

Transnormativity and Transgender Identity Development: A Master Narrative Approach

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## Abstract

Despite rapidly shifting social dynamics and the recent increase in scholarship on transgender identity development, existing research on transgender identity has been theoretically isolated from the broader study of identity. This study involved a series of 4 qualitative focus groups ( $n = 15$  participants), conducted in the United States, to identify master and alternative narratives guiding transgender identity development and explore the mechanisms by which transgender individuals navigate and negotiate with these narrative constraints. Results suggest that (a) transnormativity is best conceptualized as a hegemonic alternative narrative that resists the master narrative of cisnormativity, which asserts that cisgender identities are “normal” or “standard”; (b) the components of transnormativity go beyond those which have been previously described in the literature; (c) individuals negotiate with transnormativity through both resisting transnormativity and conceding to transnormativity; and (d) border wars within the trans community form on the basis of these opposing and contradictory processes of resisting and conceding. Results demonstrate the applicability of the Master Narrative framework for studying transgender identity development and the important role of master and alternative narratives of in shaping the lives and experiences of trans people. Psychotherapists can use these findings to engage clients in re-authoring conversations to affirm the legitimacy of clients’ unique identity experiences.

*Keywords:* identity development; transgender, transnormativity, gender identity, master narratives; identification; focus groups

### Transnormativity and Transgender Identity Development: A Master Narrative Approach

The field of identity development has paid curiously little attention to the development of transgender identities—those individuals whose gender identity does not align with the ideals ascribed to their sex assigned at birth. Identity development, which involves the attainment of a sense of personal continuity across time and context (McAdams & Zapata-Gietl, 2015), is associated with many noteworthy outcomes related to health and well-being (McAdams & McLean, 2013). Though transgender identity development has been studied to some extent (e.g., Bockting, 2014; Devor, 2004; Levitt & Ippolito, 2014), this area has been in relative theoretical isolation to the broader study of identity. In other words, researchers have applied similar theoretical frameworks to the study of ethnic-racial identity (Umaña-Taylor et al., 2014), gay identity (Cohler & Hammack, 2006), gender identity (McLean, Shucard, & Syed, 2017), religious identity (McAdams et al., 1981), Muslim-American dual-identity (Sirin et al., 2008), and even career identity (LaPointe, 2010), but have largely failed to extend these same frameworks to transgender identity (cf. Bradford et al., 2018).

This lack of attention is perplexing given the high degree of marginalization and rapidly shifting social dynamics surrounding transgender civil rights in the United States (Flores, 2015). In particular, given the inexorable links between social marginalization and identity development (McLean, Lilgendahl, et al., 2017), transgender identities provide an extremely fruitful subject matter to examine how identities develop within the interplay of master narratives, or dominant and prescriptive cultural stories, and alternative narratives, or stories of resistance. As such, the purpose of the present study is to identify master and alternative narratives guiding transgender identity development and explore the mechanisms by which transgender individuals navigate and negotiate with these narrative constraints.

### **Personal Identities within the Context of Master Narratives**

The construction of a personal identity is widely recognized as a major developmental process across the lifespan (Erikson, 1968; McAdams & Zapata-Gietl, 2015; McLean, Shucard, & Syed, 2017). Erik Erikson (1968, p. 24), the theorist most famously associated with identity development, advocated methodologies to study identity that included both individual processes and the cultural contexts in which individuals are situated, or a “psychoanalysis sophisticated enough to include the environment.” Researchers have identified a substantial number of individual processes associated with the development of personal identities (Marcia, 1966; Meeus, 2011; Pasupathi, Mansour, & Brubaker, 2007), but insufficient attention has been paid to the role of associated sociocultural contexts. Less attention still has been paid to the dynamic negotiations between persons and contexts implicated in this developmental process. For example, Sarbin (1986) proposed the use of narrative to integrate contextual phenomena over time and situation, and McAdams (2013) has defined identity as a subjective, constructed, and evolving story of how one came to be the person one currently is, typically referred to as *narrative identity*. Such frameworks, although tremendously meaningful and foundational within the field, have been concerned with decontextualized personal narratives, which fail to adequately account for sociocultural context.

McLean and Syed (2015) proposed the Master Narrative framework as an integrative model for understanding identity development in context. A *master narrative* is a culturally shared story that informs thoughts, beliefs, values, and behaviors (Bamberg, 2004; Hammack, 2008; McLean & Syed, 2015). Master narratives are distinct from personal narratives in that they are not the stories of individuals’ lives, but rather are frameworks that guide the construction of individuals’ life stories. Master narratives are defined by a set of five principles: (a) utility—they

serve a purpose in defining the standards of validity and in guiding personal identity development; (b) ubiquity—master narratives are known by the majority of people within a culture; (c) invisibility—they are internalized through largely unconscious processes and only become visible when negotiated with; (d) compulsory nature—they have a moral component, and those whose narratives transgress or contradict master narratives are marginalized within society; and (e) rigidity—they are resistant to change (McLean & Syed, 2015). The processes associated with the Master Narrative framework are negotiation, or engagement between the self and society, and internalization, whereby individuals adopt aspects of the master narrative into their personal life stories. Identity development, then, can be understood as a process of negotiating with and internalizing master narratives.

Aspects of certain master narratives are particularly problematic for marginalized groups given their difficult relationship to the dominant culture (Bettie, 2002). As such, marginalized groups may find it necessary to co-construct alternative narratives, which may differ from or resist the master narrative, in order to legitimize their deviation from the dominant culture (McLean, Lilgendahl et al., 2017). However, these processes of co-construction, and the processes by which individuals from marginalized groups negotiate with alternative narratives, is not well understood.

### **Master Narratives and Transgender Identities**

*Cisnormativity* can be understood as the expectation that all people are cisgender; that is, that all people assigned male at birth should identify as male and all those assigned female at birth as female (Bauer et al., 2009; Catalpa & McGuire, 2018). As far as we are aware, cisnormativity has never been conceptualized as a master narrative, although previous literature suggests that this is appropriate. For instance, Bauer et al. (2009) describe cisnormativity as so

pervasive that it is rarely named, much less questioned, representing the master narrative components of invisibility and ubiquity as described by McLean and Syed (2015). Furthermore, Bauer et al. (2009, p. 356) assert that the assumptions underlying cisnormativity disallow the possibility of transgender people within healthcare systems and thus transgender people presenting for services in a system unprepared for their existence produces a sort of “social emergency.” This example demonstrates the compulsory nature of cisnormativity whereby the normalization of cisgender identities simultaneously declares transgender identities abnormal, rendering them marginalized within social structures such as healthcare. As such, we aim to expand the construct of cisnormativity as a master narrative and explore the ways cisnormativity is understood and managed in transgender people’s narratives.

Johnson (2016) defines *transnormativity* as a hegemonic social framework by which transgender people’s presentations and experiences of gender are held accountable based on a medicalized binary framework. Johnson theorizes that transnormativity structures transgender identities into a hierarchy of legitimacy which privileges some trans identities and marginalizes others. In other words, transgender people may only be affirmed in their legitimacy if they identify within the gender binary and choose to medically transition. Although Johnson provides a description of the content and function of transnormativity, including dimensions of the construct and its role in determining the legitimacy of transgender identities, the process of transnormativity, or the mechanism by which it plays a role in identity development, has been thus far unexamined. We aim to expand Johnson’s concept by arguing that transnormativity is best conceptualized as an alternative narrative and by demonstrating concrete effects of this alternative narrative in the lives of transgender people.

Researchers utilizing discursive approaches have examined how individuals enact identities through *positioning*, or aligning themselves in relation to master narratives and to one another in actual conversation (Bamberg, 2004). Preexisting social forms of communication, or discourses, make positions available for participants to take up; past researchers have noted both the extent to which individuals are constrained by these discourses (Holloway, 1984) and the agency of individuals to subjectively construct discourse (Davies & Harré, 1990). Bamberg (2004) uses positioning analysis to integrate these findings by viewing individuals as constrained by master narratives but also agentic in positioning themselves in relation to these narrative constraints (Toolis & Hammack, 2015). This perspective highlights the compulsory nature of master narratives while allowing for processes of individual negotiation. Though employing a different methodology, the present analysis draws upon the concept of discursive positioning to understand the social maneuvering of transgender individuals in relation to transnormativity because this positioning may have a significant effect on the perceived legitimacy of their identities.

Transgender, or trans (used interchangeably), people can be viewed in two categories: binary, who identify as the opposite of their sex assigned at birth (i.e. trans men and trans women), and non-binary, who identify as neither solely male nor female (genderqueer, genderfluid, etc.). Past research has suggested that non-binary transgender people may experience worse mental health outcomes than their binary counterparts do (dickey, Reisner, & Juntunen, 2015; James et al., 2016 Testa, Jimenez, & Rankin, 2014), although a sufficiently robust explanation of this phenomenon has not been proposed. Given the structure of their identities, binary transgender people may more easily embody transnormativity in discourse and thus may more readily experience social legitimization of their identities. Others' perceptions of

the legitimacy of transgender people's identities would likely carry implications for their perceived social support; that is, if a transgender person perceives that another individual doubts the legitimacy of their identity, they may experience the relationship as lacking in gender affirmation, which has been identified as an important type of social support for transgender people (Sevelius, 2013). Given the higher probability that the legitimacy of non-binary trans people's identities may be doubted on the basis of transnormative standards, binary trans people may experience greater perceived social support than their non-binary counterparts. Therefore, the impaired health outcomes of non-binary outcomes may be related to the manifestations of transnormativity within interpersonal relationships.

### **The Present Study**

The purpose of the present study was to provide a rich description of cisnormativity, the idea that cisgender identities are "normal" or "standard," and transnormativity as described by transgender individuals, and then to explore the strategies and processes by which transgender individuals engaged with these narratives. Furthermore, we aim to assess the extent to which cisnormativity and transnormativity can be conceptualized as master and alternative narratives, respectively. Cisnormativity and transnormativity have been explored as theoretical constructs (Johnson, 2016; Vipond, 2015), but the salience of these narratives within the actual discourse of transgender individuals, and thus their implications within transgender identity development, has been less clearly established (cf. Nicolazzo, 2016). As such, we aim to deductively assess the extent to which cisnormativity and transnormativity are present in the discourse of a sample of U.S. transgender individuals and document the perceived effects of these narratives within participants' lives and identities.

### **Method**

## **Terminology**

For the purposes of this paper, “sex assigned at birth” will be used to denote the categorization of an individual at birth as male or female due to the appearance of their genitalia; in avoiding essentialist views of gender, this term will be used in lieu of such terms as “natal sex” or “biological sex” (Tate, Youssef, & Bettergarcia, 2014). “Gender” and “gender identity” will be used to denote an individual’s subjective sense of their own gender, and “transgender” will be used as an umbrella term to describe individuals whose gender identity differs from the ideals ascribed to their sex assigned at birth. “Transgender identity,” by contrast, will be used to denote an individual’s identity as a member of the transgender community and their understanding of their own marginalized status. “Cisgender,” or “cis” (used interchangeably), will be used to refer to individuals whose gender identities align with the ideas ascribed to their sex assigned at birth.

## **Participants**

Participants were 15 transgender U.S. residents of Minneapolis recruited through a large exchange group on social media. This exchange group is a large network which describes its purpose as facilitating individuals to “share, trade, barter, inform about housing / jobs / goods / health / resources / help, [and] request” resources from members of the queer community. Upon the writing of the present manuscript, the exchange group contained 11,231 members. The investigators did not assess whether participants knew one another prior to participation in the focus group. Inclusion criteria were that participants were (a) over the age of 18 and (b) considered themselves a member of the transgender community.

Demographic information was assessed using written, open-ended questions prior to the start of the focus group. The average participants’ age was 24.4 ( $SD = 4.35$ , range = 18-31). In

responding to the written demographics questionnaire, participants generated 14 unique responses to describe their gender identities, and in response to the question, “Do you identify as non-binary or genderqueer?,” all 15 responded affirmatively. (Note: for this reason we use the pronoun, they, for all individual participants.) Regarding their racial identity, eight reported they were White or Caucasian, two Black or African-American, two Asian, and three multi-racial, mixed-race, or provided multiple racial identities. Thirteen participants reported that they were born in the United States. In response to the question, “Do you identify as Hispanic or Latinx?” one responded affirmatively.

Regarding their social class background, two reported they were lower or working class, five lower middle class, three middle class, four upper-middle class, and one did not provide a response. When describing the highest education level of either of their parents, one reported less than high school, one high school graduate, two reported some college, five a 4-year degree, three a professional degree, and one a doctorate degree. Regarding their own level of education, two participants reported high school graduate, four some college, five a 4-year degree, three a professional degree, and one a doctorate degree.

Non-binary and genderqueer participants may be over-represented in the current sample given that all participants responded affirmatively to the question, “Do you identify as non-binary or genderqueer?,” whereas 34% of respondents to the 2015 United States Transgender Survey (USTS) were considered non-binary or genderqueer (James et al., 2016). An important consideration is that transgender people often cite multiple gender identities (Bilodeau, 2005; James et al., 2016), and several participants described their identity using multiple terms such as “NB [non-binary] trans man” or “Fluid demigirl or Nonbinary woman.” As such, the extent to which participants’ gender identities differ from the broader transgender community is difficult

to assess. The racial demographics of the current sample roughly match those reported by the 2015 USTS with a slightly higher proportion of People of Color (53% of participants in the current sample were White compared to 62% of the USTS), and the current sample reported slightly higher levels of education.

### **Procedure**

Participants were present for one of four 90-minute semi-structured focus groups which were conducted in a private conference room on the campus of the University of Minnesota. Focus groups were audio-recorded. The number of participants in the focus groups were five, four, three, and three, in that order. After providing informed consent, participants were asked questions on the topics of beliefs, expectations, and stereotypes about the transgender community held by community members and non-members, and the relationship between transgender identity development on social support. The primary questions included: (a) “What expectations or beliefs do you think the dominant culture has about gender identity? In other words, how do you think society generally feels that a person’s gender identity ‘should’ be?”; (b) “What expectations or beliefs do you think the transgender community generally feels about gender identity or trans identities? In other words, how do you think the trans community generally feels that a person’s gender identity ‘should’ be?”; (c) “Do you believe that these expectations or beliefs have a narrative component, as in, is there a certain structure that the story of a person’s gender identity “should” follow?”; (d) “How did your process of developing a trans identity, or coming out, affect your relationships? How did you feel during this time?”; (e) “What have your relationships been like with other trans people? How do you feel about the trans community as a whole?”; and (f) “What does being trans mean to you? How do you feel about your trans identity?” (For the complete interview protocol, refer to the [online supplement](#).)

Consistent with discursive approaches, which explore psychological phenomena in the context of natural conversation, participants were allowed and encouraged to discuss the questions collectively. The focus group was chosen due to its ability to provide an ecologically valid methodology in which participants talk primarily with one another, but which also allows the researcher to view participants' process of making collective sense of their individual experiences (Wilkinson, 1998). In other words, the researcher can view the process by which individuals' views are constructed, articulated, and modified within the discursive context. As such, examining how conversations unfold within the focus group context allows for an understanding of personal, master, and alternative narrative construction within the actual social context (Korobov, 2010; McLean, Lilgendahl et al., 2017). The focus groups were facilitated only by the first author, who identifies as a trans woman. The facilitator was thus likely viewed, at least to some degree, as an ingroup member by the focus group participants.

### **Analytic Process**

The coding team consisted of the first author (Rater A: a White, trans woman) and two undergraduate research assistants (Raters B and C: both White, cisgender women). A multi-stage, deductive procedure was used to conduct a thematic analysis of the data (Braun & Clarke, 2006). Initially, the first author transcribed the narratives from the four focus groups, and the transcriptions were checked for errors by one of the two research assistants. Next, after reviewing the four transcripts, the team participated in a holistic discussion to identify patterns, trends, and noteworthy aspects of the data, noting any elements in the focus groups which were repeated or strongly emphasized by participants. In particular, instances where participants referenced dimensions of what might be considered master or alternative narratives were noted, such as references to any broad or widely held beliefs about transgender people. During this

discussion, the team members identified these noteworthy constructs, as well as the relationships among them, while continuously returning to the raw data to ensure the prominence of discussed constructs within the actual focus groups. The results of this discussion were used to create a preliminary list of codes. These codes consisted of the smallest meaningful semantic units, meaning that they cannot be broken down into smaller pieces (Braun & Clarke, 2006). As such, dimensions of larger narratives were independently coded rather than instances of narratives themselves.

Using a reservoir sampling algorithm (Vitter, 1985), roughly 10% of the transcript pages were randomly selected (9 pages from the 85-page transcription), then coded by the first author and two undergraduate research assistants using the preliminary code list. Each coding dyad then met to discuss any discrepancies, and the coding system was amended through adding, deleting, or specifying codes. This process was repeated for seven iterations until a sufficient inter-rater reliability was observed. The full transcript was then coded, and illustrative quotes (exemplars for each coding category) were noted for each code. To additionally ensure reliability, the illustrative quotes were coded by the three rater dyads. Final coding categories along for each theme can be found in Table 2.

As a final step, the three members of the analytic team grouped several of the individual codes into two narratives (cisnormativity and transnormativity). This was guided both by inductive reasoning, such as when participants described several dimensions within a unified narrative, as well as deductive reasoning, such as when these narratives aligned with the theoretical definitions of cisnormativity and transnormativity as defined in existing literature. The remaining codes were not content dimensions of individual narratives, but rather distinct

processes for negotiating and internalizing narratives, and thus they were not further collapsed into categories.

Sufficient reliability was defined by an Andrés and Marzo's Delta coefficient of .70 or higher for each code for each of the three coding dyads, which can be interpreted as at least 70% agreement that is not due to chance (Andrés & Marzo, 2004). Though Cohen's Kappa is the most commonly used inter-rater reliability coefficient (McHugh, 2012), it has been criticized as an inadequate representation of data in situations where marginal distributions are highly asymmetrical, as is the case with most focus group data (Syed & Nelson, 2015). Delta has been proposed as a solution to several of Kappa's limitations, including the marginal distribution problem; as such, Delta was used in place of Kappa as a reliability criterion for our study. However, Cohen's Kappa was calculated alongside the Delta because it is conventional within qualitative social science research. It is worth noting that all but one theme by rater dyad yielded a weighted Kappa of .60 or higher (Raters B and C: Theme 1.3 Danger, Raters B and C,  $\kappa = .59$ ,  $\Delta = .83$ ), which is described as good reliability by Gwet (2014). The average Cohen's Kappa, Andrés and Marzo's Delta, and percent agreement across the three coding dyads for the full transcript and illustrative quotes can be found in Table 2.

## Results

When participants are quoted, they are referred to using their ID. Participant IDs, along with full demographics for each participant and their focus group assignment, can be found in Table 1. Our analysis led to the identification of two narratives—(1.1) cisnormativity as a master narrative and (1.2) transnormativity as an alternative narrative—and three processes for negotiating with narratives: (2.1) resisting transnormativity, (2.2) conceding to transnormativity,

and (2.3) strength and positivity arising from transgender identities and communities (see Table 2).

## 1. Narratives

**1.1. Cisnormativity as a master narrative.** Participants described various references to cisnormativity—that cisgender identities are “normal” or “standard”—which can be conceptualized as a master narrative of gender identity. The very idea of cisgender identities being “normal” demonstrates the ubiquity, utility, and compulsory nature of this narrative because cisgender identities are viewed as standard in both a descriptive (e.g. “the majority of people are cisgender”) and prescriptive (e.g. “one ought to be cisgender”) sense according to the mandates of this narrative. Furthermore, participants described the cisnormativity as so pervasive and rarely questioned that many cisgender people had never conceived of a different way of thinking. This can be understood as the master narrative component of invisibility, analogous to the social invisibility of White racial identity, whereby White individuals often view themselves as having no racial identity at all (McDermott & Samson, 2005).

Furthermore, because master narratives often only become visible when transgressed (McLean, Lilgendahl et al., 2017), participants described the manifestations of this narrative primarily in terms of beliefs about transgender deviance. This stands to reason because any statement about what is normal implicitly conveys what is abnormal, so ideas about transgender deviance are a reflection of cisnormativity. The components of cisnormativity identified by focus group participants included (1.1) Aversion, (1.2) Biological Essentialism, (1.3) Danger, (1.4) Sexualization, and (1.5) Pathologization. Participants viewed these components as being mutually-reinforcing parts of the same underlying narrative, which Participant G referred to as “the homophobic, transphobic, anti-everything awful side.”

**Theme 1.1.1: Aversion.** This theme included references from 14 participants who described experiences with transphobic beliefs or behaviors involving an aversion toward trans people. Some provided descriptions of transphobic actions directed against themselves and others; for example, one participant described facing and witnessing a series of hate crimes at their school, including the following: "...In high school... there was this group of boys... [who] followed me back to my car and kicked the shit out of me... I was... spitting blood and broke a couple ribs" (Participant B).

Other participants described less blatant examples of aversion, including an unwillingness to acknowledge or accept the validity of trans identities, such as the use of incorrect pronouns and "deadnaming" (continuing to use transgender peoples' given names which were used prior to transition; Dunne et al., 2017). This resistance to accept the validity of trans identities demonstrates the utility of master narratives in defining acceptable identities. For example, one participant described the lack of acknowledgement of their identity by coworkers and family:

I feel met with... a lot of... dismissal. Like, just pretending like it's not there. And that comes from... coworkers, that comes from my family... like, even when I assert myself or even when I've tried to... explain... what's going on with me, it still is just met with like, that's not real, or like, not even that active... like, just never talking about it, or never addressing it. (Participant M)

**Theme 1.1.2: Biological essentialism.** Seven participants referenced beliefs that gender identity should correspond with an individual's sex assigned at birth or that gender is associated with certain anatomical features. For example, Participant O described the expectation that "...what a child is born with, in term of... genitals... primary sex characteristics, is what that

person should identify with.” This expectation was described as invisible to many others because it was simply assumed to be natural and true. For example, when asked what beliefs the dominant culture holds about gender identity, one participant responded with the following:

I don't even think that, like, language is even really a part of our nomenclature. Like, we don't just say gender identity in the larger narrative. We just presume that sex and gender are the same thing and that people don't have identities, they are [sic]. (Participant A)

This association between gender and anatomical features was described as being reproduced within the queer community, such as the following participant's description of troubling encounters with gay men in romantic situations: "...I'm attracted to gay guys, but... they often, like I don't have top surgery, so they see that and they freak out... I have been actually misgendered purposefully because of that" (Participant N).

**Theme 1.1.3: Danger.** Eight participants described the attitude that trans people are dangerous or predatory to those around them, either physically or psychologically. Two participants used the word “predatory” when describing others' viewpoints about trans people—for instance, Participant B described the view that “we're dangerous, we're predatory, spooky trans in the night.” This frequently involved children—participants described others holding the belief that trans people provide a damaging psychological influence in the lives of children. Participant O described having “family members who are uncomfortable with me being around them or being around their children.” One participant described a similar experience with the parent of their partner's child: “[My] partner has a kid... [and] the mom... was basically... vetting me, cause I do think there's also this, like, assumption that... trans folks aren't, like, safe to be around children” (Participant K).

***Theme 1.1.4: Sexualization.*** Seven participants described the sexualization of transgender bodies, such that individuals perceived an inherent connection between sexuality and transgender identity; this sometimes included a failure to distinguish between sexual orientation and gender identity. Four individuals referenced specific instances of such sexualization, and three of these referenced trans people who were assigned male at birth; this may indicate a specificity of sexualization to transfeminine bodies. As such, participants' accounts are consistent with McKinnon's (2014) depiction of stereotype threat in trans women, such that participants described the stress of navigating situations while attempting to avoid sexualized stereotypes. For example, one participant described struggling to fit a specific standard of femininity to try to avoid others' unwarranted assumptions that the participant is a sex worker:

...So there's... an even bigger expectation of what I'm actually supposed to look like, it can't even just be me wearing what the fuck I want to wear, it has to be a specific type of femininity, it has to be a specific level of quality and whatnot... It makes me hyper-aware of what I look like all the time... are my things strapped down, or, I don't know, do I look too slutty, or... do people think I do porn? I've been told so many times that... they think I'm a sex worker, you know... I have to be, you know, conscious of that constantly. (Participant F)

Additionally, participants described assumptions that trans identities are a sexual fetish—that transgender identities are manifestations of sexuality or even sexual deviance. For example, one participant described the process by which their sister-in-law (who is also transgender) came out to her family, an experience which represents both a sexualized stereotype and painful familial rejection:

[My] sister-in-law has no contact with her family because when she came out, her dad told her, why are you telling me about your sex life? Like, I don't care, that's disgusting, like stop it. And, like, that has hurt her so much, like, she still has difficulties forming relationships with other people and trusting people that she doesn't... know for sure will... protect her and understand her. (Participant B)

**Theme 1.1.5: Pathologization.** Nine participants referenced beliefs that trans people are mentally ill. For instance, one participant described their father as having “made his piece” with their trans identity “since he thinks it's... mental illness or I'm confused or something” (Participant L). At times, this belief came from healthcare providers—perhaps unsurprising given the long and continued history of literal pathologization of transgender identities by medical authorities (Suess et al., 2014). Participant A described an experience with a therapist whose reliance on pathological frameworks for understanding transgender experiences was not only unhelpful in the participant's process of identity development, but actively harmful:

...I was sitting down with [my therapist] and I was like, I'm having these questions about my gender, and she's like, I don't know anything about that... and I was willing to work with her because she was on my insurance... but she brought out the DSM and asked me to go through Gender Identity Disorder with her, point by point, with the DSM... And that was her guiding... understanding of transness was this medicalized book and I was... crying, I was so triggered, I was like, I can't do this with you, you're like making me sound like I have an illness and I need you to stop... (Participant A)

Related to the pathologization of transgender identity by healthcare providers was the expectation that all trans people experience anatomical dysphoria—in fact, that anatomical

dysphoria constitutes transgender identity. Participant L explicitly described facing the expectation that “if you don’t experience dysphoria, then you’re not trans.”

**2. Transnormativity as an alternative narrative.** Participants described a narrative framework of expectations placed on trans people, which can be characterized as normative expectations regarding acceptable ways to be transgender. Johnson's (2016) depiction of the construct of transnormativity shares several aspects of the alternative narratives expressed in participant’s discourse—in particular, medicalization and gender binarism—but participants described additional domains which have been thus far unexplored. Participants spoke to these constructs with very little prompting, suggesting that these ideas were highly salient. Furthermore, participants seemed more readily able to narrativize transnormativity than cisnormativity, meaning they were more readily available to readily and richly narrate the story arc, which may indicate the specific power of this narrative in guiding transgender identity development.

The accounts of transnormativity were related in such a way that viewing the themes as components of the same narrative is warranted. Additionally, the elements of utility, ubiquity, invisibility, compulsory nature, and rigidity further demonstrate the coherence of this alternative narrative. Some participants literally told hypothetical stories with a transnormative narrative arc; for example, one participant spoke the following hypothetical narrative:

John was born in a hospital. The doctor looked at John and said, John has a vulva, so we’re going to name her Johanna, and Johanna never really liked to play with Barbies. Johanna always went to the trucks. Johanna never wanted to wear dresses or skirts, Johanna always wanted to wear pants. As Johanna grew up, she realized that she hated her body and that this body made her feel trapped inside, and

therefore, she has to now, she says she now realizes that she's trapped in her body and she needs to break free of that body. So now she identifies as John and goes by he/him. And he, and John has a wife. John does not have a boyfriend... John is straight, and John is a mechanic, and does really tough manly things. And everyone accepts John, because John is that way. (Participant A)

Of note in this account is the explicitly redemptive narrative arc (McAdams, 2006).

Furthermore, it is evident that this is truly a narrative, rather than a synchronic stereotype, given the explicit autobiographical components. Participants provided richly detailed accounts of transnormativity, which were more readily narrativized, or told in story form, than the details of cisnormativity. This subtle difference may demonstrate the specific power of this narrative and its functioning as a master narrative within the context of transgender community. In other words, richer narrativizations of specific narratives may demonstrate a greater influence within identity development processes. This indicates that although transnormativity may be characterized as an alternative narrative within the broader cultural context, its function is that of a master narrative within the local context of transgender identity development. Additionally, the contrast whereby transnormativity was more richly narrated than cisnormativity reflects the fact that cisnormativity as a master narrative is so deeply embedded, normalized, and expected that it may be difficult to articulate or even recognize as a narrative until it is transgressed.

In total, the themes characterizing transnormativity included (2.1) Medicalization, (2.2) Gender Binarism, (2.3) Gender Roles, (2.4) Nascence, (2.5) Victimization, (2.6) Gatekeeping, and (2.7) Legitimacy.

***Theme 1.2.1: Medicalization.*** This theme included descriptions of hegemonic conceptions about the medicalization of transgender bodies, and it was referenced by 12

individuals. Participants' descriptions of their own views and choices about medical transition were not included in this theme; rather, this theme included descriptions of expectations that medical transition trajectories are followed uniformly by all trans people. This transnormative standard indicates the utility of transnormativity in legitimizing certain trans identities. One participant described the following: "I do think that there's a narrative with the transgender community... an over-encompassing one, like, oh, you're trans, so you need to be on hormones, you need to do this, cause you're transitioning" (Participant N).

This demonstrates the compulsory nature of transnormativity—that transgender people "need" to pursue medical interventions. The medicalization of transgender bodies was described as an expectation faced uniformly by transmasculine and transfeminine individuals, as displayed by the following dialogue between two participants, Participants G and I:

G: There's kind of this narrative that all... transition is, like, a series of goalposts, essentially. That we're all... trying to reach the next goalpost, the next goalpost—

I: Like you bind and then you go on T and then you get top surgery then you get bottom surgery—

G: Exactly, like you, you learn how to do makeup, you go on E [estrogen], you get [laser hair removal], you do whatever... and that there's... this set order that people do that in, even. Like—

I: Once you reach the milestone, you're a full trans person.

This dialogue demonstrates the coherence of transnormativity as a narrative applied to transgender people regardless of their identity or intention to pursue medical interventions (Johnson 2016). Furthermore, these two participants are actively engaged in the process of co-

constructing their understanding of transnormativity through attributing their individual experiences and perspectives to the same underlying narrative.

**Theme 1.2.2: Gender binarism.** All 15 participants described witnessing a social preference toward binary identities, such that non-binary or genderqueer identities were seen as less valid or less legitimate than their binary counterparts. Participant J described a system of expectations which is “deeply binaried [sic],” where individuals are “either male or female and that’s about it.” This can be conceptualized as the result of the salience of transnormativity—accessing an established alternative narrative, transnormativity, is a route to perceived legitimacy that is only available to those whose personal narratives more closely approximate it. Participant N expanded on this idea, describing the incredulous view extended toward non-binary identities whereby they are perceived as being transitional states which lack the same validity as binary transgender identities: “...I have seen people who, uh, identify as they/them... or people who... are gender-fluid or non-binary, and I have seen people go, like, oh, well they just haven’t made up their mind yet” (Participant N). This expectation mirrors monosexism, an essentialist perspective that views homosexuality and heterosexuality as the only valid sexual orientations and disparages the legitimacy of bisexual identities (Roberts, Horne, & Hoyt, 2015).

Participant C described the lack of availability of establishes narratives pertinent to non-binary identities: “...there aren’t very many non-binary adult role models, so there’s not really a prescribed narrative yet.” However, participants did describe stereotypes of non-binary people and expectations placed on the boundaries of acceptable non-binary presentations, such as the following description: “And then, like, with non-binary people there’s kind of this... image of this skinny, White... dyed hair--dyed short hair, mind you, long hair is too femme for the non-binary” (Participant B). This sentiment was reiterated by Participant D, who described the

expectation that “you have to be AFAB [assigned female at birth] and that you have to be ...leaning toward being a trans boy... You never hear about non-binary... People of Color... fat non-binary people... [or] AMAB [assigned male at birth] non-binary people.” These stereotypes can be understood as the cognitive representation of gender binarist bias.

**Theme 1.2.3: Gender roles.** All 15 participants observed gender roles placed on transgender people, which were sometimes described as being more rigid and prescriptive than those placed on cisgender people, as well as the gender roles endorsed by society at large. For example, some participants spoke to discomfort in the gender roles of their assigned sex, such as Participant G, who was assigned male at birth, who addressed their early discomfort with the gendered expectations placed upon them:

I thought I was a boy for the longest time... but even with that I was still like really uncomfortable with a lot of the expectations of hypermasculinity... I was... a nerd, I was no... a very big kid, um, I just... had to deal with all these expectations of... hypermasculinity, that I had to be... the tough strong guy. Not fun... Even when I thought I was a boy that just wasn't helpful at all. (Participant G)

This participant's experience can be described as a type of gender dysphoria, but one that concerns their social role rather than their physical anatomy. At a different point during the interview, this participant expressed an ambivalent attitude toward further medical transition than they had already pursued:

Um, so, like, I just kind of, I'm on Estrogen and Spironolactone [a testosterone inhibitor] and I take those, uh, and that's pretty much good for me. Uh, at some point I definitely want to have [laser hair removal] cause I'm tired of shaving

every day, but, like, I don't know... aside from that, what else is there that I would really want, you know? (Participant G)

This dissociation of anatomical and social role dysphoria may indicate that at least some experiences of gender dysphoria may be discomfort with the master narratives dictating the characteristics of male and female identities rather than a discomfort with primary and secondary sex characteristics.

Gender roles were described as intimately tied to the perceived legitimacy of trans identities, providing further support for the claim that the utility of alternative narratives is to confer legitimacy to certain identities. Participants described facing a conflation of gender expression and gender identity, such that the perceived legitimacy of their identities was often tied to their physical presentations (e.g., clothing choices). For example, one participant described experiencing the invalidation of their gender identity resulting from a gender presentation consistent with their sex assigned at birth, representing both the conflation of identity and expression as well anti-fluidity sentiments:

I have two friends...in this... hair festival... [and] I was... feeling really happy about some Black hair festival, so I put on this... beautiful dress, got my makeup done, and I was really feeling really nice about myself, and then I come to... my best friend's [house]... and she's like, so do you not want me to use they/them no more? (Participant O)

A similar sentiment was explored further by another participant:

As a genderqueer person too... I've had other trans people tell me I'm not trans? Even though they're also genderqueer. And I'm like, you can't tell me... who I am, like [laughs]. ... And, for them to... be like, you know what, no, you're not

trans, you're a woman... I was like, excuse you, you don't get to tell me who I am because I'm not masculine enough for who you think I should be. (Participant D)

Participant N described rigid gender roles ascribed to transmasculine individuals regarding "what is considered gender norm for masculine figures." For example, this participant described the actions of their male boss, who expected the participant to "not [question what] he does" and "when he says things that are considered sexist, not [call him out]." The participant further explained that, according to this boss, a metric for the validity of transmasculine identities is the endorsement of traditional gender roles; the participant described their boss's perspective as the following: "Like, hey, I'm trying to accept you as a man... and you need to fit this because this is what men are." In a further exploration of masculine gender roles, this participant described the manifestations of these expectations within their sexual and romantic life:

I have been with people who identify as cis female, which sometimes is really awkward too... because then they want me to fit this narrative of, well, I'm a man so I do all the penetrating and... I don't want to be that. I want to be equal with whomever I end up with. (Participant N)

The gendered expectations placed on transgender peoples' sexual behaviors was echoed by Participant O: "I have to always be aggressive and masculine... I don't want to always wear the strap... I'm supposed to be anti-penetration. I'm sorry, I enjoy it." This demonstrates that the gender roles applied to transgender people are not simply abstract or inconsequential stereotypes, but in fact have concrete manifestations within transgender people's interpersonal relationships and even within the most intimate aspects of their lives, including their sexual behaviors.

***Theme 1.2.4: Nascence.*** Five participants described expectations that trans identities must manifest very early in life to be viewed as valid, or that gender identity is an inherent or

essential quality of a person—that trans people are “born this way.” An analogous expectation has been described pertaining to sexual identity development, whereby the legitimacy of gay identities are evaluated, in part, on the basis of perceived personal continuity—that is, that gay people must have experienced a stable, strong attraction to the same gender since their earliest sexual impulses, or even literally from birth (Whisman, 1996). This is also consistent with Bettcher's (2014) descriptions of what she dubs the “wrong-body model” of transsexualism. For example, one participant described the following:

I think there might be for more binary-conforming trans people... that story of, oh yeah, I knew I was a girl from the time I was three and I would... use my mom's makeup and... I hid that within myself for so long and now it's finally coming out... so I've been this whole time and I've been acting like I haven't been this way. (Participant D)

The manifestations of expectations of nascent transgender identity were described as manifesting within family relationships of some participants; for example, Participant L described both their own and their family's endorsement of nascent trans identity, demonstrating the ubiquity of this component of transnormativity:

...There's... this weird guilt that [my family feels] for not knowing that I was trans... my whole life, and they should, because I was telling them... constantly. Like...every couple of years of like, I think I'm a boy. And I'm like, I want to be a boy. And they'd be like, hush, you are a child. And then they're like, what, you were trans? Like, how did we not know? And I'm like, I don't know... kind of a weird dynamic. (Participant L)

**Theme 1.2.5: Victimization.** Four participants described the view that victimization experiences are universal or inherent to the experience of being transgender, such that transgender people's lives were tragic accounts of inexorable pain and violence. Participant B described facing the attitude that trans identities are a "kiss of death, like, oh, you're doomed to the queerness." At times, victimization was embodied as a means for participants to resist the cisnormative allegations of danger (Theme 1.2). For example, Participant A described that "...trans people are posed as dangerous even though, like, they're much more vulnerable." This supports the assertion that alternative narratives arise from and stand in reference to master narratives (McLean, Lilgendahl et al., 2017). This creates a somewhat counterintuitive situation whereby endorsing an affirmative narrative which resists the master narrative may still reinforce the master narrative given the hierarchal relationship between the two.

**Theme 1.2.6: Gatekeeping.** Eight participants discussed access barriers to the transgender community that represent the ways in which transnormativity is reified through legal and social structures. For example, Participant I described the expectation that "you have to be binary to take... hormones and to have surgery," which represents gender binarist constraints on the diversity of gender transition processes made available by healthcare professionals.

Participant J further explored the paternalistic enforcement of transnormativity within legal and healthcare systems:

...You have to get a therapist to [write] a letter to say that you're okay to start hormones... You're accessing your own healthcare... why do you have to go through so many people in order to do this? ...And I mean, just look how many things you need to jump through even to get a passport or to renew your ID.

(Participant J)

**Theme 1.2.7: Legitimacy.** All 15 participants described the parameters of queer and trans identities, including which identities are perceived as legitimate—who is “trans enough” to be trans or “queer enough” to be queer. This most clearly demonstrates the utility and compulsory nature of transnormativity. Participants displayed both the embodiment of and resistance against beliefs about who was queer enough—for example, one participant described personal and community frustrations with what they described as “cis people using they/them pronouns”:

... Well if you're cis and you're entering all these spaces but you're not telling people you use they/them pronouns, then you're, like, accessing this whole world of privilege but not, like, stating, it's like weird subversive passive ways of, like, claiming things when you feel it's convenient. (Participant J)

This participant embodies transnormativity by reproducing boundaries of exclusion and establishing the legitimacy of some people's identities over others—literally, that some are not “queer enough” to use they/them pronouns. This represents the reproduction of patterns which are characteristic of the cisnormative master narrative—namely, the denial of the legitimacy of trans identities—within the transgender community. Other participants echoed this sentiment, including Participant K, who responded:

Yeah... I have, yeah, complicated feeling about what you described too... I don't know if cis folks or people... formerly identified as that are... exploring a new pronoun, seeing what that feels like, and that's part of their gender explanation [sic], cool. But then there's also a part of me that's like, I fought for that shit, and I fight for it... all the time, so your kind of... casual use when it's convenient kind of pisses me off... (Participant K)

This opposition to the “casual” use of they/them pronouns represents the sentiment that individuals must display a commitment to their identities. Interestingly, this sentiment was expressed similarly by Participant O in a separate focus group, although this time with the participant resisting, rather than embodying, the sentiment. Participant O describes how expectations of medicalization are used as a metric for deeming some identities queer or trans enough based on the commitment or stability evidenced by medical changes:

I wonder if...it [is] a desire to like say, you can't switch on us one day. And therefore, if we put you out there, you can't switch on us one day. Because...if you go through... physical transition in terms of... HRT, surgeries and whatever, they feel like it's... [harder] to revert back, or... to be fluid. (Participant O)

In this case, the participant is on the receiving end this narrative—in other words, they are the one whose legitimacy is being challenged, and thus their resistance to this challenge is easily explained. It is worth noting, though, that the previous quotes, when taken together, appear to indicate that individuals may utilize transnormativity to draw lines of exclusion using themselves as a benchmark. In other words, the prior first and second participants reject the legitimacy of those whose identities approximate transnormativity less than themselves, in the same way that individuals reject the legitimacy of the third participant's identity.

Other participants explained the internalization of the same process, whereby they questioned the legitimacy of their own trans identities. Participant G described an identity development process of comparing their experience to transnormativity in several domains and believing that they were insufficiently aligned with the narrative to feel valid in claiming a trans identity:

...It took me until I was, like, 18, 19 to figure out that I was trans, largely because of that narrative that I had kind of been brought into through, like, the more liberal internet circles of just thinking, oh, well, I don't necessarily conform to masculinity, but I don't hate this, I don't hate myself constantly, I don't hate my body. Um, I'm not entirely comfortable with it but I don't hate it, so, like, clearly that means I'm not trans. I'm not experiencing intense dysphoria all the time, so I'm not trans. (Participant G)

This process of questioning the legitimacy of one's own transgender experience using master narrative metrics may be particularly relevant to gender minority adolescents who may be developing transgender identities at an age where they lack the metacognitive skills to conceptualize transnormative expectations as culturally produced. Given the greater impact of transnormativity within the transgender community than within society at large, adolescents with budding transgender identities may experience a rapidly increasing relevance and impact of this narrative within their identity development, and thus they may experience heightened distress regarding their own legitimacy through the internalization of these harmful standards.

Participants further described that expectations regarding who was "queer enough" extended to political utility, as explored by Participant O who described the fear that trans identities which challenge transnormative expectations are seen as a "threat of invalidating the previous work that has been done." In response, Participant M voiced agreement that efforts have been made to promote a "respectable... understandable image of transness" within modern political efforts, and identities which deviate from these images are seen as a "political threat," because it would "confuse people." Participants likened modern political efforts to those of other modern American civil rights efforts, such as the enduring historical fixation on Rosa Parks [a

famed American civil rights activist who refused to give up her bus seat to a White man in 1955, launching the famous Montgomery Bus Boycott] and collective forgetting of activists like Claudette Colvin [another prominent American civil rights activist who similarly refused to give up her seat to a White man in 1955, but received less recognition from civil rights leaders due to her being a pregnant teenager], who may have been viewed as too controversial for the public eye (Schwartz 2009).

Interestingly, participants did not appear to differentiate between their personal and political selves; in fact, the aforementioned participant described their trans identity as “kind of a political project, but... there’s that personal part that’s just... being the truest to me that I possibly can” (Participant M). This participant went on to further explore the inseparability of their political and personal identities:

I have a deeply-held belief that... binaries... hurt everybody... even if you identify as, like, a cis dude... you still have things within you that are... deemed feminine, but... everybody has these things, everybody has emotions, everybody, you know... they’re just human traits, and I just feel like we’ve decided to label some things masculine and some things feminine... and so to me, transness is... breaking some of that down in me and being, like, I encompass... a lot of different complicated things that... sometimes are more on one side or the other, or are nowhere in that spectrum. (Participant M)

## 2. Processes

**2.1: Resisting transnormativity.** Participants described several discursive strategies for navigating master and alternative narratives. One such strategy mentioned by 14 participants was Resisting Transnormativity, whereby individuals attempt to distance themselves from

transnormative beliefs and expectations, as well as from the dominant culture. This phenomenon can be understood as a process by which transgender individuals negotiate with master narratives by questioning or outright rejecting those narratives that are incompatible with elements of their identities.

For some participants, resisting transnormativity was described as a positive and empowering process whereby participants externalized harmful expectations by reinterpreting them as master narratives rather than internalizing them as “real” or legitimate expectations. For instance, one participant stated: “I’m personally just confident to be whatever I am, and fuck those who don’t like it” (Participant E). Similarly, another participant described efforts to affirm their own trans identity while retaining awareness that aspects of that identity transgressed certain narratives:

...All I want as far as my trans identity is... for me to be able to dress the way I want and talk the way I want without pitching my voice down or being conscious of how much hair I have or are my earrings too obvious or... if this binder flat enough, and... not having to constantly micro-analyze my appearance... and be able to be who I am without feeling this... invalidation every single time I leave my room, right? Like, I don’t want to go on T so that other people will see me for who I am. If I do go on T, it’s going to be so that I, you know, look in the mirror and see someone that I like, not... so I can conform to other people’s standards of transness. (Participant I)

This description models Toolis and Hammack's (2015) assertion that resisting harmful narratives can be an agentic and empowering process that may be a vehicle for resilient outcomes. However, this did not appear to be a uniformly positive or adaptive process, and it

sometimes appeared to be associated with increased distress and conflict. For example, Participant N described resistance to the transnormative expectation of utilizing legal recognition as a route to legitimization:

I was raising money... to go and get my name changed, but then I was just like, you know, that gives them authority. And I was just like, fuck that... I'm not going to go to them and say, like, pretty please change my name... it's just my government name, and, like, nobody calls me that. And [sighs], so I can't do that, I can't go there and grovel... get dressed up in clothes that I would never ever wear ever... [and they would] be like, what's your reason for this? Uh [pause]... Why do I have to give you a reason? Like, I never gave you, like, this is not my name... I was given this without my permission in the first place... [so] every time I go to the pharmacy or go to the doctor's office or go get my mail or whatever, I'm just, like, that's not my name... And then I get in an argument with them. (Participant N)

The strategy of Resisting Transnormativity appeared to itself become a hegemonic expectation within certain circles. For example, Participant J described relating to queer communities in which legitimacy was defined by discursive distance from transnormativity rather than by proximity.

I've noticed that there's this, like, tinge of, in a lot of different pocketed communities, like, how radical are you? ...If you're trans, are you an activist? Like, are you fighting for our rights? ...[And] that comes full-circle when it's like, well, if you're queer, you should know everything about being queer, you

should be the most radical you can be, like it's a queerer-than-thou competition.

(Participant J)

This participant continued, describing several other expectations within certain queer communities which can be viewed as attempts by individuals to distance themselves from the dominant culture, but have expanded into areas not traditionally associated with queer or trans identities, such as family values, relational structures, or aesthetic preferences, as described by the following:

I want a family and I want children and I love kids and I work with kids, and it's like, that's okay, and I also don't want multiple partners. And they're like ugh, you're not queer enough... I feel uncomfortable accessing queer spaces sometimes because I feel that my gender expression doesn't fit... like I'm not crust punk [a DIY-oriented branch of punk clothing] enough or something [laughs], like I don't wear enough black, or, like I don't look grungy enough.

(Participant I)

The participant finished by summing up the expectations built within queer communities as the following: "if you're queer enough... you should be distancing yourself as much as possible from the heteronormative patriarchal narrative that is our society." This process can be viewed as the co-construction of what McLean, Lilgendahl et al. (2017) refer to as an "intersectional deviation," or an alternative narrative which resists another alternative narrative. This terminology was chosen because intersectional deviations are common in individuals holding multiple marginalized identities whose personal narratives deviate from dominant master narratives, but also from mainstream alternative narratives which may not account for the nuanced experiences produced by multiple intersecting marginalized identities.

**2.2: Conceding to transnormativity.** Some participants ( $n = 7$ ) described an ambivalent or indifferent relationship to transnormativity; rather than the stark opposition indicated in Process 1: Resisting Transnormativity, some participants appeared to relate to transnormativity in a way that was based in convenience rather than as an expression of values or an ideological conviction. This can be understood as a process for managing the expectations of master narratives within social environments whereby individuals enact certain elements of narratives, although they may not necessarily internalize these elements. For some participants, these were relatively innocuous efforts made to reduce interpersonal friction as they navigated their daily lives. For example, Participant N described choosing not to disclose their non-binary identity in favor of a binary transgender identity in the workplace: “At my job I do, I identify strictly as male because it’s easier for them to deal with that.” Participant G expanded upon this ideology, describing their process of embodying transnormativity as it was convenient or beneficial and making minor alterations as necessary:

So...rather than just facing down... doing my own thing forever... I just kind of, like, walk in and I’m like, yeah, give me... the binary trans girl, and I’ll just, like, take stuff off that that I don’t need or want... It’s kind of, like, well, this is on the menu, so we’ll just get that and I’ll modify it once it gets here, you know?

(Participant G)

Given the ways that transnormativity is so intimately tied to the perceived legitimacy of trans identities, Participant G’s reluctance to stray too far is understandable.

Along similar lines, some participants described altering the way they speak or present themselves in certain situations to preserve their legitimacy in others’ eyes. One participant

described ambivalence regarding further medical transition, but a reluctance to discuss this in the presence of cis people for fear of losing their perceived legitimacy:

Sometimes I won't, like, discuss something maybe with a cis person or in front of a cis person if I feel like it makes me, like, like I could be perceived as less trans, whereas like, my trans friends, or, like, my trans partner will, like, understand... I don't even discuss shaving with cis people, because... I feel like some cis people could see me as a bad trans person because I'm... transfeminine in as far as my body goes, and I... have wanted to do electrolysis but it's been 6 years and I've just been... lazy and it's painful and expensive and I don't want to. (Participant H)

In response to this statement, Participant I described a similar process repeated within the trans community, whereby they concede to transnormativity in the presence of certain trans people due to the same fear of losing their perceived legitimacy.

I have two distinct groups of trans friends... one group that is all White, AFAB, non-binary trans kids... most of who are on T [testosterone]. And then my other group or other friend is my roommate, who is AFAB and femme and... neither of us can go on T, like that's not an option for us... So, I can talk with my, my roommate, my friend, about struggling with not being on T and I can talk about how I hate binding [wearing constrictive materials to flatten the chest], right? Like, I hate binding. But I can't talk about that with my other group, because for them, binding is an essential part of being trans... I know they wouldn't say that to me, but I feel like talking to them about how much I hate binding would be talking to them about how much I hate being trans, because binding for them is

part of being trans. So, like, even within trans groups, like you have to think about what's acceptable to say. (Participant I)

**2.3: Strength and positivity.** Fourteen participants spoke to their trans identities as sources of strength and positivity. This included positive coping or person growth resulting from a trans identity or trans community. Some participants described gratitude or perceived intrapsychic benefits of developing a trans identity, such as relieved distress or a feeling of living authentically. This is demonstrated by Participant I's description of how their commitment to their trans identity is an important expression of values:

Continuing to survive, I think, is what trans means to me, because it's a part of me that's never going to go away, and if I die, it will die with me, which means if I live, it is still with me. Like, I carry this transness wherever I go, and not giving up on that and not letting that be taken from me is something that's super important to me. (Participant I)

Additionally, participants mentioned the value of supportive family relationships and the ways that these relationships had grown and changed over the course of their transition or identity development process. One participant described the positivity resulting from the affirmation of their gender identity by their father:

I remember the first time my dad called me... my name, and I was on the phone and I was like, I have to just take a moment, cause I'm going to cry... it was... so impactful, and I told him, like, you have no idea how that just, like, made my day... feeling recognized and validated by your parents is huge. (Participant A)

Similar sentiments were expressed by those relating to other transgender people; participants spoke of support, affirmation, and community connectedness. Several participants

described benefits resulting from partnering with other trans people in romantic relationships, such as in the following quote: “My partner now is trans, and it’s, for that reason... [the] level of comfort we’re able to find together is definitely, like, the best relationship... it’s just a really, yeah, a really nice space” (Participant K).

This feeling of support and comfort resulting from interacting with other trans people was also expressed through the support and positivity from relating to transgender friends and community members. Several Participants of Color mentioned the unsurpassed value of connecting with communities of transgender People of Color with whom they could connect, find support, and share the experiences of both important identities. The value of this community was expressed by Participant O: “I get a lot of fulfillment from genderqueer trans folks who are People of Color. I find a lot of fulfillment in that... I have three really close friends... [who] really helped me with my own gender identity.”

### **Discussion**

In the present study, we identified master and alternative narratives guiding transgender identity development, and we explored a number of mechanisms by which transgender individuals navigate and negotiate with these narrative constraints. Additionally, we documented several of the effects and manifestations of these processes within the lives of transgender people. We argue that transgender identity provides a fruitful framework for studying the negotiation with master and alternative narratives and the impact of marginalization on identity development.

Our results indicate that transnormativity is highly salient to transgender people, such that participants provided rich descriptions of narratives guiding transgender identity development with limited prompting from the moderator. Additionally, our results support our assertion that

transnormativity is best conceptualized as a hegemonic alternative narrative because it is characterized by the five principles of utility, ubiquity, invisibility, compulsory nature, and rigidity and because it functions within the local context of the transgender community like as a master narrative. Furthermore, we expand the existing concept of transnormativity, which has centered on medicalization and gender binarism, to include gender roles, nascence, victimization, gatekeeping, and legitimacy. Like the components of cisnormativity, these individual aspects interlock as mutually-reinforcing pieces of a coherent underlying narrative rather than as independent or separable stereotypes. In other words, because one aspect of transnormativity is fundamentally conceptually linked to the others, the reinforcement of a single aspect serves to reinforce the entire narrative.

Although many of the results of our study are unique to transgender identity, several parallels to other domains of identity development must be acknowledged. For instance, several participants emphasized the importance placed on identity commitment and stability as indicators of legitimate transgender identities, such that childhood gender non-conformity and irreversible medical procedures were associated with legitimacy because they imply personal continuity through the past and the future, respectively. This mirrors the fact that social acceptance of homosexuality has often been predicated on the claim that homosexuality cannot change and that people are “born gay” (Whisman, 1995, p. 2). Likewise, participants described the view that non-binary identities are viewed as transient developmental stages rather than as legitimate identities, and non-binary individuals will eventually “make up their mind.” The gender binarist idea that gender identities must be exclusively male or female mirrors the monosexist assumption that legitimate sexual identities must be exclusively heterosexual or

homosexual (Roberts et al., 2015), insofar as both belief systems represent essentialist perspectives which are hostile to the ambiguity of fluid and non-dualistic identities.

No participants explicitly endorsed transnormativity; this may have been due in part to the climates of the focus group where many participants' identities fundamentally transgressed transnormative standards and thus endorsements of transnormativity may not have been welcome. However, participants did, at times, embody components of transnormativity in discourse, such as reproducing boundaries of legitimacy and exclusion on the basis of identity commitment. Further, many cited conceding to transnormativity on occasion to preserve their perceived legitimacy. This supports the assertion that transnormativity serves to legitimize some trans identities (Johnson, 2016) and that the mechanism of this legitimization is through discourse—that individuals achieve social legitimization by discursively positioning themselves in line with transnormativity. However, simply due to the nature of the narrative, individuals whose identities stray further from transnormative ideals may be unable to position themselves in such a manner, or to do so may feel painfully disingenuous or even akin to closeting oneself. Additionally, embodying a narrative which so clearly diverges from an individual's personal identity may fail to result in legitimization due to this perceived incongruence.

Those individuals for whom conceding to transnormativity may not provide any benefit may be likely to resist transnormativity. This process of collective resistance to transnormativity represents the co-construction of an "intersectional narrative," or an alternative narrative which differs from or resists another alternative narrative (McLean, Lilgendahl et al., 2017). Indeed, participants described certain segments of the queer and trans community for whom legitimacy was defined through distance from transnormativity rather than from proximity. Interestingly, this new narrative appeared to extend beyond the realm of gender identity—participants

referenced such factors as polyamorous relationship structures, rejection of traditional family values, and an opposition to patriarchal heteronormativity, which themselves appear to have little surface-level relevance to either cisnormativity or transnormativity. This expansion demonstrates the process whereby marginalized groups craft their own guiding narratives within the micro-context of their local communities, which may take on broader dimensions of resistance and meaning-making. However, this new standard of legitimacy is still contingent upon the dominant culture insofar as it rejects that which the dominant culture endorses. This is consistent with observations that alternative narratives, ironically, serve to reinforce the master narratives they resist (McLean, Lilgendahl et al., 2017; McLean & Syed, 2015).

This process holds certain parallels to U.S. Black communities where individuals have reported belittling and bullying for not being “Black enough” on the basis of skin color or cultural practices (Coard, Breland, & Raskin, 2001). Coard et al. (2001) demonstrated that lighter-skinned Black participants reported higher Immersion-Emersion attitudes, characterized by an intense involvement in Black culture and a strong value placed on what is deemed as “authentically Black” (Cross, Parham, & Helms, 1991; Tatum, 2004; Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001). This may reflect a process whereby individuals adopt hyper-Afrocentric views to compensate for their thwarted sense of belonging in the Black community, which is called into question on the basis of their light skin. An analogous process may be present in the transgender community whereby those whose validity in the trans community is disputed on the basis of transnormative standards may endorse a “hyper-queer” intersectional narrative in an attempt to redefine the standards which question their legitimacy.

### **Limitations and Future Directions**

The present study is the first known to specifically acknowledge engagement with master and alternative narratives in a transgender sample. Even so, several limitations must be acknowledged. All focus group participants identified themselves as non-binary or genderqueer. Based on past findings indicating that master narratives become visible when they are transgressed (McLean, Lilgendahl et al., 2017; McLean & Syed, 2015), a sample of transgender individuals who identify strictly within the gender binary would likely report different results. However, our conceptualization of non-binary identity as a discrete variable is itself an oversimplification. Efforts have been made more recently to study genderqueer identity as a continuous variable (McGuire et al., 2017), which can provide a more nuanced understanding of phenomena associated with non-binary identity. Additionally, future research should explore these processes of narrative engagement with a wider age range; in particular, the experiences of younger adolescents should be explored because adolescence has been conceptualized as a critical period for identity development (Erikson, 1968; French, Seidman, Allen, & Aber, 2006).

### **Practice Implications**

Results of the present study demonstrate several strategies of relating to transnormativity and the subsequent intra-community conflict or “border wars” resulting from these incompatible approaches, which are reminiscent of the tensions between trans men and butch lesbians as described by Halberstam (1998). Those who are able to embody transnormativity in their discourse may disparage those who reject it because this rejection may represent a threat to undermine the legitimization of their own identities. As Participant O stated, identities which do not conform to narrative prescriptions are seen as “a threat of invalidating the previous work that has been done.” Similarly, those who cannot embody transnormativity may view those who do as assimilative; Participant C described such a strategy as “trying to appeal to the cis gaze, like

trying to fit into their definitions because that's the dominant culture." Transnormativity, then, can be understood as structuring a discursive zero-sum gain whereby some, and only some, transgender identities can be viewed as legitimate.

A significant body of literature has identified transgender community support as a uniquely important predictor of psychological well-being (Barr, et al., 2016; Nuttbrock et al., 2015; Sánchez & Vilain, 2009). These results demonstrate that non-binary individuals may be at particularly high risk for diminished social support—the vehicle of which being the inability or unwillingness to discursively embody transnormativity. In other words, non-binary participants reported that the perceived legitimacy of their identities was questioned due to their divergence from transnormativity standards, and thus they experience a thwarted sense of community-based social support. Perceived social support has been implicated in vital mental health outcomes (Stanton & Campbell, 2014), so the effect of this phenomenon within the lives of non-binary people may be far-reaching.

Psychotherapists and mental health professionals must be aware that not all resources for the transgender community, such as support groups and informational resources, will be appropriate for non-binary individuals because they may endorse transnormative understandings of gender diversity. Similarly, psychotherapy presents an opportunity to engage transgender people of all identities in re-authoring conversations (Epston & White, 1990) whereby narratives such as cisnormativity and transnormativity can be externalized and evaluated in the ways that they do not represent transgender individuals' lived experiences. In exploring these deviations within a supportive psychotherapeutic context, individuals can craft a thicker description of personal narratives which validate these details that transgress master narratives. In other words, individuals can co-author positive and affirming life-stories which acknowledge the existence of

dominant narratives yet still recognize and affirm those identities and experiences that transgress them. Given the findings in the present study that some gender dysphoria may be due to discomfort with narratives about gender rather than with discomfort with primary or secondary sex characteristics, these re-authoring conversations may themselves relieve some gender dysphoria by helping clients to accept the legitimacy of their unique transgender identities and experiences.

### **Conclusions**

The results of our study provide a rich description of U.S. transgender people's accounts of master and alternative narratives of gender identity, and they provides examples of strategies transgender people may employ to negotiate with these narratives. Our results support the theoretical framing of cisnormativity as a master narrative and transnormativity as an alternative narrative, both of which shape the process of transgender identity development. Likewise, our findings provide a more robust understanding of transnormativity, which can be understood as involving concepts of medicalization, gender binarism, gender roles, nascence, victimization, gatekeeping, and legitimacy.

Participants described conceding to transnormativity on certain occasions, which involves performing certain aspects of transnormative narratives in order to be perceived as legitimate in certain social situations. Likewise, participants described resisting transnormativity, a strategy which may be agentic and empowering. But resistance also may reinforce the very standards of transnormativity it seeks to combat because distance from, rather than proximity to, these standards may become a criterion for evaluating the legitimacy of identities. Participants described discursive tensions within the transgender community resulting from these divergent and incompatible strategies of relating to transnormativity.

Our study highlights the deeply contextual nature of transgender identity development because the identity experiences of transgender people are intimately tied to the prevailing beliefs and cultural context in which they are situated. Studying transgender identities in the United States at the confluence of cisnormative master narratives and transnormative alternative narratives provides an account of the nuanced interactions between persons and environments which together produce psychological phenomena. Incorporating such person-in-environment models into social science research is essential for understanding the individual and collective experiences of the transgender community and accurately reflecting the underlying processes implicated in identity development.

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Table 1

*Participants' Characteristics*

ID	Age	Focus Group	Gender Identity	Racial identity	Social Class Background
A	32	1	Trans, genderqueer, trans masc	White (Jewish)	Working class (family of origin), middle class (currently)
B	19	1	Agender flux boy	White	Lower-middle
C	22	1	Genderfluid	White	Lower middle class
D	28	1	Non-conforming, genderqueer, myself	White	Middle class
E	19	1	Gender fluid	Asian	Middle Class
F	26	2	Fluid Demigirl or Nonbinary woman	African American	I come from working class folk
G	22	2	Genderfluid (female/agender)	White	Rural, lower middle class
H	25	2	Transgender - nonbinary, agender, M+F+X	White	Upper middle class
I	18	2	Non-binary	Asian	Upper middle class
J	27	3	Non-binary	Multiracial/ Iranian American	Upper-middle class
K	29	3	Agender or genderqueer... still figuring it out a little	White	Lower middle class
L	20	3	NB trans man	Caucasian	
M	31	4	Gender queer, GNC, trans masc	Mixed	Downwardly mobile upper middle
N	26	4	Male/nonbinary	White	Lower/working class
O	22	4	Gender non-conforming/Trans	Black-Caribbean	Lower middle class

Table 2

Coding Categories and Average Inter-Rater Reliability Across Coding Dyads

Code Name	Initial Coding			Illustrative Quote Code		
	Delta	Kappa	Percent Agreement	Delta	Kappa	Percent Agreement
1. Narratives						
1.1 Cisnormativity						
1.1.1 Aversion	0.85	0.74	90.84%	0.951	0.657	95.78
	<ul style="list-style-type: none"> <li>• Includes prejudice, discrimination, and stereotypes toward trans people as a whole.</li> <li>• Includes a failure to acknowledge or accept a trans identity, and the use of dead names and incorrect pronouns.</li> <li>• This does not include ignorance, or biological essentialism which doesn't include an aversion.</li> <li>• Includes aversion both outside and inside the trans community.</li> </ul>					
1.1.2 Biological Essentialism	0.96	0.92	98.02%	0.961	0.669	96.59
	<ul style="list-style-type: none"> <li>• Includes cisnormativity, or the viewpoint that it is "normal" to be cisgender.</li> <li>• This may include assumptions that gender identity does or should match sex assigned at birth/genitals/anatomy.</li> </ul>					
1.1.3 Danger	0.91	0.71	94.50%	0.999	0.998	99.98
	<ul style="list-style-type: none"> <li>• Participant describes the attitude that trans people, or transness in general, are dangerous in some way. This includes views of trans people as perpetrators of violence or damaging to the psychological well-being of those around them. This may relate to children, such that trans people are seen as a threatening or deleterious influence in the lives of children.</li> </ul>					
1.1.4 Sexualization	1.00	1.00	99.99%	0.999	0.998	99.98
	<ul style="list-style-type: none"> <li>• Participant describes the sexualization of transgender bodies. This may include assumptions that trans identities are a sexual fetish, that trans people are sex workers, or that something about trans people is sexually inappropriate.</li> <li>• Can include a failure to distinguish between sexual orientation and gender identity.</li> </ul>					
1.1.5 Pathologization	N/A	1.00	100.00%	0.999	0.999	99.97
	<ul style="list-style-type: none"> <li>• Participant references beliefs about trans people being mentally ill.</li> <li>• This includes beliefs that all trans people experience gender dysphoria, or that dysphoria is an inherent or universal experience of trans people.</li> </ul>					
1.2: Transnormativity						

1.2.1 Medicalization	1.00	1.00	99.99%	0.833	0.644	89.04
<ul style="list-style-type: none"> <li>• Participants describe hegemonic expectations about the medicalization of trans bodies. This does not include a participant describing their personal experience with medical transition, but rather the expectations placed on trans people generally regarding medical transition, or assumptions about an inherent medical nature of transness.</li> <li>• Words like “fully transition” or “goal-posts” aren’t necessarily about medicalization, so this must be specified.</li> </ul>						
1.2.2 Gender Binarism	N/A	1.00	100.00%	0.978	0.870	98.11
<ul style="list-style-type: none"> <li>• Participant describes a preference given toward binary identities. This may include pressure for non-binary people to present or identify in more conforming ways, or general expectations for identities to fall within a gender binary.</li> <li>• Includes stereotypes about nonbinary people</li> <li>• Includes statements about anti-fluidity, including that gender is fixed, constant, and stable.</li> <li>• Disrespect, discomfort, or invalidation of non-binary identities constitutes binarism.</li> </ul>						
1.2.3 Gender Roles	0.95	0.87	97.26%	0.838	0.706	85.84
<ul style="list-style-type: none"> <li>• Observation of gender roles in society, not necessarily tied to trans people.</li> <li>• Includes gendered social roles, such as within a nuclear family.</li> <li>• This includes pressures to present in ways that are gender-conforming, including conflation of identities with expressions.</li> </ul>						
1.2.4 Nascence	0.99	0.98	99.59%	0.999	0.999	99.97
<ul style="list-style-type: none"> <li>• Participant describes expectations about trans identities manifesting very early in life, or that gender identity is an inherent, intrinsic, or essential quality of a person</li> </ul>						
1.2.5 Victimization	1.00	1.00	99.99%	1.000	0.998	99.99
<ul style="list-style-type: none"> <li>• Participant describes attitudes that victimization is an inherent feature of trans identities, or that transness is seen as tragic and trans people’s lives are seen only in terms of victimhood. Can be a response to the Danger narrative.</li> </ul>						
1.2.6 Gatekeeping	0.84	0.77	90.11%	0.972	0.848	97.47
<ul style="list-style-type: none"> <li>• Discussion of access barriers for the trans community. This includes only instrumental barriers, such as access to medical care or services.</li> <li>• Discussion of legal issues, including legal name changes or interactions with legal systems and structures.</li> </ul>						
1.2.7 Legitimacy	0.86	0.74	87.47%	0.911	0.799	92.58
<ul style="list-style-type: none"> <li>• Any reference to the legitimacy of certain queer identities when compared to others; for example, that some are seen as legitimate, or that some are seen as more legitimate than others. Legitimacy in this case refers to the perceived “realness” of identities.</li> <li>• Includes discussions of an internal process of questioning the legitimacy of one’s own queer identity, or discussions of the legitimacy of certain queer identities over others.</li> </ul>						

- This includes setting the parameters of who is trans, or what it means to be trans, as it relates to the exclusion of identities.
- This includes who should be the “face of the movement” or whose identities are appropriate representations of transness.
- Discussions of an inability to categorize certain identities in relation to their validity should be coded.

2. Processes

2.1 Resisting

Transnormativity	1.00	1.00	99.99%	0.884	0.787	93.49
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- Participant expresses opposition to narrative of transnormativity. Participant must be expressing resistance, and must be referring to one of the sub-components of transnormativity (binarism, born this way, gatekeeping, gender roles, medicalization, victimization, queer enough).
- Participant describes an attitude whereby individuals attempt to distance themselves from the dominant culture. This may include a direct opposition to expectations placed on trans people, but may also include other types of expectations that may not be specific to trans people.
- This is defined by discursive positioning, whereby participant describes the narratives in a way that resists or opposes them, so this will often have a negative valence.

2.2 Conceding to

Transnormativity	0.98	0.93	98.47%	0.999	0.999	99.97
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- Participant describes an ambivalent or indifferent relationship to Master Narratives. This may include positioning oneself in relation to Master Narratives due to convenience rather than an ideological conviction. The motivation for this behavior is due to a desire to be perceived as legitimate.
- Any disingenuous presentation of one’s own trans experience which doesn’t align with transnormativity

2.3 Strength and Positivity

	0.99	0.93	99.46%	0.999	0.998	99.97
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- Any discussion of strength and positivity in the lives of trans people. This may include gratitude, positive coping, or benefits derived from being trans.
  - Increased self-knowledge counts as strength and positivity.
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**Online supplement** for Bradford, N. J., and Syed, M. (2018). Transnormativity and transgender identity development: A master narratives approach. *Sex Roles*. Nova J. Bradford, University of Minnesota. Email: bradf119@umn.edu

Social norms and expectations shape the way think about people, lives, and identities. The dominant culture (or “society at large”) is often characterized by norms or beliefs about how a person’s life story should play out. These are not stories of individual lives, but a type of culture-specific expectation for how a life “should” be. For example, these norms or beliefs may include social expectations for certain life events, like establishing a career or having children. The dominant culture may also have beliefs about certain groups. Additionally, individual groups may develop their own norms or beliefs. These narratives are often created by marginalized groups who may struggle with the expectations of the dominant culture.

- 1) What expectations or beliefs do you think the dominant culture has about gender identity? In other words, how do you think society generally feels that a person’s gender identity “should” be?
  - a) How do you think the dominant society feels generally about trans identities? Do you believe that the dominant culture has certain expectations or beliefs for how a transgender identity “should” be?
  - b) Under what circumstances do you become aware of these expectations or beliefs? What are the earliest instances in your life in which you remember becoming aware of these expectations or beliefs?
- 2) What expectations or beliefs do you think the transgender community generally feels about gender identity or trans identities? In other words, how do you think the trans community generally feels that a person’s gender identity “should” be?
  - a) Under what circumstances do you become aware of these expectations or beliefs? What are the earliest instances in your life in which you remember becoming aware of these expectations or beliefs?
  - b) How do you feel about these beliefs or expectations?
- 3) Do you believe that these expectations or beliefs have a narrative component, as in, is there a certain structure that the story of a person’s gender identity “should” follow?
- 4) How did your process of developing a trans identity, or coming out, affect your relationships? How did you feel during this time?
  - a) How, generally, do you think the norms or narratives of the dominant culture shape your social relationships?
  - b) How do you feel your trans identity shapes your social relationships, both with cis people and with trans people?
- 5) What have your relationships been like with other trans people? How do you feel about the trans community as a whole?
- 6) What does being trans mean to you? How do you feel about your trans identity?