



“A little shiny gender breakthrough”: Community understandings of gender euphoria

Will J. Beischel^a , Stéphanie E. M. Gauvin^b  and Sari M. van Anders^{b,c,d}

^aDepartment of Psychology, University of Michigan, Ann Arbor, MI, USA; ^bDepartment of Psychology, Queen's University, Kingston, ON, Canada; ^cDepartment of Gender Studies, Queen's University, Kingston, ON, Canada; ^dProgram in Neuroscience, Queen's University, Kingston, ON, Canada

ABSTRACT

Background: Gender euphoria is an important experience and concept for many, especially transgender and/or nonbinary individuals, but has not received much attention from psychological and clinical research. In contrast to gender *dysphoria*, which originates in psychiatry, the term “gender euphoria” has been mobilized by some LGBTQ people to describe the powerfully positive emotions that can come from one's gender/sex. As such, researchers and clinicians may benefit from conceptual clarity as to what gender euphoria is and what kinds of experiences might result in gender euphoria.

Aim: We aimed to better understand how trans community members and others conceptualize the term “gender euphoria,” including its relationship to gender dysphoria, as well as the contexts and behaviors that elicit gender euphoria.

Method: We administered an online qualitative survey to participants ($N=47$) of diverse sexualities and gender/sexes (including transgender, cisgender, and/or nonbinary participants) who had heard of or used the term “gender euphoria.” Participants answered open-ended questions about where they had heard the term being used, how they would define gender euphoria and gender dysphoria, the relation between these terms, and their gender euphoric experiences.

Results: Analyses resulted in five themes: (1) gender euphoria describes a joyful feeling of rightness in one's gender/sex, (2) gender euphoric experiences can be external, internal, and/or social, (3) “gender euphoria” originated in and circulates in online and in-person gender/sex minority communities, (4) dysphoria describes a negative feeling of conflict between gender/sexed aspects of one's self, and (5) the relationship between euphoria and dysphoria is complex.

Discussion: These results can inform qualitative and quantitative research, gender affirmative clinical practice, political fights for transgender rights, and understandings of gendered experiences for people of all identities.

KEYWORDS

Gender dysphoria; gender euphoria; LGBTQ; positive psychology; qualitative survey; transgender

Introduction

Gender dysphoria, or the distress arising from conflicts between a person's gender identity or expression and their assigned gender/sex,¹ has been central to psychological sciences' understandings of transgender (or trans) identity and experience for decades (American Psychiatric Association, 2013a; Pang et al., 2017). However, trans theorists and community members have criticized this focus on dysphoria for its sole attention to the negative, over-medicalized aspects of gender/sex minority² experiences (e.g., Ashley, 2019a; Silbernagel, 2019). Partly as a result, some trans and nonbinary individuals are using “gender

euphoria” to describe their powerfully positive experiences of gender (e.g., Menon, 2016; Newman, 2018). Despite the importance of this term to gender/sex minority communities, very little is known in psychological research about how people conceptualize gender euphoria, what kinds of experiences may lead to gender euphoria, and its relationship to dysphoria.

Gender dysphoria: Conceptualizations and existing research

Gender dysphoria, as a way of describing distress over a person's assigned gender/sex, was popularized by U.S. psychiatrist Norman Fisk in the

1970s (Fisk, 1973). Since then, debates about what gender dysphoria is and its relation to mental health have been taken up by clinicians, theorists, and trans community members, among others (Ashley, 2019b; Lev, 2013). Although the most recent version of the International Classification of Diseases and Related Health Problems (ICD-11; World Health Organization, 2018) has removed gender identity disorders, Gender Dysphoria is an official diagnosis in the fifth version of the *Diagnostic and Statistical Manual (DSM-5)* (American Psychiatric Association, 2013a), despite arguments that this continues to pathologize gender/sex diversity (Lev, 2013; Whalen, n.d.). Because of its place in the *DSM-5* and its origins in medicine, gender dysphoria often holds medicalized connotations even when it does not always refer to a diagnosis (Ashley, 2019b), and a diagnosis of Gender Dysphoria is often a pre-requisite for accessing resources for biomedical transition (American Psychiatric Association, 2013b; Ashley, 2019a). Accordingly, much of the psychological research on gender dysphoria has come from the clinical literature. For example, researchers have developed several scales of gender dysphoria to assist clinicians in diagnosis and treatment (Cohen-Kettenis & Van Goozen, 1997; Deogracias et al., 2007). However, many trans individuals report feeling that these scales do not represent the totality of their gender dysphoric experiences (Galupo & Pulice-Farrow, 2020). This could be because existing scales often rely on binary understandings of gender/sex (e.g., using only “woman” or “man” in their item choices) and fixed understandings of gender dysphoria (Pulice-Farrow et al., 2019).

In light of the limitations of clinical models of gender dysphoria, recent qualitative work has aimed to understand dysphoria from community members themselves. One study has highlighted the bodily manifestations of dysphoria, often described as a disconnect from one’s body or parts of it (Pulice-Farrow et al., 2019). These bodily manifestations can be accompanied by physical and emotional distress, which some relieve through social and/or biomedical transition.

Other work with community members has shown that dysphoria can also be social in nature

(Galupo et al., 2020). Social gendered experiences, such as being misgendered or treated in a non-affirming way, can trigger dysphoria. Sometimes these social experiences are internally processed, such as focusing on others’ perceptions of one’s gender/sex. Again, sometimes these experiences and their impacts are lessened by transition. However, transition is not possible or desirable for some, especially for people with nonbinary identities whose identities may not be affirmed by existing biomedical transition options (Galupo et al., 2020). In all, this work demonstrates the multi-faceted, biopsychosocial nature of gender dysphoria that goes beyond clinical understandings. This work also highlights the value of relying on community understandings to develop psychological constructs and theories that attempt to represent these communities’ experiences. However, focusing only on dysphoria leaves out a range of gender/sex experiences, including positive ones.

Gender euphoria: Conceptualizations and existing research

Gender dysphoria’s positive homologue, gender euphoria, has received much less attention, both in research and wider culture. Scholarly works that have mentioned gender euphoria present varying conceptualizations and operationalizations. Ashley and Ells (2018) define gender euphoria as “a distinct enjoyment or satisfaction caused by the correspondence between the person’s gender identity and gendered features associated with a gender other than the one assigned at birth” (p. 2). Other researchers have operationalized gender euphoria as distress relief and wellness promotion as measured by the Positive and Negative Affect Scale (Bradford et al., 2019), or as a form of trans resilience (Lambrou et al., 2020). As some of the only instances of gender euphoria in published research, each of these definitions and operationalizations presents a useful step forward in our understanding of this experience. These varied conceptualizations, however, may pose problems for further research, as gender euphoria could encompass all of these ideas and more. Without a common understanding of what is *meant* by “gender euphoria,”

researchers who use this term may actually be describing only a particular aspect of this experience or something else entirely. Furthermore, because gender euphoria has received such little attention, those who are studying positive gender/sex experiences may be unaware that this term already exists, which could hinder researchers' ability to accumulate knowledge across studies. The limited attention to gender euphoria in research means clinicians may also be unaware of the term or not understand what it means to their clients. The absence of knowledge about gender euphoria could reify the clinical focus on negative experiences of dysphoria, and could do so at the expense of fostering positive gender/sex experiences. Fuller conceptual clarity about gender euphoria's meaning(s) could therefore facilitate systematic investigation of this phenomenon and provide a basis for common understanding amongst researchers and clinicians.

While the term gender euphoria has only rarely appeared in academic literature (cf. Ashley, 2019a; Ashley & Ells, 2018; Bradford et al., 2019; Lambrou et al., 2020; Rachlin, 2018), it is a topic of conversation in trans and nonbinary communities, particularly online. The term dates back to at least 2001 (Mantilla, 2001), though it seems to have entered wider circulation in the past few years. For example, a crowd-sourced online zine titled *Gender Euphoria* (Newman, 2018) contains a collection of stories, essays, poems, and artwork that demonstrates the freedom, joy, and love inherent in people's gendered experiences. As the editor describes it, this zine is a "historical document in which trans and non-binary people are dictating our own stories as whole, full historical subjects capable of immense joy" (Newman, 2018, p. 4). Several YouTube channels have dedicated videos on the topic of gender euphoria (e.g., Edwards, 2018; Hardell, 2018) and the term shows up in searches on Tumblr, Twitter, and Reddit. Clearly, this term is used by trans and nonbinary people despite its limited uptake in psychological research. Community knowledge of gender euphoria is therefore likely to be a rich source of information for psychological understandings of this experience.

What kinds of experiences might we expect to be gender euphoric? As gender *dysphoric* experiences can be bodily and/or social (Erickson-Schroth,

2014; Galupo et al., 2020; Pulice-Farrow et al., 2019), we might expect gender euphoric experiences to follow suit. Indeed, one study found a relationship between increased body hair removal and positive affect in transfeminine individuals (Bradford et al., 2019) and another found that being gendered correctly, through the use of names and pronouns, resulted in feelings of joy and affirmation for some nonbinary young adults (Cosgrove et al., 2021). However, there is little consensus as to the relationship between dysphoria and euphoria, both conceptually and experientially. Some sources define euphoria as the opposite of dysphoria (e.g., Newman, 2018), which could have the implication that dysphoria is intrinsically linked with euphoria—e.g., that whatever a person is dysphoric about (e.g., body hair), its opposite will result be euphoric (e.g., body hair removal). However, others contend that euphoria is a separable experience from dysphoria, in that some people may experience euphoria without experiencing dysphoria and vice versa (Ashley, 2019a). Thus, we might expect gender euphoric experiences to be related to the body and/or to social life, but they may not necessarily have ties to dysphoric experiences. And, people may conceptualize euphoria and dysphoria as opposites or see them as having a more complex relationship.

Current study: Qualitative exploration of gender euphoria via an online survey

Despite its importance to gender/sex minority communities, gender euphoria is not a commonly or well understood experience in psychological research. Qualitative surveys are well-suited for investigating new and/or poorly understood topics among geographically dispersed participants (Braun et al., 2020). As such, we administered an online survey that asked participants diverse in gender/sex and sexuality open-ended questions about gender euphoria: what it means, who uses it, what kinds of experiences elicit it, and its relationship to dysphoria. With this survey, we aimed to utilize community knowledge and lived experiences to construct an understanding of gender euphoria that might be useful for researchers, clinicians, and communities.

Method

Materials

Gender/sex questions and other demographics

Participants answered several open-ended and multiple-choice questions about their gender/sex. Throughout these questions, we defined key terms for participants, like *transgender*, *cisgender*, *binary*, and *nonbinary*. First, participants provided open-ended responses to “What is your current gender and/or sex?” and were provided with a list of examples, like *nonbinary*, *cisgender woman/man*, and *intersex*. Second, we asked “When we describe who participated in our study, which of these gender and/or sex categories should we include you in?” Options included, *A trans/transgender category*, *A cisgender category*, *Neither cisgender nor transgender describe me*, or *These options don’t work for me*. If participants chose either of these last two options, they were able to elaborate in a text box. Lastly, we asked them “Here is a related part of gender and/or sex; which of these categories should we include you in?” Options included *Binary*, *Nonbinary*, *Neither binary nor nonbinary describe me*, or *These options don’t work for me*. Again, if participants chose either of these last two options, they were able to elaborate in a text box.

We also asked participants to report on other demographics via open-ended responses, including age, religion, country of residence, sexual orientation/identity, and race/ethnicity, which we then categorized (Table 1). Participants also answered categorical questions to assess employment and student status, income, education level, and disability identification using demographic scales we developed (see Table 1). We have used these scales in our lab (e.g., Beischel et al., in press; Chadwick et al., 2019; Schudson et al., 2019) and developed them by exploring best practices in the field (e.g., for income, we looked at research about socioeconomic status and income ranges).

Questions about gender euphoria and dysphoria

We asked participants a series of open-ended and multiple-choice questions about gender euphoria and dysphoria to assess these five domains: (1) their encounters with the term, (2) their gender

euphoric experiences, (3) how they define gender euphoria and dysphoria, (4) their understandings of the relationship between euphoria and dysphoria, and (5) their understandings of the valence of gender euphoria and dysphoria (positive and/or negative).

First, we asked about their encounters with the term with the following prompt:

Where have you heard or seen people use the term “gender euphoria”? This could include the kinds of people you’ve heard use this term as well as in what context (for example, on certain websites, in certain spaces, etc.).

We then asked how frequently they heard or saw other people use the term (on a 5-point scale from “Every day or almost every day” to “Never”). They then responded to “*What are some experiences you have seen people describe as gender euphoric?*”

Second, we asked about participants’ own experiences with gender euphoria. We asked first whether they had experienced gender euphoria themselves (responses options were “Yes,” “No,” or “Maybe”). If participants answered “No” to the question asking if they had experienced gender euphoria, they were asked, “*If you’d like, this is a space for you to elaborate on why you said no, that you had not experienced gender euphoria.*” If participants answered “Yes” or “Maybe”, they were presented with the following prompt:

Can you describe an experience of gender euphoria³ that was especially memorable or impactful? What were the circumstances? And how did it feel? We’re interested in the variety of people’s experiences, so it might help to think about something you did personally that caused you to feel gender euphoria, what someone else did, and/or what you encountered in the world.

To capture more common ways people might experience gender euphoria, we also asked of participants who answered “Yes” or “Maybe” to the previous question, “Is there a more common or everyday way you experience gender euphoria? *What are the usual circumstances? And how does it feel?*” And, to capture future or imagined experiences of gender euphoria, we asked, “*Is there something else you think might result in gender euphoria that you haven’t experienced yet? What*

Table 1. Participant demographics.

Demographic	N (%)
Age	
18-27	32 (68.1)
28-37	12 (25.5)
38-47	2 (4.3)
48+	1 (2.1)
Recruitment Source	
Facebook	22 (46.8)
Twitter	12 (25.5)
Email listserv	3 (6.4)
Other	5 (10.6)
Occupation Status	
Student only	4 (8.5)
Student and employed (part- or full-time)	23 (48.9)
Employed non-student (full-time)	12 (25.5)
Employed non-student (part-time)	4 (8.5)
Unemployed non-student	4 (8.5)
Education	
Less than high school	1 (2.1)
High school graduate	1 (2.1)
Some college/university	16 (34.0)
Finished training other than college (e.g., vocational school)	0 (0)
Graduated from college (in the US: community college)	1 (2.1)
Graduated from university (in the US: 4-year college)	9 (19.1)
Some graduate or professional school	3 (6.4)
Received master's degree	11 (23.4)
Received doctoral degree	5 (10.6)
Yearly Household Income	
Less than \$10,000	3 (6.5)
\$10,000-\$14,999	8 (17.4)
\$15,000-\$24,999	5 (10.9)
\$25,000-\$49,999	11 (23.9)
\$50,000-\$99,999	9 (19.6)
\$100,000-\$149,000	4 (8.7)
\$150,000-\$199,000	4 (8.7)
\$200,000 or more	2 (4.3)
Race/Ethnicity ^a	
White	40 (85.1)
African American	2 (4.3)
Ashkenazi (Jewish)	1 (2.1)
East Asian	1 (2.1)
Mexican American	1 (2.1)
Multiracial	1 (2.1)
South Asian	1 (2.1)
Disability Identification	
Yes	13 (27.7)
No	33 (70.2)
Nation	
USA	37 (78.7)
Canada	10 (21.3)
Sexual Orientation/Identity ^a	
Queer	13 (27.7)
Gay/lesbian	10 (21.3)
Bisexual	7 (14.9)
Asexual	6 (12.8)
Heterosexual/straight	4 (8.5)
Pansexual	3 (6.4)
Demisexual	2 (4.3)
Questioning	1 (2.1)
Gender/Sex ^a	
Cis woman	12 (25.5)
Trans man/masculine	12 (25.5)
Nonbinary/genderqueer	12 (25.5)
Trans woman/feminine	4 (8.5)
Agender	2 (4.3)
Allogender ^b woman	2 (4.3)
Cis man	1 (2.1)
Nonbinary man	1 (2.1)

^aThe research team categorized sexual orientation/identity and race/ethnicity from answers to free-response questions.

^bAllogender = neither cisgender nor transgender.

might that be?” We then asked how frequently they experience gender euphoria (on a 5-point scale from “Every day or almost every day” to “Never”).

Third, we asked participants about their personal definitions of gender euphoria and dysphoria. We asked, “Please define the term ‘gender euphoria’. Do not worry about giving the ‘correct’ definition—we are interested in how you personally understand what this term means, however that might be.” We then asked, “We’re also interested in how the concept of gender euphoria relates to gender dysphoria. Are you familiar with the term ‘gender dysphoria’?” (response options: “Yes,” “Maybe,” “No”). Those who said “Yes” or “Maybe” were asked, “Please define the term ‘gender dysphoria’. Again, do not worry about giving the ‘correct’ definition – we are interested in how you personally understand what this term means, however that might be.”

Fourth, we asked participants about the relationship between gender euphoria and dysphoria. We first asked, “Do you feel that there is a relationship between the concepts of gender dysphoria and gender euphoria?” (response options: “Yes,” “Maybe,” “No”). Those who said “Yes” or “Maybe” were asked, “How might you describe this relationship between gender dysphoria and gender euphoria?” Those who answered “No” were asked, “Why do you think there is no relationship between gender dysphoria and gender euphoria?”

Fifth, we asked participants about the valence of gender euphoria and dysphoria. For those who had indicated earlier that they had experienced gender euphoria, we first asked, “From your experience, how positive and/or negative of an experience is gender euphoria?” We then asked, “How does your answer above (the positive and/or negative nature of gender euphoria) relate to gender dysphoria? If you have not experienced gender dysphoria you can say so here.”

Finally, we wanted to know if there were aspects of gender euphoria we had missed. We explained to participants that we were psychology researchers interested in understanding the different ways people use this term and their related experiences. Accordingly, we asked, “Is there anything else about gender euphoria that you think we should know or understand?”

Procedure

We e-mailed interested participants individualized links to the survey. After giving their informed consent, participants answered the series of demographic questions. Next, they answered the series of multiple-choice and free-response questions about gender euphoria and dysphoria. Participants were free to say as much or as little as they liked for each free-response question (average word count of responses = 25.8, range = 0–348). Participants were then debriefed and, in a separate survey, were given the opportunity to enter an e-mail address for a \$5 gift card if they wished to be compensated. Participants spent a median of 22.1 minutes taking the survey. All research activities were approved by Queen’s University’s General Research Ethics Board and were deemed exempt from regulation by the University of Michigan Institutional Review Board.

Analytic method

The first (WB) and second (SG) authors analyzed the data using the thematic analysis process described by Braun and Clarke (2006, 2013). As there is little published research on gender euphoria, we conducted an inductive, mainly descriptive version of thematic analysis (Braun & Clarke, 2006). Our goal was to understand people’s various experiences and conceptualizations of gender euphoria, and how people see the relation of gender euphoria to gender dysphoria. Throughout this analysis, we adopted a critical realist epistemology, which holds that an observable reality exists but is constrained in its knowability through unseen, interacting social forces (Sprague, 2016; Ussher, 1999). We therefore worked to faithfully represent participants’ experiences while recognizing that these experiences, and participants’ articulations of them, have been shaped by their historical, cultural, political, and linguistic contexts.

Our epistemological stance also holds that the social locations of the researchers necessarily affect the research process, including how we conducted analyses. The first author (WB) is a genderfluid, queer, white, non-disabled Ph.D. candidate. The second author (SG) is a queer, white/Jewish, cisgender woman who is a Ph.D. candidate. And the last author (SvA) is a white/

white-adjacent/Jewish queer-ish cisgender non-disabled woman who is a professor.

Procedurally, WB and SG first independently read through all of the responses and took notes on the breadth of the data to ensure data immersion. Together coders reviewed their notes and identified common themes which were then used to construct a preliminary coding scheme. WB and SG then independently coded a small portion of the data using this scheme and met to discuss discrepancies and refine the scheme. They then independently recoded another subsection of the data. Coders did this several times until they felt that the scheme accurately reflected the data and was parsimonious enough for coding. Then, coders independently coded another small portion of the data and calculated intercoder reliability of each code using Cohen's kappa. For codes with insufficient reliability ($\kappa < .7$) coders met to refine the coding scheme and recoded the data until all codes were sufficiently reliable. Reliability checking was done not as a measure of generalizability of the coding scheme, but rather as an opportunity for reflexive discussion between coders (O'Connor & Joffe, 2020). WB then coded the remainder of the data using this coding scheme. Finally, SG coded a portion of the data at the end of the dataset to check for coding drift. Codes with insufficient reliability ($\kappa < .7$) were discussed and refined, then recoded in the entire dataset.

After coding, WB organized codes into themes that reflected the major patterns in the data and reviewed the coded extracts and entire dataset to refine the themes and ensure they accurately reflected the data. WB and SG then met to discuss and further refine and name themes. As encouraged by best practices for qualitative survey research (Braun et al., 2020), our themes represent findings from across the dataset rather than summaries of responses to each question.

Results

Participants

The final sample included 47 participants ($M_{\text{age}} = 26.6$ years, $SD = 6.8$, range = 18–56). Fifty-two participants originally consented to the study, however, three participants did not finish and

two provided low quality answers (e.g., answering only “good” to all questions). We recruited participants through e-mail listservs and the social media profiles of the research team, including Facebook, Twitter, and Instagram, with a focus on gender/sex-diverse communities. Eligible participants included those who were over the age of 18, who had heard of or used the term “gender euphoria,” and who lived in the US or Canada.

Most participants were under the age of 24 (94%), were students (57%), and had college education or higher (96%). Participants self-identified their race/ethnicities and we categorized them as white (85%), African American (4%), and further race/ethnicities (11%) that were Ashkenazi, East Asian, Mexican American, Multiracial, and South Asian. Participants also self-identified their sexual orientation/identity and we categorized them as queer (28%), gay or lesbian (21%), bisexual (15%), asexual (13%), heterosexual or straight (9%), pansexual (6%), demisexual (4%), and questioning (2%). Finally, participants self-identified their gender/sexes via a combination of open-ended and multiple-choice questions and we categorized them as cis women (26%), trans men/masculine (26%), nonbinary or genderqueer (26%), trans women/feminine (9%), agender (4%), allogender (neither cisgender nor transgender), women (4%), cis men (2%), and nonbinary men (2%). See Table 1 for further demographic details with the above plus recruitment source, occupation status, disability identification, and nation.

Quantitative descriptives

Participants answered several scaled and categorical questions about gender euphoria (see Tables 2 and 3 for exact values). Participants reported encountering the term “gender euphoria” approximately monthly on average. When asked if they

Table 2. Frequency of responses to categorical questions.

Question	Yes	Maybe	No
Experienced gender euphoria themselves	26 (55%)	6 (13%)	15 (32%)
Cisgender	2 (15%)	5 (38%)	6 (46%)
Non-cisgender	24 (73%)	1 (3%)	8 (24%)
Familiar with gender dysphoria	41 (87%)	2 (4%)	4 (9%)
Thought there was a relationship between dysphoria and euphoria	29 (62%)	11 (23%)	2 (4%)

Table 3. Descriptive statistics for scaled questions.

Question	Mean (SD)
Frequency of encountering the term “gender euphoria”	3.04 (0.97)
Frequency experiencing gender euphoria	
Responded “Yes” they had experienced gender euphoria	2.08 (0.89)
Responded “Maybe” they had experienced gender euphoria	3.67 (0.82)

Note: Response options were “Daily or almost daily” (1), “Weekly” (2), “Monthly” (3), “Less than monthly” (4), and “Never” (5).

had experienced gender euphoria themselves, the majority said “yes” or “maybe.” When we broke down experience of gender euphoria by gender/sex, however, only two of our cisgender participants said “yes,” with the rest saying “maybe” or “no.” In contrast, of our non-cisgender participants, the majority said “yes,” and the remainder largely said “no.” For participants who experienced gender euphoria, they reported experiencing it approximately weekly on average. For those who said that they “maybe” experienced gender euphoria, they reported experiencing it somewhere between monthly and less than monthly on average.

When asked if they were also familiar with the term “gender dysphoria,” most participants said “yes,” with a few saying “maybe” or “no.” Of those who were familiar with gender dysphoria, most reported there was a relationship between gender dysphoria and euphoria, some reported there might be a relationship, and a few reported there was no relationship.

Qualitative results

We organized participants’ open-ended responses into five themes: (1) gender euphoria describes a joyful feeling of rightness in one’s gender/sex, (2) gender euphoric experiences can be external, internal, and/or social, (3) “gender euphoria” originated in and circulates in online and in-person gender/sex minority communities, (4) dysphoria describes a negative feeling of conflict between gender/sexed aspects of one’s self, and (5) the relationship between euphoria and dysphoria is complex. Below we describe each theme and provide illustrative quotes from participants accompanied by their gender/sex category and age.

Gender euphoria describes a joyful feeling of rightness in one’s gender/sex

Participants described gender euphoria as entailing a range of positive emotions. We deemed many of these emotions as joyful, including happiness, excitement, and a “high.” As one participant vividly described it:

The first time I remember feeling gender euphoria was when I first tried on my [friend’s] binder. I had been kinda questioning my gender but I wasn’t positive. I put that on, and looked down and couldn’t see my chest at all. I was flat. I looked in the mirror and it just looked right. I felt a rush go through my body and I burst into laughter and a huge smile and began running my hands across my chest. I ran to my friend and was excitedly jumping and exclaiming “look how flat I am! Look!!” And [I] have a huge goofy grin on my face. (genderfluid demigirl, 21 years old)

Other descriptions included: “a breath of fresh air” (transgender woman, 24), “trans celebration, happiness, wonder, hope,” (nonbinary, 21), “a moment of elation or connection with one’s gender” (transmasculine nonbinary, 25), “sheer joy and contentment,” (nonbinary/genderqueer, 34) and “a little shiny gender breakthrough” (nonbinary, 24).

Participants commonly mentioned the relationship between gender euphoria and confidence or feelings of attractiveness. When experiencing gender euphoria, they reported feeling like they could “do anything” (cis woman, 23) and thinking “wow, I’m hot” (genderqueer/transmasculine, 25). One participant reported feeling a more ambivalent relationship with what is deemed attractive for men when thinking about what might cause gender euphoria in the future:

Another thing I think is actually working out and getting muscular. I know it’s a stupid perpetuation of male beauty to be muscular and fit but I really think it would help me feel more masculine and more confident in my body. (nonbinary/genderfluid/transmasculine, 22)

Other participants reported that gender euphoria involves a feeling of affirmation or validation. As one participant said, “I often get ‘clocked’ for being queer because of how I dress and present myself. As long as it’s not in a derogatory way,

I feel seen for who I am” (genderqueer, 26). Gender euphoria made them feel a certain kind of freedom or liberation, especially when they felt at home in their gender/saxes. One participant described this powerful feeling of authenticity when they said, “The first time I wore a packer, I slipped a rolled sock into my boxer briefs and cried because it felt so right” (trans man, 26). Another participant said during an experience of gender euphoria, they “started to feel this sensation of being ‘righted,’ like when you crack your back, or get a popcorn kernel out of your teeth” (trans woman, 24).

Participants regularly emphasized just how positive gender euphoria can be. For example, one person said:

It’s literally life saving. I wish I could describe it to those of you who haven’t had it before, but existing in a space, in a moment where your body and gender align [and] feel right with each other when so often that is not the case is ELECTRIC. It’s what keeps trans folks alive, those moments of feeling fully and euphorically ourselves. (nonbinary, 21)

Several participants mentioned crying or wanting to cry from the intensity of the joy that gender euphoria can bring. However, a few described it as positive, but not intensely so. For example, one person said it is “a quiet sort of happiness” (transmasculine, 20) and others described it as a sense of comfort or contentedness.

Participants also mentioned temporal dimensions to the feeling of gender euphoria. Some said that it is a transitory feeling—that it is acutely positive but fades quickly. Others described changes over time in how intensely gender euphoria is felt, with several participants indicating that “firsts” were the most powerful. For example, “someone being called their preferred pronouns the first time may experience a much greater sense of euphoria compared to having their pronouns used correctly the 100th time” (genderqueer, 26). One person suggested gender euphoria is *defined* by these impactful, first experiences. However, many others viewed everyday experiences as gender euphoric, albeit less intensely so.

While gender euphoria was mainly described as wholly positive, some individuals had mixed

feelings about these kinds of experiences. Several participants explained that gender euphoria can highlight gender *dysphoria* or other aspects of their identities in ways previously unknown. One participant poignantly described this kind of realization and her attendant mixed feelings:

When I went to look in the mirror, I saw that it [a body shaper] had given me very visible breasts. I had shaved my face, chest, and arms just before, and not only feeling but also seeing myself with bare skin and breasts, I knew in that moment that that is how I always wanted to feel and how I always wanted to look. That realization was both affirming and terrifying. I felt great because in that moment I knew for sure I was trans, but I also felt deeply upset and scared because in that moment I knew for sure I was trans. I sank to my bathroom floor and cried. (trans woman, 24)

Gender euphoric experiences can be external, internal, and/or social

Participants expressed that they experienced or imagine they will experience gender euphoria from a diverse set of experiences that we grouped as 1) external or physical, 2) internal or psychological, and 3) social. Though we present these separately, we note that many times participant experiences represented a complex entanglement of these three domains.

External or Physical Gender Euphoric Experiences. Participants experienced or imagined they will experience gender euphoria in relation to a range of external or physical aspects of their gender/saxes. These included references to changes in their sexed bodies, such as genitals, face shape, and fat distributions, often facilitated by biomedical transition (i.e., hormones and surgery). As one person said, “With the huge boost of confidence I have received from my hormonal transition, I expect that the feeling of looking down at my body after a surgical option I’m considering would be quite euphoric” (trans woman, 24). Body modification outside of biomedical transition was also commonly discussed, including packing (placing an object in one’s pants to facilitate the feeling and appearance of a penis) binding (tightly wrapping the chest to facilitate the feeling and appearance of a flat chest), and voice

training (modifying one's vocal pitch and patterns to more closely align with one's gender/sex). Sometimes these modifications were not related to transitioning to "another gender," as with one cisgender woman who expressed interest in binding and said, "I still want to be perceived as a woman, but I just like the way my shape looks with fewer "curves" (cis woman, 26). Participants also mentioned haircuts as a means of modifying their bodies, sometimes in quite creative ways. For example, one nonbinary participant stated:

I have a hair cut where I can transition easily from a femme hair down look to a masculine "man bun" look. This is super great because if my gender feeling shifts during the day, I can experience the feeling of gender euphoria easily by changing the way I'm wearing my hair. I know it when I walk in and see my reflection and either think "wow, yeah!" Or "wait... that's not right." And I'll shift. (genderfluid demigirl, 21)

Other external aspects included items placed on the body, such as clothing, shoes (e.g., heels), cosmetics, nail polish, and drag. Often, wearing clothes associated with one's identified or felt gender/sex rather than assigned sex was gender euphoric. But other times, relations between participants' gender/sex and clothing were more complex, as with this nonbinary participant:

When it's summertime and I wear overalls and dress what some would consider to be "visibly queer" that is gender euphoric. When I can wear a dress without feeling like I have to be wearing the dress, knowing I can be non-binary but still wear a dress, that's gender euphoric for me. (nonbinary, 21)

Internal or Psychological Gender Euphoric Experiences. Participants also expressed feeling, or imagining they will feel, gender euphoria from experiences that were internal or psychological. Some participants described a sense of self-affirmation from thinking of themselves in certain ways or engaging in certain behaviors. For example, one participant noted, "When I refer to myself, when it's appropriate, I refer to myself with my preferred name and pronouns. It makes me feel more confident in my skin" (transmasculine nonbinary, 25). In fact, one participant expressed that external or social experiences are not relevant for their gender euphoric experiences:

I don't believe that [my gender] has to be consumable or digestible by others for it to be valid. In fact, I

experience the most comfort and euphoria when I know that other people will never be able to label, consume, or insert their gaze on my gender because that act of defining belongs solely to me. (nonbinary, 23)

Sometimes this self-affirmation was facilitated by a mirror—seeing on the outside what they experience on the inside. One participant recounted a particularly impactful experience putting on a dress in a mall:

When I...stepped out of the stall and saw myself in the mirror [I] was almost moved to tears. I have no other good way to describe it but I saw myself back. I just could look at my reflection and could think "this is me." In that moment I had gained more self confidence then I could remember having. Even my friends saw a difference in my overall disposition. (cis woman, 23)

Others discussed self-reflection or self-discovery as euphoric. For example, one person said that "reading and writing about being trans and non-binary" (nonbinary, 21) was euphoric for them. And some referenced their sexuality or their queerness as being tied to gender euphoria.

Social Gender Euphoric Experiences. Lastly, participants described feeling, or imagining they will feel, gender euphoria from interactions with other people and societal structures. These could include interactions with strangers, family, community members, healthcare providers, educators, the government, and society in general.

Participants described the validation received from "passing" or being read or assumed as their identified gender/sex. This validation could be due to external appearances cueing their gender/sex. For example, "My first [experience] with gender euphoria was taking off my shirt as a child and being seen as a little boy rather than a little girl" (nonbinary/genderfluid/transmasculine, 22). Though, these experiences were not only due to visual appearance. As one person said:

The first time I was cast as a male character over clearly cisgender voice actors made me extremely happy. I was worried being pre-t indefinitely would kill all chances of mine for those roles, but after years of self voice training, I've found a type! (transmasculine nonbinary, 25)

Often, participants would know they were being gendered correctly through people's use of their names and pronouns or gendered referents (e.g., ma'am, sir). Some nonbinary participants

indicated that *confusion* from others was validating for them, as people struggled to identify them as either women or men. One person said, “on my non-binary days if someone just couldn’t figure out what I was and just stuttered out while trying to gender me. That would be very good” (genderfluid demigirl, 21).

Simply being in various communities was also experienced as gender euphoric. Sometimes participants specifically mentioned trans communities, which afforded them certain validations that wider culture denied them. As one person said:

I spent a long time thinking that I wasn’t trans enough to qualify for the term because I wasn’t 100% dead set against my assigned gender at all times. Discovering that there was a whole community of people who don’t fit the mold of “male” and “female” and that I wasn’t alone in my experience was incredibly euphoric for me. I went from feeling like nothing about me fit to feeling much more settled within my own experience. (nonbinary/genderqueer, 34)

Others mentioned that being in spaces or communities specific to their gender/sex was gender euphoric. One woman said she feels gender euphoria when “women talk to me like I’m their close friend or confidante, when I resonate with speech or media by women for women, when women compliment aspects of my womanhood or femininity, when I’m included among women” (trans woman, 24).

Participants mentioned other specific contexts in which they experienced gender euphoria with other people. This included bathrooms, relationships, and sex. For example, one person said they heard others describe experiencing gender euphoria from “certain gender-stereotypical sexual experiences (notable examples include transmasculine people using a strap-on for the first time, transfeminine people receiving penetrative sex)” (trans woman, 24).

“Gender euphoria” originated in and circulates in online and in-person gender/sex minority communities

“Gender euphoria” as a term is fairly new and, according to comments from participants, seems to be circulating largely in the communities that created it: gender/sex minority communities both online and in-person. Participants often

mentioned social media platforms where they had heard the term including Facebook, Twitter, Reddit, Tumblr, and Instagram. As one participant said, “I mostly see it from other trans or non-binary folks who are discussing their gender journeys on social media” (nonbinary, 24). Others mentioned audio and video platforms such as YouTube or various podcasts. In addition, participants mentioned encountering the term in-person with their social networks, such as friends, family, romantic partners, and their various communities. They had also heard the term from therapists, teachers, books, activist circles, and LGBTQ resource centers.

Participants also delineated the gender/sexes and sexualities of the people from whom they had heard the term. Many said they encountered the term mainly or exclusively in gender/sex minority communities and that this is where the term originated. As one person said, “I have never heard a cisgender person say it” (nonbinary, 23). However, some participants specified that they had heard the term in broader LGBTQ contexts.

Relatedly, participants discussed whom gender euphoria usually applies to. When defining gender euphoria, several participants delineated that this experience is primarily rooted in trans and nonbinary lives. One participant defined it a bit more broadly as “the electric feeling of happiness and excitement in expressing one’s gender, *especially when that gender identity and expression are marginalized or ostracized*” (nonbinary, 24, emphasis added). Some gender/sex minority participants speculated that cisgender people might experience gender euphoria, or something analogous. However, because cisgender identities are seen as the default, they imagined this experience would be less noticeable or invisible to cisgender people. A few cisgender participants *did* recognize experiences that could be deemed gender euphoric but expressed uncertainty as to whether the term accurately applies to them. As one cisgender woman said:

I like to wear make ups, perfume, colorful clothing, long skirts. I guess these give me a sort of gender euphoria, but as a cis woman, I am not sure if I am allowed to use such term to explain my experiences in a privileged group. I feel that the term was

invented for those with non-binary gender identities to describe their experience, and I am unsure if my experiences of being a cis woman identifying with typically “feminine” things should be counted as “gender “euphoria”. (cis woman, 25)

Though the term has been circulating in these communities, participants pointed out that it still is not a widely known concept. One participant said, “It’s rarely talked about explicitly in trans and/or non-binary circles in my experience and academics should be careful not to assume community members are familiar with it as a concept” (nonbinary, 31). Several participants expressed that gender euphoria is often overlooked in research and that they would like to see its further uptake in academia. Interestingly, while some commented on the recency of the term, one participant said that it had been “nearly a decade” (transmasculine, 30) since they first heard the term, which suggests it is not as new as some other participants believed.

Dysphoria describes a negative feeling of conflict between gender/sexed aspects of one’s self

Participants also defined gender *dysphoria* and, in contrast to euphoria, they described it as entailing a range of negative feelings arising from a conflict or disconnect between various gender/sexed aspects of one’s self. These negative feelings included discordance, discomfort, pain or distress, sadness or depression, anxiety, and disconnection. As one person put it, “dysphoria is an amalgam of negative feelings of dissonance” (nonbinary, 24).

According to the participants, these negative feelings arose from a discord or “mismatch” between various aspects of one’s gender/sex and/or assigned gender/sex at birth. This could be discordance across a number of aspects: one’s internal self-concept versus external appearance, gender identity versus sexed body, current gender/sex versus experienced or desired gender/sex, and/or self-concept versus treatment from others. As one person said, “Gender dysphoria is the sadness or dissonance that you feel when you’re reminded that your external self doesn’t match up with or isn’t perceived by others to match up with your internal sense of self” (trans man, 26). Participants also recognized the cultural component to these feelings of mismatch, such as when

one person said, “I also strongly suspect that it is related to societal expectation of what it means to be a particular gender” (trans woman, 34). Accordingly, many mentioned the act of assigning gender/sex at birth as an important source of this feeling of discordance.

The relationship between euphoria and dysphoria is complex

Nearly all participants agreed that euphoria is a positively-valenced experience whereas dysphoria is negatively-valenced. Beyond this agreement, participants’ delineations of the emotional relationship between dysphoria and euphoria were highly varied. Some felt that dysphoria was a more constant or chronic feeling whereas euphoria was a rarer and thus more intense feeling. As one person said:

Gender dysphoria is essentially my default state of being, such that the pain it causes isn’t always high enough to register on my radar - gender euphoria in contrast is a much rarer experience, making the positive feelings I get from it being much more memorable in my mind, and thus having a bigger impact. (trans woman, 24)

Another person described dysphoria as “an itch I can’t scratch. It isn’t as all consuming” (genderfluid demigirl, 21). However, others felt that dysphoria was *more* intense and thus harder to cope with. As one person put it, “Dysphoria is more clearly negative, whereas euphoria is slightly above neutral” (nonbinary, 27). Others mentioned that dysphoria’s intensity and impact varied, whereas euphoria was “more consistently positive” (genderqueer/transmasculine, 25).

Participants also described the various ways euphoria and dysphoria can feed into or influence one another. As one person said, “if you’ve experienced a lot of dysphoria in the past, for instance, the euphoria resulting from even relatively minor things like someone referring to you by the correct pronouns can be exponentially more intense as a result of that contrast” (nonbinary/genderqueer, 34). This contrast was sometimes described as gender euphoria being a relief or freedom from dysphoria. Accordingly, some believed that euphoria and dysphoria were nearly always linked. One person said, “I think you could make the

case that if one experiences euphoria but not dysphoria, their euphoria is still freedom from dysphoria they didn't consciously realize they felt" (trans woman, 24) and another went as far as to say, "I believe that people with gender dysphoria are the only ones that can really experience gender euphoria. As a cis woman without gender dysphoria, I don't think I can experience true gender euphoria" (cis woman, 25). In contrast, another participant said, "I think someone could experience gender euphoria without having experienced gender dysphoria" (cis woman, 28). Others stated that euphoria and dysphoria could be experienced simultaneously.

Conceptually, participants mostly agreed that dysphoria and euphoria can be thought of as opposing experiences, either as two sides of the same coin or two ends of a spectrum where "one end is the good feelings of your gender experience and the other is all the bad feelings" (trans woman, 24). Others felt that thinking of them simply as opposites was too reductive for how complicated and individualized the relationship between them is.

Participants also mentioned the relationship between the experiences that cause euphoria and dysphoria. Some mentioned that similar experiences cause euphoria and dysphoria. As one person said, "Typically dysphoria and euphoria are related to similar body parts or social interactions. For example, I get dysphoria when someone misgenders me, but euphoria when someone genders me correctly" (genderqueer/transmasculine, 25). Others stated that euphoria and dysphoria are or can be caused by different kinds of experiences. For example, one person said, "I feel as if the dysphoria is more societally related than gender euphoria is" (trans woman, 34). And again, some said that this relationship differs across people.

Lastly, a few participants mentioned the ways people utilize the terms gender dysphoria and gender euphoria. Some argued that euphoria is a better organizing principle to unite disparate trans identities, partly because not every trans person experiences dysphoria. However, some felt that this idea had gone too far and that the term euphoria was sometimes used to discount experiences of dysphoria. For example:

Some trans people dislike the idea of dysphoria entirely, or simply dislike that dysphoria focuses on the negatives, and so they created the term "gender euphoria" to focus on the positive experiences of being trans. I think that in the several years that the term "gender euphoria" has been around, other people have latched on it and added onto the use of focusing on the positive by using it to describe their experiences of realizing they are trans, with a small group of trans people weaponizing the term to then say that dysphoria doesn't actually exist. (transmasculine, 30)

Discussion

We conducted an exploratory online qualitative survey of gender euphoria—what it is, people's related experiences, where the term circulates, and its relationship with dysphoria. Using thematic analysis, we found that participants (who were largely LGBTQ) conceptualized and experienced gender euphoria as powerfully positive and related to gender identity, gender expression, sexed body, and gendered social life. Participants' responses provide a rich basis for researchers, clinicians, and communities to further understand and explore this important psychological phenomenon.

Gender euphoria generally describes a joyful feeling of rightness in one's gender/sex, according to our first theme in participants' responses. This echoes Ashley and Ells (2018) description of gender euphoria as a "distinct enjoyment or satisfaction" (p. 6). While joy or happiness encompasses much of the emotional tenor of gender euphoria, participants also described feelings of confidence, attractiveness, and affirmation. This suggests that past operationalizations of gender euphoria as increased positive affect, decreased negative affect, and resilience are likely tapping into the broad range of positive emotions gender euphoria can elicit (Bradford et al., 2019; Lambrou et al., 2020). Seemingly central to these positive emotions are a constellation of feelings related to authenticity, rightness, or being "at home." Though "authenticity" has been criticized as forwarding an essentialist view of the self, it is nevertheless an important component to fulfillment and positive development for many people, especially those who have been denied access to living an

authentic life through cisnormative systems of oppression (Davies, 2020). Our findings corroborate the importance of feelings of authenticity and support calls for creating space for all people to explore the gender/sexed aspects that feel right to them.

In the second theme, participants recounted experiences of gender euphoria that involved a combination of their physical bodies and objects placed on their bodies, internal psychological processes, and interactions with others and society. Past qualitative work on gender dysphoria has identified both bodily and social experiences as important domains for *negative* experiences (Galupo et al., 2020; Pulice-Farrow et al., 2019), and we found similar domains for positive experiences. Our finding that some participants experienced gender euphoria in relation to internal psychological processes is also similar to findings that internal processing of social experiences can lead to dysphoria (Galupo et al., 2020). Our data extend these findings as some participants described these processes as *purely* internal, involving self-affirmation and self-definition. Rather than being rooted in others' perceptions or transition-related behaviors, these internal experiences were private and generated from within.

Participants' descriptions of their gender euphoric experiences can also extend theories of gender as performance. The social enactment of gender is sometimes described as a kind of performance, wherein how a person "does" their gender (e.g., expresses themselves in feminine or masculine ways) is read by others as conveying information about their sexed body and/or gender identity (Butler, 1988; West & Zimmerman, 1987). The current study's findings contribute to this perspective by highlighting the affective component of gender performance—it can feel good (or bad), sometimes intensely so. Our findings also suggest that some gendered experiences are seemingly unrelated to performance or expression, as evidenced by the subtheme of internal psychological experiences. Though gender is socially constructed and enacted, trans studies scholars have argued that a sole focus on social construction may eclipse some people's resolute feelings of an internal gender identity (Nagoshi

& Brzuzny, 2010; Serano, 2013; Tate et al., 2014). Our findings corroborate the importance of interiority to (some) people's felt sense of gender and suggest that this interior sense of self has affective components.

Our third theme makes clear that gender euphoria originated in gender/sex minority communities, and it is members of these communities who are predominantly using this term. Though about a quarter of our sample were cisgender, they mostly discussed hearing the term being used by trans and nonbinary people in their lives rather than reporting experiencing it themselves. This finding is perhaps unsurprising given the term's linguistic ties to gender dysphoria. What was slightly less clear is who exactly *experiences* gender euphoria. Though there was some diversity in perspectives amongst participants, gender euphoria was largely seen as specifically a transgender and/or nonbinary experience. Some cisgender participants did describe positive gendered experiences but most were hesitant to label them as gender euphoria because, to them, the term seemed specific to trans contexts.

What might the positive gendered experiences that cisgender participants reported be called? We introduce the term "gender pleasure" as a way to refer to all kinds of positive gendered experiences, including gender euphoric experiences but also others. Gender pleasure for cisgender folks may be harder to recognize than gender euphoria is for non-cisgender folks. As some participants postulated, and as past research on cisnormativity has supported, cis experiences are the default so are not often made obvious or visible (Abed et al., 2019; Bauer et al., 2009; Beischel et al., in press). This invisibility may suggest that gender pleasure is relevant only for gender/sex minorities. Indeed, some experiences our participants described seem fairly specific to those who were assigned a gender/sex at birth that did not accurately describe them. These experiences might include people using the right name and pronouns, biomedical transition care, and changing gender/sex markers on documents. However, other experiences seem potentially shared with cis individuals, and it is an open question whether these would induce gender pleasure in a cisgender context. These experiences

might include wearing clothing that shows off a person's body in ways they like, dressing in drag, and being in community with members of a person's gender/sex. Future research could help flesh out gender pleasure and its relation to gender euphoria with people of diverse gender/sexes, including majority ones.

In our fourth theme, participants identified feelings of conflict or discord as central to definitions of dysphoria, which was conceptually opposite the feelings of harmony and authenticity that they identified as characterizing euphoria. However, not everyone conceptualized euphoria and dysphoria as opposites. In fact, according to our fifth theme, participants had little consensus on this relationship. Some did feel that euphoria and dysphoria were opposites, but others said there was a more complex relationship between them. Some felt that dysphoria was more chronic and less intense than euphoria, while others felt the reverse. And, some felt that euphoria and dysphoria were nearly always linked while others contended that people can experience one without the other. Participants may not have even been sure themselves, as about a quarter of participants said "maybe" there was a relationship between euphoria and dysphoria.

What might explain these varied and sometimes contradicting conceptualizations of the interrelations between gender euphoria and dysphoria? One explanation is that many participants rooted their descriptions in their own experiences of euphoria and dysphoria. It is clear from our data and others' that gender/sex identities and experiences can be highly individual (Diamond & Butterworth, 2008; Erickson-Schroth, 2014). In contrast, transnormative narratives privilege one particular path to a transgender identity that is binary and medicalized (Johnson, 2016). Though some trans individuals find personal affirmation or utility in this narrative, many people's gender journeys do not follow this path, and indeed sometimes people's paths intentionally disrupt transnormativity (Bradford & Syed, 2019). In support of the pluralism of transgender narratives, we found that euphoria and dysphoria do not always reflect a linear, binary desire to become "the other gender." Many people described *non-binary* experiences of euphoria, such as strangers

being visibly confused by their gender expression. They also described shifting gendered aspects of themselves not to be perceived as a different gender but rather to feel more authentic and comfortable. These highly individualized gendered experiences may therefore explain the wide variety of conceptualizations of gender euphoria and dysphoria. Accordingly, any universalizing statement about the relationship between euphoria and dysphoria is likely to misrepresent at least some people's experiences.

Limitations

Our sample had important limitations that may have affected the range of experiences and conceptualizations represented in our data. Most participants were white and had at least some college education. Social scientific and other scholarly work has extensively demonstrated that gender is experienced differently across race/ethnicity and social class, and that systems of privilege and oppression shape these experiences (Collins, 2000; Crenshaw, 1991; Han, 2009; Weitz, 2001). For example, racialized minorities and/or people with low incomes often face substantial barriers to obtaining transition-related healthcare (James et al., 2016; Snow et al., 2019). Access to gender euphoria then, and the experiences that may elicit it, is not equitably distributed across race/ethnicity and class (and likely other axes of social location). Gender euphoria may also take different forms for people with different cultural backgrounds, considering gendered experiences and identities themselves vary across race/ethnicity and cultural background (Kuper et al., 2014; Singh, 2013). Additionally, research has demonstrated generational differences in gender/sex minority experiences (e.g., Barsigian et al., 2020). As our sample was quite young (most were younger than 28 years), we may not have captured the breadth of experiences of gender euphoria across the lifespan. Future research is therefore needed to investigate gender euphoria in samples more diverse, especially by race/ethnicity, class, and age. Furthermore, we recruited only for those who were familiar with the term gender euphoria, as we were interested in people's knowledge of the term. There are likely many people who experience gender

euphoria or something like it without using or knowing the term. This group may have unique experiences that we did not capture.

Implications for research and practice

Our results have many potential implications for further research and practical applications, with the above limitations in mind. First, our findings provide the basis for future qualitative and quantitative research on the positive aspects of gendered experiences. Rao and Donaldson (2015) call for more attention to diversity and minority social locations in positive psychology, a field dedicated to understanding the life-giving and energizing aspects of human experience. The current study represents one example of the important insights into minority experiences, and into social identities in general, afforded by exploring experiences that are fulfilling, affirming, and joyful.

Of course, there is still much to be learned about gender euphoria and related experiences. The characteristics of people who experience gender euphoria, the social and physical conditions that foster it, and its physical and mental health outcomes are all open arenas for further qualitative and/or quantitative inquiry. Our data suggest that gender euphoria is not a rare occurrence for those who experience it—many of our participants reported that they experienced it weekly or monthly. This suggests that experience sampling methods, like daily diaries, are one potential way to understand gender euphoria as it happens (rather than through recollection). The current study also provides an important basis for a quantitative scale development of gender euphoria. Our participants' experiences and conceptions of euphoria and dysphoria make clear that euphoria is a unique construct and not simply the absence of dysphoria. One measure of gender dysphoria does contain a "gender affirmation" subscale with four items (e.g., "It feels good to live as my affirmed gender"; McGuire et al., 2019). However, our data suggest gender euphoria is multifaceted—containing at least physical, psychological, and social aspects—and thus warrants a unique scale that captures its multifaceted nature. Regardless of the method, starting from people's own understandings of their experiences

is likely to be fruitful. Our findings demonstrate that relying on community knowledge for under-researched phenomena is an invaluable source of data as it centers people's own voices in describing their lives and can help to avoid imposing meaning onto communities.

Second, our findings have important implications for clinical practice. The fact that participants described immensely positive effects of gender euphoria, including being "life-saving," underscores the importance and urgency of understanding and cultivating gender euphoria for gender/sex minority communities, who are disproportionately likely to experience depression, suicidal ideation, and anxiety (Connolly et al., 2016; Snow et al., 2019; Valentine & Shipherd, 2018). Clinicians working with clients who experience gender dysphoria might benefit from not only helping to manage the clients' dysphoria but also to facilitate euphoria by having them explore what brings them joy, contentment, and validation. This can follow a therapeutic strengths-based approach that emphasizes the positive aspects of human life, like happiness, courage, and resilience (Padesky & Mooney, 2012). As some participants mentioned, gender euphoria as a term is not even widely known within gender/sex minority communities. It may therefore be beneficial to clients to merely introduce the term to them and have them reflect on its place in their lives.

The gender minority stress and resilience model is one important framework for understanding the potential role of gender euphoria in mental and physical health. Based on the minority stress model for sexual minorities (Brooks, 1981; Meyer, 1995), this model posits that gender minorities experience unique stressors that are both distal (e.g., misgendering, violence, rejection) and proximal (e.g., internalized transphobia, identity concealment) with negative impacts on mental health (Hendricks & Testa, 2012; Testa et al., 2015). In addition to stressors, the model also incorporates resiliencies among gender minority people, including community connection and pride, that buffer against stress-related effects on mental health. However, models and measures of gender minority stress and resilience have yet to incorporate gender euphoria, and our research is suggestive of potential avenues for doing so.

One avenue for considering gender euphoria and gender minority stress is that additional resilience factors beyond community connectedness and pride could exist in the inverse of stress factors. Our participants described many experiences of gender euphoria, such as affirmation through correct gendering as echoed in other studies (Pulice-Farrow et al., 2019), that were the opposite of the stressors proposed by this model, such as non-affirmation (Hendricks & Testa, 2012). Another possibility is that gender euphoria may act as a *mechanism* by which resilience factors buffer against stress. Affect is a strong predictor of physical health, mental health, and life satisfaction (Kuppens et al., 2008; Layous et al., 2014; Xu et al., 2015). Our participants reported gender euphoria as joy, and these feelings may increase positive affect in general and/or reduce the impact of negative experiences on affect. However, gender euphoria may also have more complex links to gender minority stress. Some participants noted that euphoric experiences can actually highlight their *dysphoria*. Experiences of gender euphoria could therefore have what might seem to be paradoxical connections with minority stress and not reflect interactions between stressors and resiliencies.

Our findings also have implications for the medicalization of trans and nonbinary experiences more generally. Our participants' diverse experiences indicate the continued need for the social and institutional development away from the dysphoria-centered medical model of gender/sex minority experience, without erasing the importance of dysphoria itself for many. While the shift from Gender Identity Disorder to Gender Dysphoria in the *DSM-5* was intended to reduce the pathologization of trans identity, trans people often still protest its inclusion in the *DSM* at all (Johnson, 2019; Whalen, n.d.). While some trans people strategically use this medical model to access healthcare and make their experiences legible to cisgender people, many often disagree with the medical framing of dysphoria as an illness located inherently in the trans experience rather than as the distress produced by living in a cisnormative society (Johnson, 2019). A wider recognition of the importance of gender

euphoria in people's lives may help decenter dysphoria in medical contexts in favor of a more multifaceted understanding of gendered experiences that can include but does not necessitate dysphoria to access gender affirming services (should they be wanted).

In our research, some participants indicated that euphoria may be preferable as a central component of gender/sex minority experience compared to dysphoria. In making this argument, some claimed it is more universal. Likely, neither euphoria *nor* dysphoria should be seen as prescriptively central in a universal sense. Instead, the centrality of euphoria to some participants points to the ways that dysphoria is not centered for everyone. Our results further impact the ways that dysphoria is centered, including as a within-individual illness. Many of our participants described social experiences as the origin of their euphoria, though many also experienced it in the absence of others. This highlights the importance of the social environment in producing affective gendered experiences. Clinical conceptualizations of gender/sex minority experience would therefore do well to incorporate the importance of the social environment and to listen to trans people's own conceptualizations of their dysphoric and euphoric experiences.

Relatedly, the current study provides support for continued policy and social change to support people of all gender/sexes. We propose, as others have, that the fight for transgender rights can be framed not only as reductions in gender-related harm, but also more equitable access to gender-related joy and pleasure. For example, Ashley and Ells (2018) propose that gender euphoria can be just as legitimate of a justification as gender dysphoria for transition-related medical care, and should thus be covered under private and public health insurance. In support of this argument, some of our participants described euphoria as the guiding force for their transition, including decisions such as starting hormones and obtaining surgery. Additionally, given the benefits of gender euphoria in the context of a violently transphobic society (James et al., 2016), all people can and should work to construct a society in which gender euphoria can be freely sought and nurtured.

Conclusion

There is little published research on gender euphoria despite its importance to gender/sex minority communities. Our qualitative survey provides a fuller understanding of this experience for use in research, clinical practice, and social change. Participants described gender euphoria as a joyful feeling of rightness and experienced it in relation to their bodies, minds, and social lives. It is clear from this data that some people experience not only a “push” away from their assigned gender/sex, but also or instead a “pull” toward gender/sexed aspects that feel more authentic and enjoyable. With this community-oriented knowledge, our study advances psychological understandings of gender/sex minority experience by recognizing that discomfort is not its only or main feature—inherent to these experiences are also affirmation, satisfaction, and joy.

Notes

1. “Gender/sex” refers to the complex entanglement of gender (sociocultural features) and sex (bodily features) evident in many people’s lived experiences (van Anders, 2015; van Anders & Dunn, 2009). “Assigned gender/sex” refers to the sex assigned at birth (usually female or male) and the gendered expectations that are associated with that sex (e.g., that newborns assigned female will identify as girls or women).
2. We use “gender/sex minority” to refer to people who have been *minoritized* on the basis of their gender/sex, such as transgender, nonbinary, and intersex people, rather than simply referring to a statistical minority (van Anders, 2015).
3. Wording for these questions were changed slightly for those who answered maybe: e.g., “Can you describe a time *when you might have* experienced gender euphoria...”

Acknowledgements

We would like to thank Harley Dutcher, Sara McClelland, and Abby Stewart for their assistance in thinking through this study’s research design and analyses. We also thank the anonymous reviewers for their insightful suggestions.

Funding

This research was undertaken, in part, thanks to funding from the Canada 150 Research Chairs program to SMvA and the Ontario Women’s Health Scholar Award awarded to SEMG. The Ontario Women’s Health Scholars Award is funded by

the Ontario Ministry of Health and Long-Term Care. The views expressed in the publication are the views of the author(s) and do not necessarily reflect those of the Ministry of Health and Long-Term Care.

Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

ORCID

Will J. Beischel  <http://orcid.org/0000-0002-7430-4547>
Stéphanie E. M. Gauvin  <http://orcid.org/0000-0002-1943-6344>

References

- Abed, E. C., Schudson, Z. C., Gunther, O. D., Beischel, W. J., & van Anders, S. M. (2019). Sexual and gender diversity among sexual and gender/sex majorities: Insights via sexual configurations theory. *Archives of Sexual Behavior*, 48(5), 1423–1441. <https://doi.org/10.1007/s10508-018-1340-2>
- American Psychiatric Association. (2013a). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- American Psychiatric Association. (2013b). *Gender dysphoria*. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf
- Ashley, F. (2019a). Gatekeeping hormone replacement therapy for transgender patients is dehumanising. *Journal of Medical Ethics*, 45, 480–482. <https://doi.org/10.1136/medethics-2018-105293>
- Ashley, F. (2019b). The misuse of gender dysphoria: Toward greater conceptual clarity in transgender health. *Perspectives on Psychological Science*, 1–6. <https://doi.org/10.1177/1745691619872987>
- Ashley, F., & Ells, C. (2018). In favor of covering ethically important cosmetic surgeries: Facial feminization surgery for transgender people. *The American Journal of Bioethics*, 18(12), 23–25. <https://doi.org/10.1080/15265161.2018.1531162>

- Barsigian, L. L., Hammack, P. L., Morrow, Q. J., Wilson, B. D. M., & Russell, S. T. (2020). Narratives of gender, sexuality, and community in three generations of gender-queer sexual minorities. *Psychology of Sexual Orientation and Gender Diversity*, 7(3), 276–292. <https://doi.org/10.1037/sgd0000384>
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K., & Boyce, M. (2009). “I don’t think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348–361. <https://doi.org/10.1016/j.jana.2009.07.004>
- Beischel, W. J., Schudson, Z. C., & van Anders, S. M. (in press). “This is mind expanding”: Participants’ reactions to an online survey using sexual configurations theory. *Psychology of Sexual Orientation and Gender Diversity*.
- Bradford, N. J., Rider, G. N., & Spencer, K. G. (2019). Hair removal and psychological well-being in transfeminine adults: Associations with gender dysphoria and gender euphoria. *Journal of Dermatological Treatment*, 1–8. <https://doi.org/10.1080/09546634.2019.1687823>
- Bradford, N. J., & Syed, M. (2019). Transnormativity and transgender identity development: A master narrative approach. *Sex Roles*, 81, 306–325. <https://doi.org/10.1007/s11199-018-0992-7>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2020). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 1–14. <https://doi.org/10.1080/13645579.2020.1805550>
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.
- Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre Journal*, 40(4), 519. <https://doi.org/10.2307/3207893>
- Chadwick, S. B., Francisco, M., & van Anders, S. M. (2019). When orgasms do not equal pleasure: Accounts of “bad” orgasm experiences during consensual sexual encounters. *Archives of Sexual Behavior*, 48(8), 2435–2459. <https://doi.org/10.1007/s10508-019-01527-7>
- Cohen-Kettenis, P. T., & Van Goozen, S. H. M. (1997). Sex reassignment of adolescent transsexuals: A follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(2), 263–271. <https://doi.org/10.1097/00004583-199702000-00017>
- Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Connolly, M. D., Zervos, M. J., Barone, C. J., Johnson, C. C., & Joseph, C. L. M. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health*, 59(5), 489–495. <https://doi.org/10.1016/j.jadohealth.2016.06.012>
- Cosgrove, D., Bozlak, C., & Reid, P. (2021). Service barriers for gender nonbinary young adults: Using photovoice to understand support and stigma. *Affilia*, 36(2), 220–239. <https://doi.org/10.1177/0886109920944535>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241. <https://doi.org/10.2307/1229039>
- Davies, A. W. (2020). “Authentically” effeminate? Bialystok’s theorization of authenticity, gay male femmephobia, and personal identity. *Canadian Journal of Family and Youth/Le Journal Canadien de Famille et de La Jeunesse*, 12(1), 104–123.
- Deogracias, J. J., Johnson, L. L., Meyer-Bahlburg, H., Kessler, S. J., Schober, J. M., & Zucker, K. J. (2007). The gender identity/gender dysphoria questionnaire for adolescents and adults. *The Journal of Sex Research*, 44(4), 370–379. <https://doi.org/10.1080/00224490701586730>
- Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex Roles*, 59(5–6), 365–376. <https://doi.org/10.1007/s11199-008-9425-3>
- Edwards, J. (2018, July 20). *Gender Euphoria* [Video]. YouTube. <https://www.youtube.com/watch?v=4nnVFMByjXI>
- Erickson-Schroth, L. (2014). *Trans bodies, trans selves: A resource for the transgender community*. Oxford University Press.
- Fisk, N. (1973). Gender dysphoria syndrome (the how, what, and why of a disease). In D. Laub & P. Gandy (Eds.), *Proceedings of the second interdisciplinary symposium on gender dysphoria syndrome* (pp. 7–14). Stanford University Press.
- Galupo, M. P., & Pulice-Farrow, L. (2020). Subjective ratings of gender dysphoria scales by transgender individuals. *Archives of Sexual Behavior*, 49(2), 479–488. <https://doi.org/10.1007/s10508-019-01556-2>
- Galupo, M. P., Pulice-Farrow, L., & Lindley, L. (2020). “Every time I get gendered male, I feel a pain in my chest”: Understanding the social context for gender dysphoria. *Stigma and Health*, 5(2), 199–208. <https://doi.org/10.1037/sah0000189>
- Galupo, M. P., Pulice-Farrow, L., & Pehl, E. (2020). “There is nothing to do about it”: Nonbinary individuals’ experience of gender dysphoria. *Transgender Health*, 1–10. <https://doi.org/10.1089/trgh.2020.0041>
- Han, C. (2009). Asian girls are prettier: Gendered presentations as stigma management among gay Asian men. *Symbolic Interaction*, 32(2), 106–122. <https://doi.org/10.1525/si.2009.32.2.106>
- Hardell, A. (2018, September 12). *Gender Euphoria*. <https://www.youtube.com/watch?v=9s3OlhQIZzM>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender non-conforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>

- James, S. E., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 US transgender survey*. National Center for Transgender Equality.
- Johnson, A. H. (2016). Transnormativity: A new concept and its validation through documentary film about transgender men. *Sociological Inquiry*, 86(4), 465–491. <https://doi.org/10.1111/soin.12127>
- Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: Trans people's strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health & Illness*, 41(3), 517–532. <https://doi.org/10.1111/1467-9566.12829>
- Kuper, L. E., Wright, L., & Mustanski, B. (2014). Stud identity among female-born youth of color: Joint conceptualizations of gender variance and same-sex sexuality. *Journal of Homosexuality*, 61(5), 714–731. <https://doi.org/10.1080/00918369.2014.870443>
- Kuppens, P., Realo, A., & Diener, E. (2008). The role of positive and negative emotions in life satisfaction judgment across nations. *Journal of Personality and Social Psychology*, 95(1), 66–75. <https://doi.org/10.1037/0022-3514.95.1.66>
- Lambrou, N. H., Cochran, K. M., Everhart, S., Flatt, J. D., Zuelsdorff, M., O'Hara, J. B., Weinhardt, L., Flowers Benton, S., & Gleason, C. E. (2020). Learning from trans-masculine experiences with health care: Tangible inlets for reducing health disparities through patient-provider relationships. *Transgender Health*, 5(1), 18–32. <https://doi.org/10.1089/trgh.2019.0054>
- Layous, K., Chancellor, J., & Lyubomirsky, S. (2014). Positive activities as protective factors against mental health conditions. *Journal of Abnormal Psychology*, 123(1), 3–12. <https://doi.org/10.1037/a0034709>
- Lev, A. I. (2013). Gender dysphoria: Two steps forward, one step back. *Clinical Social Work Journal*, 41(3), 288–296. <https://doi.org/10.1007/s10615-013-0447-0>
- Mantilla, K. (2001, July). Gender rights, transgender rights, women's rights? *Off Our Backs*, 6–9.
- McGuire, J. K., Rider, G. N., Catalpa, J. M., Steensma, T. D., Cohen-Kettenis, P. T., & Berg, D. R. (2019). Utrecht Gender Dysphoria Scale – Gender Spectrum (UDGS-GS). In R. R. Milhausen, J. K. Sakaluk, T. D. Fisher, C. M. Davis, & W. L. Yarber (Eds.), *Handbook of sexuality-related measures* (4th ed.). Routledge. <https://doi.org/10.4324/9781315183169>
- Menon, A. V. (2016, August 17). Gender euphoria. *ALOK*. <https://www.alokvmenon.com/blog/2016/8/17/gender-euphoria>
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. <https://doi.org/10.2307/2137286>
- Nagoshi, J. L., & Brzuzy, S. (2010). Transgender theory: Embodying research and practice. *Affilia*, 25(4), 431–443. <https://doi.org/10.1177/0886109910384068>
- Newman, R. Y. (Ed.). (2018). *Gender euphoria: A new collection*. <https://gumroad.com/l/GenderEuphoria>
- O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: Debates and practical guidelines. *International Journal of Qualitative Methods*, 19, 1–13. <https://doi.org/10.1177/1609406919899220>
- Padesky, C. A., & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology & Psychotherapy*, 19(4), 283–290. <https://doi.org/10.1002/cpp.1795>
- Pang, K., Lane, R., & Bagga, H. (2017). Gender dysphoria. In E. Rieger (Ed.), *Abnormal psychology: Leading researcher perspectives* (pp. 369–395). McGraw-Hill Education. <https://public.ebookcentral.proquest.com/choice/publicfull-record.aspx?p=5471261>
- Pulice-Farrow, L., Bravo, A., & Galupo, M. P. (2019). “Your gender is valid”: Microaffirmations in the romantic relationships of transgender individuals. *Journal of LGBT Issues in Counseling*, 13(1), 45–66. <https://doi.org/10.1080/15538605.2019.1565799>
- Pulice-Farrow, L., Cusack, C. E., & Galupo, M. P. (2019). “Certain parts of my body don't belong to me”: Trans individuals' descriptions of body-specific gender dysphoria. *Sexuality Research and Social Policy*, 17, 654–667. <https://doi.org/10.1007/s13178-019-00423-y>
- Rachlin, K. (2018). Medical transition without social transition. *TSQ: Transgender Studies Quarterly*, 5(2), 228–244. <https://doi.org/10.1215/23289252-4348660>
- Rao, M. A., & Donaldson, S. I. (2015). Expanding opportunities for diversity in positive psychology: An examination of gender, race, and ethnicity. *Canadian Psychology/Psychologie Canadienne*, 56(3), 271–282. <https://doi.org/10.1037/cap0000036>
- Schudson, Z. C., Beischel, W. J., & van Anders, S. M. (2019). Individual variation in gender/sex category definitions. *Psychology of Sexual Orientation and Gender Diversity*, 6(4), 448–460. <https://doi.org/10.1037/sgd0000346>
- Serano, J. (2013). *Excluded: Making feminist and queer movements more inclusive*. Seal Press.
- Silbernagel, A. (2019, October 13). Gender euphoria: The bright side of trans experience. *Queer Kentucky*. <https://queerkentucky.com/gender-euphoria-the-bright-side-of-trans-experience/>
- Singh, A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, 68(11–12), 690–702. <https://doi.org/10.1007/s11199-012-0149-z>
- Snow, A., Cerel, J., Loeffler, D. N., & Flaherty, C. (2019). Barriers to mental health care for transgender and gender-nonconforming adults: A systematic literature review. *Health & Social Work*, 44(3), 149–155. <https://doi.org/10.1093/hsw/hlz016>
- Sprague, J. (2016). Seeing through science: Epistemologies. In *Feminist methodologies for critical researchers: Bridging differences* (2nd ed., pp. 33–51). Rowman & Littlefield.
- Tate, C. C., Youssef, C. P., & Bettergarcia, J. N. (2014). Integrating the study of transgender spectrum and cisgender experiences of self-categorization from a per-

- sonality perspective. *Review of General Psychology*, 18(4), 302–312. <https://doi.org/10.1037/gpr0000019>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Ussher, J. M. (1999). Eclecticism and methodological pluralism: The way forward for feminist research. *Psychology of Women Quarterly*, 23(1), 41–46. <https://doi.org/10.1111/j.1471-6402.1999.tb00339.x>
- Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, 66, 24–38. <https://doi.org/10.1016/j.cpr.2018.03.003>
- van Anders, S. M. (2015). Beyond sexual orientation: Integrating gender/sex and diverse sexualities via sexual configurations theory. *Archives of Sexual Behavior*, 44(5), 1177–1213. <https://doi.org/10.1007/s10508-015-0490-8>
- van Anders, S. M., & Dunn, E. J. (2009). Are gonadal steroids linked with orgasm perceptions and sexual assertiveness in women and men? *Hormones and Behavior*, 56(2), 206–213. <https://doi.org/10.1016/j.yhbeh.2009.04.007>
- Weitz, R. (2001). Women and their hair: Seeking power through resistance and accommodation. *Gender & Society*, 15(5), 667–686. <https://doi.org/10.1177/089124301015005003>
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1(2), 125–151. <https://doi.org/10.1177/0891243287001002002>
- Whalen, K. (n.d). (In)validating transgender identities: Progress and trouble in the DSM-5. *National LGBTQ Task Force*. Retrieved October 5, 2020, from <https://www.thetaskforce.org/invalidating-transgender-identities-progress-and-trouble-in-the-dsm-5/>
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. <https://icd.who.int/browse11/l-m/en>
- Xu, Y., Yu, Y., Xie, Y., Peng, L., Liu, B., Xie, J., Bian, C., & Li, M. (2015). Positive affect promotes well-being and alleviates depression: The mediating effect of attentional bias. *Psychiatry Research*, 228(3), 482–487. <https://doi.org/10.1016/j.psychres.2015.06.011>