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Outside the Box: Gender Roles, Gender Incongruence, and Psychological Wellbeing

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OUTSIDE THE BOX: GENDER ROLES, GENDER INCONGRUENCE, AND
PSYCHOLOGICAL WELLBEING

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HONORS PROJECT

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UNIVERSITY HONORS

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Introduction

The concept of gender is remarkably pervasive in the current culture. Ideas about what gender is and what it should be consistently surround people from birth, through childhood, into adulthood, and until death. Before people are even born, many families choose to throw "gender reveal parties" where they announce the sex of their child to party attendees. From then on throughout their life, that person is exposed to countless gender related influences. Clothes, toys, movies, magazines, books, sports, language, and more all in some way or another tell a person something about gender. Whether directly or indirectly, these cultural artifacts tell people what gender is and that it is binary—and furthermore, what a person's gender is and what their gender should be like. This research focuses on gender roles, which are expectations placed on members of a particular gender by the prevailing culture to behave, look, or be a certain way. Gender roles are involved in all of the aforementioned cultural artifacts. For example, it may be socially acceptable for members of one gender to do something and completely unacceptable for members of another gender to do the same. This research draws upon several theoretical mechanisms of gender roles.

According to Averett (2015), sociological queer analysis is a theory that views gender as a complex socially constructed identity instead of as an innate binary classification system. In this respect, gender and sex are associated but distinct. The focus of my research, gender roles, focuses on gender rather than sex. However, sex is still linked to gender due to a process called heteronormativity—which is also a driving force of gender roles in the current dominant culture. Averett (2015) defined heteronormativity as various social processes that ultimately uphold the idea of exactly two distinct genders. Heteronormativity expects and assumes that everyone born into a sex (that is linked to a certain gender) should be: a member of the gender that is linked to

their sex, behaving in accordance with that gender, and attracted to and desired by a member of the other gender. It manifests in various ways in mainstream culture: notably through gender roles.

Through the mechanism of heteronormativity, gender roles create an unbalanced dichotomy that affects different groups of people in distinct ways. Frye (2000) wrote that the division between genders that heteronormativity and subsequently gender roles have created is made up of systemic barriers that are social and economic in nature. It is the systemic nature of the barriers that qualify one gender as the oppressed and another gender as the oppressor. Even though the barriers are still barriers to those on both sides of them, in the bigger picture they liberate one group and confine another. Frye (2000) used a prison as a metaphor: the walls of a prison both keep intruders out and prisoners in. However, those outside the walls are ultimately the ones to benefit because the walls protect and liberate them from alleged wrongdoers. While an outsider may be inconvenienced from having to go around the prison, the walls are designed to confine, reduce, and immobilize the prisoners. In the context of gender roles, Frye (2000) considered the service sector. The service sector is composed mostly of women, and also to a great extent keeps men out. When men encounter this gender role barrier, they experience it as a restriction on their choices in terms of career and/or lifestyle. However, Frye (2000) pointed out that the barrier is for the benefit of men. That is the reason that men are not oppressed due to this restriction: the gender role of the "housewife" was designed to keep women in their homes and prevent them from having the privilege of doing things men typically did (such as become educated). Barriers that are for the benefit of men and confinement of women are systemic; hence, women are members of the oppressed side of the gender role barrier and men are

members of the oppressor side of the gender role barrier. I will explore the ramifications of this imbalance in the context of my study later.

Finally, this study draws upon social cognitive theory in various ways. Bussey (2011) described the core tenets of social cognitive theory: gender is a socially influenced, integral part of one's identity, and it develops continuously throughout a person's lifetime. It does not view gender as immutably tied to biological sex—instead, the knowledge of a person's biological sex, what the cultural attitudes about it are, how a person is perceived and treated, and the behavior a person is expected to display all contribute to the development of gender identity. Bussey (2011) recognizes specific types of influences on gender identity: namely personal, behavioral, and environmental factors. All of these factors interact with each other, both at the cultural level and at the individual level. This research focuses on environmental influences at the individual level: parental influence.

The present study researches the connection between these three variables: parental enforcement of gender roles, gender incongruence, and psychological wellbeing. Based on the current literature, I propose that there is a negative relationship between parental enforcement of gender roles and psychological wellbeing, and the relationship will be significantly stronger for individuals with higher gender incongruence. The following sections review research that has been done on these three concepts.

Current Literature

Parental influence does not act alone—culture dictates how boys and girls typically act, which creates a difference between how they treat young boys and young girls. Bussey (2011) reported that while young children preferred to look at activities associated with their own gender, only girls looked at both other people's faces and gender associated activities. Only girls

appeared to make the connection that other people of certain genders are associated with certain activities. Boys did not make the connection between gender and gender related activities/objects—they only preferred to look at activities associated with their own gender. This suggests that infants do not innately know and follow gender stereotypes. Instead, they only know what earns them approval by their families and parents—which are activities associated with their gender. Once a child grows and gains conscious awareness of such gender role pressures, they gain the ability to regulate their own gender role related behavior (Bussey, 2011). However, it is difficult to ask young children to report the extent to which gender roles are being enforced in their home. Research on adolescents—individuals who have a higher level of cognitive ability—has allowed researchers to discover many valuable insights about gender roles even though gender identity development has solidified substantially by the time individuals reach adolescence (Bussey, 2011).

Cook et al. (2019) researched the distinction between sources of gender role enforcement (or felt pressure to conform to gender roles as the researchers described it) and how each source is associated with gender typicality (how similar an individual is to other members of their own gender) in adolescents. Pressure from parents, peers, and the self were the three main sources from which adolescents experienced gender role conformity pressure. Results indicated that adolescents felt differently about each source: pressure from the self was most influential compared to peer and parental pressure. Each source of felt pressure and gender typicality tended to influence each other (most notably self pressure and gender typicality), which indicates a bidirectional relationship between gender role beliefs and actual gender role behavior. For example, individuals who reported high pressure to conform also reported high gender typicality instead of low gender typicality. Do individuals who conform to gender roles do so because they

experience high pressure to? Or, does conforming to gender roles result in higher pressure put on oneself to be "better" at it? The researchers suggested that it may be a combination of the aforementioned. Also, findings indicated that feeling parental pressure predicted feeling peer pressure. Cook et al. (2019) discussed the idea of heightened sensitivity, which may explain the relationship between parental and peer pressure. Parental pressure may make an individual more attuned to later gender role pressures they will experience, and thus increase felt pressure from peers and the self.

The magnitude of influence (of pressure to conform to gender roles) also varies based on gender. Adolescent boys reported higher levels of pressure to conform to masculine gender roles and avoid feminine gender roles, whereas adolescent girls reported higher levels of pressure to conform to both masculine and feminine gender roles (Jackson & Bussey, 2020). The researchers attributed this phenomenon to the devaluation of femininity, which is a core component of heteronormativity and oppression. In a culture where women are oppressed, it is seen as undesirable and even punishable to be associated with femininity. Masculinity, the inverse of femininity in a heteronormative culture, is the oppressor or more desirable trait (Frye, 2000). This explanation is consistent with the researchers' findings and helps explain why both adolescent boys and girls experience pressure to conform to masculine gender roles. Furthermore, the moderation of gender is consistent with the relationship researchers found between sources of pressure. According to Jackson et al. (2021), the self is the most influential source of pressure to conform to masculine gender roles as reported in both adolescent boys and girls. The self also accounts for pressure to conform to feminine gender roles in adolescent girls. However, adolescent boys who feel pressure to avoid femininity feel that pressure from peers significantly more than other sources. Jackson et al. (2021) explained this relationship with an

internalization model. The internalization of parental and cultural gender roles in earlier childhood leads to higher levels of self pressure, which then has the most influence in adolescence—when gender identity development has substantially solidified. To address the exception of boys who felt peer pressure to avoid femininity, the authors consider this consistent with previous research about masculinity being driven by avoiding gender nonconformity in peer and school contexts. This further suggests that avoiding femininity is an active, prominent concern of the masculine identity.

Gender Roles in Context

Gender roles are influential forces that permeate many parts of everyday life. What exactly do gender roles look like in modern context? Areas that this research focuses on include personality traits, appearance, mannerisms, hobbies, and dating behavior. For instance, men are stereotypically associated with agentic personality traits like being self-reliant, assertive, and forceful and women are stereotypically associated with communal personality traits like being affectionate, sympathetic, and warm (Wood & Eagly, 2015). In other words, masculinity is associated with strength and dominance and femininity is associated with sociality and submissiveness. This is consistent with the gender divisions created by oppression as described in Frye (2000): men (the oppressor) are supposed to be dominant while women (the oppressed) are supposed to be subservient. Another example of an area fraught with gender roles is dating, particularly heterosexual dating. De Meyer et al. (2017) asked early adolescents from various different countries about gender norms in relationships they have experienced. The adolescents who reported having been in romantic relationships (who were mostly boys) described several gender roles, some of which they endorsed and followed. According to the participants, boys should initiate relationships, sometimes even forcefully, and take a dominant role in a

relationship. On the other hand, girls should take an innocent and submissive role in a relationship. Motivations to be in romantic relationships also differed among genders: boys felt pressured to be in a relationship even if they do not love their partner in order to fit in with peers, whereas girls reported wanting to be in a relationship only if they were genuinely interested in their partner.

They also differed in how they talked to their friends about their relationship: girls reported talking more in depth about their emotions to their friends than boys. In regards to sexual activity, many participants reported negative connotations associated with girls engaging in sexual activity. Risks of physical abuse, sexual abuse, and emotional abuse were common reasons that adolescents thought negatively of girls engaging in sexual activity. However, the negative connotation was only present for girls and not boys (De Meyer et al., 2017). These findings outline typical gender roles that young boys and girls find themselves following in the context of heterosexual relationships.

Psychological Wellbeing

This research investigates the relationship between gender roles and psychological wellbeing. Psychological wellbeing (also known as mental health or wellbeing) is a continuum in which complete happiness and severely distressing mental illness are the two extreme ends (Stochl et al., 2018). Positive mood and self-perception are major indicators of high psychological wellbeing (Stochl et al., 2018). Additional variables I have included in measuring psychological wellbeing are engagement, relationships, meaning, and accomplishment, which comprise a more holistic view of an individual's overall psychological wellbeing (Butler & Kern, 2016).

Gender roles can have a devastating effect on an individual's psychological wellbeing, particularly for those who feel pressure to conform to masculine gender roles. A meta-analysis of 78 samples that included over 19,000 participants confirmed that conformity to masculinity was associated with lower mental health and lower tendency to seek psychological help (Wong et al., 2017). Pappas (2019) reports that men, especially men of color, have increased risks of committing homicide (men commit 90% of the homicides in the US), being a victim of homicide (men comprise 77% of homicide victims), being a victim of violent crime, and committing suicide (men are 3.5 times more likely than women to commit suicide). Stereotypical masculinity plays a huge part in these increased risks because masculinity culture encourages boys to suppress emotion. It is a well known gender role that "boys don't cry." The suppression of emotion that comes from pressure to conform to this masculine gender role contributes to decreased psychological wellbeing and poor outcomes (such as increased risk for violence to oneself or others). Race and ethnicity also interact with masculinity in unique ways. Men of color face different challenges than white men, including navigating how to follow macho tough guy gender roles while dealing with racial stereotypes such as being perceived as "more suspicious." For instance, black men are 10 times more likely than white men to be incarcerated, and black and Hispanic men are very overrepresented in the US prison population (Pappas, 2019). For men, particularly men of color, pressure to conform to masculine gender roles can be devastating and contribute to poor psychological and physical outcomes.

Pressure to conform to feminine gender roles can also have a negative effect on an individual's psychological wellbeing. Feminine gender roles are often centered around appearance: women are "supposed to" be put together, look nice, wear makeup, wear jewelry, have perfect hair, have no body hair, etc. Adams et al. (2017) researched female college students

both in sororities (where the tendency to feel pressure to conform to gender roles is high) and not in sororities. They found that regardless of sorority membership, pressure to conform to feminine gender roles was associated with increased body consciousness, negative body image, and body dissatisfaction. The authors explain this with the tendency for feminine gender roles to overemphasize appearance: in order to be feminine, one has to achieve a standard of physical beauty that is often impossible (Adams et al., 2017). Feminine gender role pressure can be detrimental to an individual's psychological wellbeing in terms of body image. The effect of feminine gender roles also differ based on race and ethnicity. According to Watson et al. (2019), White women tend to experience more cognitive body image distortions and anti-fatness. While Black women report higher body image satisfaction, that does not necessarily make Black women's gender roles any more positive. Racial stereotypes play a unique part in gender role pressures on Black women. There are many different caricatures of Black women that each say something about how they are "supposed" to be. A few examples include the "Mammy" (large, dark-skinned, unattractive, unsexual), the "Matriarch" (domineering, aggressive, controlling), the "Jezebel" (thin, light-skinned, sexually attractive, sexually promiscuous, manipulative), and the "strong Black woman" (self-sufficient, heroic, invincible). These stereotypes attempt to reduce Black women to simple, one dimensional archetypes that are easier to control. Stereotypes of Black women are distinct from stereotypes of White women, which include "proper" and ladylike behaviors. Even though all feminine gender roles involve some level of control and submission, differences in race and ethnicity result in unique differences of how such gender roles are expressed (Watson et al., 2019).

Gender Incongruence

Research has initially shown that gender role enforcement is associated with negative outcomes in terms of psychological wellbeing. However, gender role research has primarily focused on cisgender individuals and thus ironically followed a heteronormative ideal—perpetuating the assumption that everyone follows a binary gender system. It has not accounted for individuals who do not follow a gender binary or who have had experiences of being perceived as multiple genders (e.g. transgender and nonbinary individuals). Since transgender individuals have not had the same experience with gender and gender roles as cisgender individuals, it leads to a question of how these individuals' psychological wellbeing have been affected by these heteronormative, binary gender roles.

In this study, I use the spectrum of "gender incongruence" instead of the categorization "transgender versus cisgender" because I recognize that different individuals within the transgender umbrella will have different experiences with how their gender aligns with their sex. For a lot of different transgender and nonbinary individuals, it is not as simple as a "trans or cis" dichotomy. Individual differences occur within the transgender community, and I use a measure of gender incongruence to account for these variations. For this research, it is important to keep in mind that transgender individuals experience varying levels of incongruence, and cisgender individuals experience no or very little gender incongruence.

Research has traditionally focused on how an individual's LGBTQ+ identity is associated with their psychological wellbeing. Typically, LGBTQ+ individuals have lower psychological wellbeing than the general cisgender heterosexual population. Barry and Best (2020) found that nonheterosexuals were significantly more likely to experience depression compared to heterosexuals, and that relationship was mediated by negative social experiences with those

around them. The researchers used minority stress theory as an explanation, which states that nonheterosexuals experience increased stigmatization and poorer mental health compared to heterosexuals. While Barry and Best (2020) focused specifically on sexual minorities and not gender minorities, the two populations experience overlap in the stigmatization they face. Schnarrs et al. (2019) examined both nonheterosexual and noncisgender individuals' mental health and negative social experiences—specifically their adverse childhood experiences (ACE score). Indeed, both nonheterosexual and noncisgender individuals reported higher ACE scores compared to the cisgender heterosexual population. However, transgender individuals reported even higher ACE scores and lower mental health than their cisgender nonheterosexual peers. Specific adverse childhood experiences that transgender individuals were significantly more likely to report than cisgender nonheterosexual individuals included physical neglect, emotional neglect, and emotional abuse. The researchers stated that this may be because parents often perceive their transgender child's expression of gender identity as gender nonconformity, and lack the willingness or knowledge to address their child's needs (Schnarrs et al., 2019). The current research links transgender individuals' lower psychological wellbeing and their unique experiences with how their families react to them expressing their gender identity. Enforcement of gender roles may be a key contributing factor to the latter. More research is needed to explore the exact nature of this relationship, and how gender roles fit into this relationship.

Importance

The importance of conducting research about LGBTQ+ individuals and the factors that predict their psychological wellbeing is immense, particularly regarding the psychological and physical wellbeing of transgender individuals. Past research has demonstrated that transgender individuals are at an astoundingly high risk for suicide: 82% of transgender individuals consider

suicide and 40% have attempted suicide (Austin et al., 2022). Since transgender individuals are at a higher risk of very low psychological wellbeing and poor outcomes, it is important to research and explore all risk factors in order to better understand and remedy such poor outcomes. This type of research leads to future innovation in counseling and interventions designed to improve the psychological wellbeing of transgender individuals. The improvement of psychological wellbeing and the reduction of suicide is an important and high stakes goal for future generations of transgender people.

This research is relevant in today's world, especially considering the anti-LGBTQ+ legislature popping up across the US recently. As written by news reporter Sopelsa et al. (2022), the "Don't Say Gay" bill in Florida would ban "inappropriate" discussion of gender identity and sexual orientation in primary school classroms. This would prohibit LGBTQ+ youth from learning about their own identities in a place where education is supposed to happen. Students in Florida who identify as LGBTQ+ feel as though this bill would effectively erase their identities from education instead of allowing parents to have more free choice in education, as the bill was intended to do by Republican senators (Sopelsa et al., 2022). Also, disallowing "inappropriate" discussion about gender identity begs the question of what is appropriate: is it appropriate to endorse gender roles, and inappropriate to engage in critical thinking about gender roles? More bills like these are in progress around the country. Another bill in Georgia would ban transgender students from competing in school sports, and require them to play in teams according to their assigned sex at birth. Supporters of the bill argue that it would "protect" cisgender girls from being out competed by transgender girls (Bunch, 2022). However, this policy is not informed by research. Feeling no sense of belonging in school and feeling neglected by peers and family were both significantly associated with suicidality within the past six months in transgender

individuals (Austin et al., 2022). The Georgia bill would instead result in harm to transgender students by disaffirming their gender identity, removing a sense of belonging in school, and thus further putting them at risk for poor psychological wellbeing. Finally, according to Dey and Harper (2022) a bill in Texas would classify gender affirming care as child abuse. This bill would require state child welfare officials to investigate transgender children receiving gender affirming care—which involves socially transitioning and reversible puberty blockers rather than hormone replacement therapy and surgery—and that may warrant the removal of transgender children from their home. Many have spoken out against this bill, including several families with transgender children who state that gender affirming care vastly improves their psychological wellbeing and functioning (Dey & Harper, 2022). Since these bills directly impact LGBTQ+ individuals' psychological wellbeing, it is important to make careful and reasonable decisions in policy. Research can inform policy about what is the best, empirically supported decision to make regarding bills that will impact the psychological wellbeing of LGBTQ+ individuals.

Present Study

Current research links gender roles to psychological wellbeing, LGBTQ+ status to psychological wellbeing, and negative social experiences in the home to LGBTQ+ status. However, a gap in the literature exists regarding how parental enforcement of gender roles are connected to the psychological wellbeing of individuals of varying levels of gender incongruence. The present study measures these three variables—gender role enforcement, gender incongruence, and psychological wellbeing—and analyzes them using a correlational design.

Methods

Procedure

Participants were recruited from BGSU Women's, Gender, and Sexuality studies classrooms; BGSU Honors College Canvas messaging; and social media (Instagram and Twitter). They completed a confidential online Qualtrics survey that took approximately 25 minutes. Informed consent was obtained on the first page of the survey. If they clicked "I consent," they were able to move on to the survey questions. If they clicked "I do not consent," the survey ended. Participants then answered questions about demographics, including assigned sex at birth, age, gender identity, and race/ethnicity. The survey ended for participants who chose "intersex" for assigned sex at birth or who did not indicate what sex they were. For participants who chose either "female" or "male," they answered questions about psychological wellbeing, gender roles, and gender incongruence. The psychological wellbeing page did not differ for participants based on assigned sex at birth. There were two different sets of gender role and gender incongruence questions: one that was only presented to participants who chose "female" and one that was only presented to participants who chose "male" for assigned sex at birth. Then, participants had the option of answering a few open response questions before the survey ended. The last page of the survey contained mental health resources for participants to use if they desired, including the BGSU Counseling Center information and the National Alliance on Mental Illness contact information.

Participants

Participants (n=76) recorded responses electronically. One participant was excluded for poor quality responses and severely exceeding expected response time, so the ultimate sample size was 75. All participants were ages 18-24. One participant provided responses but did not

report race or gender identity, so that person was excluded from the descriptive analyses. For race/ethnicity, participants were allowed to indicate either one or multiple identities in the text box. Four participants were multiracial while the rest indicated one race. Participants were majority (93.33%) white/caucasian. Three participants were Hispanic/Chicane/Latinx, two were Asian/Pacific islander, two were Black/African American, and one was Native American. Participants were also allowed to write anything in the gender identity text box. Participants were 68.00% cisgender and 30.67% not cisgender (indicated a gender identity that did not fully align with their assigned sex at birth); 53.33% identified as a woman/female, 28% identified as nonbinary/genderfluid/agender, 21.33% identified as a man/male, and two participants indicated they were questioning or unsure.

Materials

The psychological wellbeing questionnaire that each participant answered was adapted from Butler and Kern (2016). I used a shortened version of the PERMA profiler. Specifically, I included items that measured participants' engagement in their daily life, relationships quality, sense of meaning in life, and sense of accomplishment. The final questionnaire was split into two sections: one Likert scale that had four frequency items (1=None of the time, 5=All of the time) and another Likert scale that had nine quantity items (1=None at all, 5=A great deal). After running Cronbach's alpha reliability test, I concluded the reliability was good (α=.859).

I created two separate but complementary gender role questionnaires. The questions asked the participants to recall how their childhood caregiver(s) enforced gender roles. One questionnaire was only shown to participants who selected "female" for assigned sex at birth and the other questionnaire was only shown to participants who selected "male" for assigned sex at birth. The items on each questionnaire were equivalent to each other topic-wise but worded

differently to apply to the participants' past gender role experiences. Both Likert scale questionnaires contained 15 statements participants were instructed to rate (1=Strongly disagree, 5=Strongly agree). For the questionnaire shown to participants who selected "female" for assigned sex at birth, the Cronbach's alpha reliability was good (α=.854). For the questionnaire shown to participants who selected "male" for assigned sex at birth, the reliability was acceptable (α=.717). The reason that the assigned male at birth (AMAB) questionnaire reliability was lower than the assigned female at birth (AFAB) questionnaire reliability may have been due to the lower number of responses received for the AMAB questionnaire.

I created two separate but complementary gender incongruence questionnaires. The questions asked participants to describe how they feel their gender aligns with their sex in terms of others' perception of them, how they want others to perceive them, and how they want to alter their body to fit their own perceptions/desires. Again, one questionnaire was only shown to participants who selected "female" for assigned sex at birth and the other questionnaire was only shown to participants who selected "male" for assigned sex at birth. The items on each questionnaire were equivalent to each other topic-wise but worded differently to apply to the participants' gender incongruence. For the questionnaire shown to participants who selected "female" for assigned sex at birth, the Cronbach's alpha reliability was acceptable (α=.769). For the questionnaire shown to participants who selected "male" for assigned sex at birth, the Cronbach's alpha reliability was also acceptable (α=.735).

Results

Overall, participants had slightly high psychological wellbeing scores ($M = 3.45$, $s = 0.57$), moderate parental gender role enforcement scores ($M = 2.95$, $s = 0.70$), and low gender incongruence scores ($M = 1.32$, $s = 0.44$). In order to determine the role of race and gender

identity in the above statistics, I grouped participant responses together in a manner that made sense in the context of the data. Since the majority of participants were white/caucasian, I grouped together racial minority participants (including those who were biracial but indicated both a white and nonwhite race) to create a larger group I was able to analyze. For the same reason, I grouped together the participants who indicated they were questioning, genderfluid, agender, and nonbinary.

Table 1

Means

	Psychological Wellbeing	Gender Role Enforcement	Gender Incongruence
White/caucasian	3.44	2.93	1.33
Racial minority	3.52	3.19	1.25
Cisgender	3.57	2.83	1.09
Transgender	3.18	3.26	1.83
Woman/female	3.56	2.90	1.10
Nonbinary/genderfluid /agender/questioning	3.21	3.17	1.79
Man/male	3.51	2.83	1.22

Note. Psychological wellbeing and gender role enforcement scales range 1-5 (5=highest level), whereas the gender incongruence scale ranges 1-3 (3=highest level).

The following observations refer to Table 1 above. Participants' scores were similar in all three domains (psychological wellbeing, gender role enforcement, and gender incongruence) regardless of race/ethnicity. Any racial difference that does exist may not have been detected due to a small number of participants who are racial minorities in the sample. Cisgender participants had higher psychological wellbeing ($M = 3.57$, $s = 0.52$) than transgender participants ($M = 3.18$,

s = 0.61). Interestingly, cisgender participants had lower gender role enforcement (*M* = 2.83, *s* = 0.68) than transgender participants (*M* = 3.26, *s* = 0.63). Cisgender participants had lower gender incongruence (*M* = 1.09, *s* = 0.18) than transgender participants did (*M* = 1.83, *s* = 0.40) as expected. Nonbinary/questioning participants had lower psychological wellbeing, higher gender role enforcement, and higher gender incongruence compared to men and women in the sample: this makes sense because nonbinary participants are all considered transgender, whereas men and women could be either cisgender or transgender. Men and women were similar in all three domains.

Table 2

Correlations

	Psychological Wellbeing	Gender Role Enforcement	Gender Incongruence
Psychological Wellbeing	1	-.336**	-.354**
Gender Role Enforcement	-.336**	1	.397**
Gender Incongruence	-.354**	.397**	1

Note. **Significant at the 0.01 level (1-tailed).

All variables were found to be significantly correlated. Psychological wellbeing and gender role enforcement were negatively correlated, $r(74)$ = -.336, p < .01. Psychological wellbeing and gender incongruence were also negatively correlated, $r(72)$ = -.354, p < .01. Gender role enforcement and gender incongruence were positively correlated, $r(72)$ = .397, p < .01.

Open Response

At the end of the survey, participants were encouraged to type an answer to four optional open response questions (56 participants responded to at least one of the open response questions). Although statistics are not able to be applied to this kind of qualitative data, it is still valuable to highlight participants' unique experiences. It is also worth noting that some participants' responses contained hateful and/or derogatory speech towards transgender individuals and individuals who have been negatively affected by gender roles. I have excluded those responses from the data, but the fact that people hold such beliefs about transgender people proves that it is necessary for scholars to continue to research and educate about the transgender community.

Question 1

The first open response question asked, "How strictly did your caregiver(s) enforce gender roles when you were growing up?" Participants who responded (55 total) provided a wide range of answers to this question, from not at all (15 indicated none or very little) to very strictly (11 indicated moderate to very high). The large variability in responses may suggest that each home is different in how they go about socializing gender roles to children regardless of location or culture. The first trend I saw in participant responses was the manner in which caregivers socialized gender roles. Many participants (18) indicated that they experienced implicit socialization of gender roles rather than explicit endorsement of gender roles. One participant noted, "Gender roles were assumed, not enforced." Another participant agreed that gender roles were enforced "moderately but mostly through implicit actions/comments." Similarly, another participant wrote that gender roles were enforced "somewhat strictly, though it was done more unconsciously than consciously." Finally, another participant stated, "They did so [inadvertently,]

they upheld the gender binary [unconsciously] by not providing exceptions to the status quo of the gender binary." These participants indicated that, through making assumptions/comments or not making exceptions to their implicit gender role rules, their caregivers may not have been fully conscious of gender role socialization. This type of socialization is more subtle and implicit, and many participants suggested they feel uncomfortable calling it "enforcement." Perhaps "socialization" or "encouragement" would be a better term to use when addressing the participants who occupy a middle ground of barely visible, implicit gender role enforcement.

However, some other participants (11) still noted strict explicit enforcement of gender roles in their home. One participant wrote:

> My caregivers would frequently allow my male cousins to do things that I wasn't allowed to, simply because I was a girl. For example, my male cousin who was almost a year younger than me was allowed to walk to the gas station that was down the road from my house, but I was never allowed to do that because I wouldn't have been 'able to stand up for myself' if anything were to happen with a stranger. My male cousins were also frequently just treated as 'stronger' and were frequently put down for showing emotion.

Another participant wrote:

> From my caregivers perspective I don't think they think that they enforced gender roles very strongly. But I felt that they did. I identify as a male, but I dress feminine frequently, I act slightly feminine, and I enjoy traditionally feminine things like makeup, bright colors and patterns in my clothing, [and] experimenting with fashion. My parents definitely discouraged my more feminine fashion choices and my often feminine mannerisms, frequently I was made to feel like my perspective of myself and of how I want to be was invalid.

Another participant wrote,

> Gender roles were never really enforced until I hit puberty. While I was allowed to dress, play, and act like I wanted as a little kid, as soon as I reached my tween years I was expected to look and act like a woman. When I expressed desire to not be a woman and questioned my gender identity at around this time, I got an increased push back and was verbally berated for it.

Another participant mentioned the role of religion: "It was constant. 'God says men are meant to be one way and women another. Stepping out of that is sinful and shameful.'"

A few other factors seemed to contribute to gender role enforcement. For example, the older participants' caregivers were, the more strictly and overtly they enforced gender roles (for two participants). One participant stated, "My primary care givers were mildly strict but my grandparents who I spent a lot of time with were extremely strict." Another participant had a similar experience: "They did not enforce gender roles. Only my grandma would sometimes make comments about being more 'ladylike,' but this has never bothered me." Another factor that seemed to be common is coexisting feminine and masculine gender role enforcement, but only in participants who were socialized as female (for five participants). This was expected, as stated in the literature review. One participant wrote, "I could do whatever activity i wanted from dance to baseball. They also really pushed me to be curious about the world and are fully supportive of my [interest] in science." It seems that their caregivers encouraged not only traditionally feminine activities but also traditionally masculine activities and traits. Similarly, another participant wrote, "They we're very strict, they bought us traditionally girly toys and dresses but they'd let us play with whatever and encouraged us to play outside or try sports." Perhaps the presence of brothers or sisters affected gender role enforcement as well. One

participant noted that gender roles in their home were enforced "very lightly. Since I was raised as a girl, I had a lot of access to feminine toys, activities, etc... and enjoyed it! But I also had an older brother that shared a lot of his toys with me and let me play with him and his friends." Overall, participants had many insightful things to share that gave context to their quantitative answers in the forced choice section.

Question 2

The second open response question followed up to the previous question, "How did that affect you?" Participants (51 total) responded in a variety of ways to this question as well, including not affected or unsure of how they were affected (eight participants) to affected in some aspect of their life including emotionally, socially, or physically (43 participants). Some participants (eight people) felt that they were affected positively by the way their caregiver(s) socialized or enforced gender roles. For example, one participant wrote, "it allowed me to determine my own role in the family and in my gender." However, other participants (27) felt like the way their caregiver(s) socialized or enforced gender roles affected them negatively. According to one participant, "I was over-conscious of my appearance constantly and felt that I was never pretty enough." Another participant wrote, "I learned that if I came out to my parents, I could be unsafe. My dad has always expressed wanting me to be feminine." A third participant recalled an anecdote from their life,

> Well, i cried after a prank where my toenails were painted when I was 12 (despite having them painted now) and now, if i cry in front of someone else, i feel stupid for crying which makes it last longer which makes me less likely to show sadness in front of others.

Finally, another participant recalled,

It made me uncomfortable, it's one of the reasons I don't like to go back home, and when I do I isolate myself. I've developed a very thick skin, when my mom asks that I take my nail polish off to make my dad feel more comfortable I tell her no, he can be uncomfortable. But that doesn't mean it doesn't get to me. I know if I wore my eyeliner around them they would be very uncomfortable about it, and I know that if I wore more dangly earrings they would be uncomfortable about it. I don't care that they're uncomfortable, I just care that they care about me. And the self-consciousness carries through and all of them things that I do. Whenever I go anywhere I do think about what other people think about how I look, but I've learned to ignore that, and that's helped me grow a lot.

The previous participants noted several negative emotional effects, such as feeling self-conscious about their appearance or emotions and feeling unsafe to be themselves in their home.

Question 3

The third open response question asked, "How did your gender identity affect your experience with gender roles?" Less participants answered this question (34 total). A few participants (six people) noted that they felt like their gender identity did not have a strong relationship with the gender roles they experienced. For instance, one participant stated,

I have many interests that may be more traditionally feminine, but they do not come from me being a woman. I feel very connected to my womanhood, but that has nothing to do with my interests. I feel no connection to gender roles.

Another participant wrote,

It's the other way around. My experience with gender roles, being very lax, has given me a perspective on gender identity that is unimportant and very fluid. I do not have a gender identity, nor do I think I even need one.

However, a majority of participants (28) noted some connection to their gender identity with gender roles they experienced. Most participants (21) were frustrated, confused, or unhappy about their own gender role or gender roles in general.

One participant wrote that gender roles are "stupid. People should do what they want." Another participant wrote,

It generally made no sense why some people were allowed to do or say or act some ways where some people weren't allowed to or couldn't. Many of the behaviors ascribed to me as a child weren't overt, and they divided the idea of what it means to be a man or a woman in interesting ways for myself even [from] a young age.

Some participants highlighted the strict beauty standards associated with feminine gender roles. For example, one participant stated that gender roles "made me feel like I had to fit into a box and I had to be pretty and wear this or that." Similarly, another participant wrote, "My gender identity as a female is something I am content with. I have found that trying to fit into ideal feminine standards are nearly impossible and take a huge toll on my mental health." Another participant stated, "My grandparents had very strict ideals for how a woman should act, and I matured very quickly. I had a lot of very uncomfortable expectations placed on me." On the other hand, one participant struggled with masculine gender roles while being feminine in their values.

It was like trying to fit a square peg into a round hole. In my values I'm very feminine, especially when it comes to children and home life, and emotional maturity, and how I

respond to certain situations, especially stressful ones. And that makes some people

uncomfortable. It also makes it hard to find a girlfriend.

Finally, the following participant described their experiences with identifying as nonbinary as

well as identifying as a woman.

Gender roles are more confining for women and who they are expected to be so I think

that has [affected] me. I also think I want to redefine womanhood more than I want to

identify as non-binary. Womanhood and the gender roles we have now need to be

redefined as a whole.

Question 4

The last open response question asked, "Overall, how would you describe your mental

health?" Participants (40 total) answered with more brief responses to this question, so I will not

display any specific quotes. Participants responded in a variety of ways, which I will categorize

as poor, moderate, or great. Participants with poor mental health (12) noted diagnoses with

mental illnesses such as depression, anxiety, ADHD, and other psychiatric disorders. Participants

with moderately poor to moderately alright mental health (20) noted fluctuations depending on

the day or what they are currently going through. Many of them also stated that

medication/therapy/mental health treatment is working and that is why their mental health is

doing moderately well instead of poor. Finally, the participants who reported good mental health

(six people) did not report the reason for such, or they reported that it was good despite some

past illness or family condition. The distribution of responses about mental health is consistent

with the psychological wellbeing forced choice results section.

Discussion

Participants who experienced higher gender role enforcement in their childhood tended to have lower psychological wellbeing. Also, participants who experienced higher gender incongruence tended to have lower psychological wellbeing. These results are consistent with past research: enforcing/conforming to gender roles is associated with poorer mental wellbeing, and transgender participants (who have higher gender incongruence) also have poorer mental wellbeing. Interestingly, the greater gender role enforcement participants experienced in the past, the higher gender incongruence they experienced. The reason for this trend may be because (1) they may be more attentive to it than their cisgender peers, (2) their parents may notice their child's gender incongruence and attempt to "correct" the behavior by increasing gender role enforcement, and/or (3) the individuals may begin to feel uncomfortable in gender roles after the family attempts to enforce them on the individual. Additionally, many participants who had low gender incongruence noted moderate gender role enforcement in their childhood but stated that it was never a problem due to their comfort within their gender identity and gender role. This may provide support for the first explanation of the previous trend: individuals with higher gender incongruence may be more attentive to gender role enforcement, and it may affect their psychological wellbeing to a greater extent than individuals who do not experience gender incongruence.

The limitations of the current study include a lack of racial/ethnic diversity. Previous research suggested that racial minority individuals, especially Black individuals, experience gender role enforcement in a different way than White individuals. However, the current sample did not contain enough participants who are racial minorities to determine if there was a difference in gender role enforcement based on race/ethnicity. Another limitation of the current

study is the inability to determine causation. My research design is correlational, so I don't have the right kind of evidence to conclude causation (if such a relationship exists) or explore more in depth the underlying mechanisms of the trends I found. The future direction of this research may involve a longitudinal study that will remedy the limitations of the current study.

Research about LGBTQ+ individuals has made significant progress in the last decade or so, but the field still has a long way to go. There are still many understudied populations—namely, transgender youth. Previous research indicates that transgender individuals tend to experience neglect and abuse during childhood, and they tend to have higher ACE scores even compared to cisgender LGBQ individuals (Schnarrs et al., 2019). Many different factors affect the psychological and physical wellbeing of transgender individuals, and these factors need to continue to be studied in order to improve their lives. A future direction that the empirical research can go is to study transgender and cisgender LGBQ individuals separately. Transgender and cisgender LGBQ individuals occupy the same community and are involved in similar cultures, but they have distinct, separate needs regarding their health and wellbeing. From a community perspective, they can be grouped together—but from a research perspective, we need to address their differences in needs for support and resources. We can't necessarily assume that LGBQ identities are similar/synonymous with transgender identities. Recent social change regarding the rights of LGBTQ+ individuals has been progressing in the past few decades, and support and understanding for LGBQ individuals has come a long way. Generating the same support and understanding for transgender individuals is needed to bring them closer to true equity.

The growing attention, research, and support that has been given to the transgender community have not been equally distributed. Nonbinary identities have been severely

understudied, which leads to a question of how these individuals differ if at all from their binary

transgender peers. Many people have noticed an increase in people identifying as LGBTQ+,

specifically people who are transgender or nonbinary. A century ago, people who did not

experience gender incongruence themselves may not have even known what nonbinary means.

However, it is probable that a cisgender individual today who has been exposed to media has

heard it before and may even know at least one nonbinary person. According to Jones (2022),

there has been an increase in people identifying as transgender as well as LGBQ in recent years.

The reason this is happening may be due to increasing support and understanding—once people

have the language and resources they need, they are able to recognize their own identity and

share that identity with others. The trend of more people identifying as nonbinary and/or

transgender warrants the need to find more ways to support this increasingly visible community.

Unfortunately, Jones (2022) did not separate LGBTQ+ identities, and they did not even include

statistics for nonbinary identities. Thus, we cannot fully determine the exact increase of

nonbinary identities in this study. This is an example of why separating identities in research is

crucial. Transgender, nonbinary, and cisgender LGBQ individuals have distinct needs that need

to be addressed separately. This future direction would greatly improve the current literature and

allow transgender and nonbinary individuals to receive the same growing support, resources, and

acceptance that cisgender LGBQ individuals currently have.

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