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

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ARTICLE INFO	ABSTRACT
	Objective: We conducted a 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 2000 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.

1. 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 et al., 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 et al., 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

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seems to be especially important to gain further knowledge about the nature of GD 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). 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 0.0003–0.0066% for birth-assigned females (Arcelus et al., 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 and 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 and Hennessy, 2019; Levitt, 2018; Noblit and 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. 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 et al., 2019; Kaltiala-Heino et al., 2018; Kaltiala-Heino et al., 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?

2. Methods

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).

2.1. 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 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.

The first author screened the records against the broad inclusion criteria (see Table 1, inclusion and exclusion criteria), based on title and abstract. In this step, 1818 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).

2.2. 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 (see Table 2). We started to code the data into meaning units. 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,
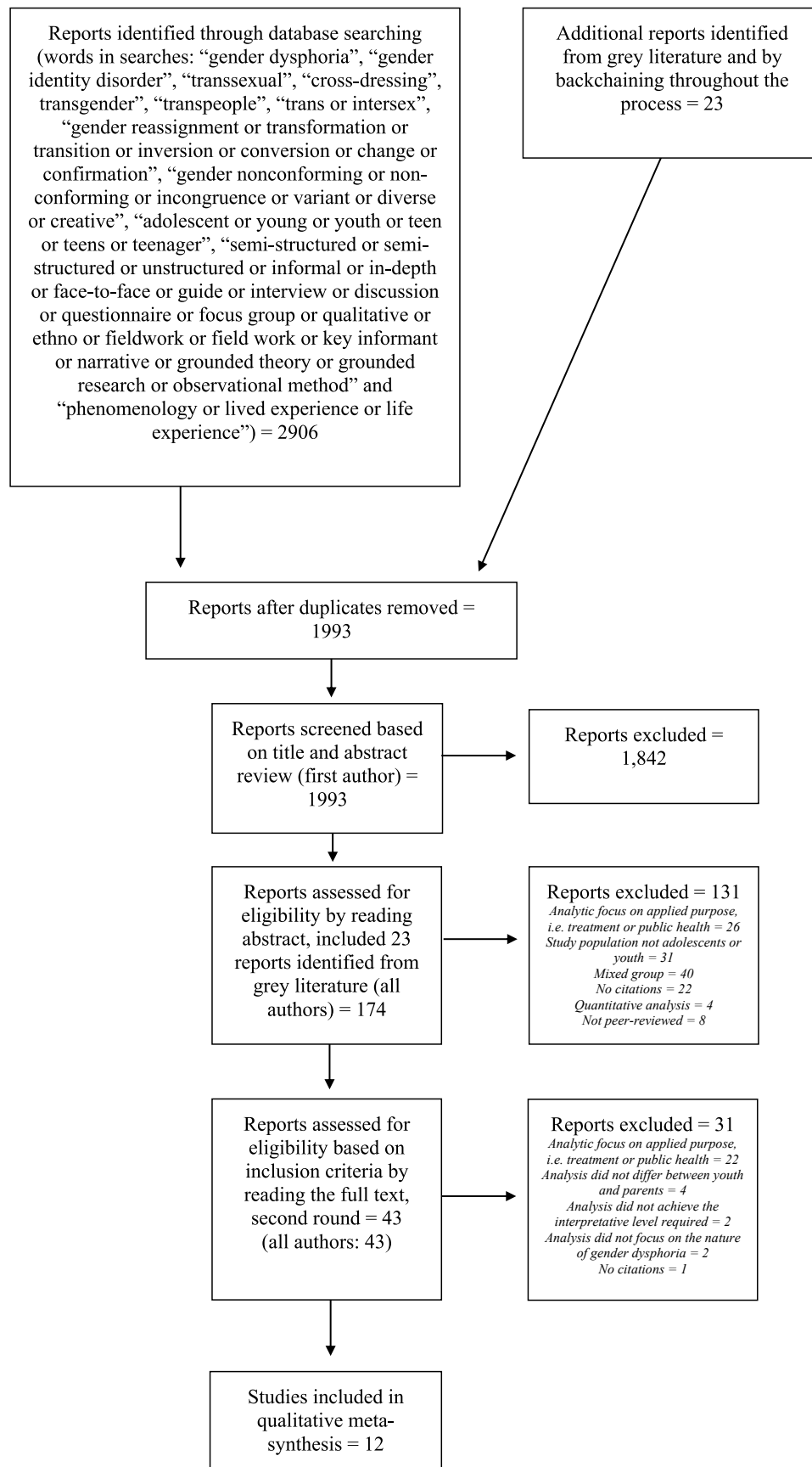
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┌─────────────────────────────────────────┐        ┌──────────────────────────────┐
│ Reports identified through database      │        │ Additional reports identified│
│ searching (words in searches: "gender    │        │ from grey literature and by  │
│ dysphoria", "gender identity disorder",  │        │ backchaining throughout the  │
│ "transsexual", "cross-dressing",         │        │ process = 23                 │
│ transgender", "transpeople", "trans or   │        └──────────────────────────────┘
│ intersex", "gender reassignment or       │
│ transformation or transition or          │
│ inversion or conversion or change or     │
│ confirmation", "gender nonconforming or  │
│ non-conforming or incongruence or        │
│ variant or diverse or creative",         │
│ "adolescent or young or youth or teen    │
│ or teens or teenager", "semi-structured  │
│ or semi-structured or unstructured or    │
│ informal or in-depth or face-to-face or  │
│ guide or interview or discussion or      │
│ questionnaire or focus group or          │
│ qualitative or ethno or fieldwork or     │
│ field work or key informant or narrative │
│ or grounded theory or grounded research  │
│ or observational method" and             │
│ "phenomenology or lived experience or    │
│ life experience") = 2906                 │
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Reports after duplicates removed = 1993

Reports screened based on title and abstract review (first author) = 1993 → **Reports excluded = 1,842**

Reports assessed for eligibility by reading abstract, included 23 reports identified from grey literature (all authors) = 174 →

Reports excluded = 131
Analytic focus on applied purpose, i.e. treatment or public health = 26
Study population not adolescents or youth = 31
Mixed group = 40
No citations = 22
Quantitative analysis = 4
Not peer-reviewed = 8

Reports assessed for eligibility based on inclusion criteria by reading the full text, second round = 43 (all authors: 43) →

Reports 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

Fig. 1. Flow of reports into the meta-synthesis.

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.
	Mixed group of participants, i.e. lesbian, gay, bisexual and transgender, or both youth and adults.
Rich descriptions of subjective experiences of gender dysphoria or other gender identity-related phenomena amongst TGNC youth.	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.
Keywords such as open, in-depth, phenomenological.	Studies without substantial analysis, i.e. no development of themes and categories in line with methodological recommendations (Braun and 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.	

this process is described as moving from descriptive to interpretative reviews (Sandelowski and Barroso, 2006). Thereafter, 10 meta-themes and 40 sub-themes were derived. We discussed disagreements during this process, 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 and Clarke, 2006).

To improve transparency, we incorporated citations from the primary studies. We made one exception to this, the study from the Thai context (Costa and 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 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, 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 to reveal what was hidden knowledge on subjective experiences of GD in the individual studies.

3. 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.

3.1. 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.

3.1.1. 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 characterised 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 and 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 and 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.

3.1.2. 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 and Davis, 2010, p. 99). This often developed into a feeling of not being

Table 2
Features of the 12 primary studies included in the meta-synthesis.

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 h	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 and 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 and 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 to 1.5 h	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 and 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 and Clark (2006)	Three focus groups, each contained 8 participants; each focus group lasted 2 h	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 to 90 min	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 and McGuire (2018).	15–26; mean age: 22.6; two 29 year old participants included	Thematic analysis and quantitative analysis.	Interviews from 1 to 1.5 h	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 and Corbin, 1990); feminist constructivist approach	In-depth open-ended qualitative interviews, lasting 35–120 min	Transgender	Understand the process by which female-to-male transgender people come to identify as transgender
	The Bathroom and Beyond: Transgendered College	Different universities in the		19–26	Constant comparative method (refers to Glaser	Participant observations and interviews (e-mails)	Transgender	Gain understanding of how transgender students make

Table 2 (*continued*)

Authors (year)	Title	Country	Characteristics of participants (sample size/gender/category)	Age	Research design and analysis	Data collection	Concept of gender dysphoria	Research aim
Pusch (2003), doctoral dissertation	Students' Perspectives of Transition	US and Canada, the majority in the US	10 college students; 7 male-to-female and 3 female-to-male		and Strauss, 1967), grounded theory)	within an online transgender community		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 and 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 min	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 organization	Explore the participants experiences in school, especially focusing on whether they disclosed atypical gender identity or not

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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 characterised 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 The importance of other people and the relational dynamic emerged as central to understanding how subjective experiences of GD develop and unfold.	**Sub-theme 2.1: Being misrecognised by others** (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

Table 3 (*continued*)

	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.

whole. In a Thai context (Costa and 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 et al., 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 et al., 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.

3.1.3. 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 and 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 and 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.

3.1.4. 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 and 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 et al., 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.

3.2. 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.

3.2.1. 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 and 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 et al., 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.

3.2.2. 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 and 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.

3.3. Third meta-theme: body

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

3.3.1. 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 and 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.

3.3.2. 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 and 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.

3.3.3. 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.

3.4. 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.

3.4.1. 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 and 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 and 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.

3.4.2. 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 and 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.

4. 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 and 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.

4.1. 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.

4.2. 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).

4.3. 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 to 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.

4.4. 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.

4.5. 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 and 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 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). 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.

Declaration of competing interest

No potential conflict of interest was reported by the authors.

Appendix A

The electronic search strategy was developed in collaboration with an information specialist, Gunn Kleven, at the University of Oslo in June 2018.

References[1]

American Psychiatric Association, 2013. Diagnostic and Statistical Manual of Mental Disorders, fifth ed. American Psychiatric Press, Washington, DC.

Arcelus, J., Bouman, W.P., Van Den Noortgate, W., Claes, L., Witcomb, G., Fernandez-Aranda, F., 2015. Systematic review and meta-analysis of prevalence studies in transsexualism. Eur. Psychiatr. 30 (6), 807–815. https://doi.org/10.1016/j.eurpsy.2015.04.005.

Arnoldussen, M., Steensma, T.D., Popma, A., van der Miesen, A., Twisk, J.W.R., de Vries, A.L.C., 2019. Re-evaluation of the Dutch approach: are recently referred transgender youth different compared to earlier referrals? Eur. Child Adolesc. Psychiatr. 29 (6), 803–811. https://doi.org/10.1007/s00787-019-01394-6.

* Austin, A., 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. Sex. Roles 75, 215–230. https://psycnet.apa.org/doi/10.1007/s11199-016-0600-7.

* Bradford, N.S., Rider, G.N., Catalpa, J.M., Morrow, Q.J., Berg, D.R., Spencer, K.G., McGuire, J.K., 2018. Creating gender: a thematic analysis of genderqueer narratives. Int. J. Transgenderism 20 (2–3), 155–168. https://doi.org/10.1080/15532739.2018.1474516.

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qualitative Research in Psychology, 3 (2), 77–101 https://doi.org/10.1191/1478088706qp063oa.

Butler, G., De Graaf, N., Wren, B., Carmichael, P., 2018. Assessment and support of children and adolescents with gender dysphoria. Arch. Dis. Child. 103 (7), 631–636. https://doi.org/10.1136/archdischild-2018-314992.

* Catalpa, J.M., McGuire, J.K., 2018. Family boundary ambiguity among transgender youth. Fam. Relat. 67 (1), 88–103. https://doi.org/10.1111/fare.12304.

Cho, J., 2017. Evaluating Qualitative Research. Oxford University Press, Oxford.

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[1] References marked with * are included in the meta-synthesis.

Chodzen, G., Hidalgo, M.A., Chen, D., Garofalo, R., 2019. Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. J. Adolesc. Health 64 (4), 467–471. https://doi.org/10.1016/j.jadohealth.2018.07.006.

* Costa, L.M., Matzner, A.J., 2007. Male Bodies, Women's Souls. Personal Narratives of Thailand's Transgendered Youth. Routledge, London, UK.

Ehrensaft, D., 2017. Gender nonconforming youth: current perspectives. Adolesc. Health Med. Therapeut. 8, 57–67. https://doi.org/10.2147/AHMT.S110859.

Fisk, N.M., 1974. Editorial: gender dysphoria syndrome – the conceptualization that liberalizes indications for total gender reorientation and implies a broadly based multi-dimensional rehabilitative regimen. West. J. Med. 5 (120), 386–391.

Grossman, A.H., D'Augelli, A.R., 2006. Transgender youth: invisible and vulnerable. J. Homosex. 51 (1), 111–128. https://doi.org/10.1300/J082v51n01_06.

* Hawkins, L., 2010. Gender Development Among Transgender Youth: A Qualitative Analysis of Contributing Factors (Doctoral Dissertation). Faculty of the School of Human Service Professions, Widener University, United States.

Honneth, A., 1992. 2007). Kamp Om Anerkjennelse [The Struggle for Recognition, Norwegian Edition. Pax Forlag, Oslo.

Honneth, A., 2002. Grounding recognition: a rejoinder to critical questions. Inquiry 45 (4), 499–520. https://doi.org/10.1080/002017402320947577.

Johnson, B.T., Hennessy, E.A., 2019. Systematic reviews and meta-analyses in the health sciences: best practice methods for research syntheses. Soc. Sci. Med. 233, 277. https://doi.org/10.1016/j.socscimed.2019.05.035, 51.

Kaltiala-Heino, R., Bergman, H., Työlöjärvi, M., Frisen, L., 2018. Gender dysphoria in adolescence: current perspectives. Adolescent Health. Medicine and Therapeutics 9, 31–41. https://doi.org/10.2147/AHMT.S135432.

Kaltiala-Heino, R., Sumia, M., Työlöjärvi, M., Lindberg, N., 2015. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. Child Adolesc. Psychiatr. Ment. Health 9 (9), 1–9. https://doi.org/10.1186/s13034-015-0042-y.eCollection2015.

Keo-Meier, C., & Ehrensaft, D. (2018). Introduction to the gender affirmative model. In C.Keo-Meier & D. Ehrensaft (Eds.), Perspectives on Sexual Orientation and Diversity. The Gender Affirmative Model: an Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children (pp. 3–19). U.S.: American Psychological Association.

Leibowitz, S., de Vries, A.L.C., 2016. Gender dysphoria in adolescence. Int. Rev. Psychiatr. 28 (1), 21–35 https://doi.org/10.3109/09540261.2015.1124844.

Levitt, H.M., 2018. How to conduct a qualitative meta-analysis: tailoring methods to enhance methodological integrity. Psychother. Res. 28 (3), 367–378. https://doi.org/10.1080/10503307.2018.1447708.

Malterud, K., 2001. Qualitative research: standards, challenges, and guidelines. Lancet 328 (11), 483–488. https://doi.org/10.1016/S0140-6736(01)05627-6.

Malterud, K., 2017. Kvalitativ Metasyntese Som Forskningsmetode [Qualitative Meta-Synthesis as Research Method]. Universitetsforlaget, Oslo.

* McGuire, J.K., Doty, J.L., Catalpa, J.M., Ola, C., 2016. Body image in transgender young people: findings from a qualitative, community based study. Body Image 18, 96–107. https://doi.org/10.1016/j.bodyim.2016.06.004.

McLeod, J., 2013. Qualitative research: measures and contributions. In: Lambert, M.J. (Ed.), Bergin and Garfield's Handbook of Psychotherapy and Behavioral Change, sixth ed. Wiley, Hoboken, NJ, pp. 49–84.

Noblit, G.W., Hare, R.D., 1988. Meta-ethnography: Synthesizing Qualitative Studies. SAGE Publishing, London, UK.

Olson-Kennedy, J., Cohen-Kettenis, P.T., Kreukels, B.P.C., Meyer-Bahlburg, H.F.L., Garofalo, R., Meyer, W., Rosenthal, S.M., 2016. Research priorities for gender nonconforming/transgender youth: gender identity development and biopsychosocial outcomes. Curr. Opin. Endocrinol. Diabetes Obes. 23 (2), 172–179. https://doi.org/10.1097/MED.0000000000000236.

* Pollock, L., Eyre, S.L., 2010. Growth into manhood: identity development among female-to-male transgender youth. Cult. Health Sex. 14 (2), 209–222. https://doi.org/10.1080/13691058.2011.636072.

* Pusch, R.S., 2003. The Bathroom and beyond: Transgendered College Students' Perspectives of Transition (Doctoral Dissertation). The Graduate School – Syracuse University, Ithaca, NY.

Roen, K., 2016. The body as a site of gender-related distress: ethical considerations for gender variant youth in clinical settings. J. Homosex. 63 (3), 306–322. https://doi.org/10.1080/00918369.2016.1124688.

Salamon, G., 2010. Assuming a Body. Transgender and the Rhetorics of Materiality. Columbia University Press, New York, NY.

* Salzburg, S., Davis, T.S., 2010. Co-authoring gender-queer youth identities: discursive tellings and retellings. J. Ethnic Cult. Divers. Soc. Work 19 (2), 87–108. https://doi.org/10.1080/15313200903124028.

Sandelowski, M., Barrosos, J., 2006. Handbook for Synthesizing Qualitative Research. Springer, London, UK.

Sokolowski, R., 2000. Introduction to Phenomenology. Cambridge University Press, Cambridge, UK.

* Steensma, T.D., Biemond, R., de Boer, F., Cohen-Kettenis, P.T., 2010. Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study. Clin. Child Psychol. Psychiatr. 16 (4), 499–516. https://doi.org/10.1177%2F1359104510378303.

Stryker, S., 2017. Transgender History. Seal Press, New York, NY.

Timulak, L., 2009. Meta-analysis of qualitative studies: a tool for reviewing qualitative research findings in psychotherapy. Psychother. Res. 19 (4–5), 591–600. https://doi.org/10.1080/10503300802477989.

* Wilson, I., Griffin, C., Wren, B., 2005. The interaction between young people with atypical gender identity organization and their peers. J. Health Psychol. 10 (3), 307–315. https://doi.org/10.1177%2F1359105305051417.

World Health Organization, 2014. Health for the world's adolescents: a second chance in the second debate. https://apps.who.int/adolescent/second decade/section2/page1/recognizing-adolescence.html.

World Health Organization, 2019. The ICD-11 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines. World Health Organization, Geneva.

Zucker, K.J., 2017. Epidemiology of gender dysphoria and transgender identity. Sex. Health 14 (5), 404–411. https://doi.org/10.1071/SH17067.