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*Questions and doubts
in online trans communities*

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Abstract

This thesis explores narrative identity development in online communities, with a focus on the ways community members handle questions and doubts about gender dysphoria, trans identification, and the decision to transition and/or detransition. Drawing on keyword search data for two key terms, *internalized transphobia* and *imposter syndrome*, I conducted a discourse analysis of the meanings and uses of these two terms in the online trans communities. Results suggest that internalized transphobia and imposter syndrome function as socially acceptable ways to express and minimize or dismiss personal doubts about gender dysphoria, trans identity, and transition. These terms are applied by members of online communities to explain and manage doubts of all kinds, emerging at all stages of questioning, transitioning, and detransitioning, in ways that keep collective bonds, as well as personal narratives, intact. Overall, these accounts may be understood as personal and collective attempts to construct a narrative identity, to tell a compelling story about the self—a story that provides meaning, explanation, belonging, purpose, and direction, and taps into powerful—but unrecognized—symbols of affliction and transformation.

La présente thèse explore le développement des identités narratives dans les communautés virtuelles, en mettant l'accent sur les façons dont les membres de ces communautés composent avec les questions et les doutes liés à la dysphorie de genre, à l'identification trans, et à la décision de transitionner ou de détransitionner. Puisant dans les résultats de recherches par mots clés pour deux termes, *internalized transphobia* et *imposter syndrome*, j'ai conduit une analyse discursive des sens et des usages de ces deux termes dans les communautés trans virtuelles. Les résultats suggèrent que la « transphobie intériorisée » et le syndrome de l'imposteur fonctionnent comme des façons socialement acceptables d'exprimer et de minimiser ou encore d'écarter des doutes à propos de la dysphorie de genre, de l'identité trans et de la transition. Ces termes sont employés par certains membres de ces communautés virtuelles afin d'expliquer et de gérer des doutes de toutes sortes, émergeants à tous les stades du questionnement, de la transition et de la détransition, de manière à maintenir les liens collectifs, ainsi que les récits personnels, intacts. Dans l'ensemble, ces récits peuvent être compris comme des tentatives personnelles et collectives de construire une identité narrative, de raconter une histoire convaincante sur soi-même — une histoire

qui offre du sens, une explication, un sentiment d'appartenance, un but et une direction, et qui mobilise des symboles, puissants mais méconnus, d'affliction et de transformation.

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I. Introduction

Since the turn of the 21st century, the number of children and adolescents questioning their gender, adopting transgender identities, and pursuing medical transition has exploded across the Western world (Kaltiala-Heino et al, 2015; Cass, 2024; Zucker, 2019; Frisé et al, 2017; Aitken et al, 2015; Landen, 2019). In the United Kingdom, for instance, 3,585 children and adolescents were referred to the National Health Services' Gender Identity Development Service in from April 2021 to March 2022, with an additional 4,600 children on a waiting list to be seen—a sharp increase from just 76 referrals 10 years earlier and a single referral in 2001 (GIDS, 2023). Services for over-18s are similarly overloaded, with over 13,000 patients on a waiting list to be seen on the NHS as of October 2023 (Gentleman, 2023).

Until the mid-2000s, gender clinics rarely encountered underage and young-adult patients. The few children that showed up at clinics were overwhelmingly natal males (over 75%), most with a history of cross-sex identification that stretched back to early childhood (Barnes, 2021). But that demographic, too, has changed. Today, natal females outnumber males two or even three to one and typically present after the onset of puberty and generally report no history of childhood gender dysphoria (Butler & Hutchinson, 2020; Chiniara et al, 2018; Zucker & Aitken, 2019). Adolescent and young adult patients are also presenting with differences of neurocognitive development as well as serious psychiatric comorbidities, more so than previous patient cohorts, with psychiatric comorbidities often preceding the onset of gender dysphoria (Kaltiala-Heino et al, 2015; Kaltiala et al, 2023; Cass, 2024; Becerra-Culqui et al, 2018; Bechard et al, 2017).

At the same time that the number of young patients presenting with gender dysphoria and seeking access to medical transition has exploded, the clinical approach to understanding, assessing, and treating gender dysphoria has undergone similarly dramatic changes. Medical interventions on underage patients presenting with gender issues were once rare. Clinicians favored exploratory psychotherapy and 'watchful waiting,' operating under the belief that most distress would resolve in most cases as

children progressed through puberty and came to accept their natal sex (Butler & Hutchinson, 2020; Evans & Evans, 2021; Zucker et al, 2012; Schwartz, 2012). Now, patient self-identification has become the primary basis for care, with ‘gender-affirming’ providers seeing their role as facilitating access to medical transition goals determined by the patient (Ehrensaft, 2011; Olson-Kennedy et al, 2016; Toomey et al, 2018; Turban et al, 2020; Turban et al, 2022). Under the affirmative-care framework, patient self-identification takes precedence over clinical inquiry into why a patient may be experiencing distress over their sexual development, sex role, or sexual orientation. Some affirmative providers even regard gender dysphoria as an endocrine condition or set of birth defects—interpretations that effectively rule out psychological investigation—such as Johanna Olson-Kennedy, one of the most high-profile gender clinicians in the United States, who dismisses the role of psychological approaches by comparing gender dysphoria to diabetes: “I don’t send someone to therapy when I’m going to start them on insulin” (Singal, 2018).

In the midst of these upheavals in number, age, sex, and psychiatric profile of patients seeking medical transition, there remains much that clinicians and researchers do not understand about gender dysphoria, transgender identity, and the desire to transition, in particular when it comes to the new cohort of adolescent and young adult females presenting with gender distress (Cass, 2022). This area of research and clinical practice is riven with conflicts and unresolved questions. To what extent, under what circumstances, and for which patients, do hormonal and surgical interventions alleviate or exacerbate distress? In which cases does suicidality decrease or persist after a young person embarks on transition? The question of what relationship exists between gender distress and other issues that young patients may face—such as differences of neurocognitive development, adverse childhood experiences, and serious comorbidities like self-harm, disordered eating, and suicidal ideation—remains unclear and disputed (Ashley, 2019; Askevis-Leherpeux et al 2019; Brignardello-Peterson & Wierciacho, 2022; Cass, 2022; Chen et al, 2016; Ehrensaft 2011; Holt et al, 2016; Kaltiala et al, 2023; Kaltiala-Heino et al, 2015; Ludvigsson et al, 2023; McLemore 2018; Sapir et al, 2023; Taylor et al, 2024; Tordoff et al, 2022; Turban et al, 2020; Christensen et al, 2023; Abbruzzese et al, 2023; Ruuska et al, 2024; Barnes, 2022). These disagreements suggest

that the field of gender medicine must confront the wide heterogeneity of individuals presenting with gender dysphoria, identifying as transgender, and pursuing (often highly individualized) transition goals. The interim Cass Report (2022) characterized the problem as one of “complex presentations and complex pathways,” identifying a range of factors that may be in play in any particular case of gender distress in youth, including autism, sexual abuse and trauma, and difficulties accepting one’s sexual development or sexual orientation. In some cases, youth may present with “longstanding settled gender incongruence,” while others may experience “transient” distress as part of normal adolescent development. The pathways out of distress that Cass identified are equally varied. Some young patients will ultimately seek medical transition, some may experience “fluidity” in terms of their identifications and goals for hormonal and surgical interventions, while others may find that their distress resolves without recourse to transition and thus are at risk of iatrogenic harm if they undergo interventions they may later come to regret (Cass, 2022). This issue of how to understand and approach gender dysphoria has suffered for being both polarized and exceptionalized. The final report of the Cass Review (2024) cautioned that “there are few other areas of healthcare where professionals are so afraid to openly discuss their views,” and that such “[p]olarisation and stifling of debate do nothing to help the young people caught in the middle of a stormy social discourse.”

For a deeper understanding of the collective discourses that structure the beliefs, attitudes, and knowledge youth bring with them to gender clinics, we need to explore the online spaces where young people share and negotiate new ideas about gender dysphoria, transgender identities, and transition, and set intentions and expectations for transition.

Researchers and clinicians consistently point to social media, online trans communities, and online trans content as key sources of information, advice, and social support (GLSEN et al, 2013; Marciano, 2014; Craig, 2015; Cipolletta et al, 2017; Bry et al, 2018; Selkie et al, 2020; Allen et al, 2021; Coyne et al, 2023). The role of online trans communities and trans content in encouraging youth to question their gender, test-drive new identities, seek social support and validation, solicit advice and feedback, and set

expectations and intentions for transition are also substantiated by self-reports from gender-questioning, trans-identifying, and detransitioned youth (Cavalcante, 2016; Pilecki, 2018; Littman, 2021). Researchers, clinicians, and community members agree that online spaces are vital sources of information, inspiration, and social reinforcement for gender-dysphoric and trans-identified youth, even as they remain divided over the precise role these spaces play when it comes to gender dysphoria, trans identification, and the desire to transition.

The influence of the Internet runs deep, transforming the ways we communicate, how we conceptualize our identities (what identity is, who decides), how we connect with others, how we relate to our own bodies, and how we conduct ourselves in our offline relationships. On the Internet, we are in charge of our identities to an extent that is unthinkable in offline interactions. On the Internet—and only on the Internet—we can be whoever *we* say we are. This online mentality finds expression in comments like “I’m not a girl, I just happen to be driving a female meat vehicle right now” (DrRokoBasilisk, 2019) and “[b]odies are about as real as gender in my book - hackable, mutable, just another layer of clothing. Certainly more expensive to change, but nothing so essential that it can define a person” (DumasHeaux, 2019). These kinds of ideas and expectations—which help shape and inform how transgender identities are conceptualized in the 2020s—are products of the Internet and benefit from being investigated in this context.

Developing a deeper understanding of how online communities may influence knowledge, attitudes, and beliefs about gender dysphoria and transgender identity, shape young people’s expectations and intentions for transition, and affect the ways they approach questions, doubts, and alternative explanations may help illuminate an understudied aspect of this issue.

II. Literature review

Adolescent identity development and online identity experimentation

Erikson (1963) characterized the key challenge of adolescent development as one of *identity versus role confusion*, where the young person seeks a “meaningful self-concept in which past, present, and future are brought together to form a unified whole” (Muuss et al, 1996, p. 51). The process of achieving a stable identity involves many conflicts as the adolescent confronts and negotiates the expectations of peers, parents, and society as a whole, with sexual development and sex-role expectations serving as points of particular friction (Erikson, 1968, p. 167). This process necessarily involves periods of role confusion, when a young person questions “one’s essential personality characteristics, one’s view of oneself, and the perceived views of others,” often accompanied by “extreme doubt regarding the meaning and purpose of their existence” (Sokol, 2009).

Adolescents are often torn between the desire to conform and be accepted and the desire to distinguish themselves and stand apart (Erikson, 1968, p. 153). Peer groups that afford opportunities for both conformity/acceptance and distinction/individuation may therefore be especially appealing.

Two of Erikson’s concepts are of particular interest: the *psychological moratorium* and *psychosocial reciprocity*. Erikson coined the term *psychological moratorium* to refer to the period of activity identity exploration, before an individual has committed to one identity over another (1968, p. 157). Marcia (1980) warned about the potential risks of *identity foreclosure* at this stage, when an adolescent prematurely interrupts or terminates the process of exploration and identity formation by cleaving to fixed ideas about self and role. *Psychosocial reciprocity* refers to adolescents’ intense need for peer recognition, involvement, and feedback as the adolescent tries on new identities for size (Erikson, 1959, p. 89). Muuss et al (1996) draw attention to the particular needs of adolescents for peer support, comfort, and feedback when facing issues like bodily changes in puberty and developing romantic and sexual interests, given that these issues can be highly fraught, huddling under “simultaneously positive and negative valences”

(p. 51-52). The challenges of identity achievement in adolescence and young adulthood is all the greater in times of rapid cultural change when “the future is unpredictable” and older generations are unable to furnish compelling and adequate role models (Muuss et al, p. 51).

For the purposes of my research, I am primarily interested in identity as *narrative identity*—narrative identity being “a special kind of story—a story about how I came to be the person I am becoming” (McAdams, 2018). McAdams (1985) theorized that narrative identity emerges in late adolescence into early adulthood, as adolescents undergo cognitive development and come under “social pressures to define the self” (McAdams & McLean, 2013). As Granic et al (2020a) argue, for adolescents and young adults, the process “by which young people make sense of their life events, share them with valued social partners, connect them to their values and commitments, and integrate them with societal values” increasingly unfolds in a “hybrid reality” that bridges digital and offline settings and “increasingly serve the same developmental functions as ‘off-screen’ activities” (Granic et al, 2020b). Narrative identity is also regarded as a useful frame for understanding gender dysphoria, which “depends not simply on how [a patient’s] body is physically, but on how they develop as an embodied personal being over time”—the product of a “hermeneutical [...] process of storytelling [...] which means one of self-interpretation and self-identification” (Dierckxsens & Baron, 2023). Dierckxsens and Baron further describe gender dysphoria as “(by definition) a problem of identity: distress arising from a person’s experience of conflict between their personal identity and self-concept, and their sexed body”:

“The fact that HCPs [healthcare providers] are unable to determine which cases of GD [gender dysphoria] in children will remit indicates that their embodied identities should be understood more as *narrative* identities (selfhood). More exactly, if we understand a person’s identity as narrative, that is, as developing over time through the exchange of stories with others, this clarifies the diagnosis of GD in youths. Identification with one’s gender is part of the narrative identity, which in these cases is not so much a clear straightforward narrative, but rather a searching or disrupted—albeit significant—narrative.”

The Internet is, in many ways, an ideal venue for this kind of self-exploration and self-interpretation. “An individual’s offline identity is constrained by his or her corporeal body and the physical situations,” Huang et al (2021) note. “Factors (e.g., race, age, and gender) that affect an individual’s offline identity are usually beyond his or her control.” Online, these constraints are lifted. Internet users enjoy high levels of control over disclosure of personal information, which provides opportunities for individuals to “build an online identity that is partly or even completely different from their real identity” (Hu et al, 2015) and to “express unexplored ‘aspects of the self’” (Turkle, 1996). Adolescents and young adults in particular may use online spaces to try out multiple potential identities—adopting, editing, and discarding identities based on social feedback (Valkenburg et al, 2005).

Online, “[p]eople become masters of self-presentation and self-creation,” Turkle (1996) observed in her research on multi-user domains:

“There is an unparalleled opportunity to play with one’s identity and to ‘try out’ new ones. The very notion of an inner, ‘true self’ is called into question. This idea is well captured by the player who said: ‘You can be whoever you want to be. You can completely redefine yourself if you want. You can be the opposite sex. You can be more talkative. You can be less talkative. Whatever. You can just be whoever you want really, whoever you have the capacity to be. You don’t have to worry about the slots other people put you in as much. It’s easier to change the way people perceive you, because all they’ve got is what you show them. They don’t look at your body and make assumptions.’” (p. 158)

Experiences in these spaces had the potential to become immersive, in some cases constituting what Turkle came to see as a “parallel life.”

A literature review by Huang et al found that adolescents and young adults with a “less coherent sense of self” were more likely to participate in online identity experimentation (e.g., as in Ceyhan, 2014, and Michikyan et al, 2015). Loneliness was another strong

predictor of such experimentation; researchers hypothesized that online identity experimentation and reconstruction may be a social compensation strategy (Valkenburg et al, 2005). Bessière et al (2007) and Michikyan et al (2015) also found that adolescents with lower self-esteem were more likely to engage in “self-enhancement” or “false self-presentation” (in the case of gender experimentation online, we might prefer a less judgmental term, such as divergent self-presentation). Duan et al (2020) found that “false self-presentation is significantly correlated with negative mental health, such as anxiety, depression, and stress.” But, as Huang et al note, while “negative psychological status is a significant predictor of online identity reconstruction behavior... the causal relationship between online identity reconstruction and well-being is not clear.”

In theory, online communities can serve as an ideal medium for young people during the stage of identity development Erikson (1968) referred to as a *psychosocial moratorium*, a period where a young person has “begun identity explorations... [but] has yet to make firm identity commitments.” In practice, however, the picture becomes more complicated. Lemma (2010) observed that online “pseudorepresentations” that enable individuals to “alter, extend, or altogether bypass the body and its functions” may exacerbate a “split between the body and the self.” If cyberspace becomes a “psychic refuge from the challenge of integrating the reality and meaning of the sexual body into the image of the self,” adolescents may evade or forestall one of the key developmental tasks they must navigate. When time spent online is linked to discontent and distress, and in a climate where certain identity formulations have become linked to urgent medical interventions, these online experiments may quickly become consequential.

Trans identities online: Inspiration, immersion, and influence

What about trans identities online? The Internet’s role as a site for gender exploration and social support-seeking for gender and sexual minorities is nothing new. As early as 1990, researchers found extensive experimentation with transsexual identification online, along with social support-seeking and resource-sharing—part of a larger phenomenon where people with unusual identities, interests, or experiences use the

Internet to find one another (Danet, 1995; Reid, 1994; Stone, 1993; Turkle, 1995).¹ Shapiro (2004) reported that “a simple Internet search will pull up over 800,000 trans focused Web sites, listserves, and chatrooms.”

Shapiro’s research examined the role online spaces played in transgender organizing through a series of 10 in-depth interviews with activists that track what Shapiro describes as a shift from a “pathologized” to “politicized” community:

“Because outing oneself online does not carry the same risks, many more people are willing to inquire about and become active in the community and its informational and social networks. In other words, the Internet carries fewer consequences for members of highly marginalized communities; trans people do not have to be out to access the community.”

Starting in the mid-2000s, that online environment underwent a series of transformations—most notably, the rise of social media networks and availability of smartphones—that dramatically increased the reach and influence of online spaces over people’s lives (Twenge et al, 2019). The experience of being online became more immersive, more central to our lives, and consumed ever more time and attention. Ideas about what it means to be transgender and the demographic profile of people identifying as transgender also began to shift around this time (Ostertag, 2016). Cavalcante (2016) presents the ability of adolescents to “investigate, experiment with, and craft a transgender identity [...]‘all online’” as a “recent historical development facilitated by communications technologies and dynamic shifts in the media and information environment.”

¹ It is worth noting that natal males were heavily overrepresented in early Internet forum membership. Consequently, research drawing on online trans communities conducted before the demographic shift in gender dysphoria and transgender identification that occurred in the mid-2010s also necessarily focused on males. More recent studies also focus on males, such as Webster (2019), who analyzed introductory posts on a transgender forum, with a focus on “transgender-feminine” (male) individuals who self-reported the desire to undergo surgical interventions as part of their transition noted that “physiologically male persons partak[ing] in gender transition practices” far outnumbered “physiologically female persons,” and concurred with previous research that even in online forums geared toward general transgender audiences, “transgender-masculine identities and persons... are ‘all but invisible.’”

Online trans communities² provide a more or less unrestricted space for youth to explore and try out identities in disembodied social interactions, access information and social support, and set intentions and expectations for transition. As Marciano (2014) observed: “[t]he Internet's ability to empower users in various ways – from online support to testing and expressing different selves – makes it almost an ideal medium for transgender individuals.” Lemma (2022) profiled an adolescent patient who reported that, online, “she was like she imagined she should have always been” (68).

Research suggests that online communities and the relationships that form there play a more significant role in the lives of LGBT youth compared to their non-LGBT peers. Hillier and Harrison (2007) found that same-sex attracted adolescents were often more comfortable sharing and exploring their sexuality in online contexts. The report *Out Online* (GLSEN et al, 2013), found that LGBT youth are more likely (50%) than non-LGBT peers (19%) to have at least one close online friend. Fourteen percent of LGBT youth said that they had first disclosed their sexual identity to someone online, two-thirds had used the Internet to connect with other LGBT people within the past year, and LGBT youth were more likely to search for health and medical information online than their non-LGBT peers (81% to 46%). *Out Online* also found that LGBT youth are three times as likely as non-LGBT peers to report being bullied or harassed online, findings that have been echoed by other researchers (Selkie et al, 2020). In this context, online trans communities may provide a “refuge on the web” from “transphobic” and “exclusionary behavior” (Cipolletta et al, 2017; Selkie et al 2020). Bry et al (2018), as well as McInroy and Craig (2015), link access to trans communities online to decreased minority stress among transgender-identifying and gender-questioning youth by providing access to social support and affirmation. Austin et al (2020) set out to determine the “specific ways in which online engagement helps TGD [transgender and gender-diverse] youth cope, heal, and grow in spite of persistent minority stressors across family, school, community, and cultural contexts.” Austin et al reported that they found “robust” evidence supporting the “‘life saving’ impact of the Internet for transgender and gender-diverse youth,” offering access to “an affirming space that, for

² Elliott (1999) discusses the evolution of diagnostic categories into the bases of communities (p. 25).

the most part, does not exist in their offline lives. This affirming space allows TGD youth to engage with others as their authentic selves, often for the first time, creating a safe context which fosters processes of healing and growth.” According to the researchers, “participants explicitly and implicitly shared the ways in which their internet engagement saved their lives. For example, one participant said: When I was 16 I already knew I was trans. I had met a few other trans people but still felt very alone. I went online and found a community and answers to many questions. Seeing other pictures of guys who had transitioned really helped me to not feel lost and crazy.”

Austin et al identified five key themes in youth experiences online: “finding an escape from stigma and violence,” “experiencing belonging,” “building confidence,” “feeling hope,” and “giving back.” The researchers concluded that “the vital importance of these experiences was underscored by the ways in which participants consistently referred to their online experiences with comments like ‘without it I would probably be dead,’ ‘life-saving’ or ‘my saving grace.’”

In a 2016 article titled “‘I Did It All Online:’ Transgender identity and the management of everyday life,” Cavalcante described online trans communities as “virtual ‘counterpublics’ that furnish feelings of belonging and ideological affiliation, as well as ‘care structures,’ architectures of organized care and concern, that facilitate transgender identity and everyday survival. For transgender individuals, who live in a world created without them in mind, the affordances of online counterpublics and care structures help them manage the trials and complexities of everyday life.” At the same time, Cavalcante observed that “the word ‘transgender’ served as an almost magical portal into virtual worlds of knowledge.”

A content analysis of transgender forums and Facebook groups—supplemented by online interviews with 16 participants—explored users’ support-seeking strategies and experiences sharing personal experiences and “display[ing] and test[ing] different identities and needs” (Cipolletta et al, 2017). The researchers concluded that “the potential of digital communication is still underestimated by healthcare professionals,” and focused on the potential for online trans communities to serve as a “refuge on the

web” to “decrease the stress, discomfort, discrimination and marginalisation of transgender people.” Selkie et al (2020) researched how adolescents “use social media to access transgender-related support.” And a 2017 dissertation focused on “how social media played an initial role in helping [transgender-identifying youth] explore their trans identity, how they find themselves aligning with particular trans narratives on social media, and how participants make use of social media to present an image of themselves to others... participants articulated feeling connected to the authentic representations of certain influential trans YouTubers... increased exposure to people they can relate to helped these adolescents to normalise their own trans experiences” (Lee, 2017). In each of these studies, researchers focused from the outset on the potential *positive* aspects of online trans communities, such as access to “emotional support through peers and role models, appraisal support for validating their experiences, and informational support for navigating health decisions and educating family and friends” (Selkie et al, 2020).

Some researchers refer to potentially problematic Internet use during certain (particularly early) stages of trans identification, as Pilecki (2018) does, observing that “the TGNC person’s use of the Internet may appear to be almost obsessive[...] but must be understood in context. This is often the first step a TGNC person takes out of the desert of loneliness and isolation that is the binary gender system, into an ocean of gender diversity and possibility.”

Pilecki depicts online trans communities as a “transitional path to travel from one end of the false/true self continuum to the other,” serving the function of allowing trans-identifying people to be “seen and recognized by those who share similar experience.” Devor (2004) describes the process of “witnessing and mirroring,” whereby people in the process of deciding to transition increasingly turn toward trans spaces for a “mirroring confirmation of their transsexualism or transgenderism”:

“Through various kinds of self-revealing discussions, they can avail themselves of the opportunity to compare their own feelings and experiences with those of people who have already adopted a transsexed or transgendered identity. When

they find themselves mirrored in these comparisons, they can begin to reach more definitive conclusions about their own identities.”

Pilecki observes that “Internet community often serves as the first place, the launching pad, from which TGNC people can begin to unearth awareness of gender variance and experience the kind of mirroring necessary to alleviate that sense of being the only one of their kind.” But Pilecki acknowledges limits to what online communities offer: “over time, however, Internet community, in and of itself, cannot be enough to fulfill the TGNC person’s relational, social, and self-actualization needs,” which require integration between online and offline representations of the self.

Curiously, Allen et al (2021) linked higher scores on the Problematic and Risky Internet Use Screening Scale-3 with higher self-reported wellbeing and body image among transgender, nonbinary, and gender-diverse youth, while among non-transgender youth, higher scores on problematic Internet use were correlated with lower self-reported wellbeing and body image. The researchers suggested that “digital engagement may function differently for this group” and explored possible explanations for why that might be the case:

“This correlation of well-being with the outcome of PIU [problematic Internet use] may complicate the very definition of PIU in this population, as PIU by definition interferes with functions that may be central to well-being. In TNG youth, this finding may represent the complexity of PIU... The prediction of PIU by positive body image for TNG youth may also relate to a function of digital media more specific to this population: the importance of being read as the gender of their identification... In general adolescent populations, social media use has been associated with eating disorder behaviors. Limited research suggests that TNG young adults are at higher risk of such behaviors, which makes the connection between PIU and positive body image seen here more surprising. This relationship between PIU and body image in TNG youth may be mediated by the digital media function of being able to present and be recognized as their identified gender.”

Allen et al note the “surprising” co-incidence of positive self-reported body image with higher risk of eating disorder behaviors among transgender, nonbinary, and gender-diverse youth. This raises questions about what, exactly, is being measured and how online (disembodied) spaces may interact with self perception and body image—or body *images*, plural, separating an online sense of self or self representation from the way one relates to and perceives one’s physical body. The Body Image Scale the researchers used asked respondents to rate themselves (using a six-point Likert scale) on the statements “I would like to change a good deal about my looks,” “I am satisfied with my looks,” “I would like to change a good deal about my body,” and “I am satisfied with my body.” One question is: which ‘body’ were transgender, nonbinary, and gender-diverse participants rating? Is it possible that youth who scored highly on problematic Internet use and high on body image were rating the imagined or desired body that can be faithfully represented online by an avatar or altered image? This is a possibility that research still needs to explore.

Coyne et al (2023) studied social-media use, mental health, and gender identity, and concluded that “directing children and adolescents to spend less time on social media may backfire for those transgender and gender nonbinary youths who are intentional about creating safe spaces on social media that may not exist in their offline world”:

“There were significant gender identity differences for all health outcomes measured in the study. TGNB [transgender/gender nonbinary] youths had the highest levels of depression, emotional problems, conduct problems, and negative body image compared with cisgender youths. However, TGNB youths’ use of social media was differentially associated with mental health. [...] Parents could be less concerned about screen time potentially causing mental health struggles in their TGNB youth and instead focus on how social media may be a resource for their children in the face of everyday minority stress.”

Here, too, other potential explanations are available. Individuals who inhabit an online identity that diverges substantially from their offline identity may experience distress

when shifting between these different social worlds, something Lemma (2010) observed in her patients who suffered and appeared “disoriented” when they lost access to the “virtual world[s]” that they had come to depend upon, “brutally” cast into “a real world [the patient] could barely relate to or think about.” Loewen et al’s (2021) research into video-game avatar creation suggests a relationship between avatar selection and one’s actual, ideal, and ‘ought’ selves, and that players who report a greater discrepancy between their actual and ideal selves (selecting “discrepancy-incongruent,” or highly unrealistic, avatars) may experience disorientation when emerging from an online role-playing environment. It’s possible that something similar may be happening in some cases with trans-identifying youth. Stock (2021) offered an alternative perspective on trans identification as an “immersive fiction.” Such immersive experiences may be “life-enhancing” to inhabit but painful or distressing to exit (p. 178).³

The literature also encompasses more critical perspectives on online trans content and communities that explore potential problematic Internet and social-media use, the possibility of social influence over trans identification, and the potential for self-misdiagnosis among adolescents and young adults who question their gender in online communities.

Research increasingly connects rising rates of internalizing disorders, self-harm, psychiatric hospitalization, and suicide among adolescent girls to social media use. As Haidt (2024) lays out, “the rapid movement of adolescent social life onto social media platforms was a cause, not just a correlate, of the increase in depression, anxiety, suicidal thoughts, and other mental health problems that began in the early 2010s”—alongside the spike in gender dysphoria and trans identification in the same population (p. 150). For instance, Livet et al (2022) found “all types of screen time exposure” were “significantly associated” with symptoms of disordered eating. Twenge (2020) linked adolescent depression, self-harm, and suicide to heavy use of digital media (Twenge, 2020a; Twenge, 2020b). Riehm et al (2019) found that adolescents

³ Lemma (2010) observes that, for a body-dysmorphic patient who had retreated into video games at the onset of puberty, “the body was an obstacle that had to be constantly managed and triumphed over, typically through its denial and the consequent retreat into the safe cocoon provided by cyberspace—the computer and the space it linked her into became quite literally a kind of life-support machine; that is, it supported Sharon in managing the demands of reality by providing an alternative to it.”

who spend more than three hours per day on social media were at significantly increased risk of experiencing internalizing problems, such as anorexia, depression, anxiety, dissociation, and somatization. Boer et al (2021) found that girls reported higher social-media use intensity, more social-media problems, more depressive symptoms, more “upward social comparisons,” and lower life satisfaction than their male peers. In a review of the literature on adolescent self harm, Haidt and Twenge (2021a) found that “many studies, using different methods and asking different questions, indicate that rates of adolescent anxiety, depression, and self harm are rising for girls in the years after (roughly) 2012, compared to the years before (roughly) 2009.” Haidt and Twenge conclude that these findings are “large and consistent across studies and nations: In most studies that allow comparisons, girls are doing worse than boys in absolute terms... [i]n nearly all studies that examine changes since the years before 2009, the increases in poor mental health are larger for girls.” In a separate review of research addressing the possible relationship between social media use and mental health, Haidt and Twenge (2021b) report that “many studies, using a variety of methods, have found associations between heavy social-media use and bad mental health outcomes, particularly for girls.”

Haidt (2024) highlighted four key risk factors that may explain girls’ particular susceptibility to social-media harms: socially prescribed perfectionism, “where a person feels that they must live up to very high expectations prescribed by others, or by society at large” (p. 156); exposure to relational bullying, which girls can no longer escape at the end of the school day; online predation; and—of particular interest—the ways girls tend to “share” and spread one another’s negative emotions, which can unleash sociogenic contagions (p. 162). These emotional contagions have another component, as Haidt points out: “prestige bias”:

“Don’t just copy anyone; first find out who the most prestigious people are, then copy them. But on social media, the way to gain followers and likes is to be more extreme, so those who present with more extreme symptoms are likely to rise fastest, making them the models that everyone else locks onto for social learning. [...] And if one finds oneself in a network in which most others have

adopted some behavior, then the other social learning process kicks in too: conformity bias” (p. 163).

In a 2023 Substack post, Twenge considered 13 alternative explanations for the sharp drop in youth mental health, concluding that “[o]f all of the alternative explanations, only #6 (declines in independence) stands up to scrutiny when examined, and it seems to be working together with the rise of smartphones and social media, not against it.” Other studies identify early adolescence as a period of particular developmental sensitivity when heavy social-media use may have the most detrimental effects on life satisfaction (Orben et al, 2022).

Research and reporting increasingly connect social-media exposure to the development of Tourette’s-like tics (Müller-Vahl et al, 2022; Paulus et al, 2021) and other functional neurological disorders, as well as the recent resurgence of dissociative identity disorder among young people claiming and acting out multiple personalities on platforms like TikTok (Haltigan et al, 2023).

This literature provides a potential context for understanding the concurrent rise in transgender identification among adolescent and young-adult natal females, though these potential parallels are often neglected by researchers studying adolescent and young adult use of social media and online support forums. For example, Granic et al (2020a) focus on the positives of online support forums for LGBTQ+ youth to “co-create new alternative narratives.” In the next paragraph, the researchers move on to the potential negative effects of online identity-building in communities that encourage self-harming behaviors. As an example, they cite online eating-disorder forums, which they connect to destructive ‘master narratives’ around thinness, observing that “many young women have found supportive communities that promote eating-disordered behaviors” via “identity-focused storytelling processes that amplify, elaborate, and reinforce pro-anorexia and binge/purge values and beliefs.” In another publication, Granic et al (2020b) warn of the potential for “iatrogenic effects” from unmoderated support forums where “young people with eating disorders convene for “support” but end up amplifying their problem behavior.” Due to polarization around

the issue of gender identity, researchers and clinicians appear hesitant to explore whether and for whom alternative narratives may be adaptive or maladaptive.

Kaltiala et al (2023) observed that the sharp increase in trans identification among Finnish youth has “taken place simultaneously with the emergence of the widely recognized crisis in mental health among adolescents and young adults throughout the Western world, largely associated with the increasing use of social media.” Kaltiala and her research team emphasize the potentially double-edged nature of social media use for trans-identifying young people:

“Social influences that reduce stigma and barriers to care for people suffering from incongruence between their sexed body and lived gender experience likely improve mental health in this group and social media may offer invaluable support and belongingness that buffers against minority stress. However, social media influences may also result in adolescent and emerging adult females—who present particularly frequently with identity confusion—seeking for a solution to their distress through GR [gender reassignment] and overshadow the need for psychiatric treatment.”

In a conference presentation, Kaltiala (2023) observed that the new cohort of patients presenting with gender dysphoria and seeking transition were 85% female and in most cases “presented with profound identity confusion... it was not only gender identity that they were struggling with, but many had very profound identity diffusion and they were really lost in asking who they were.” For Kaltiala, it was essential to consider gender identity “in the context of identity development at large.” She also observed indications of “social contagion-linked gender dysphoria,” such as adolescent females from the same schools presenting at gender clinics using the same language to tell the same stories of how they came to see themselves as transgender (Rayner, 2024).

Lopez and Wortman (2023) theorize that gender identity exploration may, in some cases, represent a form of adolescent identity crisis, an attempt to navigate developmental challenges around identity versus role confusion that Erikson (1956)

identified: “The adolescent identity crisis is a common phenomenon in which young individuals temporarily adopt an identity different from their childhood self. They acquire a more elaborate and cohesive sense of self after the crisis ends, often including elements of the ‘borrowed’ identity.” Lopez and Wortman offer a composite case of a 14-year-old female who identifies as agender and asexual and explore the potential meanings and purposes such identities may serve, such as “regain[ing] a sense of mastery and control over her sense of self.” In a similar vein, Korte and Gille (2023) view gender dysphoria—like anorexia nervosa—as a maladaptive response to unresolved developmental conflicts. In both cases, Korte and Gille argue, “the body becomes the venue for inner conflicts.”

Levine (2021), a psychiatrist and former head of the International Gender Dysphoria Association (now known as the World Professional Association for Transgender Health), raised concerns about the potential for online communities and content to influence identity formation among youth:

“One cannot discount the pervasive influence of the Internet in influencing current adolescents. Most adolescents undergo psychological strains and stresses that are only partially understandable to them. It may be possible that some adolescents who declare a trans identity are responding to ordinary developmental angst in an extraordinary manner. Some may be attracted to the cause of improving the world through expanding notions of gender.”

Littman (2018) surveyed parents about their transgender-identifying adolescents and found that 86.7% of parents reported that, “along with the sudden or rapid onset of gender dysphoria, their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.” Littman hypothesized that “increased exposure to social media/internet preceding a child’s announcement of a transgender identity raise[s] the possibility of social and peer influences” and that, while it is “unlikely that friends and the internet can make people transgender,” exposure to novel beliefs about sex and gender could encourage “vulnerable AYAs [adolescents and

young adults] to misinterpret their emotions, incorrectly believe themselves to be transgender and in need of transition, and then inappropriately reject all information that is contrary to these beliefs.”

Littman compared gender dysphoria to anorexia nervosa and self-harm, well-documented cases of peer contagion through online and offline social networks, observing that such behaviors and beliefs “can be spread via the mechanisms of co-rumination, which entails the repetitive discussion of problems, excessive reassurance seeking, and negative feedback.” Sociologist Nicholas Christakis (2019), who researches social-network effects, also raised concerns about social contagion among trans-identified youth, hypothesizing that “there is a tiny fraction of people truly affected [by gender dysphoria] and a much larger fraction affected by social contagion.” As revealed by internal communications from the World Professional Association for Transgender Health, affirmative clinicians have privately expressed concerns that “[s]ome adolescents—who have certain psychological vulnerabilities—feel comfortable within a marginalized community space and come to feel it’s a safe space for them. For others, gender serves a different function, not necessarily one that is about their gender identity even though they may feel it is about their identity in the moment” and that social factors may negatively influence “more vulnerable or susceptible young people to adopt and [sic] exploration process that might not be authentic for them” (Cantor, 2024).

Littman’s research identified specific online communities (including Reddit) and types of online content (like YouTube videos produced by trans influencers) that parents reported their children had accessed prior to announcing a transgender identity. Littman found that the share of adolescents receiving online advice “including how to tell if they were transgender (54.2%); the reasons that they should transition right away (34.7%); that if their parents did not agree for them to take hormones that the parents were “abusive” and “transphobic” (34.3%); that if they waited to transition they would regret it (29.1%); what to say and what not to say to a doctor or therapist in order to convince them to provide hormones (22.3%); that if their parents were reluctant to take them for hormones that they should use the ‘suicide narrative’ (telling the parents that

there is a high rate of suicide in transgender teens) to convince them (20.7%); and that it is acceptable to lie or withhold information about one's medical or psychological history from a doctor or therapist in order to get hormones/get hormones faster (17.5%)."

According to Littman, "[p]arents identified the sources they thought were most influential for their child becoming gender dysphoric. The most frequently answered influences were: YouTube transition videos (63.6%); Tumblr (61.7%); a group of friends they know in person (44.5%); a community/group of people that they met online (42.9%)... One parent wrote, "We believe the biggest influence was the online pro-transition blogs and youtube videos. We feel she was highly influenced by the 'if you are even questioning your gender—you are probably transgender' philosophy."

These findings—which are preliminary and reliant on parent reports—are bolstered by further research conducted by Littman (2021) surveying detransitioners, who specifically cited "pressure" from online trans communities as influential in their adoption of transgender identities and decision to transition, alongside factors like "mental health issues, trauma, peers... and difficulty accepting themselves as lesbian, gay, or bisexual." Fifty-five percent of detransitioners interviewed said that they "did not receive an adequate evaluation from a doctor or mental health professional before starting transition." Littman found evidence of youth who self-diagnosed with gender dysphoria and came out as transgender, often after exposure to these concepts in online trans communities, then encountered a medical profession that affirmed—rather than investigated—their newfound identities and facilitated access to medical interventions chosen by youth, often based on information, expectations, and intentions set online.⁴

"There is an incredibly positive climate around being trans in many places on the Internet," Marchiano (2017) observed. In this climate, a "questioning young person is encouraged to understand his or her symptoms as evidence of being trans. Young

⁴ Pang et al (2020) looked at media coverage of transgender topics in Australia and the United Kingdom alongside gender-clinic referrals for children and adolescents and found a significant association. The authors concluded that "[t] is possible that media coverage acts as a precipitant for young people to seek treatment at specialist gender services, which is consistent with clinical experiences in which TGD [transgender and gender-diverse] young people commonly identify the media as a helpful source of information and a trigger to seek assistance." This framing suggests that young people are already or even innately transgender and that media coverage serves only as a prompt to seek clinical care, but it is also possible that media exposure prompts identification itself.

people on reddit and other social media sites explain that they started wondering whether they were trans because they enjoyed creating opposite-sex avatars in online games and liked the clothing or hairstyles of the opposite sex. Commentators frequently respond by telling them they sound like a ‘textbook case’ and congratulate them on ‘finding out early.’” Hutchinson and Midgen (2020) cautioned that interactions in online trans spaces occur “out of sight of any mediating influence or alternative explanation for their distress.”

The Cass Review (2024) reported that online spaces are a key source of social-cultural influence when it comes to gender-questioning youth:

“In later childhood and into early puberty, online experience may have an effect on sense of self and expectations of puberty and of gender. As discussed in relation to adolescent development, this is a time where the drive to fit in with peers is particularly strong. Young people who are already feeling ‘different’ may have that sense exacerbated if they do not fit in with the demonstrations of masculinity and femininity they are exposed to socially and/or online.”

The existing literature shows great range in terms of what online communities have to offer. Young people seek and find new ways of formulating their personal identities online and forge social connections around shared narratives. At the same time, these spaces may also encourage young people to prematurely foreclose their search for identity and belonging.

III. Methodology

Research aims and questions

In this thesis, I sought to explore the existing and evolving beliefs, attitudes, norms, and values members of online trans communities espouse, with the objective of better understanding how the culture of these online spaces may contribute to identity formation and the search for belonging. I wanted to explore what Fine (1983) called the ‘idioculture’ of online trans communities, the “shared universe of discourse” encompassing “knowledge, beliefs, behaviors, and customs peculiar to an interacting group to which members refer and employ as the basis of further interaction” (p. 136).

At the outset, my research questions were: How are knowledge and beliefs about gender dysphoria, transgender identification, and transition/detransition negotiated within online trans communities? How do members engage with questions, doubts, and alternative explanations? What concepts do members deploy to represent ambivalence or uncertainty? How do these concepts frame the subjects to which they are applied? How do these concepts structure, support, or complicate the search for personal identity and a sense of belonging within online trans communities? Over time, I narrowed my focus to two key terms, as I will discuss below.

The questions community members ask and the doubts they express—and the ways these questions and doubts are framed and managed collectively—offer a rich territory for researchers to explore. When a community member asks questions—typically about how to feel confident in their new trans identity or whether they should transition—or expresses doubts, this is an opportunity for the community to socialize new or wavering members in line with community norms, values, and expectations. In my research online, doubts about the etiology and experience of gender dysphoria, trans identification, and the advisability of transition emerged as daily topics of conversation in online trans communities. I argue that online self-reports—which are not directed toward a particular outcome like convincing a loved one of the advisability of transition or securing a prescription—are a valuable source of insight into this population and the stories they tell about themselves online, for the consumption of what Moeller and

Ambrosio (2021) term the “general peer” (p. 186). These texts often read like autobiographical case histories, written self-consciously in what Hillman (1983) calls the “therapeutic genre”: “that is, the story is self-reflective and focused upon the 'problems' of the main character” (p. 14). These accounts also fill gaps in clinical knowledge, by fleshing out patients’ narrative identities and the ways “patients’ experiences can be both shaped and expressed through stories [...] of particular relevance for identity issues directly related to the body, such as GD [gender dysphoria]” (Dierckxsens & Baron, 2023).

I determined that discourse analysis was the best fit for the research questions I had and the data I had access to. Crowe (2005) described the method’s strengths in these terms:

“[d]iscourse analysis assumes that language constructs how we think about and experience ourselves and our relationships with others. Language is always embedded in a particular discourse. Discourses are regarded as patterns of ways of representing such phenomena in language. They provide the contextual meaning of language and shape the meaning by which practices and relationships are understood.”

Crowe instructs researchers to pay particular attention to “the text itself and its content for processes of interactional control; how it is structured as a particular type of text; what politeness strategies are used; how subject positions are constructed; the types and functions of the language used and the identification of key words; the thematic structure; how social relations are constructed; and how reality is represented... the techniques the text employs to make a point, what points are discussed, what points are not, how particular points are emphasized, how the reader’s attention is captured, what authority it claims in making its points.” I choose this approach to analyzing the data because of its sensitivity to what Crowe describes as the “constructive effect [of texts] in shaping how we experience ourselves and others and how we act in relation to this.”

One of the appeals of online communities as research sites is the potential to identify experiences that patients may not air in the exam room. In this, too, Crowe was a

valuable guide, given her commitment to informing her nursing practice through discourse analysis. This is particularly urgent in the case of patients who may fear derailing access to desired transition-related interventions, a risk that clinicians and researchers (e.g., Pimenoff & Pfäfflin, 2011; Faccio et al, 2023; Smith et al, 2005; Ashley, 2019) have clearly documented and to which patients have freely confessed.

As I observed these online communities over time, I became interested in two key concepts that surfaced repeatedly in conversations about questions and doubts: *internalized transphobia* and *imposter syndrome*. These concepts were also frequently deployed in research, clinical, and popular literature on trans identities. I conducted a keyword search for these two terms to better understand their meanings and uses within online trans communities. Alongside a discourse analysis of these keyword search results, I continued to observe these online communities on a daily basis to provide a broader context.

Positionality

For research on sensitive topics, it has become customary for researchers to set out what they bring to a project both as researchers and as human beings (Holmes, 2020). I became interested in the subject of gender identity several years ago, as I noticed a gap between the stories of people close to me who came to identify as transgender as young adults and the (admittedly too simple) narratives I had encountered in the media about being ‘born in the wrong body.’ Trans identification appeared, instead, to be a social process wherein one develops a new way of making sense of the self. I wanted to understand where these new self-understandings came from and I followed friends’ suggestions to educate myself by venturing into the online communities they frequented. What I found there was fascinating. I was particularly interested in two features of these online spaces. First, there was the groundlessness of the discourse. Words and meanings became almost limitlessly malleable, while simultaneously serving as the basis for highly consequential decisions about social, hormonal, and surgical changes. The other thing that surprised me was that I recognized many of the young people whose stories I encountered there. Their experiences were not alien to me. I understood that feeling of wrongness in one’s body, but I had applied a different

interpretation and pursued a different solution. As I developed more contacts in the field of gender medicine, I saw how little these online spaces were understood by researchers and clinicians, and I saw a place where I might be able to make a meaningful contribution to a debate that has too often generated more heat than light.

Description of data sources

I conducted keyword searches of three major, fully public forums for females questioning or inhabiting trans identities and two forums for desisters, detransitioners, and people considering desisting or detransitioning. The two pairs of subreddits were selected to facilitate comparisons and contrasts. The three FTM subreddits are r/ftm, FTMmen, and r/FTMover30. The two detransition-related subreddits are r/detrans and r/actual_detrans. I also visited these subreddits daily from September 2021 to the present to gain a fuller picture of how these communities function.

I selected Reddit due to its accessibility and the (relative) longevity and activity levels of the communities in question. The barrier to entry and participation is low: Reddit is a top search result for trans-related queries, is easy to navigate and search, and anyone can browse anonymously ('lurk'), create an account, join a community, and publish a post or a comment. Many users keep their Reddit accounts and stay active in these communities for years, posting regular updates on their gender 'journeys,' accessible through their public posting and commenting history. Reddit features like karma (which reflects a user's overall reputation within the community, calculated by totaling upvotes the user has received versus downvotes) and upvoting/downvoting on every post and comment also provide a basic barometer for how well a user or a specific contribution like a post or comment reflects community values and perspectives. Online support forums like Reddit have been flagged as a "fruitful avenue" for research into the potential positive and negative effects of online spaces on adolescent and young adult mental health (Granic et al, 2020a).

The subreddit r/ftm, formed in December 2011, is the largest and most active community for female-to-male transgender content, with over 228,000 members as of

April 2024. The community serves as a “[s]upport-based discussion place focused on trans men, trans-masc individuals, and other people assigned female at birth who are trans.” r/ftm content is categorized as discussion, advice, support, ‘vent’ for posts venting negative experiences and emotions (such as being misgendered, feeling unsupported by family or friends, or encountering barriers to transition), and ‘celebratory’ for posts sharing positive experiences and emotions (such as choosing a new name, ordering a binder, starting testosterone, or experiences of ‘passing’ as male). The subreddit also includes ‘threads’ where members can share fundraisers (typically to fund ‘top surgery’); buy, sell, trade, or request transition-related items like binders, packers, and other prosthetic devices; fitness regimes; voice recordings (to seek and provide feedback on “voice progress”); social media; and selfies, which typically document ‘progress’ toward transition and include information about steps toward medical transition. The subreddit also includes resources like how to know whether one is transgender; scripts for how to come out as transgender; suggestions for how to ‘bind’ one’s breasts, ‘pack’ (use prosthetic devices that imitate male genitalia), start testosterone, and access and pay for surgical procedures. Users typically—but not invariably—share information about their gender identities and transition milestones in their ‘flair’ (information that displays alongside one’s username every time a user posts or comments) that appear on every comment and post (e.g., r/ftm users commonly include the date they started testosterone or underwent various surgeries, as well as preferred pronouns and specific gender identifications like ‘FTM’ or ‘transmasc nonbinary’).

The subreddit r/FTMover30 formed in January 2017 and has over 16,000 members as of April 2024. r/FTMover30 closely resembles r/ftm in focus and tone, but frequently contends with more complicated personal life situations (such as the effects of gender dysphoria, transgender identification, and transition on long-term relationships, pregnancy, children, and professional considerations). r/FTMover30 also has a more substantial focus on health concerns.

The subreddit r/FTMmen was created in March 2018, and has over 38,000 members as of April 2024. The community describes itself as “a support and community oriented

space for binary FTM men... ‘Binary’ here is defined as ‘not nonbinary,’ aka just identifying as male or a man: this subreddit is for Female to MALE trans people specifically. We make this distinction because of the lack of all-‘male’ FTM spaces on reddit, not because we as a subreddit have some kind of anti-nonbinary agenda. Please remember we are simply making a black and white distinction between binary and nonbinary. While it's called FTM Men, our younger trans brothers are welcome too. With that in mind, remember that people under 18 could be reading what you write. Another thing to keep in mind is that being GNC (gender nonconforming) does not invalidate your status as a binary male! We all love different things. Some of us are lumberjacks, some of us like ballet, some of us really want to ride a T-Rex. It has nothing to do with our status as males. Transition status is irrelevant. We all walk different paths and have different opportunities.”

The subreddit r/detrans formed in November 2017 and has over 53,000 members as of April 2024. r/detrans was created with the stated purpose of “put[ting] detransitioners' rights, needs, and interests first, while respecting all viewpoints in a civil environment.” The subreddit was taken offline briefly in July 2020 when Reddit purged subreddits critical of transgenderism and remains a frequent target of mass-reporting campaigns intended to change moderation or shut down r/detrans altogether. Members of r/detrans frequently discuss issues like the influence of online communities on transgender identification, the potential role of co-morbidities like autism and disordered eating in the development of transgender identification, their experiences with medical providers, and alternative approaches to dealing with gender dysphoria. Members are required to include information about their current gender status in their user ‘flair,’ so every post or comment includes some basic information, such as “detrans female” or “questioning own gender transition.”

The subreddit r/actual_detrans was created in April 2020 and has over 9,300 members as of April 2024. r/actual_detrans provides a useful—and intentional—foil for r/detrans, describing itself as an “alternitive [sic] to r/detrans that provides support to detransitioners, reidentifiers, retransitioners and questioners in an environment free

from gender critical ideology and rhetoric.”⁵ Posters and commenters tend to uphold the beliefs that underlie transgender identity,⁶ even as they question whether those beliefs apply to their own situations, but multiple narratives about dysphoria, trans identity, and transition/detransition coexist, if, at times, uncomfortably. Users are required to adopt ‘flair’ that indicates whether they are “detrans, a desister, questioning, or retrans” or “N/D/E” for “No Detrans Experience.”

These subreddits were selected for their large member bases, high activity levels (in terms of overall posts and in terms of interactions in comment sections), and openness (all content is public, with no expectation of privacy). The study design resembles that taken by Marciano (2014), who used what he referred to as a ‘cyber ethnography’ to better understand how transgender individuals negotiate their identities online. As with Marciano, the focus is on observation, not participation, which would violate explicit subreddit rules or implicit community norms that users are actively questioning their gender, transitioning, or detransitioning, depending on the subreddit.

I selected data that were fully in the public domain (as discussed in Ess, 2012, and Eysenbach & Till, 2001). It is not necessary to create a Reddit account in order to view these posts. As Welch et al (2022) note, “it is well accepted that certain kinds of research can ethically proceed without informed consent, including observational research in public places and analysis of texts that are ‘in the public domain,’” and when data are “treated as textual, or documentary research” and “involves observation of human subjects in a public space” (Willis, 2019). The subreddits I included in my research are all self-consciously public, without an expectation of privacy. Users are anonymous. Usernames are often generic, with many usernames including the word “throwaway,” referring to accounts created specifically to distance any posts made under the account from a Redditor’s previous posting history for added privacy. I observed moderators and users across all five subreddits reiterate the public status of the subreddits, e.g., in the

⁵ The subreddit r/detrans is often criticized by members of r/actual_detrans and the trans subreddits as “transphobic” and populated by “sock puppets” pretending to be detransitioners (e.g., Confu-Lio, 2023; NoExplanation7187, 2023).

⁶ This subreddit has been criticized by members of r/detrans as “exist[ing] primarily to keep people under continued coercive control” by enforcing an orthodox position on gender identity on users who regret transitioning or question underlying beliefs about transgender identity (e.g., EmpireStateAngst, 2022).

form of moderators occasionally reminding users not to share personal information and users sometimes asking other community members to move to ‘DMs’ [direct messages] to continue sensitive conversations privately. These actions reflect a clear awareness that posts and comments are viewable to the public. (On one occasion during the period in which I observed these subreddits, multiple subreddits went private for one day; this action was not taken to protect user information, but rather was expressly undertaken as a protest against policy changes within Reddit that were unrelated to user privacy, as discussed in Gerken, 2023.) I also consulted McGill’s Institutional Review Board in August 2022 as to whether ethics approval was necessary for this study and IRB staff confirmed that it was not necessary.

Data generation

To collect keyword search data from the five subreddits detailed above, I used a Python script that searched original submission posts between November 19, 2021 and November 19, 2022 for variations on the terms “internalized transphobia” and “imposter”/“imposter syndrome.” Despite the wide use of these terms on social media platforms, trans advocacy, and in therapeutic and/or clinical settings, where both patients and practitioners deploy these concepts to explain difficulties patients encounter, there has been little systematic research into the way these concepts operate within online trans communities. Based on my continued engagement with the field of gender medicine—including my attendance at the World Professional Association for Transgender Health conference in Montreal, Canada, in September 2022; the European Professional Association for Transgender Health conference in Killarney, Ireland, in April 2023; and the US Professional Association for Transgender Health conference in Denver, USA; as well as keeping abreast of the research literature and popular-media coverage, and the network of contacts I’ve built among clinicians and researchers—I believe that a deeper understanding of how these concepts operate within online trans communities would help inform clinical practice and further research by illuminating the online ecosystems where young people question gender.

Analysis

A search covering 365 days (November 19, 2021 to November 19, 2022) for the term “internalized transphobia” or “internalised transphobia” returned 346 results. Of these, 15 posts in the mixed-sex subreddits r/detrans and r/actual_detrans were removed from the sample due to the original poster identifying themselves as a natal male, seven were removed from the sample because the posts had been deleted by the original poster and the text was no longer accessible, 22 were removed as duplicates (either I had already coded the post under the “imposter/imposter syndrome” keyword search or the same content was cross-posted to multiple subreddits), three were removed because the poster was not gender-questioning and had never identified as trans (for example, a post written by the partner of a trans-identified person seeking advice), resulting in a data set of 299 posts.

A search for the same time period returned 222 results for “imposter” and/or “imposter syndrome,” of which seven posts were removed from the sample due to the original poster identifying themselves as a natal male and 11 posts were removed as duplicates (identical text cross-posted in two or more subreddits included in the study). This left a data set of 204 posts.

I did not start out with codes or themes in mind. Instead, I took an open approach to describe and categorize the interactions I observe online, and documented my impressions as they evolved (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The codes that emerged from my research include *in vivo* codes drawn from participants’ own vocabulary (e.g., “trans enough,” a way of expressing both insecurity—“I worry I’m not trans enough”—and reassurance—“you are trans enough”) as well as descriptive codes pertaining to types of inquiries and responses (e.g., support-seeking, fear of regret, passing success, confident about identity, hesitant about next steps), forms of self-identification (FTM, nonbinary, lesbian, etc.) moving from highly specific codes that adhere tightly to the text to broader categories and overarching themes involving greater interpretation on the part of the researcher as I familiarized myself with the discourse in these communities (Hay 2005). While data collection for analysis was bounded in time—November 19, 2021 to November 19, 2022—my daily observation of these

communities has continued, opening new themes and lines of inquiry along the way (Strauss & Corbin 1990). Some material that did not stand out to me at first glance over time gained significance as I continued to monitor these communities. The codes I generated are detailed in **Appendix A**.

My approach to data analysis mirrors that taken by Welch et al (2022) in their study of the uses, meanings, and implications of the concept of *weaponized autism* on the social-media platform Gab. Welch et al describe “employing the phased approach described by Crowe (2005) and explicitly identifying a priori questions we would use to interrogate the data. We also documented the process using a research diary, analytic memoing and transcripts from team meetings. As recommended by Crowe (2005), we clearly state the epistemological and ontological basis for this study and how it fits with discourse analysis, acknowledging discourse analysis as an interpretive process.”

According to Welch et al, “[t]he questions with which we interrogated the data can be collapsed into three meta-questions: (1) What does this term mean? (2) Where does it come from? and (3) What does it enact? We break down our analytic findings along these same lines: (1) the meanings of the term in this context; (2) the roots of the term and the realities it reflects; and (3) the ways in which the term impacts people and how it shapes reality.”

Alongside the keyword search and analysis, from September 2021 through the present, I have visited these subreddits on a daily basis, reading all posts whose subject lines suggest that questions and/or doubts about gender dysphoria, trans identity, and transition/detransition may be discussed, and recording my questions, observations, and emerging themes and interpretations in a research journal. I also monitored posts of particular interest over time for subsequent activity.

IV. Results

In this section, I will summarize my findings regarding the uses of *internalized transphobia* and *imposter syndrome*. Given the breadth of the material generated by the keyword search, I will focus on recurring themes of particular relevance to the clinical literature, such as the settings in which users report experiencing doubt (such as in social situations, in romantic and sexual relationships, and when alone), doubt associated with progress in transition, discussions around whether or not transition is helping to alleviate distress, and concerns about the limitations of what hormonal and surgical interventions have to offer.

I will then explore the ways potential alternative explanations for gender dysphoria, trans identification, and the desire to transition and/or detransition are explicitly framed and discussed in these communities.

Finally, I discuss findings relating to detransition, including the persistence of gender dysphoria, the lingering appeal of transition (typically alongside an acceptance of the limits of what transition can provide), the adoption of alternative explanations for the experiences and desires that led posters to identify as trans and seek transition in the first place, and the process of ideological detransition: a shift in beliefs about sex and gender that may have contributed to distress over gender, transgender identification, and the desire to transition in the first place.

Doubt

Internalized transphobia and *imposter syndrome* appear above all to function as socially acceptable ways to frame and contain questions and doubts about gender dysphoria, trans identity, and transition—topics that raise sensitive issues around both personal identity and belonging within the community—and seek reassurance and social support (178 posts explicitly request such support).

Doubts may concern the etiology and course of gender dysphoria—for instance, whether gender dysphoria may be a symptom or response to a variety of other issues in a young

person's life, such as discomfort with one's sexual orientation (18 posts), discomfort with one's female body (43 posts), general dislike of one's body (60 posts), comorbid mental health issues (95 posts), isolation during the pandemic (15 posts), consumption of fan fiction (five posts) or pornography (six posts); whether gender dysphoria is an appropriate diagnosis in cases where there was no childhood history of gender distress or nonconformity (59 posts); and whether gender dysphoria is a lifelong condition for which transition is the only cure or whether gender dysphoria may in some cases be a transient experience, where alternative treatment approaches may alleviate distress. I will explore doubts about potential alternative explanations—specifically concerning the role of mental health comorbidities, differences of cognitive development, and adverse life experiences; the possibility of social influence; and rejection of the female body and sex-role expectations—in greater detail below.

Doubts about trans identity range from difficulty choosing among the many possible permutations of gender identity to more fundamental uncertainties about whether one is personally transgender or whether there is such a thing as being transgender. Sixty-four posts express discomfort with being transgender and 45 posts express the desire to be “cisgender” (whether male or female).

Doubts around transition include concerns about whether or not to undertake particular steps toward transition, such as changing legal documents or starting testosterone. Doubts may also concern undesirable outcomes of transition, such as fear that one may regret transitioning in the future (36 posts), fear of detransitioning in the future (15 posts),⁷ and fear of health complications or unwanted changes from hormonal and/or surgical interventions, distinct from the possibility of regretting transition itself (12 posts).⁸ One may doubt whether one's identity will be respected or taken seriously by

⁷ Fears about potential future regret and detransition often frame the decision to transition as one without alternatives, e.g., “I know I need to at least try it [transition], because living with the what ifs and the I should've's would eat me alive.. but even knowing all of that, my heart races and my mind blanks, and I panic. I panic and all of those doubts and fears I had in the beginning come rushing back.”

⁸ For example, a poster—who described being “ready to die if i wouldn't have came out and became the person i am now,” while also writing “but if I'm honest, I don't know me”—reported being “terrified of taking testosterone, because it'll change so many things I'm not very comfortable with.” While masculinization on testosterone varies, the changes the poster fears are all common (and typically desirable) outcomes. In this case, the poster's aversion to “bottom growth,” hair growth, “gaining weight, sweating, and smelling” not only contributes to the poster's anxiety about taking testosterone but undermines the poster's confidence in

others or whether one will find suitable sexual and romantic partners. Doubts may also concern internal states, such as wondering whether insecurities around being an imposter or the fear of “faking it” ever go away.

Doubts may appear in the form of contradictory (or implausibly paired) statements (as in 22 posts). These posts may include sweeping, positive statements about the benefits of transition (such as “social transition and going on T[estosterone] have been a HUGE net gain for my entire life and I wouldn’t go back) followed by the expression of serious and persistent doubts or concerns about an overall decline in quality of life

(“transitioning also ripped away the confidence I’d built in myself... when I come up against other people, I guess I feel like a cardboard cut out compared to them”).

Consider, for example, the poster who describes the decision to undergo “top surgery” as “by far one of the best decisions I have ever made and I have never felt more free” but in the next sentence writes that, “at the same time, in the back of my mind the words of terfs are haunting me, telling me I destroyed my body by taking testosterone and removing that body part.” Another poster wrote: “I’ve known I was trans for 7 fucking years lmao I’m happier than ever after a year on T and yet I still have moments where I’m like, ‘what if I’m faking it and I end up regretting everything?’”⁹

There appear to be particular times and settings where doubts may be especially likely to surface—such as when one is facing the next step in transition (65 posts); when encountering barriers to transition, such as financial barriers, insurance denials, or lack of social support for transition (20 posts); when one doubts whether transition is working, in most cases due to self-reported worsening of distress (45 posts); when one experiences medical complications associated with transition (8 posts); when one contemplates the limits of what transition offers (48 posts discuss the limits of transition, while 65 posts discuss the ‘futility’ of transitioning); in social interactions (49 posts concern social isolation or avoiding social interactions, 86 posts concern anxiety

being a transman (“I’m doubting myself in my own identity and i feel like i don’t even have the right to be called a transman at all”).

⁹ An example drawn from my broader observation of these communities (Fyperia, 2023) exemplifies this way of handling doubt: “Once I started T, though – which has been incredible for both my mental and physical health – it was like every bad feeling I didn’t know I had came rushing to the front.”

about ‘passing’ in social settings); in sexual and romantic situations (or in the contemplation of sexual and romantic situations); and in moments of private reflection.

Internalized transphobia

Out of my data set of 299 posts, two posts provided positive accounts of overcoming internalized transphobia. Ten posts provided reassurance to those seeking advice and support on coping with ‘internalized transphobia.’ Two posts invited discussion or asked for clarification of the concept of ‘internalized transphobia.’ Ten posts critiqued the concept of ‘internalized transphobia.’ Five posts accused others—whether online or offline—of harboring ‘internalized transphobia.’ Two-hundred and seventy-nine posts reported negative experiences labeled or assigned to internalized transphobia, of which 151 posts specifically discussed doubts in some form or another (e.g., questioning one’s gender identity, expressing the fear that one might not be ‘really’ trans, worrying about the possibility of detransition or regret, or expressing hesitation about next steps).¹⁰

The subject of what internalized transphobia refers to and how to differentiate internalized transphobia from other self-states, such as experiences of gender dysphoria, surfaced in several Reddit posts in the sample, which provided an opportunity to explore a range of community views on the topic and search for points of consensus and dissension. The question of how to distinguish between *internalized transphobia* and experiences of gender dysphoria received the following responses on r/ftm:

- “Internalized transphobia involves beliefs that trans people or attributes are ‘less than’ cis people or attributes. Dysphoria isn’t about being as good as a cis person but feeling discomfort with your body/presentation/etc. because it doesn’t match your internal experience of gender. I find it a bit insulting at times when people equate transphobia and dysphoria because it places a value judgement on the difficult experience of dysphoria and implies that if you just didn’t internalize transphobia you wouldn’t be suffering in that way.”

¹⁰ Some posts fell under multiple categories.

- “My internalized transphobia sounds like ‘I’m a freak’ ‘why can’t I be normal?’ ‘I wish I wasn’t trans’ ‘everyone thinks I’m delusional’ ‘I feel embarrassed that I’m not cis’ ‘I’m making this up for attention’ ‘nobody will ever want me beyond as an experiment/story to tell at a party’ My dysphoria is more of a body image issue. ‘No guys have my giant hips’ ‘I look like a girl’ ‘I’ll never pass’ When I look in the mirror despite passing 90% of the time I just see an ugly weird girl sometimes. Everything that is feminine about my body feels exaggerated and unbearable. Internalized Transphobia is ‘me vs. the world’ Dysphoria is ‘me vs. me’”
- “The way I managed to tell them apart was that internalised transphobia was hating being trans because I thought it was something bad/a personal failing and dysphoria was discomfort with being AFAB and everything that came with it.”
- “Internalized transphobia is Shame [shame] about being trans. Like if someone misgendered you, you might feel like you don’t deserve to correct them or be gendered correctly because trans people are less than cis and deserve less respect. This is caused by implicit or explicit negative trans messages in culture and is sometimes hard to shake. Dysphoria would be if the same thing happened but you felt invalidated and bad because you were seen as the wrong gender. You’re not ashamed of being trans, you’re frustrated that you are perceived in a way that doesn’t align with your internal gender identity.”

Another r/ftm poster asked for clarification about what internalized transphobia means, noting that “it kinda seems like people just throw it around at any instance of someone not liking an aspect of being trans” and observes that the term may be used to police “anything that isn’t 100% positive about transness.” A single commenter responded to this post, offering parameters for use but agreeing that “the phrase is used a bit too broadly as well”:

“i think some trans people tend to take anything not positive about transition personally because they may see us complaining about aspects of transition we don’t like as ‘ammo’ for transphobes.¹¹ by labeling it as ‘internal transphobia’ you

¹¹ This was one of many comments that reflect awareness that these Reddit communities are public and may be accessed by users from outside the intended community.

can point it away from ‘trans people sometimes have aspects of transition they don’t like’ and make the narrative ‘you don’t like these aspects specifically because of external factors you’ve taken to heart’.”

Another poster commented on seeing the term internalized transphobia applied to a diverse range of subjects, from “not wanting to appear to trans” and “being disconnected from trans communities” to “[s]aying hey guys instead of hey folx.” One poster critiqued the concept of internalized transphobia in order to make a broader critique of the culture of “venting” and reassurance-seeking in online trans communities as potentially seeding new sources of anxiety and insecurity among other—particularly younger—community members, warning that “putting your insecurities out on the internet for others to see may have an effect on younger trans people who came to this subreddit for help and community. For example, a feminine trans guy sees a post asking ‘is it okay for trans guys to be feminine’ and sees the comments debating it, and now feels as if there’s something wrong with him. Putting your insecurities online can give those same insecurities to others.”

Posters who expressed reservations about gender dysphoria, their trans identity, or the advisability of transition were frequently counseled to work on their internalized transphobia. Experiencing internalized transphobia was generally regarded as a symptom of gender dysphoria and a sign of being transgender.

Imposter syndrome

Of 204 posts related to *imposter syndrome*, 12 posts were positive in tone and content, sharing—for example—affirming experiences that helped posters to overcome previously held feelings of being an “imposter.” The other 192 posts in the sample were negative in tone and content, with doubt featuring in 99 posts and the feeling of being an imposter (distinct from merely describing oneself as suffering from *imposter syndrome*) featuring in 191 posts. The specific fear that one may be “faking” a trans identity featured in 75

posts. As with internalized transphobia, meta conversations about the use of this term occasionally appear on the transition and detransition subreddits.¹²

The keyword search results for imposter syndrome indicate that there may be multiple ways to feel like an imposter before, during, and after transition and detransition. These include women who reported feeling like an imposter as women pre-transition and/or post-detransition, and individuals who reported feeling like imposters as trans people (often framed as the fear that one is “not trans enough” or that one may be “faking it”) or imposters as men (“not a real man”)—or both. My findings also included two examples of feeling like an imposter as a trans person *and* as a disabled person (in both cases pertaining to self-diagnosis of a contested illness-syndrome).

For instance, one detransitioner described feeling like an imposter as a woman pre-transition: “I always think that I am a fraud as a woman. That I should have never been a woman because I am one of those rare cases... I just judge myself a lot for being a weird woman. I do not know how to cope with that...” Other detransitioners reported feeling like imposters as women post-detransition. “I feel like an imposter,” one wrote. “I am constantly trying to 'act feminine.' I am terrified people think I'm a trans woman or a guy. As soon as I open my mouth and start talking, I freeze. I fucking despise my voice.” Another described feeling “so alien and out of place”:

“I’m afraid everyone’s gonna think I’m ‘really’ a man or just think I’m creepy... I just have a feeling they ‘know’ I’m not really a woman. Idk why even. I know I’m female and can’t change that, but I feel like no one else sees me as that. I can’t stop feeling like an imposter.”

¹² e.g., this post from outside the sample (Future-Wind-7225, 2023), posted on the day I was finalizing this section of my thesis: “Isn't it strange how if a person begins to doubt that they are transgender there's always some kind of explanation now? For example people will tell you that you have 'impostor syndrome'... But genuinely if I may ask.. What even is that? Is there a spectrum to measure it? If you label it as imposter syndrome then how do you know whether the doubt is healthy or it's just imposter syndrome? This idea in my opinion seems to push people into this very difficult place where suddenly it's hard to think for yourself. I suppose it is obviously not wrong if a trans person has doubts from time to time... Idk... It was because of this very experience that I was struggling so much at the thought of letting go of HRT. If I felt like I was trans then the doubt is sort of outweighed. At least that's what I was told by a lot of the people I knew. And the more I thought about it the more I started to feel as if it was very cultish it's like it's anything to get you to not question the narrative.”

One detransitioner reported feeling “like an imposter, or like I was cross-dressing” when she attempted to present in a more feminine manner post-detransition, before reverting to a more masculine self-presentation. Another woman, who detransitioned after undergoing a double mastectomy, wrote: “I’m going through a mourning period right now over my old body... I feel like an imposter, like I can’t even claim that I’m actually a girl even though I am. My voice is fucked, I have no boobs, I’m constantly worried about passing as a female even though I fucking am one.”

Another detransitioned woman wrote about how her feeling of being an imposter *as a man*, accompanied by increasing preoccupation with passing, pushed her to detransition:

“Transition [...] started consuming all of my thoughts. I spend so much time thinking about myself and gender, and worrying about how I present to people. If talking with my hands was too feminine. If crossing my legs was too feminine. Scrut[in]izing every interaction, my face, voice, and body for not being 'cis male' enough. Being socially exhausted before I even left the house... I just can't live the rest of my life sometimes feeling like my 'true self' is an imposter. I decided that I need to accept that I will never be completely happy with myself, and feeding these thoughts will only make them more [sic] worse.”

Another detransitioner described feeling like an imposter as a woman and as a man: “both transition and detransition give me some sort of distress for different reasons... I feel imposter syndrome when I step outside and people address me as a man, when I look in the mirror and see a female.” Another detransitioned woman observed that she “never felt like a real man, but now i dont feel like a real woman... now that ive taken hormones and fucked my body up, i feel like i cant be either, like i dont belong anywhere. this isnt like any mistake ive made in my life.”

A poster in the subreddit r/actual_detrans described feeling like an imposter as a woman and as a trans person (“then I doubt myself and wonder if I’m lying to myself”): “I feel completely indifferent about my body and I was always [sic] have, it's simply the

way I'm treated that makes me feel like I don't belong. Being perceived as a woman makes me feel like an imposter, but then I doubt myself and wonder if I'm lying to myself or I'm doing this for attention." The poster wondered whether this uncertainty over one's identity might lead to "detrans[ition]ing later," and asked: "I'm wondering if anyone could share their experiences after realizing they weren't actually trans for more insight? What should one specifically look into when it comes to making a decision?"

Given the unique composition of r/actual_detrans—an ideological mix of members who are committed to the same basic set of beliefs about sex and gender that may lead people to transition and others who question or reject those beliefs—an illuminating discussion unfolded. One commenter weighed in:

"The only way (to my knowledge) how to differentiate between instinct based feelings and cognition based feelings is the time difference. Instincts are processed faster than cognition, but the time difference is less than a second. For example: If someone calls you a woman (and you are trans) you would get an instant feeling of 'it's wrong', but a few milliseconds later cognition process takes over and will give you the feeling 'it's right'. If you were just fooled by your mind into thinking to be trans, because you like 'men's lifestyle' or male privilege, or whatever, this would be a result of cognition process and the corresponding feelings would occur with delay."

The commenter provided the poster with "some personal advice in case you are sure to be trans": "transition as soon as you can! Because the longer you wait, the more deepened your 'learned by experience' gender identity will become and it will cause you all sorts of psychological trouble, because it will always collide with your innate gender identity if you do not transition, and even if you transition you will forever have to deal with the 'wrong' learned gender identity of your past." The commenter also addressed the question of recurring doubts:

"I know what you mean with feeling like faking it, and also the doubts that keep popping up, over and over again for many years, like an endless cycle. It is so

exhausting! It's like driving the wrong way on the freeway and ever[y]body is honking and screaming at you, so you turn around, but you can't get rid of the feeling you're going in the wrong direction, so you turn around again, and again..."

A transman described the feeling of being an imposter as a girl as a motivating factor for transition: "I felt like I was on stage performing 24/7... I had such horrible anxiety over the way I looked and how much I was treated like an imposter or a freak... I couldn't get used to everything estrogen was doing to me." Similar to the detransitioner quoted above, other posters reported feeling like an imposter as a girl or woman before transition *and* as a boy or man since transition, such as the poster who wrote: "I don't feel like a girl I never did, I just over compensated to fit the roll [role] in looks, but I don't feel like a boy either, just a fake."

Reports of feeling like an imposter as a trans person were often accompanied by comments about whether one was "trans enough" and the fear that one may be "faking" a trans identity and thereby making a mistake that one may later regret: "I can't help but feel like I'm making an absolute mistake or like I'm just a girl pretending to be a boy... like I'm instead simply masquerading as a man or a silly girl who thinks she's a boy." Another wrote: "It's always been a raging war in my head since I was a young teenager and learned what being trans was... but there's always that part in my brain that says I'm not trans and if I transition I'll regret it." Another poster expressed the following doubts:

"It just feels like the deeper I get into this, the more doubt I get. Is it normal to be scared? To not know if you're making the right choices? Most of the time I want to get started on my medical transition right away but every now and then I just get a voice in the back of my head that says I'm making a mistake and I'll regret it down the line. I feel like an imposter."

Another wrote, simply: "It's just I feel so fake."

The fear that one might be “faking it” was frequently expressed alongside the concern that one did not experience sufficiently severe dysphoria. One poster, who had started and stopped testosterone in the past, reported feeling like an imposter because “I know I can live without T[estosterone] cause I know I don't need it...”

Another wrote: “I’m doubting myself because I had to girl mode [present in a typically feminine way] for medical clerkship last month and the constant “misgendering” didn’t even bother me much... Now idk if I am really trans despite that or if I’m just an imposter”:

“The alternative, not transitioning, feels worse because despite trying really hard to integrate the gender identity of 'woman' I felt like an imposter. It made relationships with people especially hard because I felt like I couldn't authentically connect. Now, I feel like I am a fake man, I see a woman that forces others to call her 'he/him', I feel this female body that just functions and looks a certain way. Man, in my head, still is synonymous with 'male, very different 'opposite' body, AMAB'. Intellectually, I am unlearning that and I met many trans people that have a vibe that I can sense they are so obviously their gender. But not for female looking me. I hate that I cannot consistently validate my own gender identity. It was way easier to live like a woman, but think in my head 'I am not a real woman, I am in disguise'.”

The poster described struggling with feelings of being an imposter before and during transition. The poster reflected that it was “way easier to live like a woman” but that, at the same time, the poster would think “I am not a real woman, I am in disguise.” The poster connected this sense of misfittedness to difficulties navigating relationships “because I felt like I couldn’t authentically connect.” Since transitioning, the poster reported “feel[ing] like a fake man, I see a woman that forces others to call her ‘he/him.’”

To explore how imposter syndrome functions in practice, consider the following post, titled “Struggling with imposter syndrome?”

“I’m confronting some weird things since I started medically transitioning and people have started actually referring to me as a boy way more than when I was just out socially. I always have this intrusive feeling when someone correctly genders me that like ‘Ah, I see, this person is either humoring me or making fun of me, for I am not a real boy and they know it’ even though I have obviously never ever felt that way about anyone else and I do know that everyone who does this just genuinely sees me as a man. It’s a pretty transphobic thing to keep directing at myself and it kind of feels like an extension of imposter syndrome. Did anyone else struggle with this when you first came out/started transitioning? What did you do to train yourself out of it, if anything? Might just take some getting used to to believe that other people DO see me the way I see me.”

First, the poster applied the *imposter syndrome* frame, an instruction to the poster and other community members to view the problem through a particular lens: as a problem of unwarranted insecurity. Then the poster contained the doubts. Doubts become “intrusive feelings” and irrational responses to being “correctly gender[ed].” The poster then set about defusing threats to community beliefs and norms by reassuring other community members that the poster has “obviously never felt that way about anyone else” (the poster expressed respect for other community members’ self-identifications) and that “everyone who does this just genuinely sees me as a man” (thus, the fear that others may be “humoring” the request to use a different name or pronouns is not a serious possibility, but rather a personal preoccupation). Then the poster expressed contrition and sought empathy, writing “It’s a pretty transphobic thing to keep directing at myself,” before finally asking for advice on how to “train yourself out of it.” Thus, under the framework of imposter syndrome, the poster was able to share a troubling experience of persistent, severe self-doubt, in a way that avoided exploring whether this doubt had any basis in reality or whether such persistent misgivings should inform the advisability of transition.

When and where doubts manifest

Discomfort with next step in transition

Community members often reported doubts in connection with transition milestones, such as choosing a new name, coming out to family and friends, starting testosterone, scheduling surgery, or altering legal documents. One poster—facing delays in accessing testosterone—expressed feeling unsettled by the insurance company deeming this medication “not medically necessary”:

“[Delays are] really frustrating, and it's giving me intense feelings of trans imposter syndrome. Especially because the insurance company language is that they deny medication deemed ‘not medically necessary.’ If it's ‘not medically necessary,’ then maybe me being trans is made up, and maybe I'm putting myself through all this emotional trauma for nothing.”

The poster then quickly clarified that “I don’t actually believe this” and blamed “the thoughts that are running through my head” and “the feelings they’re causing.”

A university student, on the verge of coming out to classmates, described experiencing persistent self-doubt, despite receiving social support for trans identity in other settings:

“It is weird, because there is no reason at all why I should feel like this. I grew up in a very supportive environment... I'm constantly asking myself if this is the right thing to do. If I'm sure it's not just a phase. All the transphobic things I've seen somewhere on the internet come back to me and try to make me believe I'm wrong... I can accept anyone else [as trans], but I can't believe in myself and my own feelings.”

Another poster expressed mixed feelings about changing legal documents and wondered whether the poster had tried hard enough to be happy before deciding to transition:

“I got the news my change of name has been approved and I'm grateful but it brought up a few feelings I'm not sure how to deal with it. My imposter syndrome is off the charts today because if this is a good thing, why am I sad about losing 'girl' me? And did I really try to be happy living as her? Maybe I'm faking? Shouldn't I be *happier* about this if I'm really a guy and if I'm not, how can I expect getting hormones next to feel?”

Another poster, anticipating an upcoming consultation to start testosterone, asked for reassurance that “I’m not making some massive mistake”: “I've been looking forward to this for so long, but now that it's almost here I'm terrified. I feel like I did when I first started questioning, like maybe I'm just super effed up and it's trauma masking as dysphoria.”

A young adult reported a spike in self doubt in the lead-up to “top surgery,” and described attempts to alleviate these doubts by “doing my best to see this as a medical treatment for dysphoria but there’s always a lingering fear in the back of my head.” Another asked, “Is feeling anxious/scared right at the precipice of physical transition normal?? It just feels like they're going to use it against me to say I'm not trans.”

One poster, who previously identified as nonbinary and underwent a double mastectomy (“which was emotionally hard as hell”) but had recently come “to the realization that I’m actually a man (or at least man adjacent) and I want to go on T[estosterone],” described “shitting myself I’m so scared of transition”:

“In therapy we discovered that I have massive internalized transphobia. Other people can be trans and I am totally supportive, but /I/ can't be trans cuz that means I'm a freak. I hate myself for this mindset, both because I feel gross for feeling that way and because I hate that I have to have this internal battle to become my happiest, free-ist self. Has anybody else had this experience? How did you overcome and heal? What was your experience transitioning through it anyways?”

Doubts about whether transition is helping

Redditors frequently reported the onset or exacerbation of gender dysphoria after adopting a transgender identity and/or taking steps to socially or medically transition (42 posts). According to self-reports, experiences, sensations, thoughts, and interactions that did not previously cause distress—or caused only mild or fleeting discomfort—subsequently became severe or even debilitating.¹³ In some cases, the self-reported chronology of distress *began* with the revelation of a trans identity, as opposed to distress preceding identification. A typical post in this vein began “I started to accept that I’m trans 3/4 months ago, and with this realization came dysphoria, loneliness [...] I started transitioning shortly after said realisation and from that point my dysphoria started to progress [worsen] (because I finally understood that being identified as a female by society was extremely uncomfortable for me).”

Another poster asked: “How do I deal with my sudden realization of my gender dysphoria?” The poster describes a recent revelation around trans identity (“a few months ago”), in a context of limited “physical dysphoria” and “no signs of it in my childhood.” Since coming out as transgender, the poster reported that experiences of dysphoria have become “crippling” and “incapacitating,” and compared “getting deadnamed or misgendered” to getting hit by “a school bus.” The poster described fixating on particular body parts (“tiny hands,” “lack of hairiness,” and voice). Despite fears of “moving too fast” with transition, the poster expressed feeling reassured by the “real”-ness of the distress and gender dysphoria.

Others described an initial “high” after coming out as trans that quickly burned off: “I’m not happy like I was over the summer when I came out,” one poster observed. “What if I’m just unhappy forever no matter what I do? Is transitioning just something I’m doing

¹³ A typical post from outside the sample (ZukiitheDorito, 2021) that I recorded as part of my broader observation of these communities: “That’s very normal, same thing happened to me. Honestly, every step I’ve taken in transition has increased the gender dysphoria I felt towards anything about me that is even remotely tied to my agab [assigned gender at birth]. I’d say before I came out my chest dysphoria was about 2/10, after coming out but pre T was about a 6/10, now it’s a full on 10/10 and nearly unbearable.” The commenter explained this exacerbation of distress as a problem of attentional focus: “I think it’s because once you realize that the problem exists, you finally allow your brain to think about it more than just a ‘oh that’s weird’ and moving on.”

to feel like my life has a purpose, like I won't be lost and unsure and depressed forever? What if it's not actually 'the answer?' What if there is no 'answer' and I'm just like this?"

Another poster who had come out as trans one month ago reported feeling "super confident" initially, followed by an emotional crash as the poster contrasted this new self-identification with what the poster "see[s] day after day" (a "womanly" body that made the poster feel "I am fake"). The poster then explored the doubts that this sense of discrepancy dredged up, including being "scared that I was wrong about being trans"—while at the same time wondering if the doubts are a "coping mechanism" for being unable to transition right away. The poster concluded with a series of declarations—"I want to be one of the boys (not the problematic ones lol)," "to kiss boys as a boy," and to be a "male model"—followed by an expression of frustration at being unable to "confidently say that I'm a way [likely 'boy'] without questioning myself/doubts."

Another poster described seven years of gender fixation, which worsened after the poster adopted a trans identity. The poster explained this increase in distress as the result of becoming "aware that I have repressed my dysphoria my whole life":

"so basically i've repressed my gender dysphoria and also euphoria my whole life and even up until now for whatever reason i literally deprive myself of things i know that will make me euphoric and i'm starting to think if it's because i'm scared of being who i really am, of my truth (ftm). it's only been a year since i accepted that i'm trans and ever since then my dysphoria will come in waves. however, now the waves are more frequent and worse each time ever since about a week ago i became aware that i have repressed my dysphoria my whole life."

A 15-year-old reported not having experienced gender dysphoria or "disgust from being called a girl" until after learning about the possibility of being transgender, at which point these experiences and self-perceptions began to inspire intense feelings of "disgust":

“now that i finally realized that my thoughts arent [sic] normal cis thoughts and realized i would be so much happier if i were born a boy, its [sic] so much worse. Its [sic] always at the back of my head now. i wake up hoping my chest is gone and im disappointed when its not, i look in the mirror and i look as feminine as ever (i dont [sic]), i wake up and i am referred to as someones [sic] daughter, a sister, and i feel disgust. hearing my names makes me disgusted. i wish i was just okay with who i am.”

Posters frequently commented on their experiences of deteriorating mental health and potential causation, like one who self-reported that, “since I realised I might be trans I feel worse about my body, but I’m afraid I’m deluding myself into thinking it’s dysphoria when I was completely fine with it [my body] before”:

“Is it possible my brain is doing that? Is it possible I'm making this up? I really wish I were male, but I feel like I'll never be able to be one. I feel so weird. I'm so afraid of being seen as 'weird' because I'm trans, of being seen as 'a girl pretending to be a boy'. Concerning dysphoria appearing out of the blue : for instance, I liked my breast (i found it pretty? although I liked it being small and people saying it's flat made me happy...?) before but now I started disliking it, possibly because I told myself 'you're not supposed to like it'. I'm really afraid I'm faking it, what should I do? Is the distress I feel towards my body dysphoria or fear of making the wrong choice about my life? Could I be consciously analysing my body to find points I should be dysphoric about? Or is it just that realising [I'm trans] made me realise my discomfort was dysphoria?”

The poster referenced a set of expectations about what being transgender is like (“now I started disliking it, possibly because I told myself ‘you’re not supposed to like it’”) and the possibility that “consciously analysing my body to find points I should be dysphoric about” may explain the poster’s increased distress.

Some community members report that attempts to mitigate distress—such as taping or binding one’s breasts—may exacerbate distress instead, for example, in the following

self-report, where taping appears to draw attention to other (gender-incongruent) features of the body while also creating a distracting “sensation” on the poster’s chest: “I got trans tape it finally arrived I put it on and now I just keep paying attention to my other traits that make me dysphoric instead of my chest since now its mostly fine but also the sensation of having the tape on my chest makes me dysphoric too (and thats why I stopped using a binder plus it caused damage to my ribs).”

Multiple posters in the sample reported adopting self-harming behaviors only *after* identifying as trans. A 14-year-old who reported coming out as transgender one year ago described persistent self-doubt about trans identity alongside deteriorating mental health: “ I feel like my mind is just making a mess about this, I have tons of venting posts or me just doubting everything about myself. And in plus [sic] of that I've been quite suicidal for the past months, and I started to develop a self harm problem (I don't think it's an addiction though).” A 19-year-old reported that “I recently started self harming as a way to distract myself from all of these thoughts. Now I just feel like such a stereotype... I have my 6-month T check-in with my doctor in less than a month and I'm not sure what to say when they ask about my mental health like they always do. If I answer honestly, I'm afraid they'll want to stop my hormone therapy. If I lie, though, I'll feel awful, and I'll continue to not get the help I need.”

Doubts about the limits or “futility” of transition

Doubts also appear to flare when community members are confronted with the limits of hormonal and surgical interventions for transition, specifically the impossibility of fully transitioning from female to male and the inability to rewrite one’s past experiences and socialization. For example, one poster, who had not yet initiated testosterone, voiced frustration about the limits of what medical transition offers and that, even if the poster were to successfully ‘pass’ as male, “I’ll always be the odd one out”:

“even with t, when I do pass I’ll just be a weirdo with a vagina. Oh god and what scares me most is that once I pass on t pre top surgery I’ll be even weirder. Like some person posing as a guy, who really has boobs and a vagina. Even once I’m

‘accepted’ by other men, I’ll always be the odd one out with NO FUCKING PENIS. The one who had to take shots to be barely a fraction of a man. My body grew fucking breasts and now I HAVE TO PAY TO GET THEM REMOVED.”

Another poster expressed concerns about the unpredictable effects of testosterone in the form of “nightmares... about my body not changing much yet me developing a deep voice or a full mustache. I would still have this female feminine body but with some hyper masculine features that contrast. People in my dream still perceive me as a woman. I feel like I am not able to escape from the femaleness of my body.”

The sense that changes wrought through hormones and surgeries are not “real” appears to trouble some community members, as in these two posts:

- “Lately when I look in the mirror, I get so critical of the way I look. I tell myself all the reasons that my face or body looks girly, which not only makes me dysphoric but also starts making me view myself as a fraud- as in, I start thinking of myself as a woman just cosplaying as a man, or that I don’t ~actually~ look the way I do because anything that’s been caused by testosterone isn’t “real”.”
- “Even when I do feel certain that I’m trans, I still feel like I’ll never be [a] man. There are times when I try to imagine myself living as a guy in the future, but sometimes it feels weird; it’s like I’m looking at an entirely different person, and I wonder if this is a sign that I shouldn’t transition at all because I’m clearly not sure if this is something I really want. It’s like I’m playing pretend at being a guy, fooling myself into thinking I’ll ever be anything other than my AGAB [assigned gender at birth] and that I’ll always be stuck with the current body that I have.”

A user who reflected on the experience of being trans while high on marijuana wrote about the difficulty of accepting the prevailing community belief that gender is self-determined:

“I just know that I desperately want to be biologically male, and I can’t get that. And to be honest, I don’t know if I ‘feel like a man’. I definitely have always had

feelings of ‘I should have been male, male feels like it would fit me better’, but I still have a hard time thinking to myself, ‘I am a man’, it just doesn't feel true, and I thought if I took testosterone for a long time and became accepted by other guys, that it would finally start to kick in for me that I'm really a guy, but I just don't feel it.”

The poster reported that this inability to consistently self-identify as male carried over to not seeing other trans people “as the gender they are”:

“I don't know how to leave that outdated belief behind. And it's probably why I'm having this gender crisis. I don't know if that makes any sense but as I've said before, I don't wish to hurt anyone with what I've said, even though I know it still will. But I don't want to think this way anymore. I feel like I still need ‘convincing’. Sometimes I read detrans stories and it scares me because now I wonder if I really did just transition to escape misogyny, because I grew up thinking boys are cooler. [...] I just wish I could learn to be cis and not have dysphoria but... I just don't want to. I don't know what to do. I feel like I'm at a crossroad but no matter what path I take it will never lead me to happiness because I can never be a cis male and it hurts but I don't know how to reconcile with it.”

Social interactions

Community members frequently described experiences of heightened social anxiety, anxiety over ‘passing’ (being perceived as a member of the opposite sex), avoiding potentially distressing interactions, and experiencing social isolation. Social anxiety and isolation were often mentioned before, during, and after trans identification and transition.

Posters often anticipated negative encounters with dread, such as a 30-year-old who wrote that, “Since transitioning, though, my fear of people and of places has returned. I went to a regional meeting for my job recently and was terrified the whole time. I’m

happy to report that everybody was extremely nice to me, but I couldn't help project my fears that I was hyper-visible, that I seem like a joke to people."

Others discussed the psychological toll of attempting to 'pass' as a male: "I would love to pass more but I'm tired of literally revolving my entire existence around it to the degree that I can't even enjoy my life or exist without [sic] obsessed over being hyper masculine 24/7 [sic]. It's exhausting and also can become quite unhealthy and I feel like it could fuel my dysphoria and body dysmorphia even more." Another poster asked: "Has anybody else had the thing where pre transition you were unhappy in your body but happy in your life?":

"7 years into my transition, 5 years on T, 3 years top surgery I've never felt so unhappy with who I am NOT PHYSICALLY, just as a person... I feel like a fraud, I don't know how to relate to people anymore, it's like I've constantly got to this super masculine wall up which is quite draining."

The poster specified that this is not unhappiness with the *physical* results of transition but rather with who the poster has become "as a person" through the process of transition. Before transition, the poster recalled being treated as "'one of the boys' always" and described an active and fulfilling social and dating life. Post-transition, the poster reported "feel[ing] like a fraud" and being unable to "relate to people anymore." The poster concluded by reasserting confidence in trans identity ("I'm 150% a male theirs [sic] no question"), while expressing frustration with the limits of transition (I just don't know how I feel about being a trans male").

A 14-year-old—whose declaration of a trans identity met with skepticism from family—reported developing "a sort of voice, or sort of thoughts that tell me not so nice things about everything and anybody": "Like: I'm sure they're pretending to like you. You're just a girl. They hate you. You're so feminine. They don't see you as a guy. You're awkward and boring. You're just being groomed by people on the internet and they make you think you're trans. Kill yourself." Another adolescent, whose family was also unsupportive of transition, asked: "Is there anyone who really sees me? And if they see

me, do they see me as I am, or as they want me to be? Are accepting people real? Or do they only exist in some fantasy world I've made up in my head like my mom says?"

A 16-year-old described feeling "emasculated" by a joke comparing the poster's voice to a prepubescent boy and reflected that "I've been thinking about just how fragile my identity that I've been working so hard to build is, that even a single teasing comment can leave me like this."

Another poster noted that, since coming out as trans, "it's been harder to corrected [correct] cis people on my pronouns, and coming out bc I feel ashamed of being trans" because "I literally sound like a girl." The poster expressed frustration with family and friends who "constantly slip up and call me a girl," but also reported being uncomfortable with attempts to accommodate the poster's trans identity ("it's like they're just calling a girl by he/him pronouns at this point"), relating to the fear of being "not really trans bc I don't feel like a real man... I'm not treated like a man. I'm not seen as one. Im not one." As a result, the poster concluded "I just don't want to go out anymore":

"Up until today I've only been staying at home. I haven't showered, just layed [laid] on my couch and watched tv. It's been hard for me to feel motivated to shower and get dressed to go out, knowing I'll be misgendered. Even if the issue isn't social interaction, I still get glimpses of my appearance and how much curvier my hips look, how my binder might as well be a sports bra and how I look fucking ridiculous. I'm having such a hard time accepting that I'm trans and pre-t[estosterone]. I hate how my body looks in clothes, and I hate the feeling of not belonging. I am merely an inconvenience to all and I let people misgendered [sic] me all the time."

Posters who reported social acceptance also struggled with self-doubt around passing and being unable to see themselves as male or to believe others see them that way. A poster who described having a supportive girlfriend and friend group wrote: "I can't help but feel like all these people are either lying to me right to my face or they just are

being brainwashed and deluded by me. I just cannot see myself as male, even 1 percent [percent]. All I see and hear is a woman. So it feels very weird for my girlfriend to see me 100% as a male.” Another wrote that, after being introduced to new acquaintances with preferred pronouns, “rather than being comfortable, I felt like such a huge imposter. Like I was lying to everybody, and it felt very wrong.”

Feeling like one is being lied to and feeling like one is lying to “everybody” else are commonly reported experiences, as in the following two posts:

- “I like being called male pronouns and loved being called sir and Mr but it still doesn't feel quite right. It doesn't match what I look like or how I am treated or even how I sound. It feels [sic] the person is lying to me and I'll always be a woman despite how much I hate it.”
- “I just so badly want to be a man already. It's getting to the point where I don't even want to leave my house. I don't want to apply to jobs, I don't want to go to school. I just hate what I am... I feel so exposed and fake.”

A poster on r/ftm described feeling “delusional” when acquaintances casually used female terms and “shot with intense anxiety” after being gendered as male:

“When I'm walking down the street or interacting with strangers or new people in my life I feel very masculine, I can't necessarily say male because I'm too conscious of my female sex that I've always existed as and still have some biological characteristics of due to not being on testosterone... Recently my partners [sic] mother was referring to me and said “she... or he” and it made me uncomfortable for some reason, like it wasn't genuine. Other times I get excited when people refer to me as a man or sir or ‘hey boys’ (my brother and I got catcalled) but then I'm shot with intense anxiety immediately after thinking they will look a little longer or hear my voice and realize they made a mistake.”

The poster concluded with an expression of serious self-doubt: “I’m in a very confused state. I like being referred to in a masculine way, but at the same time I feel like it doesn’t fit or like I don’t deserve that label. I’m not a man, even if I wish I was born one. I feel like an imposter or a fraud in my own body. I feel like I’m desperately trying to grasp out at something I can never be, or that nobody sees me as.”

Reflecting on the experience of starting to pass as a man, one poster wrote: “I’m starting to be correctly gendered by strangers and though that feels incredibly euphoric, I also feel like an imposter. I just should’ve had a penis and it’s starting to bother me more and more.”

“Whenever people use my preferred pronouns I feel like it’s fake and that they don’t truly see me as a guy,” another poster wrote.

“This happens with everyone I know that uses my pronouns. Like, in my head I’m a guy (but not a real one). And I feel like whenever people say he or whatever masc gendered term, it’s a joke. Or that it’s not sincere? But I know they’re being sincere. No one actually sees me as a guy, is how I feel... I don’t think that anyone will ever see me as a man. I mean, I barely see myself as one. I want to work on that but I don’t know how. I just feel like I’m wearing a mask, covering the fact that I was born female. None of it feels authentic.”¹⁴

Going ‘stealth’—referring to someone’s trans status going unnoticed in a particular setting—appears to take its own toll on mental health and social interactions. One poster advised anyone who wants to go stealth to prepare a variety of explanations and excuses to deal with situations, such as

“specifically like why does my voice sound so girly if I’m a man, you can just brush off with a simple ‘I don’t know, probably genetic.’ Or if you know

¹⁴ Detransitioners in the sample reflect on similar experiences, often as part of the motivation to detransition: “Between physical dysphoria and living with the knowledge that even if it’s out of respect and love, nearly every interaction I have with another person is built upon the action of them roleplaying on my behalf, I can’t do it.”

something intimate about a woman in which would be weird from a man you can use 'I have sisters,' although sometimes I do just lie about things to solidify, when in human rights and gender roles come up sometimes you have to be a silly man and pretend you don't understand but it'll come easy once you get the hang of it."

Another poster described the experience of being 'stealth' in these terms:

"Everybody else assumes I'm like any other guy. But I can't get over the feeling that I'm just lying to them. That I'm tricking them... I'm hiding a big part of myself. I have to pretend that I don't understand what having a period is like or that I know how much it hurts to be kicked in the balls, all of these things that every man goes through."

In a post titled "It's hard for me to trust cis people," a poster who reported living 'stealth' for years confided that "I think it's a lot of internalized transphobia going on that I project onto others, but in the back of my mind, I feel as though deep down, every cis person thinks you're fucking crazy. It doesn't matter how many reassuring words they give you, or respect, or anything. Deep down I just think they think you're crazy or delusional, and out of pity, or even sympathy, they're nice to you because they care about you as a person, but still will never understand." The poster then described social life as "just lie, after lie, after lie. All the time. For the past 5 years" in an attempt to keep their trans identity a secret from friends: "I'm living in this existence of lies out of fear of just not being seen as 'normal' ever again."

Another poster wrote: "I feel like a fraud, I don't know how to relate to people anymore." An 18-year-old who reported coming out as trans six years ago wrote: "I feel like I'm lying everywhere I go, to everyone. I have this massive secret and it weighs on me more than anything else ever possibly could."

Posters frequently mention experimenting with gender self-identification online first, with 17 posters in the sample reporting being out as transgender online *only*, while others shared discordant experiences identifying as transgender online versus offline,

indicating that expectations developed in online settings may not translate smoothly to offline interactions. For instance, one poster reflected on early experiments with gender in online spaces:

“I would always pretend to be a boy online, and chat with people, flirt etc. It was like a space where I could be who I wanted because nobody would ever really find out. I knew that sometimes I might have crossed lines, its [sic] not really cool to fool people when it gets on a deeper level. But I guess we all do dumb shit as teenagers. I am still a ‘man’ on the internet but I usually don't get close with chatting partners.”

Another poster credited video-gaming with resolving doubts about trans identity, after offline experiences of feeling “idk, uncomfortable” “presenting as male”:

“[T]hen I started playing New Vegas, I played as a male and, while I'm sure I could get this from any game, something about reading my own real name in the text, hearing people in game call me mister and, make fun of me if you will, having the confirmed bachelor comment options open up when I talked to Arcade Gannon was euphoric, finally getting to play as a male and having there be no questions asked, nobody commenting on my voice or anything, and I finally started to be comfortable with the fact that I am trans and I stopped questioning myself over ‘what if I'm faking it?’”

Posters who represented themselves as simply male, rather than transgender, online reported additional challenges reconciling their online and offline identities. A 14-year-old reflected on the experience of self-identifying as male online versus offline, where the poster expressed “not wanting to be trans”: “I’ve been using male pronouns for almost two years now online and for a few weeks in my real day to day life. and in most online communities, I’m a cisgender male! Which I love! I love people thinking I’m a cis man especially when in real life I still look like a girl...” Another poster, who reported not having “any friends irl [in real life],” expressed mixed feelings about the

possibility of meeting an online ‘crush’ who did not know about the poster’s transgender identity, including feelings of shame and isolation:

“I didn't tell her I am trans :/ because I am kinda ashamed of it. It makes me feel so inferior : //... I want to tell her I am trans and just drive to her asap because I lack other person's [sic] presence... I am so done with being alone yet I keep on isolating myself and never letting anyone close because I feel so invalid and unacceptable.”

Romantic and sexual encounters

Dating, romance, and sexual intimacy were frequent topics of conversation. The sample included 65 posts relating to dating, 11 posts relating to marital relationships, 70 posts about sexual relationships, and 21 posts that explicitly mention avoiding sexual and romantic encounters. These concerns about dating, romance, and sexual intimacy crop up concerning existing and prospective romantic and sexual encounters and relationships, spanning from pre-existing relationships with heterosexual male or homosexual female partners—relationships that posters worried would be altered or terminated by a change in gender self-identification—to the possibility of future sexual and romantic involvement in configurations that include males attracted to other males, males attracted to females, females attracted to other females, and females attracted to males. Some trans-identifying females identify as “straight men” (females attracted to other females), while others identify as “gay men” (females attracted to males) or bisexual/pansexual (attracted to people of either sex). Some specifically seek out “T4T” (trans-for-trans) relationships, which may involve either female or male partners.

The question of how one’s sexual and romantic partners self-identify and describe their own sexual orientation was a recurring theme. Some posters described current relationships as “doomed” by their transgender identification, believing that a lesbian partner would not remain with a “man” or that a male partner would not want to be involved in a “gay” relationship. Some expressed discomfort with the way others may perceive their romantic relationships, like the poster who described feeling like “a

fucking mess” after a friend referred to the poster being in a “lesbian” relationship (“I haven't felt this dysphoric in years. I'm running through all the things I've said, done, and felt in front of them and wondering what it is about me that they see as a woman. I know that doesn't make sense, but that's what my dysphoric ass brain is doing”).

Concerns about sexual and romantic opportunities mid- and post-transition were typically characterized as a “mindset” in need of changing,¹⁵ rather than as a potential factors to consider as part of the decision of whether to transition:

“have any of you ever felt like people who are only interested in men won't be into you? like, i get really sad when i like a girl and i find out she's straight bc i always assume she won't see me as a real man and won't want be with me, and it happens doesn't matter how the person treats me. the girl can be super supportive and respectful and maybe be even hitting on me but i'll always assume she's not into me and she's just being nice or something. i believe it falls under internalized transphobia and i wanted to know if any of you ever dealt with something like this and how can i change this mindset?”

A 16-year-old described feeling “so scared that no man-attracted person could ever be attracted to me once I tell them I’m trans,” before clarifying that “I know that this is false... but I have no idea how to go about breaking down these misconceptions I have built up which affect me so badly... my own feelings and insecurities have lead me to believe that cis people would be disgusted by the idea of dating me because I’m trans.” The poster then expressed fear of disclosure and potential rejection, as well as concerns about being considered disgusting and sexually “inadequate.” The poster then reframed these fears about potentially not being able to find a compatible romantic and sexual

¹⁵ Reisner et al's (2010) study of female-to-male individuals who are sexually and/or romantically involved with male partners linked internalized stigma to negative influence on sexual and romantic experiences.” On the subject of internalized transphobia specifically, researchers reported that participants expressed “the uncertainty they felt about being able to find sexual partners who would think their body was ‘hot’ or ‘sexy,’” and “feeling unworthy of sexual experiences.” Some research subjects reported “mak[ing] concessions... like they might need to do something [sexually] they're not comfortable with just because they need to find someone.”

partner to align with community norms: “I know this is my own internalised transphobia and dysphoria talking.”

Posters frequently reported no sexual or romantic experience. “I’ve never had a sexual fantasy involving myself. Ever,” one poster wrote. “I can’t really conceive of myself as [a] person to desire and be desired, to love and to be loved.” Thus, for many, their ideas about attraction and sexual encounters appeared to be largely or entirely theoretical and often assumed the shape of trans community maxims like “hearts not parts” that encourage community members to be “inclusive” in their sexual attractions, rather than exercising “genital preferences” (archeosomatics, 2023), a coded and disapproving way of referring to sexual orientation.

Some community members began to doubt their trans identification or the desirability of transition after entering sexual or romantic relationships, such as one poster who observed that, “[e]ver since I started using my front hole [vagina] for sex, I started slowly getting the idea that I’m a woman.. I don’t know if using my front hole is suddenly making me feel like less of a man/ not a man at all because I didn’t have these feelings before. Is this a sign of internalized transphobia? If any of you guys had an issue like this, how did you start reclaiming your front hole as a ‘man’s’ part?”

In a post titled “Emotions during adult fun after top surgery,” a poster described being “overwhelmed with emotions” upon entering a new relationship after undergoing a double mastectomy, a decision made during a time when the poster described having “kinda g[iven] up on the whole sex thing”:

“I mostly played with her chest, I did some stuff to her that I loved before top surgery. It made me very confused though. I kinda felt I would love if she did that back to me, which is not possible after the surgery, but the stronger feeling was just that I enjoyed watching her enjoying herself. I am still processing this. Does anyone else here has [sic] similar experience? Also, there is this other feeling - I asked her to touch my chest, and she did. I was overwhelmed with emotions which I think was something like ‘wow, someone wants to touch my chest with

these scars'... I never thought about if I will feel desirable after top surgery, I kinda gave up on the whole sex thing, and this was the first time I was confronted with it. Also, when I told my trans friend (guy) about this, he suggested internalized transphobia, so that may be the other reason that messed up my head... I am very confused and I need to process this.”

One poster—whose user ‘flair’ indicated that the poster had undergone a mastectomy and a hysterectomy, with a phalloplasty scheduled for 2024—expressed the fear that, “since I’m a man without a dick, I’m convi[n]ced I could never please heterosexual girls or gay men”:

“I genuinely KNOW that a person is not attracted to someone because of its genital [sic], I don't fucking care about what my bf or gf has down there, and I keep on repeating that you shouldn't be attracted to someone because of its genitals. but when it comes to my own case I'm convinced that only bi people could like me, since they like men (whole me) and "female" (my genitals) .”

The poster described a conflict between the way sexual attraction is *supposed* to work, according to community values that dictate sexual orientation must be ‘inclusive’ of other parties’ self-identification, and the poster’s sense of how sexual attraction may work in practice.

Another poster lamented encountering barriers to transition (financial dependence on parents who are unsupportive of transition) and described the difficulties of navigating dating and intimate relationships as a self-described non-passing transman, then blamed this sense of “weird[ness]” on the poster’s “OCD,” which the poster claimed made it difficult to overcome the disconnect between appearance and identification: “it feels really weird to try and date people when I want them to see me as a man but have a woman's body. and you can say 'body doesn't matter' and i get that, but it does. at least, thats [sic] how my OCD makes it.”

Another poster wrote about “himself” switching back and forth between first- and third-person language: “I want to flirt, and date and hook up and do all this gay ass shit with men like a cis man would... But I can’t bc mf [motherfucker] doesn’t pass, no, he’s got a high voice and a heavy chest and all the amazing pre T apparel.” The poster expressed mixed feelings about starting testosterone and the effects this might have on future sexual and romantic prospects, invoking two separate sexual strategies (pursuing gay males versus straight males): “I know once I’m more masculine due to T I’ll be more attractive to gay guys but what if my body still disgusts them once I take off my Clothes , and id have lost my chance with straight guys by now having Permanent T changes???”

Another poster described the experience of transitioning from a “somewhat conventionally pretty girl” who “knew I was pretty so I deserved love”:

“So now that I'm no longer pretty, I am unworthy of love. I acknowledge how it's not true and I shouldn't think like that, but in practice it really is hard to accept that anyone would desire me now... I don't know what else to do but wait for my transition to get me where I hope I'll be. I simply understand my body, as it is, as undesirable and unlovable.”

Some posters struggled with when—and, in some cases, whether—to disclose a trans identity to a prospective partner:

“I don't feel like there's ever a good time for a couple reasons. If I tell them at the beginning, someone who I don't know very well and could get mad at me for breaking up with them would know my secret. Once there is mutual trust, I feel like I'm in too deep, we trust each other to share ourselves with each other, and I haven't disclosed a big part of myself. I feel like I wouldn't be able to have the relationship I would want if they didn't know I was trans, as I feel like I would be lying to them, and we could never have a sexual relationship.”

One poster in r/FTMover30, wrote about the difficulties of navigating transition within a long-term marriage. The post began on a tentatively positive note:

“This year has been...confusing, to say the very least. I've been enjoying the process of adding more masculine things to my wardrobe, adjusting my name to one that doesn't make me cringe, and being open online about my newfound identity. It feels good and natural. Sure, there are moments of imposter syndrome, but I personally think imposter syndrome often helps point us in the right direction and it's up to us to fight through.”

The poster then expressed worry over hurting or losing a marriage to a man who said that “if I ‘were to go full FTM,’ that he would bid me goodbye... He’s very straight and not interested in having a masculine partner”:

“I don’t know. I’m thinking about putting my dresses out of the back closet, burying the masc clothing, and pretending the past five months didn’t happen... My thirties have thrown me for a loop, guys. I feel like it would make my life a thousand times easier if I delete my reddit account and go back to my wishy-washy life the way it was. Just wondering if anyone else felt like they were better off not transitioning and tried to find other ways to cope.”

This post ended with the expression of serious doubt: about whether one would have been better off not transitioning. The idea of “delet[ing] my reddit account” suggests the poster’s awareness of the possible role of online spaces in fueling an identification that may not have developed or persisted without such reinforcement.

Others expressed concerns about how they were viewed by current and prospective romantic and sexual partners, specifically dreading being viewed as female. One poster, seeking dating advice, asked: “what helped you feel comfortable/sure that you were being seen as a man, not just a masculine lesbian?” Another described not being able to “even have sex without wearing a strap on, my girlfriend cannot say ‘oh your pussy is so wet..’ to me while we are in the middle of screwing, because it’ll dry me up like the Sahara. I have to be told I’m handsome and that my ‘cock’ is all hers.” Another poster wrote: “I can't help but have this voice at the back of my head telling me they either view

me as a man like stepping stone, or simply a woman.” Another poster expressed the wish to “be someone’s gay awakening without having those thoughts and worries” about being perceived by a male partner as female.

Community members frequently expressed frustration that their male partners may not view themselves as homosexual men, despite being in a relationship with a “gay trans guy.” For example, one poster expressed the desire to be “a normal cis man” and insecurity over what the poster terms “relationship dysphoria.” The poster viewed the boyfriend as a homosexual man “forced... into a pseudo-straight relationship,” a perspective that appears to discount the boyfriend’s stated preference for female genitalia:

“I feel like I forced him into a pseudo-straight relationship sometimes. I know it’s mainly got to do with internalized transphobia but god, what I’d give to just be a normal cis man. He says he prefers what I have genitalia wise (bc it’s quick and efficient lmao), it took a long time for me to start to actually believe he’s attracted to me without a binder & stuff on. I still psych myself out socially a lot.”

Another post in the sample described how simulating gay male sex exacerbated the poster’s sense of being an “imposter as a gay man”:

“My husband asks for and offers a lot of suggestions on what he and I can do to be more gender affirming and to make me feel more comfortable (for example, like pretending we are doing anal during intercourse or him doing oral on a strap on). But the problem is I’m also dealing with imposter syndrome. I don’t feel like a man because I don’t pass. I feel like a woman desperately pretending to be a man but failing. Especially when I am actually having sex with a cis man who has all the parts I want. So I get embarrassed at the thought of him pretending my parts are correct or real, despite everything he tries to do to affirm my gender during sex. I also feel like an imposter as a gay man because anal sex and rimming is not a turn on for me, giving or receiving.”

Other self-identified “gay trans guys” described seeking out male partners who identify as homosexual. For example, one post rehashed a conversation between a self-identified “gay trans guy” and the poster’s “cis gay” boyfriend, in which the poster asked whether the boyfriend would prefer a male partner:

“in a bout of dysphoria i asked my bf (cis gay)’would you rather be with a “real guy?’ and he said ‘obviously i would, but i’m satisfied with you’. i don’t know what i wanted him to say but this did not make me feel any more secure, why would he be with me when he can (and has) be with guys with giant dicks that can be what he wants? i feel like an inferior and an imposter in my identity and my relationship.”

Others expressed conflicted feelings about identifying as trans, gay, and male: “[I]f I could be seen as... well, please don’t think badly of me, but the ONLY way I can think of myself is ‘a boy who wants to be a girl’? Because when I imagine myself in any sexual encounter, I’m usually an AMAB [assigned male at birth] twink.”

Others referred to the role of pornography in shaping their self-understandings, such as a 19-year-old, who wrote “Sex wise, I don't want to take the traditionally female role. Picturing myself as the woman in the pornography I consume is repulsing to me. But when I watch gay pornography between 2 cis men, or pornography with a trans man, or even just porn with a man and a woman, I feel perfectly comfortable (okay, more than comfortable, if you catch my drift) picturing myself in the ‘manly’ position.”

Private reflection

Self-reported doubts about trans identity and transition often appear to surface in private, unguarded moments when posters are alone, such as during sleepless nights, in dreams, while using recreational drugs, or when dressing or undressing, such as the poster who wrote: “It's always when I'm getting into bed. Hoodie off. Clothes off. Binder off. Look in the mirror as I brush my teeth and think maybe I'm just a confused girl.”

A 16-year-old described regularly waking up in the middle of the night, struggling with the question: “A[m] I really being indoctrinated? What if I’m not trans? Am I making the biggest mistake of my life? I can’t even say the word ‘trans’ out loud to describe myself sometimes.”

One transman, eight years into medical transition, reported the sudden onset of intense and alarming feelings of depersonalization (“I don’t even recognize myself”), after disclosing that “I’m genuinely terrified to post this”:

"I started my transition what feels like forever ago... After all the fighting with friends and family, not to mention professionals, I finally got to the place I wanted to be... Now for some reason, when I look in the mirror it feels like I'm looking at someone else. I don't even recognize myself. And for some reason it paralyzes me with fear. I get a sinking feeling. I become anxious. I don't know why. I don't even know where this is going. I just... I had to get this out. There's no one I can trust in my personal life. I don't want to go back but... I don't know what comes next. I don't know why I suddenly feel the way I do after finally figuring out how to love myself."

This poster described “fighting” with friends, family, and medical professionals to achieve transition goals, but now may be considering “go[ing] back” (detransitioning) after the poster “finally got to the place I wanted to be.”

In a post titled “is it normal to be plagued by self doubt?”, another user wrote:

“It seems like every night I keep have [sic] the same crippling doubts. What if I’m faking it? What if I’m deluding myself? What if I’ve obsessed so thoroughly [sic] over this that I’ve convinced myself I have dysphoria when it’s really a symptom of my depression/anxiety? What if I’m just a confused girl? I have been reading so many detransitioning stories and am afraid that that is going to be me. If I really am trans shouldn’t I be more sure about it? Shouldn’t this be something I want with my whole heart, not that I’m conflicted about?”

Dreams, interpreted by posters as evidence of the contents of the subconscious, also appear to serve as sources of frustration and self-doubt:

“Grrr... just remembered last night's dream... it involved sex but it wasn't even a sexy dream. It was just something that happened, but involved the parts which shall not be named. I've also had dreams before where I referred to myself using female terms. Just pisses me off because it causes nothing but dysphoria the moment I wake up, and it makes me feel like an imposter. Like ‘oh my brain is actually ok with all this’ when awake, I am heavily dysphoric for my afab [assigned female at birth] parts. I do not use them and I do not even think about them because they make me feel horrible.”

“When I'm alone with myself I don't always hate my chest,” one poster who described experiencing mixed feelings about an upcoming double mastectomy wrote. “Usually my internal debate comes to the conclusion that I'd rather have no boobs and if I ever missed them I could get those things [prosthetic breasts] trans women get that you can take off.”

Another poster (who identified as transgender at the time) decamped to r/actual_detrans to describe how marijuana use altered “my view of my gender identity and dysphoria,” in a post that's worth exploring in detail as a community dissection of a personal experience of doubt:

“I felt like I was seeing myself, and transgender people, from a very new perspective. Specifically, someone who is transphobic. I think I may have experienced temporary depersonalization, because for a brief moment, I forgot who I was and even more scary, I forgot why I had even transitioned... Why did I do this to myself? Why did I change my body?... It's like, for years I feel like I've trapped myself in my own little bubble of trans affirming people, but weed allowed me to look outside that bubble, see how most people REALLY see me, and I hated it.”

The poster began by sharing an experience of substance use that provided an alternative perspective on transgender identity and transition. From this altered vantage point, the poster reported forgetting “why I had even transitioned” and asking “Why did I do this to myself? Why did I change my body?” The poster then broadly characterized her views on sex and gender (“if it sounds like a duck... it’s a fucking duck”) but then contrasted this attitude about passing with personal experiences of attempting to pass as male, where “sound[ing] like a duck”—to borrow the poster’s parlance—doesn’t equal *feeling* like a duck (“Everybody else assumes I’m like any other guy. But I can’t get over the feeling that I’m just lying to them”). The poster also described growing “disillusioned” by transition: “Maybe because I don’t feel that testosterone has fully solved my dysphoria, because it certainly hasn’t.”

“Because as much as I want to be a man, and be seen as a man, make love as a man... I just don't know if I can ever fully buy it... I mean, I knew from the start that transitioning would not be a magic cure for all my problems. I knew it could never make me biologically male. I thought I could come to terms with the latter, but I can't, because I still subconsciously hold the belief that a man = biologically male and I don't know how to get over it. Everytime I look in the mirror, I wonder how the hell I pass to most people.”

The poster weighed various potential “compromises,” such as detransitioning or presenting as a “butch woman,” which would “feel more like a compromise” rather than something the poster actively desired. But continuing to identify as transgender was not appealing either. The poster reiterated feeling like “I’m lying... that I’m hiding a big part of myself.” The poster also offered potential alternative explanations for why transgender identity and transition might have been appealing (“because I was a tomboy with no friends,” “to escape misogyny”) and wondered if “I could have just learned how to be okay with [these] parts of me,” questioning whether transition was necessary. The poster continued to express the desire to “be a man, and be seen as a man, make love as a man” but “do[es]n’t know if I can ever fully buy it.” This poster appears to have come up against the limits of what transition can offer—limits that the poster acknowledged

were clear at the outset, but which the poster initially believed would become tolerable over time.

Commenters urged the poster to overcome “internalized transphobia” and claimed the poster was experiencing “anxiety and paranoia” as a result of smoking too much marijuana and indulging, rather than confronting, “internalized transphobia and self doubt”:

“Yeah, it does sound like a bunch of internalised transphobia and self doubt, made worse by smoking weed. While weed can cause depersonalisation, that isn't the same as "getting an outside perspective", and it also causes anxiety and paranoia. So I would try and avoid putting too much stock in things you think while high.

I think all trans and trans-adjacent people need to decide at some point between just tolerating the hand they were dealt (which can result turn into bitterness) and radical acceptance (of yourself and others). The trans community you are feeling disillusioned by chooses the latter, and on the whole the approach tends to be the most beneficial/positive for people who can't just turn off being trans.

It's up to you if that is how you want to be. If you want to deal with your transphobia, therapy can help. Normally I'd say expose yourself to more trans people and see them for the wonderful and beautiful people they are, but it sounds like you already do that and it hasn't helped.”

This commenter then urged the poster move toward “acceptance,” defined as accepting that the poster is transgender and male:

“By acceptance I mean, if that is the way you want to go, that you don't actually have a woman's body. I know you used the word female, but it is a pretty pointless distinction for the acceptance route. If you are a trans guy, you have a man's body. Even if you don't see it now, it is recognising that biology varies so

much... I know that sounds really... something. Like, disconnected from reality? But so is everything society does, it's all just shared memes that went collectively viral, like what body shape is attractive or what traits are positive or negative (physical or psychological etc). They all vary based on time and culture... Recognising that cisnormativity is just a meme that has wormed it's [sic] way into our brains was a gamechanger for me. There is nothing objectively better about having some flesh bits matched with other flesh bits, or some traits combined with other traits. There isn't even a scale to measure "better". People with non-normative bodies are perfect as they are and if they change they are still perfect. That's acceptance IMO [in my opinion]. Once a person can accept that, then it is much easier to resist the external forces."

This commenter expressed 'orthodox' trans community beliefs about sex and gender: "If you are a trans guy, you have a man's body," regardless of the features and functions of that body, and counseled that, if one struggles to accept this, one must do internal work to overcome such limiting beliefs about sex and gender in order to accept that "biology varies so much." The commenter then leaned heavily into social constructionism ("everything society does, it's all just shared memes that went collectively viral"), relativism ("there is nothing objectively better about having some flesh bits matches with other flesh bits"), and nonjudgmentalism ("people with non-normative bodies are perfect as they are and if they change they are still perfect"), while blaming "external forces" for the original poster's alleged lack of self-acceptance.

The original poster persisted in expressing thoughts and feelings that deviated from community norms:

"This is what I used to believe, but I'm just getting to the point where I've come to realize sex and gender are intrinsically woven together, and there's no denying it. If they were completely separate, I don't think dysphoria would exist... I know and understand that biological sex isn't black and white, sometimes cis women are born with a y chromosome and male organs and sometimes cis men are born without a y chromosome but unless you can show me a cisgender man born with

breasts, a vagina, and a full female reproductive system, with no male reproductive organs whatsoever... And I understand what you're saying, that we can 'change the rules', but it's not going to happen overnight, and probably not in my lifetime. Humanity has generally believed penis = male and vagina = female for an extremely long time, and it would take a long time to change that perception, if ever.

Maybe I was just born in the wrong time. I'm still young, so maybe I could detransition now and then retransition when transgender people are more accepted or the technology is better. Or maybe I'm just being a whiny baby, I don't know."

The poster left open the possibility of "just being a whiny baby"—effectively undercutting the critiques the poster has leveled—but continued to voice serious doubts about the feasibility and desirability of overhauling one's personal attitudes and beliefs about sex and gender.

Another commenter criticized the original poster for "internalized transphobia," exerted disciplinary social pressure ("I think you know this isn't on"), and attempted to undercut the original poster's sense of capacity to make independent judgments:

"I think you know this isn't on. You need to be able to handle the fact that some people are androgynous, and to respect other people's authority on themselves. That you're not able to demonstrate a possible lack of self trust or acceptance within yourself. I would definitely investigate this... Once you've taken stock of that, then you can work on your gender stuff. But it would be helpful to be brutally honest with yourself and make sure you're not having these attitudes because you're insecure about where you are in life generally."

But other commenters shared the doubts the original poster raised. One commenter related to the feeling of "lying" and being lied to:

“Even though I know my friends accept me, I still feel as though I'm lying and they're lying to me, just going along with me so they don't hurt my sensitive feelings. Especially when I'm with guys sometimes, like I'm obviously very different from [sic], so why am I with them, calling myself and letting them say I'm a guy?”

Another commenter expressed feeling “the exact same way” but concluded that attempts to detransition did not help and that “I think it's really just a reflection of the internalized transphobic view I have of myself.”

One commenter, who described discarding the set of beliefs about sex and gender that led her to transition in the first place, reflected on transition as an experience of “rejecting myself as a failed, abnormal woman in some sense” and reasoned that the sense in which transition “was life changing” was “not because I was becoming my True Self as a man, but because it worked like a very powerful placebo in letting me view myself in a different, more positive light”:

“It gave me a purpose and concrete goals to work towards too which is so nice to have as an aimless adult. Truth is, I associated myself with many negative qualities. And by extension, I viewed womanhood with all these negative qualities. It was easier to de-identify with myself and instead identify as something else because my self image was so fucked.”

This commenter came to believe that negative self-image and a negative view of “womanhood” contributed to her desire to transition, as well as the need for “a purpose and concrete goals.” Although the commenter was still taking testosterone, she no longer identified as transgender and viewed transition and continuing to take testosterone as “running away from myself by continuing this hormonal experiment.”¹⁶

¹⁶ Referring to testosterone usage as “hormonal experiment” breaks community norms, which dictate that taking testosterone is ‘correcting’ what is effectively conceptualized as an endocrine condition. Members of online trans communities frequently refer to testosterone as “my hormones” or the hormones one’s body was *supposed* to make. The commenter also raised the possibility that eugenic considerations may play a role in medical professionals’ support for patients with disabilities and/or “physical health issues or mental illness” to transition.

Potential alternative explanations for gender dysphoria and trans identity

Mental illness and traumatic experiences: “My sense of self has been veritably destroyed by the circumstances of my life”

Potential alternative explanations for distress over sex and gender, trans identification, and the desire to transition are frequent topics of conversation. These alternatives include discomfort with one’s sexual orientation or sexual activity (18 posts); discomfort with being—or being seen as—female (43 posts); hatred for specific body parts or functions (60 posts).¹⁷ Ninety-five posts *explicitly* propose mental health comorbidities or differences of cognitive development as alternate explanations or contributing factors for gender dysphoria and trans identity. These include anxiety (17 posts), depression (19 posts), obsessive-compulsive disorder (7 posts), disordered eating (12 posts), body dysmorphia (9 posts), autism (7 posts), attention-deficit hyperactivity disorder (9 posts), self-harm (7 posts), suicide attempts and expressions of suicidal intent (15 posts), sexual abuse (9 posts), and adverse childhood experiences (9 posts).

Potential alternative explanations for distress over sex and gender appear to contribute to uncertainty and doubt. As one poster put it: “I can't really tell if I'm dysphoric or not... how am I supposed to say if it's because of my body or just my broken brain[?]”

One poster, who came out as trans during the pandemic after having “dealt with mental health issues my entire life” described trying to “reconcil[e] mental health issues with being trans”:

“The questioning started in early 2020. I had an Extra Bad Time Mentally in May. I already deal with some mental health issues on the regular, but this particular time involved new issues that kind of fucked me up, especially because

¹⁷ Some alternative explanations are highly idiosyncratic, like those offered by a 16-year-old female who was not trans-identified but “want[s] to be a boy,” who wondered if her recent desire to transition was a way to deal with her grief over the loss of a potential romantic partner who was badly injured in an accident and consequently “changed forever”: “Now I’m wondering that since I lost ‘him’, I want to become the perfect guy if that makes sense.” Domenico di Ceglie (1998b) characterized some cross-gender identification as attempted “reparative fantasies” to deal with otherwise unbearable losses (p. 19).

of symptoms that are much more stigmatised than anxiety/depression... Here's the thought process that just won't shut the fuck up: Maybe I'm not actually trans and this is some bizarre coping mechanism or delusion. Maybe, if I get some help, the transness will disappear..."

The fear that one's "transness" may disappear if comorbid mental health issues are addressed came up frequently. For example, a 21-year-old who reported substance-use issues and a recent diagnosis of post-traumatic stress disorder wrote:

"My biggest fear is maybe I really don't know who I am because I've been spending so long running. That's really what it feels like. I'm running on a fucking treadmill away from myself and it's pathetic. Something really deep and dark and sad is that a teeny tiny part of me is afraid that the day I actually get better completely and I'm not plagued by all of these different trauma [sic] related issues and whatever else manifested over the course of my childhood I'll realize I'm not actually trans."

Another poster wrote about starting a medication to treat the symptoms of depression and anxiety and expressed being "afraid that if it does help, I'll end up thinking 'damn I wasn't trans, I was just mentally ill.'"

A poster who reported that "my therapist smashed my egg to pieces the other day"—meaning the therapist somehow spurred the poster to realize that the poster is transgender—described feeling a "flood of emotions, both relieving and horrifying," and alternating between wanting to have "everyone around me unequivocally agree" that the poster is a boy and wondering if "being trans inst [sic] real":

"i lay awake at night reading this sub[reddit, r/ftm], of others experiences of being nonbinary before trans, & i daydream about starting t. but at the same time my evil brain is trying to come up with ways to deny it, & talk me out of it. in the darkest moments, i start to believe that being trans inst [isn't] real, or its a trauma response, or a mental illness. that something is seriously wrong with me."

even though i know none of those things are true, i need help fact checking. i just want. to be a boy i think. i don't want to have to think about it. i want to be that & have everyone around me unequivocally agree & know. or maybe im crazy. who knows. help”

A poster who reported experiencing obsessive-compulsive disorder and ADHD wrote that these diagnoses “set the stage for my constant questioning of not only if I'm actually trans and if I can trust my own opinion on anything, but also my complete and ability [inability] to trust myself at all.” Another poster blamed OCD for “constantly go[ing] through cycles of doubt in my identity and characterized questions and doubts about trans identity as “intrusive thoughts,” writing “[a]t the end of the day I know exactly who I am, but I can't stop the intrusive thoughts from questioning it.”

Intrusive thoughts—a term lifted from the clinical literature on obsessive-compulsive disorder (e.g., Kollárik et al, 2020)—was another commonly deployed frame for negative, unwanted thoughts and feelings about trans identity and transition and often co-appeared with internalized transphobia and imposter syndrome, and represent a general pathologizing approach to negative thoughts and feelings about trans identity and transition in the communities I studied.¹⁸ Negative thoughts were also referred to as “brainworms” or “terf thoughts.” For example, a 21-year-old with a self-reported history of childhood sexual abuse—who had undergone a mastectomy and hysterectomy—described how “all throughout my transition i've had periods of doubt and severe self-hatred... I call these THE VIBES”:

“Basic train of thought of ‘the vibe’

- Bout of persistent dysphoria about remaining sex characteristics I cant change (hand size, wide hips, no access to having natal male genitals etc)
- Whether its "truth", TERF brainworms or internalised transphobia: thoughts of I cannot escape being female, I will never stop being trans

¹⁸ These potential alternative explanations dovetail neatly with explanations that some detransitioners in the sample settled on, e.g., “I stopped my transition because it started consuming all of my thoughts... I just can't live the rest of my life sometimes feeling like my ‘true self’ is an imposter. I decided that I need to accept that I will never be completely happy with myself, and feeding these thoughts will only make them more worse.” Another wrote simply: “Thinking I may be trans gave me dysphoria.”

- Belief my transition will never be complete because I will never be not-female entirely and can never live as a male without additional context
- "I must accept my biology as I can't ever change it"
- Believing I must accept being female and go through some form of detransition, despite being the most at home and at peace with my body I ever have been
- Because I'm comfortable in my body now, the thought of 'being female' is more acceptable. Still very dysphoria inducing and it fucks my entire sense of self up, but almost bearable to think about if I could keep my body as it is (which ironically, is vastly NOT female anymore)
- Nothing but mental pain and self hatred from every angle of the argument because I'm stuck in a middle ground and feel I always will be"

Other forms of pathologization include the adoption of “toxic masculinity”—measuring oneself against impossible and often noisome sex-role stereotypes—as an explanation for distress.¹⁹

One young person, who came out as trans online at 12 years old, described feeling shaken by a confrontation with a loved one, and expressed having “never felt secure in my identity” despite putting on a confident front (being “loud about my identity”):

"I was constantly doubting myself, I had crazy imposter syndrome, and I constantly asked myself, "do I actually feel this way, or do I feel this way because some part of me wants to be like the people and characters I follow online?" [...] But I pushed forward anyway. I was loud about my identity, I was communicative about how I felt and I was very patient with how everyone else was treating me. At the same time, I was fully indulgent of my own feelings and wants. I consumed more trans content than ever (YouTube videos, films/tv, music, etc), spoke to more trans people, changed my appearance (in non-medical ways, but I planned on medical transition in the future.) I was slowly but surely becoming more sure of myself. [...] [Then a loved one] confronted me about my identity in a way that

¹⁹For a more thorough discussion of toxic masculinity, see Harrington, 2021.

cut me deep... I wanted nothing more than to say "sike! I take back my coming out, let's pretend it didn't happen!"

After “ditching” trans social media, this young person reflected on the role online influencers and online trans content may have played in shaping positive and negative experiences around gender. This person experimented with treating trans identity like a “hyperfixation”—by “starv[ing] it of attention”—and found that this perspective somewhat alleviated feelings of gender dysphoria:

“I don't know what I expected to happen, but this ended up lasting several months and I ended up not going back on it. Whenever I got a masculine feeling, or felt like looking into my fav trans influencer, I resisted it completely. I was training myself to be a girl, like who I was before I discovered what being trans was. Somehow, my dysphoria never got that bad again. [...] Doing this, I noticed a similarity in the feeling I got when I presented masculine or indulged in trans content: it was the same feeling of euphoria - and at times, obsession - I got when I had a very intense hyperfixation. So I treated my trans identity like a hyperfixation I didn't want: I starved it of attention in hopes it wouldn't grow.”

At the end of this experiment, the poster wondered: “I feel like my life since I was twelve has been a lie, or some trick of my own brain. Some sick obsession I was too consumed by to see. Is it possible my dysphoria and perception of my gender was created entirely by a hyperfixation?”

A young person who disclosed multiple mental health comorbidities and a complicated medical history (including a failed surgery) questioned whether trans identity would have been appealing if the poster’s life circumstances had been different after a destabilizing encounter with a therapist:

“I don't know what's going on and I don't know whether I should be [sic] transition and do this whole embracing womanhood thing and try to force myself to be a lesbian and if I'm just in denial of that or what.... But after having my

entire existence dissected down to its every atom I don't know my ass from a fucking hole in the ground. My head is spinning, I almost want to call out all of these people for psychological abuse for dissecting me and forcing me to question myself that much when I already questioned myself a shitload on a daily basis because I have motherfucking obsessive compulsive disorder!"

While therapists most often feature in these accounts in gender-affirming roles, a few therapists appear to sow doubt in their clients' minds. After a therapist said "the way you describe dysphoria is different from my other clients" and offered an alternative explanation (that the client may be experiencing derealization or dissociation, rather than gender dysphoria), one poster wrote: "So now I'm like damn, maybe I'm not trans?? I don't think that's what he was trying to say. I think he sees that I have a tendency to idealize my goals, but I know in my wise brain that transitioning will not fix all of my problems."

Other posters struggled to disentangle gender dysphoria and trans identification from adverse childhood experiences. A poster who reported coming to identify as trans at the onset of puberty, undergoing a mastectomy, and being out as transgender for six years grappled with a history of childhood sexual abuse and questioned whether abuse had anything to do with the adoption of a trans identity, moving back and forth between two perspectives:

"From the ages of maybe 5-6 years old, I was sexually abused. No one knows about it, and I think about it almost everyday. I started piecing together that I was transgender at the age of 11. Now, my brain literally taunts me everyday, and I hear those transphobic people in the back of my head who say that being trans can stem from extreme trauma (sexual abuse, physical abuse, childhood trauma, etc)."

The poster described these unwanted thoughts as "taunts" from "those transphobic people in the back of my head," before expressing confidence in trans identification: "But deep down, I know that I'm just a trans person who just happened to be abused."

At the end of the post, the poster returned to the experience of persistent doubts: “But that voice in the back of my head always tells me I’m a fraud who’s just riddled with trauma from a young age.”

A 26-year-old described experiencing childhood sexual abuse, followed by a lifetime of serious psychiatric issues, and wondered whether it is possible to create a coherent self without “that internal compass inside, that piece that is you and you know it”:

“I’ve had a challenging life—relatively speaking, of course. I suppose no different than anyone else. But it’s a long tale of abuse and trauma and neglect and self-loathing. I’ve spent the majority of my life receiving psychiatric care, been hospitalized frequently, will probably be in therapy until I peace out. A whole host of diagnoses. I also have complex medical conditions. Like I said, we all have our shit, but I guess I’m just bad at handling it.

And that’s the thing, isn’t it? I know I’m actually a person who should question crises of self before acting on them, because my sense of self has been veritably destroyed by the circumstances of my life. I don’t know who the fuck I am. I don’t know what the fuck I want. They patched up my maladaptive behaviors, tinkered with my mood and reactivity, stamped out the psychosis. But they can’t just create that internal compass inside, that piece that is you and you know it. I’m just an assembly of voices screaming all at once, and how do you know which one is the real you?”

The potential role of social influence: “oh my God I’m faking it I’m just a women I stole from trans people I’m a monster”

Another potential alternative explanation that posters entertained was the possibility that they may be “faking” being trans for attention or social clout, or as a result of peer or online influence, or that trans identification may be a temporary phase.

One poster, who reported “questioning my gender pretty much since I started puberty,” expressed the fear that “no matter what I do or how I feel, I’m somehow faking or not valid enough. Somehow I’m confused, somehow I’m doing it for attention, and as soon as I take hormones like I desperately want to, I’ll regret it.” Another poster described “planning to transition for nearly [sic] years” but observed self-doubt in the form of “this voice in the back of my head telling me I’m a tomboy and it’s just what teenagers go through,” before reporting that “I don’t even like to think anymore and hear my voice, I barely have the motivation to get up, I can’t stand to look at myself in the mirror.”

A poster who had identified as trans for seven years described the persistent fear of faking it: “the more i think about my dysphoria and really start to sit down and unpack it i feel like i’m faking it ?? even though i’ll literally shake from unpacking dysphoria, something will tell me i’m actually faking it and i’m trying to *feel* trans when i’m not or something.”

Others expressed the fear of being not “trans enough” or not “dysphoric enough,” like one poster—who identified as “non-binary but I’m pretty sure I’m also some form of genderfluid or genderflux”—who worried about being a “‘fake trans’ person,” or even a “horrible person trying to co-opt the actual struggle of trans men as a personality trait.” This poster appeared to create a sharp polarization between whether one was ‘deserving’ and ‘undeserving’ of sympathy. The poster expressed distress over breasts (“top dysphoria”) and yet also reported feeling unworthy of even purchasing a breast binder because the poster worried that there was something illegitimate about both the distress and the poster’s attempts to make sense of and mitigate that distress. The fear of appropriating recognition, sympathy, and resources from more deserving recipients was often tied to the fear of faking it.

A total of 127 posts in the sample *explicitly* named the fear of faking one’s trans identity, while additional posts discussed feeling like a fraud (15 posts), not feeling “trans enough” (27 posts), or feeling like an imposter as a trans person (149 posts). The posts that follow demonstrate how the fear of faking it finds expression in these online communities:

- “So basically half the day I've had a dread inducing panic revolving around my transness right? ‘oh my God I'm faking it I'm just a women I stole from trans people I'm a monster’ blah blah blah que [sic] the constant googling right?”
- “I feel like a faker. Like I want to be special and ‘opressed’ [sic] instead of being a boring little cis girl... I'm afraid that once I get the surgeries, I'll be hit with regret because I was actually cis the whole time.”
- “When it's not getting me down, it's borderline hilarious. Like, I've been binding for over a year, can't stop thinking about going on T, and had the most euphoric experience with my first packer yesterday, and yet part of my brain is like ‘you're probably just faking’. It's so stupid I genuinely want to laugh at myself.”
- “Someday I plan to get top surgery and perhaps go on T, but I'm deathly afraid I'll do something that I'll regret. I feel completely indifferent about my body and I was always have [sic], it's simply the way I'm treated that makes me feel like I don't belong. Being perceived as a woman makes me feel like an imposter, but then I doubt myself and wonder if I'm lying to myself or I'm doing this for attention. Sometimes when I talk to trans people they'll express a deep disdain for their past gender, or talk about how utterly painful it is. But I genuinely only feel a mild discomfort and lack of belonging where I am.”
- “I keep flip-flopping back in [sic] forth in my head on whether or not I'm really trans. One minute I'll feel totally sure of my identity, confident that I'm a guy and that I want to transition and start hormones and get surgery one day, but then the next, I'll be drowning in a sea of self-doubt, worrying that this is all just one long, drawn out phase and that I'm not actually trans, I'm just terribly confused and have tricked myself into thinking I am and that I'll regret transitioning.”
- “I want to transition but at the same time how do I know if I'm actually doing it for me? Everyone says that it's okay as long as I'm doing it for me but they say that like they think that I'm not doing it for me if you know what I mean. I always felt like this was the real me and me trying to be Little Miss Sweet Valley High was the act. But everyone else tells me it's the opposite. And if neither of these are

me and if me transitioning is just me doing stuff for validation, is there even a real me at all?”

- “I’ve taken multiple ‘am I trans’ quizzes, and I’ll get kind of disappointed when it doesn’t say that I am trans, because I, in a way, want to be trans and be kind of perceived as a man. Now, I know no one WANTS to be trans because they would rather be their cis gender, and that makes me feel guilty about I how I feel because I feel I’m faking and lying to myself about potentially being trans because I feel like I’m telling myself I’m ‘trans’ for attention.”
- “Still trying to figure out what the hell the word ‘dysphoria’ even means to me. So a little perspective I guess might help with the whole ‘I’m an imposter and a crazy person and I’m not really trans masc I’m just an aficionado of men’s clothing’.”
- “I don’t exactly fit the ‘traditional’ trans narrative. I never felt like I was ‘born in the wrong body’ or ‘meant to be a man’ until I started exploring the topic of transgenderism. Yes, I had a preference for masculine things, but I still felt like I was a girl—or at least I didn’t feel like a man. I remember telling my conservative mother one day that if they hadn’t been as firm about me being a girl then I might have been pulled into ‘all that transgender stuff online’ (I had a lot of internalized transphobia to work through) and that that would have been very detrimental to my health since I was a woman.”
- “I still feel so fraudulent that it’s scaring me. I’m horrified that this really is all just a phase and that if I do go through with top surgery, I’ll regret it in the future, detransition, and hate myself for ever transitioning in my teen years. Please don’t get me wrong either, I believe that teens transitioning can save lives. But I’m afraid that my life would’ve been just fine if I didn’t start transitioning even though my mental health was in a horrible place at the time I came out.”
- “i think partly its becahse [sic] i have periods of extreme dysphoria and little to none which fucks me up because one moment im sure im a guy and the next im like ‘this is So incredibly wrong get off the internetyou [sic] dumb Girl’.”

Escaping girlhood/womanhood: “[P]uberty happened and then I just haven't felt like my body was mine since then.”

A common potential alternative explanation that posters discuss is the possibility that trans identification and transition are motivated by “internalized misogyny” or by discomfort with sex-role stereotypes and expectations (e.g., expectations around expressing femininity), being treated like or seen as a woman (for example, one poster wrote about hating “the way people look at me like I’m some delicate little lady who shouldn’t be taken seriously”),” and/or being uncomfortable with female body parts and functions.

A rejection of femaleness appears in some cases to be a much stronger motivation for trans identification and transition than any positive identification with maleness. Community members often openly express bafflement about what it would mean to be or feel male. Others are clear that they *don’t* feel male (“I feel like someone who wants to be a man,” as one poster put it) or express the belief that they “will never deserve to be called a real man,” and yet report finding reassurance and support for their trans identity in the conviction that “I know I am not a woman, that I don’t want to live as a woman and experience all the crap associated with ‘being a woman’ both biologically and sociologically.”

A typical post linked maleness with freedom and femaleness with restriction, concluding “I’m pretty sure I don’t want to be a woman but maybe I could figure out how to live separate from all of it”:

“What if I associate being a guy with freedom and just want that freedom? I feel like early childhood development is something I can't really overcome. Being a girl was restrictive by nature. I could have done xyz if I were born a boy, and if those were the thoughts in my head, what free spirited kid **wouldn't** want to be a boy? Every movie I watched as a kid had boys/men with actual personalities going on adventures and girls/women getting kidnapped, killed, or married. Do I **still** want to be a boy?”

A 33-year-old who described “always hat[ing] being a woman” reflected on the possible reasons for these negative associations, including exposure to “traditional and toxic” gender roles in childhood, and experiences of humiliation around puberty: “I’ve told myself it’s because my main parental figure was sexist, my parents had really traditional and toxic roles, childhood sexual abuse and other traumas, ‘of course I want to be a man since men get more respect/paid better/etc’. Also I started looking like a curvy woman at age 10 in a peer group that humiliated me about it.”

When posters specify onset of gender dysphoria and/or trans identification, adolescent onset is the most common (59 posts).²⁰ Puberty featured heavily in personal narratives about gender dysphoria and trans identification and the desirability of transition. Posters frequently described being happy, comfortable, or indifferent to their sex in childhood, with discomfort setting in only at puberty. “My gender experience started when I was 13,” one poster wrote, before noting “I hate how I look and want to rip my body off.” “I couldn’t get used to everything estrogen was doing to me,” another wrote. In another self-narrative, the onset of puberty sparked the (curiously third-person) realization that the poster is “not like the other girls but he also isn’t like the other boys”:

“When i was little I didn’t say I wanted to be a boy... dysphoria first hit when I was around 12 I think. But I feel like my journey has been long and confusing for me... I ended up in a pretty bad eating disorder do [due] to my dysphoria around my body but also just the fact that i didn’t know how to express why I hate and don’t feel at home in the body of a woman/girl 😞... When I think of me as little, I just see a little kid who’s going through a load of whit [unclear: shit?] trauma and then when puberty hit he realizes that he is not like the other girls but he also isn’t like the other boys...”²¹

²⁰ Two posters self-reported childhood onset of gender dysphoria and/or trans identification, while 17 specified a recent revelation (some of these cases may be adolescent onset but were not recorded as such since no ages were specified).

²¹ A similar post expressed: “I don’t feel like a girl I never did... but I don’t feel [sic] like a boy either, just a fake.”

One poster described “a raging war in my head since I was a young teenager and learned what being trans was, it made sense, I’m uncomfortable being afab and being seen as such, but there’s always that part in my brain that’s says I’m not trans and if I transition I’ll regret it.” Another reflected: “I wasn’t connected to what estrogen was doing to my body in any way. I dreaded all of it and was frustrated with every aspect of life.” Another said, simply: “puberty happened and then I just haven’t felt like my body was mine since then.”

Posters often reported that they once believed their female peers felt the same way they did about sexual development, sex-role expectations, or objectification—before being exposed to ideas about transgender identity that convinced them they were having a *trans* experience, not a female experience. One 15-year-old wrote:

“i came to the realization recently that im trans myself ftm and i guess i kinda always knew but i always just pushed it so far down deep that i wouldnt ever think about it or just regard my feelings as ‘normal girl feelings and that just everyone thinks about this all the time too but nobody talks about it’.”

Potential alternative explanations include discomfort with being perceived and treated as female, such as by this poster, who comments on “hat[ing] being sexualized by men” and describes struggling to “untangle what feelings are gender dysphoria and what is just a general dislike of my body.” A self-described “young teen” wrote “I want a bigger upper body, not these child bearing hips and big grabbable butt and thighs. I want big arms, not skinny wrists that a hand can wrap around and hold me down with” and described going through “female puberty” as causing “irreversible damage” (likely a riff on the title of Abigail Shrier’s book, *Irreversible Damage: The Transgender Craze Seducing Our Daughters*).²²

²² A case discussed by Williams and Graham (1998) as typical involved an adolescent female patient who “compared maturity in women and men by saying that a woman’s body collapses when sexual attributes develop, whilst a man goes on getting stronger,” contributing to the patient’s rejection of her female development through food restriction (p. 146).

Euphemisms for female body parts and functions abound in online FTM communities,²³ such as the poster who dreamed about “the parts which shall not be named.” Others described being “poisoned” by estrogen. “I can't think of being a woman without dissociating so hard that I can't even make a single thought,” another poster wrote. “No matter what I do I still feel female and it's driving me insane,” one poster wrote.

Other posters focused on the performative aspects of femininity, separate from female body parts and functions, or described social difficulties fitting in with female peers. For example, one poster expressed the sense of being an imposter as a girl (“I felt like I was on stage performing 24/7”), the feeling of being “indoctrinat[ed]” by “peers, friends, and family friends... all telling me how to act and what to wear,” the self-consciousness over being perceived and treated as a girl (“I had such horrible anxiety over the way I looked and how much I was treated like an imposter or a freak”), experiences of social rejection (“I was so desperate to fit in with every girl group, but they all rejected me”), and amplification of distress at puberty (“I couldn't get used to everything estrogen was doing to me”).

Another poster linked emotional instability with femininity, a mental association that cast the poster's own trans identity into doubt:

“I often pride myself [on] being stable, calm, and rational when it comes to helping someone out, but I am so blatantly the opposite of that most of the time, and am very emotionally unstable. That is a very misogynistic assertion and I am aware of this (and actively trying to fix it), but, regarding my mental and physical health, my brain can't help but subconsciously give me intense dysphoria because of it.”

²³ Based on my broader observation of these communities, the search for fresh euphemisms is a common discussion topic. On the day I wrote up this section, one of the top discussions on r/ftm was “Alternative names for menstruation” (H0pl3ss_R0m4nt1c, 2023). Suggestions included “Manstruation,” “War injury,” “Satan's monthly subscription,” “the shining,” and “My dick is bleeding.” One commenter wrote: “I just call it ‘the cycle’. I can only cope with the dysphoria by seeing it in a impersonal and logically [sic], usually thinking ‘The cycle is occurring to this vessel’.” Another responded, “i just don't talk about it and pretend it doesn't happen.”

The poster reflected on the gap between preferred self-image (“I feel more comfortable thinking of myself as someone who doesn’t give a shit”) and a more realistic assessment of inner life and behavior (“I care way too much about what people think”). The poster’s aesthetic sensitivity and “feminine” interests—which the poster labels a “special interest,” likely referring to autistic special interests—further undermined the poster’s sense of being male: “This is definitely internalized transphobia and I recognize it, but I don’t know how to stop myself from thinking like this OR how to make myself more masculine in how I act (both online and IRL) so I don’t have these patterns/spirals of thought... Everything I do and enjoy gives me dysphoria and extreme anxiety.” The source of the dysphoria and anxiety appears to be the gap between self-image as a “masculine man” and actual personality and interests, which the poster codes as incongruously feminine.

Feelings around femaleness are fraught. Some posters emphasized how much they like and respect women and describe themselves as ardent feminists who think there’s nothing wrong with being female or feminine—they’re just “not women.” As one poster wrote: “I just don’t feel like one [a woman], period. People always expect me to hate the idea of being a woman, but I simply feel like I’m not one.” Others expressed negative feelings about girls and women and rejected any identification with female experiences (“It makes me feel like i’m being ‘grouped in with women’, when ‘i’ve done so much to transition’. I also notice I can feel shitty about women/femmes in general, like i don’t want to understand them or have anything to do with them because it’d “make me one of them”). Others expressed the desire to feel “okay with being a girl” (often formulated as the desire to be “cisgender”), such as a 15-year-old who expressed the desire to be “a pretty girl, with an hourglass body, in shape, long hair, etc. i imagine myself waking up as the girls i see on social media, in their bodies and how nice it would be, but its just. not. its not nice, its still wrong and its so indescribable.” Some discussed the difficulty of “grasp[ing]” one’s identity when confronted with female experiences of embodiment, like a poster on r/ftm who described “finding it really hard to validate my own gender identity because I ‘am’ a female body”:

“This morning I was lying in bed and just noticed how my entire body felt to me. It is a female body. There is nothing wrong with it... I am not dissociating from it, I am it. It is me.” Another poster wrote about struggling to “access my feelings” about gender identity during menstruation: “I don’t feel ‘female’ but I just can’t.. Grasp my id like I can a lot of the time. When I try to reach for the place I can usually find it there is nothing but emptiness.”

Others expressed a sense of guilt toward their former selves. A 17-year-old—who reported not feeling “whole as female since I was 14”—wrote “I feel like I’ve let my younger self down”:

“Yesterday I had so many thoughts about how my younger self would’ve never expected this. I worry that I’ve ruined myself and let her down... I just hope younger me would still love me. I hope she isn’t sad that I’m ashamed of being female... I would hope she would want me to transition and become who were always destined to be. But at the same time I feel awful like I’ve ruined how we were ‘supposed’ to turn out.”

This poster straddled two possible narratives about the self—one story told backwards, in which the poster seeks to justify the decision to transition to the poster’s younger self, and one story told forwards, where the poster’s younger self may sit in judgment of what the poster has become.

Detransition themes: “i don't want to step on eggshells anymore”

Some detransitioners see themselves as having been “groomed” or having escaped a cult. Others see themselves as survivors of medical malpractice or “collateral damage of the affirmation model.”²⁴ Others described gender-affirming care as a “modern form of conversion therapy to make gay/gnc [gender-nonconforming] people present more heteronormatively on the surface” (a different poster described this as a “social mania to correct people like myself by transitioning us (virilizing us medically)”) or a campaign

²⁴ As the bio of one detransitioned woman on Twitter states. <https://twitter.com/d0ggender/>

with possible eugenic undertones, given the overrepresentation of people with physical and mental health issues among patients pursuing transition.²⁵ Others kept the blame close, reporting that they were simply mistaken. A few opted for the narratives some clinicians (e.g., Sansfaçon, 2023) and activists have adopted, wherein detransition is conceptualized as a possible waypoint along an edifying “gender journey,” while others contested those narratives, such as the detransitioner who wrote: “they’ll never understand how dark the whole ‘gender journey’ really is for a lot of us.” Others claimed that nothing would have dissuaded them from transitioning, that they were able to access and explore their own ambivalence only *after* undertaking social, medical, and/or legal steps to transition.

Other community members appeared to arrive at a perspective that balances positives and negatives of trans identification and transition, like the commenter who compared her experiences in the trans community with the hippie movement of the 1960s:

“It’s a period of time generally looked back on with much fondness, pride and embarrassment [sic]. Today everyone knows it was a mix of good and bad, of geniuses and fools. The lifestyle could never possibly stick, the aspirations for the future were too often divorced from the messy reality. It’s a phase that ended and left victims in its wake, but [the] world had gained a lot of good and was much freer than it was before.”

She then shared her evolving views about sex and gender, transition (which “heals some and not others”), her expectation and acceptance that she will “always feel different” from other people (“the more I accept that I’m not like anyone else and that we’re all profoundly unique, the less important and sharp my dysphoria feels”), and her attempts to become more comfortable tolerating alternative views and disagreement. She also described the process of unloading the concepts of ‘woman’ and ‘female’ as neutral

²⁵ A Reddit user in the sample wrote: “I also have this rising paranoid-sounding idea that transition was encouraged in my case because the thing is I have genetic physical deformities (in other words visible disability, though I’m not technically disabled) and had pretty bad mental illness, depression/anxiety... I have this paranoia because when I look at all my trans friends and acquaintances I know in real life, so many have physical health issues or mental illness and it’s just a bit odd that we were all so heavily affirmed and encouraged to pursue transition, a set of procedures and hormones that tend to sterilize us. I never really saw myself or these friends of mine encouraged to try anything else.”

“tools of convenience” that do not “describe me, who I am, but are just a shorthand for voice, height, brow and nothing more.”

One poster in the sample described detransitioning without expressing any regrets about the steps she had taken to transition: “Changing my name and getting top [surgery] saved my life — regardless of gender identity.”

The detransition subreddits were sometimes visited by posters in the process of questioning their decision to transition, as well as those in the early stages of detransition, often reported severe distress, like a 27-year-old detransitioned woman who expressed regret and distress over the double mastectomy she underwent at age 18:

“I never ever thought that this would happen to me, I was always 10000000% sure I made the right decision. But the past couple years I've finally realised and it's so fucking hard to comprehend this and accept it. I'm going through a mourning period right now over my old body. I miss it so so much. I look at girls nowadays, any girl at all and I'm completely jealous. At least they still have their natural body. I feel like an imposter, like I can't even claim that I'm actually a girl even though I am. My voice is fucked, I have no boobs, I'm constantly worried about passing as a female even though I fucking am one. I feel so much regret and it's eating me alive.”

Other detransitioned young women related to this experience, including a 20-year-old who wrote about her mastectomy (also at age 18 “while I was still pretty stupid”): “I feel as time passes I've been starting to become even more aware of what I did and I'm starting to grief [grieve] again, just in a different way.”

Another poster described how “i never felt like a real man, but now i dont feel like a real woman”:

“now that ive taken hormones and fucked my body up, i feel like i cant be either, like i dont belong anywhere. this isnt like any mistake ive made in my life. im autistic and this is the one thing i havent been able to find a way to cope with,

probably because i cant ignore it or change it. im reminded every second of every day either from pain or talking.”

A 25-year-old reported being unable to talk to “the people around me” about the desire to detransition after coming out as transgender to friends, family, classmates, and coworkers, taking testosterone, and undergoing a double mastectomy:

“I started my social transition about 5 years ago (FtM, age 21 - 25) and have very publicly shared about my queerness. I felt sure of myself for years, fought so hard to prove myself (to family, coworkers, in school), and have a lot of trans friends. I've had top surgery, and was on HRT for 2 months before I had the realization that my dysphoria was only getting worse.

I stopped my transition because it started consuming all of my thoughts. I spend so much time thinking about myself and gender, and worrying about how I present to people. If talking with my hands was too feminine. If crossing my legs was too feminine. Scrutinizing every interaction, my face, voice, and body for not being 'cis male' enough. Being socially exhausted before I even left the house. Physically, I was starting to get permanent changes like facial hair and bottom growth from HRT, and realized that this isn't what I wanted for the rest of my life. I just can't live the rest of my life sometimes feeling like my ‘true self’ is an imposter. I decided that I need to accept that I will never be completely happy with myself, and feeding these thoughts will only make them more worse [sic].”

She expressed discontent with transition, specifically feeling “socially exhausted” by her preoccupation with her self-presentation²⁶ and feeling like an “imposter.” The poster

²⁶ In some cases, this level of self-surveillance continues post-detransition, but in reverse, with anxiety over not being perceived by others as a woman due to undergoing hormonal and surgical interventions. A detransitioned woman in the sample who described herself as homeless reported feeling “terrified” of entering female restrooms and locker rooms, writing “I feel so alien and out of place. I’m afraid everyone’s gonna think I’m ‘really’ a man or just think I’m creepy. [...] The paranoia over it just won’t end. Even when I’m wearing makeup and clearly look female. I feel like everyone can see through me. I avoid eye contact so avidly and feel like I’m almost holding my breath in fear until I get into the stall. Its so stressful.” Another poster wrote about the effort involved in “constantly trying to ‘act feminine’”. I am terrified people think I'm a trans woman or a guy. As soon as I open my mouth and start talking, I freeze.”

concluded by writing: “I feel trapped, and alone. I don't know how to feel about myself anymore. I don't know how to trust my feelings.”

Others wrote about being torn between transition and detransition: “Both transition and detransition give me some sort of distress for different reasons.” This poster described feeling like an imposter when addressed as a man but still “desire[s] the appearance of maleness or heterosexuality... My girlfriend thinking that I am a man makes me feel conflicted... I don't like that transition gives me comfort, and that I'm constantly looking up surgeries and doctors.” Another poster, who was considering detransitioning, questioned whether “I might be a cis female or non binary or even gender fluid and still trans” and reported not being sure “because some days I have dysphoria around being biologically female and some days I have dysphoria (if that's the word, i'm unsure) around the things that hormones have done to my body. [...] Sometimes I feel both of these things in the same day.” The poster then described experiences of trying to explore these feelings in therapy and being effectively shut down by the therapist's way of framing these questions and doubts: “I tried to talk to my therapist about it and he told me i'm just trans and have imposter syndrome but it's been about four months of this.” The poster then wrote that “social aspect of [detransitioning] is what is eating me alive”:

“I'm not sure what to tell everyone. I'm scared of admitting I was wrong, especially when my family told me so for so long and they're just now calling me by my preferred name and pronouns. (He/him or they/them at the moment) I'm scared of telling my friends (even though I know they would be supportive) it's just shameful & embarrassing.”

In the detransition subreddits, exploration of alternative explanations for gender dysphoria, trans identity, and the motivation to transition elaborate on the conversations on those themes in trans subreddits. In this vein, a 15-year-old discussed the possible role of social influence through the LGBTQ+ community and peer pressure within an “unhealthy” relationship in generating “inner confusion” about her identity:

“I think it being so ‘trendy’ and already being involved with the LGBTQ+ community (I am bisexual) made me feel like it was the only option for me, as I am not stereotypically feminine [the] majority of the time. I was also dealing with peer pressure from an (unhealthy) relationship I got into at around 13 years old for almost 2 years of my life, they go by neopronouns (I’m not sure which ones at this point in time) and they went by at least 10 different identities as I was with them. This heavily contributed [to the] inner confusion I was having with myself.”

Detransitioners often reported that they continued to experience gender dysphoria.²⁷ Transition may remain appealing in theory, even though one has decided to detransition, as this poster considering detransitioning reflected: “I am always scared that these [the decision to transition] might not have been my own views,” before concluding that “for me this [transition] is personally not the correct way. I do not think it would make me a lot happier, because deep down I would still know I am not a biological man. And maybe I’d look disastrous lol. If I could press a button to become a biological male I probably would.”

One detransitioner wrote that she would have “still classified how I felt as genuine dysphoria in that I didn’t feel right as a woman”:

“Wanted a dick. Still think it’d be fun to have one, but I’d want semen too. I don’t think I can disentangle my transition from feeling like I was not right for having masculine traits as a woman. I feel like I caved into ideas of what women should or shouldn’t be and reinforced it [by] disowning myself as a woman because a cis woman couldn’t possibly feel how I did.”

²⁷ This is a frequent topic of conversation on the detransition subreddits. One post from outside the sample (MortalMath, 2021) that I found during my broader observation of these communities succinctly explores the lingering appeal of transition (“if it were genuinely possible and reasonably easy to change sex”) and the commenter’s evolving understandings around sex and gender: “My gender dysphoria was and is still real. I pondered my issues with gender for nine whole years before identifying as trans, and later desisting. I did suffer trauma and am GNC [gender-nonconforming], and I did not ‘mistake’ those realities for dysphoria. I merely acknowledged that they play a role in its origins. I stopped believing that “trans” is an inherent and immutable state of being, and reframed my experience as a person who is female but wishes to be male for various reasons. I had the option to either take steps toward transition or not, and decided it’s not worth it for me. If it were genuinely possible and reasonably easy to change sex, I probably would. I don’t wrack my brains anymore over whether I’m ‘really’ trans anymore and I’m happier for it. Some people in a similar position may choose to transition instead. The only difference between us is our choices, imo [in my opinion].”

This commenter reported still finding some aspects of maleness appealing, but immediately remarked on the limits of what transition has to offer (“but I’d want semen too”). The commenter then reflected on the impossibility of ever untangling her motivations for transition: did she want to become a man or did she feel “like I was not right for having masculine traits as a woman”?

“I would've probably wondered what could've happened if I didn't transition. Would I have found a way to resolve being female and identifying with certain ‘male’ ways of being? Now I wonder what could've been if I didn't transition. Maybe it's just a personality trait, curiosity about life's possibilities.

The thing is it's hard to be a gender nonconforming person. I wanted to feel like I could participate fully in life by making my body match the way I wanted to act. I didn't want to be obviously queer anymore because it caused a background hum of pain to be different in that way. Even while living in a gay friendly environment.”

Detransitioners frequently reflected on the ways they had been made to feel “wrong” for their same-sex attraction and gender-nonconformity before transition. “We really aren't the problem,” one commenter wrote. “The only reason we interpret our behaviors as a sign of needing to be the opposite sex is that it's made endlessly hard for us to be as we are, as ourselves.” Another commenter on the same discussion thread reflected:

“I think we have the same self image issues queers had in the past, but instead of just living with our bodies, we seek medicalization to ‘fix’ us as we've been conditioned to think there's something wrong with us. I think often gender dysphoria is the result of a lifetime of feeling like we're not acceptable for our gender and thus the only other option is we must actually be the other gender. Of course it's often not easy to see that many of us don't actually fit the other gender's norms that well either.”

Members of the detransition subreddits frequently discussed ongoing challenges around accepting one's sex and navigating sex-role expectations. For instance, a detransitioned woman reflected on her continuing struggles around accepting herself and being accepted by others as an unconventional member of her sex class, which she connected to her persistent feelings of being an "imposter":

"I sometimes feel that when I date a person or that when I become close with a person that I am lying to them, that I am an imposter and deceiving them with my female body because I am not what you would expect a person who looks like me to be like. Not fitting into statistics makes me feel like an imposter."

Another reported being "very sad that I do not fall into a category. I have never heard of women who are like me, have rarely heard [heard] of women who share my fantasies." Another poster appeared to continue to equate femaleness with femininity and expressed confusion over her continuing desire to present in a masculine way despite no longer identifying as transgender:

"Now I've been this way since I was like...well as young as I can actually remember. When I was in elementary school our teacher had a monthly 'tea party' day where the boys were expected to wear formal clothes, and the girls (and me) were expected to wear a skirt with a nice shirt, or dress. I remember getting very upset about this, and after talking to my teacher, I was first allowed to wear pants under the skirt (still hated it), and then eventually I was able to wear what the boys were expected to (suit pants, tie, etc). Only then was I comfortable and happy. I have several other memories like these. And of course, throughout my childhood I wore boys clothes and always wanted to have my hair short (i had and still have a very similar distress with having long hair, same with if I had to wear women's clothing).

So since I don't believe in an 'inner gender'....then what's the cause of the above? I would ask something like this to a doctor, or my past therapist --- but they immediately tell me that it is one of the main signs of being transgender, or

something like that. So I'm left to wonder this by myself. Sometimes I even think there is something wrong with me, since if masculine and feminine are just social constructs --- then why is it so hard and extremely uncomfortable for me to present as feminine?"

The shift from trans identification to detransition may not result from a change in distress but in interpretation: feelings and experiences that were once regarded as symptoms of gender dysphoria or signs of a trans identity now admit alternative explanations. There are two general directions that posters report moving in, post-detransition. Some posters appeared to detransition without reevaluating their beliefs about sex and gender. They simply concluded that they were mistaken about their own trans identification or decision to transition. Others appeared to undergo an ideological detransition, in which they reevaluated and modified or discarded the beliefs about sex and gender that contributed to their decision to identify as transgender and transition in the first place, arriving at reflections like "I don't believe in a 'inner gender identity' anymore" or "i personally think what people call 'gender identity' is actually personality." "i don't want to step on eggshells anymore either-- especially when it's stepping on my foot," one detransitioner wrote. "sometimes i want to express how a lot of this trans stuff was just a subconscious escape for me, and how it's happened for so many others, but it'd fall on deaf ears."

After detransition, the narratives Redditors share online acknowledge possible influences over trans identification but situating those influences within a broader context—as part of an effort to individuate, explain a deep-rooted sense of misfittedness, or find a place to belong. Others come to see trans identification and transition as a mix of adaptive and maladaptive—a temporary answer, perhaps, to the need for a fresh plotline to get one's life moving again after periods of stagnation, isolation, distress, or despair.

V. Discussion

The results suggest that serious questions and doubts may be present at every stage of transition, and that online communities provide ways for members to express doubts in ways that insulate personal and community beliefs and protect collective bonds. In the service of group cohesion, online trans communities have developed emergent protocols for managing, rather than exploring, doubt.

Internalized transphobia: Pathologizing doubt

Research to date tends to regard internalized transphobia as an application or extension of the minority-stress model (Austin & Goodman, 2016) or a form of internalized stigma (Rood et al, 2017). Rood et al (2017) surveyed the literature at that time, finding 11 studies linking internalized transphobia to psychological distress, decreased resilience, increased uncertainty, and “inconsistency with one’s self-concept” (Reyes et al 2106).

The researchers then conducted 30 in-depth interviews with transgender-identified and gender-nonconforming adults in order to better understand “the experience of accepting and internalizing negative social messages and experiences about one's identity.”

Research subjects reported frequently encountering negative messages about transgender identities, “most notably... messages that labeled TGNC individuals as aberrations and unnatural” or “inherently deceptive.” Participants reported feeling sadness, anger, fear, anxiety, negative self-perception, and difficulty affirming one’s own transgender identification in response to negative social messages about transgender identity. One informant described how such messages “ma[d]e me question myself, and I always felt a lot of guilt, and I just felt like, ‘Why can’t I just be normal?’ Sometimes I had a lot of self-doubt. I thought, ‘Did something happen to me to make me like this?’ and ‘What if I’m really not what I think I am?’ And it was just very scary thinking like that, because it just made me feel very insecure and lost.”

Scandurra et al (2018) examined “the role of internalized transphobia as a mediator between anti-transgender discrimination and mental health.” The authors define internalized transphobia as “self-stigmatization via the internalization of negative attitudes about being transgender,” which may manifest in shame and self-hatred.

Austin & Goodman's (2016) study of "The Impact of Social Connectedness and Internalized Transphobic Stigma on Self-Esteem Among Transgender and Gender Non-Conforming Adults" found that "although social connectedness is a significant predictor of self-esteem, it does not moderate the negative impact of internalized transphobia." Recent research posits that internalized transphobia resulted from exposure to "microaggressions" (e.g., Austin & Goodman 2016). But my findings suggest that the interaction between distressing social interactions and internalized transphobia may be bi-directional: awareness and adoption of the concept of internalized transphobia may sensitize trans-identified people to an ever-wider array of (previously neutral or even positive) experiences that then cause anxiety, discomfort, or pain.

Bockting et al (2020), the creators of The Transgender Identity Survey: A Measure of Internalized Transphobia, defined *internalized transphobia* as "discomfort with one's transgender identity as a result of internalizing society's normative gender expectations." The researchers noted three primary ways internalized transphobia came up in their clinical work with this patient population: in the form of "intense shame and guilt about being transgender" and/or "negative attitudes" toward other transgender individuals (the researchers refer to these orientations as "vertical" internalized transphobia—directed against the trans-identified or gender-questioning self—and "horizontal" internalized transphobia, which is directed at other transgender-identifying people); in attempts to "conceal their feelings about gender and identity from others," either by suppressing their transgender identification or attempting to "pass" as a member of the opposite sex so that no one knows their transgender status; and in the reluctance of some transgender-identified individuals to associate with other transgender people "because of having internalized society's negative attitudes or to deny or avoid exposure of their own gender variance." The researchers identified potential protective factors, such as "affirm[ing] [one's] gender variance, embrac[ing] a gender identity that transcends the gender binary, and surround[ing] themselves with other TGNC people to take advantage of the available peer support and empowerment." Respondents who scored highly on internalized transphobia expressed agreement with prompts like "I sometimes resent my transgender identity"; "Being transgender makes me feel like a freak"; "When I think of being TG, I feel depressed"; "When I think about

being TG, I feel unhappy”; “Often, I feel weird like an outcast or a pervert”; “I often ask myself: Why can’t I just be normal?”; “I sometimes feel that being TG is embarrassing”; and “I envy people who are not transgender.”

My findings suggest that the relationship between social connectedness, belonging, minority stress, and internalized transphobia may be more complicated than research to date has captured. Based on my observations, the concept of internalized transphobia appears to be employed primarily to frame, neutralize, and counteract questions and doubts about gender dysphoria, trans identity, and the advisability of transition and/or detransition. Individuals may apply the internalized transphobia frame as a way to disown or distance themselves from negative thoughts and feelings about transition. What might otherwise be understood as a dissenting or questioning inner voice can be rejected as one’s internalized transphobia: something one has a responsibility to overcome because internalized transphobia is seen as a form of self-harm or self-victimization as well as a source of potential harm to other trans people. Labeling negative thoughts and feelings about trans identity and transition as internalized transphobia provides a potent way of pathologizing doubt.²⁸

Internalized transphobia is viewed as a chronic mental affliction. Sufferers are encouraged to monitor themselves for symptoms that may indicate a resurgence of the underlying illness. In this way, *internalized transphobia* resembles other internal targets of thought reform, ranging from the sinfulness that troubles the faithful to the ‘bourgeois mentality’ that plagues aspiring communists. Stein (2016) describes how such acts of “label[ing] and provid[ing] an interpretation of the follower’s discomfort [...] thus neatly did away with it by deflecting it back on the follower” (p. 142).

In some cases, internalized transphobia may operate as a caveat that enables members to express dissonant, unpopular or subversive thoughts, feelings, and experiences. In online trans communities, such thoughts, feelings, and experiences center largely on themes of self-doubt about the origins of gender dysphoria, the validity of trans identity,

²⁸ Labeling such thoughts and feelings as “intrusive thoughts,” “brainworms,” “TERF thoughts,” or manifestations of “toxic masculinity” serve the same purpose of pathologizing doubt.

and the advisability of transition-related interventions. By deploying internalized transphobia, posters can vent views that threaten community beliefs, then place the blame for these transgressions elsewhere.

Imposter syndrome: Mobilizing doubt as evidence

Similar to internalized transphobia, imposter syndrome appears to operate as a caveat, providing the person who invokes it with license to express negative thoughts and feelings—in particular questions and doubts—about gender dysphoria, trans identity, and transition that might otherwise threaten the poster’s sense of self by puncturing a personal narrative or violate community norms, risking censure or expulsion.

Imposter syndrome refers to the often uncomfortable or distressing feeling that one is not what one appears to be, despite in fact possessing qualifications and/or experiences appropriate to one’s role. In trans settings, the question of whether one is an imposter or not—whether one’s self-doubt reflects or distorts reality—is subject to fluctuating personal understandings of gender and sex.²⁹ While the concept of imposter syndrome frequently arises in research articles (and popular media) concerning credentials—especially academic credentials—and sense of self worth among populations like women, ethnic minorities, and first-generation college students (e.g., Holden, 2021), I was unable to find any peer-reviewed academic literature on the subject of imposter syndrome and transgender identities. However, the concept appears frequently in online accounts written by transgender-identified individuals and in popular print and online resources. For example, *The Trans Guide to Mental Health and Well-Being* (Lees, 2022) reassures readers that “imposters don’t get imposter syndrome. If you were really a ‘gender fraud,’ you would be reveling in your purposeful deceit; instead, you’re anxious about whether you’re a good person. Likewise, worrying

²⁹ Online trans narratives are tightly linked to discourses around identity and authenticity, with ‘becoming one’s true self’ held up as a high ideal. The question of how to gauge authenticity is difficult to answer, and I found Wilt et al’s (2019) attempt to “capture the lived experience of authenticity” and inauthenticity through the evaluation of self-narratives useful. The stories participants wrote about feeling authentic emphasized companionship, feeling comfortable, enjoyment, acting in a genuine way with others, revealing true feelings to others, expression of true thoughts, feeling true to oneself, feeling understood by others, being honest with others, and not being judged, while stories about feeling inauthentic focused on being uncomfortable, putting on an act, self-criticism, feeling phony or fake, lying to others, role-experimentation, disgust with self, and avoiding negative evaluation.

about whether you're trans enough is a pretty universally trans experience, and it's actually an excellent sign that you are who you say you are!" (p. 110).

The often-cited online resource *That's Gender Dysphoria, FYI* (Badgley, n.d.)—more commonly referred to as “The Gender Dysphoria Bible”—claims that “society in general is very good about making trans people doubt themselves,” reassures readers that “YES, YOU ARE TRANS ENOUGH,” and blames “constant messaging from transphobic media that trans people are not actually their true genders and are simply trying to trick people into believing otherwise gets internalized like a virus. This creates a lot of self doubt about the authenticity of one's gender...”

“Furthermore, due to a history of transphobic abuse, many trans people suffer from damaged self-esteems, and often already have difficulty with self doubts. Gender Dysphoria also causes depression, which further contributes to and reinforces those doubts. This all leads into a massive cluster of self invalidation that can lead someone to struggle over and over again to accept their own gender identity.

But here's the thing... only trans people are worried about if they are actually transgender! A cisgender person does not have this obsession with their identity, they think about it, they process it, they move on. If you keep returning to these thoughts over and over again, this is your brain telling you that you took a wrong turn.

The world is full of influences put in place to fill us with doubt and keep us from breaking outside of the established social order. These are some of the systems and ideologies that seek to invalidate trans people and keep us from self-actualizing.”

Resources like these suggest that not only is feeling like an imposter normal and not a cause for concern, but rather feeling like an imposter is a sign that one's transgender

identity is in fact authentic (“only trans people are worried about if they are actually transgender!”).

The transgender ‘script’

The transgender prototype or ‘script’—that being transgender is difficult, with a high risk of social rejection, familial alienation, marginalization, harassment, self-harm, and suicide—that young people encounter on social media, in online trans communities, and through resources like the Gender Dysphoria Bible may also contribute to increased distress and dysfunction by shaping negative expectations.

Referring specifically to an “excessive focus on an exaggerated suicide risk narrative by clinicians and the media,” Clayton (2023) warns of potential “nocebo effect[s]” on this population, where negative expectations may shape negative experiences. This is particularly apparent in the case of posters who began self-harming after coming out as transgender. Such young people may be caught in a double-bind, unable to ask for the mental health support they need without jeopardizing access to interventions they have come to believe are life-saving.

Distress may also validate transgender identification, providing a shared experience and point of connection with other trans-identified individuals, and undercutting fears that one may be “faking it” (as in the case of the poster who wrote: “I only feel like a ‘real man’ when I’m dysphoric”), as though the distress testified to the unquestionable reality of the identity and the necessity of transition. Young people are encouraged to “nurture and protect a negative uniqueness,” to reject the possibility of being understood by anyone outside the trans community (Levine, 1984, p. 45).

I hypothesize that self-diagnosing with gender dysphoria or starting to identify as transgender may initiate or exacerbate distress. Self-reported worsening of distress is one of the most frequent topics of conversation in online trans communities, with users often seeking (and receiving) reassurance that deteriorating mental health is “normal.” Negative co-rumination may be in part to blame for worsening dysphoria. Participating

in online trans communities means being exposed to a constant stream of new ways to feel ill at-ease with one's body and social interactions, creating a kind of hyper-attentiveness or hyper-sensitivity to interactions and experiences one might have previously overlooked or not attached meaning to.

Part of the enculturation process in online trans communities appears to involve sensitization to a wide range of new threats and slights that can complicate ordinary social interactions and leave members afraid even to venture outside.³⁰ Fears about being “exposed” or “hyper-visible” and consequently vulnerable to distressing or dangerous interactions appear to persist even when real-world threats do not materialize.

After embarking on transition, every social interaction becomes an opportunity to express one's gender and have that self-expression reflected or rejected via social recognition. One of the primary functions online trans communities appear to serve is validating community members' self-reported experiences of being ‘gendered,’ whether these experiences are positive or negative. No social interaction is too small to warrant scrutiny, and even overtly supportive interactions—like a parent using one's preferred name and pronouns—may fall under suspicion and stir up anxiety and doubt.

Community members frequently expressed finding support for their trans identities online while struggling with feelings of insecurity and fraudulence in offline interactions. These reports suggest that online social interactions in transgender spaces may shape unrealistic expectations for transition offline by furnishing “the fantasy of complete control over [one's] self-presentation” in cyberspace (Lemma, 2010). Online, where information control is high, transition may feel seamless and frictionless (Marwick, 2013; Manago et al, 2008). Offline, where information control is low, social identities may be more difficult to negotiate and expectations for interpersonal

³⁰ This dovetails with Kaltiala's (2023) observations in *The Free Press*: “The young people we were treating were not thriving. Instead, their lives were deteriorating. We thought, *what is this?* Because there wasn't a hint in studies that this could happen. Sometimes the young people insisted their lives had improved and they were happier. But as a medical doctor, I could see that they were doing worse. They were withdrawing from all social activities. They were not making friends. They were not going to school.”

accommodations set in online trans communities—around name and pronoun use, as well as control over how one is perceived by others—may be difficult to express or awkward to enforce. Take, for example, a poster who described feeling “very happy” “being treated like a guy... online and in my own head,” while struggling with offline interactions involving “masculine terms and pronouns” that felt “forced or [like] they’re somehow lying to me to make me feel better.” Contra Granic, Morita, and Scholten (2020b), users appear to clearly demarcate between their online and offline experiences around identity negotiations, even as online experiences shape offline expectations.

Social support for trans identity does not appear to effectively assuage anxieties about passing or the sense of being an ‘imposter.’ Posters who reported being supported in their trans identities expressed similar questions and doubts—in remarkably similar language—to posters who reported a lack of social support for their identity. Requests that friends and family use a different name and pronouns were frequently described as an “inconvenience” that interferes with social interactions without contributing the sense of recognition and belonging that the individual hoped for.

While passing as male is widely expected to impart a greater sense of security and authenticity, the actual *experience* of passing may exacerbate the disconnect between how someone feels on the inside and what they appear to be on the outside. In *Stigma* (1963), Goffman drew attention to the ways that someone with a stigmatized identity who ‘passes’ as an unmarked member of society can experience dissociation and the feeling that one must rigorously suppress what is inside (p. 75). Passing and, in particular, the attempt to live ‘stealth’ requires extensive and ongoing falsification of one’s personal history and present reality—a phenomenon Goffman (1963) referred to as “in-deeper-ism” (p. 83). It would be surprising if the internal experience of continuous self-falsification did *not* contribute to feeling like an imposter or fraud.

Lothstein (1983) observed (albeit in language that chafes against currently favored terminology): “[e]very day the female transsexual has to negotiate a false self in her social world. The psychological and emotional cost of such impersonation is enormously stressful. Consequently, she must learn to manage false social realities and live in

constant fear of exposure” (p. 9). But, as Lothstein noted (and as discussed in the previous section), this sense of being an imposter often preceded transition as well (p. 53). On a similar note, Az Hakeem (2023) speculated that some patients who struggle with persistent feelings of being an imposter before, during, and after transition may be driven to recreate conditions in which they feel like imposters, and that both transition and detransition may provide a structure for previously formless feelings of not belonging by providing concrete reasons why someone does not fit in (e.g., *because I’m not really a woman, I’m really trans* or *because I am not really a woman, since I masculinized myself*).

Private moments did not appear to provide an escape from self-doubt, either, rather creating new windows of vulnerability. Several accounts of self-doubt featured dressing or undressing, that is, slipping into or shedding one’s social ‘skin.’ Conceivably, this may be a reflection of the performative nature of gender expression and the attentional demands of attempting to ‘pass’ before a public audience. When alone, attention may shift from the outside to the inside—from ‘doing’ to ‘being,’ raising uncomfortable questions about what it means to identify as trans or male.³¹

On the subject of sexual and romantic relationships, existing research acknowledges the role sexual orientation may play in transgender identification among non-heterosexual youth.³² But possible sexual motivations for heterosexual female transgender identification and transition have been largely neglected. I hypothesize that heterosexual orientation can also contribute to transgender identification among adolescent and young-adult females.

³¹ Incidentally, during the early COVID-19 lockdowns, new stories and online posts described the difficulties of feeling authentic in one’s gender identity without access to offline social validation, as in Luxon (2020): “Trans life is...odd in isolation. I can dress up (except I left all my cravats at home which is a devastating blow to my gender presentation, obviously), I can put a pronoun badge on, I can talk about gender on the internet but... No one ever sees me. No one validates my gender because no one even has the option of invalidating my gender.” Some posters reported desisting or detransitioning during the pandemic.

³² Previous research documents the prevalence of transgender identities among same-sex attracted youth. Of the original Dutch cohort of 70 adolescents who underwent medical transition, only one reported a heterosexual orientation (de Vries et al, 2011; Biggs, 2022). Blanchard and Bailey (2017) documented the sexual motivations underlying adult male homosexual transsexual and autogynephilic transsexual identification and transition.

A new cohort of adolescent and young-adult transitioners that has emerged since the mid-2010s includes females who report being exclusively (or primarily) attracted to males and who freely describe themselves as feminine. Further research is needed to understand this new demographic, including in-depth investigation of life history, comorbidities, and motivation to transition. It is possible that some heterosexual adolescents and young adults seek refuge from sexual roles and expectations that they view as oppressive by adopting idiosyncratic sexual and gender identities.³³ Nadrowski (2023) raises the possibility that exposure to and consumption of “online pornography [may add] to the factors aggravating gender dysphoria,” by “distort[ing] their sexual knowledge, and aggravat[ing] their perception of gender inequality toward severe misogyny, as it normalizes victimization and degradation.”

For some adolescent and young-adult females, trans identification may be a response to discomfort with heterosexuality and the expectations and implications that accompany heterosexual relationships. The concept of “gay trans guys” is difficult to make sense of unless one understands the online ecosystem in which young people form their transgender identities and grapple with sexual orientation and attraction. Self-reported exposure to (in some cases hardcore) pornography may precede actual experiences of sexual intimacy. Idiosyncratic sexual identities may offer (or appear to offer) an exemption from dynamics that a young person does not want to participate in.^{34 35}

The potential alternative explanations for gender dysphoria and the desire to transition that community members explored align uncannily with the concerns onlooking clinicians and researchers tend to voice. They question whether serious mental health comorbidities—such as broader identity disturbances, obsessive-compulsive disorder,

³³ See also the proliferation of sexual-identity labels.

³⁴ This may also help make sense of adolescent and young adult females who may be looking for a way to express femininity and heterosexual orientation while avoiding objectification or being cast in stereotypically female sex roles. For example, a post on r/fem—titled “Male gender identity + female gender expression”—captures this dynamic, with members connecting undergoing masculinizing interventions like testosterone and double mastectomies with renewed opportunities to express femininity in self-presentation (e.g., “I cannot wait until the day when I am confident enough in my masculinity to wear fishnets and eyeliner again lol” or “Can’t wait to wear dresses again after top surgery”) (Environmental-Ad9969, 2022).

³⁵ I also wanted to flag an area for deeper investigation. Discussions in online trans communities suggest that trans identification may make it difficult for females to prevent and recognize sexual assault, access ‘gendered’ social supports, and avoid unintended pregnancy. Fears about unintended pregnancy after unprotected sex are frequent topics on these forums, and misinformation is rife, with many users appearing to believe, for example, that testosterone use reliably prevents pregnancy or that a trans-identified male partner who is taking estrogen cannot impregnate a trans-identified female partner.

and autism—may have contributed to their sense of distress in their bodies and desire to transition. They revisit difficult chapters in their personal biographies, including child sexual abuse and trauma, a potential contributing factor recognized in the clinical literature on gender identity disorders. Coates and Moore (1998) cautioned that cross-gender identification could serve as a means of processing otherwise “unmetabolizable” experiences via “representation and transformation” (p. 51, 39).³⁶ They also expressed fears that treating other mental health issues might undermine their sense of being trans. These kinds of beliefs among trans-identified patients may present barriers to seeking help for other mental health issues and warrant further investigation. Patients may avoid treating other mental health issues for fear of losing a sense of personal identity and belonging in the trans community.

Affiliation or contagion?

One of the prevailing discourses around trans identification concerns the potential role of social influence. Shrier’s (2020) book, *Irreversible Damage*, which focused on adolescent and young-adult female members of trans communities, drew comparisons between gender dysphoria and issues like anorexia and cutting where the role of social influence is widely acknowledged and where adolescent females are understood to be uniquely susceptible. Littman (2018) documented what she considered a novel presentation of gender dysphoria—rapid-onset gender dysphoria—which Littman tentatively linked to online and offline social influences. In these circles, social influence is not necessarily viewed as conscious, but rather as an influence process in which one’s self-understandings change based on exposure to peers or role models who present alternative ways of making sense of one’s experiences and defining one’s identity.

Trans academics Adair and Aizura (2022) represent the other pole, making opposition explicit with a pun on Shrier’s subtitle in an article called “The Transgender Craze Seducing Our [Sons]” that explores “antitrans discourses [that] have critiqued trans masculinity in particular as a site of social panic and contagion for proto-trans

³⁶ This is also discussed by Marchiano (2021) in her case study of a young detransitioned woman: “Maya’s adolescent gender dysphoria may therefore have been, at least in part, her psyche’s way of giving expression to split-off and unformulated grief related to significant attachment ruptures.”

adolescents.” Adair and Aizura decry the “pseudo-psychiatric condition of rapid onset gender dysphoria (ROGD), which purports to account for why the people assigned female at birth are now seeking hormone replacement therapy or gender affirming treatment in larger numbers. The ROGD advocates believe adolescents are mistakenly coming to believe they are trans via being ‘exposed’ to transness through trans and queer social media communities.” In a “critical commentary on ‘rapid-onset gender dysphoria,’” Ashley (2020) described theories about social influence as “more panic than epidemic.” Ashley pivoted from dismissing the possibility of social influence over trans identification to claiming that “[i]f the rise in transgender identities evidences social contagion—a claim I have shown to be unsubstantiated—it may yet be a healthy contagion.”

At the 2023 symposium of the European Professional Association for Transgender Health (EPATH), the subject of possible social influence was a touchy subject. “I understand if you want to walk away,” researcher Anna van der Miesen said when she introduced the topic. Incoming EPATH president Annelou De Vries asserted that rapid-onset gender dysphoria was “a concept we need to get rid of,” before arguing that—even if patient demographics have shifted—the new cohort is equally valid and equally in need of affirmation via hormonal and surgical interventions. The winner of the conference’s poster contest claimed to have “debunked” social-media influence in trans identification among adolescents and young adults “assigned female at birth.”³⁷

Media coverage frequently includes disclaimers like the one below (tucked inside an article by Dodds (2023) about the COVID-19 pandemic as a “mass egg-cracking event” (referring to a time period when many people came out as trans), where assertions tend to stand in for explanations about why social influence does not apply:

“Mainstream medical groups reject the idea that transness is a delusion spread via “social contagion”, as some anti-trans activists claim. But the knowledge and confidence necessary to begin transitioning certainly *can* spread [...] and each

³⁷ Drawn from my firsthand observations from the European Professional Association for Transgender Health, which took place between April 26-28, 2023, in Killarney, Ireland.

new trans person who comes out makes it easier for others. Numerous respondents testified to the importance of trans role models, whether among their friends or on TikTok and YouTube. Some had already seen a second wave of comings-out in their circles, inspired by the first quarantrans cohort.

‘This is obviously not ‘social contagion’,’ says Bex, who is now finishing her PhD as an out and proud trans woman. ‘But seeing somebody walk down a path you didn’t think was possible lets you see that the path is there.’”

A recent New York Times piece (Ghorayshi, 2023) about teenagers who developed Tourette’s-like tics, which clinicians and researchers ultimately linked to social-media exposure, noted the significant overlap between tic disorders and trans identification, but clinicians and researchers were hesitant to comment on any possible association:

“A surprising percentage of their patients with the TikTok tics identified as transgender or nonbinary. But without hard data in hand, multiple attendees said, the doctors worried about publicly linking transgender identity and mental illness. ‘These kids have a tough enough life already, and we don’t want to inadvertently somehow make things even worse for them,’ said Dr. Donald Gilbert, a neurologist at Cincinnati Children’s Hospital, whose adult daughter is transgender.”

In the online communities I studied, the suggestion that social influence may play a role in the rise of gender dysphoria and trans identification is generally interpreted as an accusation that one is “faking” a trans identity. Confronted with narratives about social influence, some community members reject the suggestion that they may be “faking” their identities—mobilizing the existence of (often severe) distress as evidence that the identity is real.

The question of social influence is a sensitive one, a possibility anxiously courted and rejected by community members. But social influence may operate more subtly than those who feel themselves to be indicted by the suggestion—or those who indict

themselves—believe when they interpret the possibility of social influence as an accusation of “faking it.”³⁸ Writing about the emergence of resignation syndrome among child asylum-seekers in Sweden, philosopher Ian Hacking (2010) discussed the process by which someone can come to internalize an idiom of distress: “They find a way to express their trouble, first by imitation. But then their behaviour is internalised and becomes part of their heartfelt life... They cease to be merely playing a role. They have ‘learned’ or—better—‘acquired’ a new psychic state.” In *Rewriting the Soul*, Hacking (1995) explored how patients came to reinterpret their past in the light of new concepts around repression, recovered memories, and multiple personalities, in a context of consciousness-raising within the broader culture on the subject of child abuse. The patients came to embrace a new “culturally sanctioned way of expressing distress”:

“When new descriptions become available, when they come into circulation, or even when they become the sorts of things that it is all right to say, to think, then there are new things to choose to do. When new intentions become open to me, because new descriptions, new concepts, become available to me, I live in a new world of opportunities” (p. 236).

These acts of reimagining “changed the past of many people, and so changed their very sense of who they are and how they have come to be” (Hacking, 1999, p. 162). These cultural shifts and emerging understandings intervene on the level of *narrative identity*—which is to say they inspire new ways of telling stories about the self—a subject I will return to at the close of this thesis (McAdams & McLean, 2013). Hacking also observed the pull patients may feel to these new templates for expressing distress: “At a time when consciousness is being raised about real oppression, the confused and depressed take comfort in saying, ‘Me too’”—a possibility that members of online trans communities appear to take seriously as a potential alternative explanation for their self-identifications (1995, p. 255).

³⁸ Reassurance that one has not been socially influenced typically comes in the form of reassurance that one is not “faking it.” On the day I was writing up this section of my thesis, a post about the fear of faking it appeared on r/ftm (enbyeggsalad, 2023), attracting typical responses like: “nah dude you're not crazy, a lot of us go through that. Try to remind yourself that if you think you might be faking it, you aren't. People know when they are faking it. Because they chose to do it.”

Scapegoating the body

A rejection of femaleness often appears to be a much stronger motivation for trans identification and transition than any positive identification with maleness, which posters often struggled to define or relate to. The rejection of the female body through transition is an observation that has been drawn in the clinical literature before, as in Morra (1998) who noted the tendency of some patients to “scapegoat” the female body as the source of frustrations and troubles in life and interpose the “magical solution” of becoming male (p. 216).³⁹ Drawing on their clinical work with this population, Korte and Gille (2023) observed that adolescent females presenting with gender dysphoria typically express a “pronounced rejection” of the female body, while—in the majority of cases—“den[ying] the wish for male genitalia or secondary-sex characteristics.” “Nonbinary” gender presentations often strive for a de-sexed—often distinctly prepubescent—body, rather than a body that imitates the appearance of the opposite sex (see, for example, Notini et al, 2020, as well as D’Angelo’s response of the same year). Trans identification among adolescent and young-adult females may represent, in part, a post-feminist depoliticization of female body hatred⁴⁰ or an attempt to break out of sex-role expectations experienced as suffocating, degrading, or alienating.

Puberty frequently serves as a catalyst for gender distress and trans identification. But negative experiences and adjustment problems during puberty are not exclusive to gender-dysphoric adolescents but are rather a well-recognized stage of typical adolescent development. Dutch researchers describe the development of “gender non-contentedness” (formulated as “I wish to be of the opposite sex”) at puberty, which in most cases resolves naturally over time (Rawee et al, 2024). In *The Second Sex* (1949), Simone de Beauvoir observes that, as puberty approaches, “[t]he little girl feels that her body is escaping her, that it is no longer the clear expression of her

³⁹ Lemma’s (2010) case study of an adolescent with body dysmorphia that set in at puberty described a similar form of scapegoating and escape: “Her body was felt to be messy, disgusting, always leaking [...]. She tried to counter this experience by searching for an alternative, more desirable image of her body through her made-up self in a virtual world, or through her fantasies of cosmetic surgery.”

⁴⁰ This is one of the themes Bernice Hausman touches on in her 1995 book, *Changing Sex: Transsexualism, technology, and the idea of gender*. The depoliticization of female body hatred is also a recurring theme in the literature on cosmetic surgery (see, for example, Davis, 1995).

individuality. [...] she would like to become invisible; she is afraid of becoming flesh and afraid to show her flesh.” Beauvoir argued that girls often sought to retreat from the reality of the female body, through illness (“because her body is suspect to her, she scrutinizes it with anxiety and sees it as sick: it is sick,” p. 345) or by “escaping reality or [...] contesting it symbolically” (p.365). Clinical psychologist Mary Pipher (1994) observed that “[g]irls become ‘female impersonators’” at puberty and undergo a process of socialization that Pipher characterized as “false-self training,” an analysis that offers potential alternative explanations for the sense of fraudulence that posters express (p. 22, 38). Girls and young women respond to the developmental challenges female adolescence poses in a variety of ways that may be adaptive, maladaptive, or a mix of the two. Keeping one’s changing mind and changing body together can be difficult, and some adolescents seek ways to “stop time” through restrictive eating that can turn back the clock on bodily changes by starving away breasts and periods and arguably through trans identification and the pursuit of puberty suppression as well, as Korte and Gille (2023) posit. Some adolescents may adopt a ‘false front’ to interact with the world, a process that involves disowning one’s “true self” and “elevat[ing]” a “false self” (Pipher, p. 30). This process effectively transfers the adolescent’s locus of control from the inside to the outside, exacerbating—rather than relieving—psychological vulnerability. Psychologist Alice Miller observed that, “[i]f others approved, the false self felt validated and the person was temporarily happy” (p. 30). But “[w]ith the false self in charge, all validation came from outside the person. If the false self failed to gain approval, the person was devastated.”

Regret and detransition

Discourses around regret and detransition also help structure the conversation around gender dysphoria, trans identification, and transition. These discourses intersect with the experiences of members of online trans communities in multiple ways. Community members often reported that their parents were concerned that they may change their minds or regret transition in the future. Users also reported feeling pressure—actual or self-imposed—to curate their stories for medical providers (as discussed in Cohen-Kettenis et al, 1998, p. 122). They reported being reluctant to bring uncertainty

and doubt into the exam room, for fear of being denied hormonal and surgical interventions they have come to believe are essential to their wellbeing. (As previously discussed, this is a longstanding issue in transgender healthcare: some of the earliest Internet communities for trans-identified people provided advice on circumventing clinical gatekeeping.)

But the fear of regret and detransition also comes from within. Fear of regret and detransition ideation can persist years into transition. In some cases, posters expressed the view that they would have been better off not transitioning (e.g., “I’m afraid that my life would’ve been just fine if I didn’t start transitioning”). Users self-reported ‘lurking’ on the detransition-related subreddits, which they sometimes described as a form of “digital self-harm,” presumably because of the distress exposure to detransition narratives can evoke.

The detransition accounts I uncovered strongly suggest that it may be harder for young people to grow up gay or lesbian or gender-nonconforming today than one might otherwise be inclined to think. In a climate where the idea of being transgender is heavily promoted, the underlying metaphor of being ‘born in the wrong body’ appears to be highly compelling to gender-nonconforming and same-sex attracted young people who may feel different from their peers in ways they did not choose.

The psychiatrist Stephen Levine (2023) observed that patients under his care often could not get “in touch” with their mixed feelings about transition until they had undergone hormonal or surgical interventions—an observation that fits many of the accounts I read where the urgency of securing hormonal and surgical interventions effectively suppressed dissonant thoughts and feelings about trans identity and transition.

The persistence of gender dysphoria after detransition indicates that there may be unmet needs for alternative treatment approaches for patients who have decided that transition was not the solution. After detransition, young people must find a way to use their “radical departures in the service of growing up” (Levine, 1984, p. 15).

One way of looking at detransition is as a response to a personal narrative falling apart. The posts in detransition forums are often forensic in nature, examining how the story of trans identity came to be knitted together and how that self-understanding subsequently unraveled. After the unraveling, another act of revision takes place and a new identity emerges.

Idioms of distress, interventions in narrative identity, and unrecognized symbolization in online spaces

Idioms of distress refer to the varying ways people make meaning out of suffering, which shift across time and place. In other words: context matters. Culture shapes the way distress is experienced and expressed. People experiencing distress draw—mostly unconsciously—from a symptom pool specific to their culture (Shorter, 1992; Nichter, 1981). In 19th-century Europe, hysteria abounded, the object of much study, speculation, cultural anxiety, and artistic representation. Hysterics—typically young and female—famously fainted or lapsed into fits of nervous agitation. But as the 20th century progressed—and as the contents of the symptom pool shifted—hysteria melted away (Micale, 1995, p. 169). Patients who may have presented for treatment with the classic signs and symptoms of hysteria in an earlier time found new outlets and forms of expression for their distress, and presented with new symptoms and self-understandings that were more legible to themselves and their contemporaries, such as eating disorders or dissociative disorders (Micale, 1995; Shorter, 1994). Distress is a shape-shifter. Transplanted to the 21st century, a classic hysteric with her arching back and strange fits would no longer make sense. Culture supplies the forms that distress takes and, as the culture changes, the forms change. As Freud (1933) put it, “If we throw a crystal to the floor, it breaks: but not into haphazard pieces” (p. 90). Arguably, right now in countries across the Western world, gender dysphoria and trans identification represent a culturally legible way to ‘break.’

In addition to providing new idioms of distress—new ways to ‘break’ psychologically—our shifting ideas about sex and gender create “new possibilities for personhood” (Hacking, 2002, p. 107) and provide new templates for self-understanding—that is, new ways to ‘break’ socially and culturally from tired or alienating narratives.⁴¹

These frameworks offer alternative ways to look at gender dysphoria and transgender identification. Young people who in the past would have found other mediums for expressing distress, or alternative ways to break from cultural “master narratives,” may now find meaning and recognition—for their gifts and struggles alike—in gender dysphoria and transgender identification and a path forward in life via transition (McLean & Syed, 2015). To borrow from Deborah Levy (2016), young people may be looking for ways to “mess up the story I have been told about myself. To hold the story upside down by the tail.”

These cultural shifts and emerging understandings intervene on the level of narrative identity and manifest themselves through the curation of what might be understood as “healing fictions” (Hillman, 1983, p. 15). Hillman reflected that

⁴¹ Schowalter’s (1997) “hystories” provides another, related frame. Schowalter is particularly interested in the ways the stories people tell themselves about their distress and its meanings come to resemble each other over time: “Hystories have internal similarities or evolve in similar directions as they’re retold[...] Literary critics[...] realize that similarities between these stories do not mean that they mirror a common reality, or even that the writers have read each other’s text. Like all narratives, hystories have their own conventions, structures, characters, and images; critics call these common elements intertextuality[...] The human imagination is not infinite, and we are all bombarded by these plotlines every day. Inevitably, we all live out the social stories of our time.”

“[t]he force of diagnostic stories cannot be exaggerated. Once one has been written [or, in the case of self-diagnosis, written oneself] into a particular clinical fantasy with its expectations, its typicalities, its character traits, and the rich vocabulary it offers for recognizing oneself, one then begins to recapitulate one’s life into the shape of the story. One’s past too is retold and finds a new internal coherence, even inevitability, through this abnormal story. A diagnosis is indeed a *gnosis*: a mode of self-knowledge that creates a cosmos in its image” (p. 15).

Research in the field of narrative identity has been particularly interested in the ways people find “redemptive meanings in suffering and adversity, and [...] construct life stories that feature themes of personal agency and exploration” (McAdams & McLean, 2013). Narratives high in personal agency predict positive mental health outcomes (Adler et al, 2008), while narratives low in personal agency forecast poor outcomes (Chandler, 1994). Summarizing the literature on personal agency in identity narratives and mental health outcomes, Granic, Morita, and Scholten (2020a) observe that, “[w]hen young people cannot tell the story of their life in a way that emphasizes their abilities to overcome challenges and to persevere even through the darkest moments, they end up with helpless and hopeless narratives, making it exceedingly difficult to construct further iterations of an identity narrative that points to a future worth living.” Dierckxsens and Baron (2023) specifically refer to gender-dysphoric youth as showing “symptoms of a disrupted narrative identity,” with trans identification representing an attempt to construct a coherent narrative about the self. Some young people may actively seek out clinical endorsement of such a narrative, finding in diagnosis “a sense of relief and validation,” as Johnstone (2022) observes: “In some ways their situation will be easier, since mental health services, and society as a whole, support this way of viewing their difficulties. This label may also offer a new sense of identity and belonging” (p. 82).

On the surface, the stories members of online trans communities tell about trans identity and transition appear agentic. Coming to identify as trans and embarking on transition are acts of reimagining and remaking the self, casting off societal

expectations, and weathering adversity in the pursuit of authenticity. But look closer and that sense of personal agency appears to come undone, in ways the storytellers themselves often recognize: they find themselves devastated by snide comments about vocal range or casual misreadings of their gendered self-presentations. Their attempted transformations are unsatisfying—jarring, even—or incomplete: either they undergo drastic changes in appearance and comportment such that they can no longer recognize their own faces in the mirror, or else their reflections betray their efforts to change, showing only that which they have been trying to escape all along.⁴²

Imposter syndrome and internalized transphobia may represent attempts to patch up narrative arcs that have been battered and broken by disappointed hopes and expectations and manage the sense of guilt one may feel over an “insufficient transformation” (Lifton, 1999, p. 267). There’s a sense that one was meant to be living out a particular kind of story—a modern-day hero’s journey—and that this was the story that lured the protagonist out into the world, the story the protagonist has been telling herself and everyone else, and—if it doesn’t feel that way—that’s because the protagonist still has dragons to slay (internalized transphobia) or because the protagonist has not yet assimilated the transformation that has in fact already taken place (imposter syndrome). Internalized transphobia and imposter syndrome may defend a precious narrative against disillusionment.

Imposter syndrome and internalized transphobia may also refer to a kind of tug-of-war within the self—or, as Lifton (2019) suggests—between two selves: the self that predated contact with a new belief system—together with its pre-existing knowledge, beliefs, attitudes, and values—and the new self that has evolved through dialogue with the new belief system (p. 99).⁴³ Lifton (1986) observed that this kind of ‘doubling’ could produce

⁴² One possible reading, on the shift from an internal to an external locus of control and consequent loss of agency, comes from Alice Miller, who “believed that as the true self was disowned, the false self was elevated. If others approved, the false self felt validated and the person was temporarily happy. With the false self in charge, all validation came from outside the person. If the false self failed to gain approval, the person was devastated.” (Quoted in Pipher, 1994, p. 30.)

⁴³ In particular, the concept of internalized transphobia resembles what Zablocki (2001) described as the “stripping phase” of the resocialization process, in which one discards “old convictions and associat[es] them with guilt, evil, or befuddlement” as one attempts to consolidate a new group identification (p. 188). This process includes an increase in “self-monitoring” and the “association of a guilt reaction with any independent thinking” that challenges or contradicts group convictions (p. 188, 190).

a self that doubts and a self that suppresses doubts, or a self that believes and a self that challenges belief: “In doubling, one part of the self ‘disavows’ another part” (p. 422).^{44 45}

In an article titled “Therapy is Fantasy: Role-Playing, Healing, and the Construction of the Symbolic Order” (1988), John Hughes discussed the process of character selection within a role-playing game as the selection of “exaggerating” or “compensating” symbols, and explored the ways players may leverage compensating symbols into “transformative symbols” both within and beyond the confines of the game itself. Hughes provided the example of Malori, a depressed young adult, who adopts a male character (‘Jack’) as a “transformative symbol” in order to “*experience* some of the personality attributes she is trying to develop within herself.” When Hughes questioned Malori about her choice of a male character, rather than a female one, Malori explained that:

“A male character isn’t inhibited, isn’t bound by my sorts of problems... With Jack I wasn’t saddled with the feminine parts of my character that held me back. I could make a choice and I could cut some of them loose. I kept the ones I wanted to keep or which would be useful to a man... I kept the nurturance, protectiveness, sensitivity to other people’s emotions, the desire to see people happy. ... I made Jack bisexual, made him not afraid to be thought effeminate. I gave him a caring, maternal attitude. In a woman those things could become a problem. In a man they don’t.”

Hughes observed that, “[i]n the creation and game life of Jack, Malori was able to pull out individual components of her psyche and examine them in a new light”:

⁴⁴ Lifton identified the phenomenon of *doubling* in both extreme situations, like concentration camps, as well as more mundane or benign settings, as within peaceable but divergent new religious movements.

⁴⁵ There is also something to be said here about Erikson’s (1970) ideas of *negative identity*, “the sum of all those identifications and identity fragments which the individual had to submerge in himself as undesirable or irreconcilable or by which atypical individuals and marked minorities are made to feel ‘different.’” The tug-of-war one can see in online trans communities may represent a conflict between identities-in-form as to which will be accepted and which will be rejected or suppressed.

“By placing them onto a male character, she could examine each characteristic for its actual worth without having to worry about the values that conflicting role expectations placed upon them. [...] She is able to judge her own personality in a new, more positive light. Through the personality of Jack, she is beginning to understand that characteristics such as assertiveness and sensitivity are not polarised oppositions but can in fact peacefully co-exist within one person. Malori is reconstructing her models of masculinity and femininity, creating models that do not threaten or accuse her.”

What Hughes calls “the Jack symbol” does not remain neatly within the confines of the role-playing game, but rather spills out into Malori’s “real” life, where she deploys ‘Jack’ to navigate situations where she might otherwise struggle. “Being able to adopt a character in a game means to a certain extent you can also adopt him/ her/ it in real life if things get too hard,” Malori reflected. “I often switch into ‘Jack mode’ if I’m very tired and have a lot of work to do, or if I’m very frightened of having to do something. I don’t make a sudden and complete switch and become someone else, but there are elements of his personality I can pull out of mine that will help me in a given situation.”

When I read this, I was struck by the parallels to the ways members of online trans communities discuss their female and transgender selves, which may be understood as *symbols of affliction* on the one hand and *symbols of transformation* on the other (Kirmayer, 1993, 2016). Femaleness, to Malori, is a symbol of affliction. She associates it with her depression and saddles it with her inhibitions, whereas ‘Jack’ is a symbol of transformation, seamlessly integrating what Jung (1993) called “the contraries,” including the very qualities Malori finds so problematic in her idea of herself as a woman.⁴⁶ Malori can “switch into ‘Jack mode’” when the situation demands it, but Malori is not Jack. Jack is a character that Malori plays and she does not forget this, even when she takes Jack beyond the bounds of the game.

⁴⁶ “Wholeness is not achieved by cutting off a portion of one’s being, but by integration of the contraries” (p. 467).

In the online trans communities I study, the distinction between ‘character’ and ‘self’ has become blurred. *What does it mean to say I’m not a woman? What does it mean to say I’m a man?* In my experience observing online trans communities, these questions are almost impossible to answer, and the explanations—for something so deeply felt—inevitably sound trite and inadequate by comparison. Community members frequently protest being forced to make the meanings explicit.

Perhaps it cannot be done because these are symbols that resist any attempt to flatten them into language that can justify—to the self and others—such life-changing decisions. The young people in these communities struggle to take their trans identities literally. They battle their doubts—sometimes for years—without relief. And yet they cannot discard these identities either because these identities are loaded with symbolic meaning.⁴⁷ Trans is a symbol of both promise and purpose, while the ‘assigned’ self is a repository of restriction, obligation, and failure. The process of transition is a process of self-renunciation and self-transformation. One disowns unacceptable parts of the self, jettisons the past and its disappointments, and at the same time celebrates one’s autonomy, the freedom to choose the shape and meaning of one’s life, exercise mastery over one’s body, and invoke the artistry involved in any effort to remake the self.

Transition may function as a form of symbolic death and rebirth, echoing the kinds of initiation rites that used to carry young people across the threshold from childhood to adulthood. As the poet Robert Bly (2018) observed, in many spiritual traditions, “a sacrifice precedes transformation” (p. 47). In cultures where many of these “ritual and symbolic structures” have been dismantled, where young people feel that significant events in their development go unwitnessed (Lifton, 2019, p. 102) and un-mirrored (Devor, 2004), transition may exert a particularly strong appeal.

⁴⁷ Domenico di Ceglie (1998a) reported that he frequently observed “symbolization problems” in his clinical practice with adolescents, accompanied by “rigid,” either/or thinking and a tendency toward psychological “disintegration when a particular set of certainties and beliefs are threatened or lost.” Di Ceglie identified his primary therapeutic aims as “activat[ing] interest and curiosity by exploring the impediments to [interest and curiosity]” and “enabl[ing] the capacity for symbol formation and symbolic thinking,” with a focus on facilitating the interpretation of multiple potential meanings for symbolic ideas or acts (p. 187, 192).

In online trans communities, we see what may be the artificial narrowing of possible meanings of a rich and powerful symbol: *Either I am trans or I am faking it. Either I am trans or I just hate being a woman. Either I am trans or I am “just mentally ill.”*

I propose that the accounts that I have studied are most usefully understood as attempts to construct a narrative identity, to tell a compelling story about the self—a story that provides meaning, explanation, belonging, purpose, and direction, and taps into powerful—but unrecognized—symbols of affliction and transformation. Like all such stories, these stories may hold or change their shape over time.

Limitations

This study has a number of limitations, specifically the reliance on anonymous texts, which flatten all information available to the researcher into black text on a white screen, and deny the researcher the opportunity to delve deeper with probing questions. My focus on female members of online trans communities provides just a snapshot of a subset of a subpopulation. But this is a subpopulation that is poorly understood and—if nothing else—my research suggests many avenues for future study and many points for clinical consideration: that the narrative that tells itself in the exam room may not be the full story, that serious doubts can go hand-in-hand with irreversible interventions, and that young people grapple with many of the same concerns their parents and medical providers do, questioning whether trans identification is a phase, whether they will regret the decision to transition in the future, and whether their distress can be explained as well as alleviated in other ways.

VI. Conclusion

My research suggests that transgender identification among adolescent and young-adult females may be a response to common developmental challenges and an attempt to accomplish basic developmental tasks. I've come to see transgender identification as the product of a complex mix of needs and drives, some adaptive, some maladaptive. Young people who develop a narrow focus on gender may be seeking an explanation for why they feel so uncomfortable with changes to their bodies, or for a meaning to attach to the differences they detect between themselves and their peers. They may be looking for a community where they can find belonging and mutual understanding. A young person at the crossroads may be looking for a new direction of travel, a sense of purpose to persevere through difficulties, or a cause to which they can devote their lives. Some seek to rebel against restrictive sex roles. Others may seek recognition for their individuality, their unique gifts and perspectives, and of the changes every young person undergoes as they move from childhood into adulthood. Some may be seeking scapegoats for life's frustrations and disappointments. Transgender identity offers a clear target: the body itself. Transition disciplines—one might say 'punishes'—the body in an effort to remake flesh in the mind's image. Others may be seeking a way to reject and escape from the self, to be reborn. Identifying as transgender promises to meet all of these needs—at least for a while.

I hope that researchers and clinicians will look more closely at the relationship between psychosocial development, mental health, and transgender identification. The literature to date tends to focus on minority stress as the primary explanation for the mental health comorbidities seen in this population. But my research suggests that the relationship between distress and transgender identification may be more complicated. Mental health comorbidities may predate gender distress and transgender identification. My research subjects themselves speculated that distress and transgender identification may be better understood as *symptoms*—rather than causes—of other mental health and neurocognitive conditions, including autism, ADHD, post-traumatic stress disorder, obsessive-compulsive disorder, borderline personality disorder, and eating disorders. Researchers and clinicians must also attend to the possibility that

coming to identify as trans and taking steps to transition socially, medically, and legally may exacerbate—rather than relieve or mitigate—distress. This has been one of the clearest themes in my research and the question of why someone feels worse after coming out as trans and taking steps to transition is a subject that is frequently and explicitly discussed in online trans spaces. Clinicians should also be aware that patients may avoid seeking help for other (often serious) mental health issues for fear that overall improvement in mental health may reduce or resolve distress over gender, thus undermining the basis for their transgender identities. Factors like negative co-rumination, phobia indoctrination,⁴⁸ and a transgender ‘script’ that prescribes alienation and dissociation—all of which plausibly increase distress, all of which are present in online trans communities—need far more attention.

Most of all, I hope that researchers and clinicians find ways to de-exceptionalize gender. In the accounts I studied, it is impossible to disentangle gender from other considerations, including factors like the onset of puberty, discomfort with sexual development, rebellion against prescriptive sex-role stereotypes, social isolation, struggles with mental health, contact with sources of inspiration and influence, and the need to find a language for one’s experiences, craft a compelling narrative about the self, and connect with sympathetic others. I found no simple stories, no straightforward cases. At the end of this inquiry, I am less sure than ever what it means to suggest that these young people were, in any sense, ‘born in the wrong body.’

⁴⁸ Hassan (2012) coined the term ‘phobia indoctrination’ to refer to a social-control process by which groups instill irrational fears in members concerning the outside world, including fears of being rejected by loved ones, subjected to random acts of violence, or doomed to suicide or despair if they exit the group.

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IX. Appendices

Appendix A: Codes

As I analyzed the data I collected (in three rounds, spanning several months), I derived codes that emerged from the data, some directly lifted from language used by posters (“not trans enough,” “pre-everything” for someone who has not undergone any hormonal or surgical interventions). Next, I grouped the codes into the following categories:

- **Characteristics:** codes that pertain to characteristics of the poster, like a specific form of gender self-identification, ‘masculine gender presentation,’ timing of onset of gender dysphoria and/or trans identification, and self-reported transition status and sexual orientation
- **Positive experiences with transition:** codes for positive experiences with transition that posters mention, such as passing successfully, feeling confident in one’s transgender identity, and expressing appreciation for social acceptance
- **Negative experiences with transition:** codes for negative experiences with transition, such as expression of frustration with the limits of transition, anxiety about passing, fear of regret, “intrusive thoughts,” and contradictory statements
- **Potentially relevant factors:** codes for comorbid conditions and life experiences that a poster connects in some way to their gender dysphoria and/or trans identification, such as autism, sexual trauma, online influencers, and anime consumption
- **Relationships:** codes relating to relationships with family, friends, clinicians, etc.
- **Trans community:** codes relating to member observations and commentary on trans community dynamics
- **Advice:** codes relating to seeking and providing advice

Characteristics

Gender identity and expression:

- Questioning gender (74 posts)
- Nonbinary (42 posts)
- FTM/trans man (55 posts)
- Transmasc (17 posts)
- GNC (6 posts)
- Feminine (39 posts)
- Masculine (16 posts)

Timing (79 posts reference onset of gender dysphoria/trans identification):

- Recent revelation (17 posts)
- Childhood onset (2 posts)
- Adolescent/pubertal onset (59 posts)

Transition status/stage:

- Trans online (17 posts)
- Pre-everything (26 posts)
- Social transition (13 posts)
- Binding (9 posts)

- [Puberty blockers were not mentioned]
- Testosterone (79 posts)
- Top surgery (36 posts)
- Bottom surgery (8 posts)

Sexual orientation:

- *Heterosexual:* describes attraction to opposite sex (male) without mentioning attraction to same sex (e.g., may self-report as “gay trans guy”) (58 posts)
- *Bisexual:* Self-report or describes attraction to both sexes (11 posts)
- *Homosexual:* describes attraction to same sex (female) without mentioning attraction to opposite sex (e.g., may describe identifying as a lesbian in the past) (52 posts)

Relationships:

- Dating (65 posts)
- Marriage (11 posts)
- Sex (70 posts)
- Trans partner (3 posts)
- Trans friend offline (2 posts)

- Parenthood (8 posts)
- Family (52 posts)
- Estrangement (7 posts)
- Friends (18 posts)
- School (8 posts)
- Work (8 posts)
- Clinicians/therapists (9 posts)
- LGBTQ community
 - Critique of trans community (28 posts)
 - Praise for trans community (3 posts explicit about this, most posts seeking support reference gratitude for community)

Potentially relevant factors

Discomfort with sexuality (18 posts)

Discomfort with femaleness (43 posts)

Body hatred (60 posts)

Comorbidities (95 posts) (explicitly mentioned by poster, not inferred by researcher)

- OCD (7 posts)
- Autism (7 posts)
- ADHD (9 posts)
- Self harm (7 posts)
- Mention of suicide attempt or expression of suicidal intent (15 posts)
- Anxiety (17 posts)
- Depression (19 posts)
- Disordered eating (12 posts)
- Body dysmorphic disorder (9 posts)
- Sexual trauma (9 posts)
- Adverse childhood experiences (9 posts)
- Substance misuse (5 posts)
- Contested diagnosis (2 posts)

Pandemic (15 posts, usually related to onset of gender dysphoria or trans identification)

Fantasy (34 posts)

- Video games (4 posts)
- Anime (1 post)
- Pornography (6 posts)
- Fan fiction (5 posts)
- Dreams or nightmares (7 posts)
- Trans content on social media (7 posts)s

Positive experiences with trans id/transition (21 posts)

Passing success (2 posts)

Confident in identity (8 posts)

Social acceptance (3 posts)

Affirming experience (14 posts)

Negative experiences with trans id/transition

Social/relational

- Lack of social support (27 posts)
- Social isolation (15 posts)
- Avoid social situations (34 posts)
- Avoid sexual/romantic situations (21 posts)
- Romantic/sexual issues other than avoidance, e.g., self-consciousness, simulating male sex role through language or sex toys (22 posts)
- External pressure to transition (15 posts)
- “Grooming” (2 posts where poster uses this word)
- Embarrassment (7 posts)
- Anxiety about passing: My characterization (86 posts)
- Threat sensitization (6 posts)
- Fear of not belonging
 - Fear of “faking it” (127 posts)
 - Feeling like a “fraud” (15 posts)
 - Not trans enough (usually synonymous with “not dysphoric enough”) (37 posts)
 - Imposter as trans (149 posts)
 - Imposter as girl/woman (24 posts)
 - Imposter as boy/man (119 posts)

- Imposter - other (e.g., imposter as disabled person, imposter as artist) (4 posts)

Psychological/emotional

- Desire to be “cis” (male or female) (45 posts)
- Desire to be “normal” (2 posts)
- Conflicted over transition (15 posts)
- Dissatisfied with transition (5 posts, explicit statement of dissatisfaction)
- Limits of transition (48 posts)
- Discomfort with being trans (64 posts)
- Medical complications (8 posts)
- Detransition ideation (15 posts)
- Detransition (20 posts)
- Desistance (3 posts)
- Regret (explicit statement of regret) (5 posts)
- Shame [“I am bad”] (60 posts)
- Guilt [“I did something bad”] (17 posts)
- Futility (63 posts)
- “Toxic masculinity” (8 posts)
- Contradictory statements (22 posts)
- “Intrusive thoughts” (3 posts)
- Fears about the future:
 - Fear of regret (36 posts)
 - Fear of losing time /inevitability of transition
 - Fear of poor transition outcomes (12 posts)
 - Fear of aging (6 posts)
- Anxiety about transition
 - Health concerns (12 posts)
 - Negative rumination (102 posts, examples of and self-reports of)
 - Exacerbating dysphoria (42 posts)
 - Hesitant about next steps (65 posts)
 - Barriers to transition (20 posts)

Types of posts

- Providing advice/support (13 posts)
- Support-seeking (178 posts explicitly ask for advice and/or support)
- Vent (44 posts)
- Positive (21 posts, see above)
- Discussion (15 posts)