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Rural Transgender and Gender-Nonconforming Individuals' Experiences With Social Media During Adolescence

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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MS, St. Cloud State University, 1999

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Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Suicide attempt and completion rates are significantly higher for the transgender and gender-nonconforming (TGNC) population. TGNC adolescents experience many challenges and adversities, which are compounded when they live in rural communities. The lived experiences of rural TGNC adolescents with social media were unknown and created a gap in the research. This study was grounded in transgender, gender minority stress, and resiliency theories, along with the conceptual frameworks of rural communities and grit. The purpose of this descriptive phenomenological qualitative research study was to explore the lived experiences of rural TGNC individuals (18–24-year-olds) with social media during adolescence. Data was collected through a brief online survey and face-to-face interviews with 9 participants. Interviews were recorded and transcribed. Data analysis included clustering of themes into textual and structural descriptions, as described by Giorgi. Results explored the lived experience and the essence of social media for rural TGNC adolescents. Rural TGNC adolescents reported emotional awareness and insight with both positive and negative aspects of social media, along with frustration and isolation. These results and implications may inform mental health professionals and providers about the social media experiences of rural TGNC adolescents, including how to incorporate these findings, better serve the rural TGNC population, and increase grit. These findings were also a voice for a hidden population of TGNC individuals living in rural communities during adolescence.

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Dedication

This study is dedicated to the amazing, courageous, and brave individuals whom participated in this research study. These tremendous individuals were willing to disclose private information and stories that gave life and meaning to this study. I am forever grateful to each of them.

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Finally, I would like to acknowledge my husband, best friend, and soulmate, Tony. He encouraged, supported, pushed, motivated, and helped provide this opportunity for me. He made many sacrifices and carried many burdens, so I could pursue my doctorate. Thank you for always believing in me.

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Chapter 1: Introduction to the Study

Introduction

Transgender and gender-nonconforming (TGNC) individuals are an underresearched and understudied population (Coulter, Kenst, Bowen, & Scout, 2014). Frequently, TGNC individuals are grouped with lesbian, gay, bisexual, and transgender (LGBT) individuals and assumed that research and results are similar (e.g., Asakura & Craig, 2014; Birkett, Newcomb, & Mustanski, 2015; Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016): that sexual orientation is in the same genre as gender and gender expression. Consequently, specific TGNC research is significantly lacking and gaps are present (Coulter et al., 2014; Doan, 2016; Johnson, Singh, & Gonzalez, 2014). Additionally, research that is currently available was primarily conducted with TGNC individuals living in urban areas (Bariola et al., 2015; Boskey, 2014; Grant et al., 2011). Research on the TGNC population living in rural communities is almost nonexistent (Horvath, Iantaffi, Swinburne-Romine, & Bockting, 2014; Koch & Knutson, 2016).

Another topic that has been gaining increased interest and study is social media. Social media has exploded over the past decade (Han & Myers, 2018). Adolescents accessing social media on smartphones continues to increase (Evans et al., 2017; Mehra, Merkel, & Bishop, 2004; Shah, 2016). Adolescents are bombarded with messages, news feeds, pictures, stories, chats, walls, videos, and a plethora of media that are steadily and readily available. Yet, it is unknown what experiences rural TGNC adolescents have with social media (Austin & Goodman, 2017; Cannon et al., 2017; Haimson, Brubaker,

Dombrowski, & Hayes, 2015). The premise of this dissertation topic was to explore the lived experiences of rural TGNC individuals with social media.

I have an interest in this topic for three primary reasons. First, my professional career has been dedicated to working with adolescents. Second, I have experienced both personal and professional changes due to social media and its impact on people's lives. Finally, I have had an increase in rural TGNC adolescent clients at my private practice and have consistently struggled to find research that is valid and applicable to this population.

The suicide completion rates for the TGNC population are significantly higher than the general cisgender population (Testa et al., 2017; Virupaksha, Muralidhar, & Ramakrishna, 2016; Yadegarfard, Meinhold-Bergmann, & Ho, 2014). Yet, many TGNC individuals seek mental health services (Budge, 2015; World Professional Association for Transgender Health [WPATH], 2011). Research and information on rural TGNC individuals and their experiences with social media have the potential for social change. Social media can be a catalyst that provides information and resources for rural TGNC individuals and could be a source of resiliency and grit. Further exploration was needed on this topic.

In this chapter, I describe the gap in the research and how this study helped fill this deficit. I include an overview of the study, the problem statement, and the purpose of the study. Additionally, I present the research questions with the theoretical and conceptual frameworks that outlined this study. I conclude this chapter with a brief

description of the nature of the study, prevalent definitions, assumptions, scope and delimitation, limitations, and significance of this research.

Background

The adolescent years are a turbulent time for many individuals. It is a time of tremendous growth and development, along with preparing to enter the world of adulthood (Berk, 2010). Navigating these years can be difficult, even for adolescents who have a positive support system, positive well-being, and access to appropriate resources. TGNC individuals navigate the adolescent years with a multitude of complexities, especially when living in rural communities.

There are fundamental differences between the TGNC and the cisgender adolescent population. Conceptualizing TGNC, understanding terminology and language, and accessing resources can be complex and multifaceted. The American Psychological Association (APA, 2011) and the American Psychiatric Association (2013) created criteria to define and label transgender, but these criteria were founded within the medical model and emphasized pathology and symptomology. Moreover, TGNC individuals may not meet criteria for gender dysphoria (American Psychiatric Association, 2016) nor even identify as transgender, but rather as gender-nonconforming, nonbinary, questioning, queer, or androgynous. Identity, terminology, and language are challenges that TGNC adolescents encounter and research is limited (Coulter et al., 2014).

Experiences during adolescence differ for the TGNC population compared to the cisgender population (Castañeda, 2015; Devor, 2004; Pinto & Moleiro, 2015). TGNC adolescents often have additional stressors or complexities with family or parents

(Grossman, D'Augelli, Howell, & Hubbard, 2005; Yadegarfard et al., 2014), school (Grossman & D'Augelli, 2006; Johnson et al., 2014; Greytak, Kosciw, & Boesen, 2013), and medical services (Tishelman et al., 2015; Vance, Halpern-Felsher, & Rosenthal, 2015; WPATH, 2011) that are fundamentally different from those experienced by the cisgender population.

TGNC individuals contend with factors that contribute to negative experiences during adolescence. Individuals are evaluated and shamed based on divergences from the heteronormative standards. Stigma is a socially constructed hierarchy of heteronormative beliefs and standards (Hughto, Reisner, & Pachankis, 2015). Stigma is a component of the gender minority stress model and can be prevalent for TGNC adolescents (Bockting et al., 2013; Testa, Habarth, Peta, Balsam, & Bockting, 2015). TGNC adolescents reported more issues with discrimination, microaggressions, stigma, exploitation, abuse (gender, physical, sexual, and emotional), are victims of violence, and have confounding variables that hinder access to mental health services (Dargie, Blair, Pukall, & Coyle, 2014; Nuttbrock et al., 2014; Tishelman et al., 2015). Also, TGNC adolescents have a significantly higher risk of suicide ideation, attempts, and completions; completion rates are estimated at 800 per 100,000 and ideation and attempts range from 45% to 77% of the population (Haas et al., 2011; Testa et al., 2017; Vrouenraets, Fredriks, Hannema, Cohen-Kettenis, & de Vries, 2015). Virupaksha et al. (2016) found that 31% of TGNC individuals completed suicide and 50% have at least one significant attempt before age 20.

This study was unique because I focused on TGNC individuals living in rural communities during adolescence. Few researchers have specifically examined the rural TGNC adolescent population. Rural communities may not have access to TGNC competent medical and mental health providers, resources, and services (Raynor, McDonald, & Flunker, 2014; Tishelman et al., 2015). Furthermore, stigma, along with increased risk for exploitation, rejection by family, runaway, homelessness, prostitution, drug use, and self-harm are more prevalent in rural communities for TGNC adolescents (Fisher, Irwin, & Coleman, 2014; Koch & Knutson, 2016; Tishelman et al., 2015). Research is needed to examine protective factors and resiliency for rural TGNC adolescents.

Researchers have identified internal and external protective factors that decrease suicide ideation, attempts, and completion rates and increase resiliency (Kosciw et al., 2016; Kosciw, Greytak, Palmer, & Boesen, 2014; Moody & Smith, 2013; Reisner et al., 2015b; Ryan et al., 2010; Ungar et al., 2015). Researchers have found that social media has the potential to impact adolescents in both positive and negative aspects (Koutamanis, Vossen, & Valkenburg, 2015). Adolescents are inundated with social media, but previous researchers have not explored the social media experiences of rural TGNC adolescents.

With this study, I add to the existing body of research and knowledge on the understudied population of rural TGNC individuals. Specifically, this study was an exploration of the lived experiences of rural TGNC adolescents with social media. The narratives provided by the participants addressed a gap in the research. The results of this

study provide insight into the social media experiences for rural TGNC individuals. Rural TGNC adolescents are a hidden population and more research is necessary.

Problem Statement

Navigating through adolescence is tough and too many individuals consider suicide a possibility (World Health Organization [WHO], 2014). Navigating adolescence is significantly different for TGNC than it is for cisgender adolescents (Reisner et al., 2015b; Tishelman et al., 2015). Estimated suicide completion rates for TGNC individuals are significantly higher than for the cisgender population (Haas et al., 2011; WHO, 2014). Testa et al. (2017) reported that suicidal ideation and suicide attempts for TGNC individuals can range from 45% to 77% of the population. TGNC adolescents also reported increased rates of abuse, anxiety, bullying, depression, discrimination, exploitation, homelessness, lower self-esteem, lower sense of school belongingness, parental rejection, psychiatric hospitalization, self-harm, social stress, substance abuse, violence, victimization, and overall less access to health care services in comparison to their cisgender peers (Haas et al., 2011; Kosciw et al., 2016; Reisner et al., 2015b; Tishelman et al., 2015). Accessing mental health services and community resources can be challenging, especially for TGNC adolescents living in rural communities (Minnesota Transgender Health Coalition, 2016; Raynor et al., 2014; Secor-Turner, Randall, Brennan, Anderson, & Gross, 2014). Suicide protective factors include the establishment of healthy relationships, religious or spiritual beliefs, healthy coping skills, community belongingness, and positive well-being to decrease suicidal risk factors and increase resiliency (Barr, Adelson, & Budge, 2016; WHO, 2014). TGNC adolescents may explore

online social media as a resource (Austin & Goodman, 2017; McInroy & Craig, 2015) and a source of community (Barr et al., 2016) and resiliency (Testa, Jimenez, & Rankin, 2014).

Research on rural TGNC adolescents, social media, and resiliency is significantly lacking (APA, 2015; Bruce, Harper, & Bauermeister, 2015). Researchers have explored the impact of social media on cisgender adolescents (Bányai et al., 2017; Best, Manktelow, & Taylor, 2014; Koutamanis et al., 2015), and researchers have studied the impact of social media with urban TGNC and LGBTQ adolescents (Ciszek, 2017; Craig, McInroy, McCready, & Alaggia, 2015; Coolhart, Provancher, Hager, & Wang, 2008; Evans et al., 2017; Magee, Bigelow, DeHaan, & Mustanski, 2012; McInroy & Craig, 2015; Mehra et al., 2004). However, researchers have not specifically examined the social media experiences of rural TGNC adolescents. In this study, I addressed the gap in the research by exploring the social media experiences of rural TGNC adolescents.

Purpose of the Study

The purpose of this qualitative study was to explore the social media experiences of rural TGNC individuals. Giorgi (2009) outlined the method of a descriptive phenomenological qualitative research design. I used this methodological approach to explore the essence of TGNC individuals, who lived in rural communities during adolescence, and their experiences with social media. I captured this essence of personal experiences through face-to-face interviews with TGNC individuals. The essence is the understanding of the perceptions and emotions of social media as a rural TGNC adolescent. This study may be used to inform mental health and medical providers about

the unique experiences of rural TGNC individuals by providing insight and information regarding social media, which may be a protective or risk factor for rural TGNC adolescents. Moreover, with this study, I provided voice, research, and information about rural TGNC adolescents, which can inform and educate professionals working with the rural TGNC population.

Research Questions

The research question is the guide that directs and focuses the content of a study (Creswell, 2013). In qualitative studies, research questions are fluid and nondirectional, yet centralized on the experiences of a phenomenon (Creswell, 2013). The research question captured the essence of the phenomenon and led to a conscious perspective of it (Giorgi, 2009). The purpose of this study was to build on the body of research about the rural TGNC population. There is a significant lack of research on TGNC adolescents living in rural communities. In this study, I explored the essence of social media among the rural TGNC adolescent population. The content was focused and encapsulated in the following main research question: What were the lived experiences with social media for TGNC individuals who resided in rural communities during adolescence?

Additional central questions were the following: How do rural TGNC individuals describe their personal experiences with social media during adolescence? How do rural TGNC individuals perceive or understand these experiences with social media? What was the perception of social media during adolescence for rural TGNC individuals? What emotive words or expressions describe these experiences of social media for rural TGNC individuals during adolescence?

Theoretical Framework

I framed this study using three theoretical foundations: transgender theory, gender minority stress theory, and resiliency theory. In this chapter, I provide a brief overview; a more extensive exploration of each theory follows in Chapter 2.

Transgender Theory

The focus of this study was an exploration of the lived experiences and personal narratives of rural TGNC adolescents with social media. The value of each TGNC individual's narrative and experience was at the core. Acknowledgment and understanding of the TGNC experience are fundamental concepts of transgender theory (Nagoshi & Brzuzy, 2010). Transgender theory is centralized on deconstructing heteronormative gender beliefs and exploring gender through a pluralist lens (Hausman, 2001). Transgender theorists disintegrate the binary gender system that confines individuals into male or female categories (Nagoshi & Brzuzy, 2010). Transgender theorists use a poststructuralism framework that disengages the heteronormative socially constructed system, advocates for fluidity, and promotes a self-constructed gender identity (Besley, 2015). Gender identity and expression are on a continuum, with fluid movement in social contexts (Nagoshi, Brzuzy, & Terrell, 2012). Transgender theorists examine how language and heteronormative beliefs form microaggressions against TGNC individuals (Fleming, 2015; Sue, 2010). Transgender theorists advocate for gender-neutral language and deconstructing the rigidity of the binary gender system (Smith, Shin, & Officer, 2012). The transgender theory framework is necessary for

deconstructing heteronormative beliefs and creating a holistic approach for expressing the diversities and fluidity of TGNC individuals' experiences.

Gender Minority Stress Theory

I used gender minority stress theory as a theoretical framework for this study. Gender minority stress theorists explore the relationship between gender and stigma for the TGNC population (Bockting et al., 2013). Bockting et al. (2013) found that TGNC individuals reported feelings of distress and stigma related to gender minority status. Gender minority stress theorists study how distal factors (i.e., gender-related discrimination, gender-related rejection, gender-related victimization, and nonaffirmation of gender identity) and proximal factors (i.e., internalized transphobia, negative expectations, and concealment) contribute to stigma (Testa et al., 2015). Furthermore, gender minority stress theorists examine gender minority status with resiliency or positive factors (e.g., community connectedness and pride; Testa et al., 2015). With this framework, theorists explain resiliency as a defense against stigma (Breslow et al., 2015).

Resiliency Theory

TGNC adolescents are considered a high-risk population with too many contemplating and completing suicide. However, more TGNC individuals are successfully navigating through the adolescent years and are overcoming adversity (Fergus & Zimmerman, 2005). Resiliency theorists explore the promotive factors and trajectory for high-risk adolescents (Fergus & Zimmerman, 2005). Promotive factors include internal assets (i.e., coping strategies) and external resources (i.e., supportive peer group) that promote resiliency in the face of adversity (Fergus & Zimmerman, 2005;

Grossman, D'Augelli, & Frank, 2011; Zimmerman, 2013). TGNC individuals are an identified high-risk population; it is valuable and necessary to explore avenues that promote resiliency.

Conceptual Framework

The three theoretical frameworks are the foundation for this study. Two additional conceptual frameworks were relevant to this research: rural communities and grit. The theoretical foundations form the conceptualization and framework necessary for understanding the lived experiences of TGNC individuals. However, the unique experiences of rural TGNC adolescents and grit were the focus of this study.

Rural Communities

Rural communities do not have the same resources and services as urban areas. TGNC individuals living in rural communities may experience different risk factors, stigma, and access to services in comparison to TGNC individuals living in urban areas (Secor-Turner et al., 2014). These are distinguishing factors specific to rural TGNC adolescents that warrant additional study.

Concept of Grit

Grit was the second conceptual framework prevalent in this study. Grit and resiliency share overlapping components, but grit is not fully encapsulated within resiliency. Resiliency is an exploration and examination of both internal and external protective factors available to an individual during adversity (Fergus & Zimmerman, 2005; Perkins-Gough, 2013). Grit is the specific response an individual has to adversity (Perkins-Gough, 2013). Individuals can have access to numerous protective and

resiliency factors, but the key is examining what, how, and why the individual overcame the risk. Grit is the response or action that an individual took in the face of adversity (Perkins-Gough, 2013).

Nature of the Study

The nature of this study was a descriptive phenomenological qualitative research design. Phenomenological qualitative researchers focus on the exploration of multiple realities and lived experiences (Creswell, 2013). In descriptive phenomenological research, the researcher acknowledges the perceived consciousness of the phenomenon by providing transparency throughout the study (Giorgi, 2009; Tuval-Mashiach, 2017). The researcher explores the essence of the participants' lived experiences through interviews, thereby gaining knowledge about the phenomenon (Giorgi, 2009). An important distinction with descriptive phenomenology research is that the phenomenon is not formulated by a theoretical framework (Bevan, 2014). Descriptive phenomenology researchers center on the data collection and knowledge collected through interviews, gathering information directly from those who have experience and knowledge regarding the specific phenomenon (Bevan, 2014). The key phenomenon investigated in this study was the lived experience of social media for rural TGNC individuals during adolescence.

Methodology

The purpose of this study was to explore the lived experiences of rural TGNC individuals with social media, during adolescence. The research design was a descriptive phenomenology qualitative study, as outlined by Giorgi (2009). In this study, I examined the lived experiences of TGNC individuals through face-to-face interviews. Participant

selection criteria included: (a) the participants were currently between the ages of 18 and 24 years old, (b) the participant identified as TGNC (or another self-preferred term that indicated gender nonconformity), and (c) the participant lived in a rural community during adolescence. I used purposeful sampling for this study, along with snowball or chain sampling. I expected eight to 15 participants for this study. Nine participants completed the online survey and interview questions.

During the selection criteria process, I collected data from each participant, including demographic information, screening questions, and contact information. All participants consented and were contacted to schedule a face-to-face interview. I anticipated that the interviews would be approximately 60 to 90 minutes in length, with the flexibility of a second interview if needed. On average, the interviews were 60 minutes, with a range from 22 minutes to 165 minutes. One participant required a second interview to complete the questions.

At the interview, the participant and I discussed the informed consent paperwork, including information about the study and the procedure to withdraw. Participants were given a copy of the consent form and the $20 Visa gift card for compensation. Participants were also given a hard copy of the interview questions for reference during the interview. Interview questions reflected the purpose of the study and the key phenomenon (see Appendix A). Questions were open-ended and intended to elicit information about the lived experience of this phenomenon. During the interviews, I was an active listener and asked brief follow-up questions for clarification. All interviews were audio recorded and later transcribed.

Qualitative Data Analysis

For the data analysis process, I followed the protocol and procedures of descriptive phenomenological research (Giorgi, 2009). Brief demographic and criteria information were collected from the online screening survey. Demographic information, identifying characteristics, and participant names were encrypted to protect confidentiality. The second data collection source was the transcriptions from the face-to-face interviews.

From the transcribed interviews, I coded data into significant statements and themes. I examined the themes for textual and structural descriptions. Giorgi (2009) identified three specific steps of data analysis. The first step is to read the transcripts and gather a holistic sense of the phenomenon as presented by the participant. The next step is to analyze the transcriptions for "units of meaning" (p. 129). I searched for meaning units and derived themes for the transcriptions. I consulted with the dissertation committee to ensure reliability, validity, and congruency, which minimized my subjectivity and potential researcher bias of the themes. For the last step, I generalized the data about the description and essence of the phenomenon (Giorgi, 2009). I detail this process further in Chapter 3.

Definitions

General definitions and key terms were used in this study. Definitions create a general terminology and construct for understanding. Definitions are listed in alphabetical order.

Biological sex: Refers to anatomical, physiological, genetic, or physical attributes that determine if a person is male, female, or intersex, including, but not limited to, genitalia, gonads, hormone levels, hormone receptors, chromosomes, genes, and secondary sex characteristics (Parents, Family, Friends of Lesbians and Gays [PFLAG], 2018).

Cisgender: A descriptor for individuals whose gender identity or expression aligns with the sex assigned at birth (PFLAG, 2018).

Gender: A set of social, psychological, and/or emotional traits, often influenced by societal expectations and social construction, that classify an individual as man, woman, a mixture of both, or neither; gender can influence personality, behavior, and social interpretation (Nicholson, 1994; PFLAG, 2018).

Grit: A positive reaction when faced with adversity, specifically, the combination of internal and external resiliency used when confronting adversity (Perkins-Gough, 2013).

Resiliency: Conceptualized broadly as an attribute of an individual who successfully overcomes exposure to a risk or adversity (Fergus & Zimmerman, 2005). Success is self-determined by the participant, with overall navigating through adolescence as a common denominator for success.

Rural: A small community, specifically with a population of fewer than 9,999 people.

Social media: The term social media encompasses a board scope. For this study, Pham (2014) definition provided a clear and concise description:

> [S]ocial media refers to websites that use collaborative virtual applications that enable the creation, exchange, and broadcasting of online user-generated content (e.g., texts, photos, videos, etc.). These websites may include, but are not limited to, social networking sites (e.g., Facebook, MySpace, LinkedIn), publishing virtual media (e.g., WordPress, blogs, Wikipedia), content sharing (e.g., YouTube, Flickr, Instagram), web chat/discussion (e.g., Yahoo Messenger, Google Talk, Skype), microblogging (e.g., Twitter, Tumblr), livestreaming (e.g., LifeStream) and virtual worlds (e.g., Second Life). (p. 768)

Snapchat was also included on this list of social media sites.

Transgender and gender-nonconforming (TGNC): The language and terminology used in this study is centered on being respectful and inclusive to all individuals who identify on the transgender spectrum, including, but not limited to, individuals identifying and preferring the terminology of transgender, gender nonconforming, trans, TGNC, gender variant, nonbinary, and queer (Hagen & Galupo, 2014). Gender nonconformity is defined as, but not limited to, the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). For this study, TGNC will be an umbrella and fluid term with specific meaning and definition determined by the participant. Participants in this study identified as TGNC and reported self-awareness during adolescence.

Assumptions

There were four broad categories of underlying assumptions present in this study: qualitative research, theoretical and conceptual frameworks, adolescent development, and pronouns.

Qualitative Research

The first category of assumptions was associated with qualitative research design. I determined that a descriptive phenomenology qualitative research design was the best fit for answering the research questions. Several assumptions were implied with this statement. First, I assumed that the research and central questions adequately and appropriately elicited information about the key phenomenon. Questions could have been formulated in a different manner, which may or may not have elicited more information. Additionally, I assumed that face-to-face interviews were the best fit model to collect data and information about this phenomenon. It is possible that an online interview or questionnaire may have produced more data, an increased sample size, and/or increased anonymity. I also assumed that TGNC individuals would be willing to discuss social media and their lived experiences with a cisgender researcher.

Theoretical and Conceptual Frameworks

I selected three theoretical and two conceptual frameworks as the foundation for this study. These frameworks are research-based and each conceptualized different aspects and key elements for this study. Transgender theorists amalgamate the importance of TGNC individuals' voice and language, challenging heteronormative stereotypes, and focusing on the importance of fluidity. Gender minority stress theorists

integrate the relationship among stigma, stress, and protective factors. Resiliency theorists incorporate adolescents' exposure to risk and the trajectory to overcome adversity. I assumed that these three theories encompassed and captured the foundational platform appropriate for this study. I explored numerous theories before selecting these three theories.

Another assumption was that the three theoretical frameworks were not inclusive enough. I included the conceptual frameworks of rural communities and grit. I assumed that these concepts were not appropriately accounted for within the three theoretical frameworks. Also, I defined rural as communities with populations under 9,999 people. This definition does not distinguish differences among rural communities. A town with a population of 142 people may be significantly different from one with 8,992, but I defined rural to include both. I also assumed a definitive distinction between resiliency and grit. It is possible that these constructs were congruent and that separating them was tedious, futile, and unnecessary. I assumed a discrepancy with these terms that warranted distinction.

Adolescent Development

The third category of assumptions was adolescent development. I assumed that adolescence was a difficult time for individuals, especially living in rural communities (Berk, 2010; Noel, Rost, & Gromer, 2013). Furthermore, I made assumptions that social media has a significant role in the lives of adolescents (Barth, 2015; Shah, 2016). Due to the lack of research, it was difficult for me to make assumptions specifically regarding this population. I assumed that TGNC and cisgender adolescents have significant

differences during adolescent development when living in a rural versus urban community and navigating social media. However, TGNC and cisgender adolescents may not experience significant difficulties during adolescence. Some adolescents may have positive experiences, protective factors, and adequate resources living in a rural community. Finally, some adolescents may not have access, choose not to access, or may not experience difficulties with social media or online communities. I constructed this study with these broad assumptions about adolescent development with an understanding that this is not universal and is highly generalized.

Pronouns

Pronouns were the final category of assumptions. I made broad assumptions about pronouns and assumed more negative versus positive qualities. I was cognizant that pronouns create constraints and restrictions in language. Transgender theorists outline how language and the binary gender system have labeled TGNC individuals and created a heteronormative hierarchy (Hausman, 2001; Fleming, 2015; Nagoshi & Brzuzy, 2010). Language has constructed labels and connotations that can lead to microaggressions and stigma (Fleming, 2015; Sue, 2010). Transgender theorists advocate for the fluidity of gender and the establishment of TGNC individuals to construct personal narratives, including pronouns (Nagoshi & Brzuzy, 2010). I assumed that pronouns have been a source of microaggression and may evoke negative emotions. Consequently, I decided to omit the use of pronouns throughout the study. I wanted to create a platform for participants to generate personal definitions and preferences for language. This

assumption did not address TGNC individuals, who have reported positive experiences with pronouns or who may want to use a binary gender system.

Assumptions are necessary with research. These four assumptions were made in the context of this study and were disclosed to promote transparency. I acknowledged these four assumptions when addressing the gap with rural TGNC adolescents and social media.

Scope and Delimitations

The scope of this study was specified by geographical location and conducted in rural Minnesota. I defined rural communities as having a population of under 9,999. In Minnesota, most counties do not have TGNC health care providers (Raynor et al., 2014). TGNC health care providers are concentrated in the Twin Cities Metropolitan Area (Raynor et al., 2014). These providers may not be accessible for TGNC individuals living in rural communities due to transportation issues, distance, economic reasons, and availability or awareness of resources.

The scope of this study was defined by the chronological age of participants and the use of social media during adolescence. Participants' ages ranged between 18 and 24 years. For this study, I examined the lived experiences of rural TGNC individuals with social media. Therefore, all participants navigated adolescence, entered adulthood, and used social media as an adolescent. The face-to-face interviews provided an opportunity to reflect on these experiences. It is estimated that 24,250 transgender adults live in Minnesota, with approximately 3,450 individuals between the ages of 18 and 24 years old (Flores et al., 2016). It is noted that Flores et al.'s (2016) estimation included individuals

who identified only as transgender. My scope of this study encompassed all individuals identified as TGNC.

Due to the scope of this study, the findings may not be transferable to TGNC individuals living in other geographical locations or individuals older than 25. The potential for transferability and the clinical implications are addressed in Chapter 5.

In this study, two delimitations were identified. The operational definition of TGNC was created to be inclusive with gender fluidity and expression. The delimitation was that each participant had some self-awareness of gender fluidity, gender expression, or identified as TGNC during adolescence. TGNC individuals who gained self-awareness in early adulthood (18 to 24 years old) were excluded from this study. The second delimitation was rural TGNC individuals with no or minimal experiences with social media during adolescence. The key phenomenon was the lived experience of rural TGNC individuals with social media during adolescence. Therefore, participants, with little or no access and use of social media were excluded.

Limitations

Every research study has limitations and weaknesses in design, methodology, and/or transferability. With this research study, I identified several limitations and weaknesses.

This research was a descriptive phenomenological qualitative study with a small sample size. The participant selection criterion was limited to a specific geographical location and age range. These factors limited the transferability and dependability of the results to other TGNC individuals, including TGNC individuals living in other rural

communities. Additionally, this study was limited to rural, Caucasian TGNC individuals. Minnesota has a population of 5,628,162, of which 84.3% are Caucasian, 5.7% African American, 4.5% Asian, 2.7% two or more races, 1.6% other races, and 1% Native North American (World Population Review, 2018). Rural TGNC people of color were not appropriately represented in this study.

I addressed limitations and took reasonable measures to minimize them. I was cognizant of the limitations due to research design and methodology, and I provided transparency throughout this study. Transparency is one component that addresses trustworthiness (Tuval-Mashiach, 2017). Trustworthiness is subdivided into four strategies: credibility, transferability, dependability, and confirmability (Guba & Lincoln, 1989). Information about these four strategies is detailed in Chapter 3. Due to the scope of this study, small sample size, and participant selection, the results are limited, but they contribute to the body of research on the TGNC population.

Another limitation was the potential for researcher bias. I am a cisgender researcher who lives and works in a rural community in Minnesota. I am a licensed marriage and family therapist providing mental health services, including school-based services, in rural communities. This exposure may contribute to underlying researcher biases that could taint the results of the study. Additionally, I have LGBT family members and friends and personal experiences with the LGBT community. To address potential researcher biases, I answered Patton's (2015) reflexive questions (Appendix B) and spoke with my dissertation chair about my responses. I addressed potential bias

issues with the dissertation committee members and was receptive to committee members' feedback and suggestions.

A final potential limitation of this study was the impact and influence of history and political climate. Historical and political climates are contextual variables that may negatively impact TGNC individuals, including a willingness to participate in this study and/or level of disclosure during the interview.

Significance

Several years ago, I was working with a young TGNC adolescent who self-identified as female-to-male (FTM) with gender dysphoria. At that time, I was naïve and lacked clinical experience working with the TGNC population. I sought resources and services for this client, which were significantly lacking in that rural community. Congruently, evidenced-based research on rural TGNC adolescents was also scant. I consulted with other professionals and searched the internet. Information, resources, and community were readily available via the world wide web, but navigating them was tedious. This experience solidified the necessity and significance of this study for me.

There is a gap in the research. The gap is a lack of knowledge and information regarding the lived experiences of social media for rural TGNC adolescents. There is a significant lack of resources and services in rural communities, specifically in rural Minnesota. Many medical and mental health providers are not competent with TGNC issues and are unable to provide competent services for the TGNC population. In this study, I provided information about experiences with social media during adolescence for rural TGNC individuals. Overall, social media had both positive and negative aspects for

the participants. Social media could be an avenue for external resiliency and increasing grit; it could be a protective factor that contributes to decreasing suicide attempts and completions. I explored avenues for positive social change with social media as a potential protective factor in hopes to decrease the number of completed suicides for the TGNC population.

Summary

In Chapter 1, I introduced this study. I provided preliminary information about the history and background of this social problem. This chapter contained the problem statement and the overall purpose of the study. The problem statement and purpose led to the formation of the research question and the exploration of the specific phenomenon. In this study, I explored the gap in the research regarding the lived experiences of rural TGNC adolescents with social media.

Chapter 1 included a brief introduction to the theoretical and conceptual frameworks of the study, which are expounded in Chapter 2. I outlined the rationale for using a descriptive phenomenological method research design to investigate the key phenomenon. I provided definitions of the key constructs of this study, along with assumptions. Furthermore, I defined the scope of the study and the boundaries or delimitations. I described the limitations of this research study and biases that could influence the results. I concluded this chapter with the significance of this study and the potential contributions for social change.

Chapter 1 is a summary, highlighting the framework of this research study and design. Chapter 2 is the literature review containing prevalent research and background

for this study. Chapter 3 covers the research design and methodology, outlining the plan and construction of the research. All three chapters amalgamate to address the problem statement, purpose of this study, and proposal. Chapter 4 is where I present the results of the data collection and analysis, exploring and reporting data from the interviews. In Chapter 5 my interpretation and conclusions from this study are discussed, including limitations, recommendations, and implications for social change.

Chapter 2: Literature Review

Introduction

The WHO (2014) estimated that 800,000 people complete suicide each year. The TGNC suicide completion rates are approximated at 800 suicides per 100,000; in comparison to 11.5 per 100,000 for the general U.S. population (Haas et al., 2011). Additionally, suicidal ideation and attempts for TGNC individuals can range from 45% to 77% (Testa et al., 2017). TGNC adolescents have reported elevated rates of suicide attempts and ideation associated with mental health issues, including increased rates of abuse, anxiety, bullying, depression, discrimination, exploitation, homelessness, lower self-esteem, lower sense of school belongingness, parental rejection, psychiatric hospitalization, self-harm, social stress, substance abuse, violence, victimization, and overall less access to health care services in comparison to their cisgender peers (Haas et al., 2011; Kosciw et al., 2016; Reisner et al., 2015b; Tishelman et al., 2015). TGNC individuals navigating the adolescent years are experiencing increased mental health issues and stigma (structural, interpersonal, and individual) and are continuously reminded of the incongruency of biological sex and preferred gender, gender expression, and/or gender identity (Hughto et al., 2015; Reisner et al., 2015b; Tishelman et al., 2015). Adolescence is significantly different for the TGNC population than for cisgender adolescents (Reisner et al., 2015b; Tishelman et al., 2015). Establishing protective factors and finding appropriate mental health services and/or community resources can be challenging, especially for TGNC adolescents living in rural communities (Minnesota Transgender Health Coalition, 2016; Raynor et al., 2014; Secor-Turner et al., 2014).

Consequently, many TGNC adolescents may explore online social media as a resource (Austin & Goodman, 2017; McInroy & Craig, 2015), a source of community (Barr et al., 2016), and for resiliency (Testa et al., 2014).

Suicide protective factors support the establishment of healthy relationships, religious or spiritual beliefs, healthy coping skills, community belongingness, and positive well-being to decrease risk factors and increase resiliency (Barr et al., 2016; WHO, 2014). Resiliency is a complex construct with both internal, individual resource (e.g., capacities and attributes) and external, community resource (e.g., social support) components to address a specific stressor, challenge, or problem (Mayordomo-Rodríguez, García-Massó, Sales-Galán, Meléndez-Moral, & Serra-Añó, 2015; Ogińska-Bulik & Kobylarczyk, 2015; Shilo, Antebi, & Mor, 2015; Zimmerman, Darnell, Rhew, Lee, & Kaysen, 2015). Healthy peer relationships and support groups (e.g., Gay-Straight Alliance groups [GSA]) through school, community, and social support can foster external resiliency, but these are often not available or accessible in rural communities (Kosciw et al., 2016; Graber, Turner, & Madill, 2016). Many TGNC adolescents are seeking online options and/or social media as a means of external resiliency, social connectedness, and community belongingness (Austin & Goodman, 2017; Barr et al., 2016; Cannon et al., 2017).

Research on rural TGNC adolescents and resiliency is lacking (APA, 2015; Bruce et al., 2015). The experiences of rural TGNC adolescents may differ from their urban counterparts due to differences in rural communities, availability of resources, and resiliency factors. In this study, I explored the essence of social media experiences for

rural TGNC adolescents. This phenomenological inquiry developed an understanding of the lived experiences of social media, during adolescence, and the implications for rural TGNC individuals.

In this chapter, I present my literature search strategy, theoretical foundation, and conceptual framework. I incorporate and integrate a comprehensive review of the literature with certain prominent topics: (a) experiences of TGNC adolescents (identity and development, families/parents, school, medical services, and stigma), (b) mental health issues, (c) suicide (ideation, attempts, and completions), (d) rural communities, (e) protective factors and resiliency, and (f) social media/online communities.

Literature Search Strategy

I conducted my literature search through a primary search engine, the academic database from EBSCOhost through Walden University's Library, and a secondary search engine, Google Scholar. Academic databases I used from EBSCOhost were Academic Search Complete, CINAHL Plus Full Text, ERIC Educational Resource Information Center, LGBT Life with Full Test, MEDLINE with Full Text, ProQuest Central, PsycARTICLES, PsycINFO, SAGE Journals, ScienceDirect, Taylor and Francis Online, and the WHO. I initiated keyword terms on EBSCOhost, then on Google Scholar to ensure that the review of the literature was inclusive and thorough. I also implemented the Google Scholar search engine when articles were unavailable or inaccessible through EBSCOhost.

My search began with keywords focused on the intended population of study: *transgender, trans, transgender and gender nonconforming, TGNC, gender*

nonconforming, gender non-conforming, nonbinary, non-binary, gender bending, queer, LGBT, and LGBTQ. Additional keywords were *adolescence, adolescent, community, family, grit, mental health, online communities, protective factors, resiliency, resources, rural, rural communities, school, social media, social support, stigma, suicide, suicide attempts, suicide completion, support, theory,* and *therapy.* I conducted specific keyword searches for the theories and conceptual framework delineated in this study: *queer theory, transgender theory, minority stress theory, gender minority stress theory,* and *resiliency theory*.

I used broader search terms to minimize filtering based on terminology. TGNC identity and terminology can be fluid and subjective, both in research and to TGNC individuals, so the key search words of the intended population were devised to encompass this fluidity. The parameters of the literature search included filtering through a 5-year time period, which was adjusted and modified during the dissertation process. I also reviewed research articles over the 5-year earmark and frequently referenced for potential inclusion. After reviewing each potential article, I examined the references to explore and broaden the search and improve saturation. Furthermore, several leading researchers on TGNC issues (e.g., Grossman, Reisner, Singh, and Testa) were repeatedly identified during the literature review. In these cases, I conducted specific author searches to find other studies from these researchers.

After the parameters, databases, and keywords were established, I began the literature search. The keyword terms were paired and combined with additional keywords for the literature search. I crafted this in an iterative manner to attain research saturation.

Some of these pairs generated limited results (e.g., *gender bending* and *rural* produced one result) through EBSCOhost. I also used these keyword pairs with Google Scholar to determine if the pairing would generate additional resources. Other pairings (e.g., *transgender* and *therapy*) generated a plethora of results (1,011) through EBSCOhost. In these pairings, I did not use Google Scholar. Furthermore, when keyword pairings generated a substantial result (e.g., *transgender* and *therapy*), I combined them with a third term (e.g., *mental health*) to narrow and advance the literature search, with approximately 300 results. This combination of three keywords generated specificity and relevance to the literature search. However, some combinations of three terms (e.g., *transgender, therapy*, and *rural*) resulted in a significantly low number of results (e.g., 5).

My strategy for this literature search was to establish a broad terminology and key search words to generate research related to the TGNC population, living in rural communities, resiliency, and social media/online communities. My underlining goal used an iterative method, generated a comprehensive list of relevant literature for review, and achieved saturation of the literature.

Theoretical Foundation

The theoretical foundation of this study was grounded in transgender theory, gender minority stress theory, and resiliency theory. Transgender theory has fundamental and foundational roots in queer theory. Concurrently, gender minority stress theory was derived from minority stress theory and established specifically to understand the experiences of TGNC individuals. I present a summary of queer theory and minority stress theory as an understanding of the foundation of transgender theory and gender

minority stress theory. Encompassing these three theories provided the interpretive lens for this study.

Queer Theory

Queer theorists entered the academic and research world in the early 1990s (Watson, 2005a). Queer theory is grounded in critical theory, with contributions from the feminist movement, other liberal political movements, and poststructuralism, according to Watson (2005a):

> Queer theory potentially allows for a deeper engagement with the complexities of subjectivity; how people resist, transform and enact their positions, (regardless of the constraints of identity categories), and how relationships are traversed in complex ways by desire and experiences of the erotic. (p. 79)

Queer theorists challenged the constructs of sexuality and gender, specifically questioning the notions of a single identity fixed or construed as normal (Watson, 2005a). Queer theorists contested the rigid and fixed stereotypes of heteronormative traditional gender roles, boundaries of sexuality, and the boundaries of *normal* (Watson, 2005a).

Since queer theory's inception and dissemination into academia and the public and private sectors, it has transformed and evolved. Queer theorists disputed the historical, cultural, and personal fixed ideas and beliefs about human identity, sexuality, and normalcy (Bacha, 2005). As queer theory evolved, theorists challenged all generalizations and heteronormative beliefs from sexuality to race to economic status and politics (Bacha, 2005). Bacha's (2005) commentary on queer theory addressed the value of an internal working model and the emotional aspects of self. Bacha stated that queer

theory is devoid of a constructed view of self; therefore, the individual is without a working model of personal identity. Watson (2005b) stated that queer theorists strive to deconstruct inclusivity and the heteronormative conceptualization of normalcy: a separation from the individual's sense of self, differentiation, and internal validation.

Queer theorists challenged the binary gender constructs and the heteronormative constraints of normalcy. Furthermore, queer theorists contested the connotation of normalcy and its implications on the personal and public worlds. Application of queer theory to the TGNC community presented strengths and weaknesses.

Doan (2016) depicted the application of queer theory when stating that the United States configured the *total trans* (transsexual, cross-dressers, and intersexed) population through the lens of the medical model and the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) criteria. According to these models, the estimated trans population was 2,036,535 (.65% of the total population; Doan, 2016). In contrast, queering the definition of *trans* and the criteria identified in the medical model and *DSM*, the estimates of the TGNC population significantly increased (Doan, 2016). By queering trans, the estimated population included transsexuals (who choose not to pursue medical or psychological gender-identity related treatments) cross-dressing and gender fluid individuals (e.g., genderqueer or gender fuck), and a broader narrative of intersex (disorders of sexual development) individuals (Doan, 2016). Application of queer theory estimated the total TGNC population to 9,149,306 (2.91% of the total population), a significant increase from the medical model and *DSM* criteria (Doan, 2016).

Queer theorists challenged the heteronormative constructs of gender and advocated for gender deconstruction (Hines, 2006). Queer theorists appreciated the diversity within the TGNC community, recognized TGNC identities, and understood that TGNC individuals are not a homogenous population (Hines, 2006). These strengths of queer theory acknowledge some issues and challenges for the TGNC community, but queer theory was established within the confines of the binary gender system within the heteronormative world. TGNC individuals blurred the binary gender system and even the terminology of *gender deconstruction* was scrutinized. TGNC identity formation was centralized on the exploration of identity, fluidity, and the individual narratives of transition (Hines, 2006). These narratives are substantially fluid and diverse, contingent within each social context and the constraints (or barriers) of language.

TGNC narratives are constructed in the framework of identity formation, significant moments, and social context (Hines, 2006). Identity formation consisted of significant moments as a TGNC individual transitions. Significant moments are defined in the context of language; for example, does the TGNC individual use the terminology of transsexual, nonbinary, or queer (Hines, 2006)? TGNC individuals who identified as queer reported a decrease in distress, symptomology and diagnosis of gender dysphoria, concern with *passing*, and problems with others contesting self-identities, compared to individuals who identified as transsexual (Hines, 2006). Some TGNC individuals may not identify as queer; consequently, queer theory may not encompass the totality of the TGNC population or experiences. Additionally, queer theory was based on poststructuralism and focused on the deconstructionism of heteronormative beliefs. Queer

theory is an appropriate framework for research with TGNC individuals, providing an opportunity for them to be heard. However, queer theory is not the most accurate or comprehensive theoretical foundation for understanding and framing identify formation and experiences for TGNC individuals.

Transgender Theory

Transgender theory has overlapping ideologies with queer theory, but transgender theorists fundamentally differentiated and challenged components of queer theory. Queer theorists opposed the social construction of gender and gender identity within the constructs of heteronormative beliefs or ideals (Nagoshi & Brzuzy, 2010). Transgender theorists disagreed with the rigidity of the binary gender system, promoted deconstruction, and incorporated inclusion of all gender identities and expressions (Burdge, 2007). Transgender theorists differentiated by advocating for a paradigm shift with gender diversity (Burdge, 2007). Hausman (2001) stated that transgender theory is "the demand for basic human rights and personal dignity in difference" (p. 487). Heteronormative perspective incorporated gender into labeling various life experiences (e.g., clothes, jobs, friends, relationship, domestic roles); transgender theorists deconstructed heteronormative gender beliefs and examined life experiences through a pluralist lens of gender (Hausman, 2001). Transgender theorists advocated for a paradigm shift with gender fluidity, expression, and construction of identities defined by TGNC individuals.

Transgender theorists postulated that "ideas of the fluidly embodies, socially constructed, and self-constructed aspects of social identity, along with the dynamics

interaction and integration of these aspects of identity within the narratives of lived experiences" (Nagoshi & Brzuzy, 2010, p. 432). The emphasis was with ''transgressing narratives of lived experiences [to] integrate and empower those with oppressed intersectional identities" (Nagoshi & Brzuzy, 2010, p. 437). Transgender theorists questioned the terminology of transgender as being exclusive and that it might not encompass and incorporate all TGNC individuals (Nagoshi & Brzuzy, 2010). Queer theorists examined gender identity through an either/or lens within the confines and constraints of a binary gender system, but transgender theorists combined either/or and both/neither as an integrated approach for the conceptualization of gender identity (Nagoshi & Brzuzy, 2010). Transgender theorists acknowledged the personal narratives of each TGNC individual as central to gender identity and expression, with the perception that gender is not a fixed concept.

Gender identity as a fluid and pluralistic concept digressed from the heteronormative binary gender system. This construct of gender identity contained both phenomenological and poststructuralism frameworks (Papoulias, 2006). Phenomenological researchers examined gender identity through the lived experiences of TGNC individuals, searching for the essence of the phenomenon (Creswell, 2013). Poststructuralists critiqued the binary system, promoted the exclusion of others and created a hierarchical power differential (Besley, 2015). Poststructuralists emphasized the deconstruction of these binary systems through examining the boundaries of these heteronormative, socially constructed systems (Besley, 2015). This framework outlined how transgender theorists conceptualized the fluid and self-constructed gender identity.

Furthermore, Papoulias (2006) stated that transgender theorists should consider the embodiment of neurobiology, phenomenology, and psychoanalysis processes with gender identity. Papoulias acknowledged the issues of psychoanalysis and pathologizing TGNC individuals, but the psychological processes should not be discounted or eliminated. The embodiment of these three processes facilitated the self-construction of gender identity.

The application of transgender theory was congruent and practical in framing the narratives of TGNC individuals. Nagoshi et al. (2012) interviewed 11 TGNC respondents regarding narratives of gender identity and conceptualization of gender roles. The respondents indicated differentiation with gender roles, gender identity, and sexual orientation in comparison to heteronormative beliefs and attitudes (Nagoshi et al., 2012). The TGNC respondents reported narratives of gender identity on a continuum, being self-constructed yet fluid and variable within social contexts (Nagoshi et al., 2012). Nagoshi et al.'s results aligned with the theoretical orientation of transgender theory. Transgender theorists challenged heteronormative beliefs about gender. Another challenge was language.

Language was a fundamental component of transgender theory. Language and words form attitudes, perceptions, and connotations that impact experiences (Fleming, 2015). For example, language has shifted from using the word *sex* to *gender* to denote maleness or femaleness (Fleming, 2015). The perceptions and connotations of maleness or femaleness have constructed heteronormative meaning that perpetuates ideals of gender and normalcy. These words and meanings form microaggressions against TGNC individuals (Sue, 2010). Microaggressions are brief, causal, subtle, and/or overt forms of

verbal statements and/or nonverbal behaviors that create a differential because of social identity and heteronormative stereotypes (Sue, 2010). Nadal, Whitman, Davis, Erazo, and Davidoff (2016) found specific themes of microaggressions that manifested with TGNC individuals. These themes included the use of transphobic language, derogatory terms, incorrect gender terminology, and endorsement of binary heteronormative gender identity (Nadal et al., 2016). Heteronormative language and beliefs assign gender, which denied TGNC individuals to perceive and express gender (Fleming, 2015). Transgender theorists promoted and advocated for gender-neutral language (Smith et al., 2012). Gender-neutral language strengthens gender pluralism through epicene pronouns and embraces the complexities of gender; it deconstructs the rigid binary gender system without using third-person references in an attempt to appease the TGNC community (Smith et al., 2012).

TGNC individuals want to be heard; yet, the heteronormative system does not acknowledge these voices. Doan's (2016) research indicated a significant difference in the medical and *DSM* models for calculating the TGNC population versus queering trans totals. Cisgender was considered the heteronormative "'yardstick' by which to measure the significance and legitimacy of transgender and gender-nonconforming people's lives and experiences" (Schilt & Lagos, 2017, p. 438). The United States Census process of calculating the population illustrated microaggressions against the TGNC population (Schilt & Lagos, 2017; Sue, 2010). Historically, the United States Census used a binary gender system, which prevented TGNC individuals from being appropriately represented (Schilt & Lagos, 2017). The binary gender system was restrictive and reinforced

heteronormative beliefs, perpetuated microaggressions, and discounted the lived experiences of TGNC individuals (Roen, 2001; Schilt & Lagos, 2017).

Transgender theory is a theoretical foundation for this research study. I explored the phenomenological experiences of TGNC individuals. Framing these stories through the lens of transgender theory was holistic in expressing the diversities and fluidity of the TGNC individuals' experiences.

Minority Stress Theory

The underpinnings of heteronormative beliefs are to discriminate people into us/them categories, with a narrow-minded conceptualization of normal (i.e., heterosexual relationships); thereby, proclaiming all other relationships as abnormal. Meyer (2003) conceptualized how these perceptions of abnormal, stress, and microaggressions created stigmatized social conditions, specifically for the lesbian, gay, and bisexual (LGB) population.

Minority stress theory is a compilation of stress theory and social psychology theories, such as social identity theory, symbolic interaction theories, and social evaluation theory (Meyer, 2003). Compiling these theories created a conceptual framework for understanding generalized stress for the minority stress model (Meyer, 2003). Generalized stress and stigma are then compounded for LGB individuals, due to their minority status (Meyer, 2003). Theorists examined how minority status created additional layers of stress and stigmatization, which was differentiated from the heteronormative population (Meyer, 2003). These layers of minority stress were unique, constant, and socially constructed by heteronormative beliefs. The minority stress model

includes distal and proximal factors. Distal factors are "external, objective stressful events and conditions (chronic and acute)" encompassing microaggressions, discrimination, and violence toward LGB individuals (Meyer, 2003, p. 676). Conversely, proximal factors are "expectations of such [distal] events and the vigilance this expectation requires, and the internalization of negative societal attitudes" including internalized homophobia and concealment of sexual orientation (Meyer, 2003, p. 676). Minority stress theorists incorporated distal and proximal factors of stress and stigma for understanding minority status for the LGB population.

The secondary component of minority stress theory was the exploration of positive variables and resources associated with minority status. Meyer (2003) acknowledged that strengths can emerge when LGB individuals identified as a minority. Meyer indicated that strengths form when LGB individuals established networks of community social support and coping strategies based on minority status. These networks built into solidarity, cohesiveness, and integration of supports for the LGB individual (Meyer, 2003). LGB individuals may integrate these positive resources and create harmony with minority status.

Meyer (2003) identified that the stress and stigma of distal and proximal factors are moderated by positive resources. This moderation lead to either positive or negative mental health outcomes, which was derived from the relationship among stress, minority status, and positive resources (Meyer, 2003).

The application of minority stress theory has been researched. During identity development, LGB adolescents experienced minority stress and internalized sexual

orientation stigma (Bruce et al., 2015). Social support can have buffering effects on the distal and proximal factors associated with minority status and negative mental health outcomes (Bruce et al., 2015). Social support from peers led to decreased rates of depression symptoms (Bruce et al., 2015); concurrently, lack of social support significantly increased symptoms of depression and suicidal ideation (Plöderl et al., 2014). The impact of victimization and minority stress stigma can create chronic stress for LGB adolescents (Birkett et al., 2015). Furthermore, the conundrum of being in a chronic state of stress can impact mental health: despite positive resources and social support, perpetuating negative experiences, and accounting for health disparities for LGB individuals (Birkett et al., 2015). Positive resources, social support, coping strategies, and finding solidarity within the LGB community promoted resiliency and decreased negative mental health outcomes (Birkett et al., 2015; Bruce et al., 2015; Dziengel, 2015).

Meyer (2003) conceptualized the minority stress theory for understanding and acknowledging how stigma, stress, and resiliency intersect and its impact on mental health for the LGB population. The overall general concepts and model pertained to many individuals with minority status or identities that do not adhere to the heteronormative ideal (Meyer, 2015). Hendricks and Testa (2012) proposed that the minority stress theory and model could be applied to the TGNC population. They identified the impact of stigma and positive resources can lead to positive and negative mental health outcomes for TGNC individuals (Hendricks & Testa, 2012). Meyer (2015) acknowledged the application of minority stress theory for TGNC individuals with gender affirmation, stress, and coping/resilience. Yet, the lived experiences, stigma,

mental health concerns, microaggressions, and discrimination required additional consideration.

Gender Minority Stress Theory

Gender minority stress theory was an expansion of minority stress theory (Meyer, 2003) with specific considerations of gender, stigma, and the TGNC population (Bockting et al., 2013). Bockting et al. (2013) reported that TGNC individuals confirmed feelings of distress and stigma related to minority status, which was independent of a diagnosis of gender dysphoria. Subsequently, TGNC individuals had significantly higher rates of depression, anxiety, somatization, and distress, along with decreased levels of peer and family supports in comparison to LGB individuals (Bockting et al., 2013). Therefore, TGNC individuals may seek out positive resources through various peer groups, support groups, and online communities instead of family members (Bockting et al., 2013). It is important to validate these differences with mental health and positive resources for TGNC individuals.

Another consideration for gender minority stress theory are the concepts of distal, proximal, and resiliency factors. Testa et al. (2015) defined distal factors as gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of gender identity. Proximal factors included: internalized transphobia, negative expectations, and concealment (Testa et al., 2015). Concealment and *passing* have been correlated with proximal stress and stigma (Bockting et al., 2013). Resiliency factors or positive influences included community connectedness and pride (Testa et al., 2015). Researchers found that TGNC individuals that engaged in community

connectedness and collective action reported higher levels of resiliency and less psychological distress (Breslow et al., 2015). Furthermore, TGNC individuals with higher reported levels of resiliency also were negatively correlated with internalized transphobia and positively correlated with antitransgender discrimination (Breslow et al., 2015). These factors deviated from Meyer's (2003) minority stress theory and gave credence to gender minority stress.

The application of gender minority stress theory explored the relationship among distal, proximal, and resiliency factors. Testa et al. (2017) used the gender minority stress theory and the significantly higher levels of suicidal ideation for the TGNC population. They found that 56.1% of TGNC participants reported suicidal ideation during the past year (Testa et al., 2017). Suicidal ideation was correlated with distal and proximal factors, specifically internalized transphobia, negative expectations, perceived burdensomeness, and lack of community connectedness (Testa et al., 2017). TGNC participants that indicated resiliency factors and positive resources through community support and a sense of belongingness were less likely to report suicidal ideation (Testa et al., 2017). Again, this research reinforced the moderating effects of positive resources on gender minority stress.

Resiliency Theory

The final theoretical framework used in this research was resiliency theory. Resiliency theory is formulated on:

> the presence of both risks and promotive factors that either help bring about a positive outcome or reduce or avoid a negative outcome. Resilience theory,

> though it is concerned with risk exposure among adolescents, is focused on strengths rather than deficit. (Fergus & Zimmerman, 2005, p. 399)

Promotive factors are internal assets (i.e., coping skills and self-efficacy) and/or external resources (i.e., parental support and community resources) that assist the adolescent (Fergus & Zimmerman, 2005; Zimmerman, 2013). Resiliency was conceptualized as an "adolescent who has successfully overcome exposure to a risk" (Fergus & Zimmerman, 2005, p. 400). By exploring the interface between promotive factors and risks, through the biopsychosocial lens, created an ecological context for understanding resilience as an ebb and flow trait (Fergus & Zimmerman, 2005). This interface between promotive factors and risks, along with the ecological context are key concepts in resiliency theory.

Resiliency theorists examined the promotive factors and risks with trajectory outcomes (Fergus & Zimmerman, 2005). Fergus and Zimmerman (2005) stated that resiliency theorists focus on adolescents who are at high risk, but have positive outcomes. Fergus and Zimmerman identified three general models of resilience to explain the trajectory outcomes:

1. Compensatory model: In this model, the risk and promotive factors are independent; however, the promotive factor generates a positive outcome.
2. Protective model: In this model, the risk is a constant variable and the promotive factor is introduced as a protective factor to reduce the negative outcome. There are two sub-categories of the protective model. Protective-stabilizing focuses on the promotive factor minimizing the negative outcome; in comparison without the promotive factor, risk increases. Protective-reactive

model focuses on a promotive factor reducing the correlation between the risk and negative outcome.

3. Challenge model: In this model, there is a curvilinear relationship between risk and outcome. The focus is on a moderate amount of risk exposure provides an opportunity for positive outcomes; in contrast, too little risk exposure is ineffective and too much is overwhelming. Another subcategory of the challenge model is the inoculation model, which examines the developmental or longitudinal process of risk exposure to positive outcomes.

These three models are a framework for understanding how promotive factors and risks impact outcomes. Identifying, examining, and using promotive factors to increase positive outcomes as a means of building resiliency against negative outcomes. Assessment of individual assets and contextual resources provided an understanding of how adolescents faced adversity and developed strengths and attributes of healthy development (Fergus & Zimmerman, 2005; Zimmerman, 2013).

Application of resiliency theory was demonstrated in the narratives of high-risk adolescents in Hauser and Allen's (2006) research. They interviewed 146 adolescent participants with 76 being from a local high school and 70 identified as at risk from a hospital setting diagnosed with disruptive behavior disorder, mood disorders, and/or personality disorders (Hauser & Allen, 2006). This was a longitudinal study that examined resiliency factors from the at-risk participants. They found several protective factors that promoted positive outcomes. These protective factors were the ability to adapt, healing from trauma, and significant relationships (Hauser & Allen, 2006). These

at-risk participants, who had positive outcomes, explored significant relationships by processing the motives within the relationship, valuing good relationships, and seeking out positive relationships (Hauser & Allen, 2006). These researchers explored how external resources contributed to positive outcomes and resiliency for cisgender adolescents.

According to resiliency theorists, promotive factors increased resiliency and positive outcomes. Internal assets of resiliency are generated from within the individual, which included coping strategies, self-efficacy, and self-esteem (Fergus & Zimmerman, 2005; Grossman et al., 2011; Zimmerman, 2013). External resources are formulated from outside sources that provide protective and resilient factors for the individual (Fergus & Zimmerman, 2005; Grossman et al., 2011; Zimmerman, 2013). Specific research on TGNC adolescents delineated assets, resources, risk factors, and resiliency outcomes that differ from the cisgender population.

In a study of 55 transgender participants (between ages of 15 and 21 years), Grossman et al., (2011) studied psychological factors and resilience. The participants completed assessment tools for depression (Beck Depression Inventory), internalizing and externalizing problems (Youth Self-Report), mental health problems (Brief Symptoms Inventory), trauma symptoms (Trauma Symptoms Checklist), coping skills (Coping Inventory for Stressful Situations), perceived support (Multidimensional Scale of Social Support), personal mastery (Mastery Scale), and self-esteem (Rosenberg Self-Esteem Inventory; Grossman et al., 2011). Grossman et al.'s multiple regression analyses indicated that participants with higher scores of psychological resilience measurements of

self-esteem, personal mastery, and perceived social support predicted increased positive mental health outcomes. The researchers' supported resiliency theory by indicating psychological resiliency with internal assets (self-esteem and personal mastery) and external resources (perceived social support) that were promotive factors and increased positive outcomes (mental health outcomes) for TGNC adolescents.

Singh, Meng, and Hansen (2014) conducted a phenomenological study with 19 trans individuals (between the ages of 15 and 25 years) exploring resiliency strategies. Overall, the participants identified five themes related to resilience "(a) ability to self-define and theorize one's gender, (b) proactive agency and access to supportive educational systems, (c) connection to a trans-affirming community, (d) reframing of mental health challenges, and (e) navigation of relationships with family and friends" (Singh, Meng, & Hansen, 2014, p. 211). These five themes were considered both assets and resources for TGNC individuals. The ability to self-define one's gender and reframe mental health challenges integrated concepts of self-esteem, coping strategies, and self-worth; which illustrates internal assets. The remaining three themes correlated with external resources and potential promotive factors.

Additionally, Singh, Meng, and Hansen (2014) explored risk factors that challenged the participants' resiliency. Being in a gender minority status, TGNC adolescents are already presumed to be an at-risk population (Haas et al., 2011; Kosciw et al., 2016; Reisner et al., 2015b; Testa et al., 2017; Tishelman et al., 2015). Nevertheless, trans participants identified specific risk factors related to gender minority status and TGNC identity. Participants identified six significant risk factors: "(a) experiences of

adultism, (b) health care access challenges, (c) emotional and social isolation, (d) employment discrimination, (e) limited access to financial resources, and (f) gender policing" (Singh, Meng, & Hansen, 2014, p. 211). These risk factors may not be exclusive for the TGNC population, but participants identified them as significant risk factors.

Resiliency theorists explored the promotive factors that impact risk factors leading to overcoming negative outcomes (Zimmerman, 2013). McFadden, Frankowski, Flick, and Witten (2013) investigated resiliency through the lived experiences of TGNC individuals. McFadden et al. surveyed trans individuals (61 years and older) on experiences of resiliency. Respondents indicated both assets and resources that were significant for resiliency. Six themes for resiliency were identified: "nurturing the spiritual self, exercise of agency, self-acceptance, caring relationships, advocacy/activism, and enjoying an active, healthy life" (McFadden et al., 2013, p. 258). Understanding resiliency theory through the lens of lived experiences illustrated the significance of assets and resources for resiliency.

Summary of Theoretical Foundations

The premise of this study was to examine the shared, lived experiences of TGNC individuals. Previous researchers indicated that TGNC individuals have higher suicidal tendencies (ideation, attempts, and completions), along with increased mental health issues. The foundation of this study explores the lived experiences of social media, during adolescence, and to understand and validate the fluidity of the TGNC experience and identity formation. Also, it is important to acknowledge the distal, proximal, and

resiliency factors that contributed to gender minority stress. Finally, it was valuable to recognize the impact of risk and resiliency factors and its contribution to resiliency in adolescence.

Conceptual Framework

The three theoretical foundations: transgender theory (fluid identity, not bound by binary constraints; focused on the personal and unique experiences of TGNC), gender minority stress (understanding the multifaceted layers of stress and community for TGNC individuals), and resiliency theory (understanding how adolescents overcome adversity, strength-based) combined to create an interpretive lens to examine experiences of TGNC individuals. Two additional concepts were essential in creating a framework for this study: rural communities and grit.

Rural Communities

The three theoretical frameworks collectively created a theoretical foundation for understanding the lived and shared experiences of TGNC individuals. However, these theories did not accurately and thoroughly address the differences due to geographical location. Gender minority stress and resiliency theorists focused on external, positive resources that can moderate risk factors and stigma. In rural communities, TGNC individuals may not have direct access or availability to positive resources. Also, stigma may be different for rural and urban TGNC adolescents. The conceptual framework of understanding and validating the differences in rural communities was examined.

Concept of Grit

The second conceptual framework was the concept of grit. Resiliency and gender minority stress theorists discussed resiliency and positive resources. Grit is connected to resiliency, yet it has unique characteristics. Grit is centralized on the positive response when confronting failure or adversity (Perkins-Gough, 2013). Grit encompasses the internal and external resiliency factors, examining the specific responses the individual has to the adversity (Perkins-Gough, 2013). This study examined the experiences of social media as a potential protective factor. In this context, social media was considered an external factor of potential resiliency. The TGNC individual's grit and expression of resiliency may or may not be influenced by social media. Using the conceptual framework of grit addressed the TGNC individuals' experience when facing adversity.

Literature Review

Conceptualizing TGNC

Terminology and labels enable individuals to create an understanding of connection and meaning in language and communication. Understanding TGNC, transgender, trans, gender bending, gender variant, queer, FTM, MTF, cross-dresser, genderqueer, or other self-created or self-defined terms of identity can create complexity and confusion, along with fluidity and flexibility. Creating labels and terminology may be necessary for communication and understanding; nevertheless, queer and transgender theorists addressed the fluidity of gender identity, gender expression, and how labels and boundaries can be counterintuitive. Understanding a foundation of terminology and labels

create ideas and connotations of general definitions; however, these conceptualizations are not all-encompassing or rigid.

The APA (2011) defined transgender as the incongruency among an individuals' gender identity, gender expression, and biological sex. Gender identity is an individual's personal and internal identification as male, female, or another self-defined term (APA, 2011). In comparison, gender expression is the presentation of gender identity through outward expression of behaviors, non-verbal communication, physical appearance, clothes and hairstyles, and overall observational-behavioral characteristics (APA, 2011). Gender is a societal and socially constructed term that defines what are the appropriate roles, behaviors, and attributes of the binary genders of female and male (APA, 2011). These appropriate or approved gender norms have some fluidity and variance, but resistance, history, and stereotypes create barriers, restricting the expansion of gender norms and roles. Biological sex is a medical distinction of female or male based on anatomy, chromosomes, and hormones (APA, 2011). These general terms provided a limited conceptualization of transgender or TGNC individuals.

American Psychiatric Association examined gender identity through the medical model. The *DSM* was established to provide diagnostic criteria, case conceptualization, and appropriate treatment plans for mental health disorders (American Psychiatric Association, 2013). The *DSM-III* introduced both transsexualism and gender identity disorders of childhood (American Psychiatric Association, 1980). The *DSM-III-R* added the diagnosis of gender identity disorder of adolescence or adulthood, nontranssexual type and gender identity disorder not otherwise specified (American Psychiatric

Association, 1987). In the *DSM-IV-TR*, gender identity disorder (GID) was condensed into one single diagnosis located on Axis I (American Psychiatric Association, 2000). GID was challenged and controversial based on the overlapping core criteria with transsexualism, lack of inclusion with TGNC and gender-variant individuals, controversies with intersex individuals, and the necessary criteria of impairment or distress (Cohen-Kettenis & Pfäfflin, 2010). GID was scrutinized by Work Groups (Zucker et al., 2013) and WPATH (Knudson, De Cuypere, & Bockting, 2010) before the release of the *DSM-5*.

The American Psychiatric Association (2013) published the *DSM-5* without GID. GID was replaced with gender dysphoria, which is defined as an individual, who is in a conflict between biological sex and preferred gender and experiencing significant distress that is impacting functioning (American Psychiatric Association, 2016). The *DSM-5* differentiated gender dysphoria into an independent chapter, separated from sexual dysfunctions and no longer recognized as an identity disorder (American Psychiatric Association, 2013). Additionally, the *DSM-5* discerned criteria for gender dysphoria in children versus adolescents and adults, along with other specified gender dysphoria and unspecified gender dysphoria (American Psychiatric Association, 2013). The *DSM-5* transformed diagnosis for TGNC individuals by eliminating GID and the focus on identity to gender dysphoria and issues of distress and impairment.

The core criteria for gender dysphoria is centered on the discrepancy, incongruence, and distress or impairment (American Psychiatric Association, 2013). The criteria for gender dysphoria required “clinically significant distress or impairment in

social, occupational, or other important areas of functioning" (American Psychiatric Association, 2013, p. 453). Some TGNC individuals meet criteria for gender dysphoria, but the duration and persistence of the disorder are variable (WPATH, 2011).

The *DSM-5* and the American Psychiatric Association continue to psychopathologize and stigmatize TGNC individuals with being labeled and diagnosed (Lev, 2013). The diagnosis of gender dysphoria perpetuates stigma and civil rights struggles for TGNC individuals (Lev, 2013). "Gender dysphoria is a narrative of an oppressed people and their liberation struggle, amid the psychobabble of gender conformity, mental illness, and medicalization of human diversity" (Lev, 2013, p. 290). Homosexuality was a *DSM* diagnosis that focused on "causality" based on heteronormative standards of normalcy and functioning (Lev, 2013, p. 290). It is considered unethical to treat gay and lesbian individuals through a lens of causality with treatment goals of establishing a heterosexual life, but gender dysphoria is still focused on etiology and a binary system of gender identity and expression (Lev, 2013). "What if there is nothing disordered, dysfunctional, odd, or unnatural about transgendering" (Lev, 2013, p. 291)? Heteronormative standards and the diagnostic criteria of the *DSM-5* is centralized on a binary gender system, which does not permit fluidity in gender identity and expression. Diagnostic criteria are a conceptualization of labels and dysfunction for TGNC individuals; which is not a holistic perspective of TGNC individuals.

Challenges for TGNC Individuals

There is limited research with the TGNC population. Coulter, Kenst, Bowen, and Scout (2014) examined the research funded by the National Institutes of Health (NIH)

from 1989-2011. NIH funded 127,798 studies, with only 628 being related to LGBT research (Coulter et al., 2014). Of these 628 studies, only 43 involved TGNC individuals (Coulter et al., 2014). These 43 research studies were on HIV/AIDS (n = 28), drug use (n = 13), mental health (n = 10), health care services (n = 8), alcohol use (n = 6), and sexual health and STIs (n = 5; Coulter et al., 2014). These studies provided a limited focus on the lives of TGNC individuals.

Researchers have conducted national surveys of the TGNC population to gather information and data about lived experiences. Grant et al. (2011), with the National Center for Transgender Equality and National Gay and Lesbian Task Force, conducted the *Injustice at every turn: A report of the national transgender discrimination survey.* The study included 6,456 respondents, representing all 50 states, District of Columbia, Puerto Rico, Guam, and the Virgin Islands. This 70-item survey (Grant et al., 2011) had several key findings:

- Discrimination was universal throughout the sample of TGNC respondents.
- TGNC people of color reported significantly higher levels of discrimination with the amalgamation of anti-transgender bias and structural racism.
- A disproportional significant rate of TGNC individuals live in extreme poverty.
- Overall, 41% of the TGNC respondents reported at least one suicide attempt; 45% of respondents between the ages of 18 and 24 reported at least one suicide attempt.

- While attending K-12 schooling, TGNC respondents reported a significant percentage of verbal harassment (78%), physical assaults (35%), and/or sexual assaults (12%).
- Family acceptance and family bonds were identified as protective factors for 43% of TGNC respondents.
- The majority of TGNC respondents (57%) indicated that they experienced substantial family rejection.
- About 75% of TGNC respondents reported receiving counseling regarding gender identity, with an additional 14% reported hoping to seek services in the future.

Researchers examined the lived and shared experiences of TGNC adults in the survey. The experiences of TGNC adolescents in the school environment were not specifically addressed in Grant et al. study.

The Gay, Lesbian, and Straight Education Network conducted an online National School Climate Survey of students between the ages of 13 and 21, from all 50 states, and a diversity of school districts. *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools* (Kosciw et al., 2014) reported that 7,466 respondents completed the online survey, with 9.5% identifying as transgender, 10.6% identifying as genderqueer, and 4.3% identifying as another gender. Of the total respondents, 29.4% of the respondents reported attending a rural or small-town school. Kosciw et al. (2014) indicated the following significant results:

- 37.8% of the students felt unsafe in school because of gender expression.

- 55.2% reported being verbally harassed because of gender expression; 22.7% reported being physically harassed because of gender expression, and; 11.4% reported being physically assaulted because of gender expression.
- 42.2% of TGNC respondents were prevented from using preferred names and pronouns.
- 59.2% of TGNC respondents had to use a bathroom congruent with biological or natal sex.
- 31.6% of TGNC respondents were prevented from wearing clothes that were congruent with preferred gender identity and expression.
- 56.4% of the LGBT respondents reported often or frequently hearing negative remarks about gender expression.
- LGBT respondents in rural schools reported the highest levels of verbal harassment, physical harassment, and physical assault due to gender expression, with the least amount of school resources.

Kosciw et al. indicated that TGNC respondents experienced a hostile school climate, with limited resources, specifically respondents living in rural or small-town areas.

Two years later, the Gay, Lesbian, and Straight Education Network conducted the *2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools* (Kosciw et al., 2016). The Gay, Lesbian, and Straight Education Network included *queer* as a distinct identity due to the increase of students using the term for self-identification (Kosciw et al., 2016). In 2015,

the number of online respondents increased to 10,528, with 15.2% identifying as transgender, 11.4% identifying as genderqueer, and 11.7% as another gender. The percentage of respondents from rural or small-towns decreased to 27.4%. Kosciw et al. (2016) indicated the following significant results:

- 43.3% of students felt unsafe in school because of gender expression.
- 54.4% reported being verbally harassed because of gender expression; 20.3% reported being physically harassed because of gender expression, and; 9.4% reported being physically assaulted because of gender expression.
- 50.9% of TGNC respondents were prevented from using preferred names and pronouns.
- 60% of TGNC respondents had to use bathroom congruent with biological or natal sex.
- 22.2% of TGNC respondents were prevented from wearing clothes that were congruent with preferred gender identity and expression.
- 95.7% of the LGBTQ respondents reported often or frequently hearing negative remarks about gender expression.
- LGBTQ respondents in rural schools reported the highest levels of verbal harassment, physical harassment, and physical assault due to gender expression, with the least amount of school resources.

For the 2015 report, Kosciw et al. indicated that TGNC respondents are experiencing both positive and negative changes in the school climate. The experiences of LGBTQ respondents in rural schools have remained constant.

In comparing 2013 (Kosciw et al., 2014) and 2015 (Kosciw et al., 2016) surveys, TGNC respondents reported changes in the school climate. First, there were over 3,000 more respondents in 2015, with an increased percentage and representation of transgender (9.5% to 15.2%), genderqueer (10.6% to 11.4%), and other gender (4.3% to 11.7%). There was a slight decrease in the overall number of respondents from rural and small-towns (29.4% to 27.4%). The two studies specified a growing concern of feeling unsafe at school because of gender expression (37.8% to 43.3%). TGNC respondents reported a slight decrease in verbal harassment (55.2% to 54.4%), physical harassment (22.7% to 20.3%), and physical assaults (11.4% to 9.4%); consequently, the respondents reported a significant increase in the number of negative remarks regarding gender expression (56.4% to 95.7%). It is unknown what exactly contributed to this significant increase in negative remarks. However, due to the significant increase in respondents and increased representation of TGNC individuals; it is speculated that awareness has also increased.

This terminology, these labels, that diagnosis, and those surveys attempt to conceptualize and define TGNC individuals. Transgender theorists recognized that TGNC individuals have fluidity and are not bound by boundaries or labels. The remainder of this chapter examined the current and present research regarding the experiences of TGNC adolescents, mental health issues, suicide, rural communities, protective factors and resiliency, and social media and online communities. These studies are mere descriptions of research with TGNC individuals; they are not exhaustive or definitive in encapsulating or conceptualizing the totality of TGNC individuals' lived

experiences. These categories of research are considered a framework to outline the basic understanding of TGNC individuals and pieces of lived experiences. I acknowledge that each TGNC individual has an exceptional story.

Experiences of TGNC Adolescents: Identity and Development

Adolescence is the developmental stage between the ages of 12 and 18 years. During this stage, there are tremendous cognitive, hormonal, and physical changes as the adolescent matures into adulthood (Berk, 2010). Adolescence is differentiated by the onset of puberty, sexual maturity, and the construct of identity (Berk, 2010). The cisgender adolescent population is surrounded and inundated by environments that provide examples and norms of cisgender adolescent development. Schools offer health and education focused on cisgender development. The structure of the education system is based on cisgender information and resources, from history to literature. Television, movies, social media, and advertisements reinforce images and constructs for cisgender adolescent development. The cisgender adolescent development is considered normal and positively reinforced; whereas TGNC adolescents are not given these luxuries of education, information, and positive images of identity and development.

The biopsychosocial model examines the development of adolescents into adulthood, through the lens of biological, psychological, and social growth (Castañeda, 2015). Castañeda (2015) stated two significant considerations for TGNC development. First, Castañeda reported that the persistence of gender dysphoria into adulthood is rare. TGNC adolescents entering puberty may experience an escalation of gender dysphoria symptoms; however, these symptoms often subside in adulthood (Castañeda, 2015).

Unfortunately, Castañeda's research was ambiguous on the rationale for the decline in gender dysphoria. One possible reason for the decrease could be the increased potential for transitioning, once the adolescent enters adulthood; therefore, no longer required to obtain parental consent for medical treatment. Another possible reason that gender dysphoria is rare in adulthood may be due to adults not identifying as TGNC. Castañeda's vagueness with the decrease in gender dysphoria could be interpreted as a stigma with TGNC development.

The second significant consideration was that Castañeda challenged speculations that TGNC adolescents, with gender dysphoria, also met psychiatric criteria for significant mental health disorders. Castañeda's focused on some of the biopsychosocial factors that contributed to TGNC adolescent development, including mental health disorders. Castañeda evaluated TGNC adolescents' development within the biopsychosocial model, but other researchers have developed models and theories specifically for TGNC individuals.

Researchers have depicted models of identity and development formation for TGNC adolescents. Devor (2004) identified a fourteen-stage model of transsexual or transgendered identity formation: (a) abiding anxiety, (b) identity confusion about originally assigned gender and sex, (c) identity comparisons about originally assigned gender and sex, (d) discovery of transsexualism, (e) identity confusion about transsexualism, (f) identity comparisons about transsexualism, (g) tolerance of transsexual identity, (h) delay before acceptance of transsexual identity, (i) acceptance of transsexualism identity, (j) delay before transition, (k) transition, (l) acceptance of post-

transition gender and sex identities, (m) integration, and (n) pride. Devor stated that progression and duration through the stages are individually based, with some TGNC individuals skipping or repeating stages. Devor theorized that TGNC identity formation is an interactive process of "witnessing and mirroring" (p. 46). Devor explained that individuals have "a deep need to be witnessed by others for whom we are" and a desire "to see ourselves mirrored in others' eyes as we see ourselves" (p. 46). When the individual has congruency with witnessing and mirroring, they experience validation and support with one's sense of identity (Devor, 2004). Devor's 14 stage model was comprehensive and integrated numerous identity formations and developmental stages for TGNC adolescents.

Pinto and Moleiro (2015) created a five-stage model for TGNC identity formation and development. They interview 22 TGNC Portuguese participants, between the ages of 16 and 55 years. From these interviews, Pinto and Moleiro developed a model:

> Stage 1. Confusion and increasing sense of gender difference; Stage 2. Finding an explanation, a label, and exploring identity; Stage 3. Deciding what to do and when: exploring options; Stage 4. Embracing gender identity, including performing a new social identity and undergoing body modifications; Stage 5. Identity consolidation and invisibility. (p. 15)

Pinto and Moleiro's model was more condensed in comparison to Devor's (2004) model, but they provided information on understanding the process through the confusion, transitions, and consolidation.

One of the key aspects of TGNC identity formation and development was the conceptualization and integration of gender. The APA guidelines for working with TGNC individuals stated that "psychologists working with gender-questioning and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in TGNC identity into adulthood" (APA, 2015, p. 841). In Grossman and D'Augelli's (2006) study, TGNC participants identified incongruencies with gender identity and biological sex at an average age of 10.4 years. The researchers suggested providing early opportunities for exploring identity formation and development was essential. TGNC adolescents conceptualized gender as both fluid and fixed; subsequently, TGNC adolescents challenged gender, norms, and stereotypes (Boskey, 2014). Identity formation and development have been constructed through a cisgender perspective, that deeply embedded gender into a binary system formulated by language (Hagen & Galupo, 2014). For TGNC adolescents, conceptualizing and framing the whole person was validating (Hagen & Galupo, 2014). Understanding TGNC individuals' conceptualization of gender was important for identity formation and development.

Levitt and Ippolito (2014) examined the conceptualization of gender for TGNC individuals. Levitt and Ippolito interviewed 17 TGNC participants on the central question "what does your gender mean to you" (p. 1733)? Researchers explored this central question, along with influences of transgender identity development (Levitt & Ippolito, 2014). There were three main themes for identity development: (a) "From childhood treated like damaged goods: pressure to be closeted about gender can lead to self-hatred and isolation; all while under others' scrutiny" (Levitt & Ippolito, 2014, p. 1735); (b)

"The power of language in fostering acceptance; in hearing transgender narratives and becoming aware of social processes that enforce traditional gender standards, the possibilities for self-exploration expand" (Levitt & Ippolito, 2014, p. 1740) and; (c) "Identity formation is an ongoing process of balancing authenticity and necessity (e.g., safety, how much I can cope with, resources, legalities); with purposeful shifts may come unexpected ones" (Levitt & Ippolito, 2014, p. 1743). The researchers extrapolated that gender was defined as: essential, constructed, instrumental, a means to meet needs, express values, and platform for the exploration of eroticization (Levitt & Ippolito, 2014). This conceptualization of gender and the construction of TGNC individuals' identity formation and development was fluid.

Researchers have presented theories and models to conceptualize TGNC adolescents' identity formation and development. Language and terminology are key components, specifically in constructing or deconstructing gender. Castañeda (2015) examined TGNC adolescent identity development through a lens of biological, psychological, and social growth, and stated that gender dysphoria is rare in adulthood. Devor's (2004) 14-stage model was comprehensive, individually-based, and constructed by TGNC adolescents. Pinto and Moleiro (2015) model was condensed and focused on identity formation through stages of confusion, transitions, and consolidation. The navigation through adolescence and TGNC identity formation was a platform for understanding the differentiation from the cisgender population.

Experiences of TGNC Adolescents: Families/Parents

In stage three of Pinto and Moleiro (2015) model, the TGNC adolescent begins exploring options and making decisions. TGNC adolescents may choose to be open with parents and family members about gender identity and expression. There are positive and negative outcomes for TGNC adolescents who disclosed gender identity and/or expression with family members. TGNC adolescents exploring gender transitioning are medically required to involve parents (Coolhart, Baker, Farmer, Malaney, & Shipman, 2013). Gender transition is a demanding process that requires significant support (Coolhart et al., 2013) and fears of parental and family rejection are real (Grossman et al., 2005; Yadegarfard et al., 2014).

Grossman et al. (2005) study with transgender adolescents (n = 55), participants were interviewed on gender development and parental reaction. The participants indicated that 43 of the mothers and 26 of the fathers were aware of the participants' transgender identity (Grossman et al., 2005). Of the aware parents, 54% of mothers and 63% of fathers first reacted negatively or very negatively when they first learned of their adolescent's gender identity (Grossman et al., 2005). The participants with unaware parents anticipated that mothers (73%) and fathers (78%) would have reacted negative or very negative (Grossman et al., 2005). TGNC adolescents' fear of being ridiculed and rejected was substantiated.

Family and parental rejection can have devastating effects. TGNC adolescents, who experience family rejection, reported poor health, including depression, social isolation, suicide and suicidal ideation, substance abuse, and sexual-risky behaviors

(Yadegarfard et al., 2014; Zimmerman et al., 2015). Family rejection included physical abuse, financial deprivation, exclusion from family gatherings and events, being removed from the home, and isolation from friends (Yadegarfard et al., 2014). Family rejection also increased TGNC individuals' self-stigma, confusion, internalized negativity and transphobia, and lower self-esteem and self-worth (Zimmerman et al., 2015).

In contrast, some TGNC adolescents reported positive responses from parents and families. Grossman et al. (2005) found that 25% of mothers and 22% of fathers reacted positively or very positively when they first found out about their adolescent's gender identity. Parental support was associated with good health, positive self-esteem, greater life satisfaction, and a protective factor against symptoms of depression (Simons, Schrager, Clark, Belzer, & Olson, 2013; Zimmerman et al., 2015). Furthermore, parental and family support counteracted the negative stigma, mental health issues, impact of microaggressions, and discrimination (Simons et al., 2013).

The reaction of parents and family has a significant impact on the TGNC adolescent. The adolescent's mental health, level of isolation, stigma, and level of protective factors have different trajectories dependent on the reactions of family members. Rejection can lead to negative mental health factors and increased stigma, isolation, and abuse. Supportive families have the potential to create protective factors and external resiliency for the TGNC adolescent.

Experiences of TGNC Adolescents: Schools

Children start kindergarten at 5 years old. They are part of the education system until age 18 years old when they graduate from high school. This is approximately 13

years that children and adolescents are being educated, in public, private, home-schooled, or online school settings. These are significant years as children's identity formation and development transition into adolescence. During this time, adolescents are surrounded by peers and school staff. For many TGNC adolescents, attending school was described as a traumatic event (Grossman & D'Augelli, 2006). Unfortunately, many TGNC adolescents do not feel safe in the school setting.

In Johnson et al. (2014) research study, participants were interviewed on lived experiences as high school students. The participants (n = 9) identified as transgender, queer, and questioning (TQQ). Three central themes emerged from the interviews were complexity, safety, and social change (Johnson et al., 2014). Complexity was the process of communicating the fluidity of gender identity and expression without conforming to boxes or labels, minimizing other TGNC adolescents' experiences, and conveying shifts in gender fluidity without being labeled as confused (Johnson et al., 2014). The second theme identified by the TQQ participants was feeling safe within the school environment, including the daily challenges of the binary gender systems (Johnson et al., 2014). Safety involved trusting school personnel to address TQQ bullying and derogatory statements, along with fundamental issues of bathrooms and locker rooms (Johnson et al., 2014). The final theme was social change and how schools could incorporate strategies to improve safety and inclusion for TQQ students (Johnson et al., 2014). The participants identified improving communication between TQQ and school personnel, addressing safe bathrooms and locker rooms, and increasing GSA organizations and other resources for TQQ students (Johnson et al., 2014). Both TGNC and cisgender adolescents devote a

significant amount of time within the school and the school environment. TGNC adolescents contend with incongruencies between gender identity and expression with biological sex. Furthermore, TGNC adolescents navigate time spent within the school environment and determine levels of safety and trust.

The It Gets Better social media campaign was launched to combat the negative messages that many lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents experienced during identity development (Asakura & Craig, 2014). LGBTQ adolescents experienced significantly higher rates of bullying and suicidal ideation, including daily encounters in the school environment. The It Gets Better social media campaign centered on LGBTQ adults posting supportive, positive videos, to provide inspiration and resiliency to LGBTQ adolescents (Asakura & Craig, 2014). Asakura and Craig investigated 21 videos and found four major themes. The four themes were: resiliency in adverse environments, self-disclosure, reframing memories, and opportunities for growth and change (Asakura & Craig, 2014). The researchers reported that LGBTQ adolescents experienced both explicit and implicit messages of negativity when there is incongruency with heteronormative beliefs (Asakura & Craig, 2014). Schools can advocate and provide support for LGBTQ adolescents, including GSA and other LGBTQ-specific clubs and resources (Asakura & Craig, 2014).

Schools can be a hostile environment for TGNC adolescents. When schools provided LGBT resources, TGNC adolescents reported an increased perception of a supportive school environment, more access to education, and a positive school climate (Greytak et al., 2013). GSAs or similar student clubs, educators supportive of LGBT

adolescents, and LGBT-inclusive curricula were also associated with decreased levels of victimization, increased attendance rates for LGBT adolescents, and increased feelings of safety at school (Greytak et al., 2013).

Schools have a unique opportunity to combat some of the negative messages and experiences that TGNC adolescents reported during identity formation. TGNC adolescents described that school and the school environment can be a hostile and traumatic experience. When school staff and personal incorporated positive LGBTQ curriculum, resources, and support groups (GSAs) and clubs, TGNC adolescents reported a more positive school experience, better attendance, and access to more education (i.e., graduating high school, higher grade point averages, and more opportunities for higher education). TGNC adolescents attending rural schools may not have access to these positive LGBTQ resources. These discrepancies in rural schools will be further discussed in the Rural Communities section.

Experiences of TGNC Adolescents: Medical Services

Medical services for TGNC adolescents can vary significantly. Specific information about medical services in rural locations will be addressed in the Rural Communities section. WPATH (2011) created standards of care (SOC) that established the best practice criteria for medical and mental health professionals.

> The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender-nonconforming people with safe and effective pathways to achieving lasting personal comfort with their

> gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment. (Coleman et al., 2012, p. 116).

Many TGNC adolescents seek (or hope to seek) medical services as part of the transition process. Unfortunately, many medical providers are uneducated or under-educated on the specific medical needs of the TGNC population; therefore, TGNC individuals must seek out specialists and travel to urban locations (Tishelman et al., 2015). WPATH advocates for medical professionals to provide comprehensive SOC and best practice for the TGNC population (Coleman et al., 2012; WPATH, 2011). Although there has been increased awareness of TGNC medical services, adolescent medicine, and pediatric endocrine medical providers reported a lack of confidence and competency in providing services to the TGNC population (Vance et al., 2015). Obedin-Maliver et al. (2011) surveyed 132 medical schools on hours of LGBT-training and curriculum. They found that medical schools averaged five hours of education on the health of sexual minorities and only about 30% of the medical schools included any information about gender transitioning (Obedin-Maliver et al., 2011).

The American Academy of Pediatrics and the SOC, endorsed by WPATH, recommended that TGNC adolescents used hormone therapy, specifically to suppress puberty for TGNC adolescents with gender dysphoria, in early Tanner stages (Coleman et al., 2011; WPATH, 2011). Hormone treatment was recommended for TGNC adolescents with persistent gender dysphoria (Kon, 2014). If medical professionals are not competent or confident in providing best practice and appropriate care to TGNC adolescents, there could be long-term medical and mental health effects (Kon, 2014).

TGNC adolescents are often at the mercy of medical professionals. If TGNC adolescents want to suppress hormones, start hormones, or undergo surgical procedures, it is necessary to discuss these transitional stages with a medical provider. Researchers indicated best practice to, at minimum, suppress puberty until the TGNC adolescent is ready and able to transition; along with preventing the permanent physical changes implemented by puberty. Medical providers have minimal training, education, competency, and/or confidence in providing medical care for TGNC adolescents. This can be a frustrating and agonizing experience, especially if there are no medical providers available.

Experiences of TGNC Adolescents: Stigma

The adolescent years can be turbulent and tumultuous. TGNC adolescents are bombarded with heteronormative messages, stereotypes, and beliefs. This bombardment can lead to stigma. The APA (2015) acknowledged that "stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people" (p. 838). TGNC individuals are impacted by "multiple marginalized identities" that can increase vulnerability, stigma, and discrimination (APA, 2015, p. 838). Gender minority stress theorists conceptualized the intersection of stigma, stress, and resiliency (APA, 2015). Gender minority stress theorists stated that minority status can create a negative stigma, but belongingness and cohesiveness with a minority status group can counteract stigma and lead to positive resources and protective factors (Meyer, 2003; Testa et al., 2015).

Stigma is a social construct of stereotyping and evaluating the human differences, subjecting people to social controls, typically formulated from heteronormative beliefs

(Hughto et al., 2015). Stigma is a complex and multifaceted process of creating a socially constructed hierarchy and equating value to personal characteristics. Stigma is experienced on different levels: structural, interpersonal, and individual (Hughto et al., 2015). Structural forms of stigma are broad-based, encompassing societal norms, laws, conditions, policies, and practices (Hughto et al., 2015). This includes heteronormative conformity, inequalities (based on gender, economics, etc.), barriers in healthcare, and omittance of specialized training and education for non-heteronormative populations: for example, medical schools providing minimal training on specific LGBT issues (Hughto et al., 2015; Obedin-Maliver et al., 2011). Interpersonal stigma is focused on everyday interactions with others (Hughto et al., 2015). These include microaggression, discrimination, family rejection, and physical and sexual assaults (Hughto et al., 2015; Sue, 2010). Individual stigma is the personal beliefs and behaviors of the individual (Hughto et al., 2015). These individual forms of stigma include internalization, internal transphobia, concealment of stigma, and avoidance of stigma (Hughto et al., 2015). Individual stigma is compounded for TGNC individuals who have racial minority status, lower economic status, and lower education attainment (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015).

The mental health diagnosis of gender dysphoria instigated interpersonal and individual stigma for the TGNC adolescent and family members (Green, McGowan, Levi, Wallbank, & Whittle, 2011). Stigma, structural, interpersonal, and individual, contributed additional stress for TGNC adolescents (Hughto et al., 2015). The stigma related to discord and incongruency with gender identity, gender expression, and

biological sex had adverse health effects for TGNC adolescents, including an impact on cognitive, affective, and behavioral processes (Hughto et al., 2015).

Stigma is a component of the gender minority stress model (Bockting et al., 2013; Testa et al., 2015). Stigma can stem from structural, interpersonal, and individual sources. Understanding the source and impact of stigma added credence to the value of protective factors and resiliency.

Mental Health Issues

The APA (2015) identified cultural competencies and guidelines for providing appropriate and trans-affirmative mental health services for TGNC individuals. These guidelines were based on research from TGNC adults; therefore, information on the multi-faceted layers of TGNC adolescents was not addressed. These guidelines have applications for TGNC adolescents and frame considerations applicable to mental health services.

In the Guidelines, APA (2015) addressed considerations for providing mental health services for TGNC individuals. Guideline 3: "Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people" (APA, 2015, p. 836). APA identified that cultural identity may include: "race/ethnicity, age, education, socioeconomic status, immigration status, occupation, disability status, HIV status, sexual orientation, relationship status, and religion and/or spiritual affiliation," but this may not be an exhaustive list (p. 836). Guideline 3 for TGNC individuals validated APA's Principle E: Respect for People's Rights and Dignity (APA, 2018). Mental health

services for TGNC adolescents should include an understanding of the complexity of identity, along with the interconnections with other cultural or minority identities.

TGNC individuals seek mental health services as disproportionately higher rates than the cisgender population (Budge, 2015). In a recent survey, 75% of transgender individuals reported attendance in psychotherapy, in comparison to 3.18% of the cisgender population (Budge, 2015). Higher rates may have coincided with a desire to begin medical interventions and need a mental health professional endorsement; additionally, higher rates might be related to higher rates of microaggressions and seeking coping strategies (Budge, 2015; Sue, 2010). TGNC individuals seek mental health services at a higher percentage than the cisgender population.

Mental health providers assess and diagnosis based on case conceptualization, symptomology, and treatment. TGNC adolescents may meet criteria for gender dysphoria, which has an increased comorbidity with internalizing disorders (anxiety and depression), externalizing disorders, (oppositional defiant disorder), and possibly autism spectrum disorders (Coleman et al., 2011; Haraldsen, Ehrbar, Gorton, & Menvielle, 2010; Zucker, Wood, Singh, & Bradley, 2012). Gender dysphoria is centralized on the incongruencies and conflict with identity, anatomy, and social role (Haraldsen et al., 2010); these incongruencies and conflict can permeate into other mental health disorders. TGNC individuals, diagnosed with gender dysphoria, reported more symptoms of depression, anxiety, stress, somatization, chemical use/abuse, suicide (ideations, attempts, and completions), and inpatient care services (Dargie et al., 2014; Nuttbrock et al., 2014; Olson, Schrager, Belzer, Simons, & Clark, 2015; Reisner et al., 2015b; Tishelman et al.,

2015). TGNC individuals also reported more issues with discrimination, microaggressions, stigma, exploitation, abuse (gender, physical, sexual, emotional), and were victims of violence (Dargie et al., 2014; Nuttbrock et al., 2014; Tishelman et al., 2015). TGNC individuals may have confounding variables that hinder access to mental health services: geographic location, health care expenses, providers not competent with TGNC issues, and stigma (Tishelman et al., 2015). TGNC individuals have less social support compared to the cisgender and LGB population (Dargie et al., 2014). A diagnosis of gender dysphoria often has comorbidity with other mental health issues and is accompanied by additional stressors and stigmas associated with TGNC identities.

Many TGNC individuals reported mental health issues associated with gender-related victimization and stigma (Boza & Perry, 2014). Boza and Perry's (2014) study was an online survey that included participants' characteristics (sociodemographics, hormone use, history of gender affirmation surgery, housing status, and criminal history), Center for Epidemiological Studies Depression Scale, questions regarding gender-related victimization, and the Multidimensional Scale of Perceived Social Support. There were 243 transgender participants that completed the online survey. Boza and Perry found that 59% of the participants reported symptoms of depression, 44% reported a history of at least one previous suicide attempt, and 69% reported gender-related victimization. About 60% of the participants reported that current symptoms of depression and/or a previous suicide attempt was directly related to transgender status (Boza & Perry, 2014). Many participants indicated unhealthy coping strategies: 30% of the participants indicated alcohol abuse and 19% reported chemical abuse issues (Boza & Perry, 2014). Boza and

Perry examined transgender participants level of stress, stigma, and gender-related victimization with mental health symptoms (depression and suicide attempts) and chemical usage.

Another online survey of TGNC adults (n = 773) illustrated the links among mental health issues, depression, and nonsuicidal self-injury (dickey, Reisner, & Juntunen, 2015). Researchers found that 41.9% of respondents identified a history of nonsuicidal self-injury, along with increased rates of depression, anxiety, and stress (dickey, Reisner, & Juntunen, 2015). Respondents indicated that work environments, disapproval from family and friends, and financial stress were contributing factors for symptoms of depression, anxiety, and stress (dickey, Reisner, & Juntunen, 2015). The researchers specified the importance of addressing nonsuicidal self-injury as a maladaptive coping strategy for TGNC individuals and developing healthy coping skills (dickey, Reisner, & Juntunen, 2015). Furthermore, researchers advocated providers should not be gatekeepers for TGNC clients who are seeking gender transition; instead, providers should assess nonsuicidal self-injury and focus on strength-based, healthy coping strategies for TGNC clients (dickey, Reisner, & Juntunen, 2015).

Mental health issues have an impact on TGNC individuals' quality of life. There are positive correlations among depression, anxiety, stress, and stigma, but there is also positive correlation with social support and quality of life (Colton Meier, Fitzgerald, Pardo, & Babcock, 2011). Moreover, these two positive correlations are negatively correlated with each other (Colton Meier et al., 2011). Often symptoms of gender dysphoria are correlated with mental health symptoms of depression and anxiety (Davis

& Meier, 2014). When TGNC individuals start hormone therapy, there was often a shift with mental health. FTM participants reported significantly lower mental health symptoms with the onset of hormone replacement therapy (HRT) in comparison to FTMs not taking testosterone (Colton Meier et al., 2011). FTM participants on HRT also indicated a higher quality of life and perceived social support (Colton Meier et al., 2011). Davis and Meier's (2014) research concurred with FTM on HRT and with chest reconstruction surgery reported less mental health symptoms, less anger, and greater body satisfaction.

Transition status can have a significant impact on TGNC individuals' mental health. Budge, Adelson, and Howard (2013) examined symptoms of depression, anxiety, and distress for transgender populations. The researchers investigated the constructs of loss, social support, transition status, and coping; then deciphered how these constructs impacted distress, depression, and anxiety (Budge et al., 2013). They established that avoidant coping was a mediator with transition status and mental health symptoms (Budge et al., 2013). Therefore, transgender participants with more avoidant coping had increased symptoms of depression and anxiety; participants with less avoidant coping also reported further progress with transition status (Budge et al., 2013). TGNC individuals reported fewer mental health symptoms and improved coping skills as transition status progresses.

TGNC individuals use mental health services and report increased levels of stress, stigma, and symptoms of depression and anxiety. Gender-related victimization and stigma are particular issues that impact TGNC adolescents (Bariola et al., 2015). TGNC

adolescents may not have access to competent mental health providers for treatment. Without appropriate inventions or left untreated, psychological distress and mental health symptoms could lead to devastating results (Bariola et al., 2015).

Suicide Ideations, Attempts, and Completions

The heart, soul, and foundational core of this study centered on TGNC adolescents and the increased rates of suicidal ideations, attempts, and completions. Estimated rates of suicide completions for TGNC individuals are 800 per 100,000 (Haas et al., 2011) with ideation and attempts range from 45% to 77% (Testa et al., 2017). Research on suicidality and the TGNC population indicated significant concern for this vulnerable population.

TGNC adolescents are at a significant risk of suicide ideation, attempts, and completions (Vrouenraets et al., 2015). TGNC adolescents with untreated gender dysphoria have increased rates of suicidality (Vrouenraets et al., 2015). Symptoms of gender dysphoria, suicidal ideation, and suicide attempt significantly decreased once the TGNC adolescent started transitioning (Bailey, Ellis, & McNeil, 2014). Bailey et al. (2014) documented that 67% of TGNC respondents indicated suicidal ideation before transitioning, with only 3% indicating suicidal ideation post-transition. Transitioning had a significant and direct impact on TGNC individuals' symptoms of gender dysphoria and suicidal ideation (Bailey et al., 2014; Bauer, Scheim, Pyne, Travers, & Hammond, 2015).

Virupaksha et al. (2016) conducted a literature review on suicidal behaviors with TGNC individuals from India. Researchers found that 31% of TGNC individuals completed suicide and 50% have at least one significant attempt before age 20

(Virupaksha et al., 2016). The researchers' analysis of literature indicated that 62% of TGNC individuals reported conflict or isolation with family members; 56% had limited education; a significant percentage of TGNC individuals were in the sex industry; and 54% are alcoholics (Virupaksha et al., 2016). Virupaksha et al. investigated the psychological autopsies of TGNC individuals who completed suicide. Through the autopsies, Virupaksha et al. revealed contributing factors for the completed suicide, including the partner-initiated break up of a significant relationship (64.3%), significant familial discord (14.3%), refusal of reassignment transitioning by family members (9.5%), and diagnoses of HIV (2.4%). Suicidal ideations, attempts, and completions were disproportionately high for TGNC individuals. Suicide completions were frequently in reaction to discord or separations from a significant other or family member.

"A history of attempted suicide was the strongest predictor of future attempts, even after controlling for concurrent symptoms of [major depressive disorder] and hopelessness" (Mustanski & Liu, 2013, p. 445). General risk factors for suicide included symptoms of depression, substance abuse, feelings of hopelessness, and impulsivity (Mustanski & Liu, 2013). Parental support was the only variable correlated with a decrease in suicide attempts (Gibbs & Goldbach, 2015; Mustanski & Liu, 2013). TGNC adolescents who have parental support had decreased rates of suicidal ideation, attempts, and completions.

Understanding the contributing factors and potential rational of a suicide attempt provides a possible means for prevention. Victimization has been studied as a possible variable contributing to suicidal attempts. Hirschtritt, Ordóñez, Rico, and LeWinn (2015)

explored peer victimization and suicidal ideation among a *diverse* group of adolescents, presumably the majority being cisgender. The researchers found that even at low levels of peer victimization, there was an increase of suicidal ideation (Hirschtritt, Ordóñez, Rico, & LeWinn, 2015). Specific exploration of the experiences of TGNC individuals and encounters with peer- and gender-related victimization is needed.

Goldblum et al. (2012) surveyed 290 transgender respondents who completed the Virginia Transgender Health Initiative Survey. The mean age of the respondents was 37 years old with a range of 18 to 65 years old (Goldblum et al., 2012). Goldblum et al. indicated that 28.5% of the respondents reported a history of at least one suicide attempt. Respondents that indicated a previous attempt, 28.6% reported two attempts and 39% reported three or more suicide attempts (Goldblum et al., 2012). The survey included contributing factors and experiences for transgender individuals and suicide attempts. Of the respondents, 44.8% reported a history of gender-based victimization while attending school (Goldblum et al., 2012). Goldblum et al. defined gender-based victimization as "microaggressions and other more overt efforts intended to cause discomfort or distress in the targeted individuals" (p. 469). Transgender respondents, who experienced GBV in school, had almost four times higher suicide attempt rates in comparison to respondents who did not experience gender-based victimization in school (Goldblum et al., 2012). Increased suicide attempts were connected with gender-based victimization and experiences in school for transgender respondents.

Barboza, Dominguez, and Chance (2016) also accessed data from the Virginia Transgender Health Initiative Survey. They found 63% of the respondents were at an

increased risk of suicide, either with ideation (38%) or attempts (25%; Barboza et al., 2016). Researchers found that internal discrimination and physical victimization were contributing factors, with 37% reported one or more situations of being physical attacked (Barboza et al., 2016).

Liu and Mustanski (2012) conducted a longitudinal, quantitative study of LGBT youth (n = 246; age 16 to 20) and examined attempted suicide, impulsivity, victimization, and social support. Liu and Mustanski's study was conducted from 2007 to 2011, with five interviews/questionnaires completed in six-month intervals. Participants completed the Brief Symptom Inventory (suicidal ideation), AIDS Risk Behavior Assessment (self-harm), Barratt Impulsiveness Scale (Impulsivity), Brief Sensation Seeking Scale (sensation-seeking), Boyhood Gender Conformity Scale (gender nonconformity), Diagnostic Interview Schedule for Children (history of suicide attempts), Brief Hopelessness Scale (hopelessness), D'Augelli et al. 10-item measurement tool (LGBT victimization), Multidimensional Scale of Perceived Social Support (social support) at each six-month interval (Liu & Mustanski, 2012). LGBT victimization and a history of suicide attempts were correlated with current suicidal ideation and self-harm (Liu & Mustanski, 2012). Increased measures of impulsivity and low social support were associated with suicidal ideation; whereas, increased sensation-seeking, gender, and gender non-conformity were associated with increased levels of self-harm (Liu & Mustanski, 2012). It was noted that only 8.2% (20 respondents) identified as MTF or FTM. The researchers tabulated the results as gender nonconformity rather than indicating specific responses from the MTF or FTM respondents. Liu and Mustanski's

study provided some limited information regarding TGNC adolescents and contributing factors with suicidal ideation and self-harm.

Understanding the contributing factors of suicide attempts for the TGNC population is valuable for creating healthy coping strategies. Clements-Nolle, Marx, and Katz (2006) interviewed 515 transgender (umbrella term used to indicate TGNC) participants. Each participant completed a mental health and substance abuse assessment tool (Center for Epidemiology Studies Depression Scale, Rosenberg Self-Esteem Inventory, and questions regarding previous alcohol or drug treatment) and interview questions on discrimination and victimization (Clements et al., 2006). Clements-Nolle et al. ascertained that suicidal risk factors for transgender participants included being under 25 years old, symptoms of depression, substance abuse, and previous sexual assault, which was congruent with LGB suicide research. Researchers discovered that gender-based discrimination and victimization were independent suicide risk factors, with 46% of transgender participants reporting a suicide attempt (Clements-Nolle et al., 2006). Participants who reported a suicide attempt also stated increased use of psychotropic prescriptions, mental health services, and increased alcohol and drug addictions (Clements-Nolle et al., 2006). Participants indicated involvement with mental health and medical professionals, but these participants also reported increased rates of suicide attempts. Understanding the differences, between participants who attempted suicide and those who did not, may provide insight into contributing factors and healthy coping strategies.

TGNC adolescents continue to have greater health disparities, including suicidal ideation, attempts, and completions (Eisenberg et al., 2017). Over 60% of TGNC adolescents reported suicidal ideation and about 30% made a suicidal attempt (Eisenberg et al., 2017). Parental support and transition status had a significant impact on suicidal ideation, attempts, and completions. Understanding the discrepancies in these health disparities was insightful with the necessity and urgency in prevention and intervention strategies to decrease the suicidal risk for TGNC adolescents. Information and research on resilient TGNC adolescents are lacking.

Rural Communities

Specific research on rural TGNC individuals is significantly lacking. Research is almost nonexistent for TGNC adolescents living in rural areas. TGNC adolescents may have different experiences due to living in rural geographical locations.

Many U.S. rural communities have disproportionately higher rates of poverty, unemployment, poor or no health care insurance, deferment of health treatment, poor access to health and mental health care, and disparities in health outcomes (Noel et al., 2013). Rural cisgender adolescents are more likely to report somatic versus psychological symptoms and seek services from a primary care physician rather than a mental health provider (Secor-Turner et al., 2014). Rural adolescents reported higher levels of trust with rural physicians in comparison to urban adolescents (Secor-Turner et al., 2014).

Rural areas tend to have a lack of mental health providers, specifically psychiatrists, child psychiatrists, and adolescent treatment facilities (Noel et al., 2013). Unfortunately, rural adolescents also have higher suicide rates in comparison to urban

adolescents (Noel et al., 2013). Rural adolescents reported several life events that increased suicidal ideation including life transitions, substance use, sexuality, responsibilities, losses, and legal conflicts (Rew, Young, Brown, & Rancour, 2016). For the cisgender adolescent population, suicidal ideation declined from freshman year (14.3%) to senior year (9.7%) during high school (Rew et al., 2016).

These previous studies were based on cisgenders' experiences in rural communities. Overall, rural communities have decreased access to resources and community supports, specifically with medical and mental health professionals. Also, there is a higher suicide rate for rural cisgender adolescents in comparison to urban counterparts. Researchers indicated that rural TGNC adolescents have increased issues, stressors, and barriers.

The rural TGNC population is unknown. Motmans, Meier, Ponnet, and T'Sjoen (2012) surveyed 446 TGNC participants. Of the total participants, 90 (or approximately 20%) were living in rural communities (Motmans et al., 2012). This data coincided with national statistics that 21% of the U.S. population lives in rural areas; it is presumed that no more than 21% of TGNC individuals would live in rural geographical locations (Walinsky & Whitcomb, 2010).

TGNC individuals living in rural communities may have increased vulnerability and discrimination (APA, 2015). There are substantial barriers that TGNC individuals encounter when living in rural communities. Rural TGNC individuals indicated the following barriers due to geographical location: transportation, telehealth services, cost of services, time and travel, financial difficulties, education and employment opportunities,

advertising and resources, urban-based providers, social support networks, and access to other TGNC individuals (Koch & Knutson, 2016; Walinsky & Whitcomb, 2010). Rural TGNC individuals reported increased isolation and lack of TGNC community (Koch & Knutson, 2016). The tight-knit nature of rural communities increased feelings of disapproval, isolation, and/or stigma (Koch & Knutson, 2016). Also, there are issues with medical services in rural communities.

Rural TGNC individuals may have barriers that interfere with seeking services from a physician. TGNC individuals may be reluctant to disclose transitioning or transition status to a rural physician (Roberts & Frantz, 2014). The rural physician may lack experience, competency, and resources for the TGNC population (Olsen et al., 2015; Roberts & Frantz, 2014). Rural clinics may have structural barriers that are potentially stigmatizing, including restroom access and binary male/female identification for medical records (Roberts & Frantz, 2014). In Minnesota, only 11 out of 87 counties have transgender health care providers (Raynor et al., 2014). TGNC adolescent providers are even more sparse, with 3.5 to 6.5 providers per 100,000 individuals (Raynor et al., 2014).

Schools and community resources are different in rural communities for TGNC adolescents. Rural TGNC adolescents reported significantly less exposure and access to other TGNC adolescents, resources, and support groups (Tishelman et al., 2015). Low levels of community belongingness and lack of community resources (i.e., GSA groups) in rural locations correlated with negative mental health issues (Fisher et al., 2014). TGNC adolescents in rural communities may not have access to positive resources (Tishelman et al., 2015). Rural TGNC adolescents are at risk to be exploited, rejected by

family, runaway, homelessness, prostitution, drug use, and self-harm (Tishelman et al., 2015).

Horvath et al. (2014) examined the mental health, substance use, and sexual risk behaviors of rural and non-rural TGNC individuals. The researchers found "(1) significant differences in mental health between rural and non-rural transmen, (2) relatively low levels of binge drinking across groups—however, high levels of marijuana use, and (3) high levels of unprotected sex across all types of sex partners among transwomen" (Horvath et al., 2014, p. 1125).

Living in a rural community presented additional barriers and issues for TGNC adolescents. TGNC adolescents have little exposure or access to community resources and other TGNC individuals. Understanding support factors and resiliency for the rural TGNC adolescent population may provide protective factors in lowering mental health issues and suicidal ideation.

Protective Factors and Resiliency

Gender minority stress (Bockting et al., 2013; Testa et al., 2015) and resiliency theorists (Fergus & Zimmerman, 2005) documented the significance and magnitude of protective factors and resiliency for TGNC individuals. The APA (2015) included protective factors and resiliency in the guidelines for working with TGNC individuals: "Guideline 11: Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care" (p. 846). Social support, trans-affirmative care, and protective factors were aspects of resiliency, specifically with knowledge and information on how TGNC individuals

combat adversity, risk factors, gender minority stress, victimization, and other negative variables that impeded identity formation and development.

The conceptualization of resiliency created a working definition in understanding the terminology and underlying implications. Mayordomo-Rodríguez et al. (2015) compared resiliency to a constellation and examined the relationship among "individual resources (capacities, competencies, and perhaps even attributes), social conditions (e.g., social support), and the developmental challenge or problem (e.g., obstacles, deficits, and losses)" (p. 318). The constellation influenced the individual's functioning and ability to change when presented with a stressful situation or event (Mayordomo-Rodríguez et al., 2015). The individual's level of functioning in stressful situations was interconnected to one's level of resiliency, psychological well-being, and coping skills (Mayordomo-Rodríguez et al., 2015). Mayordomo-Rodríguez et al. stated there is a "hierarchical differentiation between resilience and coping" with coping skills being an individual resource evaluated with the social condition and problem (p. 318). Resiliency encompassed a holistic process including the individual's coping skills and available protective factors.

Coping skills are individual and internal aspects of resiliency. When presented with a stressor or problem, individuals use cognitive or behavioral coping skills to manage or handle the issue (Ungar et al., 2015). If internal aspects are insufficient, the individual explored options for external resiliency sources, including social supports or possibly professional services (Ungar et al., 2015). Ungar et al. (2015) stated that individuals tend to use one coping strategy and evaluate this strategy for positive or

negative outcomes. Dependent on these outcomes, individuals may seek out other coping strategies that appear more efficacious (Ungar et al., 2015). Ungar et al. research was a global study, examined five countries (Canada, China, New Zealand, South Africa, and Colombia), and explored resiliency among victims of child abuse. The researchers did not indicate any demographic information regarding gender identity, expression, or TGNC status.

Another aspect of resiliency are external protective factors. External protective factors are variables that may or may not be present for TGNC individuals. Researchers indicated that protective factors have increased positive outcomes for TGNC individuals, including decreased symptoms of depression and suicidal ideation, attempts, and completions (Greytak et al., 2013; Kosciw et al., 2016; Kosciw et al., 2014; Moody & Smith, 2013; Reisner et al., 2015b; Ryan et al., 2010).

Family support has been explored as a protective factor and an external source of resiliency. In a study of LGBTQ adolescents, Shilo et al. (2015) reported that family support was the most significant factor for resiliency and lower mental health symptoms. It is noted that Shilo et al. identified Q as queer and did not state TGNC status. Ryan et al. (2010) research on family support with LGBT adolescents included a small sample of transgender participants (n = 245; transgender participants n = 22). Researchers found that family support was a protective factor for LGBT participants (Ryan et al., 2010). LGBT participants who reported family support indicated higher levels of self-esteem, social support, and overall health (Ryan et al., 2010). Family support was negatively associated with LGBT participants reporting symptoms of depression, substance abuse,

and suicidal ideations/attempts (Ryan et al., 2010). Moody and Smith (2013) research with TGNC participants (n = 133) found that family support was positively correlated with emotional stability and lower rates of suicide ideation and attempts. Family support can be a significant protective factor for TGNC adolescents.

Another protective factor and external form of resiliency was social support. Social support can be a significant protective factor when adolescents are faced with stress and/or are considered at-risk (Ogińska-Bulik & Kobylarczyk, 2015). Friendships and peer relationships provided social support and fostered resiliency during adolescence (Graber et al., 2016). Social support networks for TGNC adolescents increased transgender status disclosure and identity formation, community belongingness or connectedness, involvement in transgender communities, and was associated with overall improved mental and physical health (Barr et al., 2016; Bockting et al., 2013; Erosheva, Kim, Emlet, & Fredriksen-Goldsen, 2016; Maguen, Shipherd, Harris, & Welch, 2007; Zimmerman et al., 2015). TGNC adolescents reported that GSAs are positive social support networks in school that advocated and supported gender identity and expression (APA, 2015, Greytak et al., 2013; Kosciw et al., 2016; Kosciw et al., 2014; Reisner, Greytak, Parsons, & Ybarra, 2015a). Social support networks were a protective factor that increased resiliency for TGNC adolescents.

Religion and spirituality have been explored as a protective factor for external resiliency (e.g., Burshtein et al., 2016; Kopacz, 2014; WHO, 2014). Many TGNC individuals reported feeling isolated or ejected by the church or religious community (Koch & Knutson, 2016). Additionally, TGNC individuals may choose to disconnect

from the church due to a dissonance between TGNC identity formation and religious beliefs (Gibbs & Goldbach, 2015). TGNC adolescents that regularly attended religious services and reported belonging to religion have reported lower suicide attempts in comparison to TGNC adolescents who do not participate in religious activities (Gibbs & Goldbach, 2015; Grossman, Parks, & Russell, 2016). Religion may be a protective factor for some TGNC adolescents against suicidal attempts, but it has also been a source of isolation and ejection for others.

Therapy, trans-affirmative care, and mental health services are protective factors that promote resiliency. Mental health professionals that provide gender affirmation and support TGNC adolescents during identity formation and development can be a significant protective factor (Benson, 2013; Sevelius, 2013). Integrating transgender affirmative cognitive behavioral therapy (Austin & Craig, 2015) and indivisible self-wellness model (Avera, Zholu, Speedlin, Ingram, & Prado, 2015) are trans-affirmative models that integrated strength-based interventions and validation of TGNC experiences. Trans-affirmative model taught and advocated:

> (1) one cannot necessarily tell if someone is transgender, (2) all types of people can be transgender, (3) transgender people can have family members and others who love them for who they are, and (4) transgender people can be accepted as valued members of their religious and spiritual communities. (Case & Meier, 2014, p. 70)

Trans-affirmative therapy increased resiliency and positive outcomes by increasing TGNC adolescent's self-esteem, sense of personal mastery, and perceived

social support (Grossman et al., 2011). Therapy can be a protective factor and improve resiliency by increasing coping skills and supporting TGNC adolescents.

Transgender theorists fostered the exploration of TGNC narratives for identity formation and development (Nagoshi & Brzuzy, 2010). Exploring and understanding the construct of resiliency through the lens of TGNC adolescents is congruent with transgender theory. Understanding the construct of resiliency provided additional credence for the application of resiliency theory for TGNC adolescents (Fergus & Zimmerman, 2005). Qualitative research and interviews with TGNC adolescents on the theme of resiliency generated conceptualization from this perspective.

Singh, Hays, and Watson (2011) interviewed TGNC individuals (n = 21) on experiences of resiliency. The researchers identified five themes that were fluid throughout the interviews; "(a) evolving a self-generated definition of self, (b) embracing self-worth, (c) awareness of oppression, (d) connection with a supportive community, and (e) cultivating hope for the future" (Singh et al., 2011, p. 23). The participants reported how these five themes contributed to resiliency during times of adversity (Singh et al., 2011). The participants acknowledged the importance of social activism and being a positive role model as modes of cultivating resiliency and continuing forward (Singh et al., 2011). Also, participants discussed gender minority stress, specifically internalized and externalized transphobia, and how it impacted resiliency (Singh et al., 2011).

Singh (2013) explored resiliency with TGNC adolescents of color. Singh interviewed TGNC adolescent participants of color (n = 13) on themes of resiliency while

navigating through microaggressions of racism than transphobia. The participants also identified five themes:

> (1) evolving, simultaneous self-definition of gender and racial/ethnic identities, (2) being aware of adultism experiences, (3) self-advocacy in educational systems, (4) finding one's place in the LGBTQQ youth community, and (5) use of social media to affirm one's identities as a transgender youth of color. (Singh, 2013, p. 695)

Singh (2013) and Singh et al. (2011) presented overlapping themes in the construction of resiliency. First, resiliency was comprised of knowing that identity was fluid and evolving (Singh, 2013; Singh et al., 2011). Another similar theme was awareness of adversity with adultism, oppression, and microaggressions (Singh, 2013; Singh et al., 2011). The third theme was the value and significance in community connections for support, affirmation, and hope (Singh, 2013; Singh et al., 2011). The last overlapping theme contributing to resiliency was internal strength focusing on self-advocacy and self-worth during times of stress and adversity (Singh, 2013; Singh et al., 2011). These themes intersected and formed a working, but fluid, definition of resiliency.

Resiliency is a combination of internal coping strategies and external protective factors that were available during times of stress and adversity. Being resilient and having a positive interface with failure or adversity was the ideology behind grit (Perkins-Gough, 2013). Grit is the search for "engagement and meaning" in life (Von Culin, Tsukayama, & Duckworth, 2014, p. 311). Developing and cultivating grit was expressed in the themes of resiliency from Singh (2013) and Singh et al. (2011) interviews with

TGNC individuals. Building on grit may decrease the negative outcomes and experiences reported by many TGNC adolescents.

Many TGNC adolescents are lacking in protective factors and experience higher rates of mental health issues and suicidal ideation, attempts, and completions (Testa et al., 2014). Exposure and awareness of other TGNC individuals and communities can be a protective factor for TGNC adolescents (Testa et al., 2014). Rural TGNC adolescents may feel isolated with no exposure or information about TGNC communities or support groups (Pflum, Testa, Balsam, Goldblum, & Bongar, 2015). The presence of online TGNC communities and Internet-based resources continues to flourish; thereby providing opportunities for rural TGNC adolescents to find online support through social media (Pflum et al., 2015).

Social Media and Online Communities

In October of 1995, the Federal Networking Council unanimously defined the Internet as a global information system (Leiner et al., 1997). This global information system was disseminated into the mainstream and provided a platform for social media networking sites, like America Online (Shah, 2016). Social media changed the landscape of the Internet and people's ability to network and connect with others. Social media sites like MySpace (launched in 2003) and Facebook (publicly launched in 2006) were able to connect people locally, nationally, and globally. with Facebook currently boasting 1.3 billion active users (Shah, 2016). This explosion of social media, social networks, and online communities (which will be referred to as just social media) have continued to thrive over the past two decades. Adolescents and young adults are growing up in a world

surrounded by social media and have never experienced the world without it (Barth, 2015). There is conflicting research on social media. Barth (2015) questioned if social media was a positive resource or harmful to mental health and well-being. Regardless of the conflicting research, the reality is that adolescents are living in this world.

Social media has the potential to impact adolescents in both a positive and negative manner. Koutamanis et al. (2015) research examined social media, online behaviors, and peer relationships. They found that adolescents with high sensation seeking scores (assessed by the Brief Sensation Seeking Scale) were more likely to spend time on social media, take more risks on social media (i.e., chat with older individuals; sending revealing photos), indicated more family conflict, and reported more negative statements from peers (Koutamanis et al., 2015). Bányai et al. (2017) research found that adolescents with higher levels of social media use also reported more symptoms of depression and less self-esteem. Best et al. (2014) conducted a review of 43 research articles related to adolescents, mental well-being, and the use of social media. Best et al. reviewed research studies and reported positive results with social media and adolescent well-being, including higher self-esteem, perceived social support, increased popularity, safe identity experimentation, and increased self-disclosure. Also, Best et al. found some of the studies reported negative results, such as victimization, loneliness, symptoms of depression, and cyberbullying. Best et al. concluded that the majority of the articles reported both positive and negative outcomes or no correlation with social media and adolescent mental well-being. More research is needed to understand the impact and influences of social media on adolescents' well-being.

Adolescents are online, using various social media sites. Popular social media sites have ebbed and flowed with adolescents. In a recent survey, participants (n = 2000; 12 to 24 years old) indicated the following percentages of time on various social media sites: Snapchat 79%, Facebook 76%, Instagram 73%, Twitter 40%, Pinterest 31%, Tumblr 16%, WhatsApp 15%, Musical.ly 11%, and LinkedIn 9% (Statista, 2018). Wang and Edwards's (2016) survey of 543 participants (11 to 16 years old), examined adolescents' choices and usage of social media (specifically: Facebook, texting, Instagram, WhatsApp, Snapchat, email, Twitter, and Google Hangouts). Participants indicated three main themes for social media usage: "(1) managing relationships with multiple social media tools, (2) who am I becoming? (3) stranger danger" (Wang & Edwards, 2016, p. 1212). Participants were developing and forming identities, along with creating relationships with others online. The participants acknowledged that social media can be dangerous, specifically with cyberbullying and victimization (Wang & Edwards, 2016). Wang and Edwards (2016) provided limited demographic information (age and binary gender) of the participants; it is unknown if TGNC adolescents have similar experiences.

TGNC adolescents are growing and developing in a world filled with social media. TGNC adolescents learn to navigate through this world, with potential positive and negative outcomes. Researchers have focused on social media challenges, online social support, TGNC communities, and information/resources.

Social media presents challenges for TGNC adolescents. Bivens (2017) stated that there are over 50 gender options and gender expression identities, yet Facebook's

software was still restricted to the binary gender system. From the onset, for setting up a social media account, TGNC adolescents encounter challenges and binary constructs of gender. Additionally, if TGNC adolescents are in the transitioning process, Facebook and social media created additional stress and stigma associated with transition disclosure (Haimson et al., 2015; Magee et al., 2012). Conversely, TGNC adolescents reported a supportive friend network on Facebook, that moderated stress during the transition disclosure (Haimson et al., 2015; McInroy & Craig, 2015). Other TGNC individuals have used social media for documenting the transition process (McInroy & Craig, 2015). Therefore, social media sites presented a dichotomy of challenges that TGNC adolescents must mitigate through and determine a course of action (Haimson et al., 2015).

Social media sites offered opportunities and interactions with other TGNC individuals. Ciszek (2017) stated that social media sites are often the first contact for TGNC individuals and interactions with other LGBTQ people and TGNC issues. LGBTQ adolescents searched social media for connections, resources, and support (Ciszek, 2017). TGNC adolescents reported that social media was a "catalyst for resilience by buffering discriminatory experiences. Media provided participants with opportunities for (a) coping through escapism, (b) feeling stronger, (c) fighting back, and (d) finding and fostering community" (Craig et al., 2015, p. 262). For many TGNC adolescents, social media created an opportunity to have contact with other TGNC individuals.

Social media also provided information and resources for TGNC adolescents (Grossman & D'Augelli, 2006). Urban TGNC adolescents often have access to groups, organizations, other TGNC adolescents, and mental health resources (Grossman &

D'Augelli, 2006; McCann, 2014). Many rural TGNC adolescents are geographically isolated, seeking social media for mutuality, information and resources, gender exploration, friendship, and social support (Coolhart et al., 2008; Evans et al., 2017; Magee et al., 2012; McInroy & Craig, 2015; Mehra et al., 2004). TGNC adolescents disclosed that social media and online friendships were often the only options for finding other TGNC adolescents (Evans et al., 2017).

Social media formed an opportunity for community. TGNC adults reported that social media provided social connectedness with other TGNC individuals (Austin & Goodman, 2017). Researchers found a positive correlation between TGNC individuals' level of social connectedness and positive sense of self (Austin & Goodman, 2017). Austin and Goodman (2017) identified that social connectedness and positive sense of self did not reduce the participants' levels of internalized transphobia. Cannon et al. (2017) research concurred that social media provided significant social connectedness and resources for TGNC participants. Participants reported, "a need for careful censorship of social media" and the limitations of anonymity on social media (Cannon et al., 2017). Participants identified both positive and negative impacts of social media on personal well-being (Cannon et al., 2017). Cannon et al. research was a qualitative study ($N = 5$) with adult participants; therefore, it was a small, limited study.

Social media supported awareness and resiliency for TGNC adolescents. The It Gets Better project was a series of videos created by LGBTQ adults sharing personal experiences of resiliency and insight for positive well-being (Asakura & Craig, 2014; Grzanka & Mann, 2014). The It Gets Better project targeted LGBTQ adolescents as a

method of promoting insight into protective factors and healthy choices (Asakura & Craig, 2014). The original It Gets Better project videos were available on YouTube, with an additional 30,000 similar, yet independent, video entries, totaling more than 40 million views worldwide (Asakura & Craig, 2014). The premise of the It Gets Better project was to strengthen resiliency and promote that life will get better. However, the four themes from Asakura and Craig's (2014) study indicated that life did not always get better and the path toward resiliency was difficult. The It Gets Better project created awareness of LGBTQ issues, connection and collective meanings for the LGBTQ community, and access to online LGBTQ resources (Asakura & Craig, 2014). It is noted that the It Gets Better project encompassed the LGBTQ community, not specifically the TGNC population. Nevertheless, the It Gets Better project and additional 30,000 video entries created an online awareness and presence for the LGBTQ community. This online presence can promote community, connection, and potentially resiliency for TGNC adolescents.

Adolescents live in a social media world. This world may be difficult to navigate, with both positive and negative variables that have the potential to impact the adolescent's life and mental well-being. Researchers referenced social media as a community or resource for TGNC adolescents, with support, community, and connections, with potential for negative outcomes (Asakura & Craig, 2014; Testa et al., 2014; Pflum et al., 2015). Research on the lived experiences of TGNC adolescents with social media is lacking. For TGNC adolescents living in rural communities, social media may be the only source of contact, information, resource, and/or support.

Summary and Conclusions

With this literature review, I provided a glimpse into the complexities and fluidity that TGNC adolescents experience during development. Gender identity and expression can be a difficult construct to conceptualize, particularly when many TGNC adolescents identified as queer, genderfluid, or gender-nonconforming. Psychopathologizing and diagnosing TGNC adolescents can lead to additional stigma and negative mental health outcomes. Negative mental health outcomes and increased rates of suicidal ideation, attempts, and completions for TGNC individuals are significantly higher in comparison to the cisgender population (Haas et al., 2011; Kosciw et al., 2016; Reisner et al., 2015b; Testa et al., 2017; Tishelman et al., 2015). Access and availability to medical and mental health providers, who are competent with TGNC issues and concerns was a barrier for TGNC adolescents (Minnesota Transgender Health Coalition, 2016; Raynor et al., 2014; Secor-Turner et al., 2014). These resources are sparse and even nonexistent in some rural communities and geographical locations (Minnesota Transgender Health Coalition, 2016; Raynor et al., 2014). TGNC adolescents have additional barriers and stigma due to living in rural communities (Horvath et al., 2014; Noel et al., 2013; Tishelman et al., 2015). Even with barriers, stigma, and microaggressions, many rural TGNC adolescents are resilient.

Adolescents live in a social media world. Technology and information are readily available with smartphones and Wi-Fi. Adolescents access and use social media throughout the day (and night). TGNC adolescents reported accessing social media for information, resources, and a sense of community (Asakura & Craig, 2014; Testa et al.,

2014; Pflum et al., 2015), but social media also has risks with negative outcomes (Cannon et al., 2017; Haimson et al., 2015). It was unknown how rural TGNC adolescents navigate social media and its impact on resiliency.

For this study, I examined the gap in the research and explored the lived experiences of social media with rural TGNC adolescents. The participants were 18 to 24 years old and reflected on their experiences of social media during adolescence. I strived to extend the knowledge, information, and research on the rural TGNC population, which is often overlooked, vulnerable, and neglected by researchers. There is a significant lack of empirical data on the rural TGNC population and a substantial need to investigate these experiences of rural TGNC individuals and social media. Suicidality is significantly high with the TGNC population; therefore, understanding the lived experiences of social media provided an opportunity for positive social change. In Chapter 3, I described the methodology of the study and how I addressed the research questions.

Chapter 3: Research Method

Introduction

In this chapter, I outline the research method, design, and data collection process for this study. This study was phenomenological qualitative research exploring the lived experiences of rural TGNC individuals with social media. The purpose of the study was to gather and expand the knowledge of lived experiences of rural TGNC individuals with social media, during adolescence. This research can inform mental health professionals, individuals working with TGNC adolescents, and people who love and care for TGNC adolescents by providing insight on the experiences of social media for rural TGNC adolescents. Rural TGNC adolescents lack visible resources and information while living and growing up in small communities (Minnesota Transgender Health Coalition, 2016). This study on rural TGNC individuals provides a voice for this hidden, vulnerable population. Research on the experiences of social media for rural TGNC adolescents was lacking. This research study was an exploration of TGNC individuals' thoughts, perceptions, and experiences with social media during adolescence. The essence of this phenomenon was perceived through the narratives, language, and expressions of the participants.

In qualitative research, transparency is key and necessary for addressing the trustworthiness of the study (Tuval-Mashiach, 2017). Tuval-Mashiach's (2017) transparency model indicates that the researcher should discuss and disclose "what I did, how I did it, and why I did it" (p. 130). The transparency model encourages reflexivity and self-awareness (Tuval-Mashiach, 2017). "Reflexivity requires critical self-reflection

of the ways in which researchers' social backgrounds, assumptions, positioning and behavior impact on the research process" (Tuval-Mashiach, 2017, p. 133). The transparency model and reflexivity are paired as a guide for this chapter and this study. This process required me to self-reflect and self-disclose information that may impact or create bias. Transparency and reflexivity are necessary to ensure the essence of the participants' narratives are presented appropriately and accurately.

The content of this chapter was focused on a detailed description of the research design, rationale for this design, and a comprehensive explanation of the methodology used in this study. I discussed transparency and reflexivity concerning my role as the researcher, issues of trustworthiness, and ethical procedures. In this chapter, I also explain the procedures for recruitment, participation, data collection, data analysis plan, along with trustworthiness, rigor, and ethical considerations. Chapter 3 is an outline for the methodology that operationalized the study into a descriptive, phenomenological qualitative research design.

Research Design and Rationale

In adherence to the transparency model and reflexivity (Tuval-Mashiach, 2017), I disclosed my rationale and decision to explore this topic. I live and work in a rural area in Minnesota. For almost 20 years, I have worked in urban and rural school districts, primarily in the junior and senior high school settings. I have provided school-based mental health services in rural communities for the past 5 years, along with outpatient services in a rural private practice setting for over 10 years. I have a passion for working with adolescents and thoroughly enjoy providing services for this population.

During the past 5 years, I have provided services to TGNC adolescent clients at two different rural schools and my outpatient practice. These experiences fostered my curiosity on the topic of TGNC development and sources of resiliency. Furthermore, I have family members and friends who belong to the LGBT community. My background and rationale to explore this topic were relevant for transparency (Tuval-Mashiach, 2017). My background information was significant to acknowledge my interest in the topic and to address any biases.

My decision and rationale to use a qualitative research design was two-fold. First, there is a significant shortage and lack of research about TGNC adolescents, specifically those living in rural communities. Using a qualitative research design provided foundational and exploratory knowledge that contributed to the current, yet significantly lacking, body of research on the TGNC population. The second rationale for a qualitative research design was more personal. I am a licensed marriage and family therapist with experience in family systems work. I enjoy the therapeutic process of joining, building rapport, and establishing a working alliance with clients. I appreciate the value and depth of information that occurs with face-to-face contact and interviews. I was committed to exploring the phenomenon through the lived experiences of TGNC individuals. The essence of these lived experiences should and must be told by a direct source. I was interested in exploring this phenomenon and gaining knowledge of these lived experiences.

A phenomenological qualitative research design is an appropriate methodology for the exploration of a phenomenon (Creswell, 2013). Qualitative research is “personal”

(Patton, 2015, p. 3). Qualitative research is an investigation of the lived experiences of people in a natural context and environment to understand the importance of the paradigm (Patton, 2015). The researcher adheres to transparency by exploring and disclosing the rationale for qualitative research. Creswell (2013) stated the importance of evaluating philosophical assumptions and theoretical paradigms when conducting qualitative research. Ontological philosophical assumptions encompass the ideology of acceptance and encouragement of "multiple realities" (Creswell, 2013, p. 20). Moreover, phenomenological research is the exploration of these multiple realities through the "lived experiences" of individuals (Creswell, 2013, p. 76). Phenomenological researchers use epoche (bracketing) to foster new growth and understanding surrounding the explored phenomenon (Creswell, 2013). A transcendental phenomenology researcher amalgamates the textual narrative with the structural context and captures the overall essence of the phenomenon (Creswell, 2013). A descriptive phenomenological approach and research design was the best fit for answering the research questions in this study.

Phenomenology is the exploration of knowledge beginning with the "ego-act-object … structure of consciousness" (Giorgi, 2009, p. 9). Giorgi (2009) stated that "a phenomenon is anything that can present itself to consciousness, and it is considered to be just that: something that is present to consciousness" (p. 10). Phenomenological researchers explore "what is given to consciousness and how it is given" (Giorgi, 2009, p. 68). Descriptive phenomenological psychology is "acquainted enough with philosophy to be able to recognize and engage critically with the underlying epistemological assumptions of not only phenomenology, but also empiricism, hermeneutics, and

postmodernism" (Applebaum, 2011, p. 521). Applebaum (2011) stated that descriptive phenomenology was a process of self-examination, exploration of beliefs, and questioning constructs in pursuit of "intersubjective grounds of meaning" (p. 523). With the descriptive phenomenology method, I acknowledged my perceived consciousness on the phenomenon, explored the essence through the lived experience from the participants, and gained knowledge about the phenomenon.

Exploration of a phenomenon consists of knowledge that was general, systematic, critical, and methodical (Giorgi, 2009). Giorgi (2009) indicated that general knowledge about a phenomenon has an application to other contexts or situations. The general application informed that the phenomenon was a contextual experience, not limited to a single case study. The essence of the phenomenon was familiar to others who have shared lived experiences. Systematic referred to how "knowledge gained would have to relate to one another in a harmonious way" and intersect with perception (Giorgi, 2009, p. 111). Gaining systematic knowledge provided a multifaceted perception that combined in harmony and challenged the incongruencies of the perceived knowledge (Giorgi, 2009). The critical stage occurs when knowledge and perceptions are challenged (Giorgi, 2009). During the critical stage, I compared the knowledge regarding the phenomenon with previous knowledge, explored continuity within the phenomenon, and investigated challenges from other researchers. The final component was the methodical stage. The methodical stage is the detailed description of study, which provides an operationalized method for other researchers to repeat procedures to gain knowledge about the phenomenon (Giorgi, 2009).

In descriptive phenomenology studies, a researcher explores how individuals experience a phenomenon and captures the essence of this lived experience (Bevan, 2014). The exploration of a phenomenon is not formulated by a theoretical framework; rather, data collection and knowledge are collected through interviews and gathered information directly from those who have experience and knowledge regarding the phenomenon (Bevan, 2014). The process includes identifying and bracketing the structure of the phenomenon and gathering knowledge and expanding the perception of the phenomenon (Englander, 2012). Analysis of the data was centered on the clarity of the phenomenon and meaning (Giorgi, 1997). Data analysis was a systematic process of phenomenological reduction, description of meaning, and exploration of essences for the phenomenon (Giorgi, 1997). I appreciated the experience of data collection and interviewing with this method. A descriptive phenomenology research design was harmonious and congruent for addressing the research question. I used a descriptive phenomenological qualitative design to explore this phenomenon and build on the body of knowledge on the perceptions and consciousness of this phenomenon: the lived experiences of rural TGNC individuals with social media.

Research Questions

The research question intends to focus the scope of a study (Creswell, 2013). These questions are fluid and nondirectional, yet centralized on the experiences of the phenomenon (Creswell, 2013). Giorgi (2009) stated that the basic format of a phenomenological question should be to "please describe for me a situation in which you experienced" the phenomenon (p. 124). The purpose of this study was to build on the

body of research for the TGNC population. There was a significant lack of research on adolescent TGNC individuals living in rural communities. For this study, I explored the experiences of social media with the rural TGNC adolescent population. The focus of this study was encapsulated in the following main research question: What were the lived experiences of social media for TGNC individuals who resided in rural communities during adolescence?

Additional central questions were the following: How do rural TGNC individuals describe personal experiences with social media during adolescence? How do rural TGNC individuals perceive or understand these experiences with social media? What was the perception of social media during adolescence for rural TGNC individuals? What emotive words or expressions describe these experiences of social media for rural TGNC individuals during adolescence?

Central Concepts and Phenomenon

This study was an examination of the lived experiences of TGNC individuals, who resided in rural communities during adolescence and the perceived experiences of social media during this developmental stage. In Chapter 2, I outlined the theoretical foundations and concepts for this study. Transgender theory, gender minority stress theory, and resiliency theory are the interpretive lenses that created the framework and foundation for this study. Transgender theorists advocate for the expression of narratives, integration of gender fluidity, deconstruction of heteronormative perspectives, and empowerment of diversity (Burdge, 2007; Hausman, 2001; Nagoshi & Brzuzy, 2010). Gender minority stress theorists acknowledge the distal, proximal, and resiliency factors

that impact TGNC individuals (Bockting et al., 2013; Meyer, 2015; Testa et al., 2015). Resiliency theorists explore promotive factors and risks for adolescents and the trajectory outcomes for resiliency (Fergus & Zimmerman, 2005). I used these three theoretical foundations in conjecture with two additional concepts of rural communities and grit, which were relevant to this study. Rural TGNC individuals have different experiences due to geographical location compared to urban TGNC individuals. Resources, stigma, risks, and availability are fundamentally different for rural versus urban TGNC individuals. Furthermore, I acknowledged the concept of grit and TGNC individuals' responses to adversity. These theoretical foundations and concepts established the framework for examining the research and central questions of this study.

Role of the Researcher

"From the perspective of responsibility, the researcher is always concurrently embedded in several relationship networks during the research: with the research participants, with the texts, with his or her discipline, and with the readers of the final report" (Tuval-Mashiach, 2017, p. 128). My role in the study was a mixture of observer and participant-observer. The observer role was parallel to the etic perspective as an "outsider's perspective" with an "external view on a culture, language, meaning associations and real-world events" (Olive, 2014, p. 4). Conversely, the participant role was congruent with the emic perspective as an insider perspective and membership within the particular culture (Olive, 2014). Frankfort-Nachmais and Nachmias (2008) stated that the participant-observer role requires the researcher to promote disclosure and

the agenda to the group. I provided transparency and disclosure to further define and explain my position.

Observer

Transparency and disclosure required the use of labels, which are often established within heteronormative stereotypes. I appreciated the concept of fluidity, delineated in transgender theory, but language creates boundaries, connotations, and labels that often lack this fluidity. To address any underlying biases and maintain objectivity during this study, I acknowledge my identities as the researcher. I identify as a cisgender female, within a heterosexual, married relationship. These multiple identities include being a parent to two biological adolescents, Caucasian, early 40s age range, Lutheran, middle-class, able-bodied, employed, graduate student, and living/working in a rural community for over 10 years. I was born and raised in a suburban community, adjacent to a large metropolitan area. I am a supporter of LGBT rights and have family members and friends, who are part of the LGBT community. Also, I have provided mental health services to LGBT clients.

My role as an observer was acknowledged due to my cisgender status. I understood the etic perspective and respected the outsider identity with the TGNC population. I was an observer to the demographic age range of this study. I have experience with computers/technology, but I recognize that this experience is vastly different from today's adolescents. During my adolescent years, information was found at the library or in an encyclopedia: which is significantly different from smartphones and

Google. My observer role acknowledged etic status and provided transparency for this study.

Participant-Observer

My role as a participant-observer was more ambiguous but discussed to further provide transparency. As previously stated, I do not identify as TGNC or within the age range of the participants. I am currently living and working in a rural community, and have clinical experience working with rural LGB and TGNC adolescent clients. My idea for this study was generated from searching for rural LGBT resources, conversations with clients about online resources, and a lack of research on the TGNC population. Several clients discussed experiences with online communities and establishing a network of online friends. I have lived experience residing in a rural community with an understanding of differences and a lack of resources in comparison to urban communities.

My role as a participant-observer was more peripheral, but mental health professionals often have a significant role with TGNC individuals. TGNC individuals have a higher percentage of accessing mental health services (Budge, 2015; Coleman et al., 2011; Reisner et al., 2015b; WPATH, 2011). Mental health services are sought to decrease symptoms of psychological distress (Budge, 2015; Coleman et al., 2011; WPATH, 2011). Mental health professionals can be instrumental in advocating for medical transitions and hormones (Budge, 2015; WPATH, 2011). My role as a participant-observer was centered on geographical location and as a mental health professional. My participant-observer role may not present as a true insider or emic

perspective. With credence to transparency, I disclosed my explanation on how some aspects of participant-observer were present.

Researcher's Biases

I previously stated my role as an observer and participant-observer for this study. To continue with transparency, I will address any personal or professional relationships that may have created biases for this research. I stated that this topic was generated from clinical experiences with LGBT and TGNC clients. At times, I have engaged in discussions about online communities and resources with TGNC clients. Due to these previous therapeutic relationships and power differential, my TGNC clients were excluded from the study. I did not have any personal or professional relationships with any of the participants of this study

At times, a researcher may not be cognizant of potential biases or power relationships during a study. I acknowledged that it is important to recognize and control biases and to prevent infiltration into the study. A reflective journal is one method to evaluate researcher bias (Janesick, 2016). Janesick (2016) described a record-keeping journal as an integrated record of progression through research, including subjective and objective information. I provided a brief journal of subjective and objective observations after each interview. I reviewed this journal with my dissertation committee to assess and control for biases. I answered reflexive questions about this research (see Appendix B). Patton (2015) described this process of examining reflexive screens (i.e., age, gender, values) through the lens of participants, audience, and self. I concur that reflexivity and

transparency are valuable factors in this process. I addressed reflexive screen questions as outlined by Patton (2015, p. 72):

1. What do I know?
2. How do I know what I know?
3. What shapes and has shaped my perspective?
4. With what voice do I share my perspective?
5. What do I do with what I have found?

I emailed these responses to the dissertation chair for feedback and discussed any potential biases. My intention is to provide reflexivity and transparency by acknowledging and controlling any potential biases that influenced this study.

Ethical Considerations

APA (2018) Code of Ethics: 8.02a Informed Consent to Research concisely states eight criteria required for researchers when conducting research with human participants. I adhered to these guidelines and provided full disclosure to the participants. Informed consent was obtained during the screening process. The participants were asked to provide consent before answering the screening questions via a website link. The consent paperwork was stored on an external jump drive, in a secure and locked file cabinet. The informed consent paperwork included my contact information, in case of additional questions or if the participant decided to withdraw from the study. The website link requested the participant's contact information for purposes of setting up the face-to-face interview. Participants that met criteria were asked to participate in a face-to-face interview. At the interview, I reviewed the informed consent, answered any questions,

and provided the participant with a hard paper copy. Informed consent is expanded on in the Ethical Procedures section.

Several ethical considerations were addressed for this study. Recruiting participants for this study had ethical considerations. TGNC individuals are a vulnerable and often hidden population, specifically in rural areas. I did not recruit any former clients as participants. I disseminated recruitment flyers to medical, mental, and social services agencies that work with the TGNC population. I disseminated information on social media sites, TGNC and/or LGBT community events, and local colleges LGBT organizations. I excluded any participant that I had a prior personal or professional relationship with.

The last ethical consideration was my use of incentives to recruit participants. I understood that the participants were very busy and scheduling additional appointments can be tedious and a nuance. I compensated participants for attendance to the face-to-face interview. Each participant received a $20 Visa gift card at the interview, along with the hard copy of the informed consent form. I disclosed that the participant was allowed to keep the gift card even if the interview was not completed or if the participant withdrew from the study. This gift card was an incentive to participate and to compensate for the participant's time and travel.

I did not foresee nor encounter any additional ethical considerations during this study. I had contact with my dissertation committee, addressed any concerns, and rectified any potential ethical issues.

Methodology

The methodology section constituted two main functions: an evaluation process of how the methodology answered each research question and an outline for other researchers to replicate the study (Beins & Beins, 2012).

Participant Selection Logic

For this study, I defined and described the participant selection logic. The population for this study was TGNC individuals who lived in a rural community during adolescence. Adolescence was defined as the developmental stage between ages 13 to 18 years old. Participants were between the ages of 18 and 24 years old. Participants identified as TGNC (or another self-preferred term that indicated gender non-conformity); however, a clinical diagnosis of gender dysphoria (American Psychiatric Association, 2013) was not required for participation in this study. Finally, all participants lived in a rural community during adolescence.

The term rural and rural community required definition. The United States Census defined rural as non-urban areas (Ratcliffe, Burd, Holder, & Fields, 2016). This definition of rural was ambiguous; therefore, I provided specific demographic information about rural and rural communities in Minnesota.

Minnesota is the 12th largest state in the United States, covering 86,943 square miles (NETSTATE, 2016). In 2016, the total population estimated for Minnesota was 5,528,630 people, throughout 87 counties (Minnesota State Demographic Center, 2018). The Twin Cities metropolitan area includes seven counties, with a population of 3,041,526, with the remaining 80 counties have a population of 2,487,104 (Minnesota

State Demographic Center, 2018). Minnesota has 70 counties that contain less than 1% of the total population for the entire State (Minnesota State Demographic Center, 2018). The Minnesota State Demographic Center provided information on Rural Urban Commuting Areas, that I used to further delineate the definition of rural (Egbert & Brower, 2017). Minnesota State Demographic Center classifies and codes communities based on population (Egbert & Brower, 2017). For example, a code 7 was considered a small town with a population under 9,999, with codes 8, 9, and 10 continuing to decrease in size. For this study, I defined rural as a community with a code 7 or higher, indicating that the rural community had a population of fewer than 9,999 people.

Participants were asked about their residency during adolescence. I referred to the Minnesota State Demographic Center and Rural Urban Commuting Areas statistical information to ensure that the participant lived in a rural community, as defined by this study. Participants were screened before the scheduling of the interview (screening protocols provided in the Instrumentation section). When participants met criteria, provided consent, and contact information, a face-to-face interview was scheduled.

Sampling

I used purposeful sampling for this study. Purposeful sampling allowed me to strategically select participants based on criteria and the research question (Patton, 2015). I had specific criteria to adhere to the boundaries of this study. Participants were between the ages of 18 and 24 years old, identified as TGNC (or a self-reported term for gender non-conformity), and lived in a rural area during adolescence. Purposeful sampling allowed me to select participants based on the criterion and the research questions. I

disseminated information about participation in the study with flyers at TGNC events and gatherings, area college and university LGBT organizations, mental health agencies, medical providers, and/or posted on LGBT and TGNC social media sites. I used snowball or chain sampling to increase the sample size.

The sample size for qualitative research is contingent within the context of the study (Patton, 2015). There is flexibility in the number of participants required for the sample size (Patton, 2015). Patton (2015) stated that qualitative research should have a minimum of four participants, with a maximum of 10. Creswell (2013) suggested that phenomenology studies should have three to 10 subjects. Guetterman's (2015) review of phenomenology research indicated a mean sample size of 25, with a range from eight to 52 participants. The sample size should be determined within the context of the study and when there is data saturation (Patton, 2015). I intended to obtain a sample size of ten participants, with a minimum of eight participants. In total, nine participants completed the interview. I conferred with my dissertation committee to ensure saturation.

Instrumentation

In qualitative studies, the researcher is the primary instrument used for inquiry and data collection. I provided transparency to decrease any researcher bias that may impede this study. I explored potential biases with my dissertation committee and remained cognizant about biases throughout this study. Also, I wrote a summary journal with subjective and objective observations after each interview. I reviewed my journal with the dissertation committee to minimize any researcher biases.

I used two researcher-constructed protocols for this study. The first protocol was a web-based survey screening tool on Kwiksurvey. Potential participants were directed to go to a website link and complete the online survey. The online survey started with the informed consent form. Participants were required to consent to the study, before answering any of the survey questions. The survey questions were a screening tool that addressed the following demographic and criterion requirements:

1. What is your current age?
2. How do you define your gender?
3. Where did you live during your adolescent years (between ages 13 to 18)? What town did you grow up in?
4. Did you move to a different town during your adolescent years? If so, what town did you move to?
5. Did you have access to social media during your adolescent years? If yes, then did you use social media during your adolescent years?

After completing the screening questions, participants were asked to provide contact information. All participants that completed the online survey and provided contact information were notified regarding eligibility and asked to schedule a face-to-face interview.

The second protocol was the face-to-face interview questions. Interview questions were semistructured and open-ended. I constructed these questions to adhere to the descriptive phenomenological research method (See Appendix A). I consulted and reviewed these questions with my dissertation committee. During the interviews, I used

discretion when asking follow-up questions, if a short or incomplete answer was provided. I prompted participants with "can you tell me anymore" to elicit more information or greater detail. I used this prompt to gather additional information and ensure the clarity of the response. All face-to-face interviews were audio-recorded for quality assurance and transcription.

Content validity was established with the instrument (i.e., interview questions) adequately addressing aspects of the concept being measured (Frankfort-Nachmias & Nachmias, 2008). One form of content validity is face validity. Face validity is a subjective evaluation of an instrument on the appropriateness of measuring the concept (Frankfort-Nachmias & Nachmias, 2008). The concept that I measured was the essence of TGNC individuals' experiences with social media during adolescence. Content and face validity were established through a review process. Interview questions were reviewed with two TGNC individuals to discuss appropriateness and content validity. I also reviewed interview questions with my dissertation committee for quality and face validity. These interview questions were based on the central questions, grounded in the theoretical and conceptual frameworks of the study, and written in accordance with descriptive phenomenological protocol.

Recruitment, Participation, and Data Collection

I recruited participants through advertisements and dissemination of the research information to local LGBT organizations and events, mental health and medical providers, and TGNC social media sites. I used snowball sampling to recruit additional participants. I provided my contact information, phone number, and email address in the

advertisements. Advertisements and flyers contained the website link for individuals interested in participating in the study.

The website link contained information about the study, screening protocols, consent forms, and contact information. The link provided information about the parameters and process of the study, including a digital copy of the consent form. Potential participants checked a box on the consent form, indicating agreement to participate in the study. The consent form contained the disclosure statement about the study. I specified that I was recruiting participants with specific demographics and screening questions were used to determine eligibility for the study. I also disclosed that eligible participants would receive a $20 Visa gift card, at the face-to-face interview. This gift card was intended to compensate the participant for time and travel related to the study. Consenting participants accessed the survey questions. Participants were asked to answer the screening questions and to provide contact information (Appendix C). Submitting the screening questions and contact information was considered consent to participate. All participants were notified, via email or text regarding eligibility and selection for the study.

I contacted all participants who completed the survey. First, I emailed the participant to establish contact. If the participant did not response to the email, I tried texting them. I thanked the participant for completing the screening questions and volunteering to participate in the study. I addressed any questions about the study or about the consent form. The participant and I scheduled the face-to-face interview via text messages or email. The duration of the scheduling process depended on the text or

email response time. Overall, the scheduling process was completed in about 5 minutes. Additional emails or texts were permitted if there was a schedule change, an emergency arose, illness, weather issues, or another reasonable explanation that indicated a need to adjust, modify, or reschedule the interview. A 60–90-minute, face-to-face interview was scheduled at a public location. I suggested a local library with a private study room or another local setting that offered a private area to conduct the interview. I sent a reminder email or text message the day before the interview. I also sent an email or text message when I got to the public location and indicated the room number of the study room.

I started the face-to-face interview with a formal introduction and reviewed the consent form. I provided the participant with a hard copy of the consent form, along with the $20 Visa gift card. I outlined the process for the interview and data collection and gave the participant a copy of the interview questions. All interviews were audio-recorded. I personally transcribed all of the audio-recordings verbatims. I estimated that the interview would be completed in one session, with a duration of 60–90-minutes. An optional second interview was available if additional time was needed to complete interview questions, debrief, or answer any additional questions from the participant about the study. Only one gift card was provided, even if a second interview was necessary.

At the end of the interview, I asked if the participant had any follow-up questions or information. I reminded the participants that my contact information was on the consent form. I encouraged the participants to contact me if there are any additional questions or requests to withdraw from the study. I restated my appreciation for the

participant's time and effort for the study. After completion of the study, I stated that I would email each participant with a summary of the results. I also asked the participants to disseminate my recruitment flyer and contact information to other potential volunteers.

My final contact with the participants occurred after the study. I emailed each participant a brief summary of the study. I encouraged participants to contact me if there were any additional questions or concerns regarding the study.

Data Analysis Plan

Phenomenological data analysis examines the phenomenon from the data collected (Creswell, 2013). In phenomenological research, data was collected from the interviews and descriptions from the participant's lived experience of the phenomenon (Giorgi, 2009). In this study, I collected two forms of data. First, I collected brief demographic and criterion information from each participant. I encrypted this information to provide confidentiality for each participant. The second data collection source was the information I gathered from the semistructured interview questions. I transcribed each interview verbatim and reviewed to ensure accuracy. The next step was the analysis of the data.

In phenomenological data analysis, the researcher examines the data searching for significant or key statements of meaning and knowledge (Creswell, 2013; Giorgi, 2009). I clustered and coded significant statements to examine themes (Creswell, 2013). I categorized themes into textural descriptions (what was experienced) and structural descriptions (how was it experienced; Creswell, 2013). The themes represented the essence of the phenomenon (Creswell, 2013). Giorgi (2009) stated that there are three

specific steps for analysis of the phenomenon. The first step is to "read for sense of the whole" (Giorgi, 2009, p. 128). I read the entire transcription and gathered a holistic sense of the phenomenon as described by each participant (Giorgi, 2009). The second step is the "determination of meaning units" (Giorgi, 2009, p. 129). I analyzed the data, bracketed meaning units as codes, and established themes from the codes (Giorgi, 2009). The final step is the "transformation of participant's natural attitude expressions into phenomenologically psychologically sensitive expressions" (Giorgi, 2009, p. 130). For this step, I generalized and structured the data to describe the phenomenon in a "complex lifeworld perspective" (Giorgi, 2009, p. 132). This process is subjective with the potential of researcher bias. I used comparative analysis with another researcher (my dissertation methodologist) as a validation step to support that my results were consistent and unbiased. I discuss the results in Chapter 4.

At times, I found a significant statement that not fit or cluster with other statements. I did not disregard data from discrepant cases; instead, I examined, analyzed, and accounted for this datum and included it in the study (Waite, 2011). With discrepant cases, I consulted with my dissertation committee on how to proceed and appropriately report this datum.

Issues of Trustworthiness and Rigor

In qualitative research, rigor criteria for validity and reliability have paralleled standards established by quantitative research methodology (Morrow, 2005). In postpositive qualitative methods, rigor has transcended into a paradigm shift, creating conventional terminology of trustworthiness (Morrow, 2005). Trustworthiness was

delineated into four strategies: credibility, transferability, dependability, and confirmability, which are parallel to quantitative rigor of internal validity, external validity or generalizability, reliability, and objectivity, respectfully (Guba & Lincoln, 1989). Credibility is defined as prolonged engagement and observation, triangulation, peer debriefing, negative case analysis, researcher reflexivity, and participant checks (Guba & Lincoln, 1989). Transferability is a thorough and detailed description of the study's context to provide a generalization to other contexts (Guba & Lincoln, 1989). Dependability is consistency in the study, with the use of triangulation, stepwise replication, or an audit trail (Guba & Lincoln, 1989). Lastly, confirmability is acknowledging that researchers have biases and should strive toward transparency and minimizing subjectivity in the study (Guba & Lincoln, 1989). These strategies of trustworthiness are considered a guideline and considered "a snapshot representative of a moment in time for qualitative researchers" (Morrow, 2005, p. 257).

Researchers have not thoroughly examined strategies of trustworthiness nor its overall impact on the study (Morse, 2015). Morse (2015) recommended "that it is time we return to the terminology of mainstream social science, using *rigor* (rather than trustworthiness), and replacing dependability, credibility, and transferability with the more generally used *reliability, validity*, and *generalizability*" (p. 1213). Furthermore, Morse stated:

> that in qualitative inquiry, validity and reliability are often intertwined, with reliability attainment inherently integrated as processes of verification in the attainment of validity. . . . [R]igor as a concept is an important goal, and rigor is

> the concern of external evaluators who ultimately determine the worth of qualitative research. (p. 1213)

In continuation with transparency, I appreciated the congruency and terminology of rigor with reliability, validity, and partially with generalizability and objectivity as described by Morse (2015). I present strategies of trustworthiness, as described by Guba and Lincoln (1989) and Morrow (2005), but I focus my discussion on the preferred terminology and strategies of rigor.

Reliability

Reliability is the "extent to which a measuring instrument contains variable errors, that is errors that appear inconsistently between observations either during any one measurement procedure or each time a given variable is measured by the same instrument" (Frankfort-Nachmias & Nachmias, 2008, p. 154). In qualitative research, coding is the fundamental component of reliability, specifically interrater reliability (Morse, 2015). Morse (2015) reported that reliability is established through "duplication, which is ensured by explicit coding decision, communicated by clear definitions in a codebook, so that a trained second coder may make the same coding decisions as the first coder" (Morse, 2015, p. 1218). Reliability has many overlapping characteristics to dependability, with the coding system and interrater agreement being the key strategies (Morse, 2015). I used the following strategies for reliability:

1. Development of a coding system: This study consisted of semistructured interview questions that were consistent with all participants. I used the same

coding decisions for all interviews. A comparative analysis by another researcher was used for reliability (Giorgi, 2009).

2. Transcription check: I personally transcribed each of the interviews verbatims. I reviewed each transcribed interview with the audio-recording to ensure accuracy and reliability in the transcription from the auditory recordings to the written form.
3. Thick description: This process included gathering thick and rich data during the interviews (Morse, 2015). With thick and rich data, I gathered information on overlap among the participants (Morse, 2015).

Validity

Validity is defined as how accurate the study measures what it is intending to measure (Frankfort-Nachmias & Nachmias, 2008; Morse, 2015). Validity, specifically internal validity, is "how well the research represents the actual phenomenon" (Morse, 2015, p. 1213). Strategies to investigate validity are similar to credibility (Morse, 2015). In this study, I incorporated several strategies to establish validity.

1. Thick and rich description: I spent time with each participant during the data collection and interview process. I used my clinical experience with building rapport, establishing a working alliance, and interview skills with each participant. My clinical skills improved trust and intimacy with the participants, potentially improving the thickness and richness of the data collected (Morse, 2015). I tailored the semistructured interview questions to

measure the phenomenon. My goal was to obtain saturation, with an adequate sample size (Morse, 2015).

2. Researcher bias: I have focused on transparency and reflexivity throughout this study. Morse (2015) stated that two researcher biases should be addressed: "'pink elephant bias' . . . . the tendency for the researcher to see what is anticipated" (p. 1215) and purposeful sampling. I addressed any *pink elephant biases* with my dissertation committee. Secondly, I used purposeful sampling for study; in which I conducted the criterion and screening process. There was the potential for researcher bias due to the small sample size and no random sampling (Morse, 2015). I journaled after each interview and had periodic discussions with my dissertation committee to minimize researcher bias.
3. Negative case analysis: "Negative cases often provide the key to understanding the norm . . . . [it] will reveal important differences, and it is the developing understanding of these differences that is often critical to understanding the process as a whole" (Morse, 2015, p. 1215). In this study, outliners or negative cases are included and analyzed.
4. Coding System: I developed a coding system for the data analysis. Comparative analysis was implemented to reduce researcher bias, subjectivity, and to analyze the data. I discussed and reviewed with my dissertation committee the coding system and incorporated feedback. A valid coding system was important for measuring the phenomenon.

Generalizability and Transferability

Generalizability or external validity is the extent that the results of the study can be generalized to the larger population and/or applicable to other contexts or settings (Frankfort-Nachmias & Nachmias, 2008; Morrow, 2005; Morse, 2015). Morrow (2005) advised that due to a small sample size, lack of statistical analysis, and no random sampling, qualitative data should not infer generalization to the larger population. Instead, qualitative research should have transferability with generalizations of findings within the context of the study and relevance to the theoretical and/or conceptual frameworks (Morrow, 2005). The researcher achieves transferability by providing ample information about the study, allowing the reader to decipher if the results may transfer to another context (Morrow, 2005). Morse (2015) stated that transferability "is achieved through decontextualization and abstraction of emerging concepts and theory . . . . [from] the prerogative of a third party . . . . [and] the prerogative of the original investigator" (p. 1213). Morse supported that the researcher should also be entitled to the generalizability of the study.

Morse (2015) posited that to achieve rigor, the researcher was required to meet standards of reliability and validity. Morse advocated for the appropriate use of reliability and validity strategies for data collection. According to Morse, "validity enables qualitative theories to be generalizable" (p. 1213). I contended with this statement and some of Morse's conceptualization of generalizability. I agree with the premise of reliability, validity, and using appropriate strategies for qualitative research. I contested that generalizability can be deduced by merely meeting criteria for validity. Guba and

Lincoln (1989) and Morrow's (2005) definition of transferability was more congruent and applicable to me. Due to the small sample size, purposeful sampling, and no quantitative statistical analysis making broad generalizations of this study may be inappropriate. In comparison, transferability is concentrated on detailed descriptions of the study to provide generalizations to other contexts and/or the theoretical and/or conceptual frameworks (Guba & Lincoln, 1989; Morrow, 2005).

My strategy for transferability and generalization was to provide significant contextual information about the study, so the reader can "make transferability inferences" (Shenton, 2004, p. 70). The study should be rich and thick, including the following information:

1. The number of organizations taking part in the study and where they are based.
2. Any restrictions in the type of people who contributed data
3. The number of participants involved in the fieldwork
4. The data collection methods that were employed
5. The number and length of the data collection sessions
6. The time period over which the data was collected (Shenton, 2004, p. 70)

I included the answers to these six statements in Chapter 4.

Confirmability and Objectivity

Morrow (2015) stated that "research is never objective" (p. 252), but researchers strive for confirmability and/or objectivity. Confirmability and objectivity have overlapping characteristics with distance being the distinguishing factor (Miyata & Kai,

2009). Distance refers to the relationship between the observer and the observed: a short distance impairs objectivity and a long distance impedes understanding of the phenomenon (Miyata & Kai, 2009). "Objectivity assumes three things: (a) there is an isomorphism between the study data and reality, (b) observers can keep adequate distance from the observed, and (c) inquiry is value free" (Miyata & Kai, 2009, p. 70). With confirmability, the researcher acknowledges a short distance between the observer and observed, using transparency and triangulation to reduce researcher biases and subjectivity (Guba & Lincoln, 1989; Miyata & Kai, 2009).

My intention is to gather a thick and rich description of the phenomenon. I concurred with the three assumptions of objectivity; however, distance was a determining factor. I strived to understand the phenomenon from the perspective of the participants. A long distance creates a barrier in understanding the phenomenon, but a short distance hinders objectivity. Previously, I delineated my role as an observer and participant-observer; consequently, creating the potential for either a short or long distance between the observer and observed. I further expand on confirmability and objectivity in Chapter 4.

There are several strategies to address confirmability and objectivity. First, I continued to provide transparency and acknowledge potential biases throughout this study (Guba & Lincoln, 1989). I strived to present findings based on raw data, used transparency throughout this study, and was cognizant of objectivity (Guba & Lincoln, 1989; Miyata & Kai, 2009). I employed triangulation as a process of combining methods and/or data analysis to create a multifaceted perspective and understanding of the

phenomenon (Abdalla, Oliveira, Azevedo, & Gonzalez, 2018). There are four types of triangulation, including investigator triangulation (Denzin, 2009). Investigator triangulation comprised of two or more researchers examining the same phenomenon (Denzin, 2009; Fusch, Fusch, & Ness, 2018). It is noted that Denzin (2009) negated using graduate students or data analysts as qualified researchers for investigator triangulation. For this study, I deviated from Denzin's original definition of investigator triangulation, specifically that I am an investigator and a graduate student. As a doctoral student, I am a novice with data analysis and coding; therefore, my dissertation committee members contributed to diversity with data analysis and reducing my researcher biases (Abdalla et al., 2018; Guba & Lincoln, 1989).

Ethical Procedures

The APA (2018) Ethical Principles of Psychologists and Code of Conduct, Section 8: Research and Publication provided the guidelines, protocols, and parameters for ethically conducting research. I followed these guidelines and provided transparency on ethical procedures. I obtained institutional approval through Walden University's International Review Board. I provided all participants with written information about the research, rights to decline or withdrawn from the study, potential risks, research benefits, limits of confidentiality, incentives, and participants' rights (APA, 2018). The informed consent form included consent for audio-recording the interview session and debriefing (correcting misconceptions, results, and conclusions) information (APA, 2018). The participants consented to the study before answering the survey screening questions. Also, I discussed informed consent at the onset of the face-to-face interview. I secured all

participants' information and data in a locked location for privacy and confidentiality. Also, I identify all participants by code names to protect identities and ensure confidentiality.

I followed the APA (2018) General Principles and used them as a guide throughout this study:

- Principle A: Beneficence and Nonmaleficence. I aimed to do no harm and considered the participant's well-being to be of utmost importance. I had resources available for the participant, if requested or if the participant needed additional services beyond the scope of this study.
- Principle B: Fidelity and Responsibility. I upheld a professional identity, following the benchmarks and competencies proposed by Fouad et al. (2009).
- Principle C: Integrity. I was guided by attributes of integrity and transparency. I was committed to accurate data collection and representation of the participants' stories through the interviews. I examined my researcher bias and explored any areas that may impede the integrity of this study.
- Principle D: Justice. I used purposeful sampling and criterion-screening to determine the participant's eligibility for this study. If an individual did not meet the criterion, I would have offered community resources and information to support the individual.

- Principle E: Respect for People's Rights and Dignity. I was committed to this principle. TGNC individuals are often ignored and a hidden population, especially when living in rural communities. I respected and safeguarded the privacy and confidentiality of the participants.

In addition to the principles and ethical considerations from the APA (2018), the International Review Board (IRB) has established criteria necessary for research approval (Office for Human Research Protections, 2009). The IRB requires minimal risk to participants and that the expected benefits outweighed potential risks (OHRP, 2009). Informed consent is required and documented for each participant (OHRP, 2009). Informed consent consists of the following four domains: competence, voluntarism, full information, and comprehension (Frankfort-Nachmais & Nachmias, 2008). The IRB also requires that the researcher protect the privacy and confidentiality of the participants and collected data (OHRP, 2009). Finally, the IRB requires documentation of the safeguards for protecting vulnerable participants. I aligned my informed consent and research procedures to comply with the IRB standards and criteria. Also, I completed the "Protecting Human Research Participants Online Training" sponsored by Virginia Commonwealth University Health Continuing Medical Education.

I delineated the informed consent process and provided a copy to the participants. I secured all documents, audio recordings, handwritten notes, and data. I discussed with the participants emailing the results summary, addressing any concerns about email security. I strived to protect participants' identities and provided appropriate safeguards for that protection. I suggested that the interviews be conducted in a public location, with

a private setting (e.g., a library with a private study room). I consulted with the participant to ensure that the interview location provided appropriate privacy, confidentiality, and accommodations.

Recruitment was another area for ethical consideration. I disseminated recruitment flyers (paper and electronic form) to local medical and mental health facilities, the local LGBT community or college organizations, at local LGBT community events, and LGBT or TGNC social media sites. I also used snowball sampling. On the recruitment flyers, I provided information about the study and asked potential volunteers to go to the website link for my information. I provided ample information and ensured that participants understood what the premise of this study.

There were several ethical considerations regarding data collection. Data was collected on the website link and at the face-to-face interview. I audio-recorded and transcribed all interviews. After each interview, I journaled about the interview experience and reviewed it with my dissertation committee. I stored all the data collected, either in paper or electronic form, in a secured, locked location for the duration of the study. I digitally scanned all the data collected from the website survey, audio-recordings, transcriptions, journals, and notes onto a jump drive. I locked the jump drive in a secure location, where it will remain for 5 years after the completion of this study. After 5 years, I will properly destroy the jump drive.

The last ethical consideration pertained to participation refusal or early withdrawal from this study. This study was voluntary. Each participant provided informed consent on the website link and was provided with a hard copy of the consent at

the onset of the face-to-face interview. Each participant had the right to revoke consent at any time during the study. If the participant had revoked consent, I would have addressed any concerns or aspects of the study that needed clarification. I would have made one additional request to participate in the study. If the participant would have still revoked consent, I would have verbalized appreciation for the participant's time and the interview would have ceased. The participant would have still been given the $20 Visa gift card with the hard copy of the consent form. Participants were allowed to keep the gift card, even if consent was revoked. Participants were permitted to withdrawal at any time after the completion of the interview until the dissertation was submitted to the University Research Review for the final review. It is noted that no participants revoked consent during this study.

Summary

The purpose of Chapter 3 was to provide detailed information and description of the research methodology and the rationale for these decisions. This study was a descriptive phenomenological qualitative inquiry that used purposeful sampling and face-to-face interviews for data collection and analysis. I adhered to Giorgi's (2009) descriptive phenomenological approach as a framework for the structure of the research questions, research method, data collection, and data analysis. I focused on transparency and reflexivity, a necessary component for addressing researcher bias. Also, I provided a thick, rich, detailed description of each element within this chapter. I addressed the methodology, participation, and data analysis in a thorough and detailed manner, which is essential for trustworthiness and rigor.

In this chapter, I presented information on issues of trustworthiness and rigor. Morrow (2005) and Morse (2015) have competing viewpoints on strategies for qualitative research. I appreciated Morse's description of rigor with strategies focused on reliability, validity, and congruency with mainstream terminology in the social science field. I contended with Morse's statements on generalizability and considered Morrow's explanation of transferability to be more applicable for this study. I continued to provide transparency and thick descriptions to address any concerns with trustworthiness and rigor.

This chapter concludes with ethical considerations and procedures. I referenced the APA (2018) and IRB (OHRP, 2009) criteria as guidelines and standards for ethical considerations. Also, I documented how I addressed ethical concerns.

Chapter 3 is an outline of the research design and methodology. Chapters 1, 2, and 3 are considered the proposal for this study. I submitted the proposal to IRB and was approved to conduct my study. In Chapter 4, I discuss the results of the data collection and analysis. In Chapter 5, I present the implications, recommendations, and conclusions of the study.

Chapter 4: Results

Introduction

This study began as an inquiry and exploration into the lived experiences of rural TGNC individuals with social media. Along with addressing a gap, the data collection provided a much broader, deeper, and richer view into the lives of rural TGNC individuals. Throughout this study, I was continuously amazed by each participant's personal narrative, including stories of courage, bravery, triumph, sorrow, and resiliency. These courageous people allowed me a unique and wonderful opportunity to have a glimpse of these experiences. Not only did these participants contribute to filling a gap in the research, each of them also brought life and awareness to this study. This experience was significantly beyond my expectations, providing insight, humility, and compassion for each of these brave participants.

The guide for this study was the research question and subsequent central questions. The main research question was an exploration of the lived experiences of social media for TGNC individuals who resided in a rural community during adolescence. The central questions focused on detailed information regarding personal experience, perception, and understanding of these experiences. Central questions explored the perception of social media and emotive words or expressions describing these experiences.

In this chapter, I provide detailed information about the data collection, data analysis, and results. I depict the results with transparency and reflexivity (Tuval-Mashiach, 2017). I provide the setting and demographics for the context and background

information. Then, I precede with a detailed explanation of the data collection procedures and process. I collected data from two sources: brief demographic information from an online survey and detailed information from semistructured face-to-face interviews. My data analysis aligned with the protocols outlined by descriptive phenomenological research design as presented by Giorgi (2009; 2012). I conclude this chapter with a discussion on the evidence of trustworthiness, rigor, and results of the study. I include direct quotes from participants to support the findings. All participants are identified by a code number (e.g., P1, P2, etc.) and identifying demographics were altered to protect confidentiality. These alterations also occur in the direct quotes. I present the direct quotes in first person and include pronouns as provided by the participants.

Revisiting Researcher's Biases

Previously, I acknowledged the role of being both an observer and participant-observer in this study. I was cognizant of potential biases and power differentials during the interviews and attempted to eliminate factors that may have impeded the data collection. During the face-to-face interviews, I recorded the interview start time and refrained from taking any additional field notes. A hard copy of the interview questions and the audio recorder were the only items visible on the table during the interviews. I did not want to evoke biases by noting important statements. Notetaking could have persuaded, directed, and/or guided the participants' responses. After each interview, I wrote a reflective journal (Janesick, 2016) about the experience and reviewed it with my dissertation committee. Potential biases were addressed and rectified. Finally, to address potential power differentials, I dressed in a casual manner during the interviews. This

rationale was two-fold. First, it was meant to ease any visual power differential during the interview. Second, it was meant to reduce visibility. The interviews were conducted in a public setting in a private meeting area, usually a local public library. I dressed to blend in with the crowd as not to direct unnecessary attention from other patrons at the location.

Setting of the Study

The Walden University IRB committee approved the proposal on February 5, 2019; the approval number for this study was 02-06-19-0561057. At that time, I disseminated recruitment information and flyers, both hard and electronic copies. I sent recruitment information to LGBTQ mental health therapists, social workers, gender clinics, college LGBTQ organizations, and local libraries. Also, I posted information on social media sites, including Facebook, Tumblr, Instagram, Snapchat, TikTok, Reddit, and Craigslist. Advertising and social media postings continued on a regular basis. The first participant completed the online survey on March 1, 2019. I employed snowballing and participants were asked to disseminate recruitment information to other individuals or post to social media sites. By March 30, 2019, four participants had completed the survey and were interviewed. On April 3, 2019, I reposted recruitment information to previous social media sites and LGBTQ organizations. Within 2 weeks, five additional participants completed the online survey. All interviews were completed by April 24, 2019. On May 5, 2019, I closed the online survey, recruitment ended, and data collection was complete.

There were several obstacles for recruiting participants during the data collection process. First, recruitment on social media was more difficult than I expected. My

knowledge and experience with social media, including sites, postings, hashtags, and terminology was lacking. My teenage daughter helped me tremendously with this process and navigating these sites. Several TGNC Facebook sites were closed groups and required permission to access, and my access was often denied because of my cisgender identity. A second obstacle was my bias that LGBTQ therapists and mental health providers would be an abundant resource for recruiting participants. I found that these providers were interested in my study, but these connections did not generate participants. Lastly, all of the face-to-face interviews were conducted in a public library, in a private meeting area, except for one. One participant did not have transportation, so a public park was designated as the meeting site. This interview was conducted outside and the colder temperatures may have contributed to the shorter duration of this session.

Demographics

For this study, participants met three demographic requirements. The participants were all between the ages of 18 and 24 years for two reasons. First, the study focused on experiences during adolescence. Recall and memories of these experiences would fade with time; so, participants were in early adulthood, but not far removed from their adolescent years. Second, social media is rapidly changing. Social media that was popular 10 years ago (i.e., MySpace and Facebook) is not the same for today's adolescents (i.e., Snapchat and Tumblr). The age range then encapsulated the social media that was popular and relevant for this timeframe. The second demographic for this study was the participants' geographical location during adolescence. All participants lived in a rural community during their adolescent years, from ages 13 to 18. Rural was

defined as a town or community with a population less than 9,999 (Egbert & Brower, 2017). The third demographic was that participants identified as TGNC during adolescence. I centered this study on being respectful and inclusive to all individuals who identify on the transgender spectrum, including individuals preferring the terminology of transgender, trans, TGNC, gender nonconforming, gender variant, nonbinary, queer, or another preferred term. Participants acknowledged incongruency with their biological sex and birth assigned gender during their adolescent years. Each participant was asked to identify their preferred gender identity and pronouns.

Data Collection

For descriptive phenomenological research, thick and rich description is required to discover the essence of the phenomenon (Giorgi, 2009). This study entailed three data sources for rich description. First, the literature review was an extensive search that created the foundation for this study (see Chapter 2). Second, each participant completed the online survey that established demographic criterion and contact information. Third, data collection included responses to interview questions. Each interview was recorded and transcribed verbatim.

Each participant is identified by a code name and all identifying information is redacted to protect confidentiality. I scheduled all interviews with participants within a week of completing the online survey, unless otherwise noted. I reported the duration and location of the interviews, including demographic information, age, gender identity, and pronouns for each participant.

Participants P1, P2, P3, and P4, all lived in different geographical locations. P5 reported that the campus LGBTQ support group facilitator sent out an email regarding this study. Participants P5, P6, P7, P8, and P9 learned about this study from that group facilitator's email. All these participants were from the same college campus. All these interviews were conducted on that college campus, at the library, in a private study room.

P1 was the first participant to complete the online survey. The interview was conducted at a college library in a private study room. The duration of the interview was 49 minutes. P1 was 21 years old and identified as a trans male, preferring pronouns of he and him.

P2 reported learning about the survey from P1 and the use of snowballing. Due to some scheduling conflicts, P2's interview was conducted 8 days after completing the online survey. The interview was conducted at a campus library in a private study room. The duration of the interview was 84 minutes. P2 was 22 years old and identified as nonbinary, preferring they and them pronouns.

P3 completed the online survey and an interview was scheduled for 8 days later. The interview was conducted at a local public library in a private study area. The duration of the interview was 75 minutes. P3 was 18 years old and defined his gender as male, preferring he and him pronouns.

P4 completed the online survey and scheduled an interview. P4 stated that transportation was an issue and there were no public libraries in that rural area. Therefore, this interview was conducted outside in a public park. The duration of the interview was 22 minutes. It was a windy and brisk day, which may have contributed to the shorter

duration of the interview session. P4 answered all interview questions and follow-up questions, as did the previous interviewees. P4 was 23 years old and defined her gender as pre-op M2F trans. P4 stated that she preferred to be identified as female with she and her pronouns.

P5 completed the online survey and scheduled an interview. P5 missed the interview and contacted me asking to reschedule. The interview was rescheduled for the following week. The duration of the interview was 33 minutes. P5 was 19 years old and identified as a transmasculine-fem and prefers he and him pronouns.

P6 completed the online survey and scheduled an interview. The duration of the interview was 48 minutes. P6 was 19 years old and identified as genderfluid. P6 stated that for pronouns, he goes by he/him or she/her pronouns; P6 stated that she lets the speaker choose the pronouns. It is noted that I alter pronouns for P6, to be respectful of her genderfluidity.

P7 completed the online survey and scheduled an interview. The duration of the interview was 29 minutes. P7 was 20 years old and identified as a gender-nonconforming trans male. P7 stated for pronouns that overall, he does not care, unless he was close with the person. If P7 was close with someone, he preferred he/him pronouns. I used he or him pronouns for P7 with this study.

P8 completed the online and scheduled an interview. The duration of the interview was 36 minutes. P8 was 21 years old and identified as a nonbinary, gender-nonconforming trans man and prefers he and him pronouns.

P9 completed the online survey but had questions for me before agreeing to the interview. P9 wanted more clarity and rationale about the study. Also, P9 wanted to know my feelings on pregnancy, gender-reveal parties. After this conversation, P9 agreed to schedule the interview. The duration of the first interview was 90 minutes. I informed P9 that we were approaching the 90-minute timeframe to be respectful of P9's schedule. At that time, P9 agreed to continue the interview until all questions were completed. This constituted as an official second interview. The second interview required an additional 75 minutes, with the total interview time of 165 minutes. P9 was 22 years old and identified as a trans woman or trans femme. P9 stated that both she and they are her preferred pronouns but stated that I could use she and her pronouns for this study.

Data Analysis

For data analysis, I followed the protocols and procedures as outlined by Giorgi (2009; 2012). I started the data analysis process by personally transcribing each of the interviews verbatim. This process took approximately 6–10 hours per interview, reading and rereading to ensure accuracy of each recording. After completion of all nine transcriptions, I read each transcription from start to finish to "get a sense of the whole" for a "holistic … understanding of what the data are like" (Giorgi, 2012, p. 5). I read the transcripts with phenomenological scientific reduction, by reading first for the whole and then for the subtle parts (Giorgi, 2009). At times, I referred back to the audio-recordings to listen for pauses, intonation, and prosody.

Giorgi's (2009) second step is to establish meaning units. Meaning units are the parts that contribute to the whole. From a phenomenological psychological perspective, I

read the transcripts and bracketed the meaning units (Giorgi, 2009; 2012). Meaning units were considered statements that were psychologically sensitive to the phenomenon. I bracketed statements that were indicative of a participant's shifts in meaning and mood (Giorgi, 2009). I conferred with my dissertation committee regarding my bracketing process and meaning units. I emailed my first four interviews for my committee to review.

For the next step, I transformed the meaning units into psychological expressions related to the phenomenon (Giorgi, 2009; 2012). I explored each meaning unit with a psychological attitude and examined elements that were explicit and implicit (Giorgi, 2009). For this process, I created a grid to examine the meaning units, as suggested by Giorgi (2009). Each meaning unit was transformed into a third-person statement. Then, I rewrote each statement into a brief summary that encapsulated the psychological elements of the participant. Finally, each meaning unit was coded with a psychological expression: a psychological construct associated with an emotive or feeling word that encompassed the summary. Psychological expressions were delineated into six main categories: (a) mad, (b) scared, (c) joyful, (d) powerful, (e) peaceful, and (f) sad. These six categories outlined the transcendental phenomenological reduction process of overt, conscious generalizations of the psychological expressions (Giorgi, 2009). For the second step, I used eidetic reduction to reduce these psychological expressions into the essence of the psychological construct (Giorgi, 2009). In total, I identified 44 psychological expressions (See Appendix C for complete list). I defined each psychological expression using the Merriam-Webster (2019) online dictionary to construct a concrete definition.

The only exception was *emotional awareness*, which I defined by using Smith et al.'s (2019) research study. This completed the grid, along with the coding and meaning units process.

Next, I created an Excel spreadsheet to analyze the data for themes. Each participant was listed, along with all 44 psychological expressions. I calculated the total number of each psychological expressions for the nine participants (see Appendix D). Five psychological expressions were consistent with all nine participants: (a) emotional awareness, (b) valuable, (c) isolated, (d) frustrated, and (e) discerning (see Table 1).

Table 1

Number of Psychological Expressions per Participant

	Emotional awareness	Valuable	Isolated	Frustrated	Discerning
P1	14	4	4	2	7
P2	20	8	1	1	9
P3	8	7	2	12	2
P4	11	6	2	1	1
P5	8	2	1	12	3
P6	29	5	1	2	10
P7	7	4	3	2	6
P8	7	9	1	1	3
P9	46	24	1	3	20

I examined these psychological expressions and the associated code, bracketed statement, and summary for each participant. *Emotional awareness*, *valuable*, and *discerning* had many overlapping qualities. Emotional awareness of self and others required discerning or insight and vice versa. Hence, I decided to combine emotional awareness and discerning, renaming this psychological expression as emotional awareness/insight (EAI). I determined that valuable needed to remain separate. *Valuable*

was focused on positive feelings whereas EAI may or may not evoke positive feelings for an individual. I decided that EAI would be an umbrella term that included *valuable* as a subtheme. Individuals needed EAI to decipher if the experience was valuable and positive. *Isolated* and *frustrated* remained independent constructs and were not combined.

I reviewed these four psychological expressions with imaginative variation to decipher the invariant constituents of the structure (Giorgi, 2009). EAI, valuable, isolated, and frustrated were considered essential constituents to the structure of the phenomenon (Giorgi, 2009). I used the essential constituents to build the structure of the lived experience and form the themes. These themes and subthemes were the essence of phenomenon used to "help clarify and interpret the raw data" (Giorgi, 2012, p. 6). I reviewed the data analysis process with my dissertation committee to ensure accuracy with bracketing, coding, psychological expressions, constituents, themes, and addressed any researcher bias.

Data saturation. To determine saturation of the data, I used Constantinou, Georgiou, and Perdikogianni (2017) Comparative Method for Themes Saturation model. With the Comparative Method for Themes Saturation model, I recorded and compared the total number of codes and themes data from each participant to determine theme saturation (see Table 2; Constantinou et al., 2017).

Table 2

Data Saturation

	Number of codes	Number of themes	Number of shared themes with other interviews	Number of new themes per interview	Total number of themes	Percentage of saturated terrain per interview
P1	83	21	21	0	21	78
P2	74	20	19	1	22	70
P3	80	28	26	2	24	96
P4	44	19	18	1	25	67
P5	38	14	14	0	25	52
P6	70	18	17	1	26	63
P7	45	17	17	0	26	63
P8	38	14	14	0	26	52
P9	178	29	28	1	27	104

Note: From Constantinou et al., 2017

I examined the number of shared themes among all the participants. I identified new themes that emerged and were unique to the participant. In total, I identified 27 themes. There were six themes that only emerged by a single participant. These six themes were: irritated, skeptical, playful, nurturing, intimate, and bored. I then calculated the percentages, dividing 27 (total themes) by each participants number of shared themes. These percentages ranged from 52 to 104, with a total average of 71.67%. The average was above the 70% recommended by Bowen's threshold for saturation (Constantinou et al., 2017). Therefore, I determined that saturation of themes was met and I closed the online survey link for the study.

Themes and Subthemes

In this section, I present the themes and subtheme from the data analysis. All participants identified the following themes and subtheme that met saturation: EAI,

valuable (subtheme), frustrated, and isolated. I outlined each theme and subtheme, including the subcategories that provided a thick and rich description of the lived experience. I frequently cited direct quotes to support the themes and allowed for each participant's voice to be heard.

Theme: EAI

EAI is an individual's ability to recognize and understand their own emotions, along with empathy for other individuals' feelings and emotions (Smith et al., 2019). Across all nine participants, EAI was the most identified psychological expression, occurring 211 times. EAI is a board category; therefore, I examined and evaluated all 211 meaningful units that corresponded to this theme. EAI was further defined into three subcategories of: social media, real-life, and personal aspects of EAI.

Social media. Participants identified that EAI of social media had both positive and negative aspects with their lived experiences. Positive aspects were contained into three main areas: exposure, learning, and identity. EAI and social media provided exposure to others, community, and friends. P1 stated: "And that was like really my first exposure to other LGBT people … and to make friends with other LGBT people." P3 stated: "and then you would friend their friends and then you have this big friend group from wherever." P5 reported a similar experience: "online it's [pause], I think it's easier to find the community, online then it is to [pause] in like real-life."

Second, social media provided positive EAI with learning, specifically information, education, and research. P2 described it as "being just like, let's Google this, and this, and this, and this. … But learning like, this is what the community looks like,

this is how to come out literally, and how to play with those kinds of things." P9 stated that searching things online was "kind of gateway into the gay community, in itself, and into other categories, heading into trans women." P7 stated "that's when I first started learning terminology. That's the first place that I read the word trans. I had never heard of transgender until I got on Tumblr."

Third, social media was a place for finding identity. P4 stated that she struggled with her gender identity, but was "on my journey." P4 stated that she "found a lot of influential social media people on YouTube" which helped her during this process. P1 stated that social media was "where I first found out what being trans was. Um, it was the first time that I was able to be out in any capacity." P7 stated that social media was where he first learned about transgender and "thinking maybe that's me."

Conversely, participants identified an EAI of negative aspects with social media. The three main negative areas were bullying, filtering social media and stress, and overall mental health concerns with social media. P5 stated "I definitely did have like some issues on social media." P5 shared his experience with someone posting hate on his social media site. P5 stated that his friends "attacked him" and stood up for P5, but it was still "really infuriating" for him. P2 shared their experience with cyberbullying.

> I did obviously have my experience with cyberbullying, to an extent. Because I was not doing gender and sexuality right in today's age and it kind of just comes with the territory. Which is horrible, but to an extent anyway, I knew what I was getting myself into, I guess; cause, I had done my research. Like, what happens

> actually when you come out; which then my social media played a whole lot into that.

Many of the participants discussed EAI with needing to filter social media posts, usually from family members, and how that was a stressful process. P9 stated that for her, "the social-media thing, I had two separate lives. That was my thing." P2 stated that they were filtering themselves on various social media platforms.

> It was just like here was the whole of my person. And then let's like chop it up like we're in a Hibachi Grill and we'll put little pieces of it and every social media platform. So, then, when you take them all together, you finally get then a good chunk of who I really am. Which like, I don't know if it necessarily negative or positive experience, but it really was just like, this is what I was doing.

P2 discussed how filtering their social media had a negative impact.

> But I can see, well it [social media] was bad, but not necessarily because I was being vehemently like cyberbullied and harassed. But, so much like, the amount of like mental effort and strain that was being put on me to prevent it, was really where the negative aspects of social media came from. So, it was kind of an interesting realization, I guess. You didn't have it as bad as you think that you have it, you had it bad in a different way than you think you had it. Which is kind of interesting, looking back at it.

P2 discussed their filtering process as policing and constantly checking and filtering social media platforms, tailoring them for the intended friend or family group. P5 stated that he prevented negativity on social media due to filtering. "I'm sure if I

didn't filter what I put out, and I would have, that I probably definitely gotten some backlash."

Lastly, participants identified mental health concerns related to social media. Mental health concerns ranged from spending too much time on the internet, the façade versus reality of social media, and the impact on gender identity. In particular, P6 identified EAI with the negative aspects of social media and her mental health. P6 described it as:

> Because I realized it [social media] wasn't doing anything good for me . . . . I kind of think of social media as you know [pause] one of the worst things that the ever been created. Like, I'm not really exaggerating about that. Because it's called social media, which you know, I don't think most of it is actually social. You're not actually connecting with anyone . . . . it's almost like a drug. A drug that is like a substitute for actual human interaction.

P6 believed that social media was "transmitting, mental illness, like the vector isn't through blood contact or whatever, it's through like the internet." P6 gave the example of how people would share memes that encouraged depression and suicide. P6 stated that her EAI of this negative aspect and the toll on her mental health was her rationale for no longer using social media. P6 stated that he gained perspective when he would view other people's posts:

> I gained the understanding that this is, it's basically, like a perfect picture that's not reality. So that helped me, like oh this is where people who are, probably hurting inside like me, like try to make themselves feel better about themselves.

Other participants also recognized EAI of negative mental health and social media. P8 stated "I do realize now that was a little bit, of an unhealthy relationship with being on the internet, and I have since stop that now." P8 stated that he values social media, but that he was trying to create a balance between social media and real-life. P5 discussed the false hopes of social media and the lack of trans representation was negative for him. P9 stated that social media contributed to her fears with transitioning. P9 stated that she was afraid because of social media and:

> How trans women are treated. And I think a lot of trans people don't or that they can't take that title. Like they're not trans enough, or they're not really a girl, or whatever. Or they're not like those, you know . . . . And that's something that I think, trans people again, experience differently on social media.

Real-life. Participants also identified positive and negative aspects of EAI with real-life. Positive real-life awareness included: meeting other TGNC individuals, gender identity formation or transitioning process, and decreasing use of social media. Several participants described how meeting other TGNC individuals, in real-life, created positive awareness. P1 stated "when I was 16, for the first time, like actually meet a trans person in real-life. Rather than, like just, being like someone I knew of." P8 stated that "having a really big queer community, has made it easier for me." Awareness of real-life community was deemed a positive for many participants.

Participants identified a positive EAI real-life experiences with gender identity and transitioning. P1 stated that real-life experience with TGNC friends "helped me get more comfortable with thinking of myself that way. It was kind of a long a process

between realizing that like I was probably trans and actually being comfortable with the idea." P5 shared that he "just recently realized, that transmasculine-fem title is kind of like, works with me." He stated that value of having real-life friends, allowed him to explore his identity and not feel pressured. P9 shared an experience about returning to her rural high school for a theater performance. She stated that most people from her school were unaware of her transition. P9 stated she knew that there would be repercussions for returning to school in a dress and full make-up "and then I thought about it and I was like, I have to do that."

Several participants also identified a positive EAI with decreased social media usage and increased real-life experiences. P3 stated that on social media, he had a large friend group, "but also at the same time I kind of sucked, 'cause they were so far, and you never got to hang out." P3 stated that he currently was building on his real-life friendships and connections, including preparing to go to prom. P8 identified that he had an unhealthy relationship to the internet. He stated that he found balance "and now that, I can live outside the internet, it is just kind of like a supplement, adding into my experiences." P6 stated that she closed all of her previous social media accounts. P6 stated that by giving up social media "I'm doing all right: I'm doing better than all right, I'd say, and I don't use social media." P6 reported that his energy and time are focused on real-life relationships, instead of online ones.

Participants also reported negative aspects with real-life and EAI. Negative aspects focused on struggles with parents/family and mental health issues. P1 discussed that is was difficult for him to explore and be comfortable with his identity. P1 stated

> My parents are also, very, very homophobic. I have five older siblings and all of my brothers were also very homophobic and throw around the word fag casually, all the time. Which I realized recently is part of the reason, that it like took me so long to be comfortable with the fact, that I am a trans man who is attracted to men, because of how much, like, homophobia towards gay men specifically, I was around growing up.

P3 stated that his relationship with his mom has been difficult. P3 stated an awareness that it might take people a while to adjust, but P3 stated that mom continues to correct others that P3 is her daughter. P3 reported that he does not expect mom to refer to him as son, but rather would prefer mom to be gender-neutral and stop insisting on the daughter reference. P4 also reported that her parents "still have a very hard time with it. I end up just ignoring them for the most part." P7 stated that he was not ready to tell his parents, until one day they confronted him about being gay.

> They're like, we aren't stupid. We were just kind of waiting to see if you would tell us. And I was like, I wasn't going to. And so, they kind of talked to me. And they were like we still love you of course, you're like our kid. They're like we don't really like it, but you're our kid and we understand. It's kind of like a not talked about thing. Like they're okay with it but we don't bring it up.

P9 described how she told her parents about transitioning and they were in disbelief. P9 stated that they tried to understand, "but they're like nothing changed, you know. You came home in the same outfit that you came home in two years ago. And I was like, yeah, don't you think that's interesting?"

The second negative aspect of real-life EAI was mental health issues. P4 talked about how she kept all these emotions locked up inside of her and she found it difficult to be happy. P4 stated that she had a lot of anger growing up. She believed that her anger has improved, since she came out. P9 stated that she did not start living until she was 21 years old. "And I kept feeling like I was waiting to live. And nobody should feel like that. So, I just started living and hoped for the best. And it's worked out, good." P9 shared that she "never knew why" she was cross-dressing during her adolescence. However, she stated that she was in a shame cycle of "this is very exciting, this makes me feel good and then that knowing that God is watching, and judging." All of the participants shared stories of mental health struggles during the adolescent years, with most reporting suicidal ideation and/or attempt.

Personal. The final area of EAI were personal aspects. This category reflected more of an internal awareness and process, including personal growth, reframing, and social change. P3 talked about his current health issues and having to wait to start testosterone. He reported disappointment about having to wait, but "everything happens for a reason." P2 described their personal relationship with social media and how it had cycled through several stages. They described it as the following:

> I think it went from like a playground, where everything is good, to really becoming everything is bad. Which is really funny cause, then I started to feel a lot like my parents; like everyone's a predator and everyone wants to harvest parts of you for social media. And then now, to coming to, this really [pause] trying to figure out what is the most salient to my needs and desires, really.

P2's personal EAI continued with a reflection on how social media impacted their life.

> But also, being like [pause] if I criticize it, it's also, it feels, to an extent, criticizing my coming out process and my gender, to an extent. Because, if I criticize social media [pause] but if social media was how I found my gender, aren't I just criticizing my gender?

P9 shared EAI of how definitions, roles, and beliefs of masculinity and femininity have changed. P9 discussed that she had learned "some really awful perspective on feminism and on what it was to be a woman." P9 stated that "I had a lot of unlearning to do." P9 shared her personal EAI of growing up and being told "you can be whatever you want to be." P9 recalled a time, when a young child asked her "are you a boy or a girl?" P9 identified that the child was "obviously coming from a place of ignorance." P9 responded with "well you know, you can be, whatever you want to be. And in that moment, I was like that was something that I've heard, time and time again. But hearing it from me, means something completely different." P9 talked about this personal EAI, in reframing that statement, she had heard throughout her childhood. P9 also shared how and why her relationship with her family was estranged. She stated that she has had to reframe her ideas of family.

> And I started to think about this idea of like [pause] the family pic. You know, the famous quote is blood is thicker than water? But that's not the quote. But it's blood of the Covenant is thicker than water of the womb. And that means, that the

people that you go into Covenant with, the people that you choose to be your family is much better, or much more strong then the people that birthed you.

The final aspect of EAI was social change and perceptions of the future. P6 described having "for lack of a better term, a spiritual awakening" with her social media and self-advocated for change. He continues to focus on real-life relationships and be a positive example of how social media is not a necessity. P8 discussed the importance in finding balance between real-life and social media. Also, P8 stated that this process has driven his passion for education and his future career path. P9 stated that she has a unique perspective on social change. P9 stated "I think trans people bring to the world is resiliency: is that elegance, especially trans women as a strength and beauty. … I think, that wanting to help them survive, and give them resiliency is something that like we hope to give each other." P9 stated that creating understanding and communication with the straight community and "putting it in language that other people can understand" is necessary for change.

Subtheme to EAI: Valuable

Valuable was a subtheme to EAI. Valuable is defined as positive feelings that something was of great use and/or has worth (Merriam-Webster, 2019). EAI did identify positive and negative aspects of social media and real-life, but the subtheme of valuable is concentrated on aspects associated with positive feelings and worth. Across all nine participants, valuable was the identified thematic expression 69 times. Valuable was defined into three subcategories of: social media, real-life, and personal aspects.

Social media. Positive aspects of social media that were considered valuable included friendships, TGNC community, and acceptance. Participants identified that social media friends and community provided opportunities to share feelings and stories with others. These friendships were valued because participants felt understood and accepted by others, which had a positive benefit on their mental health. Many of the participants identified that social media was valuable with increasing their number of friends. For example, P1 stated that "my first close friendship with another trans person, which again would not have been possible without social media." P2 also stated that they met their best friend on social media. P3 stated that he has friends throughout the country. P4 stated "I made a lot of good friends online. A lot of people that I can confide in." P8 stated that he "started making better friends on the internet." P7 talked about the value of social media during his adolescence:

> I've really felt growing up it was the only place that I could be understood. Like I didn't think I really [pause] like I had friends in high school; but I didn't tell them anything. ...I was bottling all these things and I didn't know where to put it. And then once I had, like this online support group of people that understood, I had people to tell things. And then, it kind of didn't hold power over me anymore: like saying it sucked, made it suck less.

Additionally, participants valued that social media communities felt safer and allowed participants to block unwanted individuals. P3 shared his experience with blocking others:

> I'm a super sensitive person. So as much as I try, like your opinion doesn't really matter, but [pause] the word still hurts. And most days people are kind of cowards now and don't say things to your face. So, it is kind of nice that, so if all you're going to do is text me, well there you go, delete. You know. My hardest part with it [pause] if you don't like that I'm posting, I'm a guy on Instagram and Snapchat, like unfollow me. Like that simple. And so, I would usually just help them out and block them. Like, there you go.

P7 stated if harassment or negative comments were overwhelming, he would block the individual. Sometimes, P7 stated that he would just delete a specific account and start over. Blocking others and feeling safer were considered valuable aspects of social media.

Many participants also stated that learning and exploring gender identity on social media was valuable. P2 stated that social media was valuable: "my social media played a whole lot into that. And then when I started playing with my gender, especially getting more into college, like using social media to learn, what to do." P7 stated that he would also try out pronouns on his smaller social media accounts and test the reactions before launching them on his larger accounts. P9 stated that she learned a lot of information from social media regarding trans and transitioning.

> [I] started watching other trans YouTubers, started to interact with real trans women, and find out their experiences and understand them as people: is really when I was open to the idea; I was like oh gosh. Wow. That's what that's been all along. Like I was just coping. And I [pause] I think that eventually, social media was really helpful in like finding acceptance and going instead of on crossdresser

> forums, going to transgender forums and talking to trans women on Reddit, or on other Tumblr's or stuff like that. And those things were really formative.

Real-life. Most of the participants identified a value with real-life friendships. These friendships were considered supportive and a form of connection with others. P5 discussed how he was lucky to have supportive friends. P6 stated that she recognized that having real-life conversations and relationships with people was helpful and valuable. P9 described her coming out process to a friend and how it was a validating experience for her.

> [The friend said] you just look at peace. You always illuminated light, but this light is [pause] pink and orange and warm. She's kind of a hippie, but I completely understood where she was coming from. So, I was like, okay, you know you're right about that, you know totally. And I think that was something that was really powerful, for me at least to experience and to hear from somebody else.

Real-life friendships and support appeared to be a valuable experience for most of the participants.

Personal. Personal aspects that were deemed valuable centered around self-care. P9 talked about how she did self-care in high school.

> And I think it was, refreshing to escape into those places. And to come home from football practice, take an ice bath, and then sit in the bubble bath and paint my toenails. And I would always take off the toe, the nail polish, before practice. But

> it felt good in those moments to take a warm bath and take care of myself. I started shaving my legs my senior year. And I felt really, really good.

P8 shared how his self-care included the importance of good mental health and psychiatric services, along with making plans for his future. P6 stated that his self-care included getting rid of social media and focusing on more real-life friendships and connections that were important to him. Self-care appeared to be an internal process that was valuable for some of the participants.

Theme: Frustrated

Frustrated was defined as feeling discouragement, anger, and annoyance because of unresolved problems or unfulfilled goals, desires, or needs (Merriam-Webster, 2019). Frustrated was identified by all participants 36 times. Frustrated was grouped into: frustration with real-life relationships, frustration with social media, and frustrations with self/identity.

Frustration with real-life relationships. Participants reported feelings of frustration with real-life relationships, especially with parents and family. Participants stated that family members had difficulty with their transition or gender identity, which was frustrating. P1 reported a difficult relationship with his parents throughout his adolescence and it still remains strained. P1 stated that his relationship with his mom has been contentious. Pl stated that his mom "views my attraction to men as like something that will eventually cure me of being trans." P3 reported that he has a close relationship with his mom, but he was frustrated with her insisting that P3 was her daughter. P3 has

asked his mom about using more gender-neutral terms, but she has refused to do so. P3 also discussed how some of his friend's parents were not accepting of him.

> Like I have a friend's mom, like a friend's parents, I should say, that hated me because I was that weird kid, you know. I was transgender: I wanted to be a guy and I was supposed to be a girl. So, they didn't even really, like their kid to talk to me or hang out with me. That was really hard for me. Like you can't [pause] stop us from being friends or for how I feel, you know. So, I would say that things like that, have been the hardest part. Everything is slow. The mom likes me now; waiting for the dad to like me. We'll see.

Frustration with social media. Participants also reported feelings of frustration with social media. Lack of trans representation, negative trans content, and difficulty finding information were frustrating to several participants. P5 stated his frustration with social media:

> We are getting more trans representation in social media for sure, but it is very small and it's not a lot. And so like, social media is great and can be relatable some times. But you got to go and search for like trans content. Like that doesn't just show up randomly. So, there's definitely like a lack of recognition there.

P7 shared that it was frustrating with the changes in social media, with more regulation, and filtering trans content. P9 stated frustration with social media and being able to address issues of trans identity without backlash, especially within the queer community. Participants also reported frustration with social media and gender. P5 stated that "social

media is very like cisgender, white-washy." Social media platforms often require individuals to choose a binary gender, which was frustrating to several participants.

Frustration with self/identity. The last area that participants reported feelings of frustration was related to self, identity, and/or appearance. P3 discussed frustration with having to wait before he could start testosterone. P6 talked about her frustrations with her appearance. "Basically, my face, like I wanted to look more feminine. I tried, you know, light makeup and discovered I really hate makeup. It makes me, feel like, weighed down, I guess." P6 stated that he began frequently shaving he face to the point that he was damaging his skin. P6 reported feeling frustrated because her face did not look feminine and continued to appear more masculine going through puberty. P2 shared their feelings of frustration, "being a man sucks, like I'm not doing anything right." P9 expressed feelings of frustration and understanding the "unspoken rules about how women act and all those lessons that moms teach their daughters but not their sons. I've had to kind of, learn on my own and find for myself."

Theme: Isolated

Isolated was defined as feeling alone or separate from others (Merriam-Webster, 2019). Across all nine participants, isolated was the identified thematic expression 16 times. Isolated was divided into three characteristics of being physically isolated, self-isolating, and isolation with social media.

Physically isolated. Many of the participants identified being physically isolated from others. Primarily, this isolation was due to living in a rural community with a lack of resources and social support. P4 stated that she felt isolated from others and reported a

lack of resources in her community. Several of the participants also reported being physically isolated from parents and real-life friends. P1, P7, and P9 discussed having a disconnection or strained relationship with their parents. P1 reported that he has limited contact with his parents. All participants shared experiences of feeling isolated due to a lack of real-life friends and not being accepted by others during adolescence. P7 stated "it's really isolating realizing you don't fit in. And not really having a way to fix it, without feeling unsafe."

Self-isolating. Several of the participants identified engaging in self-isolation. Some participants reported that they stayed closeted due to fear and transphobia. Many also stated that they chose not to share their gender identity or gender expression with people in real-life during their adolescence. P1 stated that he remained closeted throughout his high school years. He stated that now, his primary friend group, are all trans people. P1 stated that "other trans people can be shitty to you, but you are still at risk at experiencing transphobia from people who are cis, but are gay or lesbian, or bi."

Social media and isolation. Some of the participants felt that social media was isolating. P2 and P6 made personal decisions to isolate and filter themselves on social media. Other participants felt that social media was isolating, because they could see what others were doing and what they were missing. P3 stated social media posts "makes you realize how much you're missing out, I guess." P6 reported:

> I felt isolated; that helped further isolate me, 'cause I didn't have people that I would like go, take pictures with; wherever they would do it. It was basically just, another vehicle, by which I saw how isolated I was.

P9 described her experience versus real people on social media:

> So even more from what me and other trans people call like the real people, of the Facebook, you know. Like, I'm friends with people who are friends with real people who have [pause] real jobs and don't have to explain or justify their existence when they walk into a room. Parents are proud to meet them rather than, you know [pause] a secret that you have to keep from the world, just some people. And that's something but I think about a lot when I look at Facebook. …Just how happy some people are with who they are and being themselves and being pretty, you know. And that's something that I think, trans people again and experience differently on social media.

P5 stated feeling isolated because social media "is very like cisgender, white-washy" with a significant lack of representation.

The four main themes, for this study, were EAI, frustrated, and isolated, with the subtheme of valuable. Each of the participants identified these feelings with their lived experiences during adolescence. Further exploration of each theme led to specific and detailed information, with some variations among participants. Nevertheless, the participants shared a lived experience with these themes and subtheme.

Evidence of Trustworthiness and Rigor

I delineated trustworthiness and rigor in Chapter 3, establishing the rationale for the paradigm shift with a return to "terminology of mainstream social science" (Morse, 2015, p. 1213). Trustworthiness includes the domains of credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1989); whereas, rigor uses the terms

of validity, reliability, objectivity, and generalizability (Morse, 2015). Trustworthiness and rigor are the underlying structures and foundation of qualitative research designs (Guba & Lincoln, 1989; Morse, 2015). My intention was to concentrate on terminology and domains of rigor, but concepts of trustworthiness were often deemed more appropriate. Each these concepts of trustworthiness and rigor are explained.

Credibility and Validity

The examination of credibility and validity paradigm yielded a shift in exploration. Miyata and Kai (2018) outlined that "the validity/credibility paradigm is centered on the establishment of a research framework" (p. 68). If the research framework was "set in advance," then validity was appropriate, including options of criterion, content, and construct validity (Miyata & Kai, 2018). When research frameworks cannot be set in advance and frameworks were created during the process of the study, then credibility was more appropriate (Miyata & Kai, 2018). Tactics for credibility included as prolonged engagement and observation, triangulation, negative case analysis, and researcher reflexivity (Guba & Lincoln, 1989; Miyata & Kai, 2018). This realization became evident to me during the process of data collection, interpretation, and verification of "knowledge produced and the types of validation that are relevant" for this study (Abdalla et al., 2018, p. 82). Therefore, I presented evidence of credibility.

Prolonged engagement and observation. I used prolonged engagement and observation to improve credibility for this study. These tactics are structured to elicit honesty from the participant with iterative questioning and thick description (Shenton,

2004). Each interview was slotted for 90 minutes, with flexibility for a second interview, if needed. Interviews ranged from 22 minutes to 165 minutes, with an average of 60 minutes per interview. I conducted and transcribed all of the interviews. I asked similar follow-up questions to each participant to elicit more information. My intention was to gather a thick description of each interview question, by each participant. I also attempted to build rapport with each participant, including being genuine and authentic with my responses. This engagement was to encourage trust and honesty with the participant. I previously stated my concerns that P4's interview was conducted outside, which may have contributed to the shortened length of the interview.

Triangulation. Triangulation is the process of peer scrutiny, credibility of the researcher, member checks, and consistency with previous research (Shenton, 2004). I acknowledged that triangulation deviated from its true description: in that, triangulation requires expert investigators and that graduate students are not qualified (Denzin, 2009; Fusch, Fusch, & Ness, 2018). For this study, peer scrutiny and member checks were conducted by my dissertation committee. I provided a digit copy of the transcripts, coding, and themes to the committee. All discrepancies were addressed and rectified. The results of this study are consistent with previous research on TGNC and social media (see Chapter 2).

Researcher's reflexivity. Researcher's reflexivity refers to the process of debriefing and transparency (Shenton, 2004). Throughout this study, I focused on transparency and provided significant information regarding my thoughts, decisions, bias, and rationale. Prior to the data collection, I answered reflexive questions to provide

transparency and acknowledge my history and experiences that contributed to this study. I wrote a reflexive journal after each interview and submitted to my dissertation committee for review. I debriefed with my committee, when necessary, and addressed all concerns.

Dependability and Reliability

The dependability and reliability paradigm examine the assumption of stability with the phenomenon and methodology of the study (Miyata & Kai, 2009). Reliability assumes stability and uses tactics of test-retest and interrater consistency (Miyata & Kai, 2009). Morse (2015) defined reliability as "the ability to obtain the same results if the study were to be repeated" (p. 1213). Dependability cannot assume stability and uses tactics of consistency on data collection and analysis, triangulation, stepwise replication, and data auditing (Guba & Lincoln, 1989; Miyata & Kai, 2009). For this study, I strived for stability, with the coding system and interrater agreement, converging aspects of both dependability and reliability. Data collection and analysis were more congruent with dependability.

Data collection and analysis. My data collection and analysis followed the protocols and procedures of descriptive phenomenological research as outlined by Giorgi (2009). Data collection included a brief online survey and a face-to-face interview (see Appendix A). I constructed questions to be open-ended and provide a thick description of the phenomenon (Shenton, 2004). I audio-recorded and transcribed all interviews verbatim. I listened to these tapes multiple times to ensure accuracy of the transcription. To develop the coding system, I consulted with my dissertation committee. I read each

transcription and bracketed comments, statements, or sentences that had an emotional connection, either overtly or covertly. Each of these bracketed items were summarized and given a psychological expression (see Appendix C). Four themes were present with every participant: EAI, valuable, frustrated, and isolated. I further analyzed these themes and examined each bracketed item or code that corresponded with the theme. I determined that valuable was a subtheme to EAI, because of the overlapping characteristics.

Confirmability and Objectivity

The confirmability and objectivity paradigm focused on "the neutrality of observations" (Miyata & Kai, 2009, p. 71). Tactics for objectivity include verbatim record and double check system for data entry (Miyata & Kai, 2009). Tactics for confirmability include reflexive journals, thick and rich data, and rapport with participants (Miyata & Kai, 2009). My biases and distance from the phenomenon are examined by this paradigm (Guba & Lincoln, 1989; Miyata & Kai, 2009). Morrow (2015) asserted that all research was subjective and that objectivity was an absolute. I acknowledge that biases may be present, with transparency and reflexive journaling initiated to minimize and mitigate biases and subjectivity (Guba & Lincoln, 1989). Miyata and Kai (2009) specified that three assumptions must be deemed true for research to be considered objective, with distance being a key aspect (see Chapter 3). Miyata and Kai did not quantify how to determine distance between the observer and the observed; creating a subjective process of interpretation regarding distance. I contested that this study was conducted and investigated with objectivity and acknowledged the potential

for subjectivity and confirmability. I present evidence for both objectivity and confirmability.

Verbatim record. All interviews were audio recorded from the onset to the completion. I, personally, transcribed each interview. I made note of long pauses, stuttering, and significant nuances in speech. A verbatim record of each interview was obtained. The transcription provided a thick and rich description of the lived experiences, which was used for the data analysis. The transcriptions included the introduction and information about the study, along with establishing rapport.

Reflexive journal. I wrote a reflexive journal after completion of each interview. A copy was given to my dissertation committee to evaluate for researcher bias.

Transferability and Generalizability

The transferability and generalizability paradigm are centralized on "the range of application of research findings" (Miyata & Kai, 2009, p. 72). Generalizability was the extent that the results of the study can be generalized to the larger population and/or applicable to other contexts or settings (Guba & Lincoln, 1989; Miyata & Kai, 2009). Tactics for generalizability include random sampling, randomization, and matching (Miyata & Kai, 2009). Conversely, transferability is more appropriate "to evaluate extrapolation" (Miyata & Kai, 2009, p. 72). Tactics for transferability include a thorough and detailed description of the study's context and settings (Guba & Lincoln, 1989; Miyata & Kai, 2009). For this study, I did not use random sampling, therefore transferability with an audit trail is presented.

Audit trail. The methodology of this study was purposeful sampling and does not include randomization with the participants. Fundamentally, this study is contrary to the requirements for generalization, but the rich and thick contextual information coincided with transferability. Shenton (2004) identified several parameters that should be documented with the study's contextual description, including information about: participating organizations, selection criterion of participants, participant demographics, and detailed data collection methods. I provided a thick and rick description which documented contextual factors of the study. I used transparency throughout this study, creating an audit trail about the decisions and procedures used in this study (Shenton, 2004).

Results of the Study

I explored the results of this study and the research questions through the lens of the themes produced from the data collection. With this exploration, I discussed how the themes and subthemes answered the research and central questions. My exploration was centered on the collective lived experiences of the participants with social media.

Research Question

The research question and central questions were answered through the descriptive phenomenological inquiry with interviews from individuals who have lived this experience. The research question stated: What were the lived experiences of social media for TGNC individuals who resided in rural communities during adolescence? The central questions provided more details and specific information regarding the main research question. The central questions included: How do rural TGNC individuals

describe personal experiences with social media during adolescence? How do rural TGNC individuals perceive or understand these experiences with social media? What was the perception of social media during adolescence for rural TGNC individuals? What emotive words or expressions describe these experiences of social media for rural TGNC individuals during adolescence? The nine participants addressed these questions that explored this phenomenon.

The themes and subthemes that emerged from the data analysis were EAI, valuable, isolated, and frustrated. All of these themes were present as essential structures of lived experiences with social media. EAI described the participant's insight and ability to recognize emotions in self and others. EAI for social media included both positive and negative aspects of awareness and insight. Participants identified community, education, and identity as positive aspects of social media. In addition, participants experienced negatives aspects of bullying, filtering, and mental health concerns. Participants also identified that social media had great use and worth, thereby a subtheme of EAI was valuable. Along with an awareness of positive aspects of social media, participants deemed these experiences as valuable for meeting others, community, and gender exploration.

Participants also reported experiences of isolation with social media. Participants stated they felt alone or left out with social media. Participants reported that they view other people's posts, snaps, or pictures, seeing what other people are doing. Participants acknowledged a separation from others and not being included in those posts or events. They reported being isolated from others and alone. At times, participants made a

personal choice to isolate from social media. This personal choice was twofold. First, participants filtered their social media posts, by not posting personal information or allowing others access. Second, participants chose to decrease their time on social media, a self-imposed isolation to decrease the negative impact on their mental health.

Finally, all participants stated frustration with social media. Participants reported feeling discouraged, anger, and annoyance with social media due to unfilled needs. Experiences of frustration and social media included a lack of trans representation on social media. Participants described frustration when navigating the internet and finding information and representation. Also, participants reported frustration due to negative portrayals of transgender on social media. Participants reported frustration with the binary system of social media and having to pick a gender. Finally, participants identified frustration with social expectations and false hope of social media. Social media had a façade that if one meets these unwritten social expectations, it would lead to more friends, more likes, more everything. Participants reported frustration, because this was not obtainable or possible for them.

Summary

Chapter 4 contains information about data collection, data analysis, and the results. Data collection entailed rich and thick descriptions of the phenomenon from nine participants. Data analysis followed the protocols of descriptive phenomenology methods. EAI, valuable, frustrated, and isolation were the essential structures and themes identified by the participants to describe the lived experience of social media during adolescence. I discussed how the results answered the research questions and described

the lived experiences of the phenomenon. In Chapter 5, I discuss the interpretations of the findings, along with recommendations, limitations, social change, and concluding thoughts.

Chapter 5: Discussion, Recommendations, and Conclusion

Introduction

Researchers have found that TGNC adolescents report higher rates of depression, self-harm, suicidal ideation, and suicide attempts in comparison to cisgender adolescents (Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Eisenberg et al., 2017). TGNC adolescents also report lower rates of protective factors, such as family connectedness and a safe school environment (Eisenberg et al., 2017). Rural TGNC adolescents contend with a lack of community resources and competent providers (Raynor et al., 2014; Tishelman et al., 2015). Concurrently, adolescents are inundated by social media (Han & Myers, 2018). Rural TGNC adolescents navigate through high school and enter adulthood, but their lived experiences with social media remained unknown.

The purpose of this study was to explore the lived experiences of rural TGNC individuals with social media during adolescence. The methodology I used was a descriptive phenomenology qualitative research design. I collected data from an online survey and semistructured face-to-face interviews with nine participants. I focused the interview questions on the phenomenon of the lived experiences of social media for TGNC individuals who resided in rural communities during adolescence. My questions centered on exploring personal experiences with social media, including participants' perceptions and emotive expressions of the phenomenon. Through data analysis, I identified themes as essential structures of the phenomenon. These themes were: (a) positive aspects of social media, EAI, and valuable; (b) negative aspects of social media and EAI; (c) social media and frustration; and (d) social media and isolation. These

themes were the constituents essential to the psychological aspects of the structure of the phenomenon (Giorgi, 2009).

In this chapter, I discuss the results and findings from the data analysis. I provide an interpretation of the findings and a discussion of the limitations and recommendations for this study. Finally, I reflect on the implications of this study, including avenues for social change. Chapter 5 is the conclusion of this study.

Interpretations of Findings

In this section, I explore the interpretation of the data and the findings from this study. I discuss how the findings confirm, disconfirm, or extend the knowledge in comparison to the research presented in Chapter 2. I analyzed and interpreted the findings within the context of the theoretical and conceptual frameworks of this study.

Theme: Positive Aspects of Social Media, EAI, and Valuable

The most prevalent theme in this study was EAI. EAI was a balance of understanding, insight, and awareness of emotions. With social media, EAI was divided into both positive and negative aspects. Positive aspects with social media and EAI were centered on (a) exposure, community, and finding friends; (b) learning and education about TGNC; and (c) finding identity. Many of these positive aspects with social media and EAI were also considered valuable.

A subtheme to EAI was valuable. Valuable encompassed positive feelings and identifying great use or worth. Along with EAI, social media provided positive aspects that were deemed valuable. Valuable experiences included (a) meeting others, friends, and community; (b) escaping from real-life; and (c) learning and exploring gender

identity and gender issues. Positive aspects of social media with EAI and valuable have overlapping interpretations and findings; therefore, I compare previous research from Chapter 2.

Discussion. Rural TGNC adolescents reported negative school climates with significant levels of verbal and physical harassment, physical assault, and a lack of school resources (Kosciw et al., 2014; Kosciw et al., 2016). Schools do not feel safe for TGNC adolescents (Johnson et al., 2014). Furthermore, rural schools' curriculum is focused on cisgender health and development, with no consideration of TGNC identity and development. Castañeda (2015), Devor (2004), and Pinto and Moleiro (2015) identified models for TGNC identity formation and development with the foundation of conceptualization and integration of gender. Subsequently, medical and mental health services are inadequate, incompetent, or unavailable for rural TGNC adolescents (Obedin-Maliver et al., 2011; Tishelman et al., 2015). Rural TGNC adolescents search for information, education, resources, community, and support on social media.

Rural TGNC adolescents reported positive EAI with social media and searching for social support, community, and resources. Also, rural TGNC adolescents stated that social media was valuable, especially with finding community, friends, and information about gender identity. Previous researchers have explored the relationship among EAI and value with information, resources, social support, and friends (Coolhart et al., 2008; Evans et al., 2017; Grossman & D'Augelli, 2006; Magee et al., 2012; McInroy & Craig, 2015; Mehra et al., 2004). Social media provided exposure and community for TGNC adolescents (Austin & Goodman, 2017; Ciszek, 2017). Previous researchers have not

focused on the unique lived experiences of rural TGNC adolescents with social media. This study coincides with previous research on social media, adolescence, and urban TGNC. Rural TGNC individuals experienced EAI and value with social media during adolescence.

Theme: Negative Aspects of Social Media and EAI

Rural TGNC adolescents also reported negative aspects with social media. Negative aspects with social media and EAI involved (a) bullying and blocking others; (b) filtering social media posts; and (c) mental health issues related to social media.

Discussion. Adolescents are functionally dependent on parents until the age of 18. Often, dependence on parents for emotional, physical, and financial needs filters into adulthood. Contingent upon TGNC adolescents' stage of identity and development, self-disclosure to parents, family, friends, and the public can vary. Parental involvement with gender transitioning is often required for medical and mental health services (Coolhart et al., 2013). Fears of parental and family rejection are genuine, with potential for substantial negative consequences (Grossman et al., 2005; Yadegarfard et al., 2014; Zimmerman et al., 2015). TGNC individuals may choose to not disclose gender identity or transition status on social media due to fears of rejection and stigma (Hughto et al., 2015; Yadegarfard et al., 2014). These issues contributed to rural TGNC individuals' negative experiences with social media.

Social media platforms have various degrees of public access and allow users to apply filters with posts. Rural TGNC individuals disclosed EAI with the negative toll of filtering or policing posts. Filtering was considered necessary when gender status or

transitioning stage was publicly unknown. Filtering was intended to prevent disclosure and limit backlash, bullying, and rejection from others. Even with the ability to block cyberbullying on social media posts, rural TGNC individuals reported that filtering was taxing on their mental health. Rural TGNC individuals disclosed increased stress and symptoms of anxiety and depression related to filtering. Stress and mental health symptoms were related to concerns of potential backlash or rejection from family and friends.

Theme: Social Media and Frustration

The theme of frustration entailed feelings of discouragement, anger, and annoyance because of unresolved problems or unfilled goals, desires, or wants. For social media, frustration was related to (a) lack of representation or negative portrayals, (b) gender identification, (c) social expectations, and (d) changes with social media platforms.

Discussion. Rural TGNC individuals experienced frustration with social media. EAI and negative aspects of social media were concentrated on rural TGNC individuals' personal experiences and potential negative ramifications with filtering, self-disclosure, backlash, and rejection from family and friends. Experiences and feelings of frustration were designated more toward issues directly with social media platforms. Rural TGNC individuals reported frustration with lack of TGNC representation on social media, specifically with a lack of older, healthy, happy, adult TGNC role models. The It Gets Better social media campaign for LGBTQ adolescents may not target rural TGNC adolescents or represent their shared experiences (Asakura & Craig, 2014). Rural TGNC

individuals also described frustration with negative portrayals of TGNC individuals on social media.

Another frustration with social media were social expectations and unmet promises. Social media implied a social aspect, a connection with others. Rural TGNC individuals reported frustration with the expectation that social media would lead to more positive social connections. This frustration began when they tried to set up an account and were forced to choose a binary construct for gender (Bivens, 2017). Many social media platforms are based in cisgender, heteronormative beliefs, which can be frustrating for rural TGNC adolescents searching for community. Rural TGNC individuals stated that some social media platforms (e.g., Tumblr) were less regulated, which provided safety and more freedom to explore TGNC topics. As these platforms have grown in popularity, they are changing, becoming more regulated, and do not feel as safe. Rural TGNC individuals reported frustration that these sites were changing and becoming more mainstream.

Theme: Social Media and Isolation

The final theme was isolation, which was feeling alone or separate from others. For social media, isolation was related to (a) personal choice to filter and be isolated on social media and (b) feeling isolated and excluded from social media.

Discussion. The theme of isolation was twofold: personal choice to isolate and feeling isolated. For rural TGNC adolescents' personal choice was distinguished by how the isolation happened. TGNC adolescents reported that filtering social media posts and not feeling safe to disclose gender identity felt isolating. Rural TGNC individuals shared

that their gender identity and expression had to be kept secret on some social media platforms. The second personal choice of isolation was deciding not to engage in social media. Some rural TGNC individuals chose to close social media accounts or significantly limit time on sites. They stated that this was isolating due to popularity of social media and social expectations to be connected, especially with their generation. Rural TGNC individuals also disclosed feeling isolated from others. Viewing other people's posts, seeing what others were doing, and not being a part of those groups, pictures, or posts felt isolating. Feeling excluded from events and not included with peers was difficult. Consequently, this led to some rural TGNC individuals to reduce or close their social media accounts, so they were not exposed to those images and posts.

Summary of Key Findings

In Chapter 2, I delineated the foundation of this study, focusing on the research on rural TGNC adolescents and experiences with social media. Research was significantly lacking on this topic. Researchers have studied social media with cisgender and to a far lesser extent with urban TGNC adolescents. The shared lived experiences of rural TGNC adolescents with social media was unknown.

In this research, I found three themes and one subtheme that were the structures of the phenomenon. Rural TGNC individuals identified both positive and negative aspects of social media with EAI. Positive aspects of social media were often considered valuable. Rural TGNC individuals also identified frustration and isolation as themes to the phenomenon. Overall, themes contained both positive and negative experiences with social media; which indicated that social media had an important and limited role for

rural TGNC adolescents. These findings were congruent with Best et al. (2014) meta-analysis on social media. Unfortunately, Best et al.'s study did not disclose demographic information pertaining to gender identity or geographical location. They concluded that social media had both negative and positive outcomes for adolescents and their mental health (Best et al., 2014). Austin and Goodman (2017) and Cannon et al. (2017) studies with TGNC participants concluded that social media had both a positive and negative impact on well-being. This current study contributed to the current body of research, aligned with outcomes of similar studies, and was inclusive of rural TGNC individuals' lived experience.

I presented an interpretation of findings in relation to the research in Chapter 2. In the following sections, I analyzed and interpreted the findings within the context of the theoretical and conceptual frameworks of this study.

Transgender Theory

Transgender theorists advocate for a paradigm shift and acknowledge the personal narratives of each TGNC individual as central to gender identity and expression (Hausman, 2001). The perception of gender is fluid, expressive, and constructed as defined by the TGNC individual (Nagoshi & Brzuzy, 2010). The research methodology of this study was a descriptive phenomenological qualitative design to explore the lived experiences of rural TGNC individuals with social media (Giorgi, 2009). As the researcher, I acknowledged my biases and explored the phenomenon through the lens of individuals who lived through it. My research questions, interview questions, and data analysis were derived from this paradigm, with a focus on transparency. Themes from the

data analysis were the essence of the phenomenon as defined by the TGNC participants. Participants defined their gender identity, with their own vocabulary, terminology, and pronouns. For example, P2 stated "I'm fluid between 100% male versus like kind of in the middle of the spectrum, gender-neutral androgynous. Nonbinary has kind of been the term that I have felt the most comfortable with for the longest." P5 shared "specifically, I would identify as transmasculine-fem. I don't tell people that, because people are not very well educated on trans stuff." P6 stated that for pronouns:

> I go by: he, him, or she, her pronouns. And I let the speaker choose, just because [pause]. I think it's [pause] both interesting and I don't really care as much, personally. As long as they're using, you know, one or the other, and they don't use [pause] for instance it, which I'm not okay with.

EAI, valuable, frustrated, and isolated were the perceptions, understanding, and feelings from the personal narrative of each TGNC participant.

Gender Minority Stress Theory

Gender minority stress theorists examine the relationship among gender, stigma, distal and proximal factors, minority status, and resiliency (Bockting et al., 2013; Testa et al., 2015). Distal factors were defined as gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of gender identity (Testa et al., 2015). Participants shared experiences of distal factors including rejection from parents, friends, community due to TGNC status. P2 stated talked about being bullied at school:

> Like looking back [pause] like I should have been more concerned at the time, then I was. Looking back, like I should have been talking to the counselor about things that were happening. But it was small town, so [pause] sometimes it did not feel quite that good to snitch, I guess. Or sometimes you don't know, what to report, I guess, as a high schooler, specially being that I was, at the time, I was the only person, I knew that was like playing with gender.

Proximal factors were defined as internalized transphobia, negative expectations, and concealment (Testa et al., 2015). Participants shared stories of concealing and filtering social media posts to prevent outing themselves to others. P9 shared feelings of isolation when it came to social media and her peers.

> I was more of an onlooker and interacted with you in that way. And I kind of felt that way a lot, a lot of the time. … I kind of looked at social media as, like looking from the outside, I guess, would be the best way to look at it. Everybody else is having lots and lots of fun and being themselves and having friends, and I'm over here. And nobody really knows me. And that was really a big thing, was just an idea of: I have a lot of friends and like everybody kind of liked me, but nobody knew me. And everybody kind of knew that, I think. Because I was holding it all back and I didn't want people to know everything about me.

Many participants shared stories of struggle, mental health issues, and dysphoria during their gender identity process. Social media contributed to some of these negative internalized feelings and experiences of exclusion. P6 reported:

> I got to see people who were confident and how they looked. And it kind of reminded me how I wasn't confident on how I looked. How I wasn't confident about, you know, how I presented; who I was, so on and so forth. And so that was, I think a negative contributor, to like [pause] kind of mine, experiences back in high school.

Participants shared stories of resiliency and building of community and friends. Participants' EAI sought out resources, information, and community on social media. These were valuable experiences that contributed to factors of resiliency. P7 discussed themes of EAI, value of social media, and the community that he has established.

> It was quite literally my safe space. I could be who I wanted on there and I'd meet a lot of people like me. Cause like, even on this campus, the majority of the trans people here are like [pause] trans people: like male-to-female, female-to-male. And there's a couple non-binary, but like [pause] its nothing like the online community.

Resiliency Theory

Resiliency theorists examined how at-risk adolescents use internal assets and external resources to overcome adversity (Fergus & Zimmerman, 2005). TGNC adolescents are considered to be at-risk due to increased mental health issues, higher rates of suicidal ideation, and lower social support and resources. P1 shared his negative experiences with his mom:

> Any time that it [being trans] gets brought up, she acts very negatively and also in very much like a Christian manner. Like when I told her that I was going to court

> to get my name and gender marker changed. She told me, that she thought I was possessed. She [pause], yeah, any time it came up, would talk about how it was like unbiblical and sinful. She would routinely like compare gay men to pedophiles and murderers. She for the most part, thinks the same thing about trans people. Any time that she would find out a friend of mine is trans, she would mis-gender them intentionally to bother me.

Participants reported a lack of resources and social support during adolescence. P3 stated that he has had the most difficulty with his mom not accepting his transition and making references to P3 as her daughter. P3 had encouraged mom to be more gender-neutral and refer to him as her child. P3 stated "like that's just so hard for her. And I'm like, I don't get why that's hard for you; like that I just don't get it." Participants' EAI was a source of resiliency as they sought out social media for resources and community. P2 recognized EAI and social media was valuable: "it still really the only place I can go, if I really want to talk to someone that feels gender and sexuality the same way that I do." P8 also stated that he appreciated how easy it was to filter negative people with social media: "it's easier to get away from them, then it is to get away from the people that you have to see every day." P4 shared "eventually, I started researching on YouTube and eventually, I figured out that I am transgender and want to be a female; that I don't feel like a male."

Rural Communities

Living in a rural community is fundamentally different from living in an urban area. The understanding and validation of these differences was a conceptual framework for this study. Each participant shared personal experiences with living in a rural

community, which contributed to their identity and development. P2 reported "in high school, [omit: school name] I knew that I didn't identify completely as a man. But I didn't have the education and resources to put to words exactly what the feelings I was experiencing were."

Along with having limited resources and community, safety was also a concern. P5 stated that if someone disrespected him in a rural community:

> then you kind of have to remember their face, so next time you see them, you are kind of prepared for whatever they might say. And so, that is definitely a lot different. Where like, I feel like I have to be more cautious.

P7 described that living in a rural community, he had to be "very cognizant of what I'm wearing." P7 stated that he would either present as fully masculine or feminine. P7 shared that he did not feel comfortable being in a rural town "looking obviously trans. So, I try to take on a more tomboy look, or if I feel like I'm passing that day, I'll just go out and look like a boy." P8 reported that he knew everybody in his rural town and everybody knew him "and everybody knew the intimate details of your life." Participants indicated EAI with social media as a valuable resource; in addition, EAI had negative aspects of social media with filtering, policing, and feeling isolated.

Concept of Grit

The second conceptual framework for this study was grit. Grit is the examination of the individual's responses to adversity, including internal and external resiliency factors (Perkins-Gough, 2013). Many of the participants shared their personal triumphs

and stories of grit. P2 shared how their EAI with social media has transformed since adolescence.

> I think it went from like playground where everything is good to really becoming everything is bad, which is that really funny cause when I started to feel a lot like my parents; like everyone's a predator and everyone wants to harvest parts of you for social media. And then now, to coming to, this really [pause] trying to figure out what is the most salient to my needs and desires, really.

P6 explained how her grit helped her overcome adversity. He indicated that he had been isolating himself, but knew that he had to do something about it.

> It was very uncomfortable, but also the fact that I made myself do that was like, I'm okay, I got through this. I think that was [pause]. Maybe I shouldn't have had to do it, but I got through it and made me stronger. I think that, you know, there's going to be places when people won't accept the presentation that I'm showing. And that's, [pause] not my problem really. That's something that I have to realize. And so, I think that, I've realized that maybe that's been uncomfortable along the way. And sometimes, you know, a little scary.

P9 shared her transition process and story of grit.

> I mean I woke up at 20, or 21 actually, and was like I hate my life. … And I just started saying, you have to like the way you are living or you're not going to want to keep living. … It's like, yes, I was, born and raised a boy. But I became a woman, just like a girl becomes a woman. By choice and by the things that you do and the context that you live. And I think that anybody can become whoever they

want. And I think that was really awesome part. That's something you always heard as a kid. Be who you are, be whatever you want to be, be yourself. Whatever that self is. And I never realized the strings that were attached to that.

Limitations of the Study

The limitations of this study were inherent to phenomenological research and methodology, sample, and cultural climate. Phenomenological research and methodology limitations were grouped into three categories: participants, data analysis, and generalizability. First, with the participants, I attempted to build rapport quickly during the interviews, to elicit honest and thick responses to the questions (Giorgi, 2009). I assumed that participants gave honest responses to the interview questions, being cognizant of the vulnerabilities of "retrospective descriptions" (Giorgi, 2009, p. 116). Participants' retrospective descriptions of their experiences may be altered due to passage of time, fading memories, and ability to recall events. Secondly, there were limitations due to the data analysis process. As the researcher, I determined what data was bracketed, coded, and developed into meaning units (Giorgi, 2009). Therefore, the results were subjected to my potential bias and limited to my interpretation. I consulted with my dissertation committee to minimize and rectify potential biases, but the results were derived from my interpretation of the data. Lastly, the generalizability of this study was limited. I used purposeful sampling and had a sample size of nine participants, which may have inadvertently limited the generalization of the results. Trustworthiness was maintained and I addressed issues that arose with rigor.

Another limitation inherent to this study was the sample. For selecting participants, I used purposeful sampling based on specific criterion. Concurrently, participants identified as TGNC or on the transgender spectrum. The sample included five participants that identified as FTM, specifically trans male, male, transmasculine-fem, gender-nonconforming trans male, and nonbinary, gender-nonconforming trans man. Two participants identified as MTF, specifically, pre-op M2F trans and trans femme. Also, one participant identified as nonbinary and another as genderfluid. This sample may not be representative of all rural TGNC. It also may be skewed due to the ratio of FTM, MTF, nonbinary, and genderfluid participants.

Another limitation with this sample was diversity and demographics. All participants were Caucasian and from rural Minnesota. Seven out of nine participants were currently or previously enrolled in college. One participant was completing high school and two were currently living with parents. All participants were able-bodied. This study may be limited due to the diversity and demographics of the sample.

The final area of limitation was the current cultural climate. With social media, the internet, and mass media, there is an increased visibility of the TGNC population. Simultaneously, the current political atmosphere and increase in anti-TGNC legislation is influencing the current cultural climate. These opposing cultural climate issues may be a limitation for this study. These factors could be confounding variables that skewed the results of this study.

Recommendations

Coulter et al.'s (2014) study revealed that of the 127,798 NIH funded research studies, only 43 involved TGNC individuals. These 43 studies were on medical issues, chemical dependency, and mental health (Coulter et al., 2014). Research on the TGNC population was extremely limited, especially with adolescents, rural communities, and/or resiliency. Any and all research in these areas is greatly needed.

For this study, I attempted to be thorough and comprehensive, gathering descriptive information on the essence of the phenomenon. I discussed the limitations of this study, including the phenomenological research and methodology, sample, and cultural climate. Additional research with a larger sample or in a different rural geographical location would contribute to the scope of this phenomenon. Research specific to FTM, MTF, nonbinary, and gender non-conforming is also needed to explore lived experiences within the TGNC population. Furthermore, research with TGNC people of color, along with exploring other -isms (e.g., socioeconomic status, sexual orientation, ableism) is needed. Subsequently, I recommend additional studies with rural TGNC individuals, social media, and mental health issues. Quantitative researchers could examine specific mental health issues related to social media (e.g., depression, anxiety, chemical use, suicidal ideation, etc.).

As the body of knowledge grows, I would also recommend exploring experiences of rural TGNC adolescents who do not engage in social media. Several participants in this study acknowledged a decrease or disconnection from social media in early

adulthood. It would be recommended to do a comparative study with urban and rural TGNC individuals and social media, to explore those experiences.

Finally, I recommend that this study be repeated. The social media climate is ever evolving and has made significant changes since the Internet was launched in 1995 (Leiner et al., 1997). Social media platforms change, which may have implications for rural TGNC adolescents. The participants in this study acknowledged changes in social media, just within the span of their adolescence to early adulthood. The cultural climate is also ever-changing. The political atmosphere and legislation may shift as the upcoming 2020 election draws near. Future researchers should acknowledge the impact of cultural climate with the TGNC population.

Implications for Positive Social Change

This study adds to the academic knowledge and body of research of an underserved and understudied population. The findings from this study offer a framework to understand rural TGNC individuals' experience with social media during adolescence. The themes of the phenomenon give a voice to rural TGNC individuals and provide an opportunity and implications for positive social change.

Positive Social Change

Rural TGNC individuals identified that social media created both positive and negative experiences. Positive experiences provided EAI and were considered valuable, especially with finding community, resources, and identity. Social media may be the only source of exposure, community, and information for rural TGNC adolescents, due to the lack of community and school resources. Adolescents questioning gender identity and

expression have an opportunity to find information and resources on social media. They can ask questions and find community with others who are supportive and empathic. They can remain anonymous and not risk exposure in the real-life community.

These positive experiences with social media align with protective factors that decrease suicidal risk factors, while increasing positive well-being and resiliency (Barr et al., 2016; WHO, 2014). Increasing positive social media experiences, TGNC representation, and accurate TGNC medical and mental health resources are areas of potential positive social change, especially on the individual level. Negative aspects of social media and EAI involved bullying, filtering, and mental health issues. TGNC individuals reported feelings of frustration and isolation from others with social media. These negative aspects of social media are prevalent with TGNC individuals; moreover, it has contributed to TGNC individual disengagement with social media.

The implications of these results are relevant for understanding positive social change for the rural TGNC population. Mental health professionals should be aware that social media performs an important, but limited, function and role for rural TGNC adolescents. Mental health professionals need to understand both the importance and limitations of social media for rural TGNC adolescents. These findings highlight the value in being well-versed with the lived experiences of rural TGNC adolescents with social media.

Contributing to the body of knowledge on TGNC issues may also impact positive social change for mental health professionals, specifically those working in rural communities and schools. Many rural TGNC adolescents do not feel safe exploring and

questioning gender identity or expression with people in real-life; hence social media provides a safety net. Mental health professionals are often not adequately trained or competent with TGNC issues (Raynor et al., 2014), but TGNC individuals have increased rates of accessing services (Budge, 2015; WPATH, 2011). Mental health professionals could use social media and internet sites to post accurate, research-based information on TGNC issues, advocate for TGNC rights, and help reduce stigma and transphobia. Furthermore, mental health professionals can work with families to reduce rejection and create a supportive environment for the TGNC adolescent.

Concept of Grit

Continuing with transparency, the concept of grit is fascinating to me. Each participant exemplified grit with their stories of adversity and triumph. Understanding the interdependence among resiliency with internal and external protective factors provides insight into grit. Grit is "passions and persistence for long-term goals" (Duckworth & Quinn, 2009, p. 166) including a "pursuit of engagement and meaning" in life (Von Culin, Tsukayama & Duckworth, 2014, p. 311). Grittier individuals have a growth mindset and "perceive ability as a malleable skill" (Hochanadel & Finamore, 2015, p. 48). Grit and a growth mindset can be taught by developing skills and internal motivation to persevere toward goals (Hochanadel & Finamore, 2015). Social media provides an opportunity to interact with rural TGNC adolescents. Social media would be a method of disseminating information and resources on grit. The It Gets Better social media campaign is a recent example of teaching a growth mindset and developing grit (Asakura

& Craig, 2014). I recommend that these efforts should be tailored to rural TGNC adolescents, addressing the concerns specific within rural communities.

Conclusion

This descriptive phenomenological research study explored the lived experiences of rural TGNC individuals and social media during adolescence. These lived experiences included both positive and negative aspects of social media and EAI. Positive aspects were often deemed as valuable during adolescence and identity development. Rural TGNC individuals also shared that social media was frustrating and isolating. These themes combined to delineate the key findings of this study.

The purpose of this study was to understand the phenomenon and contribute to the body of knowledge and research with the TGNC population. TGNC adolescents living in rural communities are lacking resources and services. Stigma, mental health, and suicidal ideation are significant concerns. Rural TGNC adolescents have sought information, education, and community on social media sites. Previously, it was unknown what the thoughts, perceptions, and feelings were about those experiences. In this study, I found that social media contributed an important, but limited, function and role for rural TGNC adolescents. Mental health professionals should understand these implications when providing services to rural TGNC adolescents and families. This study provided a glimpse into this phenomenon, but more research is needed.

Personal Concluding Thoughts

Transparency has been my goal throughout this study; therefore, I feel that it is important to conclude with my personal thoughts and feelings. I approached this study

with an objective perspective and acknowledged my potential bias. I conferred with my dissertation committee to ensure that the essential structures of the phenomenon were based on data and "mindful of the whole" (Giorgi, 2009, p. 200). As a researcher, I valued and respected this process of scientific inquiry. As a mental health professional, this experience was everlasting. My knowledge and understanding of TGNC identity and expression, the transgender spectrum, and holistic perspective has expanded. My understanding, knowledge, and empathy for TGNC individuals has significantly increased. As a mental health professional, working in a rural community, I want to create positive social change and use the data from this study in my practice. I personally thank each of my participants for being part of this journey.

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Appendix A: Interview Questions

Website link Screening Questions:

1. What is your current age?
2. How do you define your gender?
3. Where did you live during your adolescent years (between ages 13 to 18)? Please name the town you lived in:
4. Did you move to a different town during your adolescent years?
5. If yes, please name the town did you move to:
6. Did you have *access* to social media during your adolescent years?
7. Did you *use* social media during your adolescent years?
8. Please provide your name, phone number, and email address, so you can be notified about your eligibility for this study.

Face-to-Face Interview Questions Date:

Participant ID: Start time:

2nd Interview needed: Y or N End time:

1. How would you define your gender: what words do you use?
2. How would you describe your experiences, living and attending school, in a rural community as a TGNC (or participant's preferred terminology) adolescent?
3. Please describe your personal experience with social media during your adolescence.

4. Please describe your thoughts (perceptions) and understandings of social media during your adolescence.
5. Please describe your feelings and emotions with social media during your adolescence.

Appendix B: Reflexive Questions

1. What do I know? For the past 5 years, I have been gathering research on the TGNC population. Much of my knowledge on TGNC population has come for research and education. I have also had clinical experiences providing mental health services to two rural TGNC individuals. Both of these individuals were female-to-male (FTM) transgender adolescents. Both of these individuals started transitioning in high school; both met criteria for gender dysphoria; both reported significant mental health issues including suicide attempts, hospitalizations, and treatment centers. I also know that every person has a unique and interesting story that is based within one's own personal culture-which I view culture as more 'self-determined and directed.' Both of these to FTM males grew up I rural communities, yet had vastly different experiences with transitioning, with friends and family, and within the school settings. I know that there can be some similarities with stories and experiences; yet, often so much more is learned when exploring the differences.

2. How do I know what I know? How I know this information is through research and limited clinical experience. I have had an interest in working with adolescents throughout my career: spending the majority of my career working in area high schools (at least part-time). I thoroughly enjoy working with the adolescent population. I have also had a genuine curiosity about TGNC. As I started research on TGNC, I was saddened to learn about the incredibly high suicide completion rates. A former mentor of mine also has disclosed her story of grief and loss, losing her FTM son to completed suicide. So, when a few years ago, when I had two rural TGNC adolescent clients, both

with significant experiences with suicide ideations and attempts, I took this as a sign. This sign solidified that I needed to do more research and focus my dissertation on this hidden and vulnerable population.

3. What shapes and has shaped my perspective? Several components shape my perspective. I have family and friends that are part of the LGBT community. But more personally, my sister is gay (she prefers this term versus lesbian). My sister and I had a turbulent relationship during our adolescent years: I am pretty sure she hated me on a daily basis. She later disclosed that she thought I was gay, which may or may not have contributed to her feelings. After high school, my sister disclosed that she was gay and has been open with us since then. She is in a committed relationship, with her fiancée and two children. My relationship with my sister had grown and developed into a close bond, where we can share and discuss things in an open manner. Because of my sister, I have grown in my personal experiences with the LGBT community. Furthermore, this relationship has had a dramatic, positive impact on my two adolescent daughters. Living in a rural community, cultural diversity can be sparse and often is hidden. My daughters have grown up with a gay aunt and have strong beliefs in human rights. My oldest daughter recently wrote a paper on LGBT rights and joined the local GSA (which was started in 2018!). I want my children to believe in equal human rights and understand the value and importance of diversity. I am also very proud of my sister. She has been an incredibly strong woman and faced adversity throughout her life. She has grit. Finally, my previous clients have tremendously shaped my perspectives. I want to encourage

social change and decrease the alarming statistics of mental health issues and suicide ideation, attempts, and completions.

4. With what voice do I share my perspective? I believe that I have many voices with this perspective. I will focus on transparency with this question. I have my researcher and academic voice, which focuses on trying to be objective and critically analyzing information and data in an academic manner. I also have my clinical voice. I am passionate about my job and the work that I do with clients. I thoroughly enjoy building rapport and a working alliance, creating a meaningful relationship and safe environment for them to do therapeutic work. I had a positive connection with most of my clients and appreciate being part of their journey toward their treatment goals. I also work in the schools. I did not enjoy my adolescent years, nor did I have a positive experience in high school. Yet, I have spent my career working with adolescents, trying to improve these experiences for them. I am a mother of two adolescents. I want the best for my children and I strive to be a good mom for them. My love for my daughters' is deep and I have made many sacrifices for them. I believe that if my love for my children is so deep; others feel the same way about their children. (Obviously, I know that this is not universal, but I want to believe it is the majority of parents.) Research on LGBT and TGNC population often describes family and peer rejection. This saddens me, because I could not image EVER rejecting my children nor would I EVER want to go through the devastation of a suicide completion! My perspective is how can I help? How can I help to reduce mental health issues and suicidality? My hope is that this dissertation provides

some answers and directions of how to create social change and if social media may be an avenue to explore for resiliency and grit.

5. What do I do with what I have found? I believe that my research and experience has helped me on both a personal and professional level. This research has helped my grow as a parent and therapist. I am more cognizant of the TGNC population, with a greater appreciation and respect for diversity.

Second, I want to promote social change. At this time, I have not conducted my interviews and am not aware of the results. However, if social media has a positive influence and can be a source of resiliency for rural TGNC adolescents, it is important for this information to be known. I would want to disseminate this information to others to help decrease mental health issues and suicide rates.

Appendix C: Emotions and Feelings Words for Psychological Expressions

Mad

Hurt: to suffer pain or grief

Hostile: marked by malevolence; having or showing unfriendly feelings

Anger: a strong feeling of displeasure; actively expressed opposition or hostility; rage

Critical: inclined to criticize severely and unfavorably; exercising or involving careful judgment

Distant: separated in space; having a great amount of separation between each other

Frustrated: feeling discouragement, anger, and annoyance because of unresolved problems or unfulfilled goals, desires, or needs

Jealous: hostile toward a rival or one believed to enjoy an advantage; envious

Irritated: to provoke impatience, anger, or displeasure in; annoy

Skeptical: an attitude of doubt or a disposition to incredulity either in general or toward a particular object

Scared

Confused: being perplexed or disconcerted; being disordered or mixed up

Rejected: not given approval or acceptance

Helpless: lacking protection or support; marked by an inability to act or react

Insecure: not confident or sure; uncertain or unsafe

Anxious: uneasiness of mind or brooding fear about some contingency; worried

Discouraged: to dissuade or attempt to dissuade from doing something; dishearten

Inadequate: not enough or good enough; insufficient

Embarrassed: feeling or showing a state of self-conscious confusion and distress

Overwhelmed: completely overcome or overpowered by thought or feeling

Joyful

Excited: having, showing, or characterized by a heightened state of energy, enthusiasm, and/or eagerness

Hopeful: having qualities which inspire hope; to cherish a desire with anticipation; to expect with confidence; trust

Amused: pleasantly entertained or diverted (as by something funny)

Playful: full of play, recreational activity, absence of serious or harmful intent

Optimistic: feeling or showing hope for the future; an inclination to put the most favorable construction upon actions and events or to anticipate the best possible outcome

Powerful

Emotional Awareness: having the ability to recognize and understand their own emotions and the emotions of others.

Proud: feeling or showing pride; having or displaying self-esteem

Appreciated: to grasp the nature, worth, quality, or significance of; to recognize with gratitude

Important: marked by or indicative of significant worth or consequence; meaningful

Successful: gaining or having gained success; favorable or desired outcome

Worthwhile: being worth the time or effort spent

Valuable: positive feelings that something was of great use and/or has worth

Discerning: showing insight and understanding

Confident: full of conviction; certain; having or showing assurance and self-reliance

Peaceful

Nurturing: to further the development of; foster

Trusting: assured reliance on the character, ability, strength, or truth of someone or something; one in which confidence is placed

Intimate: marked by a warm friendship developing through long association; of a very personal or private nature

Thoughtful: absorbed in thought; characterized by careful reasoned thinking

Content: satisfied, pleased

Thankful: conscious of benefit received; expressive of thanks

Secure: trustworthy, dependable, confident, free from danger

Pensive: suggestive of sad thoughtfulness

Sad

Bored: filled with or characterized by boredom; being weary and restless through lack of interest

Lonely: being without company cut off from others; not frequented by human beings

Depressed: in low spirts, sad

Ashamed: feeling shame, guilt, or disgrace; feeling inferior or unworthy

Isolated: feeling alone or separate from others

Inferior: of low or lower degree or rank; of little or less importance, value, or merit

Appendix D: Psychological Expressions

Category	Subcategory	P1	P2	P3	P4	P5	P6	P7	P8	P9	Sum
Mad	Hurt	1	0	4	1	1	0	1	1	0	9
Mad	Hostile	0	0	0	0	0	1	0	1	0	2
Mad	Anger	0	0	0	0	1	1	0	0	3	5
Mad	Critical	0	3	1	0	2	2	0	0	0	8
Mad	Distant	5	0	2	6	1	0	2	3	10	29
Mad	Frustrated	2	1	12	1	12	2	2	1	3	36
Mad	Jealous	0	0	0	0	0	1	0	0	1	2
Mad	Irritated	0	0	4	0	0	0	0	0	0	4
Mad	Skeptical	0	0	0	0	0	3	0	0	0	3
Scared	Confused	2	1	2	1	0	0	1	0	6	13
Scared	Rejected	15	0	0	1	1	0	0	0	1	18
Scared	Helpless	6	0	5	0	0	0	1	0	3	15
Scared	Insecure	1	1	0	0	0	3	2	1	7	15
Scared	Anxious	0	5	5	0	2	0	0	1	7	20
Scared	Discouraged	1	0	1	1	2	0	0	0	0	5
Scared	Inadequate	0	1	0	0	0	0	0	0	2	3
Scared	Overwhelmed	0	2	3	1	0	0	1	0	1	8
Joyful	Excited	0	2	2	2	1	1	2	0	5	15
Joyful	Hopeful	0	1	2	0	0	0	0	0	1	4
Joyful	Amused	0	1	1	0	0	0	0	0	0	2
Joyful	Playful	0	4	0	0	0	0	0	0	0	4
Joyful	Optimistic	2	0	3	0	0	0	0	0	1	6
Powerful	Emotional Awareness	14	20	8	11	8	29	7	7	46	150
Powerful	Proud	0	0	1	0	0	0	0	0	4	5
Powerful	Appreciated	4	3	2	4	0	0	4	5	6	28
Powerful	Important	1	3	0	1	0	0	1	0	9	15
Powerful	Successful	0	0	2	0	0	0	0	0	1	3
Powerful	Worthwhile	0	2	0	1	0	2	0	0	3	8
Powerful	Valuable	4	8	7	6	2	5	4	9	24	69
Powerful	Discerning	7	9	2	1	3	10	6	3	20	61
Powerful	Confident	0	0	1	0	0	1	0	0	0	2
Peaceful	Nurturing	0	0	0	0	0	0	0	0	3	3
Peaceful	Trusting	3	0	0	1	0	0	3	2	1	10
Peaceful	Intimate	0	0	0	1	0	0	0	0	0	1
Peaceful	Thoughtful	0	1	1	1	0	0	0	0	0	3
Peaceful	Content	0	0	1	1	0	0	0	0	0	2
Peaceful	Secure	2	5	1	0	0	0	4	2	2	16
Peaceful	Pensive	1	0	2	0	0	2	1	0	3	9
Sad	Bored	0	0	2	0	0	0	0	0	0	2

Sad	Lonely	0	0	1	0	1	0	0	0	1	3
Sad	Depressed	3	0	0	0	0	1	0	1	0	5
Sad	Ashamed	3	0	0	0	0	2	0	0	3	8
Sad	Isolated	4	1	2	2	1	1	3	1	1	16
Sad	Inferior	2	0	0	0	0	3	0	0	0	5
	Total	83	74	80	44	38	70	45	38	178	650