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Review

Transgender identity: Development, management and affirmation

David Matthew Doyle

Abstract

In this review, I discuss recent research on transgender identity development, management and affirmation, situating key topics within a social feedback model of transgender identity. This model foregrounds the dynamic interplay between internal and external influences on transgender identity. Furthermore, issues of intersectionality are highlighted throughout and located within broader socio-political contexts. Collectively, research on topics such as gender euphoria, passing, identity affirmation and social transitions, among others, points to the pivotal role of supportive social relationships and social environments in the healthy development and expression of transgender identities. Future work should prioritize longitudinal studies with careful and rigorous assessment of identity-related constructs in order to further examine these and other topics.

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Keywords

Affirmation, Identity development, Passing, Social transition, Transgender.

Introduction

Identity sits at the core of transgender experience. Transgender people are those whose gender identity (and/or expression) does not match their gender assigned at birth, including non-binary and gender diverse individuals. For transgender people, internally recognizing and externally expressing an authentic gender identity can be a complex and shifting process,

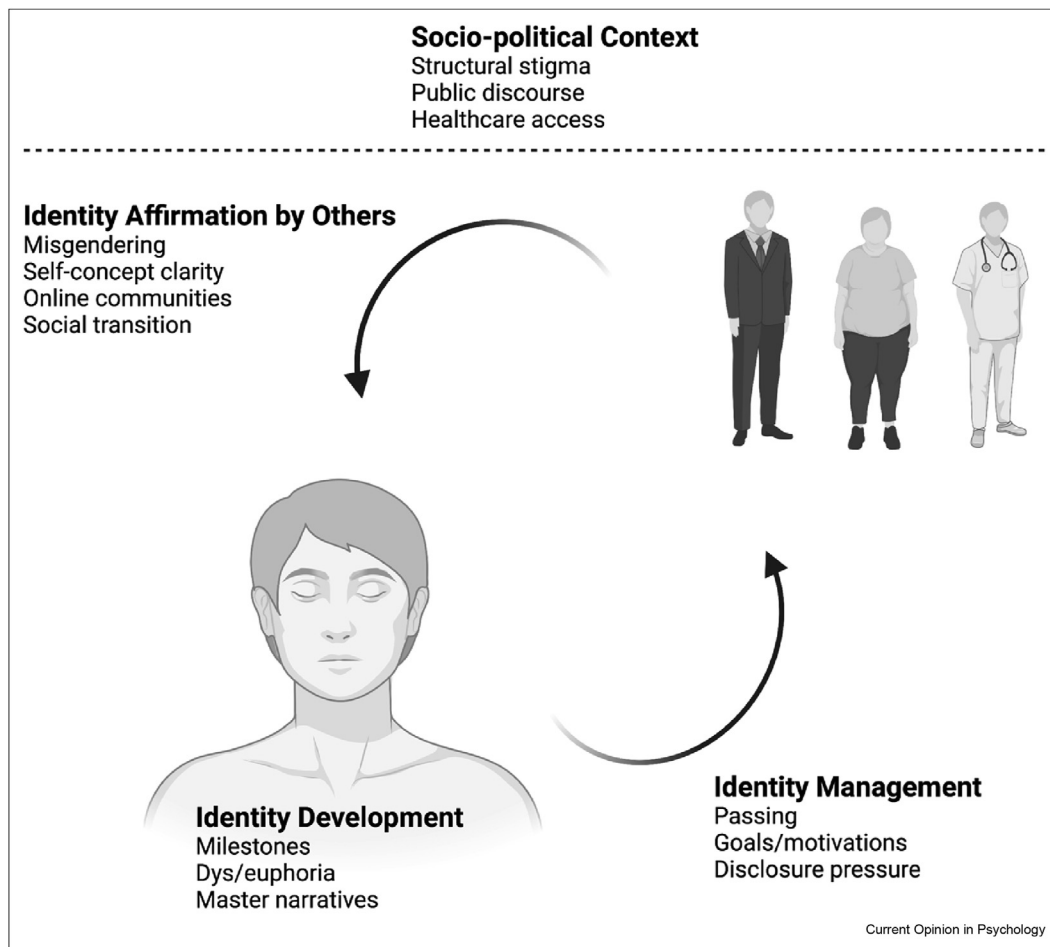
requiring careful navigation of potentially supportive or hostile social circumstances [1,2]. In this review, I discuss recent research on transgender identity development, management, and affirmation and the social feedback loop by others (see [Figure 1](#) for key topics); issues of intersectionality are highlighted throughout and situated within broader socio-political contexts.

Identity development

Within psychology, identity development, including minority identity development, has frequently been viewed through the lens of stage models [3]. Indeed, some key developmental milestones exist for many, if not most, transgender people. Childhood gender-nonconformity may be a first indicator of transgender identity, but this is complicated by the fact that it is also strongly associated with future sexual minority orientation [4]. Personal feelings of gender incongruence (i.e., mismatch between felt gender identity and that assigned at birth) and gender dysphoria (i.e., distress resulting from gender incongruence) often reach a critical point between ages 10 to 13, potentially driven by the onset of puberty, sexual desire and stronger gender role enforcement in school/peer groups [5]. These feelings are frequently the motivating force behind transgender self-identification [6], although recent critiques of gender dysphoria as a diagnosis required to receive gender-affirming healthcare [7] have indirectly highlighted the lack of research on gender euphoria (i.e., positive feelings resulting from gender identity affirmation) and how it may also motivate transgender identity [8,9].

While self-awareness (and private exploration) of transgender identity often occurs around onset of puberty, self-identification to others and expression in public tend to occur later in adolescence and young adulthood [10,11], with some intersectional evidence that these milestones may be delayed for ethnic minorities compared to whites in the United States [10], non-binary and genderqueer people [11], and those exposed to greater structural discrimination, stigma and violence (demonstrated in a sample of transgender women living in the Philippines) [12]. Accessing legal, social, psychological and medical services for gender affirmation can alleviate gender dysphoria and strengthen mental health and well-being [13–15].

Figure 1



Social Feedback Model of Transgender Identity with Key Research Topics Highlighted. Created with BioRender.com.

However, many national and local governments are currently working to deny or roll-back access to gender-affirming healthcare [16,17] and waitlists for these services, where available, often extend for months and even years [18]. It is unclear how delays to gender-affirming treatment or the inability to access services might affect transgender identity development, but given that biological interventions such as gender-affirming hormone therapy influence psychosocial functioning (including self-mastery and interpersonal functioning [15]), it is plausible that they might shape identity as well [18]. Such effects may be especially relevant to research on the biological underpinnings of transgender identity, such as a recent mega-analytic neuroimaging study [19] that found distinct structural brain patterns among transgender people.

More recently, narrative approaches to identity development [20] have gained momentum within psychology to understand the intricacies and nuances of individual

identity development throughout the life course. Narrative research has highlighted the dominance of cisnormative master narratives that position transgender identity in relation to “typical” cisgender identity development [21]. Moreover, even when transgender identity development is foregrounded in its own right, it is often compared to alternative transnormative master narratives [21] that encourage a narrow and restrictive view of typical transgender identity development (based on historical insights of primarily white cisgender heterosexual researchers from the psychological sciences [22]). In fact, recent research with transgender youth [6] has identified at least three distinct trajectories of identity development, including early incongruence and early transition, early incongruence and delayed transition, and later experience of gender dysphoria (which corresponds to a phenomena of increasing numbers of adolescents and young adults without a history of childhood gender dysphoria presenting at gender identity clinics in recent years [23]). Narratives of

transgender identity development may also differ substantially for non-binary and gender diverse people [11,24]. Each of these identity trajectories (along with countless others) should be considered normal and valid rather than inherently contrasted to either preconceived cis- or transnormative master narratives.

Identity management

Identity management is a foundational topic in research on stigmatized identities that relates to how people manage what personal information others in a given social context are allowed to know or see and how visible that information is [25]. Contrary to binary models of outness (i.e., one is either “in the closet” or fully “out” to everyone), members of stigmatized groups, including transgender people, choose when and what they wish to disclose about their identities in each new social situation they encounter [2,26]. While authentic and autonomous self-presentation of a transgender identity certainly bolsters psychological health and well-being [14,27,28], not all transgender people wish to express or disclose such information in all contexts, particularly when stigma may be salient.

Passing (or blending/living “in stealth”) for transgender people refers to the ability to be “read” as cisgender (or go “undetected”) by others. For some transgender people, the ability to pass is the ultimate goal of gender transition, reflecting authentic gender expression [29], which may be particularly the case for transgender people who endorse a binary view of gender. Of note, there may be an important distinction between the ability to pass and the act of passing, with the former more likely than the latter to reflect a goal that many transgender people hold for transition [30]. Importantly, for transgender people, strategically managing disclosure may also be motivated by efforts to avoid prejudice, discrimination and violence in potentially threatening social situations and environments [1,31].

Even for those who are not attempting to pass, transgender people may not always wish to disclose their entire gender and/or medical history to close others, let alone strangers or casual acquaintances. Yet an expectation of full disclosure often hangs over transgender people, with the implication that failing to do so conveys deceit [29], as in the case of the stereotype of “traps” (i.e., transgender women who supposedly “trap” cisgender heterosexual men in sexual engagements by “failing to disclose” their transgender identity/medical history). Beyond the stress of potentially negating transgender people’s own affirmed gender identities, such expectations of disclosure in all contexts expose transgender people to the risk of harassment and violence, particularly for those with intersecting ethnic minority and non-binary or gender diverse identities [32]. Furthermore, in certain jurisdictions, including

England and Israel, “failing to disclose” a transgender identity can lead to legal sanctions and punishment [29,33].

Of course, external pressure to pass as cisgender can be just as damaging as pressure to disclose one’s identity. In a recent European survey [31], including countries varying from lower (e.g., Spain) to higher (e.g., Romania) stigma against transgender people, country-level structural stigma was associated with decreased well-being, driven largely by those in countries with higher structural stigma being more likely to conceal their transgender identities compared to those in countries with lower structural stigma. However, in this study, identity concealment also simultaneously protected well-being by decreasing exposure to discrimination, consistent with the argument that transgender people strategically negotiate potential safety of the social context when managing their identities. A further possible consequence of concealing or attempting to pass is that it can limit in-group solidarity/pride and involvement with transgender and broader LGBTQ + communities [34], which in themselves might buffer the deleterious effects of prejudice and discrimination on psychological health and well-being [35–38]. Ultimately, identity management should not be moralized, rather transgender people should be acknowledged as active agents engaging with their social and political environments as best they can at any given time.

Identity affirmation

Social identities do not exist in a vacuum, but rather function as an interplay between internal (i.e., by the self) and external (i.e., by others) categorization [39]. According to self-verification theory, people strive for consistency between how they view themselves and how others react and respond to them, including to their social identities [40]. Inconsistencies between internal and external categorization can lead to social identity threat (specifically, *categorization threat*) [41], with negative implications for well-being. Consistent with this perspective, misgendering has been conceptualized as a potent stressor for transgender people [42,43]. In addition to direct effects on health and well-being, misgendering can act as a trigger for gender dysphoria [44,45], exacerbating psychological distress. Interestingly, during or after gender transition, some people report loss of identity in LGBTQ + communities when they are read inaccurately as cisgender and/or their romantic relationships are inaccurately perceived as heterosexual [2,26], which can further limit access to this potentially important resource. Even those striving to pass as cisgender, and subsequently feeling satisfied when perceived as such, may experience a sort of dissonance due to resulting exclusion from LGBTQ + communities—that is, for some transgender

people, reaching a goal of authentic gender presentation may ironically come with the cost of losing community. Beyond individual misgendering, exposure to socio-political discourse surrounding the validity of transgender identities can harm transgender people [2,46,47]. Toxic discussions of policing public toilets and enforcing sex-based identity checks in various public spheres impair psychological health and well-being [47,48]. Crucially, transgender people are not an “issue” to be debated or solved—calling into question transgender identities is harmful to public health.

From a resilience perspective, gender identity affirmation by others (e.g., using affirming pronouns, avoiding “dead-naming”) may serve as a key protective factor for transgender people [35]. A review of limited quantitative research on identity affirmation by others [49] concluded that greater affirmation may be related to lower depressive and anxious symptomatology as well as lower psychological distress, although studies were deemed to be of fair-to-poor quality on average and there was much heterogeneity in how gender identity affirmation was operationalized across studies. These findings are echoed in qualitative research [50], in which transgender people reflect on the importance of being affirmed in their gender identities by others. This includes during initial transitions as well as in the case of retransition (whether from binary to non-binary, the reverse, or back to a cisgender identity [51]). A recent study [35] identified self-concept clarity as a mechanism linking gender identity affirmation by others to enhanced well-being. That is, when transgender people experience greater identity affirmation they become more certain of who they are internally, which has also been described by transgender people in past qualitative work [50].

Given the importance of the social environment, transgender people actively seek out and construct communities and spaces in which they receive validation and affirmation of their gender identities [26]. In addition to in-person venues, online communities may offer the opportunity for connection and affirmation, particularly for transgender people living in remote or rural locations [52]. Moreover, prior to transition, online spaces may allow for exploration of gender expression and provide emotional as well as informational resources and support [53]. Enabling social transition for children and young people (as well as adults) is an important way for supportive family, friends, peers and others to create safe, affirming environments in which transgender people can explore and express themselves in ways that allow for healthy identity development [54].

Conclusion

Collectively, this research points to the pivotal role of supportive social relationships and social environments

in the healthy development and expression of transgender identities [2,26]. While research on transgender identity is still relatively young, there is already a good balance of quantitative, qualitative and mixed-methods studies on topics related to identity development, management and affirmation from the across the psychological and allied sciences.

Looking to the future, researchers interested in transgender identity should prioritize longitudinal studies, as the few prospective cohorts of transgender people currently available do not include rigorous assessment of psychosocial factors related to identity. Daily diary studies may also prove useful in elucidating how daily experiences in the social world, including gender identity affirmation by others, shape transgender identity development and expression. Given the inherently relational nature of social identities, future research should investigate the dynamic interplay between the experiences of transgender people and key members of their social networks. Critically, such work must interrogate the frequently volatile socio-political contexts that transgender people and supportive communities are obliged to navigate as well as intersecting systems of privilege and oppression that may lead to different outcomes for those with intersecting social identities (e.g., ethnic minorities, people with disabilities) and residential locations (e.g., rural and “non-Western” residences).

In this review, I have highlighted current research topics situated within a social feedback model of transgender identity (shown in Figure 1). While this remains a relatively nascent area of research, conceptualizing transgender identity as a dynamic interplay between internal and external influences will advance efforts to support transgender people’s self-expression and protect psychological health and well-being against stigma and discrimination.

Conflict of interest statement

Nothing declared.

Data availability

No data was used for the research described in the article.

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