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The Experiential Nature of Dysphoria: formulating a new conceptual framework following a qualitative study exploring the lives of seven young trans men

Abstract

Background

'Gender dysphoria' is commonly used to describe feelings of psychological discomfort, unease, anxiety, or distress in trans individuals. Whilst the past decade has shown a significant rise in research on the experiences of trans individuals in society, the amount of literature dedicated to the experiences of trans men has been much more limited, and particularly research focused on the experiences of young trans men. As such, the range and scope of dysphoric experiences will not have been fully captured and there will be gaps in both general and clinical understanding and conceptualisation.

Aims

To provide a deeper insight into the dysphoric experiences of young trans men, and to use this insight, in conjunction with the wider body of literature, to formulate an original framework to conceptualise the experiential nature of dysphoria.

Method

Semi-structured interviews were carried out with seven white British trans men aged 18-29 living in England and Wales. Data was analysed using Braun and Clarke's (2020) six stage reflexive thematic analysis.

Results

Several themes were drawn out of the data which underpinned the creation of a new conceptual framework for the experiential nature of dysphoria: *the psychological nature of dysphoria* which focuses on issues such as the notion of identity and desire to 'pass'; *the corporeal nature of dysphoria* which focuses on the techniques and methods used to modify physical appearance; and *the structural nature of dysphoria* which outlines the

way that societal structures influence and affect dysphoria through waiting times and financial costs.

Conclusion

As well as providing a deeper insight of the dysphoric experiences of young trans men, its significance lies in a new conceptual framework that can aid future studies and understanding.

Keywords: transgender; trans gender; trans; FtM; dysphoria

Introduction

Gender dysphoria is a common experience for trans individuals. Whilst there is a specific clinical definition used as a tool for clinical diagnosis, it is also used in non-clinical settings by trans individuals and those around them to describe their experiences. Gender dysphoria describes a mismatch between the gender with which an individual identifies and the physical characteristics they possess (Fisk, 1974; Schneider et al. 2016). The indicator of this dysphoria is a psychological discomfort, unease, anxiety or distress that ranges from mild to acute.

Whilst the past decade has shown a significant rise in research on the experiences of trans individuals in society, the amount of literature dedicated to the experiences of trans men has been much more limited, and particularly research focused on the experiences of young trans men. This is significant because previous research will not have captured the range and scope of dysphoric experiences for this population and therefore there will be gaps in both general and clinical understanding (Pereira-García et al. 2021; *The Lancet* Editorial, 2018). Specifically, Veale et al (2022) have suggested that further research is needed that explores the health and wellbeing of trans individuals that goes beyond the field of medicine, particularly in relation to approaches to gender affirmation outside of surgery. As current political and cultural debates

continue over trans identity, inclusion, and rights in society, it is important to ensure the voices of those most likely to experience oppression and stigmatisation are heard. This is vital in a context where the rate of change for vulnerable and oppressed communities is not always linear nor permanent, and progressive laws and attitudes can be retracted and weakened (Plummer, 2014; Walks, 2014).

As such, this paper has two aims: first, to provide a greater understanding of the experiences of young trans men in the UK to illustrate how they manage and alleviate their experiences of dysphoria, and second, to use this information to provide an original conceptual framework to categorise the experiential nature of dysphoria.

Conceptualising Dysphoria

The term ‘gender dysphoria’ refers to the dissonance experienced between gender identity and sex characteristics. Butler et al. (2018; 632) define it as “an individual’s discontent with their 'assigned' gender and their identification with a gender other than that associated with their birth sex based on physical sex characteristics”. One of the ways to overcome this dissonance is through ‘transitioning’ so that gender identity and the physical manifestation of gender become more aligned. Liang (1997) defines three stages to this transitioning or ‘coming out’ process: presenting to oneself; presenting that self to others; and being acknowledged (by oneself and others) as a member of a particular group. However, whilst there may be aspects of ‘coming out’ that are similar across the LGBTQ+ spectrum, there are also significant differences between the process of ‘coming out’ in relation to sexual orientation and that of gender identity. As such, Zimman (2009) refers to the transition process for trans individuals as ‘declaration’ and ‘disclosure’. This represents the two stages, where prior to transition, an individual *declares* that one has a different gender identity to the one assigned at birth, and later post-transition, they *disclose* that the gender they were assigned at birth is different to

the one that they are presenting. This delineation between declaration and disclosure reflects societal assumptions that one's physical sex characteristics will necessarily align with an individual's gender identity. It is generally associated with the common notion of 'passing', in that trans individuals are seen by others, notably strangers, as their gender identity.

The experiences of gender dysphoria have been highlighted in the literature to various degrees and illustrates how gender dysphoria can present itself in varying degrees of intensity, from mild to acute (Ashley, 2021; Cooper, 2020; Davy & Toze, 2018). Indeed, many of the feelings associated with dysphoria can be described as normal human emotions and as such, gender dysphoria should not be pathologized or stigmatized as a form of mental illness simply to enable access to support and healthcare (Ashley, 2021). Nevertheless, many trans individuals note the adverse effect that feelings of dysphoria have on their mental health. This has been highlighted by two recent systematic reviews which indicate that mental health (in particular mood and anxiety disorders) is poorer for trans individuals than that of the general population (Dhejne et al., 2016; Freitas et al., 2020). This is particularly the case for adolescents who are having to deal with the challenges associated with puberty and the physical changes that result. Whilst puberty is often a difficult time for adolescents in general, these difficulties are greater for trans adolescents who show higher levels of body dysmorphia and lower self-worth than the rest of the adolescent population (Tellier et al. 2019).

The literature also suggests that there are differences in the way dysphoria presents itself to trans men compared to trans women. For instance, trans men show lower levels of body dissatisfaction than trans women (Lindgren & Pauly, 1975; van der Grift et al. 2016a, 2016b). One explanation for this difference is that the ability to 'pass'

is one of the most important factors in gender dysphoria (Jones et al., 2016; van der Grift, 2016a, 2016b) and this may be easier for trans men than trans women, as the standards for what counts as beauty is higher, more rigid, and more homogenous for women than men (Buote et al. 2011). Similarly, as noted by Bakker *et al.* (2020), trans men have often been invisible in history as the scope of identity that female bodies have occupied has been broader and more fluid than that allowed for male bodies. Whilst this has meant that trans men have found it easier to 'stay under the radar', it also renders their stories invisible. As such, the dysphoria felt by trans men may differ to trans women..

Whilst negative feelings about one's body is unsurprising since outward physical characteristics are often the primary identifier for sex, the extent of gender dysphoria experienced by the individual is also influenced by social factors such as the acceptance and support received from others (Durwood et al., 2017). Whilst some of the evidence around the correlation between gender identity and mental health is disputed (Schumm & Crawford, 2020), the consensus is that people are more likely to suffer mental ill health if they do not have sufficient support and acceptance of others around them (Olson et al., 2016). As Cooper et al. (2020, p101875) noted following their systematic and ethnographic review of the literature, "distress caused by the dissonance of assigned and experienced gender is closely intertwined with distress due to the reactions of others to one's gender identity, whether that is reflected by strangers misgendering the individual, or rejection by close family or friends." Nevertheless, as both Veale et al. (2022) and Pulice-Farrow et al. (2020) have noted, conceptions of dysphoria have often been mediated through a clinician's lens of the trans individuals they have encountered in their professional lives. To further understanding of dysphoria, the voices of trans individuals need to be heard outside the clinical setting.

There have been recent attempts to theorise the process of transitioning for trans individuals. For example, Sevelius et al. (2013) developed a gender affirmation framework that entailed four elements of transitioning: *Social* (names, pronouns, interpersonal and institutional recognition), *Psychological* (positive self-image), *Medical* (hormones and surgery) and *Legal* (gender marker and legal name changes), whilst Atnas et al. (2015) conceptualized the transitioning process in four stages: *Authenticity; Knowledge and Information; Making the Decision to Change;* and *Transitioning*. However, these frameworks tend to focus on the declaration stage rather than that of disclosure, and therefore do not capture the wider experience of dysphoria as Zimman (2009) conceived it.

More recently, Pulice-Farrow et al (2020) identified three themes surrounding gender dysphoria: *Disconnection from the body*; *Manifestations in distress*; and *Changes in dysphoria*. Whilst themes identified in qualitative research are drawn from empirical data, the identification of themes may differ according to the data presented and are therefore not generalisable in themselves (Tracey, 2010). The purpose of a conceptual framework is to provide a structure and a shared vocabulary that aids the clarity and communication of ideas in a particular area (Leshem and Trafford, 2007). As such, this paper aims to go beyond drawing themes from qualitative interviews, to provide a new conceptional framework of dysphoria that can aid general and clinical understanding. Whilst the data that this conceptual framework is drawn from originally comes from the experiences of seven young trans men between the ages of 18 and 29, the framework itself is intended to be used as a means to conceptualise and communicate wider experiences of dysphoria..

Method

This project was designed to examine the experience and attitudes of trans men using a

realist approach. The participants were recruited through convenience sampling via existing personal networks and wider social media. While this sampling approach is limited in its representability of the population, it can be used if the results are treated appropriately (Etikan, Musa & Alkassim, 2016). This form of sampling is often used in LGBT research due to targeting a specific defined group (Owens, Stall & Dodge, 2020). In total, seven participants took part in semi-structured interviews over the period 2020-22. Data was collected through online semi-structured interviews ranging from 53 minutes to 82 minutes with an average of 1 hour. Interviews were conducted online, predominately due to COVID restrictions but after these were relaxed participants still opted for the online approach. This ensured participants felt safe and secure during the interviews and enabled a broader range of locality as travel was not required. All interviews were transcribed verbatim by the authors. All participants were white British, between 18-29 years of age, and live in England or Wales. This homogeneity of nationality, age, and ethnicity is therefore reflected in some of the shared experiences and attitudes of this sample, particularly in relation to the experience of legal and healthcare systems which are UK orientated. Further demographic data about the participants have not been included and pseudonyms have been used throughout in order to maintain anonymity and confidentiality. Ethical approval was gained through the University of Gloucestershire School of Sport and Exercise research ethics panel.

Reflexive thematic analysis was chosen due to its flexibility in approach (Braun & Clarke, 2022). As the authors come from different disciplinary areas, reflection and reflexivity were used throughout to effectively develop, challenge, and communicate ideas (Herz, 1997). This involved a personal reflexivity which necessitates reflecting on how one's "values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research" (Willig, 2001, p10). In this, it is

acknowledged that the authors encompass a diversity and pluralism of gender identities, sexualities, ontological and axiological perspectives, and insider/outsider knowledge that affected their approach to this research project (Rosenberg, 2021). A semantic approach to coding was taken as we were analysing the experiences of the participants rather than suggesting implicit ideas of their experiences used in latent coding. We therefore used an inductive approach with the data driving the development of a new conceptual framework on dysphoria. Various iterations of this framework were developed following intensive analysis and consideration of the data. The six phases of Braun and Clarke's (2022) method were used in a non-linear fashion. This was particularly evident in phases three to five: "theme development, refinement and naming" (Braun, Clarke & Weate, 2016) which were continually revisited throughout the process, including in the writing up process (stage six). Stages one to five were all done by hand and included all authors throughout the process. The credibility of the process was enhanced by peer debriefing and referential adequacy (Burke, 2016). This was used throughout as the transcripts were analysed in batches over several different sessions and continuous discussion and refinement of the findings and themes took place among the authors prior to finishing final written drafts.

A new Conceptual Framework

Following thematic analysis, the results of the study led to the formulation of an original conceptual framework for articulating the experiential nature of dysphoria. This was not the original aim of the project as it was initially designed but emerged following a deep, reflexive consideration of the data. The three elements that form the overarching framework are: the psychological nature of dysphoria; the corporeal nature of dysphoria; and the structural nature of dysphoria. These elements form the top level

structure from which the themes and sub-themes drawn from the data are discussed.

The Psychological Nature of Dysphoria

The psychological nature of dysphoria is first explored. This focuses on the way participants feel about their gender identity, their bodies, their perception of others towards them, and the emotional effects this has upon them.

Fears around 'passing'

One of the key causes of dysphoria is the fear around 'passing', in the sense that individuals are viewed by others as they see themselves. Understanding the psychological nature of passing is vital in broadening out experiential narratives of being trans, away from medicalized accounts (Snorton, 2009). For many of our trans men, the fear that they would fail to 'pass' prevented or hindered their ability to socialise, or to even leave the home. As Max noted, "early on, when I guess I didn't, -- quote-unquote -- 'pass as male', it was quite debilitating because I didn't want to go anywhere." He described this as making his life "insular". Similarly, Charlie said, "I think it's a bit sad that I need hormones to feel comfortable in a social environment, but that's just how it is".

Anxiety around failing to 'pass' becomes more acute in relation to the use of sex-segregated spaces such as toilets, changing rooms and sporting environments. These often cause acute feelings of dysphoria since they are the spaces where permission to enter is tacitly granted or prohibited by others (Straayer, 2020). As such, is it within these spaces where trans individuals are acutely aware of their ability to 'pass' since not 'passing' can result in being verbally questioned or threatened. This was clear in the discussion with participants. For instance, Walter acknowledged that early in his transition he would stay quiet in public toilets because he feared that his voice would

"give him away", whilst Max said, "I still don't use public bathrooms now because of the… fear that I would be recognized as a girl in the man's bathroom" due to, "not [being] masculine looking enough yet". Max's use of the gendered term 'girl' perhaps further emphasizes his anxiety around passing. This fear of being smaller, weaker and not being able to protect oneself upon failing to 'pass' in a sex-segregated space was clear in a comment from Charlie:

> There was one time at a club [where] I used the gent's bathroom, but they didn't have locks on the doors so, I'd either have to hunch over and push the door with my leg, but I'm not that tall so it's quite difficult. My friend was actually working at the club that night, so, I then asked her if she could give me the key for the disabled toilet and I used that throughout the night, which was better because I can imagine drunk men coming in and kicking the doors and my little legs wouldn't be able to hold them. So, it's just saving me from a bad situation.

Similarly, Walter expressed his anxiety about passing in sports, "I definitely have a fear of going in and being like, I guess [being] bullied in a team and just not feeling welcomed" whilst Charlie mentioned the difficulties of going swimming, where it is not just the sex-binary spaces he had to navigate but also where binary clothing and gendered body expectations are in full view. Charlie noted, "It would be nice to be able to not feel scared to go to the men's bathroom and swimming, it would be nice to just go swimming and not go and feel like I'm being watched".

Both during and after their transition, some of the participants spoke about the difficulties they experienced in passing as adult men. On commenting how people see him as an adolescent boy rather than a man, Charlie said, "I get called a 'little boy' a lot which is fine, I would rather be called a little boy than something else". Similarly, Walter said, "I look like a 12-year-old" whilst Thomas noted, "I mainly just look like a 13-year-old boy most of the time". Passing as teenage boy meant Thomas felt "okay"

within bathrooms whilst Samuel described the experience of entering gendered facilities:

> I think because I'm so short as well, I look like a younger boy. So the fact I don't have facial hair and I don't have that much of the deep voice, it doesn't really phase them because it's just like oh it's a young boy, so people aren't that phased. But I've seen my mates that go in who unfortunately don't pass at all, but they will not go in without somebody else. It took me at least a solid six months in order to go into the boys on my own.

Most participants expressed relief when they were able to pass, even if it meant passing as child, as illustrated by Charlie who noted, "It's a blessing and a curse in a way, I guess". Thomas too, had resigned himself to this fact, "I mean, I don't like the picture for it because I look like a massive twink [*slang for young gay male], but I mean whatever".

As Zimman (2009) identified, the journey for most trans individuals includes the two stages of declaration and disclosure. The space in between can be conceptualised as the ability to 'pass' since if one is seen by others as the gender with which they identify, it precludes a requirement to declare. The strategies that individuals will adopt to pass are varied, for example to pass as a teenager rather than adult male as the participants here have acknowledged. This is reflected in Snorton's (2009) analysis of passing which notes that the corporeal materiality (the physical manifestations of the body) mean that trans individuals do not always pass in, what might be considered, a traditional way, and is further supported by Bakker *et al.* (2020) who noted that trans men pass in a different way to trans women. Ultimately, the goal of participants was live authentically and to fit into society. As Charlie stated, "I want to be able to live up to the general male standards". This sentiment was shared by both Thomas and Samuel who said about being on a male sports team; Thomas said, "I'd just expect them to treat me like another

guy" whilst Sam noted, "I'd expect to be treated like they would [treat] any normal - not normal but like born male - anyone else in the team… I don't want to be looked at as different because I was born female because it's just annoying". Charlie commented that he felt he had achieved this, saying, "I'm in a situation where people only know me as Charlie now and that's it. Finally got there". Wayne too, said, "I am realising that I'm experiencing a new thing in my life, for example, I'm in the first proper lads group chat that I'd ever been in my life... and I just realised this the other day and it was just another one of those things where it's like wow that's new".

Fear of Being Misgendered

One of the clear illustrations of failing to 'pass' comes through being misgendered (Whitley et al. 2022). This was a concern for the participants who coped in several ways. Phil noted:

> Around strangers, I don't want to be misgendered at all so I would do everything I could possibly could; so not wearing certain colours; making sure I was wearing [a] black top with maybe a pattern on it too. I wouldn't wear tighter bottoms. I would also wear baggy clothing. Anything to cover up my biology.

Other mitigation strategies were given by Wayne who deliberately socially 'transitioned' between leaving school and starting college which allowed himself to present himself anew. In contrast, Max took the approach of directly challenging those who misgendered him, "people kept on saying 'she' and stuff, so I would be like 'hey please stop saying that".

The problem of misgendering was highlighted by Charlie recounting an incident at a local pub:

> I was going to the toilet and then on exiting I bumped into this guy who was entering the toilets and he said "sorry love. Wait, you're not supposed to be in

> here". [I thought] Like, yeah I am, you're just trying to say I'm in the wrong toilet and that's the thing I'm most afraid of. It's the scariest thing because they can either walk away and go 'whatever' or they can rip into you. And this guy has just been disgusting and you could tell he was lacking education on this kind of thing he was like "oh so you're trans. So, you're a girl". No, I'm a dude. But he continued "but sexually…".

It was in new social spaces, where individuals were unknown, that presented the greatest likelihood of being misgendered. In this, Wayne described the anxiety he felt on entering gendered facilities, despite being able to pass most of the time; "That made me really anxious; hellish[ly] anxious". But he also acknowledged that being able to do so and pass was a big step forwards in his transition. These findings align with Reddy-Best and Olson's (2020) research that found most of their participants dressed in a binary gender expression to 'pass' and alleviate any potential issues.

The changing experience of dysphoria through time

One of the themes identified by Pulice-Farrow et al (2020) was the way dysphoria changed over time, and this was also reflected by our interviewees. For example, Samuel recounted how he was, "caught standing up trying to pee" at the age of nine, which led to him feeling confused, especially when he compared himself to his brother. He was later able to make sense of these feelings after learning about the term 'trans'. For other participants, it wasn't until puberty that stronger feelings of dysphoria occurred. This was characterised by Thomas who noted, "puberty was not very nice" and Max, who said, "when I was 13-years-old and going through later puberty, I was like no, no, no. This is awful." Phil too, noted that he "really struggled mentally" during puberty as he tried to understand his own gender identity, initially coming out as non-binary, and later as male. Puberty is a particularly challenging time for many adolescents, so it is perhaps unsurprising that many trans individuals identify this period

as one of high levels of dysphoria, given the transformational body changes that occur at this time. This aligns with Tellier et al.'s (2019) work that found trans adolescents suffer lower social acceptance and self-worth.

The causes of the dysphoria varied across the participants from the use of pronouns and names to physical appearance. Max describes the experience and impact of body dysphoria:

> I still get a lot of body dysphoria because whilst I'm on the waiting list, nothing else has happened yet so I still have obviously feminine parts which are agonising, even when you like cover it up. Even when you bind or pack or whatever, it's still there. Even if other people don't notice, I think it's really obvious despite people telling me you can't tell. Again, that is going down little by little, but I guess I get massive spikes of really bad dysphoria where I become dysfunctional.

For others, it was the performative elements of gender that caused the most anguish. For example, Phil commented that buying clothes were a particular point of discomfort, whilst Wayne noted that although the subject of his dysphoria has changed over time, the real difference to how he felt came because of his physical transition. He noted, "I became a lot less angry, a lot less anxious in social situations."

Despite all participants experiencing challenges with transitioning, some reflected that their experiences were much more positive than they had feared. Charlie said, "I haven't really had any bad experience, as bad as being threatened or beaten up" whilst Wayne concluded, "overwhelmingly, I've had a positive transition. I would say I've never experienced any discrimination. Yeah, I think I've been quite lucky". Wayne later said:

> So, I've been quite lucky, and I think that's because of my privilege as a white man. A white man who passed very quickly. And I think I'm lucky and I'm happy about that which sucks because some people don't get that. But I think I've had a much easier experience than I could have.

The Corporeal Nature of Dysphoria

The corporeal nature of dysphoria forms the second element of the framework. Since the feeling of dysphoria is often ascribed to the mismatch between the physical manifestation of the body and its ascribed gender, trans individuals utilise various strategies and mechanisms to alleviate it. Straayer (2020) described the way trans individuals give the impression of confirming body parts to avoid raising questions about their sex as 'stealth aesthetics'. These can either be through cosmetic items (such as 'packers', chest binders or insoles, designed to give the impression of genitalia or height) or via surgical means. Since the former is much easier in terms of cost and effort, it is often the initial means by which individuals transition.

Packing

The dysphoria felt about the lower half of the body varied across the participants, as did their coping strategies. For instance, Sam said, "It's not so much my lower half because you learn to deal with that" and that sometimes, "you have to settle with what you have got". Similarly, Wayne accepted that any surgery would "dramatically change my sex life" and that he was "trying to learn how to deal with my dysphoria" in this area. For those who consider surgery as a radical or unlikely option, 'packing' provides an alternative way to diminish feelings of dysphoria.

For some participants, such as Phil and Charlie, whether they chose to pack depended on the clothing they were wearing. Whilst he now uses foam packers, Phil noted:

> When I first started transitioning, it was a major thing for me. I didn't want to go into [the supermarket] without anything and, don't laugh, but I actually start packing with socks first!...I packed with a massive pair of socks, and I went into

> [the supermarket], and it looked like I was basically walking round with a boner, and I didn't even have anything there!

Wayne explained the options available in more detail:

> Yeah, so some people will wear a harness which will go around your thighs and your hips and then around the shaft and then they will pull it closer to you and it will essentially not move. I don't personally do that because I don't find it comfortable, so I just wear tight boxers because for me, I kind of just wear it to know it's there and for outward appearance to other people. Some people actually can buy prosthetics that have a, like a sticky skin and you can stick them on for the day. I don't personally use those because that grosses me out. But there also are prosthetics that you can actually physically attach to your anatomy, but you can't do that you need one form of bottom surgery before you can use it. I don't use that because I've not obviously had bottom surgery, so I just use a prosthetic that kind of just sits in my underwear next to me.

Whilst cosmetic packing items can be useful in reducing feelings of dysphoria, they do present limitations, particularly when playing sport or physical activity, as Wayne highlighted; "the other thing that kind of limits me [playing sport] is having a prosthetic. Which can make me feel physically uncomfortable, because then I'm kind of worried about what that's doing while I'm running. The way that I kind of combat that is wearing tight boxers".

Ultimately, the use of packing items varied between individuals; some were more likely to use them than others, and even for these individuals, they were only likely to use them only some of the time, depending on where they were in their journey of transitioning or whether they felt it was necessary to pass in front of others. Similarly, research conducted by Reddy-Best and Olson (2020) indicated that trans men did not pack to alleviate internal feelings of body dysmorphia but rather to 'pass' in front of others and avoid the negative consequences outlined in the previous section.

Binding

Chest binding is a way in which individuals explore their gender identity (Peitzmeier et al., 2022). However, it also been an area of controversy due to some of the painful physical consequences that arise from binding around the chest area. The negative experiences of binding were shown by Peitzmeier et al. (2022) to be amplified by individuals avoiding professional help that could alleviate or mitigate some of these negative physical effects.

In this study not all participants wore, or had worn, a binder but those who did explained some of the issues they faced. Walter explained:

> I used to have really bad top dysphoria before I got surgery, absolutely hated it, [so] used to wear a binder. I never really had small tits so trying to bind them was very hard, if you imagine you can still see it so it looks like I had a bulky chest which was kind of nice but then I had a noodle arms so that didn't look good. So, I just looked very out of proportion, and you could always see it no matter what, and I used to get really hot and uncomfortable.

Many participants spoke about the challenge they faced in hiding their chest and breasts. For instance, Phil said, "Yeah, so, going out can be quite difficult. For a while it was clothing -- having to wear baggy stuff because just the shape of breasts in shirts is yucky and feeling like you have to bind to keep the shirt down [or] having to wearing certain colours because you don't want to draw attraction to it". Samuel said, "I've got quite big a chest so it's quite hard to hide and I don't pass a lot of the time because of it". Similarly, Charlie described his chest as, "the number one trigger" for dysphoria. Charlie noted that even with a binder he would change his clothing, "I don't like it [my chest] being visible, even if I'm wearing my binder and I'm wearing a tight top, if it's still the slightest [bit] visible, I would chuck a hoodie on". Walter too, adapted his clothing to cope with binding, "I cut my own tank tops so you couldn't see the binder

because all the other tank tops would show it". In this, Walter articulates the effort participants will put in to manage dysphoria about their chest.

Peitzmeier et al. (2017; 2022) concluded that the negative physical effects were outweighed by the positive mental effects that wearing a binder could bring. This conclusion is shared by Julian et al. (2021) whose research indicated that chest binding provided protection against the psychological harm from being misgendered. As illustrated below, these findings are reflected by the participants in this study; these individuals are prepared to accept pain and potential injury to help control their feelings of dysphoria and 'pass' as male amongst others.

All of the participants who spoke about binding also mentioned risks and safety concerns about using them. For instance, Max said,

> I would do binding but not safely basically… there were times that I would use duct tape to bind my chest down and I nearly ripped my nipples off at one point so then I thought maybe this isn't the best thing that I should be doing.

Whilst this suggests that Max was using improvised methods to bind which created its own risks, others were aware of the risks that commercial binders presented but still took them. This was illustrated by Walter who said, "I only think you're meant to wear it [the binder] for 8 hours. When I used to go to work, [a single] shift was 8 hours, so I was like exceeding that [recommendation]". Samuel also used his commercial binder beyond the recommended duration:

> Yeah, you're supposed to wear it for well -- [X] is the main brand and they say no longer than eight hours five days a week. Nobody does that. I wear mine from about -- when I used to work -- from about 5 AM to about 11 PM at night and I would wear two that were too small for me due to having a large chest. So instead of a medium I would go for a small and wear two size smalls at a time. So, it feels like you can barely breathe.

Whilst Sam noted how using his binder meant he could hardly breathe, other participants highlighted other adverse effects. For instance, Max spoke of experiencing bruising under the chest, and Walter was signed off work due to damaging his intercostal muscle from a binder.

The most common environment where participants experienced adverse effects from binders was during sport or physical activity, even though participants were aware of the recommendations not to wear them at these times. For instance, Charlie said:

> [It] Definitely hurts my back... But yeah, sore backs or shoulders. I think when I take it off my ribs will hurt so that's why you should wear correct binders and never get the ones that clip up on the side, just the pull over ones are good. I know you shouldn't really work out in them but if I'm like doing stuff in the gym or playing sport I will wear it because then I'll feel much calmer. It's not like I'm worrying about it the whole time.

The issues with sports and binding were also highlighted by Walter:

> I used to wear a sports bra and my binder - because I didn't like the rubbing. It used to be really sore when you get sweaty but then obviously [it] used to hurt more because I had two on and even my [friend] was like yeah, "you shouldn't do that. You'll probably break a rib" but then I was like if I break a rib, I break a rib. Luckily, I didn't break a rib, but I did damage my ribs for a while.

And Phil:

> The thing [about] binding is, if you've got normal binder, you can't wear it playing [sport] because it restricts your chest and I know a lot of people do. And, I've had [it] before and I've played, and it hurts all round… I've felt like my ribs are bruised, so the only other thing is taping the tape… [it] irritates [the] skin, you get blisters, it rubs. If only they made something that we were able to use in sport, but they don't.

Although the participants spoke about how binding caused pain and discomfort,

Thomas noted that he tried to minimise this, “I don’t think I binded [to be] very constricting to be honest. It wasn’t as compact, but I didn’t excessively tighten it too hard to cause painful injuries lasting more than a couple of days”.

In contrast to the others who felt they had to still wear a binder to play sport, Phil took a different approach as he felt the adverse effects of binding would reduce his sports performance. He noted, “I wear a sports bra because I have no other choice. I’m not going to bind and limit my ability to play and affect the team”. For Phil, his identity as an athlete reduced the dysphoria he felt about his chest. He noted:

> We also get given sports trackers and, the ones that we got given are [like] sports bras, but they are a lot bigger, like crop tops, and I did refuse to wear that. But then, I just had to be an adult about it and wear it, which gave me extreme gender dysphoria. But yeah, that is what I do. I have tried taping before, but it is just not good at all. So, it is just a sports bra to be honest.

Sport, for Phil, was an essential part of his identity through which he found a way to navigate the issue of chest dysphoria. However, for Max, the dysphoria he felt about his chest and the absence of any appropriate binder for sport stopped him from any form of public physical exercise. He said, “I only exercise at home”. Samuel too discussed how restrictive binders were by saying, “It’s really tight around the ribs so you can’t really go to the gym or do any sort of physical activity in them”. Like Max he has taking to working out at home, “Yeah, I’ll do them [exercises] in my bedroom. But it’s the only [way] because that way I can wear a really loose-fitting binder, so it doesn’t hurt my chest”. Similarly, Walter stopped playing most sport because of the binder noting that, “It got very hot and uncomfortable”. Wayne too noted that that he was not able to join a male sports team after coming out due to the issues associated with binding, by concluding, “It’s not healthy to do while playing sports”.

Peitzmeier et al. (2017) found that over 97% respondents had negative experiences of chest binding whilst Jarrett et al. (2008) found that although the majority of those using binders experienced negative physical symptoms, most did not seek professional help for their symptoms or concerns. And whilst over 80% wished to discuss the issue of binding with healthcare professionals, only 15% did so. One of the recommendations given by healthcare professionals is to avoid binding when participating in physical exercise (Bell & Telfer, 2019), and yet, it is often during physical exercise and sport settings that individuals feel most self-conscious and embarrassed by their body (Vani et al., 2020). This recommendation is clearly ignored by the participants in this study and as such indicates there is a need for more research and clearer recommendations within this area, particularly when there are wide ranging and significant health and social benefits of taking part in sport and physical activity (Warburton et al., 2006).

Height

Whilst previous studies suggest that the areas of body appearance, facial hair and voice were a primary source of body dissatisfaction for trans men (Van der Grift et al., 2016a), the topic of height has been absent from the literature. This is surprising since the generalised height differences between males and females are well known. For example, Abbassi (1998) found that cis males are 11-15cm taller than cis females. However, there have been no studies that have investigated how this affects gender dysphoria despite Roberts and Carswell (2021) noting that the disparity in height between individuals assigned male at birth and those assigned female at birth may have significant implications for the lived experiences of gender-diverse individuals.

In this study, height was an issue that all participants mentioned in relation to their feelings of dysphoria, particularly in reference to their ability to ‘pass’ or within

romantic relationships. For instance, Charlie said, “height is a big one but finding someone who doesn’t care about it is a Godsend, I can’t be thankful enough”. This view was shared by Walter who said, “I hate being small and my girlfriend is actually taller than me, so I was like [sarcastic] ‘awesome’, that makes it even worse”. He noted, “My height is always the one [aspect] I’m going to struggle with, no matter what I do or where I go”.

Phil too, connected his height to gendered expectations; “I am a midget[1] for a guy”, whilst Walter commented, “I’m actually like very small and I hate it but everyone’s small in my family”. Sam acknowledged the impact his height has on his ability to pass, “I’m only 5 foot which is horrible because it’s one of my biggest things because if I was taller, I would probably get away with it [passing] a bit more”. Max who is slightly taller said, “I am 5’9” which is not too bad but it’s still affecting me”.

Most participants were explicit in their recognition that their height was the one aspect of their physical nature that was most difficult to change, although they dealt with it in different ways. For example, Thomas demonstrated this struggle between acknowledging his actual height and what he wished it was. After giving conflicting statements about how he felt about his height, he concluded, “But yeah, I’m pretty fine with my height - I say I am 5’5” but we all know that’s a lie.”

Whist there are few options available to individuals to mitigate this issue, some participants had tried wearing insoles. However, using insoles raised its own difficulties, as Wayne noted,

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[1] N.B. the authors recognise this is an offensive term for those of short stature but wished to retain the participant’s voice

> I feel limited by the fact that I wear shoe insoles, which means, when I take my shoes off, I get significantly shorter, so, I don't really feel comfortable taking my shoes off in front of people. And I don't. I refuse to do it.

Similarly, Walter said, "I was going to try the [in]sole things, but I've had shoes like with air bubbles in and I don't know why, but they had hurt my feet and make them ache. So, it would just be a waste of money in getting shoes like that". Walter also noted that there were only some environments where it was possible to wear insoles, and that sport or physical activity was not one of them. Such a view was shared by Samuel who said, "shoe insoles are a massive thing because you can't wear them in sport shoes because you could damage your legs quite badly if you fell funny. You could fracture, well anything, really". The risk of falling when using insoles was also noted by Thomas who said, "I tried my friend's platform boots on once and I was tall, and I was like 'oh I don't like that', so I quickly came down - I say that I fell, it's fine".

While research in this area is limited, Grimstad et al. (2019) suggest that trans men are more likely to show early height deceleration in growth compared to non-trans counterparts. If this is the case, then it compounds the issue of dysphoria caused by lack of height for trans men as it suggests they are likely to be shorter than cis females. Furthermore, Rozga et al. (2020) suggest that trans individuals have particular nutritional needs that are often not considered part of the medical care or support. These will affect aspects of growth and body composition that are often a significant part of the ability to 'pass'. Clearly, this is an area that needs more research as it demonstrates a key area of dysphoria for trans individuals that has not been fully considered.

Voice

The relationship between perceptions of masculinity and femininity and voice has been shown by Nobili (2018) to affect quality of life. This was also noted by our participants;

for instance, Charlie noted that his voice could be a trigger for dysphoria, particularly through communication that was not face to face where he could not pass by emphasising other visual aspects of his corporeality. He summarized the impact, “I don’t really talk to people that much because of my voice...I am not very good at talking to new people.” Max too, linked his voice to his dysphoria, “I used to get really bad social dysphoria because I would try everything under the sun to try and pass as best as I could, and it just wouldn’t work because as soon as people heard a high voice that was it.” Participants experienced similar challenges with their voice as they did with their height. This was described by Walter:

> You can hide your tits but with your voice there is only so much you can do by lowering it and I couldn’t lower it. I’m not one of these that can put on a deep voice and talk. It just sounds like I was trying to be posh or take the mick out of someone. I just couldn’t do it. So literally I sounded quite feminine, I didn’t have an overly high voice, but I never had a deep voice.

Both Thomas and Samuel used the analogy of mice when discussing their voice. Thomas commented, “I went from Minnie Mouse to Mickey Mouse. My voice is still pretty high but its lower than it was which I’m fine with”. Samuel too, stated, “I had one of the squeakiest high-pitched voices going. I used to sound like a little mouse. So, that wasn’t brill. I mean if I had a deep voice, it wouldn’t be too bad”.

These results contrast that of van Borsel et al. (2009) who found that whilst the voice of trans women was a factor in ‘passing’, this was not the case for trans men where voice was not found to be a relevant issue. They suggest that there is more of an accepted frequency range for men than for women and that high frequency men are often accepted. This is supported by research by T’Sjoen et al. (2006) which found that trans men reported better quality of life in relation to concerns about their voice than

trans women individuals. Yet, as demonstrated by our participants, worries about voice is still a trigger for dysphoria in trans men.

In contrast, Walter explained how hormone therapy alleviated his concerns about his voice so it was no longer an issue. But the changes on the vocal cords that hormone therapy led to were not always positive, as described by Wayne who struggled with how it had affected his hobby of singing, which he found more difficult. Phil explained how voice training could be a viable alternative to hormone therapy in alleviating dysphoria. Unlike, other elements of body dysmorphia which involve potentially harmful devices, surgery or hormone therapy there are some more straightforward and safer solutions to getting a voice that can 'pass'. Nevertheless, this research suggests in contrast to previous studies, that concerns over one's voice does trigger dysphoric feelings.

The Structural Nature of Dysphoria

The third element of the conceptual framework is the structural nature of dysphoria. For many trans individuals, one of the key aspects of transitioning is changing their name to better reflect their gender identity. This can be formally through legal changes or through unofficial documentation that asks how they wish to be known. The relationship between structural aspects of changing one's gender and dysphoria is acknowledged but under-explored. The experiences of individuals in this area are arguably most geographically determined since there are stark differences between individual countries' healthcare systems, and laws on sex and gender identity. As such, the experiences shared by participants from one country may not reflect those from another as structural systems and laws are patently more rigid than differences in cultural attitudes that can permeate national borders. The experiences outlined below are those primarily from the UK which has a 'free at the point of use' system provided

through general taxation, although there are options for private treatment if individuals can afford it.

Navigating Systems

For individuals to legally change their gender identity there are several administrative stages to navigate. As Charlie explained, “I don’t think there is enough information about that [changing names]… and it could at least be a little bit easier and affordable”. He explained that one difficulty faced is the requirement that someone known to you for a significant period (over 10 years) signs the documents. He summarized the process as: “It’s very complicated.”

Many participants commented on the length of time it took, with individuals having different experiences. For instance, Walter noted, “It took a whole college year for me to change my names”, whilst Thomas said, “Name changing on deed poll was really easy. I was expecting it to be a very long time but no it didn’t take that long at all”. Max shared a similar experience, and said, “For me, that [changing my name] was the quickest and easiest thing to do because all I did was fill out a quick form, get the document and ship off [my] passport and drivers’ licence and then it’s done”.

However, changing one’s gender marker – being labelled ‘male’ or ‘female’ – was a more difficult process. Max said, “I think the only stressful part is going round and changing everything that’s already there like bank details because half the time, whilst they accept the name change, they might not accept [it] if your gender mark[er] hasn’t been changed on your passport, they might not accept the new title change which is whack”. Similarly, Thomas said he needed medical support to get his gender marker on his passport changed which was expensive and time-consuming. Wayne also acknowledged the cost and the extensive process, and Samuel expressed his concern that even then it might not be agreed, by saying, “I have to pay £180 for it [a gender

recognition certificate], fill out all the files and then it's taken in front of a panel and then they decide whether or not they want to give you the certificate".

Wayne expressed his frustration caused by the process. He argued that "trans people have to change all of [those] bloody documents. But no one mentions that it is really expensive to do and really hard to do and you have to do it for everything. You can't get through life without these documents". This frustration was shared by Phil who expressed difficulties with the system and highlighted its apparent flaws, particularly when it came to navigating the gender binary system of the sports world:

> The lines are so blurred. So, [in sport] I'm not allowed to change my gender flag. [This means] in society, I have to be seen as a female if want to play in the women's game. I don't understand this, why can't [it] be that I identify as a male… [despite being] a biological female [as] my sex characteristics are that. Because then I could still play women's sport but just have the gender I want, which means that on my passport I can have 'male', and nobody would know what my clothes have underneath because I don't think people should know that anyway.

Financial Cost

Many participants expressed concern about the financial cost of transitioning, but they felt they had to use private medical care due to the time and waiting lists within the National Health Service (NHS). Charlie said, "I'm hoping to go private so I can just get it over and done with. It costs a lot of money, but you are saving a lot of time... unfortunately, it costs a lot of money but going private is most definitely the best way to go". Thomas too paid for his initial appointments at the start of his transition as he described waiting on the NHS as "emotionally straining".

Accessing funds was more difficult for some participants than others. When he talked about the cost of getting medical appointments at the beginning of his transition,

Max said, “I don’t really have this kind of money”. Walter described himself as “lucky” in that he was able get a loan from a family member. Similarly, Thomas had family support which paid for his top surgery. Samuel paid for hormones monthly and said he was going to go abroad to get surgery due to how expensive it was in the UK. Max was the only participant who said that the NHS was supporting him through top surgery.

Whilst most participants spoke about financial costs directly associated with transitioning, Phil highlighted other costs, “if I wanted children, I would have to freeze my eggs and that will cost money. So, everything around me transitioning is more financial”. Cicero et al. (2019) recognise that trans individuals experience significant barriers accessing primary and preventative care, however, they cite the availability and location as the key barrier rather than the cost. Since much of the research is based on individuals in insurance-based healthcare systems where the cost is already subsumed within insurance tariffs, or based upon older individuals with higher disposable income, this may be one of the reasons that cost is not mentioned as a key barrier. For our young trans men, the financial cost of transitioning is high.

The Experience of Waiting

Many of the participants used a change in social context to help alleviate some of the issues around transition. For example, Wayne used the opportunity of starting at a new school to transition, whilst Thomas waited until he had left school, using college as the new start. He said, “College was new, new people, new situations”. Max waited until after he left university, saying, “when I left university I started really introducing myself to other people as this [male] identity and so I could start social transitioning then, especially being away from my household”. While the participants often used a change in their social contexts to transition, for some this meant waiting longer than they would

have liked. For example, Thomas came out at 16 but knew when he was aged 12-13. In discussing the difficulties of finding the right time to transition, Max noted, “I definitely wanted to be more open about it, but unfortunately, you know, you can’t always get what you want, I guess”.

The impact of waiting times on support and medical services was noted by all the participants. For instance, Max waited more than 19 months before starting any medical transition. He said, “There’s a lot of stress, like say, in waiting times when trying to transition”. When Charlie’s referral was dismissed, he said, “nobody called me or sent me a letter, no email, they just left me in the dark”. He was told to expect a wait of around 18 months. Similarly, Thomas said, “I would keep trying to make appointments with the local GP but they didn’t really take the situation seriously and they were taking ages to do things". Samuel too, had problems with a referral because it had lacked a piece of information. He waited three months for it to be denied. A later referral led to a phone consultation where, “they told me from that moment it would be about seven years wait until I can actually get on [be prescribed] hormones from them”. Wayne described his temporal experience of transitioning:

> It then took me until eighteen until I was able to start my physical transition because of private medical care. You have to be eighteen in order to access it, so it seems to be in two-year cycles; fourteen I started having issues; sixteen, I put the words to it; eighteen, I started in transition; and then at twenty I started to feel like I wanted to continue with more surgeries in order to feel better.

Although Wayne had paid for some private treatment, he was still on the NHS waiting list, and the time it was taking was impacting his transition: “I’m still on the waiting list. I’ve been on it for over three years which means I can’t even think of bottom surgery yet”.

Charlie discussed the effects of waiting lists, “the fact that waiting lists are like three years long on the NHS now, do they really think we can wait that long?” and noted that this wait was just for an appointment to talk to someone, let alone an appointment to be prescribed hormones. Similarly, Samuel said that when it took over seven years waiting for top surgery, “You’re always clinging onto the next thing, so it is never amazing” and noted that this wait was one of the reasons he was considering going abroad for surgery. Thomas too, highlighted the difficulties of waiting for subsequent appointments and that sometimes it was a matter of luck, noting that his first appointment came from a cancellation. Walter also suggested that he had been lucky with his appointments, as it only took a year for him to be prescribed hormones. He commented, “My transition itself went quick compared to most peoples, so I am quite fortunate”.

Gender affirming care has come under significant strain recently and the difficulties of accessing support and navigating processes within the UK is particularly acute for trans individuals (Waites, 2018). The Covid19 pandemic paused “so-called non-essential medical care” (van der Miersen, Raaijmakers & van de Grift, 2020, p. 1395), which has led to waiting lists for those seeking support increasing exponentially (Gender Identity Clinic, 2023). White et al. (2023) notes the adverse effect that waiting has on individuals and their mental health, particularly exacerbating feelings of hopelessness. The emphasis of the impact of treatment cannot be understated here and the results here link show similarities with previous literature. Riggs et al’s (2019) research of individuals experiences in Australia mirrored that of those we found in the UK, in relation to the barriers and facilitators of transitioning; in particular, the difficulties of sourcing medical care and the importance of parental support. Furthermore, van der Grift et al. (2016) found that trans men reported much better

quality of life once they had undergone mastectomy. Additionally, trans males reported a better quality of life when undergoing sex-changing hormone therapy than when not receiving hormone therapy (Colton Meier et al. 2011). This gender affirming care was perhaps summed up mostly effectively by the participants noting the emotional effects of waiting, with Samuel suggesting that feelings of acute dysphoria meant transitioning should be treated differently to other elective surgeries: “Will it kill you? Probably not. Would it a trans person? Probably”. Moreover, Max spoke about the elation that getting an appointment would bring, “Oh man, it has taken so many years and so much agony and it was worth it for this tiny [hormone] shot, wow!”.

Conclusion

This study has focused on the experiences of dysphoria for seven young trans men and conceptualised it within three elements: the psychological nature of dysphoria; the corporeal nature of dysphoria and the structural nature of dysphoria. Whilst the study has added to the body of literature around the experiences of young trans men more widely, the significant findings are four-fold: first, that there needs to be a greater consideration of the impact of gender dysphoria and how it manifests itself in potentially harmful methods to alleviate it, such as binding and insoles; second, how the experience of dysphoria and the difficulties in mitigating it particularly in relation to bodily appearance results in avoidance of sport and exercise and the benefits these activities bring; third, that the issue of height for trans males is a particularly strong source of dysphoria that has previously been absent from the literature; and fourth, that there needs to be wider acknowledgement that financial cost and long wait times for treatment contribute to the overall experience of dysphoria and compound some of the specific issues identified within this study.

Declaration of interest statement

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The authors confirm that there are no relevant financial or non-financial competing interests to report in the creation of this article.

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