sense of gender, in order to cope with subjective experiences of GD.

(2) Reinterpreting the body in light of societal gender norms influenced subjective experiences of GD (*n* = 5). One participant achieved this by identifying with a more flexible gendered body ideal: 'I described myself as chunky. But I think it works because fat guys have man boobs. So, I think it works to my advantage' (McGuire et al., 2016, p. 104). Thus, the decrease in subjective experiences of GD was associated with body modifications that helped participants to reconnect with the body in a tactile manner, along with new interpretations of the body. Thus, it appears that, for some, body modifications are more helpful if they are accompanied by reinterpretations of the body in light of alternative societal norms and ideals.

Perhaps the body modifications and the reinterpretation of the body can be understood as the means to achieve a greater sense of ownership of the body, rather than experiencing what was described as feeling alienated and disconnected from the body in the previous sub-theme. Furthermore, this suggests that, for many TGNC youth, their interpretation of the body

works through relations and depends on the recognition by dominant narratives, as has already been indicated in the second meta-theme.

IV. Fourth meta-theme: The role of sexuality and sexual impulses

Subjective experiences of GD are linked to sexuality for some youth because the increasing sexual exploration associated with adolescence and young adulthood creates a confusing intersection between gender and sexuality. At the same time, forming sexual relations with others can help to alleviate subjective experiences of GD because it offers an arena where young people's gender identity is recognised.

Sexuality intersects with gender identity

Sexuality intersects with gender because gender identity for some youth is informed by (1) the direction of the sexual desire and (2) whether it is experienced as homosexual or heterosexual. In addition, (3) for some youth, sexuality brings gender to the surface.

(1) Their growing sexual desire and attraction informed the development of gender identity for some TGNC youth. For some, the direction of the sexual desire constituted an important part of the gender identity (n = 2): 'I think the first time I really kissed a girl was the first time I felt that I was male, truly. I just felt so male in that moment. It was a really powerful moment' (Pollock & Eyre, 2012, p. 214). Thus, for some, recognition of gender identity takes place in a sexual relationship.

(2) For some, it was not only the direction of the desire that helped clarify gender identity, but also whether the desire was experienced as homosexual or heterosexual (n = 2). For some, for example TGNC youth assigned female at birth, the understanding of whether they were attracted to men in a heterosexual or homosexual manner clarified gender identity: '. . . I just always felt like a gay man as a young kid when I would have crushes on guys and the way I wanted to relate to them was not as the same ways that straight girls wanted to relate to them. . . . I didn't ever see myself as a girl at that age, so having a crush on a boy was like having a crush on someone who was more similar to myself' (Hawkins, 2010, p. 100).

(3) Sexuality did also bring gender to the surface for some (n = 1). Some TGNC youth assigned female at birth discovered that they started to occupy a male and masculine role when they began to form sexual and romantic relations "to the point of being unable to become sexually aroused when in a 'female' role" (Pollock & Eyre, 2012, p. 214). Thus, for

some TGNC youth assigned female at birth, the experience of not being able to establish sexual relations with other people if they presented as a woman contributed to the growing sense of being a man, and hence TGNC.

This suggests that forming relations with other people enables an exploration of one's own feelings and wishes. This gradually developing insight into one's own thoughts and feelings can both increase and decrease subjective experiences of GD.

Troubling intersection

The intersection between gender and sexuality is challenging because (1) many have to clarify sexual identity along with gender exploration, and (2) some youth experience that their sexuality shifts after developing a TGNC identity.

(1) Many TGNC youth had to continuously clarify their sexual identity along with gender exploration (n = 7): 'And so I often used "queer" as a sexual orientation identity and then I identified as bisexual and then I identified as pansexual. I've often gone back to lesbian, but then I decide that I don't like words that make it so that I have to pick gender.' and '. . . As a kid, I figured out that it didn't feel right, then lesbian, then uh, yeah then transgender, trying to figure things out' (Bradford et al., 2018, p. 5). Perhaps this troubling intersection is caused by the strong connection between gender and sexuality in a heteronormative society.

(2) For some, the sexuality shifted after exploring and developing a TGNC gender identity, and this was exemplified by a transgender youth assigned female at birth who did not continue to form relationships with women after transitioning (n = 1). The sexual attraction shifted towards people of the same gender as the person started to identify with: 'In seeing the changes in myself and accepting my body, watching the changes in hair growth and muscle growth – learning to love my body instead of hating it as I had before . . .' (Salzburg & Davis, 2010, p. 98). Thus, it seems that sexual impulses inform gender identity and subjective experiences of GD.

In summary, the fourth meta-theme indicates that subjective experiences of GD are strongly related to the emergence of sexual impulses and sexual identity in adolescence and young adulthood.

DISCUSSION

Our hypothesis is supported by the results, indicating that GD amongst adolescents is a multidimensional phenomenon that is individually diverse. A more complex model of how subjective experiences of GD develop and unfold arises from the present meta-synthesis that was not evident in each individual study. The first meta-theme, navigating in the dark, illuminates a dynamic where sources that elicit subjective experiences of GD work through relations of recognition that gradually develop from the increasing understanding and awareness throughout adolescence and into young adulthood. The second meta-theme, relations with other people, available narratives and recognition, indicates how the sources that contribute to subjective experiences are always mediated in relation with other people and societal norms, and they are both long-lasting and changing according to context. The third meta-theme, the exploration of one's own body and culturally sensitive body parts, and the fourth meta-theme, sexual impulses and sexual relations to others, represent two important sources that contribute to subjective experiences of GD.

In the end, through our research, we came to the understanding that subjective experiences of GD depend on relations with others and societal gender norms, that these norms influence TGNC youths' sexuality and perception of their bodies, and that these norms are transient and change over time. We used a phenomenological approach to synthesise the results (corresponding to Noblit & Hare's (1988) steps 6 and 7) and borrowed insights from the perspective of recognition to explain the importance of relations in the psychological development of subjective experiences of GD.

A phenomenological analysis of GD

In a Husserlian phenomenological perspective, our experience of the world is always constituted by various parts that appear to us and together form a whole (Sokolowski, 2000). Therefore, we can distinguish between *wholes* and *parts* to study subjective experiences in order to investigate a concept such as GD. The world around us appears to be organised as wholes, which are apparently evident and impenetrable. Wholes can be analysed as two kinds of parts: *pieces* and *moments*. Pieces are parts of a whole that survive as an independent whole if they are separated, e.g. if a leaf is separated from a tree. Moments, on the other hand, are parts of a whole that do not exist independently. Colours are examples of moments; they appear only as a contrast to other colours and are experienced as and contrasted with different colours. Thus, they need to appear in parallel with other moments. Together, all these parts form our subjective experiences (Sokolowski, 2000). If we move on to compound objects,

such as subjective experiences of gender identity or one's own body, the phenomenology is more complex (Salamon, 2010). Within a phenomenological vocabulary, subjective experiences of GD form a whole that is experienced across time and place. This leads us to ask: Which parts appear to TGNC youth when they experience GD? Following the more complex model of GD suggested in the present study, the third meta-theme, the individual's ongoing perception of the body, and the fourth meta-theme, the sexual desire and the direction of it, represent sources to the parts that together form the phenomenological whole experienced as subjective experiences of GD. Thus, subjective experiences of GD can be constituted by sexual desire in one situation, while in another, they can arise from how the body appears. Still, TGNC youth experience GD over time as one whole that creates distress. How is this possible?

This leads to the second analytic insight from Husserlian phenomenology that we wish to emphasise: *identity in manifolds*. Identity, meaning *the same*, refers to the ability we have to recognise the same thing when it appears to us, despite the fact that it consists of different parts that change across context. Thus, from a phenomenological perspective, it is no surprise that the subjective experience of GD is consistent across contexts, even though its different parts, i.e. the body or sexual desire, change over time (Sokolowski, 2000). The results from the present study indicate that different sources feed into the ongoing subjective experiences of GD. Consequently, the phenomenon is experienced over time as GD and causes distress.

According to Salamon (2010), a common assumption within both the medical and popular literature on GD is that the individual's experiences of one's own body and the sense of self in relation with gender are independent and stable entities that need to be mechanically adjusted to one another through medical treatment. Building on the insights from Husserlian phenomenology, we will argue that our results challenge this popular assumption. The mismatch between body and internal sense of gender cannot easily be bridged by medical treatment. The parts that constitute both a person's sense of self and the ongoing experiences of the body are transient and dependent moments rather than independent pieces. In particular, the sub-theme 'Gradual and dynamic gender identity development' indicates that, although GD can be ameliorated to some degree by medical treatment and social acceptance, the distress may never vanish completely. As a consequence, the medical and psychosocial interventions aimed at bridging the mismatch between the body and the gendered self may be insufficient actions because GD is an ongoing process that continuously has to be adjusted to the various moments that constitute the lifelong subjective experiences of GD. Although subjective experiences of GD are experienced as an identity over time, the moments that

continuously constitute the subjective experiences of GD are transient and changing across time and place.

The perspective of recognition on GD

The second important finding from the present study is the importance of relations with other people when TGNC youth experience GD, especially the lack of congruence between the internal sense of gender and external expression. Feeling accepted and recognised makes TGNC youth feel whole and authentic. If they are neglected or misgendered, it contributes to a sense of not being complete. Subjective experiences of GD amongst TGNC youth tend to increase if other people misgender them, for example, based on how people's interpretations are often affected by cultural sensitivity towards certain body parts. Furthermore, our results indicate that relations can consist of those with actual persons or with ideals and popular beliefs circulating in mass media. This illustrates that the sources that elicit subjective experiences of GD are mediated through the reactions from others. This brings us to the next striking finding from the present study on the importance of relations: The exploration of one's internal sense of gender or gender role happens in relations with others. Other people's perceptions of their bodies and their appearance in society contribute to the increase or decrease of subjective experiences of GD. Thus, we must address the question as to how we understand the role of relations as a source to and a mediator of subjective experiences of GD.

Within the theoretical perspective of recognition, human subjectivity and the development of self and identity rest heavily on recognition by others (Honneth, 1992/2007). Honneth (2002) distinguished amongst three types of recognition that build on each other and must be obtained in order to develop a personal identity: (1) love, (2) equal treatment by law and (3) social esteem. Recognition as being loved refers to being mirrored by others. Mirroring by close relations leads to the development of a sense of self. The third type, social esteem, includes the recognition of cultural identities. The results indicate that recognition by others makes TGNC youth feel whole and authentic. Especially the second meta-theme, relations, underlines this insight. Consequently, gaining recognition as members of a respected gender minority, i.e. transsexual, transgender or gender diverse, significantly contributes to the experience of feeling whole. According to Honneth (2002), the three types of recognition are mutually constitutive and necessary for individual self-realisation and identity formation. Thus, lack of recognition by close relations and as a member of a cultural

identity leads to lack of identity. Our meta-synthesis of qualitative studies on subjective experiences of GD amongst youth demonstrates how human subjectivity, the sense of oneself, and one's identity are developed in and through relations to others.

If one's gender identity is located in a relational context, in continuous negotiation with others, how can we understand our findings on the importance of relations of recognition as constitutive of subjective experiences of GD in a phenomenological analysis? In our view, our results indicate that the recognition by other people and society as a whole mediates the subjective experiences of GD. Relations, or more precisely misrecognition and recognition by others, are at the centre of the constitution of GD. The sources that contribute to subjective experiences of GD as moments that form the whole, described in the phenomenological analysis, are in this sense working through relations of recognition.

Furthermore, our results indicate that the continuous ongoing interpretation of body and sexuality is not necessarily consciously accessible, as suggested by Salamon (2010). The sources that contribute to the ongoing subjective experiences of GD are working through ever-shifting relations of recognition by other people within the wider social context. Perhaps the perspective of recognition can shed light on the transient nature of the moments that constitute subjective experiences of GD in its identity. An important developmental task for many TGNC youth will therefore be to develop an ability to continuously negotiate the various moments that contribute to the subjective experiences of GD, across shifting relations and contexts. According to Salamon (2010), all humans have a fragmented internal sense of self that consists of parts that together create different wholes that continuously need to be mirrored and negotiated. However, since TGNC youth and their bodies challenge heteronormative assumptions regarding what men and women should look like, this tension becomes especially salient amongst TGNC youth and leads to the subjective experiences of GD (Salamon, 2010).

Strengths and limitations

Our analysis is based on primary qualitative studies that draw on a broad range of data sources and methods (focus groups, semi-structured interviews and mixed-methods, and an age range from 15–29). Two out of the 12 primary studies were doctoral dissertations. The selected studies conceptualised GD differently and included a broad range of groups (see Table 2, Features of the primary studies). The heterogeneity may be methodologically critical. However, our main purpose was to describe, summarise and synthesise the existing research on subjective experiences of GD and look for common ground. Therefore, heterogeneity can

also be seen as an advantage in being able to identify the complexity of GD and, in fact, represent the documented research status. By including participants from 15 to 29 years of age, we were able to determine how time-dependent the subjective experience of GD is and how it develops from adolescence and into adulthood.

Implications for future research

The diversity in subjective experiences of GD indicates the need for qualitative studies that aim to produce knowledge on individual differences in the development of subjective experiences of GD. Case studies on the treatment of subjective experiences of GD, and how the youth respond to both medical and psychosocial interventions, could provide useful knowledge in the development of care for TGNC youth. Furthermore, the present study suggests that gender identity development intersects with other individual developmental goals that young people with GD have to achieve. Based on a more nuanced and complex model of GD, future quantitative studies could analyse the interaction between variables and identify typical pathways that can be further explored by qualitative research and case studies.

Clinical implications

The current literature on TGNC youth acknowledges that clinicians should proactively offer medical treatment that adjusts the body in accordance with their gender identity and encourages families, friends and other important relations to recognise TGNC youth and their subjective experiences (Ehrensaft, 2017; Keo-Meier & Ehrensaft, 2018). Our phenomenological analysis of the four identified meta-themes indicated a more complex dynamic of how subjective experiences of GD unfold. Therefore, we suggest a more reflective clinical approach in conjunction with medical treatment. Future strategies of care should not treat TGNC youth's internal sense of gender, their perception of the body and their external gender expression and identity as fragmented and separated entities, which all can only be mechanically adjusted by medical treatment (Roen, 2016). On the contrary, clinicians should appreciate that adolescence and young adulthood is a phase of trial and error for all youth, including young TGNC individuals. This implies that young people themselves continuously strive to give meaning to their bodily sensations and sexual impulses in order to develop a core identity in close relations with significant others and within the broader psychosocial context. In line with the importance of recognition, youth with GD should be met with respect, curiosity and an eagerness to enable further individual self-realisation (Honneth,

2002). In order to help adolescents with GD effectively and appropriately, we recommend improving our understanding of the broad range of experiences involved and providing care based on specific individualised needs. Thus, youth suffering from subjective experiences of GD should ideally be offered psychosocial counselling in addition to medical interventions.

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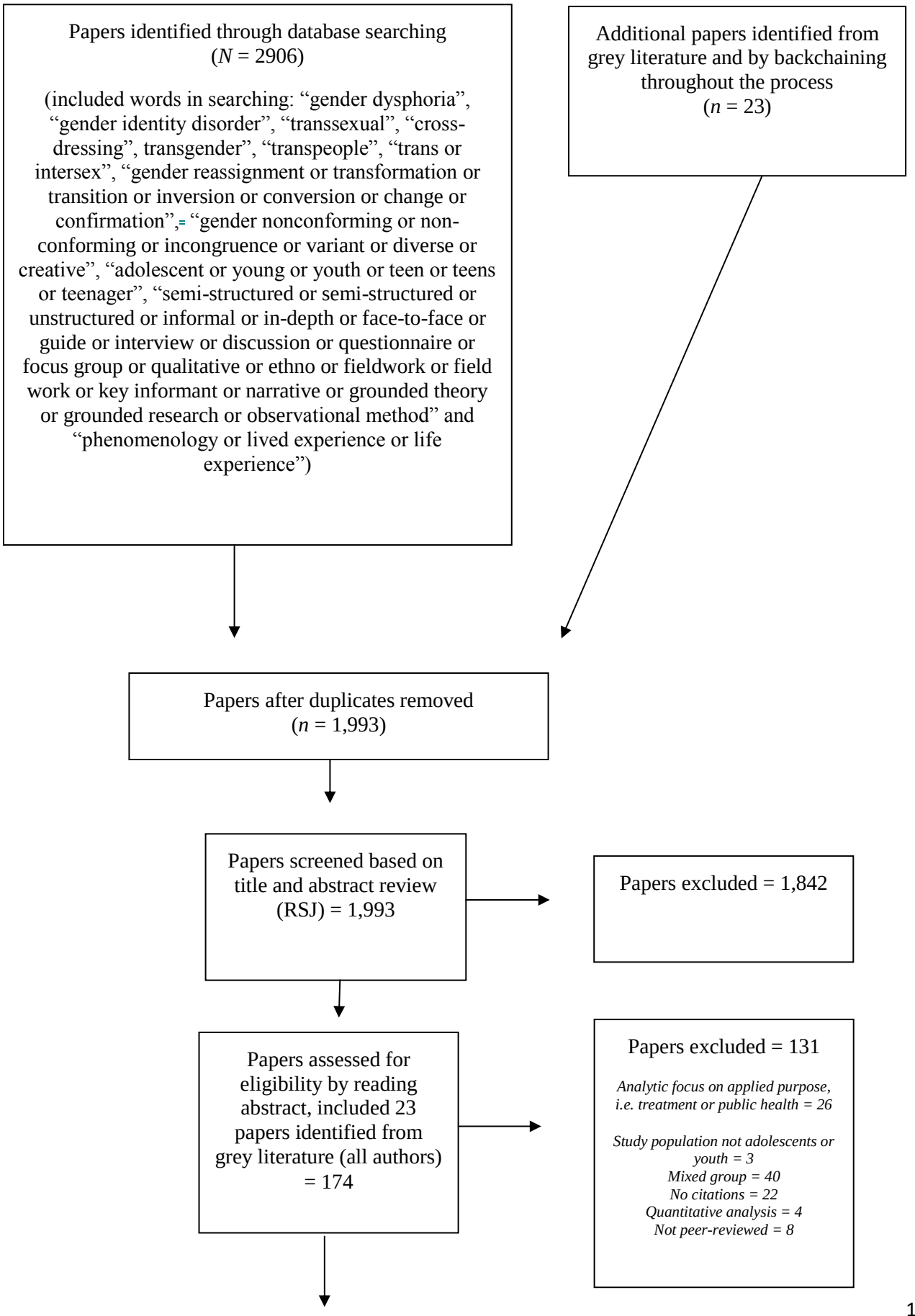
Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Study population	
Participants from 12 to 29 years of age	Participants younger than 12 and older than 29 years of age
Topic of interest	
First-person descriptions of subjective experiences of gender dysphoria, subjectivity and psychologically relevant topics.	No descriptions of subjective experiences, mental life or other psychological aspects.
Studies from all fields of social science, gender research, mental health and clinical psychology, and medicine, for both clinical and nonclinical populations.	Gender identity problems amongst participants that were not described as transgender or gender non-–conforming, i.e. cisgender people.
Rich descriptions of subjective experiences of gender dysphoria or other gender identity-related phenomena amongst TGNC youth.	Mixed group of participants, i.e. lesbian, gay, bisexual and transgender, or both youth and adults.
Keywords such as open, in-depth, phenomenological.	The aim of the study was to produce applied knowledge, i.e. prevention of unwanted behaviour amongst youth with gender dysphoria (i.e. drugs, tobacco, prostitution), without attention towards subjective

	experience. Studies without substantial analysis, i.e. no development of themes and categories in line with methodological recommendations (Braun & Clarke, 2006).
Qualitative methodology	
Explicit qualitative method for data analysis: data collected with open or semi-structured interviews, focus groups and mixed methods using qualitative analysis.	Quantitative methods and questionnaires, or theoretical reviews.
Direct citations	
Includes reports of adolescents and youth's direct citations.	No direct citations, i.e., case studies based on clinical notes, studies of blogs.
Articles or PhD thesis	
Articles written in English, German, Spanish and Scandinavian languages, published and peer-reviewed in an academic journal, as a book chapter or in a monograph, or as a PhD thesis.	

Figure 1. Flow diagram



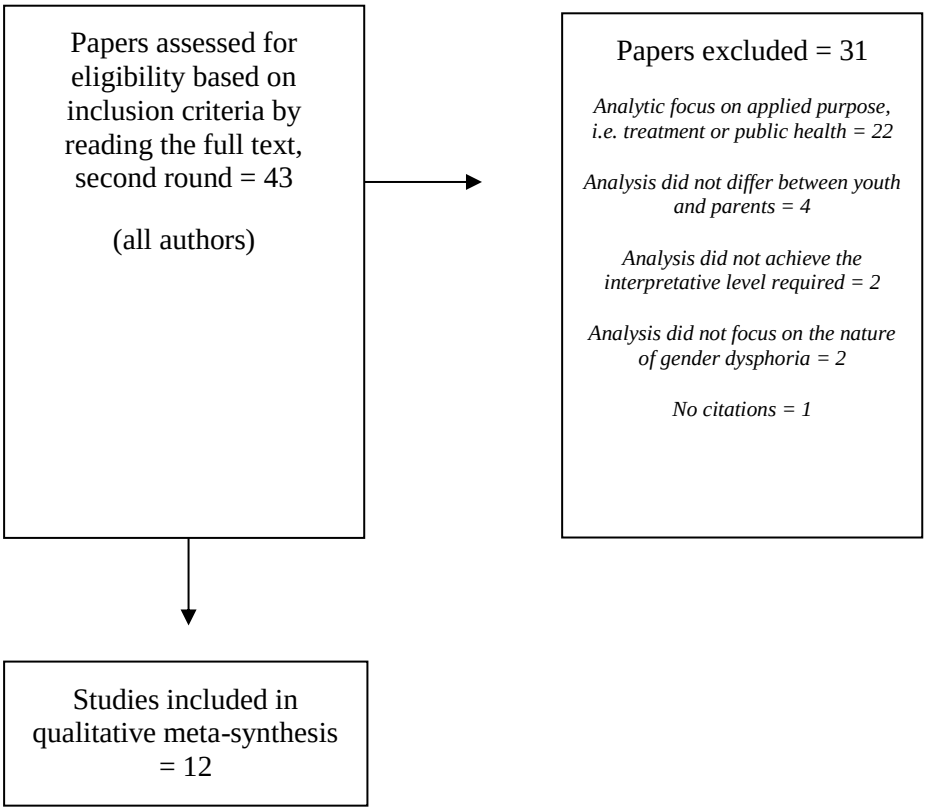

Papers assessed for eligibility based on inclusion criteria by reading the full text, second round = 43
(all authors)
Papers excluded = 31
Analytic focus on applied purpose, i.e. treatment or public health = 22
Analysis did not differ between youth and parents = 4
Analysis did not achieve the interpretative level required = 2
Analysis did not focus on the nature of gender dysphoria = 2
No citations = 1
Studies included in qualitative meta-synthesis = 12

Table 2: Features of included studies

Authors (year)	Title	Country	Characteristics of participants (sample size/gender/category)	Age	Research design and analysis	Data collection	Concept of gender dysphoria	Research aim
Austin (2016)	There I Am: A Grounded Theory Study of Young Adults Navigating a Transgender or Gender Nonconforming Identity within a Context of Oppression and Invisibility	US	13 racially/ethnically diverse self-identified TGNC youth	18–29	Grounded theory	Semi-structured interviews lasting approximately 1.5 hours	Transgender gender non-conforming young adults	Study the development of a TGNC identity during youth and young adulthood in a society in which TGNC identities remain marginalised
Bradford et al. (2018)	Creating Gender: A Thematic Analysis of Genderqueer Narratives	US	25 gender-queer adolescents	15–26; mean age: 21	Multi-stage standardised thematic analysis following recommendations by Braun & Clark (2006)	Semi-structured interviews	Self-identified genderqueer. Included a wide array of different gender identities and sexual orientations.	Characterise the phenomenological experiences; explore the descriptions of master and alternative narratives present in their discourse
Catalpa & McGuire (2018)	Family Boundary Ambiguity among Transgender Youth	US, Canada and Ireland	90 transgender-identified young people	15–26; mean age: 22.6; two 29 year old participants were included	Ethnographic content analysis; combination of quantitative and qualitative analyses	Interviews from 1–1.5 hours	Transgender-identified young people	Explore family boundary ambiguity in the parent-child relationships of transgender youth

Authors (year)	Title	Country	Characteristics of participants (sample size/gender/category)	Age	Research design and analysis	Data collection	Concept of gender dysphoria	Research aim
Costa & Matzner (2007)	Male Bodies, Women's Souls: Personal Narratives of Thailand's Transgendered Youth	Thailand	Sao braphet song, local transgender term; all participants were assigned male gender at birth	15–25	Inductive analysis of content of narratives; the narratives were written as letters from the participants	Personal life-story narratives, written by the participants themselves	Local and culturally specific variant of transgender youth	Examine the narratives of sao braphet song in order to highlight common themes that characterise their gendered subjectivities
Grossman & D'Augelli (2006)	Transgender Youth: Invisible and Vulnerable	US (New York City metropolitan area)	24 transgender youth; 83% assigned male at birth; 17% assigned female at birth	15–21	Multi-stage standardised thematic analysis following recommendations by Braun & Clark (2006)	Three focus groups, each contained 8 participants; each focus group lasted 2 hours	Identify as transgender or describe gender expression as atypical	Explore factors that affect the experiences of transgender youth
Hawkins (2010), doctoral dissertation	Gender Identity Development among Transgender Youth: A Qualitative Analysis of Contributing Factors	US	28 gender variant and/or transgender youth	18–26; mean age: 21.5	Biopsychosocial framework	Phenomenological interview process; interviews lasted from 30–90 minutes	Gender variant and/or transgender youth	Explore factors that influence the processes of gender identity development amongst TGNC youth

Authors (year)	Title	Country	Characteristics of participants (sample size/gender/category)	Age	Research design and analysis	Data collection	Concept of gender dysphoria	Research aim
McGuire et al. (2016)	Body Image in Transgender Young People: Findings from a Qualitative Community Based Study	US, Ireland and Canada	90 transgender youth; same research project as Catalpa & McGuire (2018).	15–26; mean age: 22.6; two 29 year old participants were included	Thematic analysis and quantitative analysis.	Interviews from 1–1.5 hours	Transgender-identified young people	Examine the ways in which transgender youth experience their bodies with regard to gender and body size
Pollock & Eyre, (2012)	Growth into Manhood: Identity Development among Female-to-Male Transgender Youth	US (San Francisco)	13 self-identified female-to-male transgender youth	18–23	Grounded theory (Strauss & Corbin, 1990); feminist constructivist approach	In-depth open-ended qualitative interviews, lasting 35–120 minutes	Transgender	Understand the process by which female-to-male transgender people come to identify as transgender
Pusch (2003), doctoral dissertation	The Bathroom and Beyond: Transgendered College Students' Perspectives of Transition	Different universities in the US and Canada, the majority in the US	10 college students; 7 male-to-female and 3 female-to-male	19–26	Constant comparative method (refers to Glaser & Strauss, 1967), grounded theory)	Participant observations and interviews (e-mails) within an online transgender community	Transgender	Gain understanding of how transgender students make sense of their identity, especially during transition

Authors (year)	Title	Country	Characteristics of participants (sample size/gender/category)	Age	Research design and analysis	Data collection	Concept of gender dysphoria	Research aim
Salzburg & Davies (2019)	Co-authoring Gender-Queer Youth Identities: Discursive Tellings and Retellings	US (progressive eastern state)	10 gender-queer youth recruited at a local LGBT centre	18–23	Voice-sensitive methods of feminist work and social constructionism, locating narratives within a larger context	One focus group	Gender-queer	Understand the narratives of gender-queer youth, drawing from discursive, narrative practices
Steensma et al. (2011)	Desisting and Persisting Gender Dysphoria after Childhood: A Qualitative Follow-up Study	Netherlands	25 youth that had been referred to local gender identity clinic because of gender dysphoria as children; 14 applied for sex reassignment; 11 did not seek sex reassignment	14–18; mean age: 15.88	Qualitative analysis software package ATLAS.tiv5.2.	Biographical interviews focusing on development of gender dysphoria, lasting 60–70 minutes	Being diagnosed with gender dysphoria as children	Understand processes and factors that may have contributed to the persistence or desistance of gender dysphoria into adolescence
Wilson et al. (2005)	The Interaction between Young People with Atypical Gender Identity Organization and Their Peers	United Kingdom	8 youth having been referred to a national Gender Identity Development Unit; 6 assigned male at birth; 2 assigned female at birth	14–17	Open-ended interviews with thematic questions	Thematic analysis (Smith, 1995)	Young people with atypical gender identity organisation	Explore the participants experiences in school, especially focusing on whether they disclosed atypical gender identity or not

Table 3: Meta-themes, sub-themes and sub-categories

First meta-theme: Subjective experiences of gender dysphoria as navigation in the dark The gradual process of gaining insight into one's gender identity was described as navigation in the dark, from the first feelings of being different in childhood, to the gradually increasing identification as TGNC.	**Sub-theme 1.1. Vague feeling of difference** (1) The vague feeling of difference was characterized by a sense of not belonging with peers. (2) The vague feeling of difference occurred already in childhood. For some, it was related to gender, while for others, it was a global sense of being different. **Sub-theme 1.2. Lack of congruence between the internal and the external** (1) The vague feeling of difference was often accompanied by a distressing experience of not being able to express an identity that was congruent with an internal sense of gender. (2) Certain body parts that were especially sensitive to being interpreted as a sign of gender were an important source of the lack of congruence. **Sub-theme 1.3. Exposure and exploration** (1) Being exposed to alternative gender identity categories was a pivotal experience for some youth that made them question their gender identity. (2) Being exposed to gender diversity prompted an exploratory process around different ways of expressing gender for many youth. **Sub-theme 1.4. Gradual and dynamic gender identity development** (1) After being exposed to gender diversity and beginning to explore different ways of doing gender, some youth strived to develop a coherent sense of self that unified the internal sense of gender with external expression. (2) For some youth, the subjective experiences of GD were influenced by contextual factors and could change over time, depending on fluctuating factors, such as body weight. Thus, the development of GD did not necessarily have a clear-cut endpoint.

Second meta-theme: Relating with others	**Sub-theme 2.1: Being misrecognised by others**
The importance of other people and the relational dynamic emerged as central to understanding how subjective experiences of GD develop and unfold.	(1) Many participants described experiences of intended misrecognition and disapproval by other people, including family members and peers. (2) Some ways of misrecognition could be more subtle. Some participants described, for example, a feeling of being an 'object of curiosity' if friends and family asked too many questions. (3) Misrecognition created a sense of not feeling whole, often accompanied by self-hate. (4) For some youth, misrecognition can also hinder further exploration about who they are. **Sub-theme 2.2. Recognition by others** (1) Seeing TGNC people and being exposed to gender diversity was extremely important to the youth because it helped them in the process of understanding their own gender identity. (2) The recognition that followed exposure to gender diversity enabled exploration of gender for some youth. (3) Being recognised by others in the same way that the youth experienced themselves created a sense of feeling whole and authentic. For some youth, finding a community that mirrored their internal self and offered more flexible gender identities contributed further to a sense of feeling whole. (4) Forming relationships with others, and observing how they are perceived by them, helped TGNC youth clarify gender identity.

Third meta-theme: Body The body emerged as an important contributing factor to the development and unfolding of subjective experiences of GD.	**Sub-theme 3.1: Puberty** (1) Many of the youth experienced the onset of puberty as distressing because the body developed in the wrong direction. (2) For some, puberty was distressing, but it took a while before they connected this with being different from others in relation to gender. **Sub-theme 3.2. Disconnected from the body** (1) Some youth expressed hatred towards their body. (2) Many of the youth struggled in relating to their body and feeling an ownership of it because they felt a sense of alienation and being disconnected. **Sub-theme 3.3. Body as a hub of communication** (1) Because of the pivotal role of the body, body modification was important in order to be recognised. Body modifications could be achieved through medical treatment or modification of the body through means such as weight reduction or cutting the hair. (2) Reinterpreting the body in light of societal gender norms influenced subjective experiences of GD. It seemed that body modifications were more helpful for some if they were accompanied by reinterpretations of the body.

Fourth meta-theme: The role of sexuality and sexual impulses Subjective experiences of GD were linked to sexuality for some youth because the increasing sexual exploration associated with adolescence and young adulthood created a confusing intersection between gender and sexuality. Forming sexual relations with other people could both bring gender to the surface and alleviate subjective experiences of GD.	**Sub-theme 4.1: Sexuality intersects with gender identity** (1) The growing sexual attraction informed the development of gender identity for some youth because the direction of the desire constituted for some an important part of the gender identity. (2) For some, whether the desire was experienced as homosexual or heterosexual helped clarify gender identity. (3) Sexuality did also bring gender to the surface for some youth assigned female at birth because they discovered that they started to occupy a masculine role when they began to form sexual and romantic relations in adolescence. **Sub-theme 4.2. Troubling intersection** (1) Many youth experienced that they had to continuously clarify their sexual identity alongside gender exploration, perhaps because gender and sexuality are so interlinked in contemporary society. (2) Some youth experienced that sexuality shifted after they had started to explore and develop a TGNC identity.

PAPER 2

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Title:

Negotiating Gender in Everyday Life: Toward a Conceptual Model of Gender Dysphoria

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Abstract:

A growing number of adolescents are seeking medical care to alleviate gender dysphoria (GD). The present qualitative study explores the subjective experiences of GD among help-seeking transgender and gender nonconforming (TGNC) youth in order to develop a more nuanced conceptualization of the phenomenon. Fifteen life-mode interviews were conducted with newly referred youth between the ages of 13 – 19. All participants were assigned female at birth. The data were analyzed using thematic analysis. The participants targeted five major themes that characterize GD: (1) Bodily sensations are constant reminders of GD throughout the day, (2) emotional memories from the past of being different and outside trigger GD, (3) the process of coming out was a transformative experience that has changed how the participants understand themselves, (4) GD both increases and decreases in relation to others, (5) everyday life requires careful negotiation to feel whole without developing new forms of GD. Based on the results, we suggest a more conceptually nuanced model of GD, one which accounts for how bodily sensations and emotional memories from the past are sources that elicit GD. The sources are mediated through the process of coming out and relating to others, and this results in the negotiation of GD today. The conceptual model suggested in the present study could ideally shed light on preexisting knowledge on TGNC youth struggling with GD. In addition, an improved understanding of GD could ideally help clinicians when addressing individual treatment needs.

Keywords: Gender dysphoria; Gender affirmative care; Transgender; Gender non-conforming youth; Phenomenology; Gender identity

INTRODUCTION

Transgender and gender non-conforming (TGNC) refers to individuals that experience a degree of incongruence between their internal sense of gender (gender identity) and the sex assigned at birth (Winter et al., 2016). Today, the diagnoses of gender dysphoria (GD) in Diagnostic and Statistical Manual of Mental Disorders (DSM–5) [American Psychiatric Association, 2013] and gender incongruence in International Classification of Diseases 11th Revision (ICD-11) [World Health Organization, 2019] are used to classify treatment needs among TGNC individuals. These diagnoses refer to the distress that arises from the mismatch between gender identity and assigned sex at birth (Butler et al., 2018). The diagnostic classifications of (trans)gender identity and the medical perspectives of health care for TGNC individuals is an area long characterized by misconceptions, controversy, and a lack of knowledge (Drescher et al., 2012; Winter et al., 2016). Today, the psychopathological model of TGNC and GD, which is based on outdated Western medical conceptualizations of gender and sexuality, is no longer in use (Wylie et al., 2016). We are instead encouraged to move toward a model of GD that incorporates current scientific evidence and best practices with the experiences of TGNC people themselves (Drescher et al., 2012).

Background

For some TGNC people, medical treatment aimed to bring the body more in accordance with internally felt sense of gender is necessary to alleviate GD (Butler et al., 2018; de Vries & Cohen-Kettenis, 2012; Drescher et al., 2012). In the global West since 2013, there has been an increase in the number of teenagers referred to clinics in an effort to alleviate GD through gender-affirming healthcare (de Graaf et al., 2018; Kaltiala et al., 2020a). This has created increased attention both within clinics and in public debate regarding what constitutes best treatment for TGNC youth seeking such help (Bell, 2020; Saketopoulou, 2020; Wren, 2019). The first evaluative research of medical treatment for adolescents was promising. It indicated that carefully selected youth without significant psychosocial challenges benefit from puberty suppression followed by hormonal treatment after age 16, in regards to alleviating psychological distress related to GD (Cohen-Kettenis & van Goozen, 1997; de Vries et al., 2014). In parallel with the increase in adolescent referrals over the past few years, there has been a shift in gender proportion — a majority of the youth referred to the gender clinics today are assigned female at birth (Arnoldussen et al., 2019).

Furthermore, we know that TGNC youth with GD as a group suffer more from co-occurring mental health challenges than do their peers (Chodzen et al., 2019; Leibowitz & de

Vries, 2016; Olson-Kennedy et al., 2016). Some clinicians and researchers are concerned that for certain TGNC youth, subjective experiences of GD are related to underlying mental health issues or difficulties in adolescent development that do not decrease after medical treatment (Butler et al, 2018; Carmichael et al., 2021; Kaltiala et al., 2020b). Other clinicians and researchers subscribe to the *minority stress hypothesis*, which posits that that co-occurring mental health challenges among TGNC youth are the result of growing up in environments that are not inclusive of gender non-conformity (Chodzen et al., 2019). Furthermore, it has been hypothesized that co-occurring psychopathology will remit when the body is changed in accordance with gender identity, and the young person is able to pass as the preferred gender (Chodzen et al., 2019; Ehrensaft, 2017). Thus, the current body of knowledge on TGNC youth with GD indicates that they comprise a heterogeneous group with various clinical needs (Janssen et al., 2019).

Phenomenological Knowledge on GD

Most of the research on TGNC youth and clinical needs has been quantitative, consisting of questionnaires on psychiatric symptoms and livelihood measurements (Giovanardi, 2017; Olson-Kennedy et al., 2016). At the same time, experiential qualitative analyses of individual TGNC youth's experiences that "give voice" to their perspectives are also needed in order to more fully understand GD among the TGNC adolescents referred to medical treatment (McLeod, 2013). Qualitative research indicates that being able to find relationships that both affirm one's gender identity and enable gender role casting is important for alleviating GD (Loza et al., 2017; Mullen & Moane, 2013). Levitt and Ippolito (2014) interviewed TGNC adults about their gender identity development. The study identified a common process of growing up closeted and full of self-hatred, followed by increased possibilities of self-exploration and self-acceptance after learning about TGNC narratives. Identity formation was described as a process continuing into adulthood, whereby one learns to balance authenticity with the need to survive discriminatory conditions. The findings resonated with stage models of TGNC identity development, which we discuss further in the section on implications (Bockting, 2014; Devor, 2004).

However, there has been little systematic investigation on phenomenological aspects of GD, namely how GD is understood and experienced by the youth themselves. Steensma et al. (2010) investigated GD qualitatively among youth from a clinical population. The youth interviewed in their study reported that the pubertal development of the body, together with

an accentuated social division between boys and girls in school and the first romantic and sexual experiences in early adolescence, increased subjective experiences of GD, thus suggesting a complex interaction between bodily and social factors that contribute to GD (Steensma et al., 2010). The importance of the body, especially under pubertal changes, in the development of GD was also identified by Katz-Wise et al. (2017), McGuire and colleagues (2016), and Pollock and Eyre (2012). Furthermore, qualitative studies on TGNC youth have documented the powerful role of forming relations to others in order to explore gender identity (Austin, 2018; Catalpa & McGuire, 2018; McGuire et al., 2016; Pollock & Eyre, 2012; Riggs et al., 2019; Wilson et al., 2005), and the need for cultural recognition of minority gender identities (Bradford et al., 2018; Katz-Wise et al., 2017; McGuire et al., 2016; Salzburg & Davis, 2010).

The subjective and experiential elements of GD are especially important, since the mismatch between internal sense of gender and assigned sex at birth is the target of medical interventions aimed to make the body more in accordance with gender identity (American Psychiatric Association, 2013; World Health Organization, 2019). Within the perspective of phenomenology, the aim is to shed light on how the individual subject experiences a phenomenon in daily life (Vetlesen & Stänicke, 1999). Furthermore, phenomenology shows that everything is experienced *as something*. The aim is therefore to discover the essence of the experience (Dahlberg, 2016). In the present study, the focus is on subjective experiences of GD. An improved conceptual understanding that specifies the relations among clusters of subjective experiences could potentially bridge the gap between the research literature on large group data variables that we have previously accounted for and the individual variance within the group (Olson-Kennedy et al., 2016).

The Present Study

We aimed to fill the lack of qualitative and phenomenological knowledge in the research literature by conducting an interview study with newly referred youth to the National Treatment Unit for Gender Incongruence (name of the clinic anonymized for peer review). In order to describe the subjective experiences of GD more in detail, the study was guided by the following research questions:

1. Which experiences do adolescents assigned female at birth target as essential when interviewed about GD in their daily life?

2. How can the results be conceptualized into a model that establishes the connections between the clusters of experiences in order to contribute to the growing body of knowledge on development of GD in adolescence?

Furthermore, the findings from the present study could be useful for obtaining a deeper understanding of what clinical strategies can help these young people and their families explore and handle GD in daily life.

METHOD

Study Setting and Participants

The study was planned by a working group consisting of two researchers with work experience as clinical psychologists (first and last authors), in addition to one child and adolescent psychiatrist (third author) and one clinical psychologist (second author). The second and the third authors were working in the National Treatment Unit for Gender Incongruence at Oslo University Hospital at the time of the study. In addition, a reference group consisting of representatives from one patient organization and two LGBTQ-identifying organizations guided the entire process. The representatives from the reference group gave feedback on the interview guideline and the interview process throughout the data collection in order to ensure that relevant aspects were covered. They also gave feedback on the coding process and the development of themes, as well as the writing-up of the present study.

The aim was to recruit a representative sample of newly referred adolescents seeking medical treatment for GD at the National Treatment Unit for Gender Incongruence. In the recruitment process, we strived to ensure a diverse background among the participants in relation to gender identity, birth assigned sex and age. Common to all 15 participants was that none of them suffered from psychosis or severe suicidal behavior. In total, 15 newly referred patients assigned female at birth between the ages of 13 and 19 were recruited. The mean age of the participants was 16. All participants but one identified as male at the time of the interview. Nine participants had not received any medical treatment at all; six had received medical treatment from other health personnel before entering the national treatment service for gender incongruence; three of them had just started with testosterone hormonal treatment, and one had received puberty suppression medication. In addition, two had recently been

prescribed birth control pills by their primary physician in order to stop menstruation. Although all participants had been newly referred to the clinic, it appeared that some had taken measures to seek medical treatment to alleviate GD from physicians working in primary healthcare before being referred to the national treatment unit.

Instruments

Semi-structured interviews were used to explore subjective experiences of GD among TGNC youth, because this approach offers an opportunity to balance openness toward individual diversity with a focus on the overarching research question (Kvale & Brinkmann, 2009). A qualitative approach was chosen, because it was deemed best suited for investigating phenomenological and subjective aspects of a certain phenomenon. All interviews were conducted by the first author. In the first part of the interview, participants were encouraged to describe their childhood, and why they had been referred to the gender clinic. In the second part, the life-form-interview was used to elicit experiential knowledge (Haavind, 2011). This approach implies that the interviewer invites the participants to describe the day before in detail. The interviewer encouraged the participants to describe what they did, how they experienced the situation, and whether this was a typical everyday activity. In order to obtain nuanced descriptions grounded in everyday life situations, the interviewer also asked about concrete experiences of GD, such as how they handled any related distress (Haavind, 2011). In this way, the life-form interview is suited to uncover subjective experiences of GD in daily life that are taken for granted, because our *being-in-the-world* is more experiential than cognitive (Vetlesen & Stänicke, 1999). Each interview lasted approximately one hour and 30 minutes.

Procedure

The interviews were conducted and transcribed by the first author. In addition to his education as clinical psychologist, the first author has been engaged in LGBTQ activism. The first author did not work at the National Treatment Unit for Gender Incongruence. Before the study's interviews began, a pilot interview was conducted to test the suggested interview guide and make necessary adjustments. The interviewer made field notes during all the interviews, which were used as background information during the analysis. The interview guide was revised five times throughout the process, based on input from the participants. In addition, the reference group (consisting of representatives from three patient and LGBTQ organizations) was informed about the progress at three occasions during the data collection

and gave feedback on interview technique. The feedback focused on what questions and formulations could be helpful in making the participants feel safe and encouraging reflection during the interview.

The participants received a written request about participation in advance of a clinical appointment and contacted the first author if they wanted to participate. In total, we sent a letter to 40 newly referred patients, and 15 of them contacted the interviewer. The interviews were conducted between December 2018 and June 2019. Eight of the interviews were conducted outside of the hospital, in the participant's local environment (e.g. public library, school), and the remaining seven were conducted in relation to a clinical appointment.

Ethics

The current study was approved by the regional committee for medical research ethics. Measures were taken before, during and after the interviews to ensure that the participant's integrity and autonomy were looked after, especially since the participants belonged to a vulnerable group as patients receiving healthcare (Kvale & Brinkmann, 2009). The interviewer made it clear that the participants could withdraw at any time, and they were reminded about this opportunity throughout the interview. They received health care at the national treatment unit regardless of whether they decided to participate in research. For participants under 16 years of age, permission to participate was also obtained from the parents. Before the recruitment process started, routines were established in order to make sure that participants would be followed up by their clinician, in case the research interview elicited traumatic or powerful emotional responses. Furthermore, the interviewer was a clinical psychologist and therefore competent to continuously evaluate the participants' reactions throughout the interview.

Analysis

As a first step in the analytic process, the first author wrote a narrative for each participant that summarized the biographical data and the most important experiential topics from the life-form-interview (Haavind, 2011). The aim of the narrative reports was to ensure that the individual complexity and variety in how subjective experiences of GD unfold was maintained during the identification of patterns across participants (Willig, 2008).

In order to grasp the breadth of the material, we used thematic analysis to identify patterns within the data. We followed the guidelines for thematic analysis outlined by Braun

and Clark (2006) in order to ensure a "bottom-up" approach. In line with a phenomenological approach, an important goal with the analysis was to be open for new and surprising findings about GD (Smith et al., 2009). The first author started to read the interviews with as open a mind as possible, making notes in the margins, a process corresponding to the first phases of thematic analysis: (1) Familiarizing yourself with your data, and (2) Generating initial codes. The writing-up of the narrative reports was also an important part of these two phases. The authors as a group discussed the initial list of codes and searched for potential themes, corresponding to the third phase suggested by Braun and Clarks (2006, p. 87): (3) Searching for themes. In this way, the first author was continuously discussing the analytic process in order to reflect on decisions and future progress. In addition, the reference group was also consulted in each round, being presented short descriptions of each potential theme, in line with the fourth phase suggested by Braun and Clark (2006, p. 91): (4) Reviewing major themes. The potential themes were refined four times, from an initial list of 32, and reduced to the five major themes that form the basis of the findings presented in the result section. This process was helped by the use of NVivo software. In the end, the quotes were translated into English by the first author and revised by the other authors. The quotes were slightly revised in order to improve the readability, in accordance with Kvale and Brinkmann (2009).

RESULTS

In the following, we describe the five major themes that emerged in our interviews with TGNC adolescents experiencing GD. The first major theme, (1) Bodily sensations, serves as the principal topic of the analysis, since descriptions of the body were connected to the five remaining major themes: (2) Emotional memories from the past, (3) The process of coming-out, (4) Understanding oneself through others, and (5) Negotiating GD in everyday life. The major themes refer to different categories of experiences that together constitute GD. While we treat the major themes separately in the result section, in real life, the themes are connected and overlapping. We consider how the major themes are related in the phenomenological analysis in the discussion. To elucidate each major theme, we have provided a selection of illustrative quotes, with the participant's age and pseudonym given in parenthesis.

Table 1: Major Themes with Illustrative Quotes

First Major Theme: Bodily Sensations

Bodily sensations refer to various forms of experiences of the body that emerge regularly throughout the day. Certain body parts are especially distressful, and the experiences of the body do often have a sensory and tactile quality. These experiences of the body serve as constant reminders of GD throughout the day, with some contexts being worse than others. Bodily sensations are about examining oneself and dealing with the emotions it brings up.

For some participants, the lower parts of the body — for example, the vagina, the thighs or the hips — are experienced as more distressful. For others, it can be the upper parts — for example, the breasts or the shoulders: "The upper part is what's troubling me, breasts and such things. I don't use binder either, because it's not possible to hide, so I just feel worse, it's a reminder that you have boobs" (Adrian, 18 years). Adrian considers his breasts to be large compared to peers at the same age, and this is experienced as a constant reminder of his bodily reality. Casper shares a similar experience. One of the first things Casper do when he leaves bed in the morning is to look into the mirror: "I do it every morning. I look at myself in the mirror and I think 'ugh, what the fuck.' And then I put on the binder, [the breasts] get more flat, but not as flat as I wish they were" (Casper, 16 years). Thus, the sensations of the body seem to be momentarily dominating when the participants become aware of it. Other typical parts of the body that were noted to create subjective experiences of GD are the hips, the feet, the thighs, the shoulders, and the face.

Jonas describes a typical bodily sensation when he looks into the mirror and sees his body: "I can look straight into my eyes, but I try not to look at the rest of the body, because then I just get uncomfortable, and I have to look away immediately… I get goosebumps all over my body" (Jonas, 16 years). Here, Jonas describes a feeling that is almost without words, but at the same time very certain and informative of how he feels. Noah is mostly able to cope with his body throughout the day. However, he becomes aware of the body when he has to shower: "When it comes to showering it is very, very uncomfortable, because I have to sort of touch the parts I hate the most with myself, to clean myself in the shower" (Noah, 18 years). Thus, the body emerges through different modalities in relation to daily activities. It seems that the act of touching the body forces Noah to relate to thoughts and feelings that he otherwise evades.

Furthermore, one's awareness of the body changes throughout the day depending on the context. Because of the facilities at school, Oscar is able to sit in a certain position that hides his breasts:

> In school I don't think much about it actually. When we are sitting at the desk, I use to have the chair quite low … since I am pretty tall, the chair tends to be a little short, and sometimes with a jacket, since we use to have the window open, then I don't think much about it [gender dysphoria]. (Oscar, 14 years)

He uses the cool temperature in the classroom as an excuse to wear a jacket for more coverage, almost as a way of disciplining the body to align with norms regarding the male body. This makes it possible for him to forget his body. However, Oscar is not able to ignore his beasts without fail: "In school, during break, if I feel that it starts becoming loose, and then I feel bad about myself" (Oscar, 14 years). Thus, Oscar has developed strategies to evade the body in certain situations, until the context changes and he becomes aware of the body. As previously mentioned, the mirror is one of the most frequent places where the participants are confronted with their body and become aware of it. Gabriel feels comfortable looking at himself in the mirror as long as he wears clothes. If he is naked, on the other hand, the subjective experiences of GD increase: "It feels a bit strange. One thinks that one should have looked different. It just feels like one has the wrong body. It's just [the body] that is wrong" (Gabriel, 16 years). Thus, for many of the participants, the mismatch between how the body looks and how they feel about themselves become present when they look into the mirror.

To summarize, all participants shared a sense of not feeling comfortable in their body. The body elicits gender dysphoric experiences throughout the day.

Second Major Theme: Emotional Memories from the Past

In addition to the body, emotional memories from the past emerged as essential when the participants described their subjective experiences of GD. The participants described emotional memories of feeling different and left outside among peers in childhood. For some, this feeling of being different was related to gender, while for others it was a more global feeling of not belonging. In addition, all participants experienced the onset of puberty as distressing, because the body changed. For many of the participants, the onset of puberty created an almost traumatic memory that still haunts them today. Together, these distressing memories are reactivated in present time and contribute to GD.

In regards to feeling like an outsider, some participants experienced being perceived as boys or very masculine girls during childhood:

> It was a bit challenging in the beginning in first grade [in primary school], because everyone that was older than me thought it was a bit strange [that] I was not like all the others. All the others had a name [that matched] their gender, but when I said that my

> name was Ella, people thought my name was Erik, so they didn't understand, and then they looked at me as if I was a weirdo. (Ella, 13 years)

Throughout her childhood, Ella was perceived as a boy, because of her short hair and baggy clothes. Ella experienced that others were surprised when it turned out that she had a female name. As a consequence, Ella felt that she did not belong to either the boys or the girls.

Jonas had a similar experience, saying that he remembers vividly that he did not know where to go when girls and boys were separated in school:

> It was a difficult childhood, to be honest. I didn't know where I should be, if I should be with boys or girls, so I ended up in the middle, and then I had to join the girls, but I didn't feel quit welcome there. (Jonas, 16 years)

This emotional memory of not fitting in among the children contributes to subjective experiences of GD in present time.

Other participants described a vague feeling of being ostracized from peers, but it was not necessarily related to gender: "Ever since I was little, I have not been normal. I have always been the one that was different" (Ulrik, 16 years). Ulrik struggled to find a community with peers. However, he explained that he was not uncomfortable with being a girl in childhood. It seems that this strong memory of being alienated from peers contributes to subjective experiences of GD today. Thus, whether or not the experience of fitting in was related to gender, all participants carry with them emotional and distressful memories of a struggling to find a place among peers.

Finally, all participants experienced the onset of puberty as extremely stressful. For some, the onset of puberty confirmed a longtime concern about not being a girl. For others, the onset of puberty prompted questioning about gender identity for the first time. Oscar had never considered himself to be male during childhood, but he remembers that he was a "tomboy" and allowed to present in a more "boyish" manner. However, he experienced that the onset of puberty changed his social role:

> I have always been very boyish in school and used boyish clothes and such things, and then suddenly my body did not fit into the same clothes and I became different from the boys. That was a thing that I really, really did not like [with puberty]. (Oscar, 14 years)

In this quote, Oscar describes how the bodily development during puberty made it impossible to wear boyish clothes anymore. Furthermore, it seems that puberty left some participants with perhaps a traumatic memory of not being in control of the development of the body.

Thus, the participants shared an experience of entering adolescence with strong emotional memories of being different from peers. For some, this sense has always been related to gender. For others, they did not start to question their gender identity until after puberty onset. However, all participants are haunted by these emotional memories of today.

Third Major Theme: The Process of Coming Out

At one point, all participants have been introduced to knowledge about TGNC, gender diversity or gender-affirmative healthcare aimed at changing the body. Together with the participants' distressful relation to their body and the emotional memories of being different from peers, this introduction to TGNC-related topics has resulted in a gradually increasing mismatch between their gender identity and assigned sex at birth. Over time, the gradually increasing mismatch has resulted in a process of coming out as TGNC that consequently has transformed the participants' understanding of their body and their past.

For many of the participants, the process of coming out started when they were introduced to knowledge about TGNC, gender diversity or gender affirmative care. Reported sources of knowledge included books, movies, and social media, as well as peers who had come out as transgender. Also, some participants give credit to family members who suggested the possibility of seeking gender affirmative care. In Adam's case, he was perceived to be a "boyish" girl during childhood, because he never wanted to be a girl. However, something changed when he learned that a distant family member started on medical treatment in order to change gender:

> I have never understood why I have felt different from others, but when my second cousin came out, I understood that it was something with me as well, because I understood that it was an alternative [to change gender]. This knowledge introduced new words, it made me much happier, because I knew that it was an opportunity to change my confusing situation. (Adam, 14 years)

It seems that learning about the opportunity to change gender was a transformative experience for Adam, because he understood that he had "not been complete" before. Noah shares a similar experience: "I had kind of not thought like that before, exactly, that I had to be something else than a woman, because it had kind of never struck me as an opportunity" (Noah, 18 years). Thus, it seems that for both Adam and Noah, the awareness of being TGNC was a great relief, because it offered an explanation for why they felt different from peers.

The process of coming out was described by the participants as gradual and dynamic. Initially, Noah came out as non-binary, or "without gender," as he describes it. However, he

experienced that people around him did not understand his new gender identity:

> For me, being without gender was kind of like, "okay, without gender, that's okay, it's a good place to be." I felt that at least [other people] wanted to accept it, but everyone still thought I was a girl ... so I felt more and more masculine, I felt that being without gender was perhaps not right anymore, so then I figured out that I was a boy. (Noah, 18 years)

Thus, it seems that for many participants the process of coming out was characterized by movements back and forth, depending on the reactions from others. Noah, for example, started out as non-binary but ended up identifying as male, because he felt that other people did not understand him. Furthermore, it seems that the mere knowledge of other TGNC people and the opportunity to seek medical treatment made many participants start questioning their gender identity. This culminated in one day suddenly realizing that transgenderism was a reality for them. Benjamin had heard about someone being "born in the wrong body" some months before he realized that this was relevant for himself:

> One day … I walked into the bathroom, and the term "born in the wrong body" came back to me, and then it was like, "Yes, that's what I am; I am born in the wrong body." (Benjamin, 16 years)

The acknowledgement of being TGNC could be sudden, following a period of time when one had started learning about transsexualism or transgenderism. With this knowledge, the participants report gradually beginning to reflect on their past in a new light, until they one day realized that this was relevant for them.

After having gone through the process of coming out, many of the participants started to understand their past differently: "When I look back now, I can clearly see that things I have done since I was very little, I now understand [I did these things] because I was trans" (Oscar, 14 years). Thus, for Oscar, it seems that new knowledge about TGNC and medical treatment to change gender identity offered a new framework to understand himself, his relation to the body and his emotional memories of being different from peers.

To summarize, it seems that the process of coming out has been a transformative experience that has changed how participants understand their past. The process of coming out has been a relief for many participants, because it has provided a meaningful framework to understand their emotional memories of being different and outside.

Fourth Major Theme: Understanding Oneself through Others

Interaction with other people turned out to be pivotal when the participants described subjective experiences of GD in present everyday life. When the participants interact with other people, subjective experiences of GD both decrease and increase, depending on the context.

Many of the participants experience that GD increases when they are in public spaces, such as school, because they are concerned about being revealed as TGNC:

> Before lunch it's usually a couple of visits to the toilet, and I always have to be careful if I use paper that the sound must not be too loud, because I don't want people to hear that I pee and have to use paper. (Benjamin, 16 years)

Thus, when Benjamin visits the public toilet in school, he is concerned that other people disclose his background as girl. These concerns contribute to subjective experiences of GD. Furthermore, subjective experiences of GD tend to increase when the participants find themselves in a situation where they compare themselves with other (cisgender) men. Alexander was in the training studio when two men were suddenly standing beside him:

> There were two extremely buff guys there, so I felt extremely small. Sometimes I make that mistake — I compare myself with others, so it becomes more uncomfortable. They were maybe just five centimeter taller than me. They were just much more muscular then me. (Alexander, 17 years)

The men made Alexander feel small, and hence less male. His experience is a salient example of how GD can be relational and depend upon context. Other contextual factors that trigger subjective experiences of GD among the participants are the growing social differences between boys and girls in adolescence that force the participants to choose more explicitly between the social gender roles.

Forming romantic or friendly relations with peers as part of entering adolescence could both increase or decrease subjective experiences of GD. Roy experienced that he was better able to cope with GD after he met his first girlfriend:

> Her friends and everyone were gathered, and she took the risk of asking me, "Are you born in the wrong body?". I started to laugh, and then I said, "Yes. Why do you ask?" She said just one word, "Cool." Then, "That's fascinating. Could you tell me more?" (Roy, 18 years)

After this, Roy was able to form a long-term relationship with his girlfriend, Jeanette. When Roy and Jeanette have sex, they both acknowledge that his genitals are "female." Jeanette identifies as heterosexual but has come to terms with the relationship by defining Roy as a man in a woman's body: "She says, 'It doesn't look like you have a girl's body at all. I see

that you are a boy.' That's good for me to hear" (Roy, 18 years). Roy does not like to look at himself in the mirror when alone. However, when he is with Jeanette, his body becomes a more comfortable place to be. It seems that the relation to Jeanette has been a transformative experience for Roy and how he perceives his body. This process has significantly decreased his subjective experiences of GD.

To summarize, subjective experiences of GD are influenced by interaction with other people. Most participants experience to various degrees that subjective experience of GD increase when they are together with other people. However, forming relations with other people can also help participants relate to their body in new ways that decrease subjective experiences of GD. Over time, interactions with other people have contributed to how the participants identify today, which leads us to the fifth major theme.

Fifth Major Theme: Negotiating GD in Everyday Life

Nowadays, the participants take measures in their everyday life to feel whole and complete, and they have succeeded to a certain degree in decreasing subjective experiences of GD. Furthermore, all participants, except from Ella, have committed to a male identity and strive to be seen as "ordinary" men. However, many participants continue to experience subjective experiences of GD. As a consequence, some feel ashamed and guilty about not overcoming GD in everyday life.

Participants struggle to feel whole and complete, in order to decrease subjective experiences of GD. When the participants are addressed by others as men, they feel whole and complete. Adam feels good when someone says uses the male pronoun "he" about him: "It simply feels right, and it feels right to answer back [when they say 'he']" (Adam, 14 years). It seems that being addressed as a man makes it easier for Adam to react to the requests from others. Jonas describes a similar feeling when other people treat him as a man: "It feels good ... it feels extremely right [to be treated as a man]" (Jonas, 16 years). Similarly, when Noah and his boyfriend are taken to be a gay couple among friends, he feels more comfortable: "With people we know, who know I am a boy and so see us as a gay couple, it's no problem" (Noah, 18 years). As a consequence of this struggle to unify inner gender identity with external expression, all participants, except for Ella, have committed to a male identity. Some describe themselves as "being born in the wrong body" while others articulate a belonging to the "transgender movement". Some participants, such as Jonas, have felt a strong affinity to

typically masculine qualities and interests since early childhood. Other participants, such as Noah, have only recently started identifying with men.

A parallel experience to feeling whole and complete is a longing among many of the participants to "just be yourself" and a "normal guy". Roy describes that he often forgets his body throughout the day, probably because he mostly passes as a man. However, there are times when he remembers: "Every time I shower, I look at my body in the mirror, and I see there is something wrong with it. I don't like it. I wish I were a boy — a real boy, born like a boy" (Roy, 18 years). This quote indicates that Roy carries with him a deep longing to have a "real" male body, despite the fact that he usually passes as a man. Casper feels uncomfortable about being associated with what he refers to as the "trans community," because he wants to be a "normal guy":

> I am sure the trans community is an okay community, and Pride and all that, but I don't feel that I am… one of them, if you see what I mean, I don't want to show that I am transsexual, I just want to be a normal man. (Casper, 16 years)

It seems that Casper aims to reach a state where he is "just a normal person," without the sense of appearing exaggerated and unnatural.

However, the identification as men and the process of coming-out and feeling whole has for many participants come at a price — they ruminate more on gender and their body than before. Noah, for example, describes a typical experience when he was exercising:

> Then the thoughts started to come. It was like, "You run too feminine," and "everything about you and your personality is too feminine." And, "Even if you wear a binder, you don't look like a boy, because you still have hips that are too wide." Suddenly, all these thoughts just came into my head when I was going to run quietly for a couple of minutes, and then I ran to the bathroom and just sat there and cried for ten minutes. (Noah, 18 years)

Noah struggles with ruminations about his body and gender expression that were not problematic before he committed to a male identity. Benjamin describes a similar experience:

> Now I get depressed when I think about being born a girl, or I blame myself for everything, just the fact that I can't have my own children [due to masculinizing hormone treatment], I can cry an entire afternoon because I have shoe size 38, I have small feet, such ridiculous stuff ... I have sort of this demon within me. (Benjamin, 16 years)

For some participants, such as Noah and Benjamin, they tend to dislike their body even more than before they came out as transgender and started to identify as men. It seems that the new identification as male also tends to increase subjective experiences of GD.

> Furthermore, many participants tend to feel ashamed about experiencing GD:
>
> If something goes wrong, I think that it's my fault, even if it's not, so I just think that maybe it's my fault that I am [born in the wrong body], but I know that's wrong, when I think about the situation then all kind of thoughts are coming and in the end I feel that it is all my fault that I am born in the wrong body. (Adam, 14 years)

Therefore, it seems that Adam tends to feel guilty about experiencing GD. Gabriel, who's not yet completely open about being a transgender man in high school, says that pupils in his school are conservative, and he often wishes that he were born as "just a normal boy." When he encounters gay and lesbian youth in the classroom, he feels ashamed, explicitly stating that he does not want to be associated with "anything queer."

> Every time they [a group of gay and lesbian classmates] enter the classroom, they typically walk around and talk about gender identity in a very hysterical and exaggerated style, they color their hair, I think they are so weird. (Gabriel, 16 years)

Gabriel, like many other participants, is afraid of discrimination in school. Instead of attributing the associated distress to societal factors, it seems that many participants have a tendency to direct the negative feelings toward themselves. Thus, like Adam, it seems that Gabriel tends to internalize the stress he experiences and blame himself.

To summarize, the fifth major theme indicates a complex negotiation of GD in everyday life. The participants are striving to reach a state of feeling whole, where they can "just be themselves." This has led to a commitment to identify as men for all participants, except from Ella. Furthermore, this commitment to a male identity has transformed the participants' relations to their own bodies. On the one hand, this identification has made the participants feel whole and complete. On the other hand, this has come at a price, because some participants seem to have developed new forms of GD.

DISCUSSION

The present study explored which subjective experiences that adolescents assigned female at birth target as essential when interviewed about GD in their daily life. The first major theme indicates that the body triggers subjective experiences of GD throughout the day.

The second major theme suggests that emotional memories of being different from peers emerged as significant when participants describe their subjective experiences of GD. For some, this feeling of being different is related to gender, while for others it is a more global feeling of not belonging. The third major theme indicates that all participants have been introduced at some point to knowledge about TGNC, gender diversity or gender-affirmative healthcare. Together with the participants' distressful relations to their body and the emotional memories of being ostracized from peers, this has resulted in a gradually increasing mismatch between their gender identity and assigned sex at birth, and consequently the process of coming out as TGNC. This process has transformed the participants' understanding of their body and their past. The fourth major theme describes how subjective experiences of GD both increase and decrease when participants are with others. Finally, the fifth major theme suggests a complicated negotiation in everyday life. One the one hand, the participants are striving to reach a state of feeling whole by presenting as "ordinary" men. On the other hand, this has come at a price, because some participants have developed new forms of GD as a consequence of committing to a male identity. Today, many participants tend to dislike their body even more than before they started to identify as men.

Interestingly, the importance of the body, the onset of puberty, psychosocial changes associated with adolescence, and the impact from forming relations to peers coincide with the topics reported in previous qualitative studies on gender identity development of TGNC youth with GD (Catalpa & McGuire, 2018; McGuire et al., 2016; Pollock and Eyre, 2012; Steensma et al., 2010; Wilson et al., 2005). These challenges are typical difficulties among adolescents generally (Kaltiala-Heino et al., 2018), and among TGNC youth with GD especially (Kaltiala-Heino et al., 2020b; Leibowitz & de Vries, 2016; Olson-Kennedy et al., 2016; Zucker, 2019). Furthermore, the current body of knowledge indicates that TGNC youth suffering from GD is a heterogeneous group with various clinical needs (Janssen et al., 2019). Some youth continue to struggle with co-occurring mental health challenges after gender-affirmative medical care, while others seem to benefit from the treatment (Carmichael et al., 2021; Kaltiala et al., 2020b). The findings from the present study indicate that the process of negotiating subjective experiences of GD requires an ability to form relations with other people that enable new ways of doing gender in everyday life. This resonates with qualitative research on gender affirmation among TGNC adults regarding the necessity to enact preferred gender roles in order to be recognized by others (Loza et al., 2017). Thus, being able to handle GD in everyday life requires interpersonal skills in order to form vital relations to other people. Perhaps TGNC youth who seem not to profit from gender-affirmative medical care are

struggling with these psychosocial tasks in adolescence and the entrance into adulthood (Kaltiala-Heino et al., 2018). Furthermore, perhaps the participants are struggling with what has been referred to as the third phase in TGNC gender identity development (exploration of gender expression), and the fourth stage (connecting to others) [Bockting, 2014]. The results from the current study suggest that GD is a complex social and bodily phenomenon that continuously has to be negotiated. Having this complexity in mind, perhaps it should be no surprise that the current body of knowledge indicates that some TGNC youth profit from medical treatment, while others continue to struggle with co-occurring mental health challenges.

Furthermore, the results from the current study suggest that the participants are facing a dilemma when negotiating GD. The participants share a common experience of having felt different from others in childhood, which might have led to an increasing identification as men during the process of coming out. On the one hand, they feel more complete and whole after having embraced a male identity. This is understandable, given the importance of belonging to a recognized social group (Segal, 2008). On the other hand, this process of identification seems to have created a longing to be "ordinary" men. However, this longing does not match the participants' bodies and their background as assigned female at birth. It seems that the awareness of gender-affirmative care and the process of coming out as TGNC has brought with it new standards for what one is feeling and how to deal with these feelings, so it puts pressure on the participants to attain certain goals, such as living as "ordinary men". This dilemma is open for a queer reading: The norms governing how men should behave and male bodies should be are strict in a heteronormative society (Roen, 2016). In order to be comprehensible, the participants seem to have gradually started identifying as men. As a consequence, they are to various degrees recognized as men today, and they feel more complete than before. At the same time, this new identification has transformed their relation to their body, and they compare themselves with other (cisgender) men. In this competition, most of the participants end up feeling less male. It seems that this leads many participants to feel ashamed and guilty. They moreover tend to dislike their body even more than before they started to identify as men and came out as transgender. The participants are not able to fulfill traditional gender norms regarding body and identity. They continue to struggle at the margins of gender — a dilemma that has been referred to as a "queer failure" on behalf of youth (Roen, 2016). Furthermore, perhaps the increased prevalence of co-occurring mental health challenges among TGNC youth is a symptom of this queer failure. In that vein, the

present study indicates a more complex process of negotiating GD than has been described in the current body of knowledge on TGNC adolescents. How can this complex negotiation of GD be conceptualized?

Figure 1: Outline of the Conceptual Model of Subjective Experiences of GD

Toward a Conceptual Model of GD

In order to better understand how subjective experiences of GD arise and unfold, we suggest a conceptual model that specifies how the five major themes that emerged from the analysis are related. The first two major themes — (1) Bodily sensations and (2) Emotional memories from the past — can be conceptualized as *sources* that elicit subjective experiences of GD. These sources are not meaningful in themselves, but must be mediated through *psychological operations*, consisting of the next two major themes — (3) The process of coming out, and (4) Understanding oneself through others. The present study indicates that subjective experiences of GD arise in and through the transformative process of coming out as TGNC, and the continuous understanding of oneself in relation to other people. This process results in an ongoing *state* of negotiating GD, as described in the final major theme, (5) Negotiating GD in everyday life. Thus, we suggest that subjective experiences of GD are the result of a continuous process of sources being mediated through psychological operations into states.

Furthermore, we suggest that a certain *state*, for example the identification as a man, influences how the participants feel about their body. Consequently, this leads to a new understanding of the body, i.e. that the body is perceived to be too feminine. The consequence of this new *state* is that the body emerges as a *source* that elicits new subjective experiences of GD, described in the fifth major theme as increased rumination about one's body and feelings of shame. The result is a constant interplay between *sources* being mediated into *states* through *psychological operations*, resulting in a continuous production of subjective experiences of GD that are situated in everyday life (see Figure 1). In this way, the model might account for the development of new forms of subjective experiences of GD over time. Translated to the present study, bodily sensations that make the participants uncomfortable as well as emotional memories of pre-adult ostracization are *sources* that are mediated through *psychological operations*, such as coming-out, committing to a male gender identity, and understanding oneself through others. This results in different *states*: Participants report that subjective experiences *decrease* in certain situations and *increase* in others. The dynamic

between sources, psychological operations, and states might shed light on the experiential aspects underlying developmental models of TGNC identity and transition between the stages. Furthermore, the conceptual model of subjective experiences of GD could ideally contribute with a phenomenological background to researchers that are interpreting data on TGNC youth and livelihoods.

Clinical Implications

Moreover, we suggest that this model may offer guidance for clinicians, namely a strategy to engage TGNC youth in a psychological treatment process of exploring and reflecting on their subjective experiences of GD (Butler et al., 2018). Ideally, such a process could help both clients and clinicians discuss the need for medical treatment alongside identity exploration in general (Zucker, 2019). This can be especially relevant for those TGNC youth who struggle with co-occurring psychopathology (Carmichael et al., 2021; Kaltiala et al., 2020b). Thus, the development of the model is an attempt to go beyond the oft-polarized discussion among clinicians and academics regarding the relation between psychopathology and GD in order to assess the unique pathways of development and maintenance of each youth (Meyer-Bahlburg, 2019). Firstly, the framework of sources, psychological operations, and states that together create unique dynamics of subjective experiences of GD can serve as the starting point of the clinical assessment in the individual TGNC youth. Clinicians may start by asking their clients about *sources* that contribute to their subjective experiences of GD, such as how they experience their body and how childhood and the onset of puberty have been. Then, we encourage clinicians to ask their clients about experiences with coming out and how they relate to other people that influence their subjective experiences of GD throughout the day, in order to get insight into typical *psychological operations*. In addition, it can be helpful to ask clients about their *states* — how they identify and what their feelings are in different situations. The aim of this process is to get an overview of how clients understand themselves, how they have related to their bodies throughout childhood, and how subjective experiences of GD have developed over the years.

Secondly, the model can serve as an entry into exploring how TGNC youth experience GD in their individual ways throughout the day, especially by paying attention to rumination and typical train of thoughts that increase subjective experiences of GD. This can be helpful in order to assist clients in an exploration of the unique dynamic of *sources*, *psychological operations* and *states* that maintain their subjective experiences of GD and create suffering in

daily life. Assisting young clients in a reflective process around influential lived experiences and how they relate to the body, as well as important relations to peers and family, can be helpful for all TGNC youth regardless of whether they end up seeking medical care. Ideally, the model can be used to break down into smaller pieces the oft-overwhelming subjective experiences of GD that can be difficult to describe with words. The clinical focus should always be on the idiosyncratic dynamic of GD of each young TGNC individual and their wider social context (Bell, 2020; Saketopoulou, 2020; Wren, 2019).

Limitations

There are three limitations that pose a challenge to the current study. Firstly, all participants were recruited from a clinical help-seeking population. The clinical background could perhaps have influenced the results, especially the challenges they are experiencing in relation to self and others, and emotional memories from the past. Perhaps TGNC adolescents who do not seek medical treatment experience less challenges in relation to their non-conforming gender identity. Secondly, although we aimed to recruit participants early in their treatment process, six of the youth had already started on medical treatment prescribed by other health personnel. This could potentially have influenced their subjective experiences of GD, because bodily alterations might influence on their gender identity and how they relate to other people. Thirdly, we excluded participants with psychosis and suicidal behavior. This might have consequences for the generalizability of the sample; perhaps the adolescents interviewed in the current study represent a more proactive and reflected group of young people with GD.

Future Research

The present study indicates that subjective experiences of GD are the result of a complex interplay between sources, psychological operations, and states. Ideally, the model suggested in the present study could contribute to an improved conceptual understanding of GD that incorporates current scientific knowledge on TGNC youth across disciplines. Furthermore, future qualitative studies should explore subjective experiences of GD among TGNC youth who have undergone gender-affirmative medical care, especially in regard to how medical treatment has affected how they have related to important developmental milestones such as puberty and forming relations to peers. Quantitative studies are needed to identify important factors that contribute to subjective experiences of GD, such as stigma, co-

occurring mental health challenges, and developmental trajectories throughout adolescence and into adulthood.

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Table 1: Major Themes with Illustrative Quotes

First Major Theme: Bodily Sensations	**Illustrative quotes demonstrating major theme:**
Bodily sensations refer to various forms of experiences of the body that emerge regularly throughout the day. Certain body parts are especially distressful, and the experiences of the body do often have a sensory and tactile quality. These experiences of the body serve as constant reminders of GD throughout the day, with some contexts being worse than others. Bodily sensations are about examining oneself and dealing with the emotions it brings up.	"The upper part is what's troubling me, breasts and such things. I don't use binder either, because it's not possible to hide, so I just feel worse, it's a reminder that you have boobs". (Adrian, 18) "When it comes to showering it is very, very uncomfortable, because I have to sort of touch the parts I hate the most with myself, to clean myself in the shower". (Noah, 18 years) "In school I don't think much about it actually. When we are sitting at the desk, I use to have the chair quite low … since I am pretty tall, the chair tends to be a little short, and sometimes with a jacket, since we use to have the window open, then I don't think much about it [gender dysphoria]". (Oscar, 14 years)
Second Major Theme: Emotional Memories from the Past	**Illustrative quotes demonstrating major theme:**
In addition to the body, emotional memories from the past emerged as essential when the participants described their subjective experiences of GD. The participants described emotional memories of feeling different and left outside among peers in childhood. For some, this feeling of being different was related to gender, while for others it was a more global feeling of not belonging. In addition, all participants experienced the onset of puberty as distressing, because the body changed. For many of the participants, the onset of puberty created an almost traumatic memory that still haunts them today. Together, these distressing memories are reactivated in present time and contribute to GD.	"It was a difficult childhood, to be honest. I didn't know where I should be, if I should be with boys or girls, so I ended up in the middle, and then I had to join the girls, but I didn't feel quit welcome there". (Jonas, 16 years) "Ever since I was little, I have not been normal. I have always been the one that was different". (Ulrik, 16 years) "I have always been very boyish in school and used boyish clothes and such things, and then suddenly my body did not fit into the same clothes and I became different from the boys. That was a thing that I really, really did not like [with puberty]". (Oscar, 14 years)

Third Major Theme: The Process of Coming Out	**Illustrative quotes demonstrating major theme:**
At one point, all participants have been introduced to knowledge about TGNC, gender diversity or gender-affirmative healthcare aimed at changing the body. Together with the participants' distressful relation to their body and the emotional memories of being different from peers, this introduction to TGNC-related topics has resulted in a gradually increasing mismatch between their gender identity and assigned sex at birth. Over time, the gradually increasing mismatch has resulted in a process of coming out as TGNC that consequently has transformed the participants' understanding of their body and their past.	**"**I had kind of not thought like that before, exactly, that I had to be something else than a woman, because it had kind of never struck me as an opportunity". (Noah, 18 years) **"** One day … I walked into the bathroom, and the term "born in the wrong body" came back to me, and then it was like, "Yes, that's what I am; I am born in the wrong body." (Benjamin, 16 years) "When I look back now, I can clearly see that things I have done since I was very little, I now understand [I did these things] because I was trans". (Oscar, 14 years)
Fourth Major Theme: Understanding Oneself through Others	**Illustrative quotes demonstrating major theme:**
Interaction with other people turned out to be pivotal when the participants described subjective experiences of GD in present everyday life. When the participants interact with other people, subjective experiences of GD tend to increase, because they are afraid of being revealed as TGNC, or compare themselves with other (cisgender) men. However, forming relations with other people can also help participants relate to their body in new ways that decrease subjective experiences of GD. Over time, interactions with other people have contributed to how the participants identify today.	**"**There were two extremely buff guys there, so I felt extremely small. Sometimes I make that mistake — I compare myself with others, so it becomes more uncomfortable. They were maybe just five centimeter taller than me. They were just much more muscular then me". (Alexander, 17 years) "She says, 'It doesn't look like you have a girl's body at all. I see that you are a boy.' That's good for me to hear". (Roy, 18 years)

Fifth Major Theme: Negotiating GD in Everyday Life	**Illustrative quotes demonstrating major theme:**
Nowadays, the participants take measures in their everyday life to feel whole and complete, and they have succeeded to a certain degree in decreasing subjective experiences of GD. Furthermore, all participants, except from Ella, have committed to a male identity and strive to be seen as "ordinary" men. However, many participants continue to experience subjective experiences of GD. As a consequence, some feel ashamed and guilty about not overcoming GD in everyday life.	"It feels good ... it feels extremely right [to be treated as a man]". (Jonas, 16 years) "I am sure the trans community is an okay community, and Pride and all that, but I don't feel that I am… one of them, if you see what I mean, I don't want to show that I am transsexual, I just want to be a normal man". (Casper, 16 years) "Then the thoughts started to come. It was like, 'You run too feminine', and 'everything about you and your personality is too feminine'. And, 'Even if you wear a binder, you don't look like a boy, because you still have hips that are too wide'. Suddenly, all these thoughts just came into my head when I was going to run quietly for a couple of minutes, and then I ran to the bathroom and just sat there and cried for ten minutes". (Noah, 18 years) "If something goes wrong, I think that it's my fault, even if it's not, so I just think that maybe it's my fault that I am [born in the wrong body], but I know that's wrong, when I think about the situation then all kind of thoughts are coming and in the end I feel that it is all my fault that I am born in the wrong body". (Adam, 14 years)

Figure 1: Outline of the Model

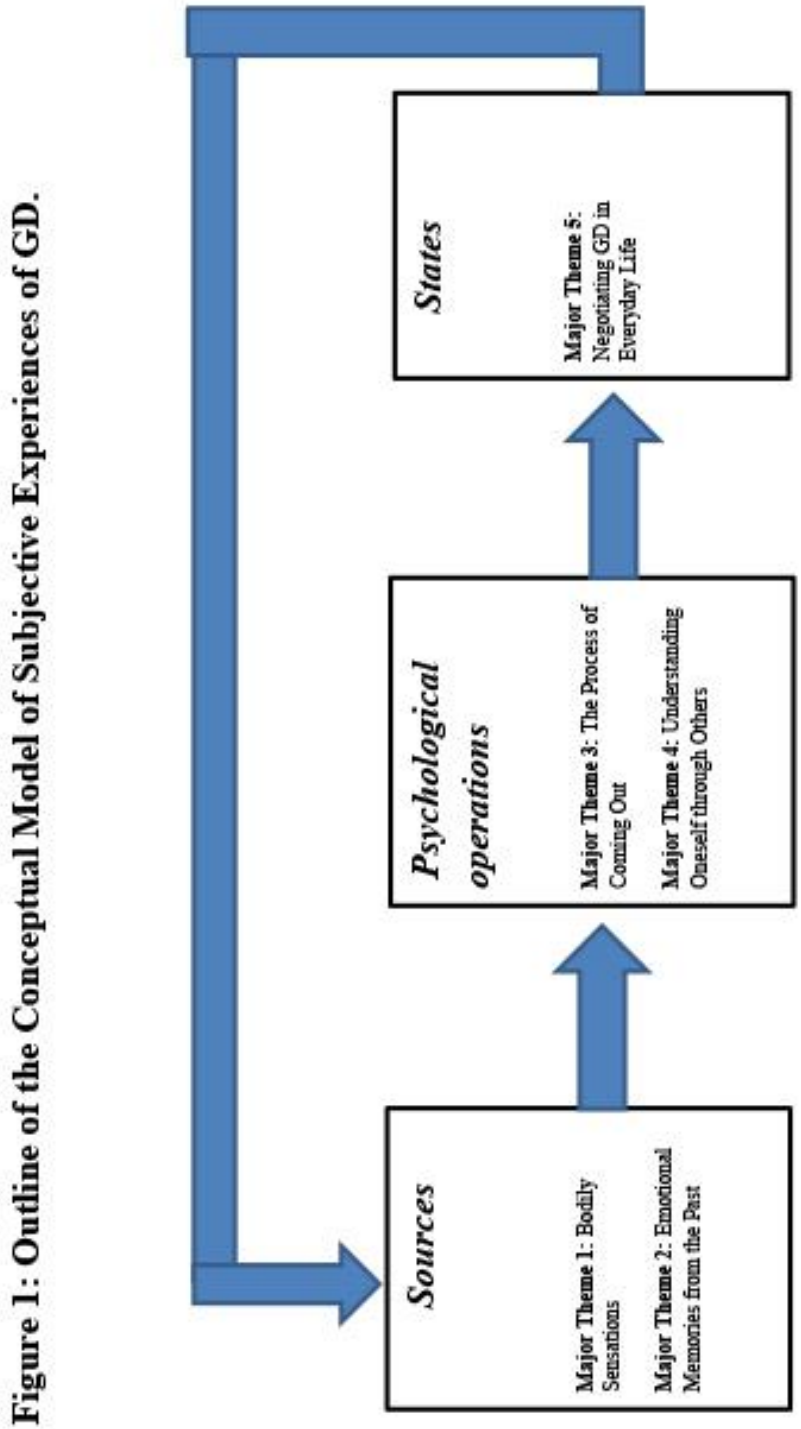

Figure 1: Outline of the Conceptual Model of Subjective Experiences of GD.

PAPER 3

Jessen, R. S., David, L., Wæhre, A., & Stänicke, E. (submitted to Psychoanalytic Psychology). “Finding oneself in the gazes of others: An exploration of core gender identity amongst transgender and gender non-conforming youth”

Title:

Finding oneself in the gazes of others: An exploration of core gender identity amongst transgender and gender non-conforming youth

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Abstract:

Nearly six decades ago, Robert Stoller suggested the concept of core gender identity as a mean to describe and analyse gender dysphoria (GD), referring to the mismatch between body and gender identity. The present study aims to explore core gender identity through in-depth analysis of how GD develops and unfolds amongst TGNC adolescents in daily life. Four life-mode interviews were conducted with youth (age 15-18) assigned female at birth that had recently been referred to medical treatment. Data was analysed using interpretative phenomenological analysis (IPA). Three major themes emerged: (1) The participants relate to challenging experiences from the past of being ostracised and different from peers, which have been transformed after learning about TGNC and medical treatment, (2) their sense of self emerge from the gazes on themselves from the outside that has been internalised as a male identity on the inside, (3) today, the participants seem to struggle to unify conflicting gazes on themselves from the outside with the gazes on themselves from the inside, which leads to an estranged relation to their bodies and feeling of shame. It seems that the participants have internalised a sense of self from the outside that they struggle to recognise from the inside. We suggest that the development of a core gender identity amongst some TGNC youth continues as a dialectical process into adolescence that may cause GD. Clinicians are encouraged to engage in a therapeutic exploration of underlying motives and identifications, in order to negotiate GD in everyday life.

Key words: Gender dysphoria; transgender; gender non-conforming; adolescence; gender identity

INTRODUCTION

Robert Stoller was the first prominent psychoanalyst to actively work with transgender and gender non-conforming (TGNC) children and youth in the 1960th, being an early champion for medical treatment as a mean to bring body more in alignment with gender identity to alleviate gender dysphoria (GD) amongst TGNC adults (Green, 2010). GD refers to the mismatch between assigned sex at birth and gender identity (Butler et al., 2018). One of Stoller's most radical ideas, both amongst psychoanalysts and medical doctors, was to argue that a person's sex – defined as external genitalia, chromosomes and hormones, is not determinative of gender – defined as 'the amount of masculinity or femininity found in a person …there are mixtures of both in many humans' (Stoller, 1968, p. 9). Instead he suggested that the development of *core gender identity,* defined as a person's basic sense and 'awareness, whether conscious or unconscious, that one belongs to one sex and not the other' (Stoller, 1968, p. 10) is partly based on the *perception* of one's own external genitalia, and a 'biological force' related to the person's sex (Stoller, 1964, p. 453). In addition, Stoller was struck to observe the importance of the infant-parent relationship in the development of core gender identity (Stoller, 1968). Thus, it is not sufficient for the child to observe external genitalia; they need parents that support the notion that equalises male sex with masculinity and female sex with femininity (Stoller, 1968). He locates the development of core gender identity in the period of marked intimacy between the infant and the mother's body and psyche, characterised by the tension between symbiosis and separation (Stoller, 1985). According to Stoller, the gradual separation from the mother leaves no child without scars. Both boys and girls, according to Stoller (1968, p. 263) have to break free from their 'mother's femaleness and femininity'. However, while the little girl does not need to 'surmount her relationship to her mother' to develop her femininity (Stoller, 1968, p. 263), the boy has 'to break free from the pull of his mother's femaleness and femininity, a task that is so often incomplete, to judge by the amount of effeminacy, passivity and forced masculinity' (Stoller, 1968, p. 264). As follows, Stoller (1968) suggested that the preoedipal process of separation from the mother is a major event in the establishment of core gender identity, thus, the basic sense of being male or female, but also the development of masculinity and femininity in gender roles that continue to influence into adulthood. Furthermore, Stoller (1968) suggested that the development of exaggerated masculinity amongst males as resulting from the same conflicting relation (Stoller, 1968). In this way, Stoller (1968) theorised gender non-conformity as rooted in the same dynamic as normative gender identity development.

Although core gender identity is established before the phallic stage is fully completed, usually around the age of four, the degree of femininity and masculinity continues to develop into young adulthood (1968). By conceptualising the development of both core gender identity and masculinity and femininity as processes related to ego development in close relation to the social environment, he utilised analytic theory to decouple the apparently predetermined relation between sex and gender (Stoller, 1985).

In the decades to follow, feminist scholars and psychoanalysts built on Stoller in their analyses of the dynamic interplay between social forces and gender (Corbett, 2009). Perhaps the most important theoretical reformulation is the conceptualisation of gender identity development as a matter of maternal identification and dis-identification. Boys are especially prone to early separation, which might result in split off from 'not me' affect states that are considered feminine (Corbett, 2009), while girls tend to be alienated from masculine feelings such as autonomy and independence (Layton, 2004). Furthermore, the deconstruction of psychoanalysis' idealisation of the unified, coherent and unambiguous gender identity as originating from an uncritical adoption of heteronormative values rather than sex differences has also prompted important development in analytic understanding of gender (Goldner, 1991).

The question of how to meet TGNC youth seeking gender-affirmative care to alleviate GD within analytic practice is also currently being discussed, especially since the number of referrals to medical has increased the last ten years (Butler et al., 2018). Most therapists would today agree that the analytic aim is not to change the patient's gender in one way or the other, thus acting in a non-reflective manner (Blass, 2020). Some clinicians are concerned that medical treatment is offered too easily, at the expense of analytic and explorative thinking of co-occurring mental health challenges (Bell, 2020), while others stress the need to conscious affirmation of gender identity and celebration of new gender discourses that has been circulating increasingly amongst youth the last years (Saketopoulou, 2020). The clinical encounter with GD amongst youth touches upon the degree to which gender identity can be known consciously, and how it develops and unfolds in relation to foundational dimensions of the psyche, such as identification, the role of the body, fantasies, thoughts and feelings (Blass, 2020).

GD has been conceptualised as unmentalized incongruence at the level of the body-self, marked by a gap between the notion of one's own body and the gaze on oneself by others

(Lemma, 2012). The psyche is lodged in the body, and takes the body as a starting point for experience, conceptualised by Freud as a bodily ego (Salamon, 2010). However, this does not imply that individuals have unmediated access to the body *as it is* (Salamon, 2010). The representation of the body is continuously being affected by experiences in relation to other people, reached through the image of oneself in the mirror (both literally and metaphorically). This indicates a conflicting relation between the fantasy of the body and the actual body that contributes to a disruption in identity coherence that characterises GD (Lemma, 2012). The subjective experience of the body, often referred to as embodiment, develops over time mediated by relations to other people and invested in social and cultural meaning-making frameworks (Lemma, 2013; Salamon, 2010). Some analysts frame medical treatment as an opportunity to heal the mismatch between gender identity and body (Saketopoulou, 2020). Others are concerned that the new opportunities of medical treatment might offer a solution to the challenging task of configuring the self-body-relation at the expense of exploring and establishing the meaning invested in various identity positions (Lemma, 2018).

In our newly published work on TGNC youth that recently had been referred to specialised medical treatment to alleviate GD, we found that subjective experiences of GD amongst these youth are elicited by bodily sensations and emotional memories from the past that are mediated through interpersonal relationships and the process of coming out (Jessen et al., in press). In the present, we explore the concept of core gender identity by analysing the in-depth interviews on subjective experiences of GD with four young people recruited from the larger study. The aim is to inform our analytic understanding of GD as a psychic process that involves the relation between the body, identity and a sense of self.

METHOD

Study Setting and Participants

The present study was conducted and planned by a working group consisting of one clinical psychologist (first author), one clinical psychologist and psychoanalyst (last author), in addition to one child and adolescent psychiatrist (third author) and one clinical psychologist (second author) working at the National Treatment Unit for Gender Incongruence at Oslo University Hospital. Only the first author knew the identity of the participants. In addition, a reference group consisting of represents from three client organisations was guiding the

process; they participated in the initial planning of the project, helped develop the interview guide, gave regular feedback on the analytic steps and discussed possible implications of the findings. The four participants were assigned female at birth and between the ages of 15 and 18, and only one of them had started on medical treatment (puberty suppression). They were all recruited through the National Treatment Unit for Gender Incongruence. The aim was to recruit participants that had been referred to the clinic within the last year, in order to explore subjective experiences of GD amongst youth in their initial process of seeking care. The participants were recruited as part of a larger study of 15 adolescents being referred to gender-affirmative care to alleviate GD. The four participants were selected because their background in relation to family, friends and coming-out differed from each other. Such heterogeneity is recommended when conducting an interpretative phenomenological analysis (IPA), because it offered an opportunity to study different experiences of the same phenomenon under scrutiny across diverse participants (Smith et al., 2009).

Interview schedule

We conducted semi-structured, qualitative interviews, because this approach facilitates a balance between being open-minded and focusing on some core issues (Kvale & Brinkmann, 2009). The interview guide consisted of two parts. In the first section, the participants were interviewed about their life story and important events that led to the referral for gender-affirmative care. In the second section, we conducted the life-form-interview, which is suited to explore subjective experiences of GD as situated in everyday situations (Haavind, 2011). As part of the life-form interview, the participants were asked to describe the day before as detailed as possible to the interviewer. Appropriate prompts were used to encourage the participants to describe concrete situations in which they experiences GD. The aim was to go beyond ready-made narratives, in order to explore affective nuances in everyday experiences (Haavind, 2011). We slightly refined each interview based on input from the participants, in order to improve the questions (Kvale & Brinkmann, 2009).

Procedure

The interviews were conducted and transcribed by the first author. Before the first interview was made, a pilot interview was conducted to test the suggested interview guide. The development of the interview guide was guided by input from the reference group, suggesting questions and formulations that could be helpful in making the participants feel safe. Three of the interviews were conducted outside of the hospital, in a public location

chosen by the participants (public library, school etc.), and the last one was conducted in relation to a clinical appointment. The participants were recruited at the National Treatment Unit for Gender Incongruence. Potential participants received a letter with a request for participation, were contact information to the first author was given. Thus, the participants themselves contacted the first author before arrangements were made. All interviews were conducted between December 2018 and June 2019.

Analysis

A narrative report was written of each participant that summarised their biographical data and the key experiences from the life-form-interview (Haavind, 2011). The aim with the narrative reports was to ensure that the ideographical complexity and variety in how subjective experiences of GD unfold was maintained (Willig, 2008). In order to grasp the full breadth of the material and identify the experiential aspects of the interviews, interpretative phenomenological analysis (IPA) was used for identifying patterns within the data. IPA was chosen, because it opens up for the integration of theoretical perspectives in early phases of the analysis (Smith et al., 2009). We followed the six steps for IPA outlined by Smith and colleagues (2009): (1) the transcript of the interview with participant Gabriel was read and re-read several times, in order to obtain a general picture of the participant's account. (2) Initial exploratory notes were being written in the margin in order to immerse oneself with the data and suggest as many possible interpretations as possible, and identify one's own prejudices. (3) Then, we started to develop emergent themes based on the transcripts *and* the notes made in the margins. (4) In the fourth step, we started to search for connections across themes, and suggest possible meta-themes. (5) In the fifth step, we moved to the next case, Oscar, and repeated the four steps all over again, before we proceeded to Oliver and ultimately Theo. (6) In the final step, we looked for patterns across cases. We kept a record of the exploratory notes throughout the process, in order to ensure that the contextual aspects of each participant informed the analysis and the development of themes. The results that are presented in the present study represent the themes that were developed in in the sixth step.

In the sixth step, the themes were developed and refined in four rounds, starting with 32 and ending with 3 meta-themes and seven sub-themes that form the basis of the result section. The reference group was consulted during the process, being presented short descriptions of each code, corresponding to the sixth phase suggested by Smith and colleagues (2009), looking for patterns across cases. The reference group did also offer

different possible interpretations of the findings that informed the analysis as a whole. We used NVivo software to organise the analysis.

Ethical considerations

The current study was approved by the Regional Committees for Medical and Health Research Ethics South East in Norway. All participants signed an informed consent letter. Permission from parents or guardians was obtained from those under 16. Measures were taken before, during and after the interviews to ensure that the consent to participate was truly informed; the participants were reminded about their opportunity to withdraw at any time, and particular emphasis was placed on the fact that the participation in research would not affect their clinical treatment. This was especially important since the participants were recruited from a clinical population, and thus regarded as vulnerable (Kvale & Brinkmann, 2009). In beforehand, we established an infrastructure at the National Treatment Unit for Gender Incongruence so that the participants could contact their clinician if the interviews elicited traumatic or emotionally powerful responses. In addition, the interviewer was trained as a clinical psychologist, and therefore competent to evaluate continuously the participant's responses during the interview. Any information that could reveal the participants' identity was wiped out of the transcripts, and we have used pseudonyms and given approximate age. The participants were informed about the results in advance of submission and felt familiar with the analysis.

RESULTS

The analysis resulted in three major themes and seven sub-themes that were consistent across all four participants. The major themes reflect intrapsychic and interpersonal processes that together contribute to subjective experiences of GD. The processes underlying each major theme demonstrated to be highly interconnected and the interaction between these processes contribute to the ideographic expressions and experiences of GD in each participant. Firstly, we outline briefly the three major themes and the seven sub-themes. Then, in order to illustrate and analyse how these complex dynamics develop and unfold on an individual and ideographic level, we present how the three processes unfold in two cases that demonstrate the variation in how the major themes interact.

Overview of meta-themes and sub-themes

Major theme 1: Relating to the past.

The first major theme refers to the participants' reinterpretations of their experiences of being ostracised from peers in childhood. These experiences are still influential in their daily life.

Sub-theme 1.2: Challenging and ostracised. All participants have in different ways felt ostracised from peers throughout childhood.

Sub-theme 1.2: Transformative retelling. For all participants, knowledge about gender affirmative care, medical treatment and the possibility of changing gender has opened up for a new understanding of themselves and the various issues they have struggled with in the past.

Major theme 2: Gazes on oneself.

The gazes on oneself from the outside refer to different ways of being looked at by other people, or the commitment to different identities through cultural narratives that enable new ways of looking at oneself. The gazes are sources of meaning. Identification with cultural groups and narratives represent gazes on oneself from the inside.

Sub-theme 2.1. Sources of meaning. The different gazes on oneself *from the outside* come from various sources of meaning that contribute to increased self-knowledge. The gaze can be quite concrete, such as when the participants look at themselves in the mirror. However, it takes many forms; it can be sources such as books, films, popular media channels or comments from friends or family.

Subtheme 2.2. Identity. The participants' commitment to an identity as men has led to new gazes on themselves that contribute with meaning about whom they are and a sense of self. The cultural narratives and social groups that the participants identify with represent gazes on oneself *from the inside.*

Major theme 3: Gender dysphoria.

The various conflicting gazes on oneself contribute to subjective experiences of GD in everyday life. The conflicting gazes might contribute to a disrupted sense of self in various

situations, which leads to an estranged relation to the body and internalisation of shame and stigma.

Sub-theme 3.1. Conflicting experiences. The participants are striving to unify the various gazes on themselves from the outside with the gazes on themselves from the inside; they struggle to be recognised as men by others, and to recognise themselves as men when they look at themselves from the inside, especially their body.

Sub-theme 3.2. Estranged body. The participants struggle to unify the gazes on themselves from the inside and the outside, and end up feeling disconnected from their bodies.

Sub-theme 3.3. Internalising stigma. The participants seem to have internalised the dominant gender norms, and accepted negative beliefs about themselves. This makes them feel inferior and ashamed.

Gabriel (17 years old): 'When I finish treatment, I will try to live as normal as possible'

Major theme 1: Relating to the past

Sub-theme 1.1. Challenging and ostracised. Gabriel describes his parents as rather traditional and conservative: 'I remember that mother thought me how to walk like a woman, how you move your hips and your legs, but she gave up'. Furthermore, he was not allowed to cut his hair short. Throughout childhood, Gabriel played with both boys and girls: 'I spent a lot of time with the boys, but I could play with everyone. But as I got older, I started hanging out with just girls'. Thus, it seems that Gabriel's sense of belonging has shifted throughout childhood, without feeling comfortable with neither the boys nor the girls. Furthermore, he describes his home place as a typical rural district which values normalcy: 'The school is a bit old-fashioned, people from the village, bad attitudes, it scares me, I don't think they will accept it [to be TGNC]'. Thus, it seems that Gabriel has grown up in a family and a local community that directly and indirectly sanctions people that are at odds with traditional norms.

Sub-theme 1.2. Transformative retelling. Gabriel did not know about the opportunity to live as a man until he learned about gender-affirmative care: 'You kind of do not think that you can do anything about it, because you do not know about the alternatives'. In the

aftermath, Gabriel has reinterpreted his experiences from childhood, and he now holds the belief that his gender ambivalence in childhood was an early sign of his male identity: 'Typical things like I didn't want to wear girls' clothes… and it has never been a phase'. Thus, on the one hand, Gabriel seems to have been androgynous and ambivalent in relation to gender throughout childhood, without a clear male identity. On the other hand, it seems necessary for him now to clarify that his current male gender identity is not a phase.

Major theme 2: Gazes on oneself.

Sub-theme 2.1. Sources of meaning. Before he was referred to gender-affirmative care, Gabriel and his parents had some consultations with a local doctor: 'The most important was that he [the doctor] explained gender dysphoria to my parents as a professional, and for parents, I believe it's important to hear about it from professionals'. It seems that the doctor provided a professional gaze on GD that legitimised Gabriel's experiences as a condition that requires medical treatment.

Sub-theme 2.2. Identity. Gabriel is heavily invested in the identity as just a 'normal guy', which affects his plans for the future: 'When I finish treatment, I will try to live as normal as possible'. He has tried to connect with local LGBTQ youth, however: 'They talk about gender identity in a hysterical way, they color their hair, that wasn't for me'. It may be that Gabriel could not relate to the gaze offered by the local LGBTQ peers. He is concerned that others in school associate him with the LGBTQ classmates: 'I don't want them [other classmates] to think that we are all like that, just because we are transgender. What they [LGBTQ people] do have nothing to do with me, I try to think'. In the end of the quote, Gabriel indirectly acknowledges that he is TGNC, despite the fact that otherwise in the interview he does not accept this group affiliation. Thus, it seems that belonging to a group is a complex negotiation between own feelings and the gazes on oneself from the outside. Furthermore, Gabriel's engagement with an LGBTQ youth group indicates that he has been curious about exploring gender non-conformity. However, it may have crashed fundamentally with his identity as a 'traditional' and 'normal guy'.

Major theme 3: Gender dysphoria

Sub-theme 3.1. Conflicting experiences. As previously mentioned, Gabriel identifies himself with men: 'I would rather have just been born a boy, and lived normally'. At the same time, he feels more comfortable amongst girls and LGBTQ classmates: 'I feel I belong to the

boys, but at the same time, it is easier to talk to girls'. Perhaps these conflicting feelings complicate his identification and sense of belonging. Furthermore, the bodily development in relation to puberty was challenging for Gabriel and forced him to look at himself in new ways: 'I didn't think much about menstruation, but it was more uncomfortable to develop breasts, because it is more visible. It is something you just find unnatural, it becomes more what you yourself think than what others think'. It seems that the pubertal changes visible to others established a gaze on himself that served as a new source of meaning, indicating the relational nature of GD as a phenomenon. He elaborates further on how these experiences unfold in daily life: 'I don't like to show the body, especially the feminine parts, because then you feel a bit like a girl, even if you are not'. Thus, it seems Gabriel experiences his body as more female through the gaze of others. As a consequence, he experiences that his male identity is less certain. These quotes illustrate a possible tension in Gabriel's experience; the reason why certain body parts are distressful is because they can be seen by others, and thus contribute to a new gaze on himself that elicits GD. At the same time, it seems that Gabriel does not experience the gaze, but rather his body as unnatural.

Sub-theme 3.2. Estranged body. Gabriel describes himself as 'born in the wrong body', and talks about his body in quit a distanced manner. As an example, he compares his future medical aimed to change his body with a bone fracture: 'You don't say "I have broken my ankle, and therefore I am going to meet others that have broken their ankles", I would rather get treatment and finish it'.

Sub-theme 3.3. Internalising stigma. Gabriel seems to feel ashamed about the experiential dilemmas he is struggling with: 'Some people like to say that they are transgender, while I think it's a pretty weird thing about myself'. Gabriel elaborates further: 'It's a bit sad to think about that if I had been normal, we would have been good friends, but because of this it would not happen, and I feel it is because of me and not them'. Thus, it seems that Gabriel does not appreciate the relational nature of GD as a complex interaction between different gazes, but experiences GD as a fault originating from within himself.

Oscar (15 years old): 'I look different in my head'

Major theme 1: Relating to the past

Sub-theme 1.1. Challenging and ostracised. According to Oscar, he was a 'boyish' child who struggled to find his place amongst his peers; the girls were too 'dramatic' while the boys were 'fighting too much'. He disliked his body throughout childhood because he was 'a little chubby'. He entered puberty earlier than most of his peers. This was initially a positive experience: 'I liked the fact that I grew taller than the others'. He felt that he was allowed to occupy the role as a masculine girl during this period. However, things changed: 'The boys started to grow and I quickly became one of the short ones'. As puberty progressed and his body developed, Oscar increasingly struggled to cope with certain body parts: 'In the beginning [of puberty] I refused to wear a bra and I only wanted to wear baggy clothes that covered the breasts'. Perhaps the pubertal development activated Oscar's troubled relationship to his body.

Sub-theme 1.2. Transformative retelling. Oscar was introduced to knowledge about TGNC around the age of 13, after he read a book on the topic: '[the book] described very well gender dysphoria and how it is to be transgender, and that's when I began to understand that I fit well into the trans bubble'. After this, Oscar started to reinterpret his challenging childhood:

> When I look back I notice that there are things I have done since I was little, and it is quite obvious that I would have been a trans boy when I was four or five years old… Before I thought I disliked my body because I was a little overweight, but now that I know about gender dysphoria I have understood why.

Major theme 2: Gazes on oneself

Sub-theme 2.1. Sources of meaning. The new understanding of himself as 'transsexual' has made it possible for Oscar to understand his body in a new way: 'What would have happened if I was born a boy, [I started to think about] the notion of myself in the body of a boy'. Oscar has read about how a typical male face looks like on the internet, and compares himself with these standards: 'I have a pretty round face with big cheeks, I think it looks too feminine'. He also experiences that his body is too feminine when he compares himself with classmates: 'A close friend of mine, a boy, is very masculine, he is tall, he has broad shoulders and is surprisingly muscular, and I wish I looked more like him'.

Sub-theme 2.2. Identity. It seems that Oscar's new gazes at himself have changed his identity. He now identifies as a 'guy' or a 'trans guy'. As a consequence, he struggles to

recognise his male identity when he looks at himself: ‘The binder flattens my chest, but not completely. In addition I have a feminine face. I just wish such things were more masculine’. Thus, it seems that Oscar’s new identity has affected how he looks at himself and evaluates his body. In this way, his new identity as ‘guy’ and ‘trans guy’ contributes to GD.

Major theme 3: Gender Dysphoria

Sub-theme 3.1. Conflicting experiences. Because of his male gender identity, Oscar experiences that: ‘I am a boy on the inside and a girl on the outside, and it doesn’t match’. As previously mentioned, he struggles to recognise his ‘inside’ when he looks at himself in the mirror or compare himself with other men. Interestingly, it does not necessarily help to be alone: ‘When I go out I generally feel more like myself than when I relax at home… because when I am out [with other people] I look more like what I should look like’. Thus, it seems that Oscar is struggling to reconcile a complex interaction between the gazes from the outside and the inside. Furthermore, it seems that the gaze on himself from the inside works through the gaze on himself by others.

Sub-theme 3.2. Estranged body. Although Oscar had a challenging relationship to his body in his childhood, it seems that the new gazes on himself has made him feel perhaps even more disconnected from his body: ‘I simply don’t feel at home in my body, it is as if the brain and the body are two separate things, as if the body is not a part of me’. When he looks at himself in the mirror: ‘It’s just a weird version of me, it’s like the mirror image does not look at me, I look different in my head, the mirror image does not reflect who I am, a guy’.

Sub-theme 3.3. Internalising stigma. It seems that Oscar tends to blame himself: ‘If something goes wrong I get mad at myself, I often think I should have done something different’. Furthermore, Oscar feels uncomfortable in typical male arenas: ‘I feel like I don’t fit in, that I should not have been in the boy’s toilet… [I] get body aches, and I hope that the guys don’t notice me, I just want to shrink’. According to Oscar, many classmates are not very open towards LGBTQ people: ‘I remember one guy asked me if homosexuality is a disease, he was not rude, he just had no information about homosexuality, many do not know anything about it’. Interestingly, Oscar attributes such hostile comments to lack of knowledge, instead of transphobic and homophobic attitudes.

DISCUSSION

The in-depth analyses of the four cases indicate that subjective experiences of GD are not uniform and consistent across time and place; on the contrary, GD emerges as the experiential result of a conflicting mismatch between the participants' different gazes at themselves from the outside and the inside. The first major theme underlines the temporal aspects of GD; as a phenomenon that is transformed over time, always in dialogue with past experiences of being ostracised and different. The participants have over time committed to an identity as male, which contribute to a dynamic interaction between gazes on oneself from the outside and the inside, as indicated by the second major theme. Thus, on the one hand, it seems that the participant's core gender identity has changed. On the other hand, it is possible that they never achieved a core gender identity. The third major theme indicates that the participants are striving to unify the gazes on oneself from the outside with the gazes from the inside, in order to establish and maintain a coherent sense of self. The body emerged as central throughout all themes as a point of reference.

The first major theme, 'Relating to the past', indicates that all participants have struggled with *challenging experiences of being ostracised* (sub-theme 1.1). They have strived to achieve a sense of belonging to peers without succeeding, which has made them feel incomprehensible to both themselves and others. The importance of the past and the reinterpretation of formative relations to other people in childhood resonate with Stoller (1968) and the conceptualisation of gender identity as a developing process that build upon early object relations that influence on how the participants relate to the wider context in present daily life. Furthermore, it seems that all participants had a challenging relation to their body before puberty. However, it seems that the pubertal changes increased these challenges and forced them to relate to their future as adults. For all participants, learning about TGNC and the possibility of gender-affirmative care has *transformed their retelling* (sub-theme 1.2) of the past; they now have a clear idea that their non-normative and ostracised childhood was an early sign of transgenderism or being 'born in the wrong body'. Perhaps the need to reinterpret previously unmentalized aspects of their childhood reflect residual 'not-me' affect states that previously has not been mirrored by family and the wider psychosocial environment, because of underlying gender norms that structure the early infant-parent interaction (Corbett, 2009; Layton, 2004).

What processes contribute to a sense of self amongst the participants? The second major theme indicates that the gazes on oneself work through different *sources of meaning*

(sub-theme 2.1), e.g. the developing body, books, media, comments from other people etc. Knowledge about TGNC and gender-affirmative care has contributed with new sources of meaning. These gazes come from the outside, and can be explicitly addressed towards the participant, such as when a friend or family member describes a participant with certain labels or characteristics (e.g. being called 'butch lesbian'). The second subtheme (2.2), *identity,* indicates that these gazes from the outside are being internalised; the participants identify today as male. After the participants started to identify as men, they began to compare themselves with stereotypes and narratives being offered about how men should be and look like. Consequently, some of the participants might feel emasculated in a public wardrobe because they compare themselves with (cisgender) men. These gazes on themselves are experienced as they come from the inside. However, it seems that they arise by looking at others and interpreting cultural narratives and identities. Furthermore, all participants seem to struggle to recognise the new gazes on themselves from the inside in the gazes on themselves from the outside, exemplified by Oscar's experience of being a 'boy on the inside and a girl on the outside'. GD has been described as a gap between the notion of one's own body and the gaze on oneself by others (Lemma, 2012). The second major theme of the present study might build further on this insight; the gazes on oneself from the outside seem to be characterised as a process of looking at oneself more of as on object, which in turn are internalised as an identity. It seems to be an ongoing dialectic relationship between the gazes from the outside and the gazes from the inside. We therefore suggest that GD is marked by a gap between gazes on oneself from the outside *and* the inside, where the distinction between what emerges from the internal and the external is blurred. Identification has been defined as a process characterised by the assimilation of an aspect of the other that wholly or partially transforms the subject, and thus constitutes and specifies the personality (Laplanche & Pontalis, 1974). Building on this insight, perhaps the gaze on oneself by others is always sifted through an internal psychic apparatus that at the same time is being transformed by it. The reinterpretation of past experiences in light of new gazes on oneself described in the first major theme might be a part of this iterating dialectic between the past and the presence. Furthermore, it may seem that this has led to the core gender identity being up for negotiation.

The third major theme indicates that the various gazes on themselves from the outside and the inside result in *conflicting experiences* (sub-theme 3.1) that characterise GD. An example of such a conflict is that the participants seem to have internalised quit stereotypic norms guiding what kind of men they identify with (e.g. 'I am just a normal guy' was a

recurrent self-description). At the same time, they describe themselves as men with interests and ways to express themselves through clothes and behaviour that are characterised as feminine. Perhaps these tensions lead to an on-going conflict in their representation of who they are. While the mere presence of other people might increase the conflicting experiences, the participants did also find temporarily relief in relations to family or partners who affirm their representation as men. Some even experienced that the conflicting experiences increased when they were left alone with their own gazes on themselves. This indicates that the private sense of self is a relational phenomenon. Furthermore, these conflicting gazes from the outside and the inside leave the participants in various states of feeling *estranged* from their body (sub-theme 3.2). Thus, it seems that the participants have put on hold relating to their bodies, because they struggle to recognise their newly internalised gazes on themselves from the outside when they look at themselves from the inside. If the psyche is lodged in the body and takes the body as a starting point for experience (Salamon, 2010), perhaps the lack of reconciliation between the gazes hampers the dialectical development that is required to further develop a core gender identity and a sense of self.

Despite vivid descriptions of stigma and discrimination because of their gender non-conforming behaviour and expression, subjective experiences of GD are characterised by a tendency to *internalise the stigma* (sub-theme 3.3). Thus, it seems that the participants are captured in a paradoxical conflict; on the one hand, their acquired gender identity and sense of self as male has been developed through different gazes from the outside, while on the other hand, it seems that they end up feeling ashamed and 'unnatural' when they struggle to recognise their representation of themselves as men when they look at themselves and their bodies from the inside. It may be that the participants have forgotten that their inside is the result of an ongoing negotiation with the outside; as a consequence, they are experiencing GD as a fault originating from within themselves that they are required to correct by adjusting their bodies. Perhaps do the participants feel ashamed because they have not achieved the heteronormative milestone of establishing a core gender identity, thus a clear sense of being either male or female (Salamon, 2010).

All participants were between the ages of 15 and 18, a time that is characterised by exploration and lack of stability. Perhaps the paradoxical and chaotic nature of GD and gender identity described in the present study reflects the process that the participants are in the middle of, instead of being a stable characteristic of GD as it unfolds later in life.

Furthermore, in contrast to Stoller (1968), we do not have data from the preoedipal phase. Thus, we have not directly observed the participant's core gender identity in childhood. On the other hand, the recruitment of participants early in their treatment might also be strength, because it enables exploration of the initial process of developing and negotiating GD.

Concluding remarks

The participant's new identification as men has been positive, because it seems to have contributed to a much needed sense of direction in life. However, this process does also seem to have increased subjective experiences of GD. According to Lemma (2016), the body occupies a central role in the experience of a sense of self; despite the physical transition it undergoes over time, the representation of the body secures core stability. For TGNC adults and youth, medical treatment is potentially a mean to experience coherence in the representation of the self over time (Lemma, 2016). At the same time, we have to keep in mind that individuals do not have unmediated access to the body *as it is*, regardless of being TGNC or not. The corporeal body is always represented and negotiated in the mind (Salamon, 2010). The present study suggests that this negotiation is characterised by the ongoing dialectic between various gazes on oneself. Furthermore, we suggest that we might be open for the opportunity that the development of a core gender identity amongst some TGNC youth is not restricted to the preoedipal phase, but continues as a dialectical process into adolescence that needs to be negotiated. TGNC youth should therefore be assisted in the challenging psychic work of negotiating the gazes on oneself *in mind,* if the body is to serve as the lodgement of the psyche.

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Appendix A: Information – under 16

UNGDOM MED KJØNNSUBEHAG

Bakgrunn og hensikt

Noen ungdommer kjenner seg ikke igjen i det kjønnet de ble tildelt da de ble født. Dette ubehaget kalles for kjønnsdysfori. Dette kan blant annet innebære at de misliker kroppen sin eller opplever at andre ikke forstår hva slags kjønn de tilhører. De siste årene har leger utviklet ulike former for medisinsk behandling som endrer kroppen, slik at den passer bedre med hvordan den enkelte opplever det. Vi som forsker på ungdommer med kjønnsubehag vet derimot fortsatt lite om hvordan det er å leve med dette, hvordan det oppleves og hva ungdommen selv har behov for. Vi ønsker derfor å intervjue ungdommer som har blitt henvist til Nasjonal behandlingstjeneste for transseksualisme (NBTS) om hva kjønnsubehag er. Målet er å få mer kunnskap om kjønnsubehag, slik at psykologer, leger og andre behandlere i helsevesenet kan hjelpe ungdommer som strever med dette.

Hva innebærer studien?

Studien innebærer at du blir intervjuet om hvordan du opplever ditt kjønnsubehag og hva det var som gjorde at du ble henvist til NBTS. Intervjuet kan ta under en time, maks 1-2 timer avhengig av hvor mye du har å fortelle. I tillegg til intervjuet skal du svare på et spørreskjema. Det tar ca. 10-20 minutter å svare på disse spørsmålene. Det er også mulig at du blir kontaktet for et nytt intervju noen uker etter den første samtalen, men du har selvfølgelig mulighet til å si nei. Det vi snakker om blir brukt i forskningsartikler, men det er ikke mulig for andre å vite at du har deltatt. Dette kaller vi anonymisering. Det kan også hende at din fortelling blir beskrevet mer detaljert, men du har mulighet underveis til både å trekke deg og lese gjennom det vi skriver om deg.

Intervjuene utgjør en del av doktorgradsprosjektet til psykolog og stipendiat Reidar Schei Jessen, som ikke er ansatt ved NBTS. Ansatte på NBTS vil ikke ha tilgang til informasjon som fremkommer i intervjuet.

Mulige fordeler og ulemper

Det er ingen farer knyttet til det å delta i intervju og svare på spørreskjema. Hvis du i løpet av samtalen opplever ubehag knyttet til det vi snakker om eller ikke ønsker å fortsette, kan du avbryte når som helst. Du har også mulighet til å kontakte intervjueren Reidar Schei Jessen eller din behandler ved NBTS i etterkant av intervjuet hvis du har behov for å snakke om noe av det du fortalte.

Hva skjer med informasjonen om deg?

Intervjuet blir tatt opp og lagret i et sikkert system i Oslo universitetssykehus. Samtalene blir deretter transkribert, det vil si at de blir skrevet ned som en tekst. De blir samtidig anonymisert, det vil si at ingen vet hvem det er som deltar. Det er bare stipendiat Jessen og hans veiledere som vil ha tilgang til de anonymiserte transkriberte intervjuene.

Deltakelse

Det er frivillig å delta i denne studien. Det betyr at du også kan avbryte intervjuet etter at vi har startet, hvis du synes noe blir ubehagelig eller ombestemmer deg av andre grunner. Ingen ved NBTS får vite hva du forteller. Det betyr at deltagelsen ikke har betydning for behandlingen du får ved NBTS.

Hvis du ønsker å trekke deg eller har behov for mer informasjon er du velkommen til å ta kontakt med Reidar Schei Jessen på telefon 45 222 800 eller e-post reijes@ous-hf.no.

Da du er under 16 år er det foreldrene dine som må samtykke til at du deltar i studien. De har fått et eget informasjonsskriv tilsendt der de eventuelt skriver under.

Appendix B: Informed consent – parents or guardians of those under 16

Oslo universitetssykehus

Forespørsel om deltakelse i forskningsprosjektet Ungdom med kjønnsdysfori

Dette er et spørsmål til deg om barnet/ungdommen din kan delta i et forskningsprosjekt for å finne ut mer om hvordan det er å leve med kjønnsdysfori. Vi ønsker derfor å komme i kontakt med personer i alderen 12 - 18 som har blitt henvist til Nasjonal behandlingstjeneste for transseksualisme (NBTS). Prosjektet er et samarbeid mellom Oslo universitetssykehus og Psykologisk institutt ved Universitetet i Oslo.

Hva innebærer prosjektet?

For å finne ut mer om hvordan det er å leve med kjønnsdysfori ønsker vi å intervjue ungdommer som har blitt henvist til NBTS. Intervjuet vil ta mellom 1 - 2 timer, avhengig av hvor mye de har å fortelle. I tillegg er det ønskelig at de fyller ut et spørreskjema, som tar ca. 10 minutter. Det er også mulig at de blir kontaktet for et nytt intervju noen uker etter den første samtalen, men de har selvfølgelig mulighet til å si nei i mellomtiden. Samtalen blir tatt opp på bånd, og anonymisert i etterkant. Intervjuene utgjør en del av doktorgradsprosjektet til psykolog og stipendiat Reidar Schei Jessen, som ikke er ansatt ved NBTS. Ansatte på NBTS vil ikke ha tilgang til informasjon som fremkommer i intervjuet.

Vi ønsker også å innhente spørreskjema og andre standardiserte utredningsverktøy som ligger i barnet/ungdommen din sin journal hos Oslo universitetssykehus, slik at dette kan drøftes opp mot intervjuet og supplere datamaterialet. Denne informasjonen blir også anonymisert, og det vil ikke være mulig for andre enn Reidar Schei Jessen å koble denne informasjonen med ditt navn.

Mulige fordeler og ulemper

Det er ingen farer knyttet til det å delta i intervju og svare på spørreskjema. Hvis barnet/ungdommen i løpet av samtalen opplever ubehag knyttet til det vi snakker om eller ikke ønsker å fortsette, kan de avbryte når som helst. De har også mulighet til å kontakte intervjueren Reidar Schei Jessen eller behandler ved NBTS i etterkant av intervjuet hvis de har behov for å snakke om noe av det de fortalte.

Frivillig deltakelse og mulighet for å trekke sitt samtykke

Det er frivillig å delta i prosjektet. Dersom du ønsker at barnet/ungdommen din deltar, undertegner du samtykkeerklæringen på siste side. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke. Dette vil ikke få konsekvenser for barnet/ungdommen din sin videre behandling ved NBTS. Dersom du trekker deg fra prosjektet, kan du kreve å få slettet innsamlede prøver og opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner. Dersom du senere ønsker å trekke deg eller har spørsmål til prosjektet, kan du kontakte doktorgradsstipendiat Reidar Schei Jessen på telefon 45 222 800 eller e-post reijes@ous-hf.no.

Hva skjer med informasjonen om deg?

Informasjonen som registreres skal kun brukes slik som beskrevet i hensikten med studien. Du har rett til innsyn i hvilke opplysninger som er registrert om ditt barn/ungdom og rett til å få korrigert eventuelle feil i de opplysningene som er registrert.

Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter ditt barn/ungdom til dine opplysninger gjennom en navneliste.

Prosjektleder har ansvar for den daglige driften av forskningsprosjektet og at opplysninger om deg blir behandlet på en sikker måte. Informasjon vil bli anonymisert eller slettet senest fem år etter prosjektslutt.

Informasjonen vil bli brukt i forskningsartikler. Først og fremst blir svarene til de ulike deltagerne sammenlignet. Det kan også være aktuelt å gå mer i dybden på enkelte deltagere, men hvis dette er aktuelt så vil den aktuelle informanten bli forespurt og grundig informert. Vi vil i så fall gjøre grep for at det ikke er mulig for andre å gjenkjenne personen.

Oppfølgingsprosjekt

Vi ønsker å ha muligheten til å kontakte ditt barn/ungdom igjen om 3 - 4 år for å spørre deg/ditt barn/ungdom om du/de ønsker å delta i et nytt intervju. Hensikten med et slikt intervju vil være å høre hvordan det har gått med dem. Det er imidlertid ennå ikke avklart om det er aktuelt å gjennomføre dette.

Godkjenning

Prosjektet er godkjent av Regional komite for medisinsk og helsefaglig forskningsetikk, [2018/1088]. Etter ny personopplysningslov har prosjektleder et selvstendig ansvar for å sikre at behandlingen av dine opplysninger har et lovlig grunnlag. Dette prosjektet har rettslig grunnlag i EUs personvernforordning artikkel 6a og artikkel 9 nr. 2 og ditt samtykke.

Du har rett til å klage på behandlingen av dine opplysninger til Datatilsynet.

Samtykke til deltakelse i PROSJEKTET

Her må deltagers signatur og navn i blokkbokstaver skrives inn i første kolonne, mens foresattes signaturer og navn i blokkbokstaver skrives i andre eller tredje kolonne.

Jeg er villig til å delta i prosjektet

Sted og dato	Deltakers signatur
	Deltakers navn med trykte bokstaver

[Hvis et prosjekt inkluderer barn og ungdom under 16 år, skal i utgangspunktet begge foresatte undertegne]

Som foresatte til_ (Fullt navn) samtykker vi til at hun/han kan delta i prosjektet

Sted og dato	Foresattes signatur

Foresattes navn med trykte bokstaver

Sted og dato

Foresattes signatur

Foresattes navn med trykte bokstaver

Appendix C: Informed consent – over 16

Forespørsel om deltakelse i forskningsprosjektet Ungdom med kjønnsdysfori

Dette er et spørsmål til deg om å delta i et forskningsprosjekt for å finne ut mer om hvordan det er å leve med kjønnsdysfori. Vi ønsker derfor å komme i kontakt med personer i alderen 12 - 18 år som har blitt henvist til Nasjonal behandlingstjeneste for transseksualisme (NBTS). Prosjektet er et samarbeid mellom Oslo universitetssykehus og Psykologisk institutt ved Universitetet i Oslo.

Hva innebærer prosjektet?

For å finne ut mer om hvordan det er å leve med kjønnsdysfori ønsker vi å intervjue ungdommer som har blitt henvist til NBTS. Intervjuet vil ta mellom 1 - 2 timer, avhengig av hvor mye du har å fortelle. I tillegg er det ønskelig at du fyller ut et spørreskjema, som tar ca. 10 minutter. Det er også mulig at du blir kontaktet for et nytt intervju noen uker etter den første samtalen, men du har selvfølgelig mulighet til å si nei i mellomtiden. Samtalen blir tatt opp på bånd, og anonymisert i etterkant. Intervjuene utgjør en del av doktorgradsprosjektet til psykolog og stipendiat Reidar Schei Jessen, som ikke er ansatt ved NBTS. Ansatte på NBTS vil ikke ha tilgang til informasjon som fremkommer i intervjuet.

Vi ønsker også å innhente spørreskjema og andre standardiserte utredningsverktøy som ligger i din journal hos Oslo universitetssykehus, slik at dette kan drøftes opp mot intervjuet og supplere datamaterialet. Denne informasjonen blir også anonymisert, og det vil ikke være mulig for andre enn Reidar Schei Jessen å koble denne informasjonen med ditt navn.

Mulige fordeler og ulemper

Det er ingen farer knyttet til det å delta i intervjuet og svare på spørreskjema. Hvis du i løpet av samtalen opplever ubehag knyttet til det vi snakker om eller ikke ønsker å fortsette, kan du avbryte når som helst. Du har også mulighet til å kontakte intervjueren Reidar Schei Jessen eller din behandler ved NBTS i etterkant av intervjuet hvis du har behov for å snakke om noe av det du fortalte. Dersom man finner at du har noen vansker vil vi sørge for henvisning til riktig instans lokalt der du bor.

Frivillig deltakelse og mulighet for å trekke sitt samtykke

Det er frivillig å delta i prosjektet. Dersom du ønsker å delta, undertegner du samtykkeerklæringen på siste side. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke. Dette vil ikke få konsekvenser for din videre behandling ved NBTS. Dersom du trekker deg fra prosjektet, kan du kreve å få slettet innsamlede prøver og opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner. Dersom du senere ønsker å trekke deg eller har spørsmål til prosjektet, kan du kontakte doktorgradsstipendiat Reidar Schei Jessen på telefon 45 222 800 eller e-post reijes@ous-hf.no.

Hva skjer med informasjonen om deg?

Informasjonen som registreres om deg skal kun brukes slik som beskrevet i hensikten med studien. Du har rett til innsyn i hvilke opplysninger som er registrert om deg og rett til å få korrigert eventuelle feil i de opplysningene som er registrert.

Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger gjennom en navneliste.

Prosjektleder har ansvar for den daglige driften av forskningsprosjektet og at opplysninger om deg blir behandlet på en sikker måte. Informasjon om deg vil bli anonymisert eller slettet senest fem år etter prosjektslutt.

Informasjonen vil bli brukt i forskningsartikler. Først og fremst blir svarene til de ulike deltagerne sammenlignet. Det kan også være aktuelt å gå mer i dybden på enkelte deltagere, men hvis dette er aktuelt så vil den aktuelle informanten bli forespurt og grundig informert. Vi vil i så fall gjøre grep for at det ikke er mulig for andre å gjenkjenne personen.

Oppfølgingsprosjekt

Vi ønsker å ha muligheten til å kontakte deg igjen om 3 - 4 år for å spørre deg om du ønsker å delta i et nytt intervju. Hensikten med et slikt intervju vil være å høre hvordan det har gått med deg. Det er imidlertid ennå ikke avklart om det er aktuelt å gjennomføre dette.

Godkjenning

Prosjektet er godkjent av Regional komite for medisinsk og helsefaglig forskningsetikk, [2018/1088]. Etter ny personopplysningslov har prosjektleder et selvstendig ansvar for å sikre at behandlingen av dine opplysninger har et lovlig grunnlag. Dette prosjektet har rettslig grunnlag i EUs personvernforordning artikkel 6a og artikkel 9 nr. 2 og ditt samtykke.

Du har rett til å klage på behandlingen av dine opplysninger til Datatilsynet.

Samtykke til deltakelse i prosjektet

Jeg er villig til å delta i prosjektet

Sted og dato	Deltakers signatur
	Deltakers navn med trykte bokstaver

Appendix D: Invitation to participate in research

fORESPØRSEL OM DELTAGELSE I FORKSNINGSPROSJEKT OM

UNGDOM MED KJØNNSUBEHAG

Bakgrunn og hensikt

Noen ungdommer kjenner seg ikke igjen i det kjønnet de ble tildelt da de ble født. Dette ubehaget kalles for kjønnsdysfori. Dette kan blant annet innebære at de misliker kroppen sin eller opplever at andre ikke forstår hva slags kjønn de tilhører. De siste årene har leger utviklet ulike former for medisinsk behandling som endrer kroppen, slik at den passer bedre med hvordan den enkelte opplever det. Vi som forsker på ungdommer med kjønnsubehag vet derimot fortsatt lite om hvordan det er å leve med dette, hvordan det oppleves og hva ungdommen selv har behov for. Vi ønsker derfor å intervjue personer mellom 13 og 19, som har blitt henvist til Nasjonal behandlingstjeneste for transseksualisme (NBTS) om hva kjønnsubehag er. Målet er å få mer kunnskap om kjønnsubehag, slik at psykologer, leger og andre behandlere i helsevesenet kan hjelpe ungdommer som strever med dette.

Hva innebærer studien?

Studien innebærer at du blir intervjuet om hvordan du opplever ditt kjønnsubehag og hva det var som gjorde at du ble henvist til NBTS. I tillegg til intervjuet skal du svare på et spørreskjema. Det tar ca. 20 minutter å svare på disse spørsmålene. Det tar til sammen ca. 3 – 5 timer å delta. Det er også mulig at du blir kontaktet for et nytt intervju noen uker etter den første samtalen, men du har selvfølgelig mulighet til å si nei. Det vi snakker om blir brukt i forskningsartikler, men det er ikke mulig for andre å vite at du har deltatt. Dette kaller vi anonymisering. Det kan også hende at din fortelling blir beskrevet mer detaljert, men du har mulighet underveis til både å trekke deg og lese gjennom det vi skriver om deg.

Mulige fordeler og ulemper

Det er ingen farer knyttet til det å delta i intervju og svare på spørreskjema. Hvis du i løpet av samtalen opplever ubehag knyttet til det vi snakker om eller ikke ønsker å fortsette, kan du avbryte når som helst. Du har også mulighet til å kontakte intervjueren Reidar Schei Jessen eller din behandler ved NBTS i etterkant av intervjuet hvis du har behov for å bearbeide noe av det du fortalte.

Hva skjer med informasjonen om deg?

Intervjuet blir tatt opp og lagret i et sikkert system i Oslo universitetssykehus. Det er kun intervjueren, Reidar Schei Jessen, og prosjektleder Ira Haraldsen som har tilgang til disse. Samtalene blir deretter transkribert, det vil si at de blir skrevet ned som en tekst. De blir samtidig anonymisert, det vil si at ingen vet hvem det er som deltar. I tillegg til Haraldsen og Jessen kommer Erik Stänicke, som er Jessen sin veileder, til å ha tilgang til de transkriberte intervjuene. En brukergruppe bestående av seks tidligere pasienter ved NBTS skal hjelpe til med å forstå og analysere intervjuene, men disse får ikke vite hvem du er. De skal kun lese deler av samtalen.

Deltakelse

Det er frivillig å delta i denne studien. Det betyr at du også kan avbryte intervjuet etter at vi har startet, hvis du synes noe blir ubehagelig eller ombestemmer deg av andre grunner. Ingen ved NBTS får vite hva du forteller. Det betyr at deltagelsen ikke har betydning for behandlingen du får ved NBTS.

Hvis du ønsker å trekke deg eller har behov for mer informasjon er du velkommen til å ta kontakt med Reidar Schei Jessen på telefon 45 222 800 eller e-post reijes@ous-hf.no.

Appendix E: Interview guide

Ungdom med kjønnsdysfori – semistrukturert intervjuguide

Informasjon til informanten i forkant av intervjuet:

- Målet er å utforske hvordan du opplever å leve med kjønnsdysfori, hva slags betydning dette har for deg og hvordan du opplever det.
- Intervjuet vil ta mellom 1 - to timer, avhengig av hvor mye du har å fortelle.
- Dette er et forskningsprosjekt, og har ikke noe å gjøre med din behandling ved Nasjonal behandlingstjeneste for transseksualisme. Håpet er imidlertid at forskningen på sikt skal kunne bidra til å gjøre behandlingen bedre. Men altså, det går ikke utover behandlingen din ved NBTS. Er det noe med min tilknytning til NBTS som gjør det vanskelig for deg å dele?
- Samtalen blir tatt opp på bånd, og det vil bli transkribert. Det er kun meg og en av mine veiledere som har tilgang til materialet. Det vil bli anonymisert og ikke mulig for andre å gjenkjenne, heller ikke behandlere ved NBTS. Anonymisert materiale vil bli delt med brukergruppe, referansegruppe og veiledere.
- Vi har fått godkjenning av REK. Datamaterialet vil bli lagret i Oslo universitetssykehus sine systemer, og det er kun jeg og prosjektleder som har tilgang til rådata.
- Viktig instruks: Vi kommer til å fokusere på intime situasjoner som for eksempel å dusje, gå på toalettet eller ha sex med deg selv eller andre. Dette er det også naturlig å komme inn på når en snakker om kjønnsdysfori. Det er opp til deg å snakke om det, og sette en grense.

Tema som bør adresseres:

- 1. Utviklingshistorie
    - Vil du fortelle meg litt om hvordan du endte opp ved NBTS?
    - Når begynte du å tenke på spørsmål knyttet til kjønn? Frem og tilbake gjennom livet?
    - Hva sier du til folk som ikke forstår hvordan du har det med kjønn?

    - Er dette med kjønn noe du har tenkt på i perioder, har det for eksempel blitt hyppigere, eller har det holdt seg konstant?
    - Fortell meg gjerne litt om behandlingshistorikken din. Psykisk helse?
    - Familie. Søsken, foreldre osv.?
    - Venner?

- Livsformintervju (etter mal fra Hanne Haavind, 2011).
    - La oss gjennomgå gårsdagen eller uken fra mandag til søndag, så godt det lar seg gjøre. Ta gjerne utgangspunkt i det mer generelle du gjør. Samtidig er jeg selvsagt opptatt av hvordan dette med kjønnsdysfori preger deg. Er det noe du ofte tenker på? Det kan være både positivt og negativt, det er opp til deg å dele.
    - Hvis vi gjør det så kan det være enklere å fortelle om kjønn og slikt.
    - «Er det vanlig eller uvanlig for deg?»
    - «Hva var det som skjedde så?»
    - «Hvordan var det for deg?»
    - «Har det alltid vært slik?»
    - Vær både pågående/nysgjerrig og bekreftende!
    - Obs! Ikke legg føringer, for eksempel «det var vel fint på skolen?» osv.
    - Hva med intime situasjoner, er det tematisert? Unnvikende?

Appendix F: Genderqueer Identity Scale (GQI)

Oversatt til norsk av Reidar Schei Jessen. Hentet fra: McGuire, J. K., Beek, T. F., Catalpa, J. M., & Steensma, T. D. (2018). The Genderqueer Identity (GQI) Scale: Measurement and validation of four distinct subscales with trans and LGBQ clinical and community samples in two countries, *International Journal of Transgenderism 20*(2-3), 289-304. https://doi.org/10.1080/15532739.2018.1460735

Spørsmål	**Likertskala**				
Subskala 1. Utfordring av det binære	Svært uenig	Uenig	Nøytral	Enig	Svært enig
	0	1	2	3	4
Utsagnene nedenfor handler om din kjønnsidentitet og ditt kjønnsuttrykk. Vennligst spesifiser i hvor stor grad du er enig eller uenig med hvert utsagn.					
1. Jeg er ikke-binær, genderqueer (kjønnsskeiv) eller en identitet som verken er mann eller kvinne.					
2. Jeg ønsker ikke å bli oppfattet innenfor det kjønnsbinære (som enten mann eller kvinne).					
3. Jeg prøver bevisst å gjøre andre usikre på om jeg er mann eller kvinne.					
4. Jeg prøver å gjøre grep ved min kjønnsidentitet som er bade feminine og maskuline på samme tid.					
5. Jeg blir glad hvis andre ikke er sikre på om jeg er mann eller kvinne.					
Subskala 2. Kjønn som sosial konstruksjon	Svært uenig	Uenig	Nøytral	Enig	Svært enig
	0	1	2	3	4
Utsagnene nedenfor handler om hvordan du forstår kjønn. Vennligst spesifiser i hvor stor grad du er enig eller uenig med hvert utsagn.					
6. Måten jeg har tenkt omkring kjønn har alltid vært lik.					
7. Min kjønnsidentitet kommer naturlig fra innsiden.					
8. Kjønnsidentiteten min er noe jeg har brukt mye tid på å finne ut av.					
9. Måten jeg uttrykker min kjønnsidentitet på er forskjellig avhengig av hvilke personer jeg er sammen med.					
10. Måten jeg tenker omkring kjønn på har blitt påvirket av erfaringer jeg har gjort meg i løpet av livet.					
11. Måten jeg tenker omkring kjønn på vil sannsynligvis endres etter hvert som at jeg blir eldre.					

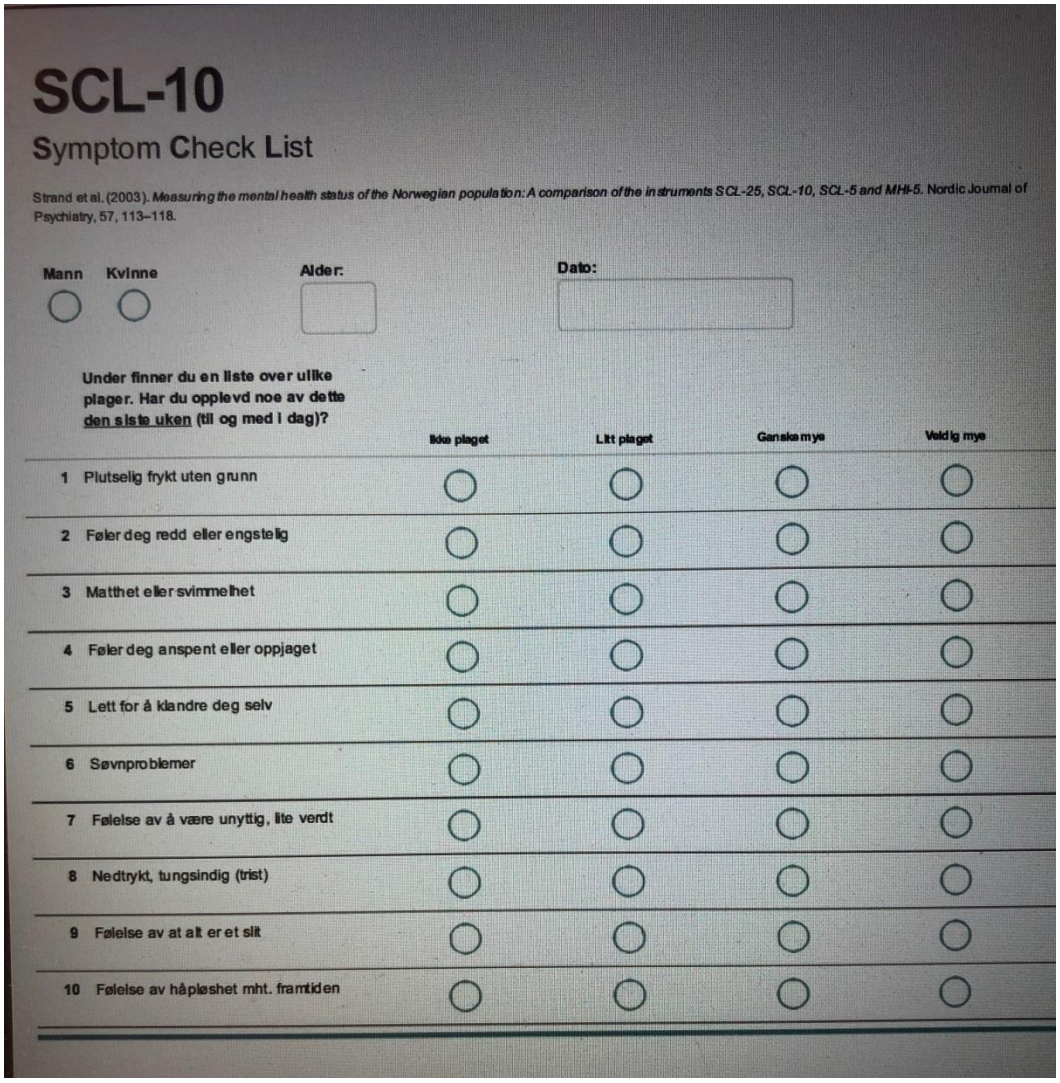
Spørsmål	Likertskala				
*. Jeg snakker mye med andre om kjønn.[1]					
Subskala 3. Teoretisk bevissthet	Svært uenig	Uenig	Nøytral	Enig	Svært enig
	0	1	2	3	4
Utsagnene nedenfor handler om din politiske og teoretiske bevissthet omkring kjønn. Vennligst spesifiser i hvor stor grad du er enig eller uenig med hvert utsagn.					
12. Jeg har lest mye om kjønnsteori og kjønnsroller.					
13. Jeg prøver å overbevise andre om at samfunnet ikke bør være så kjønnsbinært.					
14. Jeg prøver å overbevise andre om at samfunnet presser folk til å være altfor kjønnskonforme.					
15. Jeg prøver å påvirke mine omgivelser slik at andre mennesker skal føle seg fri til å uttrykke kjønn på den måten de vil.					
16. Måten jeg gjør kjønn på er viktig, fordi jeg prøver å utfordre tradisjonelle kjønnsroller i samfunnet.					
17. Jeg oppfordrer andre til å være mer åpen for ulike for mer for kjønn og kjønnsroller.					

Subskala 4. Kjønn som flytende (gender fluidity)	Svært uenig	Uenig	Nøytral	Enig	Svært enig

[1] Empirisk studie (McGuire, Beek, Catalpa & Steensma, 2018) viser at dette utsagnet predikerer svært lite – det er derfor valgfritt om det skal være med.

	0	1	2	3	4
Utsagnene nedenfor handler om hvor flytende du ser for deg at kjønnet ditt vil være i fremtiden. Vennligst spesifiser i hvor stor grad du er enig eller uenig med hvert utsagn.					
18. I fremtiden vil kjønnsuttrykket mitt være tradisjonelt.					
19. I fremtiden vil det opprøre meg hvis andre mennesker feilkjønner meg.					
20. Måten jeg gjør kjønn på vil sannsynligvis for det meste være likt fra dag til dag.					
21. I fremtiden forventer jeg at andre mennesker ikke vil stille spørsmål om hvilket kjønn jeg identifiserer med som eller problematisere kjønnet mitt på en eller annen måte.					
22. I fremtiden tror jeg at mitt kjønn vil være flytende eller endres over tid.					
23. Jeg kommer til å ha en utradisjonell kjønnsrolle (være ikke-kjønnsnormativ).					

Appendix G: Symptom Check List (SCL-10)



SCL-10

Symptom Check List

Strand et al. (2003). *Measuring the mental health status of the Norwegian population: A comparison of the instruments SCL-25, SCL-10, SCL-5 and MHI-5.* Nordic Journal of Psychiatry, 57, 113–118.

Mann ○ Kvinne ○ Alder: ☐ Dato: ☐

Under finner du en liste over ulike plager. Har du opplevd noe av dette den siste uken (til og med i dag)?

	Ikke plaget	Litt plaget	Ganske mye	Veldig mye
1 Plutselig frykt uten grunn	○	○	○	○
2 Føler deg redd eller engstelig	○	○	○	○
3 Matthet eller svimmelhet	○	○	○	○
4 Føler deg anspent eller oppjaget	○	○	○	○
5 Lett for å klandre deg selv	○	○	○	○
6 Søvnproblemer	○	○	○	○
7 Følelse av å være unyttig, lite verdt	○	○	○	○
8 Nedtrykt, tungsindig (trist)	○	○	○	○
9 Følelse av at alt er et slit	○	○	○	○
10 Følelse av håpløshet mht. framtiden	○	○	○	○