

Moving from Gender Dysphoria to Gender Euphoria: Trans Experiences of Positive Gender-Related Emotions

Kai Jacobsen

holds a BA (Honors) in Sociology from the University of Victoria.

✉ kai.vg.jacobsen@gmail.com

Aaron Devor

is the Chair in Transgender Studies and Professor of Sociology at the University of Victoria.

He is the founder and academic director of the Transgender Archives, as well as founder and host of the international, interdisciplinary Moving Trans History Forward conferences.

While trans identities are typically understood through the distress-based concept of *gender dysphoria*, some trans people use the term *gender euphoria* to describe their experiences. Broadly defined as positive gender-related emotions, the concept has become more common in trans communities in recent years but has received little academic attention. To fill this gap, we conducted qualitative interviews with five trans individuals. We found that gender euphoria refers to positive emotions resulting from affirmation of one's gender identity or expression and can include a wide variety of emotions and experiences. Gender euphoria can range from feelings of intense joy accompanying the attainment of milestones in gender transition through to a more consistent sense of calmness and relief occurring later in transition. We contextualize these findings within the gender minority stress model to explore the link between gender euphoria, dysphoria, and health and well-being generally. Our findings emphasize the value of prioritizing euphoria, happiness, and safety in gender-affirming care.

KEYWORDS gender euphoria; gender dysphoria; gender affirmation; gender minority stress model; transnormativity

DOI [10.57814/ggfg-4j14](https://doi.org/10.57814/ggfg-4j14)

LICENSE Creative Commons Attribution-NonCommercial-NoDerivatives ([by-nc-nd](https://creativecommons.org/licenses/by-nc-nd/4.0/))

In both medical and mainstream discussions, gender dysphoria is nearly synonymous with transness itself. Transgender people are born in the wrong body, so they experience great distress over their sex characteristics and use hormones and surgery to change their bodies and eliminate their distress—or so the story goes. But increasing-

ly, trans communities and scholars are pushing back against this focus on dysphoria to make space for discussions of more positive aspects of trans experiences. Ashley (2019) has argued that demanding that trans patients present with gender dysphoria is dehumanizing, and that there are other valid reasons a trans person might pursue medical transition, such as gender euphoria or creative transfiguration. Similarly, Bradford, Rider, and Spencer (2019) have called for future research to go beyond deficit and distress-based models of trans identities. Both Ashley and Bradford, Rider, and Spencer use the term *gender euphoria* to describe positive gender-related emotions that might emerge from transitioning, a term that has become more common in trans communities in recent years. However, very little academic research has been done on the topic.

This research sought to fill this gap, and asked: How do trans individuals describe their experiences of euphoria, joy, affirmation, or positive affect in relation to their gender? To answer this question, we conducted an exploratory study using qualitative interviews with a small sample of young trans people living in British Columbia, Canada, about their experiences of gender euphoria. We found that gender euphoria refers to positive emotions resulting from affirmation of one's gender identity or expression and can include a wide variety of emotions and experiences. Given these findings, we challenge pathologizing narratives of transness by illuminating the joys and positive reverberations that can come with being trans. We also interpret our findings in the context of the gender minority stress model. While our small sample was fairly homogenous in terms of age, race/ethnicity, geography, and social context, our findings indicate the need to create space for gender euphoria within gender-affirming medical systems and to conduct further research.

DYSPHORIA AND TRANSNORMATIVITY

Most research on trans experiences centers around the concept of gender dysphoria, which the 5th edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; 2013, s. 302.6) defines as "a marked incongruence between one's experienced/expressed gender and assigned gender" that is associated with "clinically significant distress or impairment." Similarly, the 7th edition of the World Professional Association for Transgender Health's *Standards of Care* (2012, 2) defines gender dysphoria as "discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)." Accompanying gender dysphoria is a larger hegemonic narrative that dominates medical and mainstream cultural representations of trans identities. This narrative includes a sense of being "born in the wrong body," displaying gender non-conformity since childhood, and seeking medical transition to express an authentic inner self. Several scholars have referred to this narrative as *transnormativity*. Matte (2014) traces how interplay between trans activists and American medical and legal systems from 1960 to 1990 produced these narratives as a way to gain legitimacy and recognition of trans identities in the public eye. Johnson (2016) further defines transnormativity by focusing on how trans people are held accountable to these narratives. Both scholars argue that while transnormativity has been used successfully to gain some trans people rights and legitimacy in the public eye, it has also constrained the narratives available to trans people.

Both historically and in the present day, trans people seeking gender-affirming medical care have often felt the need to selectively narrate their experiences in a way that is legible to care providers operating in a medial model. This has often meant emphasizing dysphoria and distress over other aspects of experiences of gender (Bolin 1988; Davy 2015; Johnson 2015; Shuster 2021). This pervasive focus on distress has detrimental impacts on the lives of trans people. Budge, Orovecz, and Thai (2015, 422) argue that the overwhelming emphasis on dysphoria and distress in trans narratives “fuels anxiety and anticipatory negative emotional processes” for trans people and limits their ability to experience and express positive emotions. Relatedly, Westbrook (2021) describes how activists working to raise awareness about violence against trans people through campaigns such as Transgender Day of Remembrance have argued for the protection of trans lives primarily by focusing on the unjust violence they face, and in the process have constructed trans lives as inherently vulnerable and victimized. An unintended consequence of this strategy is an increase in feelings of fear and hopelessness among trans people, who see themselves as in constant threat of violence. To position trans lives as worth living, Westbrook (2021, 175) argues that we must not only focus on the violence trans people face, but also the joyful lives they live: “narratives about transgender lives should highlight gender euphoria, not just dysphoria, as well as transgender joy, not just risk for violence.” Westbrook and Budge, Orovecz, and Thai’s research demonstrate how transnormativity—and in particular, the overemphasis on trans distress and dysphoria—restricts the emotional expression of trans people.

GENDER MINORITY STRESS MODEL

The sexual minority stress model, first developed by Brooks in her work with lesbian women in 1981 and popularized by Meyer in 1995, describes how homophobia and oppression impact sexual minority people’s health and well-being. In recent years, Testa and colleagues (Hendricks and Testa 2012; Testa et al. 2015) have applied this model to trans people using the gender minority stress model. This model distinguishes between distal or external stressors, such as direct experiences of discrimination and violence, and proximal or internal stressors, such as internalized transphobia (Hendricks and Testa 2012; Testa et al. 2015). The impact of these stressors is mediated by resilience factors, including community connectedness and pride (Testa et al. 2015). Recently, some scholars have proposed gender dysphoria as an additional proximal stressor that may be worsened or alleviated by distal stressors and other social experiences (Cooper et al. 2020; Galupo, Pulice-Farrow, and Lindley 2020; Lindley and Galupo 2020).

Related work has also considered the importance of gender affirmation to trans people’s health and well-being. For example, Sevelius (2013) uses gender affirmation as a framework for understanding risky behavior among trans women of colour. Sevelius posits that transphobic stigma leads to both psychological distress, which increases the need for gender affirmation, and social oppression, which decreases opportunities to access gender affirmation. This combines to create a state of identity threat, in which the need for gender affirmation exceeds the opportunities to access it. With few avenues to affirm their gender, the highly marginalized trans women of colour

in Sevelius' research turned to activities such as sex work, substance use, and street hormone and injection silicone use, which meet their need for gender affirmation, but also increase their risk of HIV exposure. Other literature emphasizes the role of transition-related hormones and surgeries, gender-concordant identification, trans-affirming social support, and other gender-affirming experiences in improving the health and well-being of trans people (Baker et al. 2021; Bauer et al. 2015; Bradford, Rider, and Spencer 2019; Glynn et al. 2016; Hughto et al. 2020; Lelutiu-Weinberger, English, and Sandanapitchai 2020; Matsuno and Israel 2018; Scheim, Perez-Brumer, and Bauer 2020). Finally, Budge and colleagues' (Budge et al. 2013; Budge, Chin, and Minero 2017; Budge, Orovecz, and Thai 2015) qualitative research on trans people's emotions and coping strategies highlight how positive emotions and experiences can help trans people cope with dysphoria, distress, and discrimination.

Thus, while existing literature demonstrates that gender affirmation plays an important role in trans people's health and well-being, further research is needed to understand these processes in more detail. One phenomenon that may play an important role is gender euphoria.

GENDER EUPHORIA

The term gender euphoria has been used in trans communities since at least 1976, when it was used to describe people who “[felt] content expressing a dual gender role,” in contrast to “transsexuals” who experienced dysphoria and sought medical transition (Kane 1976, 5–6). A decade later, the term appeared in the title of the newsletter of the Boulton and Park Society, a transgender peer support group based in San Antonio, Texas that was active from 1986 to 1999 (Digital Transgender Archive n.d.). The term is also mentioned in Devor's (2004, 63) model of trans identity development, where he explains that as trans people transition into their affirmed gender, “many people find that their feelings of gender dysphoria are supplanted by feelings of gender euphoria.” In recent years, the term has become increasingly popular among trans communities to describe positive gender-related feelings, in contrast with gender dysphoria.

Beischel, Gauvin, and van Anders (2021) provide the first research-based effort to define and explain gender euphoria through an online survey in which they recruited 47 participants who were familiar with the term gender euphoria. Most participants identified as trans or nonbinary, but a substantial minority were cisgender. Based on their findings, Beischel, Gauvin, and van Anders (2021, 13) define euphoria as a “joyful feeling of rightness” related to gender. Austin, Papciak, and Lovins' (2022) research using photo elicitation interviews confirmed and extended Beischel, Gauvin, and van Anders' findings. They found that euphoria describes “a constellation of emotional reactions” that can vary greatly in terms of intensity, duration, and specific emotions (Austin, Papciak, and Lovins 2022, 16).

Aside from the articles mentioned above, gender euphoria is mentioned in a handful of academic articles. Ashley and Ells (2018, 24) define gender euphoria as “the positive homologue of gender dysphoria,” referring to “a distinct enjoyment or satisfaction caused by the correspondence between the person's gender identity and gendered features associated with a gender other than the one assigned at birth.” Bradford, Rider, and Spencer (2019, 6) have proposed that “gender euphoria can be un-

derstood in terms of increased subjective well-being, including greater positive affect and decreased negative affect, in relation to gender transition and gender-affirmative interventions.” While broad in scope, both definitions emphasize that euphoria refers to positive gender-related emotions.

While academic literature on the topic is scant, several trans community members have written on the topic in non-academic books, blogs, and other formats. This includes Kane’s work in the *Provincetown Symposium*, quoted above. Additionally, Iantaffi and Barker (2017, 128) describe euphoria in their book *How to Understand Your Gender* as “moments of pure joy, when you feel good about your body, how you feel in it, what you’re wearing, and how you’re perceived by others”. In *The A–Z of Gender and Sexuality*, Holleb (2019, 132) defines gender euphoria as “the trans joy of experiencing your gender. Gender euphoria is a sense of joy, exhilaration, and excitement experienced when you feel happy with your gender or gender expression.” Hawley (2019, paras. 5–6), author of the blog “Trans Autistic Feminist,” describes her experience of euphoria as “a deep feeling of happiness that overcomes me” and as “an affirmation that transitioning was the right thing for me.” These three definitions encapsulate a range of experiences that may be understood as gender euphoria, and all revolve around a sense of joy, happiness, and affirmation.

As Iantaffi and Barker’s definition suggests, euphoria can be derived from a variety of experiences, including an internal feeling of contentment with one’s body or from external social interactions. Beischel, Gauvin, and van Anders (2021) found that their participants described euphoria as arising from both internal and external triggers related to their physical body, social experiences, and/or self-concept and identity. Similarly, Austin, Papciak, and Lovins (2022) highlighted the importance of “gender-affirming antecedents” in preceding feelings of euphoria. These antecedents included medical transition as well as non-medical aspects of gender expression and transition. Notably, the authors found that specific thoughts and self-talk often contributed to experiences of euphoria, highlighting that “it is not simply the gender affirming interventions and experiences, but also meanings ascribed to them by the individuals that leads to feelings of gender euphoria” (Austin, Papciak, and Lovins 2022, 12).

In sum, the literature suggests that gender euphoria is an important aspect of trans identity and experiences for some individuals, but little is understood about the different manifestations euphoria may take, who experiences it, and how it may change over time or in different contexts. This research sought to fill this gap by using in-depth qualitative interviews with trans individuals to understand their experiences of euphoria and contribute to developing a theoretical definition and conceptualization of the term.

METHODS

This research used qualitative interviews and a grounded theory approach to understand how some trans individuals describe, articulate, and label their experiences of gender euphoria. Grounded theory is an inductive approach to research that seeks to make meaning out of the data and then abstract to the level of theory, rather than imposing a pre-existing framework or hypothesis. The research protocol was approved by

the University of Victoria's human research ethics board.

Participant selection was guided by a combination of theoretical and convenience sampling. To be eligible, all participants had to identify as trans; have taken some steps towards transitioning, whatever that meant to them; and be between the ages of 19 and 29. These criteria were chosen for several reasons. As this study focused specifically on defining trans experiences, it would be unethical and counter to the aims of this research to impose the term on individuals who may not identify with the term. However, we understand trans in an expansive and inclusive manner, recognizing that individuals with specific identities of transgender, transsexual, nonbinary, Two-Spirit, genderqueer, agender, and other identities may identify as trans. Given the varied and contested meanings of trans, we chose to allow participants to interpret the term themselves when deciding to participate.

The existing literature suggests that people tend to experience gender euphoria more after beginning to transition than before (see Austin, Papiak, and Lovins 2022; Beischel, Gauvin, and Anders 2021; Bradford, Rider, and Spencer 2019; Glynn et al. 2016), and as such, it is useful for participants to have had experiences that are likely to result in gender euphoria, rather than anticipating transition while being unable to access it. We understand transition as a non-linear journey that may include—but is not limited to—changes in gender expression, name and pronoun usage, gender roles, and gender-affirming medical interventions. Participants were accepted into the study based on their own assertion that they had taken some steps towards transition—whatever that meant for them.

Finally, the third criterion related to age was chosen for convenience. Given that the primary researcher is a trans and nonbinary person in their early 20s and many of their trans networks are in a similar age range, they are best positioned as a peer to other young trans individuals. As trans communities have historically been researched by cisgender individuals who do not share the participants' experiences of gender, the researcher's insider positionality in terms of trans identity and age was important to building trust and rapport with participants and collecting rich data. The age criteria for participants was therefore established as 19–29, with the lower limit chosen to reflect the age of majority where the research was conducted.

In addition, race and gender identity were expected to be salient characteristics, and as such we sought to reflect the diversity of identities and individuals within the trans community to the extent possible given the small sample size. Therefore, we planned to interview a minimum of one transmasculine-identified individual, one transfeminine-identified individual, and one person of colour. Due to time limitations and capacity constraints for this exploratory study, the maximum number of participants was set at six individuals before recruitment began. To be considered as a potential participant, individuals were asked to provide their name, age, the words they use to describe their gender, and whether they identified as BIPOC/a person of colour/a racialized person. This information was used to determine eligibility. As more than 30 individuals responded to the call for participants, participants were selected largely according to the order in which emails were received, with some flexibility to ensure sampling quotas related to gender and race were reached. Specifically, a few white potential participants were placed on a waitlist to prioritize racialized participants. Overall, interviews with six individuals were scheduled, but the sixth participant did

Table 1. Participant Information

Pseudonym	Age	Gender Identity	Racial Identity	Pronouns
Higgs	27	genderfluid, woman, nonbinary	white	she/her, they/them
Jake	25	nonbinary trans man	biracial, mixed	he/him
Pike	23	butch and trans	white	they/them
Curtis	21	trans man	white	he/him
Loaf	26	nonbinary	biracial	they/them

not show up, resulting in a final sample of five individuals. Demographic information of the final sample of five participants along with the pseudonym chosen by each participant is found in Table 1.

All recruitment was conducted online through LGBTQI+ Facebook groups based in British Columbia (BC), Canada. While living in BC was not a requirement, all participants lived in BC at the time of their interview. The study was advertised as a “Gender Euphoria Research Study” and described as “a trans-led research project on trans people’s experiences of euphoria, joy, happiness and affirmation related to their gender.” Data collection took the form of semi-structured qualitative interviews conducted and recorded over Zoom in January 2020. Interviews ranged in length from 40 to 60 minutes. The first author conducted all interviews, and established rapport and trust with participants before recording began by describing the research project and its goals; sharing relevant aspects of their identity as a young, white, neurodivergent, trans, nonbinary, and queer person; and reviewing the informed consent document that had previously been shared with the participant. After the participant confirmed their consent, the first author followed a semi-structured interview guide which began by asking participants to recall times they had experienced happiness, joy, affirmation, pleasure, contentment, or euphoria in relation to their gender. The interviewer probed for details about what prompted the emotions, what they felt like, and other details about the experience. Participants were also asked broader questions about the language they used to describe these feelings, whether and how these experiences were important to their identity and transition journey, how they felt euphoria related to dysphoria, and what they would like other people to know about their experiences with euphoria.

Guided by a grounded theory approach (Charmaz 2006), the first author conducted inductive emergent coding of the interview transcripts using NVIVO 12. Using the codes generated by this process, they collapsed and clarified categories to create a preliminary codebook. This codebook was then used for repeated rounds of coding until all interviews had been coded multiple times using a consistent codebook. Based on this codebook, the first author then created a list of key themes and collected key quotes and insights related to each theme, which formed the basis of the findings section. When a first draft of the manuscript was complete, the first author provided a copy of the manuscript to all participants for their feedback and to confirm quotes

used. Four of the five participants responded, all with positive feedback, and one with a minor correction. The second author provided feedback and input throughout all stages of the research process.

At the time of research design and data collection, there were no published studies on gender euphoria. As such, this research was designed as a small, exploratory pilot study. The results provide a case study in the experiences of gender euphoria for five young, mostly white, trans people in BC, Canada, and do not represent all experiences of gender euphoria. Rather, the study results provide a preliminary description of gender euphoria and indicate some directions for future research.

FINDINGS

Defining euphoria

Participants defined euphoria in a variety of terms. Pike defined it as simply “acceptance” and Loaf described it as “confidence [and] self-happiness about your body.” Higgs described euphoria as “a wonderful explosion,” while Jake explained it as a “feeling of joy that radiates throughout my entire body, that either confirms how I might be feeling or validates who I am.” Finally, Curtis defined euphoria as “positivity ... [that] makes the brain stop in the best way possible.” Given this range of experiences, emotions, and sensations held by participants under the umbrella of gender euphoria, we confirm previous definitions of euphoria as positive emotions resulting from affirmation of one’s gender identity or expression.

Intensity and frequency

Participants described euphoria as a complex, multi-faceted emotion that could take many different forms. In particular, they all distinguished between two types of euphoria: firstly, an ecstatic joy which at times felt explosive or overwhelming, and often occurred at milestones in their gender journey, and secondly, a quiet sense of calmness and relief that tended to occur once participants were being gendered correctly more frequently. This first feeling was described as energy, “joy,” “a surge of happiness,” and “confidence” that at times felt “powerful,” “explosive,” or “overwhelming.” Participants likened the feeling to that of fizziness, a “spark,” or “fireworks,” and often identified the emotion as beginning in their chest and spreading to other parts of their body. In contrast, the second feeling was a quieter, less noticeable feeling that felt like “relief,” calmness, peace, “soundness,” wholeness, “resonance,” “acceptance,” and authenticity. Jake, Curtis, Higgs, and Pike, who had all been transitioning for at least five years, noted that the explosive joy moments were more common early on in their transition, while the quieter feelings were more common after they had been out for several years. Experiences that might have brought them euphoria earlier on, such as being gendered correctly, were now much more commonplace and did not elicit the same intensity of emotions. Jake, who had been medically transitioning for 6 years and socially transitioning for longer, explained:

I think in the beginning there would have been a lot of new moments—or even before coming out, exploring my gender, all of that would have been new, so then I probably would have experienced euphoria a lot more frequently. And now it’s a little bit more calm and peaceful.

Two participants, Curtis and Jake, referred to this second, quieter type of euphoria as *affirmation*, and reserved the term *euphoria* for more explosive and significant moments of joy. Another participant, Higgs, associated affirmation with clinical settings and language, as in “gender-affirmation surgery,” and preferred to use euphoria to refer to both types of feelings. While participants varied in their use of terminology, all five distinguished between these two types of euphoria based on their intensity and frequency.

Prompting events

Participants described euphoria as arising from many different prompting events and experiences. Those who had embarked on medical transition by way of hormone replacement therapy or gender-affirming surgeries—Higgs, Curtis, Jake, and Pike—described the resulting physical and emotional changes as euphoric. The physical changes brought their gender expression and others’ perceptions of their gender more in line with their internal gender identity, resulting in euphoria. Even before any visible changes had occurred, however, participants identified the knowledge that changes would soon occur as empowering. Curtis explained: “Just being able to say that I’m on T [testosterone] made me feel like I’m in progress. It’s like a little loading bar and it’s finally moving.” Both Curtis and Jake described the day of their first testosterone injection as ecstatic and energetic, sometimes to the point of being overwhelming. This explosion of energy and emotion was the ultimate peak of euphoria for them. For Higgs, the increased range and intensity of emotions that taking estrogen brought about was euphoric. They explained it affirmed their sense of themselves as a woman and “an estrogen-powered individual”: “It feels like my brain is working how it’s always supposed to be working, or how I’ve always wanted to be.” These internal changes affirmed her gender identity, even when they weren’t visible to others.

All participants also identified non-medical practices that resulted in physical changes to their appearance as affirming and euphoric, such as exercising, buying new clothing, and wearing a binder to flatten their chest. Pike and Higgs particularly enjoyed the self-determination in choosing how to express their gender and modify their body. For example, Higgs explained why she liked working out: “Especially pre-HRT ... working out was a way I could modify my body in ways that are more traditionally feminine and stuff like that, and it was a way of gaining control.” Higgs identified both the physical changes resulting from working out and the practice of exercising itself as euphoric, as they expressed their gender in ways that reflected and affirmed their internal sense of themselves. Similarly, Pike remembered the sense of freedom and euphoria they felt when they tried on a binder for the first time:

I remember just going in the mirror and just staring for a second, and turning to the side and just seeing that flatness and just being like, I can do whatever I want! Gender is fake! The world is my oyster! I can do what I want! [laughing]

Both Higgs and Pike identified feeling empowered to express their gender in the ways that they wanted as euphoric.

In addition to the experience of internal empowerment, Curtis and Pike reported that they were gendered correctly more of the time once they began transitioning, which resulted in more moments of gender euphoria. Curtis explained: “once I got

facial hair, nobody misgendered me, like it was just this immediate camouflage mask of like alright, you're a dude, fine, we can't fight you on it anymore." Loaf contrasted the dysphoria of being misgendered with the affirmation of being gendered correctly: "when someone uses she/her, it just [shudders], it feels like sandpaper against the skin, it feels like a whip against the back. But when someone uses they/them, it just feels right." All participants identified being gendered correctly by others as affirming and/or euphoric, whether through the use of pronouns, compliments, honorifics and titles, or their chosen name.

For participants who identified as nonbinary or genderfluid, expressing the contradictions and instabilities within their gender sometimes elicited euphoria. Pike described their most significant moment of euphoria that occurred at a pride parade, where they were wearing a lacy bra and feminine shorts alongside a full beard and thick body hair: "It was very affirming for me and it was very much like, I can be in this strange in-between space and still feel safe with myself." Similarly, Higgs enjoyed combining different gender norms and expressions, such as their long hair and acrylic nails with their deep voice. She described this as "thumbing your nose at gender," explaining that having the freedom to express her gender outside of the binary was key to developing the sense of authenticity and self-determination that led to euphoria.

Four participants also identified sexuality as a site of gender euphoria for them. Exploring and expressing their gender identity paralleled an increasing sense of freedom from heteronormative sexual scripts. Higgs explained:

So I think what's also great about queer sex is the lack of script. You can make up anything and it's wholly focused on pleasure and communication ... and being like "I like this, I do not like this. Call me this, do not call me this. I have these parts that I like to use in these ways, and other parts I like to pretend do not exist at all."

Higgs expressed her gender by re-defining what sex looked like for her and by choosing the words she used to describe her genitalia and body parts. She noted that she experienced this affirmation and euphoria when dating both cis and trans women, but that it came more naturally when with other trans people. She explained that she would sometimes feel burdened by the need to explain her body and gender in detail to cis women who lacked a shared experience, whereas with other trans people, there was "such a degree of understanding and acceptance and patience." Similarly, Jake found hooking up with other trans people euphoric, as he was able to see parts of himself in the trans men he dated and experienced increased acceptance and love for both their bodies and his own. He described one particular moment:

I remember after top surgery, my scars were really prominent, and I was feeling really unsure about the way that my nipples looked as well. And then I hooked up with this trans guy, and just seeing his scars and seeing the way he looked, I was like, "Oh, I don't have to feel bad about my body because I know that they [the scars] look as beautiful as his do."

By finding other trans men's bodies attractive, Jake was able to learn to find himself attractive as well.

Higgs found that dating trans people with different bodies and genders also elicited euphoria, as they could play with gender roles and expectations in a way that was mutually affirming and satisfying. She described using roleplay and sex toys to play

with gendered sexual scripts and giving gendered compliments like “my big strong man” and “you’re so small and feminine” to affirm her partner’s gender, even when the compliments defied the reality of their bodies. Loaf found similar euphoria in their relationship with a cis man, explaining that their partner supported them in “finding a new way to enjoy [their] body” during sex such as by “using ... a clitoris stroker instead of using an insertable toy.”

Curtis, Pike, Loaf and Higgs also described finding gender euphoria through the internet and media representations, such as by choosing their character’s gender in video games or seeing trans characters in books and television shows. For example, Higgs found euphoria in playing the character Samus in *Super Smash Bros.*, an extremely muscular and tall woman: “She’s badass, she’s strong, her moves fucking hit like a tank, she’s awesome. She’s what I want to be.” As video games had been a place where Higgs dissociated from her reality before she transitioned, by playing as woman and seeing her gender represented in the fantasy world into which she escaped, Higgs was able to bridge the divide between her real life and physical body and the video games she used as an escape.

Curtis and Pike described interacting anonymously on the internet while growing up as an early way to explore their gender identities and experience euphoria. Curtis explained: “I could just identify as male, and nobody questioned it, nobody asked. I didn’t have a chest, I didn’t have a voice, I was just a person behind a screen. And I could just be Curtis.” Pike explained that they found acceptance in the furry community online, a subculture where individuals represent themselves as anthropomorphic animal characters, often associated with the queer community and sometimes including sexual imagery. They explained:

Your fursona could look like whatever you wanted ... And so it was this really good sense of freedom and having that ability to completely be like, do I feel comfortable like this? Is this aesthetically pleasing for me? Is this the kind of validation that I want? That was very euphoric for me and very validating for me.

By interacting behind the safety of a screen, Curtis and Pike were able to express their gender at times when they couldn’t do so in their offline lives.

Loaf found that seeing other trans characters in the media who used they/them pronouns affirmed their gender, helping them feel “that I’m not weird, that I’m not a freak.” Pike also identified media representations of other trans people as key to their euphoria. In particular, they resonated with the character Jess from *Stone Butch Blues* by Leslie Feinberg (1993). Pike explained:

It was this literal written document of, here you are, of this is everything you’ve ever lived in this book that was written by someone thousands of miles away feeling the same things that you are. And it was just huge for me.

Whether through using video games and fursonas to express and explore their gender or by seeing themselves represented in another trans character, Higgs, Pike, Loaf, and Curtis all identified the internet and media representations as sites of euphoria, particularly when they couldn’t experience euphoria in offline settings.

Curtis, Higgs, and Pike described their euphoria as reliant on experiencing affirmations from other people and being recognized as their true gender. For example,

Higgs found euphoria in being treated as just another girl when hanging out with other women: “women accepting me and talking to me like they talk to other women ... stuff they wouldn’t normally or typically tell their guy friends.” Similarly, Pike found validation in being treated by cisgender men as a fellow man, especially after they disclosed their trans identity. They described one moment after coming out to a co-worker as trans:

He was able to give me—like as a cis guy—that same level of acceptance I felt going to my trans spaces. And that acceptance... it was euphoric in a way of just like, number one, there’s still good dudes out there that I can trust. Number two, guys like that see me as part of their circle too.

Pike had grown up in a rural area with few role models of positive masculinity, and so claiming their own masculinity and membership as a man through interactions with other men was an important and euphoric experience for them.

Changes in euphoria and dysphoria over time

In general, participants described their euphoria as increasing over time, as they were able to transition, access gender-affirming medical care, and express their gender in the ways that they wanted. They were affirmed in their gender by others more of the time, and therefore experienced more euphoria. But as the frequency of these euphoric experiences increased, the accompanying emotions also changed. Jake explained that in the early stages of his transition, he was experiencing many moments for the first time accompanied by intense euphoria. Now that he had been out as trans for five years, he experienced more feelings of calmness and peace—what he called affirmation—and less excitement and euphoria. When asked to describe times they had experienced euphoria, all five participants mentioned important “firsts” in their transitions, such as their first day on hormones, first time going out shirtless after top surgery, or first time introducing themselves with their chosen name and pronouns. As these experiences became more frequent and a regular part of their lives, Curtis, Higgs, Jake, and Pike explained that affirming moments become more commonplace and less exciting. This allowed them to experience an increased sense of safety, comfort, and security in their daily lives, which participants described as being foundational to their mental health and well-being. For example, Curtis noted that his mood was more stable and less affected by others’ perceptions of him as he progressed in his transition. Higgs also found that as they felt more confident and secure in their gender, they didn’t feel the need to put as much work into “performing the rituals of femininity” in order to be gendered correctly and were able to choose to present more androgynously or masculinely without threatening their emotional or physical safety. But these changes in the intensity and arousal level of gender-related emotions also came with drawbacks—what Pike called “the gentle curse of having it become normal.” Curtis, Higgs, and Jake expressed similar sentiments, explaining that as they now took affirming experiences like being gendered correctly for granted, they had to actively seek out new experiences to feel intense euphoria again.

Curtis, Loaf, and Pike defined euphoria by relating it to dysphoria. For example, Curtis defined euphoria as the opposite of dysphoria, and added that most of the time for him, his euphoria was simply the lack of dysphoria. Loaf agreed that euphoria and dysphoria were opposites, but added that both could be experienced simultaneously,

explaining that “gender euphoria and dysphoria is kind of like a binary, like a 1 or a 0 and then there’s values in between.” Pike also conceptualized euphoria and dysphoria as two distinct but related phenomena that could be experienced at the same time:

I see life as this subject of graphs. So you can have a lot of dysphoria and euphoria at the same time, depending on your environmental outputs and inputs for yourself.

Pike illustrated this by explaining that while they had a close circle of queer friends that affirmed their gender and brought them euphoria, they also experienced isolation, ostracization, and dysphoria in their workplace. Pike’s experience demonstrates that while levels of euphoria and dysphoria may change over time, it is important not to assume this means a linear progression away from dysphoria and towards euphoria.

The importance of euphoria

While dysphoria is typically seen as the defining feature of trans experiences, three participants identified euphoria as more important than dysphoria to their gender journeys. While dysphoria was distressing and confusing, euphoria elicited clarity and understanding. Loaf succinctly summed it up: “Dysphoria really doesn’t help; it just causes confusion and anguish. Euphoria guides and points to where you want to go on your journey.” Jake concurred and elaborated, noting that:

I know that trans identity is so defined by this feeling of dysphoria, but you know, I don’t think we would put ourselves through so much difficulty to come out and to change the way we look and change the way we interact with other people if there wasn’t something pleasurable about that.

Higgs expressed a similar sentiment, noting that:

Euphoria tends to be the rule instead of the exception. Like the exception is the bad hard things that are part of transness, and most of the time, 99% of the time, I am so elated and happy to be trans and nonbinary. And I think that’s the rule for most trans people I talk to, at any stage. Like the early stages are pretty rough because self-discovery is rough, but there’s always this undercurrent of joy and love and self-love and love of others that is fundamental to what being trans is for me and for a lot of people that I talk to. And I don’t think people get that.

Both Higgs and Jake were careful not to minimize the negative impact that dysphoria can have on trans people’s mental health and well-being. However, Higgs, Jake, and Loaf felt that it was more important to recognize euphoria, as this challenged normative ideas of transness and better reflected their own experiences.

Euphoria and mental health

Each participant described their experiences of euphoria and dysphoria as inextricably linked to their general mental health and well-being. Lessening dysphoria tended to improve the rest of their mental health, just as taking care of their mental health helped lessen their dysphoria, but their mental health also impacted their ability to experience euphoria in the first place. For example, Pike explained that when they were depressed, they tended to isolate themselves, spending less time with supportive individuals who might affirm their gender, and therefore experienced euphoria less often.

They also struggled with social anxiety and noted that this was compounded by hyper-vigilance of other people's perceptions of their gender and feeling that their gender was a burden or disappointment for other people. They explained:

I have a feeling that's why I withdraw from people a lot, is because there's no mask to put on [when alone]. That's where my euphoria is, and then being in social situations ... is really stressful for me.

Pike would cope with this anxiety by retreating from other people and spending time alone, but this had the negative effect of limiting their opportunities to experience social affirmation and therefore euphoria.

Curtis also struggled with depression and explained that he found it difficult to take care of himself before he started testosterone due to the overwhelming dysphoria he was experiencing:

If I feel like garbage and I feel like my body is going the other way or I'm just not loving myself, my brain—and it's definitely not intentional—but my brain almost punishes my body. I shower less, I eat worse, I don't get out.

But as his body changed and he experienced less physical dysphoria, Curtis was able to show himself more kindness and care, practices that helped elicit euphoria.

Loaf explained that the intensity and frequency of moments of euphoria also depended on their mental health at that time: "If my mental health is good, it lasts longer. It can last the entire day. But if my mental health is not good, it could be very fleeting, or I could even possibly interpret it as patronizing." Participants' other experiences with mental illness and neurodivergence informed their perceptions of euphoria and dysphoria. For example, Higgs and Jake identified as substance users and used the intoxicating and energetic effects of some drugs as an analogy for euphoria. Higgs explained

It's like the chasing the dragon kind of high, where at the beginning, you just need a tiny little hit of weed, and you're high ... and now painting my nails is such a base thing where I feel weird without it.

Here, Higgs compares the idea of tolerance to a drug's effects to a baseline level of euphoria, where small acts like painting her nails that once brought her intense euphoria were now part of her every day and less significant. For both Higgs and Jake, their experiences with substance use affected the way they framed and talked about their experiences of euphoria.

Curtis, who is on the autism spectrum, explained that his autism affected how he expressed and reacted to moments of euphoria. He described the day he started testosterone: "Oh, I was ticcing ... the hands just, you know, started going, shaking [gestures flapping hands]. My back teeth are grinding in the best way possible. I'm ready to lift off the ground." His neurodivergence interacted with his experiences of euphoria such that he expressed his feelings with full-body movements, described as stimming or ticcing within the autistic community.

Loaf, who had experienced past relationship abuse and grooming, found that their journey to accepting their gender paralleled their process of healing from abuse. The first few times they experienced gender euphoria, they found themselves trying to suppress their feelings, as they had become used to prioritizing other's needs and wants above their own. But they explained that "The more that I got away from my

abusive ex-partner, the more I became comfortable with it [gender euphoria] ... so in the process of cutting off this person, I became more and more accepting of my actual identity.” As they distanced themselves from their abuser and healed from their trauma, Loaf was able to experience euphoria and self-acceptance more frequently.

Jake, who had experienced body dysmorphia and disordered eating since the age of 13, explained that his body dysmorphia lessened along with his dysphoria: “It’s definitely gotten easier to manage now that I’m happier with more aspects of my body and the way that I’m perceived in the world.” But transitioning did not completely solve his dysmorphia, as he noted that

after top surgery, my stomach has, you know, when I look down, I can see it more prominently, and when I wear clothing that’s what the bump is instead of my chest. So I still struggle with some fatphobia and I think dysmorphia is there as well.

Every participant also identified euphoria as a resource and coping strategy they could draw upon to help get through dysphoric and difficult periods. For example, Loaf explained that wearing a binder to flatten their chest lessened their dysphoria and improved their mood. Curtis described testosterone as his “magic juice,” explaining that “I could handle anything as soon as I was on T. Someone could misgender me, because then my mind goes, ‘not for long.’” Similarly, Higgs described drawing on her own internal resilience and sense of self-determination to cope with being misgendered and other microaggressions. These experiences suggest that experiencing euphoria can improve an individual’s self-esteem, self-acceptance, and confidence in their gender, along with fostering resilience and providing a resource to draw on to cope with the inevitable moments of dysphoria and transphobia. Participant’s description of the relationship between euphoria, dysphoria, and other aspects of their mental health demonstrates that gender-related emotions can be embedded in the individual’s larger psychosocial contexts and affected by other aspects of their life and well-being.

Importance of trans community

Each of the five participants identified spending time with other trans people and in LGBTQI+ community spaces as a key aspect of what brought them euphoria. When with other trans people, participants didn’t have to explain themselves as much, and experienced the euphoria of connection and recognition of oneself in others. Jake explained: “Finally talking to people who saw me the way that I wanted to be seen and validated, that feels good.” When so much of participant’s lives were spent around people who did not affirm their gender, spending time around people who not only affirmed but could relate to their experiences was euphoric. For example, Jake recalled getting his first binder with the help of a trans youth worker:

I remember chatting with the guy, who was another trans guy. He was helping me find the right one, and just being seen and validated and like someone who saw me and wanted to help me get to the place where I wanted to be. Being cared for in that way made me really happy.

Similarly, Pike identified meeting someone who shared their gender identity for the first time as a deeply euphoric experience:

Hearing from somebody who has the same gender identity as you, and you have the same sexuality kind of idea, it was like two leaves in the

wind of the same very rare tree just happening to meet for a moment, and then going off in two different directions. And me and this person, I know we're going to be friends. We're going to keep in touch for a very long time, which I'm really grateful for. And it was this very validating experience of just not being alone.

Pike had struggled to find community around their butch identity, and so finding someone who shared their gender identity was very validating and affirming and created a connection that they identified as immediately bonding and emotionally intimate.

A few participants also noted that supporting and standing up for other trans people in their lives also validated themselves. Curtis explained: "Validating other people also kind of validates myself. It's like a two-way street. So being able to fight for them, makes me feel like I'm fighting for me." Similarly, Loaf explained that they supported their trans friends by validating their emotions and helping them identify what brought them euphoria. They found that doing so helped them experience euphoria themselves:

I get gender euphoria helping other people out with their impostor syndrome and gender dysphoria. Because, it's funny, you can tell other trans and nonbinary people that what they're feeling is valid, and mean it, and say that their gender is valid, but when it comes to you, God forbid!

Even when Loaf was having a hard time showing kindness and compassion to themselves, by extending care to others they were able to begin to allow themselves to also accept that care and love.

Impact of transnormativity and medicalization

While the interviews focused on positive emotions and experiences, every participant also brought up the impact of transphobic and transnormative narratives on their experiences of euphoria. For example, several participants identified as harmful the idea that a person must experience dysphoria to be trans. Loaf explained:

There's a lot of internalized hatred and certain standards that you should meet if you're going to be considered nonbinary or trans. And even within the trans community, there's a lot of nonbinary hatred, because "You can only be one or the other! If you don't fit in, you're making the rest community look bad!" kind of thing.

Loaf and other participants found that these ideas contributed to self-doubt and had a negative impact on their mental health and self-esteem, including limiting their ability to experience euphoria. In particular, Loaf and Curtis discussed their experiences with impostor syndrome and questioning whether they were really trans. Loaf expressed that impostor syndrome presented itself in the form of an internal voice that questioned their identity and decision-making, hindering their efforts to seek out affirming and euphoric experiences. Similarly, Curtis felt that these normative expectations had limited his ability to experience euphoria, making it reliant on medical transition and passing as a cis man:

So now as I've transitioned—and for me, it was mental health that has me put all of these high expectations on myself. And these like rigid bi-

naries of when I'm allowed to feel euphoria. It's like I need to pass all these tests to like open a little box of happiness and if I don't, I don't get the box.

This demonstrates that even some binary-identifying trans people whose experiences largely resemble the “born in the wrong body” narrative may feel a negative impact of transnormativity on their euphoria.

All participants identified these harmful normative expectations as originating from both within and outside of the trans community. Curtis explained that many trans people internalize transphobic and cisnormative messages and reproduce them within the trans community—“we make it into self-expectation as well, because we're socialized in a very rigid world.” He elaborated that “I think sometimes we get so caught up in our oppression Olympics and our trauma Olympics of who suffered more, who is more trans ... that we don't even want to talk about the good stuff.” Higgs, Jake, Loaf, and Pike also emphasized the role of medical gatekeeping and media stereotypes in creating and perpetuating harmful narratives about transness. Higgs identified the medical gatekeeping required to access gender-affirming care as perpetuating a deficit- and distress-based model of transness: “Medical model is something bad with you, therefore we'll fix it. Not something is missing in you and we're gonna help you fulfill that through an act of joy and love.” They also highlighted the impact of media representations, noting that

I have never seen a trans movie that is happy. Like not even just a little bit of happy. It's all supposed to be this terrible thing that destroys us, and I think that helps fit in the cis narrative of, “Well you're doing what they consider ‘extreme measures’ so there has to be extreme motivation for stuff like that.” And the trope of the self-hating trans person is so persuasive and I think fundamentally wrong, because we don't do these things through an act of self-hate. Like, I didn't become a woman because I hated men and masculinity.

The media's emphasis on dysphoria, distress, and self-hatred did not reflect Higgs or her peers' experiences of being trans, and instead served to reinforce cis people's ideas of what it means to be trans. Specifically, Higgs identified that to justify medical transition—seen as “extreme” in the normative cisgender gaze—trans people needed to prove that they were experiencing “extreme” distress. But Higgs argued that this falsely associated transness with overwhelmingly negative experiences, ignoring the many joys and positive emotions she and other trans people experienced. Jake agreed, explaining that: “Being trans is a really pleasurable thing and a really enjoyable thing and that we wouldn't transition, we wouldn't come out if it wasn't pleasurable. And there is value in seeking that pleasure and expressing that pleasure.” Jake felt that the overwhelming emphasis on trans people's high rates of mental illness and suicidality falsely blamed these experiences on being trans, rather than living in a transphobic society. All participants wanted the general public to better understand the possibilities of gender euphoria and other positive trans experiences, challenging the notion that being trans is an inherently negative experience.

This is not to say that participants did not experience dysphoria, mental illness, and other distressing and negative experiences. All participants experienced dysphoria to some degree, had struggled with mental illnesses, and described experiences of

transphobia, rejection, and discrimination. But these were not the only, or even the most important, aspects of their trans identities or experiences. Curtis, the participant who emphasized his dysphoria the most, felt that dysphoria was more important than euphoria in defining his trans experience. He explained that dysphoria

is a killer, you know, it kills people constantly. Maybe not physically, but it kills the soul. And I would much rather have them [cis people] understand why I need this and have the euphoria come from me than from them.

Here, Curtis recognizes the utility of the medical model's focus on dysphoria rather than euphoria, as dysphoria has the potential for significant harm and negative impacts that are important to attend to and can be alleviated through transition. However, Curtis also notes the limits of this model, noting that it is important to include stories of trans happiness and joy, and to highlight gender euphoria as a positive experience that he feels is unique to trans people.

Higgs and Jake explicitly identified the need for changes in gender-affirming medical practice to a model that better reflected their experiences and created space to discuss gender euphoria, not just dysphoria. Comparing it to the shift to strengths-based research in other areas of social science research, Higgs felt that medical care could improve by focusing more on resiliency and positive experiences—such as gender euphoria—as part of patient-centered care. Jake identified the informed consent model of accessing gender-affirming care as one possible way of changing medical models to incorporate gender euphoria. He elaborated:

I think in the interviews [for a readiness assessment], rather than asking what I didn't like, if they were like, "What do you want and how can we help you achieve that through these medical interventions?", that would probably be a much more positive experience.

Both Jake and Higgs emphasized the importance of asking questions specifically about what patients wanted as outcomes of their transition and what made them feel good, which could create space for patients to talk about their experiences with gender euphoria. During his interview, Jake wondered aloud:

I wonder how—because I know the medicalization of trans identity has been incredibly harmful and is a part of this colonial system that we live in—I wonder, though, how these narratives can change while still ensuring that we have access [to gender-affirming care].

Jake touches on an enduring dilemma of trans studies and gender-affirming health care: the need to meet trans people's immediate needs within a neoliberal capitalist system while also working to radically change that system. The process of finding that balance is complex and ongoing, but incorporating the language of gender euphoria into hormone and surgical readiness assessment offers one promising practice.

DISCUSSION

This research sought to understand how trans people describe experiences of positive emotions in relation to their gender, and to contribute to a definition and conceptualization of gender euphoria. We found that gender euphoria refers to positive emotions resulting from affirmation of one's gender identity or expression and can include a

wide variety of emotions and experiences. Experiences that may elicit euphoria include medical and social transition, social affirmation of one's gender, engaging in community care and solidarity with other trans people, and viewing media with positive trans representation. In line with the findings of Beischel, Gauvin, and van Anders (2021), participants described varying relationships between euphoria and dysphoria, but generally agreed that euphoria described positive emotions and dysphoria referenced negative emotions. Our participants emphasized the importance of euphoria and positive emotions in their experience of being trans and lamented the medical model and transnormative narratives' focus on distress and dysphoria.

Participants also highlighted the interconnected nature of euphoria, dysphoria, and mental health. These findings are consistent with the gender minority stress model, which argues that the impact of transphobia-related stressors is mediated by resilience factors, including community connectedness and pride (Testa et al. 2015). Our findings suggest that gender affirmation and euphoria may serve as additional resilience factors that moderate the impact of distal and proximal stressors on individuals' well-being and thereby may reduce dysphoria. Participants described drawing on moments of affirmation and euphoria as a resource to help them cope with dysphoria and distress. Further, participants explained that their euphoria was impacted by other stressors and mediating factors. For example, it was easier to experience euphoria when other resilience factors (community connectedness and pride) were high, and more difficult when experiencing high levels of hypervigilance in social situations (a proximal stressor) and misgendering (a distal stressor). This suggests that euphoria may moderate the impact of minority stressors on trans people's mental health, a hypothesis that is consistent with previous findings that social and medical transition and gender affirmation are associated with better mental health in trans populations (Glynn et al. 2016; Hughto et al. 2020; Lelutiu-Weinberger, English, and Sandanapitchai 2020).

Additionally, participants in this research described receiving microaffirmations from loved ones—such as providing emotional support and using gender-affirming language—as eliciting euphoria. Previous research on the various kinds of microaffirmations experienced by trans people in romantic relationships parallels our participants' descriptions of microaffirmations (Galupo et al. 2019; Pulice-Farrow, Bravo, and Galupo 2019). This provides evidence of the potential role of microaffirmations as a resilience factor in the minority stress model.

This research also demonstrates some of the limitations of the medical model of trans identity and some of the inaccuracies and harms that can come from deficit- and distress-based narratives of trans experiences. Participants repeatedly emphasized the harmful impact of hegemonic narratives of trans identities that focused on dysphoria and other negative emotions and experiences. This supports Johnson's (2016) finding that transnormativity functions as a hegemonic narrative that is enforced through external accountability to medical and sociolegal institutions, as well as internalized and reinforced within trans communities. Our participants argued that the medical model needs to shift focus from pain and dysphoria towards promoting joy and euphoria. They identified multiple means of enacting this change, from informed consent models of care to asking about gender euphoria in hormone and surgical readiness assessments. In fact, many were already implementing these practices within their everyday

lives and communities. Loaf, for example, validated and empathized with their trans friends' emotions, and encouraged them to identify and seek out things that made them feel euphoric. Curtis was working on sharing more stories of positivity and hope within the trans community to counteract the emphasis on struggles and dysphoria. These examples highlight the importance of community connectedness and peer support and illuminate just some of the ways that trans people, and those who work with them, can help foster more joy and euphoria in trans lives.

Mental health professionals and peer support workers who work with trans clients can learn from these practices of care to help trans individuals experience more euphoria. Limited existing research provides examples of ways mental health professionals can support resilience and decrease distress for trans people. For example, Matsuno and Israel's (2018) transgender resilience intervention suggests that the impact of minority stressors on trans individuals can be reduced by developing resilience. This can be accomplished through group-level factors, such as social support, family acceptance, participating in trans communities and activism, and identifying positive role models, as well as individual factors, such as self-acceptance and hope. Matsuno and Israel suggest that therapists can support trans resilience by developing interventions that seek to increase these resilience factors in the lives of their clients.

Sloan, Berke, and Shipherd (2017) outline one such intervention that uses dialectical behavior therapy (DBT) skills to help trans individuals cope with dysphoria and distress. DBT posits that emotional dysregulation is the result of living in an emotionally invalidating environment. DBT then seeks to help clients develop coping and self-validation skills to reduce their emotional dysregulation. Applied to trans individuals, Sloan, Berke, and Shipherd argue that many trans people live in a constantly invalidating environment in which they may experience misgendering and microaggressions on regular basis, resulting in distress and dysphoria, as well as potentially maladaptive coping strategies. The authors outline how DBT skills can be used to cope with this dysphoria and distress and develop more adaptive coping tools. For example, using distress tolerance skills to manage dysphoria, seeking out affirming environments and experiences that reduce dysphoria using interpersonal effectiveness skills, and balancing the desire for future gender-related changes with acceptance of one's current reality using mindfulness and radical acceptance. Many of the strategies outlined by Sloan, Berke, and Shipherd could assist trans individuals in identifying what brings them euphoria and subsequently seeking it out.

Similarly, Austin, Papciak, and Lovins (2022) argue that given the importance participant's thoughts and emotions to their experiences of euphoria, therapy may be useful in helping decrease negative self-talk and thoughts about dysphoria and enhance experiences of euphoria. Finally, Withey-Rila et al. (2020) argue that social workers should prioritize pleasure in their assessments and interventions of trans people's sexualities and lives generally. Withey-Rila et al.'s call to prioritize pleasure in sexuality can be extended to prioritizing pleasure in life generally; to make transition not just about reducing dysphoria but about increasing euphoria and pursuing joy and comfort.

CONCLUSION

This research sought to understand how trans people describe experiences of positive emotions in related to their gender, and specifically, to contribute to a definition and conceptualization of gender euphoria. We found that gender euphoria refers to positive emotions resulting from affirmation of one's gender identity or expression and can include a wide variety of emotions and experiences. Our findings suggest that there may be different subtypes of gender euphoria based on the intensity and frequency of the emotions, and further research is needed to determine the best way to differentiate between these experiences.

We have also argued that gender affirmation and euphoria represent resilience factors that are consistent with the gender minority stress model. Specifically, euphoria may moderate the impact of proximal and distal stressors, such as transphobia and dysphoria, on trans people's mental health. Future research is needed to evaluate this proposal, including quantitative research to validate the concept of gender euphoria and its relationship to other concepts in the gender minority stress model. The Trans Youth CAN! Gender Positivity Scale is one validated measure that can be used to measure gender euphoria (Bauer et al. 2021)

Our findings underscore the potential for harms that can be created by the medical model's focus on dysphoria and distress in trans experiences. Instead, we emphasize the value of prioritizing supporting euphoria, happiness, and safety when asking about trans people's transition goals.

Finally, it is important to note the limitations of this research. These findings are based on a small sample of five individuals, who were relatively homogenous in terms of age, race, and geography. While we expected that race would be a salient characteristic that would impact participants' experiences of euphoria, race did not come up in any of the interviews. The interviewer positioned themselves as white at the start of interviews and did not specifically ask any participants about how their race interacted with their experience of gender. Further, as the interviewer positioned themselves as an insider to participants in terms of being a young trans person, participants may have been more likely to share experiences that they thought the interviewer would relate to, and less likely to discuss experiences for which the interviewer would have been an outsider, such as racialized experiences.

All five participants in this research had access to supportive trans communities, gender-affirming medical care, and a general level of social and economic privilege that allowed them to seek out and experience gender affirmation and euphoria. Individuals experiencing a greater burden of marginalization may not be able to access gender affirmation and euphoria to the same degree, and these experiences may look very different. As such, these findings cannot be generalized to trans and gender-diverse people generally, and future research on gender euphoria is needed with larger and more diverse samples.

REFERENCES

- American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association.
- Ashley, Florence. 2019. "Gatekeeping Hormone Replacement Therapy for Transgender

- Patients Is Dehumanising.” *Journal of Medical Ethics* 45 (7): 480–82. <https://doi.org/10.1136/medethics-2018-105293>.
- Ashley, Florence, and Carolyn Ells. 2018. “In Favor of Covering Ethically Important Cosmetic Surgeries: Facial Feminization Surgery for Transgender People.” *The American Journal of Bioethics* 18 (12): 23–25. <https://doi.org/10.1080/15265161.2018.1531162>.
- Austin, Ashley, Ryan Papciak, and Lindsay Lovins. 2022. “Gender Euphoria: A Grounded Theory Exploration of Experiencing Gender Affirmation.” *Psychology & Sexuality*, published ahead of print. <https://doi.org/10.1080/19419899.2022.2049632>.
- Baker, Kellan E, Lisa M Wilson, Ritu Sharma, Vadim Dukhanin, Kristen McArthur, and Karen A Robinson. 2021. “Hormone Therapy, Mental Health, and Quality of Life among Transgender People: A Systematic Review.” *Journal of the Endocrine Society* 5 (4). <https://doi.org/10.1210/jendso/bvab011>.
- Bauer, Greta R., S Churchill, J Ducharme, S Feder, L Gillis, Sandra Gotovac, Cindy Holmes, et al. 2021. “Trans Youth CAN! Gender Positivity Scale (TYC-GPS).” London, ON: Trans Youth CAN! Research Team. https://transyouthcan.ca/wp-content/uploads/2021/04/Gender-Positivity-Scale-vSHARE_EN-2021.pdf.
- Bauer, Greta R., Ayden I. Scheim, Jake Pyne, Robb Travers, and Rebecca Hammond. 2015. “Intervenable Factors Associated with Suicide Risk in Transgender Persons: A Respondent Driven Sampling Study in Ontario, Canada.” *BMC Public Health* 15 (1): 525. <https://doi.org/10.1186/s12889-015-1867-2>.
- Beischel, Will J., Stéphanie E. M. Gauvin, and Sari M. van Anders. 2021. “A Little Shiny Gender Breakthrough’: Community Understandings of Gender Euphoria.” *International Journal of Transgender Health*, published ahead of print. <https://doi.org/10.1080/26895269.2021.1915223>.
- Bolin, Anne. 1988. *In Search of Eve: Transsexual Rites of Passage*. New York: Bergin & Garvey Publishers.
- Bradford, Nova J., G. Nic Rider, and Katherine G. Spencer. 2019. “Hair Removal and Psychological Well-Being in Transfeminine Adults: Associations with Gender Dysphoria and Gender Euphoria.” *Journal of Dermatological Treatment* 32 (6): 635–42. <https://doi.org/10.1080/09546634.2019.1687823>.
- Brooks, Virginia R. 1981. *Minority Stress and Lesbian Women*. Lexington, MA: Lexington Books.
- Budge, Stephanie L., Mun Yuk Chin, and Laura P. Minero. 2017. “Trans Individuals’ Facilitative Coping: An Analysis of Internal and External Processes.” *Journal of Counseling Psychology* 64 (1): 12–25. <https://doi.org/10.1037/cou0000178>.
- Budge, Stephanie L., Sabra L. Katz-Wise, Esther N. Tebbe, Kimberly A. S. Howard, Carrie L. Schneider, and Adriana Rodriguez. 2013. “Transgender Emotional and Coping Processes: Facilitative and Avoidant Coping Throughout Gender Transitioning.” *The Counseling Psychologist* 41 (4): 601–47. <https://doi.org/10.1177/0011000011432753>.
- Budge, Stephanie L., Joe J. Orovecz, and Jayden L. Thai. 2015. “Trans Men’s Positive Emotions: The Interaction of Gender Identity and Emotion Labels.” *The Counseling Psychologist* 43 (3): 404–34. <https://doi.org/10.1177/0011000014565715>.
- Charmaz, Kathy. 2006. *Constructing Grounded Theory: A Practical Guide through Qualita-*

- tive Analysis*. Thousand Oaks, CA: SAGE.
- Cooper, Kate, Ailsa Russell, William Mandy, and Catherine Butler. 2020. "The Phenomenology of Gender Dysphoria in Adults: A Systematic Review and Meta-Synthesis." *Clinical Psychology Review* 80: 101875. <https://doi.org/10.1016/j.cpr.2020.101875>.
- Davy, Zowie. 2015. "The DSM-5 and the Politics of Diagnosing Transpeople." *Archives of Sexual Behavior* 44 (5): 1165–76. <https://doi.org/10.1007/s10508-015-0573-6>.
- Devor, Aaron H. 2004. "Witnessing and Mirroring: A Fourteen Stage Model of Transsexual Identity Formation." *Journal of Gay & Lesbian Psychotherapy* 8 (1–2): 41–67.
- Digital Transgender Archive. n.d. "Gender Euphoria." Digital Transgender Archive. Accessed October 11, 2020. <https://www.digitaltransgenderarchive.net/col/iv-53jw986>.
- Feinberg, Leslie. 1993. *Stone Butch Blues*. Ithica, NY: Firebrand Books.
- Galupo, M. Paz, Lex Pulice-Farrow, Zakary A. Clements, and Ezra R. Morris. 2019. "I Love You as Both and I Love You as Neither': Romantic Partners' Affirmations of Nonbinary Trans Individuals." *International Journal of Transgenderism* 20 (2–3): 315–27. <https://doi.org/10.1080/15532739.2018.1496867>.
- Galupo, M. Paz, Lex Pulice-Farrow, and Louis Lindley. 2020. "Every Time I Get Gendered Male, I Feel a Pain in My Chest': Understanding the Social Context for Gender Dysphoria." *Stigma and Health* 5 (2): 199–208. <https://doi.org/10.1037/sah0000189>.
- Glynn, Tiffany R., Kristi E. Gamarel, Christopher W. Kahler, Mariko Iwamoto, Don Operario, and Tooru Nemoto. 2016. "The Role of Gender Affirmation in Psychological Well-Being among Transgender Women." *Psychology of Sexual Orientation and Gender Diversity* 3 (3): 336–44. <https://doi.org/10.1037/sgd0000171>.
- Hawley, Milla. 2019. "What Gender Euphoria Feels Like." *Trans Autistic Feminist* (blog), November 3. <https://transautisticfeminist.co.uk/2019/11/03/what-gender-euphoria-feels-like/>.
- Hendricks, Michael L., and Rylan J. Testa. 2012. "A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model." *Professional Psychology: Research and Practice* 43 (5): 460–67. <https://doi.org/10.1037/a0029597>.
- Holleb, Morgan Lev Edward. 2019. *The A–Z of Gender and Sexuality: From Ace to Ze*. London: Jessica Kingsley Publishers.
- Hughto, Jaclyn M. W., Hamish A. Gunn, Brian A. Rood, and David W. Pantalone. 2020. "Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults." *Archives of Sexual Behavior* 49 (7): 2635–47. <https://doi.org/10.1007/s10508-020-01655-5>.
- Iantaffi, Alex, and Meg-John Barker. 2017. *How to Understand Your Gender: A Practical Guide for Exploring Who You Are*. London: Jessica Kingsley Publishers.
- Johnson, Austin H. 2015. "Normative Accountability: How the Medical Model Influences Transgender Identities and Experiences." *Sociology Compass* 9 (9): 803–13. <https://doi.org/10.1111/soc4.12297>.
- Johnson, Austin H. 2016. "Transnormativity: A New Concept and Its Validation through Documentary Film about Transgender Men." *Sociological Inquiry* 86 (4):

- 465–91. <https://doi.org/10.1111/soin.12127>.
- Kane, Ariadne. 1976. "Historical and Cultural Perspectives on Crossdressing." In *The Provincetown Symposium*. <https://www.digitaltransgenderarchive.net/files/g732d898n>.
- Lelutiu-Weinberger, Corina, Devin English, and Priyadharshiny Sandanapitchai. 2020. "The Roles of Gender Affirmation and Discrimination in the Resilience of Transgender Individuals in the US." *Behavioral Medicine* 46 (3–4): 175–88. <https://doi.org/10.1080/08964289.2020.1725414>.
- Lindley, Louis, and M. Paz Galupo. 2020. "Gender Dysphoria and Minority Stress: Support for Inclusion of Gender Dysphoria as a Proximal Stressor." *Psychology of Sexual Orientation and Gender Diversity* 7 (3): 265–75. <https://doi.org/10.1037/sgd0000439>.
- Matsuno, Emmie, and Tania Israel. 2018. "Psychological Interventions Promoting Resilience among Transgender Individuals: Transgender Resilience Intervention Model (TRIM)." *The Counseling Psychologist* 46 (5): 632–55. <https://doi.org/10.1177/0011000018787261>.
- Matte, Nicholas. 2014. "Historicizing Liberal American Transnormativities: Media, Medicine, Activism, 1960–1990." PhD diss., University of Toronto. https://tspace.library.utoronto.ca/bitstream/1807/68460/1/Matte_Nicholas_201411_PhD_thesis.pdf.
- Meyer, Ian H. 1995. "Minority Stress and Mental Health in Gay Men." *Journal of Health and Social Behavior* 36 (1): 35–56. <https://doi.org/10.2307/2137286>.
- Pulice-Farrow, Lex, Alex Bravo, and M. Paz Galupo. 2019. "'Your Gender Is Valid': Microaffirmations in the Romantic Relationships of Transgender Individuals." *Journal of LGBT Issues in Counseling* 13 (1): 45–66. <https://doi.org/10.1080/15538605.2019.1565799>.
- Scheim, Ayden, Amaya G Perez-Brumer, and Greta R Bauer. 2020. "Gender-Concordant Identity Documents and Mental Health among Transgender Adults in the USA: A Cross-Sectional Study." *The Lancet Public Health* 5 (4): e196–203. [https://doi.org/10.1016/S2468-2667\(20\)30032-3](https://doi.org/10.1016/S2468-2667(20)30032-3).
- Sevelius, Jae M. 2013. "Gender Affirmation: A Framework for Conceptualizing Risk Behavior among Transgender Women of Color." *Sex Roles* 68 (11–12): 675–89. <https://doi.org/10.1007/s11199-012-0216-5>.
- shuster, stef m. 2021. *Trans Medicine: The Emergence and Practice of Treating Gender*. New York: New York University Press.
- Sloan, Colleen A., Danielle S. Berke, and Jillian C. Shipherd. 2017. "Utilizing a Dialectical Framework to Inform Conceptualization and Treatment of Clinical Distress in Transgender Individuals." *Professional Psychology: Research and Practice* 48 (5): 301–09. <https://doi.org/10.1037/pro0000146>.
- Testa, Rylan J., Janice Habarth, Jayme Peta, Kimberly Balsam, and Walter Bockting. 2015. "Development of the Gender Minority Stress and Resilience Measure." *Psychology of Sexual Orientation and Gender Diversity* 2 (1): 65–77. <https://doi.org/10.1037/sgd0000081>.
- World Professional Association for Transgender Health. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. 7th ed. Minneapolis, MN: World Professional Association for Transgender Health.

- Westbrook, Laurel. 2021. *Unlivable Lives: Violence and Identity in Transgender Activism*. Oakland: University of California Press.
- Withey-Rila, Cassie, Megan S. Pacey, Jennifer J. Schwartz, and Lynne M. Alexander. 2020. "Trans/Nonbinary Sexualities and Prioritizing Pleasure." In *Social Work and Health Care Practice with Transgender and Nonbinary Individuals and Communities*, edited by Shanna K. Kattari, M. Killian Kinney, Leonardo Kattari, and N. Eugene Walls, 242–55. New York: Routledge. <https://doi.org/10.4324/9780429443176-21>.