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Invalidation Experiences Among Non-Binary Adolescents

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Mental health disparities among transgender adolescents are well documented and have generally been attributed to minority stress. However, significantly less is known about the minority stress experiences of non-binary adolescents or those who do not identify as exclusively male or female. This study qualitatively explored the unique ways that non-binary adolescents experience minority stress and how it influences their mental health and well-being. Lifeline methodology and photo elicitation were used to interview 14 ethnically diverse non-binary adolescents between the ages of 16 and 20, residing in New York City (NYC) and the San Franscicso Bay Area (SFBA). We present participants' experiences using a novel construct of invalidation, *defined as the refusal to accept one's identity as real or true. Our findings indicate that invalidation is conceptually distinct from the established minority stressor of "non-affirmation." Non-binary adolescents experienced myriad forms of invalidation within multiple social contexts, which contributed to negative affective and cognitive processes, including confusion, self-doubt, rumination, and internalized shame. For many participants, the cumulative stressors related to invalidation contributed to poor mental health outcomes. Data from this study suggest that identity invalidation is a unique form of minority stress that may especially affect non-binary individuals, with significant implications for their social and emotional well-being.*

Transgender youth suffer from disproportionately high rates of mental health disorders. A recent large-scale survey (N = 11,640) of transgender youth found that 53% of respondents, ages 18 to 25, reported serious psychological distress in the past month and 10% had attempted suicide in the past year (James et al., 2016). This suicide attempt rate is approximately six times the national average for their cisgender counterparts (James et al., 2016). The literature suggests that mental health rates are equally high among younger transgender adolescents (Becerra-Culqui et al., 2018; Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Veale, Watson, Peter, & Saewyc, 2017b). For example, a 2017 analysis of a representative population-based sample of California students (N = 25,493) found that over 33% of transgender adolescents (mean age 15.29) reported suicidal ideation in the past year, nearly twice the rate of the cisgender adolescents in the sample (Perez-Brumer, Day, Russell, & Hatzenbuehler, 2017).

While research on the health disparities between transgender and cisgender adolescents continues to emerge, few studies have focused on adolescents with non-binary gender identities. We use non-binary as an umbrella term for all gender identities that do not exclusively fall into the traditional binary categories of male or female. Individuals with non-binary identities may describe their gender identity as both male and female, as neither, as in between, as an alternative gender, or as no gender (Frohard-Dourlent, Dobson, Clark, Doull, & Saewyc, 2017; Matsuno & Budge, 2017). Commonly used terms for non-binary gender identities include but are not limited to *genderqueer, genderfluid, bigender, agender, two-spirit, third gender*, and *gender neutral*. Individuals with non-binary identities may or may not also identify as *trans* (e.g., an umbrella term to describe people whose gender identities do not align with their sex

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assigned at birth). Because they identify as non-binary and often do not conform to the prescribed social expectations associated with the gender that matches their sex assigned at birth, they are increasingly described as being included under the umbrella label of *transgender and gender non-conforming* (TGNC) (Bockting et al., 2012). Recent studies with TGNC populations show that significant percentages (between 35% and 41%) identify as non-binary (Clark, Veale, Townsend, Frohard-Dourlent, & Saewyc, 2018; James et al., 2016).

To date, the majority of studies with TGNC adolescents have included only the identity options of male, female, and transgender, obscuring the experiences of adolescents with non-binary gender identities (Connolly et al., 2016; Frohard-Dourlent et al., 2017). Even when additional non-binary gender identities are included as options, these participants are often subsumed under the "transgender" category during analysis, which limits understandings of non-binary individuals' experiences (Darwin, 2017).

The few studies that have separated non-binary from binary-identified TGNC individuals suggest that non-binary individuals have worse mental health outcomes than their binary-identified counterparts. For example, analyses based on data from the 2015 U.S. Transgender Survey suggest that 49% of non-binary adults (of all ages) reported serious psychological distress in the past month, compared to 35% of binary-identified transgender men and women, and 5% of the overall U.S. population (James et al., 2016). Studies of non-binary adolescents show similar trends: A study of transgender adolescents and young adults ages 14 to 25 in Canada ($N = 923$) concluded that non-binary participants consistently reported worse mental health outcomes compared to their binary-identified counterparts (Veale et al., 2017b). In addition, the rate of self-harm (i.e., nonsuicidal self-injury, such as cutting) was significantly higher for non-binary young adults ages 19 to 25 (60.7%) compared to trans boys/men (48%) and trans girls/women (40.3%). In contrast, another study—this one focusing on the mental health and victimization experiences of transgender adolescents in the United Kingdom between the ages 16 and 25—compared the mental health outcomes of non-binary participants ($N = 315$) with those of binary transgender participants ($N = 362$) and did not find significant differences between the two groups (Rimes, Goodship, Ussher, Baker, & West, 2017). Unfortunately, there are no population-based studies available that include data on the well-being of non-binary individuals.

Minority stress theory is the predominant framework used to explain mental health disparities among sexual and gender minority populations (Meyer, 1995, 2003, 2015; Testa, Habarth, Peta, Balsam, & Bockting, 2015). It posits that these individuals experience unique minority stressors stemming from society's stigmatization of their identities. Minority stressors exist along a continuum from external experiences that are more distal from the self (e.g., discrimination) to internal, cognitive processes proximal to the self (e.g., anticipated rejection, identity concealment, and self-stigma). It is theorized that the lifelong accumulation of minority stressors can result in poor mental health outcomes, but that protective factors, such as coping strategies and access to social support, can diminish the effects of minority stress on mental health. Although minority stress theory has more often been applied to studies of sexual minority populations, empirical support has confirmed its applicability for transgender populations, including transgender youth (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Nuttbrock et al., 2014; Perez-Brumer et al., 2017; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015; Sterzing, Ratliff, Gartner, McGeough, & Johnson, 2017; Tebbe & Moradi, 2016; Veale, Peter, Travers, & Saewyc, 2017a).

Scholars have recently posited that some previously unstudied minority stressors uniquely affect TGNC individuals (Sevelius, 2013; Testa et al., 2015). For example, Testa et al. (2015) have highlighted an additional minority stressor of "non-affirmation of gender identity" as a critical discrimination-related experience faced by TGNC people. Non-affirmation is defined as a phenomenon that occurs when one's gender identity is not supported or recognized by others—for example, when a transgender male is identified as "miss" or is referred to by his former female name. Indeed, Testa et al. (2015) found that more frequent gender identity non-affirmation was positively associated with higher levels of depressive and social anxiety symptoms. Similarly, a recent study of TGNC youth ($N = 129$) found that those experiencing affirmations of gender identity—through the use of their chosen names—reported reduced depressive symptoms, suicidal ideation, and suicidal behavior (Russell, Pollitt, Li, & Grossman, 2018).

Less is known about the unique ways that non-affirmation is experienced by non-binary adolescents, although there is evidence that non-affirmation experiences are common for this group. For example, data from the 2015 U.S. Transgender Survey suggest that 63% of non-binary participants sometimes choose not to tell others about their gender identity due to expectations that they will not be affirmed or taken seriously (James et al., 2016). Other studies have reached similar conclusions regarding the "anticipation" of non-affirmation among non-binary individuals (Darwin, 2017; Losty & O'Connor, 2018); experiences of non-affirmation have also been documented among non-binary youth within school and health care settings (Beemyn, 2015; Lykens, LeBlanc, & Bockting, 2018; Rankin & Beemyn, 2012). For example, Goldberg and Kuvalanka (2018) found that non-binary-identified college students struggled to navigate aspects of university life that privileged the gender binary, such as men's/women's bathrooms, exclusive use of binary pronouns in the classroom, and difficulty changing their names in university computer systems. Similarly, Lykens et al.'s (2018) study of health care seeking experiences among genderqueer and non-binary young adults

revealed that participants frequently felt their gender identities were misunderstood or not recognized by medical providers; participants reported that their providers often had trouble viewing their health care needs outside of a "binary narrative of transgender care" (Lykens et al., 2018, p. 3).

Despite these important contributions, much remains to be understood about how non-binary-identified adolescents experience non-affirmation, and this article begins to examine this void in the literature. Adolescence represents a particularly important developmental period in which to examine non-affirmation among non-binary individuals. First, identity formation is a central developmental task during adolescence (Erikson, 1968). Although some non-binary individuals have a strong sense of their gender identity at a young age, many non-binary adolescents are still in the process of exploring and negotiating their gender identity. Therefore, while identity formation is stressful for all adolescents, for non-binary adolescents this can be further compounded by the additional stressor of non-affirmation. Second, due to heightened brain plasticity (Dahl, 2004; Giedd et al., 1999), adolescents are more vulnerable to stressors, and exposure to chronic stressors (such as non-affirmation) can potentially contribute to the development of mental health disorders (Andersen & Teicher, 2008; Eiland & Romeo, 2013; Spear, 2009).

This study examined the lived experiences of non-affirmation among an ethnically diverse sample of non-binary-identified adolescents. Using in-depth qualitative interviews, we present an exploration of non-binary adolescents' perceptions and experiences of stressors related to non-affirmation, the cognitive and affective processes resulting from non-affirmation-related stressors, and the mental health impact of these stressors.

Methods

Recruitment and Eligibility

The study sample was taken from a larger study that included 28 trans adolescents between the ages of 16 and 20 in New York City (NYC) and the San Francisco Bay Area (SFBA). For this study, *trans* was defined as an umbrella term that includes all transgender, non-binary, and gender-nonconforming identities. Participants in this larger sample were partially recruited ($N = 12$) from eligible and oversampled participants in Project AFFIRM, a large-scale, multimethod, and multisite study of transgender identity development across the life span. Project AFFIRM participants were recruited through purposeful, venue-based sampling across a variety of settings (online and offline) frequented by the target population. The remaining participants ($N = 16$) in the larger study sample were recruited through local clinics and nonprofits that serve trans youth in NYC and SFBA (two of the Project AFFIRM study sites) or through peer referrals by previous participants. The first author distributed fliers to these organizations, visited several trans youth groups, and gave short presentations about the study. In addition, several nonprofit organizations (nongovernmental organizations [NGOs]) posted study information on their Facebook pages and through their electronic mailing lists/via e-mail.

People who expressed interest in the research were contacted and screened for eligibility via phone, e-mail, or in person. Those meeting the study criteria were scheduled for the first of two in-person interviews at Project AFFIRM study offices or at other agreed-upon locations (e.g., clinics and NGOs).

Eligibility criteria were that participants (1) identify as trans or non-binary (i.e., identify as a gender other than the sex assigned to them at birth), (2) be between the ages of 16 and 20, (3) live in NYC or the SFBA, and (4) speak English or Spanish. A total of 14 participants between the two study sites reported non-binary gender identities and are the focus of this article.

The study received approval from the University of California, Berkeley, research ethics board. A waiver of parental consent was obtained for the study, and all participants signed an informed consent form. Each participant received a cash incentive ($50 per completed interview).

Data Collection

Qualitative data collection was conducted between June and November 2017. The first interviews were conducted using lifeline methodology. Lifelines are a visual depiction of a participant's life history in which events are displayed in chronological order (Gramling & Carr, 2004). This method was chosen to facilitate recollection and sequencing of personal experiences within an adolescent and gender identity developmental framework. Participants were given a large sheet of paper in which a horizontal line was displayed, with "Birth" shown at one end and "Today" shown on the other. Participants were first asked to label key events and periods of time related to their gender identity that were challenging. Following this, participants were then asked to label events and periods of time when they felt supported in their gender identities. The interviewer then asked participants to describe the events marked on the line. The interviews were narrative in nature and focused on the challenges and stress associated with these events/periods, the strategies participants used to manage and cope with challenges, and the role of social support in promoting participants' emotional well-being. These interviews lasted between one and two hours and were audio recorded.

The second phase of the data collection was guided by photo elicitation (Harper, 2002). At the end of the lifeline interviews, participants were asked to take photos that corresponded to prompts about psychosocial resources (e.g., "Take photos that illustrate how you feel when you are supported in your identity"). Participants returned two to three weeks later with their photos, which were used to

guide the second interview (lasting between one and two hours each). Fourteen participants completed the lifeline interviews, and 10 completed both interviews (i.e., four participants were lost to follow-up).

Data Analysis

All interviews were audio recorded, sent to a professional transcription company, and transcribed verbatim with identifiers removed. Data were analyzed using an inductive thematic approach (Pope, Ziebland, & Mays, 2000). A codebook draft was developed that included both a priori theory-driven codes (representing stigma-based minority stress constructs) and themes that emerged from initial reviews of the transcripts (such as normalcy and resistance/rejection of the gender binary). The first author and two research assistants used the codebook draft to independently code three transcripts each. The coding was then compared side by side and discussed among all three coders, and the codebook was further refined. This process was repeated three times, using transcripts from nine participants (selected to reflect a range of participant gender identities and study sites) until the codebook was finalized. The remaining transcripts were then coded independently by the three coders using the qualitative analysis software Dedoose Version 8.0.35 (2018). Each coder also attached written memos to segments of the transcripts to record preliminary analytic ideas about the data (Birks, Chapman, & Francis, 2008). One-third of the transcripts coded by the research assistants were double-coded by the first author to ensure coding consistency.

Following coding, the transcript excerpts pertaining to each code were reviewed side by side and synthesized by the first author to identify salient themes and patterns from the data. Illustrative quotes and photos that related to these themes were selected to communicate the study findings.

Sample Characteristics

Fourteen participants with non-binary gender identities were included in this sample. The gender identities as described in the participants' own words are included in Table 1. Many of the participants also used the umbrella term *trans* in addition to their non-binary identity term.

Three of the participants had already initiated gender-affirming medical procedures (hormone therapy and/or chest surgery), four participants wanted to obtain those procedures but did not have their parents' permission to do so, two were unsure whether they wanted those procedures, and five did not want them. Eight of the participants were in high school, three were attending college, and three were not in school. Nine were living full time at home with family members, three were living with family when they were on break from college, and two were living independently. The age and racial breakdown of the participants are provided in Table 1.

Results

Identity Invalidation: A Unique Form of Minority Stress

We present participants' experiences of non-affirmation using the construct of *invalidation*, which we define as the refusal to accept someone's identity as "real" or "true." While the two terms—*non-affirmation* and *invalidation*—may appear similar in the context of gender identity, we argue that experiences of invalidation are conceptually distinct. In the case of invalidation, the a priori legitimacy of a non-binary individual's identity is called into question and frequently dismissed as not credible. This is in contrast to non-affirmation of binary-identified trans individuals, where an individual's gender identity has a recognized place in the binary, but others question that individual's right to claim that identity. One participant aptly summarized this distinction:

Table 1. *Participant Demographics*

Number	Age	Site	Gender Identity	Sex Assigned at Birth	Pronouns	Race
1	18	NYC	Genderqueer	Female	they/them	Mixed race
2	17	NYC	Non-binary trans guy	Female	he/him	Black
3	20	NYC	Two-spirited	Female	ne/nem/nems	Black
4	16	NYC	Non-binary	Female	they/them	Mixed race
5	17	NYC	Non-binary trans man	Female	they/them and he/him	Middle Eastern
6	17	NYC	Non-binary	Female	they/them and she/her	Black
7	19	SFBA	Agender	Female	they/them or he/him	White
8	19	SFBA	Genderqueer	Male	they/them	Asian
9	17	SFBA	Non-binary trans masculine	Female	they/them	White
10	17	SFBA	Non-binary	Female	they/them	Latinx
11	18	SFBA	Agender	Female	they/them or he/him	White
12	17	SFBA	Non-binary	Female	they/them	White
13	18	SFBA	Non-binary	Female	they/them	Mixed race
14	16	SFBA	Non-binary	Female	they/them	White

Note. NYC = New York City; SFBA = San Francisco Bay Area.

> People are super quick to dismiss [non-binary identities] as fake or something like that… . At least with trans people in the binary, it's like, "Yes, I am this." People still question your transness, but at the same time it's easier, because they don't question as to whether or not the thing you identify as actually exists. (Age 16, non-binary, White)

Another participant echoed this experience: "You are not validated. You explain so much because there are so many more people who know that [binary] trans men and trans women exist. A lot of people don't know that there are more than two genders" (age 16, non-binary, mixed race).

Identity invalidation was pervasive among all study participants and occurred across multiple social contexts. The following section summarizes the types of invalidation that participants experienced from the micro- to the macro-levels, including the interpersonal, community, institutional, and media levels. Following this, we present the affective and cognitive processes that occurred among participants as a result of their invalidation experiences.

Invalidation in Interpersonal Contexts: "Your Identity Isn't Real". Due to a lack of public awareness of non-binary identities, participants were often met with reactions of disbelief when they disclosed their gender identities to others. They reported that people would frequently laugh, act confused, "brush it off," or dismiss their identity as "fake." Participants were also commonly accused of fabricating their identity as a ploy to get attention from others. One participant—who had not yet disclosed their identity to their father—described their father's dismissal of their friend's non-binary identity:

> I talked to him about my friend who uses *they/them/their* pronouns. And my dad is really confused. He's like, "They? … Why is she using that? She's so 'extra.' Millennials are just so 'extra,' always trying to make themselves different." I don't think he thinks it's a "thing"—being outside the binary. I don't think he thinks it's valid. (Age 18, genderqueer, mixed race)

In addition to invalidating the existence of non-binary identities, participants were often met with resistance toward using gender-neutral pronouns. People commonly expressed discomfort with *they/them* pronouns, with many resisting them as being grammatically incorrect. Other types of gender-neutral pronouns were deemed even more inappropriate: "People don't like to use *they* pronouns. It freaks them out. And then there are like *ze* and *zere* pronouns, and things like that—that people are like, 'I don't want to learn a whole new set of pronouns'" (age 17, non-binary trans masculine, White).

Many participants believed that the refusal to recognize non-binary identities was not only due to a lack of awareness or discomfort with gender-neutral pronouns but was also motivated by an underlying lack of respect for non-binary people. Several participants gave examples of being treated poorly in school by classmates. For example, after explaining their pronouns to others, participants reported that classmates would make fun of them by calling them "it" or saying that their identity was as outlandish as calling yourself an unrelated object, such as an "attack helicopter." One participant described:

> People would call me "it." Like, "Oh, so you are just an 'it.'" Oh my God, that word—"it." Just because I'm not he or she doesn't mean I'm an it… . Classmates would say "it" as a joke, but clearly for me, it wasn't a joke. It took me so long to accept who I was and now you are calling me an "it." It just hurt. (Age 17, non-binary, Latinx)

Invalidation From LGBTQ Communities: "You Have to Be Doubly on Edge". Participants reported that they often felt invalidated within lesbian, gay, bisexual, transgender, and queer (LGBTQ) spaces. Many participants explained that they believed that binary-identified trans people did not consider non-binary individuals to be "authentically trans." This perception was particularly common among participants who were not interested in medically transitioning (e.g., undergoing medical procedures to change one's physical characteristics and facilitate a shift toward a gender different from one's sex assigned at birth) or did not experience a high level of gender dysphoria. This made some participants apprehensive to seek support within binary trans spaces:

> You can't necessarily feel totally safe in trans environments either. Like, binary trans people, they have each other. But if I walk into a room full of binary trans people, I don't know if they all think that non-binary genders are valid or if they think that any of that is really trans. Because there are people who are like, "Oh, you are not really trans unless you have dysphoria and unless you medically transition." So, you have to be kind of doubly on edge. (Age 18, agender, White)

Other participants felt that many gay and lesbian people were prejudiced against trans and non-binary people. They reported that queer spaces were often dominated by cisgender gay men, which made them feel unwelcome: "I think there's still just so much transphobia within the gay/queer community still. Even if people aren't mal-intentioned, there's still just like this latent transphobia. Being at the receiving end of those slights just opens yourself up—you will be more sensitive to just the environment around you" (age 18, genderqueer, mixed race).

Institutional Invalidation: "No One Wants to Be Misgendered". Invalidation of non-binary identities was also reinforced on an institutional level. Many of the participants reported that their school environments were not affirming. In some cases, this was due to a lack of institutional commitment to recognize and affirm gender-

diverse students. Yet even in schools that were considered "progressive," participants felt that the administrations were not making concerted efforts to recognize and support non-binary students. One participant stated that even though the school was widely regarded to be trans friendly, the administration had failed to adequately educate teachers about non-binary identities. As a result, teachers regularly misgendered students in class by failing to use their correct pronouns:

> It bothers me that it's pretty much the best school in [this area] to be trans. And then the teachers believe that they're so good with trans kids because they work at this great school. It's like, trans kids get beat up at other schools. So then they come to [our school] to get misgendered. And it's like, well, being misgendered is better than being beat up—so we're the best. Well, no one wants to be misgendered. (Age 16, non-binary, White)

In addition to a lack of teacher training, participants reported that their schools did not include any information about gender-diverse identities within their curricula. Even in health and sex education classes, participants reported that the curriculum focused on cisnormative and heteronormative information. This lack of inclusion contributed to feelings of erasure among non-binary students:

> Nothing about gender identity was ever included. We got very heteronormative sex ed… . They were like, we are going to assume that you are going to be having straight sex—penis and vagina. Here is how to put on a condom. But there was nothing about gender identity, nothing about safe sex if you are not straight. (Age 17, non-binary, White)

Participants also described structural examples of nonaffirming school practices, such as the lack of gender-neutral bathrooms or locker rooms, and the absence of policies and procedures to facilitate name and pronoun changes for students. One participant explained how the absence of affirming procedures can result in the (sometimes unintentional) reinforcement of identity invalidation by teachers:

> There is this thing called Google Classroom, and you can't change your name on it, which sucks. So that means it has my birth name on my Google Classroom, which I have to use with my whole class. I'm in a class of people I don't know. It's really stressful. (Age 17, non-binary trans masculine, White)

While participants' examples of institutional invalidation most frequently occurred in schools, they also reported invalidation experiences within health care settings. Several participants described interactions with health care providers who demonstrated a complete lack of understanding about trans and non-binary gender identities. This not only caused participants to feel invalidated but often resulted in inadequate delivery of care. One participant described an invalidation experience that occurred during a regular medical checkup. The participant had worked up the courage to disclose their gender identity to their family doctor, and the doctor responded by saying that the participant must be confused—that the participant's feelings about their gender were caused by being overweight and having a poor body image:

> "You just don't see your body as female, because you don't have an hourglass figure." That's what my doctor told me when I was fourteen. She was like, "No, it's just because you are overweight. Lose weight, and you will be good. And then you will have a more female-looking body." (Age 17, non-binary trans masculine, White)

Media Invalidation: "We Need Representation in Media". Participants emphasized the invisibility of non-binary gender identities in the media. They believed that this lack of representation was problematic both because it denied them access to non-binary role models and because it perpetuated a limited narrative about trans people. The majority of participants had never been exposed to other non-binary people when they first began questioning their gender identities, and thus felt isolated and alone:

> We need representation in media. And in books and schools. We need more people to be teachers, to be doctors, things like that. We need more than just Laverne Cox as our representation—we need non-binary people. We need people who haven't transitioned, trans people who aren't going to transition. (Age 17, non-binary trans masculine, White)

This participant argued that the only trans people depicted in mainstream media tended to be individuals who identified within the gender binary and who had undergone medical transition. This, in their view, perpetuated a societal belief that there was only one way to be trans. Participants described this stereotypical "trans narrative" as following a linear progression through distinct phases: from feeling "trapped in the wrong body," to identifying as the "opposite" sex, to starting hormones, to changing one's legal name and gender marker on all personal documents, and finally "completing" one's transition by undergoing gender-affirming surgery. Participants asserted that this limited narrative did not allow space for all trans and non-binary people and consequently made it difficult for other people to understand their experiences.

Cognitive and Affective Processes Related to Invalidation

For the majority of participants, experiences of invalidation led to several cognitive and affective processes. Most participants reported initial experiences of confusion and self-doubt. After coming to terms with their identity, participants faced ongoing decisions about how and when to disclose their identity to others. Subsequently, participants

struggled with the shame of being misgendered and the burden of having to decide whether to correct people.

Many participants reported that they were confused when they began to question their gender identities. These participants explained that they did not know that there were more options outside of the gender binary, so they were unable to understand their own thoughts and feelings. Participants described persistent rumination as they tried to make sense of their identities:

> I had questioned my gender identity multiple times, actually, throughout my childhood. But I kept going, I guess, because I also was like, "I'm not a guy. It feels weird." I did a lot of thinking, and so I would be lying in bed and I would just try to imagine myself as a boy. Calling myself a boy felt wrong, but I also didn't feel like a girl. And I just didn't know what to do with that. (Age 16, non-binary, mixed race)

Participants reported that ongoing rumination and confusion led them to repress their feelings or to question whether they were real or valid. This led to intense self-doubt, coupled with significant distress:

> I didn't know what was happening, because no one really talked about it. I was just so confused all the time. And I was just crying late at night, because I didn't know what was wrong with me, what was going on with me. It was just a very confusing time… . I felt like, maybe it's just all in my head, you know? Maybe this isn't real. Maybe it was my problem, because I was making it up. Like, I was invalidating my own feelings. (Age 17, non-binary, Latinx)

In an attempt to quell their confusion, some participants searched online for information about transgender people. But many participants reported initial concerns about not feeling "trans enough." Participants who did not experience gender dysphoria or who did not feel like they identified strongly with either gender worried that they could not authentically identify as trans and thus were unable to locate an identity that fit them:

> There was a long time where it was like, "Oh, it would be really nice if I could identify as trans, but I can't really, because I'm certainly a faker." … I don't have an internal sense of gender identity, so I can't be like, "Oh yes, I certainly feel male." (Age 18, agender, White)

One participant thought that to be trans, a person must experience dysphoria at an early age, starting at four or five years old. Because this participant began to experience dysphoria later, at the onset of puberty, they did not think they met the criteria for identifying as trans. Another participant reported that they did not feel like their dysphoria was extreme enough to claim a trans identity:

> As far as dysphoria—I don't know. I know for some people it's a real issue, which confused me. Like, actual people, for them, this is a really big thing, and then they take them [their breasts] off, because it's such a big thing. I did feel this intensely, but clearly not as intensely as these people did, so maybe I'm not transgender. (Age 17, non-binary, Latinx)

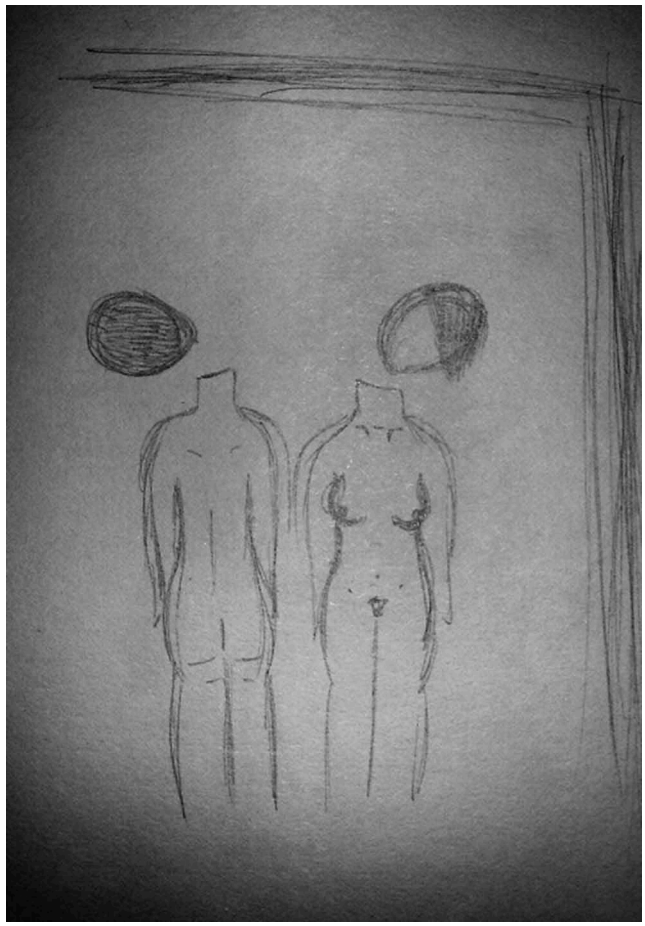

Figure 1. Participant drawing, titled: "Head Separate from Body"

This same participant shared a photo of a drawing from their journal, titled "Head Separate From Body" (Figure 1), to convey the distress they felt while they tried to make sense of the dysphoria they were experiencing. The participant reported that they felt deeply confused about their feelings, as they did not think that they met the criteria for being transgender but had never been exposed to information about non-binary identities. The participant described their drawing:

> It's an angled version of me and there's a mirror, and you can see me from the mirror [with] the head popped clean off. It's kind of a visual representation of how I didn't feel that what was in my head—how I was feeling—was connected to the body inside. (Age 17, non-binary, Latinx)

Once participants came to terms with their gender identity, they described the challenges of navigating how and when to disclose their identities to others. In contexts where their identities were not affirmed, they described the additional challenge of having to decide whether to correct people.

For many participants, disclosing their identity in group settings was an intimidating process. Based on previous experiences of rejection, participants were frequently nervous about having their identity dismissed. In addition, participants were wary of the emotional labor involved with having to explain what their identities mean to others. One participant described why they were reticent to ask their teachers to use their pronouns during class:

> I never really tried to use my pronouns, because I was scared to ask them. Because coming from my family not being supportive, I was like, "Wow, I'm really being discriminated against. I have to protect myself." … I guess I was just worried that [my teachers] would be like, "What?" And I didn't want to have to go through and explain. It's exhausting. And at that point I was so emotionally tired. (Age 17, non-binary trans masculine, White)

Participants described feeling frustrated about having to constantly educate others about their identities, especially when their initial requests were not honored. For some participants, the efforts required to correct people every time they were misgendered felt overwhelming. Participants also described feelings of shame resulting from being misgendered and then receiving unwanted negative attention when they tried to correct people. Several participants felt that they were perceived as reactionary and "ridiculous" when they stood up for themselves.

One participant shared a photograph that illustrated their challenges related to being misgendered by others and their subsequent feelings of invisibility (Figure 2). In the photo, the participant is wearing a hat that they made, with "THEY/THEM" written across the front panel of the hat. The participant used Photoshop to black out the image of their face and body so that they were not recognizable in the photo. The participant explained that even when they wore clothing in public that explicitly stated their pronouns, it did not affect people's willingness to use them:

> One time my dad was like, "Well you can't get mad at people for not using your pronouns, because how are they supposed to know? Are you gonna tattoo *they/them* on your forehead?" So I bought a shirt that says *they/them*. I was like, this makes no difference! … Most people don't get it… . It doesn't make any difference to how much I get misgendered or anything like that… . They never ask me about it. (Age 17, non-binary trans masculine, White)

Due to these stressors, many participants chose to conceal their identities in certain settings. Some participants decided that it was not worth it to disclose to casual acquaintances or to people that they were not going to see again. While concealment reduced the cognitive burden of disclosure, participants reported that it also led to feelings of distress:

> I go into every new conversation with somebody who I don't know expecting to have to explain pretty much my entire identity, unless I cover it up and accept that they are going to call me *she/her* pronouns and assume I'm a girl. So that kind of sucks. It's kind of a lose-lose situation. You either have people questioning you or people calling you something that you are not. (Age 16, non-binary, mixed race)

Figure 2. Participant photo of "They/Them" hat

The combination of invalidation-related stressors described often led to significant psychological distress for participants. For many participants, the cumulative stressors related to invalidation contributed to adverse mental health outcomes, including depression, anxiety, self-harm, and suicidal ideation. Some participants reported cutting themselves or engaging in other forms of self-harm as a way to cope with the distress of being invalidated. Other participants reported that the cumulative effects of invalidation impeded their ability to function in school and in their daily lives.

While participants acknowledged that there were other factors affecting their mental health, they felt that the stressors related to identity invalidation were major contributors: "I would get misgendered all the time. And I think that's where a lot of my depression was coming from, because I was like, I have no control over my body or how other people see me. So I felt very out of control in that sense" (age 17, non-binary trans masculine, White).

Discussion

We found that non-binary adolescents experienced a previously unexamined form of minority stress: identity invalidation. This stressor occured across multiple social contexts and was likely a source of significant psychological distress. Invalidation in this ethnically diverse, qualitative sample was tied to feelings of self-doubt, confusion, increased rumination, and internalized shame. Participants further reported that the combination of these stressors contributed to the development of adverse mental health outcomes.

This study offers initial support for the further study of invalidation as a unique minority stressor affecting TGNC populations. We suspect that experiences of invalidation, while similar to experiences of non-affirmation, are especially detrimental to the well-being of non-binary individuals. Participants reported routine experiences where their identities were dismissed by others as fake, fabricated, or "a phase" that they were expected to outgrow. Moreover, experiences of identity invalidation came not only from people in cisgender communities but also from people within trans and LGBTQ communities, leaving participants with limited spaces where they felt accepted and understood. Consequently, many participants reported worrying that were not "trans enough," for example. We argue that the construct of invalidation is an important phenomenon that should be included in studies of TGNC populations, especially those focusing on both binary and non-binary populations. These findings should also be used as a foundation for developing quantitative measures of identity invalidation for use in future research on gender minority stress and mental health.

Gender identity invalidation may also be a parallel concept to experiences of other minority populations whose identities do not neatly fit into socially prescribed categories. For example, bisexual individuals often find themselves situated between two socially constructed binaries of sexual orientation (gay and straight). Studies have shown that, like non-binary individuals, bisexual people frequently report being ostracized within gay and lesbian spaces for not being "queer enough" and are simultaneously accused by heterosexual communities of being confused about their sexual orientation or simply in an experimental phase (Elia, 2014; Flanders, Dobinson, & Logie, 2017; Hertlein, Hartwell, & Munns, 2016; McLean, 2008; Ross, Dobinson, & Eady, 2010). Numerous studies have also demonstrated that bisexual individuals have worse mental health outcomes than gay or lesbian populations, and it has been theorized that minority stress processes related to social exclusion and invalidation of their sexual identities contribute to these outcomes (Bostwick, 2012; Feinstein & Dyar, 2017; Persson & Pfaus, 2015). Findings from the current study offer support that similar processes of invalidation and exclusion may contribute to the poor mental health outcomes of non-binary adolescents.

The stress of not fitting into a socially prescribed gender category is likely heightened for non-binary adolescents due to the importance of identity formation during this developmental period. Although developing and integrating a positive identity is a central task for all adolescents (Erikson, 1968), the majority of non-binary adolescents in this study faced the additional challenge of conceptualizing their own gender without any prior knowledge of non-binary gender identities or exposure to social modeling by other non-binary individuals. Thus, many participants experienced a profound sense of confusion and self-doubt during their initial stages of gender identity exploration. In addition, because it is common for all adolescents to experiment and "try on" different identities (Harter, 1999), it is likely that some adults dismissed participants' gender identities as normal adolescent experimentation. Many non-binary adolescents are therefore subject to a double burden of identity invalidation: They must contend with external and internal doubts about the legitimacy of their gender identities; and because they are adolescents, their feelings and behaviors are also perceived by adults as age-typical experimentation and therefore taken less seriously. Future longitudinal research should examine the specific effects of identity invalidation experienced during adolescence on long-term developmental and mental health outcomes of non-binary individuals.

Consistent with minority stress theory, several participants reported that invalidation experiences were related to internalized stress processes such as identity concealment and self-shame. The anticipated burden of having to simultaneously disclose their identity and educate others about the identity often resulted in concealment and instances where participants allowed others to make assumptions about their identities. While this was sometimes protective, the act of concealing one's identity can also exacerbate psychological distress. Experiences of invalidation also led some participants to internalize feelings of shame. These stress processes are consistent with the minority stress theory (Hatzenbuehler, 2009; Meyer, 2003) and support the inclusion of invalidation as a unique minority stressor that disproportionately affects non-binary individuals.

Participants described the emotional labor required to navigate life as a non-binary-identified adolescent in a predominantly binary world. This labor is associated with unique sources of minority stress that are not well

understood at present; for example, they require effort or work to be vigilant about anticipatory stressors that may also contribute to negative cognitive processes and ultimately to psychological distress and mental health (e.g., depression, anxiety, self-harm, suicidal ideation). This finding is consistent with the extant literature that documents higher rates of adverse mental health outcomes among non-binary adults and youth (Budge, Rossman, & Howard, 2014; James et al., 2016; Veale et al., 2017b). While qualitative studies are not designed to demonstrate causality, these data suggest that identity invalidation has deleterious effects on mental health and contribute to mental health disparities facing non-binary adolescents. Future longitudinal research should be conducted to assess the association and directionality between identity invalidation experiences and adverse mental health outcomes.

Limitations

Small-scale qualitative studies cannot speak to issues of causality. Participant narratives may have also been affected by recall bias and social desirability bias. Moreover, because some of the participants were recruited from LGBTQ centers and support groups, our sample may have overrepresented adolescents who were connected to community-based supports or integrated into LGBTQ communities.

In addition, while participants reported varying levels of family acceptance, all but one of the participants were receiving instrumental and financial support from their families at the time of data collection. Therefore, these findings may not be reflective of non-binary adolescents who have been more fully rejected by their families.

Finally, although the participants in the sample were diverse in terms of racial and ethnic backgrounds, only one was assigned male at birth. There is some evidence to suggest that non-binary individuals are more likely to have been assigned female at birth (Harrison, Grant, & Herman, 2012). Nonetheless, future research should include representative samples of non-binary individuals who were assigned male at birth to deepen understandings of within-group differences of invalidation. In particular, studies that explore differences in minority stress experiences depending on sex assigned at birth among non-binary populations are much needed. Also, the participants lived in two urban areas that are generally considered to be progressive and LGBTQ friendly.

Implications for Educational Settings and Clinical Practice

Given the amount of time that adolescents spend in school, the school environment can have a critical influence on their mental health outcomes. It is important to offer training to teachers and staff so they can become better equipped to normalize and affirm gender-diverse people. These trainings should include information about the unique psychosocial needs of non-binary adolescents, including an overview of how minority stress processes, especially those involving identity invalidations, affect their lives.

Within health care settings, providers should receive comprehensive training about the unique medical and psychosocial needs of non-binary adolescents, and they should be instructed to refrain from making assumptions about what types of medical interventions non-binary adolescents may desire or request. Health care providers should meet non-binary patients "where they are at," provide information about the full range of gender-affirming medical services available, and allow space for youth to make informed decisions about their own treatment.

In addition, given that the majority of participants in this study reported experiences of social isolation related to identity invalidation, referrals to social support networks can be critical ways to help non-binary adolescents manage those stressors. For example, support groups held at schools, clinics, and/or LGBTQ youth centers can provide environments where non-binary adolescents can receive identity affirmation, meet other non-binary peers, exchange information about gender-related issues, and share lived experiences. Indeed, the literature on TGNC populations demonstrates that social support (Eisenberg et al., 2017; Singh, Meng, & Hansen, 2014), identity affirmation (Austin, 2016; Russell et al., 2018; Testa, Jimenez, & Rankin, 2014), and connection to trans communities (Pflum, Testa, Balsam, Goldblum, & Bongar, 2015; Singh, 2013) are important protective factors against adverse mental health outcomes, as is participation in school gender sexuality alliances or gay–straight alliances (GSAs) (Greytak, Kosciw, & Boesen, 2013). For non-binary adolescents without access to in-person support groups, online resources may also be helpful: Research has found that online resources have helped trans youth access information, find communities of other non-binary individuals, and receive emotional support (Evans et al., 2017). Increased services should also be made available to support families of non-binary youth, such as online and in-person support groups, educational webinars, counseling referrals, and conferences that focus on the health and psychosocial needs of gender-diverse youth and their families.

Conclusion

This research represents one of the first studies to qualitatively explore minority stress experiences among an ethnically diverse sample of non-binary adolescents. These data demonstrate that identity invalidation is a unique form of minority stress that may especially affect non-binary individuals with significant implications for their social and emotional well-being. non-binary adolescents experience myriad forms of invalidation within multiple social contexts, contributing to the psychological processes

of confusion, self-doubt, rumination, distress, and internalized shame. The combination of these stressors was also reported to contribute to adverse mental health outcomes among some of the study participants. Future research should examine identity invalidation in other samples of TGNC individuals, as well as other populations where it is likely to occur (e.g., among individuals who identify as bisexual).

Adolescence is a critical stage of life that includes rapid biological, emotional, and social development (Steinberg & Morris, 2001). As such, it is a period of particularly acute vulnerability, and extended exposure to stress during adolescence can lead to long-term consequences for mental health and well-being (Dahl, 2004). While most young people experience challenges during adolescence, this study provides evidence that non-binary adolescents face additional challenges due to the unique forms of invalidation they experience. These data underscore the importance of designing interventions to reduce identity invalidation and better support this vulnerable adolescent population.

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