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ORIGINAL ARTICLE

"It's Like a Chain Reaction of Discomfort": A Phenomenological Qualitative Study on the Intersection of Autism and Gender Incongruence in Adolescents

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Abstract

Purpose An overrepresentation of autism spectrum diagnoses (ASD) and autistic traits have been reported among people with gender incongruence. Several quantitative and qualitative studies have highlighted the intersection of autism and gender incongruence (GI). However, we have little knowledge on lived experiences of adolescents experiencing ASD and GI. The study aimed to shed light on lived experience of gender incongruence from the perspective of autistic adolescents. The analysis was guided by the following research question: How do adolescents with ASD and GI experience their bodies and gender in everyday life, and how do they make meaning of the intersection of autism and GI in everyday living?

Methods This study is based on semi-structured interview guide alongside life-mode interviews of adolescents experiencing both ASD and GI. We adopted reflexive thematic analysis with phenomenology as the theoretical backdrop.

Results The analysis concluded with three overarching meta-themes; "The emergence of the mismatch of gender identity and body in autistic adolescents", "The hard work of everyday routines – working all day and all night", and "Experiences of Bodily Estrangement - A Chain Reaction of Discomfort".

Conclusion The findings contribute to the existing literature by emphasising how sensory sensitivities and gender identity distress intensify each other and how the transition from child to adolescence, and the body, is perceived. Results indicate tailored clinical implications for adolescents experiencing ASD and GI. Clinicians should consider multidisciplinary collaboration, individualised and flexible interventions that address both sensory regulation and gender-related support to improve quality of care for adolescents with ASD and GI.

Keywords Adolescents · Autism · Gender dysphoria · Gender incongruence

Line I. Stänicke and Anne Wæhre have been contributed equally to this work and share last authorship.

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Introduction

The number of referrals made to gender clinics for children and adolescents has increased over the last two decades (Aitken et al., 2015; Kaltiala et al., 2020; Taylor et al., 2024). Most referred individuals are transmasculine youth – that is, adolescents who are sex-assigned female at birth (AFAB) who identify on the masculine spectrum (Arnoldussen et al., 2022; de Graaf et al., 2018; van der Loos et al., 2023). Clinical population studies consistently reveal an overrepresentation of autistic individuals among those seeking care for gender incongruence (GI) (David et al., 2023; de Vries et al., 2010; Rea et al., 2024; Özel et al., 2025), with a pooled prevalence estimate of 11% (Kallitsounaki and Williams 2022a), a value higher than the 1%–3% estimate for the general population (Shaw et al., 2025; Zeidan et al., 2022).

GI is a clinical condition marked by experiencing one's gender identity as incongruent with one's birth-assigned sex (World Health Organization, 2018). The distress associated with this mismatch is usually referred to as gender dysphoria (GD) (American Psychiatric Association, 2013). Autism spectrum disorder (ASD) is a neurodevelopmental condition characterised by challenges in social communication and interaction and by restricted, repetitive and inflexible patterns of behaviour, interests or activities (World Health Organization, 2018). In line with current preferences among the majority of autistic people, this work adopts identity-first language, except when referring to the clinical diagnosis (ASD) (Buijsman et al., 2023; Taboas et al., 2023). In Norway, the ICD-10 classification system remains in use. Consequently, the term Asperger syndrome is retained when referring to participants recorded clinical diagnoses, whereas identity-first language ("autistic adolescents") and the broader term autism are used throughout the remainder of the manuscript. In recent years, the literature has increasingly framed ASD and GI as intersecting conditions rather than independent diagnostic entities (Strang et al., 2018). However, despite growing research on prevalence of ASD in those with GI as well as qualitative studies on gender non-conforming youth (Jessen et al., 2021; Schei Jessen et al., 2025), the lived experience of autistic adolescents navigating gender-related distress remain insufficiently described (Shimoyama & Endo, 2024; Wattel et al., 2024). While several quantitative and qualitative studies have highlighted the intersection of autism and GI (Coleman-Smith et al. 2020; Cooper et al. 2021, 2023a, b; Oliver et al. 2025; Özel et al. 2025; Rea et al. 2024; Shimoyama and Endo 2025; Strang et al. 2023; van der Miesen et al. 2016), a nuanced understanding of embodiment, puberty, sensory experience and identity development has yet to be achieved.

Adolescence is a life-time period characterised by considerable bodily, emotional, psychological and social changes that includes developmental challenges such as role exploration and identity formation (Crone & Dahl, 2012; Erikson, 1968). Adolescence often places additional demands on autistic individuals (Dawe-Lane et al., 2025; Rimmington, 2019), with the existing literature indicating that a higher proportion of autistic girls enter puberty earlier than their peers in the general population (Corbett et al., 2020). Moreover, autistic pubescent girls and women often report increased sensory sensitivity along with diminished behavioural and emotional regulation during menstruation (Ellis et al., 2024; Steward et al., 2020).

Autistic adolescents often exhibit heightened sensory sensitivity and alterations in executive functioning that manifest across domains such as planning, working memory, impulse control, organisation and initiation. These changes lead to difficulties with starting tasks, managing transitions and shifting between activities (Kallitsounaki and Williams 2022b; World Health Organization 2018). Mentalising, which is closely related to the theory of mind, refers to the ability to understand and infer the thoughts, feelings, desires, and intentions of oneself and others (Allen et al., 2008) and may also be particularly challenging for people with ASD. Additionally, alexithymia poses challenges for some autistic individuals, as it involves difficulties in identifying, understanding and expressing emotions (Tani et al., 2004). Central coherence (Frith & Happé, 1994) describes the tendency of certain autistic individuals to focus on details of a situation or concept instead of its larger contexts, resulting in particular skill at noticing intricate details while struggling to integrate these details into a cohesive understanding.

The way in which these characteristics of ASD intersect with experiences of GI and their impact on daily living is inadequately understood. This study seeks to address this gap in knowledge and clinical understanding. By failing to consider the lived experiences of these individuals, clinicians risk overlooking the forms of distress that may arise in young people navigating both ASD and GI. By exploring how these individuals describe their bodies, their experience of puberty, and the way the participants understand the relationship between autism and gender, this study provides insights into aspects of GI that may contribute to providing these people with tailored care. The following research questions guided the analysis: How do autistic adolescents with GI experience their bodies and gender in everyday life, and how do they make meaning of the intersection of autism and GI in everyday living?

Method

The analysis was conducted within a multidisciplinary research group with clinical and methodological expertise in autism, gender incongruence, developmental psychology, and qualitative research, as described in greater detail in the reflexivity section.

Methodology

Phenomenology, which was chosen as the theoretical backdrop of this study, focuses on lived experience from the first-person perspective (Moran, 2010). Body phenomenology emphasises the "lived body" as our primary medium of perception and action – thought of as less of an object we have but rather more the way we are in-the-world (Merleau-Ponty et al., 2013). Embodiment perspectives examine how bodily processes shape mind and experience and therefore offer a useful lens for understanding body experiences in adolescents with ASD and GI (Gallagher, 2006). The use of life-mode interviews, presented in greater detail later, was intended to facilitate access to first-person lived experiences by encouraging participants to describe concrete embodied situations and sensory experiences in everyday life rather than speaking only abstractly about identity or distress. This approach aimed to remain closely aligned with phenomenological perspectives on lived embodiment. Lastly, we employed reflexive thematic analysis to achieve the aim of this study.

Table 1 Participant characteristics (N = 12)

Characteristic	*n* (%) or Mean (Range)
Age, years	16.1 (14–18)
Assigned sex at birth	
Female (AFAB)	10 (83.3)
Male (AMAB)	2 (16.7)
Gender identity	
Transmasculine	8 (66.7)
Non-binary/transmasculine	1 (8.3)
Non-binary	1 (8.3)
Transfeminine	2 (16.7)
Stage of gender-affirming treatment (GAT) assessment	
Early assessment	1 (8.3)
Waiting for first appointment	1 (8.3)
Ongoing assessment	4 (33.3)
Advanced assessment/approaching medical treatment	2 (16.7)
Assessment paused	2 (16.7)
Assessment discontinued following participant's decision not to pursue medical treatment	2 (16.7)
Language or intellectual disability	
None reported	12 (100.0)
Co-occurring conditions in addition to Asperger syndrome	
Attention-Deficit/Hyperactivity Disorder	3 (25.0)
Tourette syndrome	3 (25.0)
Depressive symptoms/Depression	8 (66.7)
Anxiety	3 (25.0)
Post-Traumatic Stress Disorder	1 (8.3)
Obsessive–compulsive disorder	1 (8.3)
Eating disorder/Anorexia nervosa	2 (16.7)

Participants could report more than one condition; therefore, percentages in this section do not sum to 100%

Information regarding cognitive functioning was not systematically available for all participants

Procedure

Participants and Recruitment

The study included 12 adolescents aged 14 to 18 years (mean age = 16.1 years). Among the participants, two were sex-assigned male at birth, and ten were sex-assigned female at birth. The participants were at various stages in their assessments for gender incongruence at the National Gender Team (NGT) in Norway. Participants were recruited using purposive sampling from a clinical quality registry, which included individuals diagnosed with Asperger syndrome. Eligible participants were adolescents from 14 years up to 23 years diagnosed with Asperger syndrome according to ICD-10 who were able to participate in an in-depth interview in Norwegian. Individuals with severe ongoing psychiatric instability, or insufficient language skills to engage in an interview were not approached. Potentially eligible individuals were invited either by postal letter and/or in person during a scheduled clinical consultation and were provided with written information about the study. Sixteen patients gave written informed consent to participate. Due to subsequent cancellations related to illness, adverse winter weather conditions, 12 participants were interviewed. For participants under 16 years of age, written informed consent was obtained from a parent in accordance with national ethical guidelines, in addition to the adolescent's own assent. All interviews were conducted one-to-one by the first author, parents waited in a neighbouring room and were only to be present if specifically requested by the adolescent, which did not occur. The participants who consented also agreed to be contacted again at a later stage if necessary. At the time of the interviews, none of the participants had yet received gender-affirming medical treatment (GAT). Some were awaiting their first appointment; others were close to beginning medical interventions and others still had had their assessment process paused (see Table 1).

The participants had all been formally diagnosed with F84.5: Asperger syndrome at their local health services, and all had self-reported gender incongruence. Additional participant characteristics are presented in Table 1, including stage of assessment, psychiatric or neurodevelopmental conditions where available, communication characteristics, and broad functioning descriptions where this could be reported without compromising anonymity.

Study Setting

The interviews were conducted in a private and secure setting: a room at the University of Oslo during the winter and early spring of 2024. The interviews lasted 45–100 min. Differences in interview length were due to varying degrees of participant talkativeness. The interviews were audio-recorded with a privacy-secure application integrated with the Services for Sensitive Data (SSD) infrastructure. All participants provided their informed consent to this procedure.

Data Collection

A semi-structured interview guide was developed by drawing on questions that had arisen from clinical experience. This guide was inspired by Jessen et al.'s (2021) interview guide from a previous qualitative study on gender non-conforming youth. In addition, life-mode interviews (Haavind, 2011) were employed to obtain deeper insights into how participants perceived and navigated their lives, relationships and everyday contexts. Prior to implementation, the interview guide was discussed and refined with the research group and with input from a user representative group of individuals with lived experiences of ASD and/or GI, thus enhancing the guide's relevance. This work resulted in adjustments to the interview guide to consider autistic individuals (such as structuring order and the rephrasing of information and questions), alongside practical advice on the location of the interviews.

The interview guide's inclusion of open-ended questions was meant to allow participants to share their thoughts freely while ensuring it thoroughly covered relevant themes. Topics included questions about when the participants first felt GI, their relationships to family and friends, everyday lives in terms of school and peers, experiences of puberty, wishes for gender-affirming treatment, and feelings about their body. The life-mode interviews took a structured form of talking through a recent ordinary day ("talking through yesterday") (Haavind, 2011). This approach encouraged participants to describe concrete situations involving showering, dressing, brushing teeth, preparing for school, looking in the mirror and interacting with others, thereby facilitating access to lived bodily and sensory experiences in everyday contexts. By focusing on concrete daily situations rather than abstract reflections alone, the interviews are particularly suited to explore embodied and sensory lived experiences.The emphasis on everyday details seemed to put the participants at ease during the conversations. It also slowed down the interview, which provided ample opportunity to prompt for elaborations in their answers. This methodological approach facilitated the collection of rich and nuanced data that shed light on adolescents' experiences and perspectives related to gender identity and autism. The approach also allowed for an in-depth exploration of participants' experiences, thoughts and feelings while providing the flexibility to pursue unexpected themes that arose during the interviews. The importance of building trust and a sense of alliance was emphasised during the interviews, particularly through creating a predictable and supportive atmosphere that facilitated comfort and open communication.

Reflexive Account of Saturation, Sample Size and the Ceasing of Data Gathering

We considered our sample to be information-rich and sufficiently to address the research aim. Although the gender distribution of the sample is uneven, including all 12 participants was important, as the analysis revealed experiential patterns that cut across assigned sex. During the interview process, the first author began to notice that narratives were converging and that similar experiential patterns were being articulated across interviews. Drawing on her clinical experience with autistic, gender-incongruent youth, she recognised recurrent themes that were later confirmed and refined in the analytic process (Saunders, 2018).

Within the iterative steps of reflexive thematic analysis (Braun & Clarke, 2006), later interviews tended to elaborate and nuance experiential patterns that had already been identified, rather than pointing towards qualitatively different lines of meaning. While it is never possible to rule out that additional interviews might have introduced further variation, we judged that, at this stage, the emerging thematic structure was sufficiently stable and well supported across cases. Given the study's hermeneutic and phenomenological orientation, we do not understand "saturation" in a positivist or numeric sense, but as a reasoned judgement about when additional data are unlikely to substantially alter the overall interpretation. Consistent with Malterud's (2016) emphasis on information power, we prioritised depth, coherence, and contextual grounding over further increasing the number of participants. On this basis, we judged that ceasing data collection at 12 interviews provided a sufficiently rich, coherent, and theoretically informed account of participants' lived experiences.

Analysis

This study's focus was to explore the participants subjective experiences of the intersection of autism and GI as part of their everyday lives. This research's phenomenological perspective allows it to focus on the individual's experience of an everyday phenomenon (Vetlesen & Stänicke, 1999). Grounded in a phenomenological perspective on subjective experience, this study employed reflexive thematic analysis (RTA) (Braun & Clarke, 2006) to explore and interpret thematic patterns within participants' narratives.

The stepwise reflexive analysis model of Braun and Clarke was adopted to capture patterns across the data material. In the first step, (1) *Familiarisation with the data material*, the first author transcribed the first three interviews and used auto-text transcription in SSD on the remaining nine interviews. The first author corrected transcripts from auto-text, reading and rereading the empirical material as open-mindedly as possible. A topic summary was made for each interview, allowing for the data material to be condensed and for analytical questions to be developed (Malterud, 2012). These summaries were important for ensuring individual differences and complexity were captured across the material, and they were discussed in meetings within the research group. A journal was initiated early in the process, where reflexive notes were taken on a spontaneous basis. Journal notes included reflections on the following question: "What influenced me right now, and how does this shape choices and the development of preliminary themes?".

At step (2), *Generating initial codes*, codes were iteratively developed, refined and discussed within the research The first author also took reflexive notes in NVivo while coding. step 3 of RTA: *Searching for themes*. Table 2 details all the levels of the analysis, a stage in the process in which all co-authors took an active part. Some members of the research group read full interview transcripts, and the group jointly large transcripts of the full data set. Long passages from the transcripts were first discussed within the research group before being divided into meaning units relevant to the research question and participants' lived experiences. A single meaning unit could contain several possible codes or thematic meanings. The analytic process was recursive rather than linear, and movement between codes, subthemes, themes and meta-themes occurred repeatedly throughout the analysis. Multiple quotes by multiple participants are provided in the results section to provide a trustworthy portrayal of the participants' perspectives and their voices. Given that we aimed to achieve a consensus on the identified themes, we found consulting the user representatives' group regarding thematic hierarchy to be useful.

At step 3 and step 4, *Reviewing themes*, the authors engaged in analytical discussions before deciding how to progress the study. At this stage, the user representatives were also consulted in a joint meeting in which they were shown the initial theme hierarchy, sparking a discussion on its relevance. Step 5, *Defining and naming themes*, was conducted several times. The first author translated quotes from Norwegian into English. The translations were subsequently reviewed and discussed with co-authors familiar with both languages and the clinical context in order to preserve meaning and contextual nuance as closely as possible. The first author aimed to translate the quotations as directly as possible in order to remain close to participants' language and expressions. Participants who wished to review excerpts prior to publication were offered this opportunity and provided positive feedback regarding the contextualisation and translation of quotations.

The sixth and final step of RTA is *Writing up the report*. This analytical process resulted in a three-level analytical

Table 2 Overview of meta-themes, themes and sub-themes

Meta-theme	Theme	Sub-theme
1. The emergence of the mismatch of gender identity in autistic adolescents	1.1. The transformation from childhood to adolescence: from simple to complex	1.1.1. Pace of change during puberty matters 1.1.2. Early onset of puberty was confusing 1.1.3. Puberty was like being trapped inside 1.1.4. In puberty, the difficult body becomes sexualised
	1.2. Words unspoken: the journey to gender understanding	1.2.1. Gradually finding the words to express gender identity 1.2.2. How others in society relates to you 1.2.3. Asking others if they felt the same way
2. The hard work of everyday routines – working all day and all night	2.1. The intimate sensory struggle of self in rituals of cleanliness	2.1.1. The shower experience is a sensory and affective burden 2.1.2. Avoiding the toothbrush
	2.2. Through the looking mirror: unveiling the strain of self-recognition	2.2.1. Gazing at a stranger 2.2.2. Not feeling right when looking in the mirror 2.2.3. Hating the mirror
	2.3. Managing mornings: avoidance, speed, and support	2.3.1. Minimising effort 2.3.2. Complete everyday routines as quickly as possible 2.3.3. Receiving support
3. Experiences of Bodily Estrangement - A Chain Reaction of Discomfort	3.1. Alien in one's own skin: the dysphoric experience	3.1.1. Sick body parts 3.1.2. What others can see and hear is the worst part 3.1.3. The body is not mine – it just resides on you
	3.2. To the lens of sensitivity: a tapestry of experience	3.2.1. Heightened sensory experiences associated with autism influenced the feeling of gender dysphoria 3.2.2. The distress of discomforting textures

Table 3 Example of the levels of analysis

Meta-theme	Theme	Sub-theme	Quote
Third meta-theme Experiences of Bodily Estrangement – A Chain Reaction of Discomfort	Alien in One's Own Skin: The Dysphoric Experience (3.1)	Sick body parts (3.1.1)	"I thought it was just like, you know, okay. Maybe this is a bad comparison, but when people have cancer, it's unnatural, right? (…) I didn't want it, but I thought about it, and I was also a part of it, and I thought, oh, I wish I had gotten breast cancer or some other type of cancer or what's it called – uterine cancer or something like that, so that you could just cut out those parts."

hierarchy with three meta-themes. Table 3 illustrate examples of the analytic progression from meaning units and initial codes to sub-themes, themes and meta-themes.

Validity, Reliability and Reflexivity

Concepts such as reliability and validity are reconceptualised in qualitative research and are often addressed through quality criteria such as credibility, rich rigour, meaningful coherence, sincerity, ethics, resonance and significance to the literature (Stiles, 1993; Tracy, 2010). A considerable time was spent on iterative coding, topic notes and reflexive notes (Braun & Clarke, 2021, 2022) for this study. Further, continuous reflexivity was practiced by the first author in frequent meetings with the large research group discussing the material at all stages. The first author's clinical familiarity with autistic adolescents and gender incongruence was treated both as a resource and as a potential source of interpretive bias. Throughout the analytic process, alternative interpretations were actively explored and discussed within the multidisciplinary research group in order to reduce the risk of imposing pre-existing assumptions onto participants' descriptions.

The Research Group

The research group consists of a large number of experienced health workers with different training and methodological backgrounds. The group included a child psychiatrist, a paediatric specialist, a clinical psychologist with experience in autism and GI in youth, a clinical psychologist with autism expertise in the field of neuropsychology, a clinical psychologist researcher experienced in GI in youth, a nurse experienced in research on minorities, and psychoanalysts with expertise in developmental psychology. To ensure epistemological reflexivity, since the project was initiated, this heterogeneous group consisting of both quantitative and qualitative researchers has held frequent joint regular meetings to discuss and reflect upon recruitment, data analysis and results. The research group is made up of white cis-gendered (i.e. a person who is gender congruent) non-autistic persons from a European country with ages ranging from 35 years of age to 56 years of age, two of whom are men and six of whom are women. The first author is employed at Oslo University Hospital. The research group and user representatives have engaged in continuous feedback during the analysis, including discussions whenever disagreements arose (Levitt, 2018). For instance, at times, some members of the research group, challenged those with clinical experience to broaden our perspectives. These ongoing discussions, including the meetings with the user representatives, served as triangulating perspectives and contributed to ensuring the validity of the empirical findings (Tracy, 2010). The research group also discussed when theoretical concepts appeared insufficiently grounded in the empirical material and whether interpretations remained adequately connected to participants' own descriptions.

Ethics, Service User Involvement and Sensitivity

A consultation group was established in the early stages of project planning. The group has met in joint meetings at various stages of the research process, initially to comment on the interview guide to ensure ecological validity, and later in the analysis stage to comment on interpreted themes. The consultation group consisted of four individuals with lived experience of ASD and/or GI who were not study participants. Three participants were affiliated with relevant user organisations, while one participant is an independent individual with both autism and GI who is receiving gender-affirming treatment. Three of the individuals have experienced being a patient at the NGT. All consultation group members received an honorarium in recognition of their time and contribution, in line with the hospital's guidelines for compensation of service user involvement in research. The study participants were asked if they wanted to read parts of the material before publication, and those who wished to be contacted were offered the chance to read the drafts of the results. The respondents provided positive feedback regarding both the contextualisation of the quotes and their translation.

The data were recorded, transcribed and analysed with application linked to Services for Sensitive Data (SSD). Data analyses were structured mainly in NVivo version 14 and 15. The participants were informed of the study's purpose, what their participation involved and their right to withdraw from the study at any time without having to provide a reason. Their participation was voluntary, and their written informed consent was obtained in accordance with ethical guidelines for research with minors (World Medical

Association, 2025). Parental consent was also required for participants under the age of 16. The study received approval from Regional Committee for Medical and Health Research Ethics South-East Norway (REK), ensuring adherence to ethical principles throughout the research process. The project was also approved by the data protection officer (DPO) at Oslo University Hospital. The study is part of a PhD project.

Sensitive topics were addressed with care, and the participants were encouraged to share only what they felt comfortable disclosing. They were reminded to take breaks if needed, and care was taken to ensure that the transition from the interview setting to the next step of their day was predictable. The interviewer made sure participantshad a scheduled appointment with health staff soon afterwards and that they knew who to contact if they needed support. The creation of an autism-friendly environment was attempted. Lastly, the participants were asked to choose a pseudonymised name to be used in writing the results section in order to ensure their confidentiality.

Results

Through reflexive thematic analysis, sub-themes and themes were first developed from participants' accounts and subsequently organised into three broader meta-themes. The themes reflected recurring experiential patterns across participants, while the sub-themes captured more specific aspects of these experiences. The themes aligned more closely with participants' experiences than meta-themes, while the sub-themes encapsulated an even closer connection to these experiences (Stänicke, 2023). Sub-theme titles are written in italics, with sub-theme codes in parentheses preceding example quotations, while square brackets within quotations indicate clarifying additions by the authors. To enhance clarity and transparency in the presentation of findings, we use the terms "most," "many," and "some" to indicate the relative recurrence of experiences across the total sample, based on a systematic review of coded material rather than formal statistical analysis. In this article, "most" refers to eight or more participants, "many" refers to three to seven participants, and "some" refers to fewer than three participants (Hill et al., 2005).

Meta-Theme 1: The Emergence of the Mismatch of Gender Identity and Body in Autistic Adolescents

Meta-theme 1 explores the participants' subjective experiences during their gender identity development. It highlights the complexities they face during puberty as they transition from childhood to adolescence. The meta-theme indicates that many participants feel that they are different and that they did not have the words to articulate this internal process. The meta-theme also illustrates that it can be difficult to embrace a non-binary gender identity given societal pressure to conform to binary categories. This meta-theme is comprised of two themes.

Theme 1.1: The Transformation from Childhood to Adolescence: From Simple to Complex

Theme 1.1 highlights how all participants emphasised the significance of puberty onset in their journey towards understanding their gender identity and encapsulated their subjective experiences of the childhood as a time of simplicity while considering the transition into adolescence as complex and increasingly intricate. The participants articulated their experiences of puberty in diverse ways and emphasised how the *pace of change during puberty matters* (1.1.1). For example, Felix noted that, due to his autism, he found breast development easier to manage than the onset of menstruation, as the former was less sudden than the latter. Felix explained how he experienced pubertal changes involving breast development:

> But it wasn't like that, because it [breast development] changed very slowly for me. It went very slowly. For some people, everything happens at once, you know? For me, it was very, very slow, actually. (…) So, it was lucky for me, then.

In contrast, other participants, such as Josef, described his experience of puberty as a shocking revelation:

> Well, the thing is, I wasn't, I didn't think it was nasty. I was just shocked, you know? (…) I was, I was in shock. So, I couldn't feel anything more than that (…). I cried for over two hours after I got it [menarche].

Alex II confirmed that he had experiences as Josef and Felix: feelings of disgust and shock. He added that the pubertal changes became somewhat easier to handle as they began to settle: "Now, it's easier. But now, there isn't so much change happening either, so … then, you have a higher chance to get used to something." The material indicated that changes became easier to handle with time as they settled – this allowed for the time and space to get used to them.

The participants further described how the *early onset of puberty was confusing* (1.1.2). At first, Manuel believed that his feelings of being strange and different were due to his experiencing puberty earlier than his peers rather than to gender incongruence:

> With things like how I started puberty much earlier than others, for example: I got my period for the first time in the summer before fifth grade, so I was really early with that, and because of it, I also thought that I was ahead of the others. And that's why I felt strange and stuff.

Some of the participants described their subjective experiences, claiming that *puberty was like being trapped inside* (1.1.3) and that it was accompanied with strong psychological despair and self-disgust. Alex II described the experience of puberty as feeling helpless because there was nothing that he could do to change it:

> (…) It felt like there was some alien growing inside me, you know? … So, it was really, really disgusting. (…) And the fact that you can't do anything about it. You know, that feeling of helplessness about it. That difficult things are going to happen to you, but you just have to let it happen, you know? You can't do a damn thing, you know?

Lastly, participants underlined how *in puberty*, *the difficult body becomes sexualised* (1.1.4). Manuel reflected on puberty as a change he was neither prepared for nor fond of, particularly due to the increasing sexualisation of his body:

> (…) I think it has to be more like, in a way, more sexual, and that I experienced it [puberty development] more in between having this body and that body. Because then I felt more pressure, like, (…) I feel that when we were kids, it was like, it wasn't that serious. And we didn't have breasts. It was like a transition I wasn't ready for. Or liked.

Theme 1.2: Words Unspoken: The Journey to Gender Understanding

The participants' challenges in expressing the emergence of the gender identity process with words. As the participants navigated this journey, sometimes focusing inward on their subjective experiences and other times looking outward at how society responded to them, they were *gradually finding the words to express gender identity* (1.2.1). Alex II said:

> So, I just went and felt it for a very long time before I understood; after two years, like, I got the words to explain it in a way. (…) But I didn't have the words or anything, and then it [GI] became much stronger when I got a bit older.

Some participants expressed that their gender identity felt challenging due to the societal pressure to conform to binary classifications. Mathias reflected on how he felt both like a girl and a boy, particularly in terms of how he perceived *how others in the society related to him* (1.2.2): "And it's difficult. Sometimes, because people really want… to know how to treat you… How to look at you … So, they want to kind of put you somewhere."

Other participants, such as Arne, described and explored their understanding of an identity through an outward orientation, *asking others if they felt the same way* (1.2.3) he did. He was surprised when they did not share his feelings, which in turn gave him information on his own process towards understanding his gender identity:

> (…) But, you know, during that period, I thought a lot about this, one thing I kept asking everyone was like, have you ever wished or wondered about, like, how your voice would be if it was deeper? (…) Or just like, have you ever wished your voice was deeper? Every single one of them said no, and I didn't expect that.

In sum, the first meta-theme highlights how the adolescents experienced the transition and changes that arise during puberty.

Meta-Theme 2: The Hard Work of Everyday Routines – Working All Day and All Night

This meta-theme encompasses the participants' subjective experiences of experiences of seemingly small transitions in their daily lives, placing a particular emphasis on their intimate bathroom routine. The participants confronted various challenges related to autism and how these inextricably intersect with feelings of gender dysphoria, which often leads to feelings of being overwhelmed.

Theme 2.1: The Intimate Sensory Struggle of Self in Rituals of Cleanliness

This theme highlights the participants' subjective experiences of how transitions in self-care rituals are difficult. For example, Mathias articulated how the transition from being in the shower to stepping out, combined with his sensory sensitivities due to autism, led to feelings of being overwhelmed, finding that *the shower experience is a sensory and affective burden* (2.1.1):

> (…) I always get so stressed when I come out of the shower because, like, you're wet and cold. There are a lot of sensory experiences you don't normally get. And it makes me feel very overwhelmed and stressed.

> So, for an hour after I come out of the shower, I'm very on edge.

Others expressed a stronger sensational unwellness while in the shower. Magnus explained how changes in temperature created stress in his everyday living:

> Temperature, among other things. And then water, and things, like, dripping. Uh [makes sound]. It's just that the first time you get into the shower, it's ice cold, and then you turn on the hot water, and it can get too hot. And then, it's dripping down. And then, coming out again, when you're ice cold, and your hair is wet, and the water drips on your face, all of that is actually pretty bad."

Another participant described the same overwhelming feeling in another way by describing how showering presented a challenge for him both because of his autism and because it required him to be naked and confront his own appearance, illuminating the complexity of having both ASD and GI:

> Yes, it's hard for me to shower. So, sometimes, I can go a month before I shower. (…) I think it's both, really [both related to autism and gender dysphoria]. Because I hate the wet feeling I get when I come out of the shower. And then, I'm both dry and wet, and then I feel clammy. And then, I just stand there, kind of like that, until I'm dry. Because I can't move when I feel so clammy. (…). And then, it's hard to get into the shower, because I kind of have to undress – to see myself as I am.

These participants' contrasting experiences shed light on the duality between wet/dry and cold/warm, which reflects a sensory struggle as well as deeper psychological issues related to self-acceptance. The overwhelming sensation of being wet, cold, warm and clammy, of water dripping, illuminates the internal conflict they face. Confronting one's own appearance, combined with the challenges associated with autism, creates a profound barrier to engaging in the seemingly simple act of showering. This duality of feeling both exposed and uncomfortable highlights the intertwined nature of sensory sensitivities and GI making the experience of showering challenging on multiple levels.

All but one participant reported *avoiding the toothbrush* (2.1.2). While one participant brushed excessively, the remaining 11 tended to avoid it altogether. Alex II elaborated on this experience:

> (…) I've just stopped brushing my teeth in the morning. I still do it in the evening, and that's enough. I did it for a very long time. And then, like, for a few years, I went to the dentist, you know? And they were like, oh, nice teeth, but there's something, something up there, like a beginning of a cavity. (…).

While this finding may not directly address the intersection of autism and gender incongruence in youth, it sheds light on the significant challenges in daily hygiene practices, such as brushing one's teeth. The clear tendency to avoid this basic activity reported by most of the participants highlights the struggle these individuals experience with self-care routines. Alex II's account illustrates a common pattern: Even with his awareness of dental health, the act of brushing can become a daunting task for him, leading to failure to complete the task regularly over time. This illuminates how seemingly mundane tasks can become complicated by sensory sensitivities, emotional discomfort, and executive-functioning difficulties related to task initiation and avoidance, revealing broader implications for self-care.

Theme 2.2: Through the Looking Mirror: Unveiling the Strain of Self-Recognition

Theme 2.2 examines the participants' subjective experiences of confronting themselves and their bodies. Some were particularly disheartened when looking in the mirror. They articulated this experience in various ways and frequently used words such as "estranged," "strange," and "disgusting," and "not right." Josef expressed a disconnect between his body and mind, describing how he felt as though he was *gazing at a stranger* (2.2.1). This experience made him feel as though his body and mind were far apart:

> Like, I know it's me. But it doesn't feel that way. I can't feel that it's gross or wrong either. Because it feels like I'm looking at a completely different person. So, it's like my body and mind are so far apart from each other.

Similarly, Manuel articulated the strangeness of seeing his own body and how he felt a profound discrepancy between reality and his own self-image – a sense of *not feeling right when looking in the mirror* (2.2.2):

> Like, just being able to see your own body like that way is very strange. (…). Or just looking down, it felt very, like, extremely strange. (…) Yeah, it just felt very wrong; it wasn't what I imagined in my head, in a way. So there's that, and I've never managed to, like, incorporate images of myself, of the body I have, into

> my head. It's so, it's just so strange. It feels – it's just not right for me.

Tim reflected on his experience of looking in the mirror. He went from saying that he did not care about the mirror to expressing that he *hates the mirror* (2.2.3), revealing how he consciously avoided looking at himself until he was completely dressed:

> I just…I don't look in the mirror. I don't look at the mirror that much. After I've put on my clothes, then I look in the mirror. (…) I don't think mirrors are so important for everyone, you know. But for me, it's not very important. The mirror isn't very… Or, I hate the mirror. I'm not very fond of the mirror.

While Tim avoided the mirror, Kine compared the emotional impact of self-recognition to a physical blow: "It's just like being hit by emotions – kind of like that. Or, in a way, it's like, it feels as if someone is slapping you across the face, like a hard slap in the face – that's what it feels like."

Theme 2.3: Managing Mornings: Avoidance, Speed and Support

Theme 2.3 highlights how participants, despite the overwhelming nature of their daily routines, employed various strategies to effectively manage their tasks and confront the day ahead. Josef managed his bathroom routine by *minimising effort* (2.3.1). He explained his strategy as follows:

> I shower so infrequently. (…) If it's a weekend or a holiday, I don't shower at all. I know that it's really gross, and I know I shouldn't do it. But I can't – if I can avoid taking a shower, I will. (…) I can't look at myself.

On the other hand, Tim attempted to *complete everyday routines as quickly as possible* (2.3.2):

> Yeah, I just have to do it – get it over with, do it and then, yeah. (…) Yeah, I was lightning fast in the bathroom, really lightning fast. Then, I just didn't tie my shoes, threw on a jacket, took my meds on the way out the door and ran to the bus. And I made it to work. Yeah, it wasn't a great start to the morning.

Alex II previously managed his bathroom routines by *receiving support* (2.3.3). He received close guidance from his mother, who explained in detail how to approach his daily hygiene routines. His quote exemplifies the numerous daily challenges that participants face that most of us complete without effort:

> But in relation to the autism, it can be hard to know, like, how much soap to use and how much shampoo to use. And if you're supposed to use shampoo, and how many times a week you're supposed to use shampoo. Things like that.

In sum, the second meta-theme highlights both the challenges adolescents with ASD face in organising and executing daily tasks and the bodily sensations involved in these moments, which indicate feelings of being overwhelmed. It also sheds light on the strategies they employed to prepare for the day, as well as how they navigated these challenges despite their struggles.

Meta-Theme 3: Meta-Theme 3: Experiences of Bodily Estrangement – A Chain Reaction of Discomfort

The participants provided poignant descriptions of subjective experiences about their body, likening it to having cancer. They also described their bodies as estranged. Across participants' experiences, recurring descriptions of bodily estrangement, disconnection and discomfort emerged in different ways. Several participants described specific body parts as alien, intrusive or emotionally difficult to integrate into their sense of self. The meta-theme also highlights how gender dysphoria and autism together increase intensity in discomfort.

Theme 3.1: Alien in One's Own Skin: The Dysphoric Experience

Theme 3.1 illuminates the subjective experiences of feeling alienated in one's own skin and how gender dysphoria feels like having *sick body parts* (3.1.1), which is experienced as unnatural. Josef explained this as follows:

> I thought it was just like, you know, okay. Maybe this is a bad comparison, but when people have cancer, it's unnatural, right? (…) I didn't want it, but I thought about it, and I was also a part of it, and I thought, oh, I wish I had gotten breast cancer or some other type of cancer or what's it called – uterine cancer or something like that, so that you could just cut out those parts.

Alex similarly used cancer as a metaphor to describe the GI-related sensations he felt:

> It's like if you have something on your arm: It grows out of your arm, and it's wrong. You feel that it's wrong. And you don't feel like it's fully a part of yourself. (…) Eh, I experience breasts more as a tumour. (…) Eh, you know cancer? For me, it's weird that you have an organ on the outside of your body.

Subtheme 3.1.1 emphasises an inner experience in the participants. In contrast, through the sub-theme *what others can see and hear is the worst part* (3.1.2), Beijing emphasised that how he was perceived by others was of utmost importance to him:

> If I had to choose, I would mostly want testosterone, because that's kind of the first thing people notice, since I don't walk around naked, you know (…) But the voice, I hear that and it's like, yeah, the body hair. And then I feel, like, the masculinity in the face. That's what people see – that's what everyone sees and hears. So, I really want testosterone treatment the most.

Beijing also described a feeling that *the body is not mine – it just resides on you* (3.1.3) and explained how he did not feel at home in his own skin:

> I think it means not being comfortable in your own skin. (…) It's not my body. (…) It just feels like someone else's body. (…) It's not me. So, it doesn't matter.

Alex describes the sensation of feeling like a ghost because his body did not feel like it was his own:

> (…) It was something unpleasant; it felt like I didn't—that the body didn't fully belong to me. (…) That's why I thought I was a ghost when I was little. (…) Because I had taken a body that wasn't mine yet.

Drawing a connection between Beijing's experience of not feeling at home in his own skin and Josef and Alex's use of metaphors involving sick body parts, Leona directly associated these experiences of alienation with the body with the genitals, which she perceived as obstructive and out of place: "I think of my penis as just a 'flabby flesh thing' that's been 'grafted' onto my body, and nothing more. It's just annoying that it's there. (…)".

Manuel describes feeling similarly in the following way: "Just, like, feeling that the body you have – it's so strange to describe (…) Just that feeling that your body is sitting on you. The exact body you have is, in a way, sitting on you".

Theme 3.2: To the Lens of Sensitivity: A Tapestry of Experience

This theme emphasises the participants' subjective experiences of sensory sensations, particularly at the intersection of ASD and GI. Felix elaborated on how the *heightened sensory experiences associated with autism influenced feelings of gender dysphoria* (3.2.1):

> It's the sensory stuff. If people touch my arm, I find it uncomfortable, but I don't experience dysphoria about my arm. (…) It's both. On top of each other, so being touched on my arm is bad enough. (…) Um, I like lying in odd positions, and sitting in odd positions, and … because of … my sensory weirdness. I can't do that because of dysphoria, you know. I can't. I have to keep the duvet on the whole night, AND the whole time I'm in bed. Because I haven't had surgery. So, I have to lie like THIS [demonstrates], and then I often get very hot. And being really hot is really bad for me.

Keeping the duvet over his body functioned as a way of concealing body parts associated with dysphoria, while simultaneously intensifying sensory discomfort related to heat and bodily restriction. Manuel also connected these sensations together and likened them to a chain reaction "I don't know. I feel like it's the dysphoria. But then again, the dysphoria is overwhelming (…) So, it also affects my autism (…) Yeah, it's like a chain reaction in a way. Yeah, it's everything at once."

Manuel also highlighted how intense *the distress of discomforting textures* (3.2.2) could be: "Anywhere, like, just individual loose hairs, especially long ones. They're absolutely terrible. And I hate, like, the really small thin things that, for example, just brush against my skin." (…).

In sum, the third meta-theme explores the intricate relationship between sensory experiences and the intersection of autism and GI. It shows how heightened sensory sensitivities result in feelings of dysphoria, thereby creating a chain reaction of discomfort. Furthermore, the meta-theme indicates how even simple physical sensations become overwhelmingly difficult to manage and how the intensity of sensory discomfort through specific textures can elicit strong negative reactions from people with both ASD and GI.

Discussion

This study uses a reflexive thematic analysis grounded in phenomenology to examine how adolescents with ASD and GI experience their bodies, autism, puberty and everyday

routines. Three meta-themes were generated from interviews of 12 adolescents with ASD and GI: the emergence of a gender-body mismatch during puberty with delayed ability to name and narrate the experience, daily routine struggles in which sensory sensitivities and GI make hygiene and self-recognition overwhelming, and a sense of the body marked by disconnection and discomfort that creates a chain reaction of discomfort. Together, these themes reflect how ASD-related sensory and cognitive features intersect with gender incongruence to shape the participants' lived experiences. Although these themes were presented sequentially, the lived experiences reflect dynamics in the everyday lives of the participants. The findings shed light on the nuanced interplay between autism and GD and reveal how sensory sensitivities and gender identity distress intensify each other. To facilitate interpretation, we discuss the empirically derived meta-themes through two discussion areas. We must clarify that the two discussion areas do not represent a recoding or the loss of any original themes. We discuss the results of the three meta-themes below in the light of intensification of gender-related distress when autism and gender incongruence intersect. Second, we discuss a sense of embodiment characterised by body-part focus and feelings of alienation from the body as well as their implications for clinical practice. Theoretical concepts introduced below are intended as interpretive frameworks that may help contextualise participants' experiences rather than as explanatory conclusions directly derived from participants' quotes.

Intensification of Gender-Related Distress in Combination With Autism

The participants commonly reported a growing mismatch between their gender identities and bodily changes across late childhood and adolescence (meta-theme 1). For many participants, puberty represented not only a developmental shift but a period marked by shock, loss of control and sensory overload. The speed and unpredictability of pubertal changes were experienced as particularly overwhelming, and sensory sensitivities, intolerance of change and difficulties with prediction exacerbated their experienced stress. This pattern aligns with prior qualitative reports of GI in youth (Jessen et al., 2021) and may be experienced as particularly intense for some autistic adolescents, especially where sensory sensitivity and intolerance of change intersect with pubertal development (Oliver et al., 2025). Together, these findings suggest that puberty may represent a particularly stressful developmental period for some autistic adolescents experiencing GI.

The pace and settling of bodily changes influenced how the participants coped with puberty, aligning with previous studies (Tollit et al., 2024). The participants in our study similarly described the emergence of gender identity mismatch as a vague and often inexpressible feeling of difference without the words to articulate it. Several adolescents reported a prolonged phase "of feeling different without language to express it," which may be understood in relation to literature on alexithymia and difficulties identifying or verbalising internal emotional states (Tani et al., 2004).

The participants also described bodily discomfort and sensory overload, particularly in everyday settings such as the bathroom, that heightened their distress (meta-theme 2). Our findings suggest that sensory sensitivity and executive functioning challenges are closely intertwined with gender-related stress. The participants described bathroom routines as emotionally and sensorily overwhelming. This finding aligns with the work of Cooper et al. (2023a, b), who found that sensory sensitivity enhanced gender dysphoric distress, particularly in tactile sensations relating to clothing and hygiene routines.

The participants described bathroom settings as sites in which dysphoria, being overwhelmed on a sensory level, and task-initiation difficulties reinforced one another (meta-theme 2). These descriptions illuminate how small routine transitions, such as moving from being wet to being dry, drying the body, or dressing and encountering one's unclothed body, can become disproportionately stressful for adolescents when autism and GI intersect. Furthermore, the participants described looking in the mirror as seeing a stranger or "not feeling right," paralleling findings from Oliver et al. (2025), Cooper et al. (2023), and Shimoyama and Endo (2024).

The participants' difficulties with naming and communicating internal states, in the literature referred to as alexithymia (Tani et al., 2004), also surfaced repeatedly in the interviews. These difficulties delayed identity verbalisation and possibly complicated self-understanding, which is consistent with prior work on alexithymia in autism and GD (Coleman-Smith et al., 2020; Tani et al., 2004) (meta-theme 1). As neurotypical adolescents develop complex social identities, autistic adolescents may struggle to integrate social feedback into their understanding of gender in general (Cooper et al., 2018). This situation, combined with the double-empathy problem (which suggests that misunderstandings between autistic and non-autistic individuals are mutual) and reduced social scaffolding, may prolong internal confusion and limit opportunities for verbalising emerging gender identities (Milton, 2012).

Uneasy Embodiment: Sensory, Interoceptive and Phenomenological Dimensions

Experiences of bodily estrangement and disconnection emerged as a recurring interpretive pattern in meta-theme 3.

Several participants described specific body parts as alien, wrong, intrusive or emotionally difficult to integrate into their sense of self, using strong bodily metaphors such as tumours, disease or foreign body parts (theme 3.1). This aligns with qualitative studies indicating that autistic youth sometimes convey their GI through sensory and bodily meanings rather than identity labels (Cooper et al. 2021, 2023a, b). These descriptions suggest experiences in which certain body parts became particularly emotionally and sensorily salient. The concept of bodily disconnection and discomfort is therefore used here as an interpretive synthesis of recurring experiential descriptions rather than as a stable or universal construct across participants.

Further, autism research describes a weak central coherence, emphasising detail-focused processing that can undermine holistic perception (Frith & Happé, 1994). Similar to Jessen et al.'s (2021) mostly neurotypical participants, the participants in the current study reported early feeling different from their peers in childhood and described distress when looking in the mirror or being gazed upon by others (meta-theme 1). However, our findings suggest that some autistic adolescents described bodily experiences in particularly body-part-focused and sensory-based ways.

Instead of describing a general feeling of being in the wrong body, many adolescents talked about dysphoria as strong discomfort and focused on specific body parts (meta-theme 3). These descriptions may also be interpreted in light of theories of weak central coherence in autism, although participants did not themselves describe their experiences in these theoretical terms (Frith & Happé, 1994; Huang et al., 2017).

Mentalisation – the ability to understand one's own and others' behaviour as related to thoughts, feelings and intentions – becomes more complex in adolescence, when social codes and self-understanding evolve (Allen et al., 2008). Mentalising may be more challenging for adolescents experiencing both ASD and GI (Kallitsounaki and Williams 2022b, 2023), although the changes occurring in the transition from childhood to adolescence may be challenging for all youth. Ultimately, our findings suggest that these intersecting conditions may complicate the development of a coherent self-identity, for some individuals (Frith & Happé, 1994; Huang et al., 2017).

Literature on interoception may provide an additional interpretive perspective on some participants' descriptions of bodily estrangement and sensory discomfort (Klein et al., 2025). The field of phenomenology (Merleau-Ponty et al., 2013) contributes an existential perspective of such experiences, in which the lived body is experienced as objectified parts rather than an integrated subjectivity, and the person's mode of being-in-the-world and relatedness to others can be profoundly disrupted. Together, these perspectives help explain why participants moved between sensory, emotional and existential ways of describing their dysphoria.

Minority stress frameworks may also offer a useful lens for understanding how external perceptions, social expectations and stigma can contribute to bodily alienation in some participants (Frost & Meyer, 2023; Meyer, 2003; Weiss, 2013). Within this model (Frost & Meyer, 2023; Meyer, 2003), this experience can be interpreted as originating in that the body has been created as a problem area rather than as a whole or even as a home (Weiss, 2013). This is particularly relevant in this study, as one participant stated that how the body is perceived by others is important.

Clinical Implications

The intersection of neurodivergence and GI appears to amplify the distress of pubertal change, daily self-care, and fragmented experiences of the body in this sample of 12 adolescents with ASD and gender incongruence. In light of these findings, this study advocates for clinical approaches that integrate sensory-aware supports and communication-focused interventions alongside gender-affirming care.

Five clinical implications emerge from the findings. First, puberty should be approached as a potentially distressing/high-risk transition for autistic adolescents with GI. Targeted, autism-informed psychoeducation about pubertal development, including timing, expected bodily changes and possible sensory and emotional reactions, may help reduce uncertainty and increase predictability.

Second, clinicians should be prepared for, and validate, the fact that some adolescents express gender distress through sensory reactions and strong discomfort in specific body parts. Moreover, autism-informed interviewing strategies, such as adjusted forms of life-mode interviews (e.g., structured conversations organised around talking through a recent ordinary day), may facilitate a more comfortable exploration of the experiences of people like the participants in this study and provide deeper insights into their daily challenges.

Third, implementing autism-friendly adjustments within clinical settings, such as reducing sensory overload through adjustments in noise, lighting, waiting times and predictability, may support participation in clinical conversations. Several participants struggled to find words for bodily and emotional experiences, suggesting that conversations about gender and the body may become cognitively and emotionally demanding. Reducing sensory and communicative stressors may therefore help adolescents participate more comfortably in these conversations.

Fourth, our findings suggest that careful attention to individualised pacing may be important when considering gender-affirming hormonal interventions. For some autistic

youth, a more stepwise or closely scaffolded approach, combined with explicit information, predictability, and close support, may help them adjust to bodily changes and integrate these as parts of themselves. This does not imply delaying or withholding gender-affirming care; rather, it highlights the importance of tailoring assessment and treatment collaboratively to each person's sensory sensitivities, cognitive style, communicative preferences, and support needs.

Finally, clinicians should explicitly recognise non-binary identities. Some participants struggled with the social expectations arising binary gender categories and found it difficult to position themselves within these. These findings collectively underscore the fact that youth experiencing autism and GI make up a heterogeneous group encompassing varied backgrounds, treatment needs, challenges and strengths. This highlights the necessity for individualised approaches to assessments for GAT.

Strengths, Limitations and Future Directions

This study contributes phenomenologically informed descriptions of how ASD and GI intersect in adolescence before any gender-affirming medical treatment is initiated. This study is the first in Norway to explore the lived experiences of autistic adolescents with GI referred to the NGT by providing insights into how these intersecting conditions shape the lives of these adolescents. The inclusion of participants from diverse multicultural backgrounds, in addition to those with non-binary identities, is a notable strength of this study. In contrast to the participants in other studies (Cooper et al. 2023a, b), the participants in the present work were generally willing to reflect on the role of autism in shaping their gender experiences. The paper's additional strengths include its adoption of an analytic stance sensitive to embodied experience. The study's near and open interviews produced rich, reflective quotations that illuminated participants' experiences, offering insights into the psychoeducational and existential aspects of embodiment and GI. Furthermore, the study's examination of the data through the lens of body phenomenology was an analytical strength, as it allowed for a nuanced understanding of participants' experiences.

Formal back-translation procedures were not conducted and should therefore be considered a methodological limitation. Beyond this, several additional limitations should be acknowledged. The sample included more AFAB than AMAB participants. While this reflects current referral patterns in gender clinics, it limits the study's transferability. As the participants were able to verbally reflect on their experiences, autistic adolescents with intellectual or more communicative disabilities are underrepresented in this work. In addition, detailed ASD severity indicators and cognitive assessment data were not consistently available across participants and could therefore not be systematically compared within the study. Future studies should strive to include a broader population of autistic individuals with varying abilities and communicative skills as well as those who have undergone gender-affirming medical treatment. Due to the small, context-specific sample and concerns about compromising anonymity, we were unable to provide more detailed information about participants' ethnically and culturally diverse backgrounds, which limits the specificity with which minority stress frameworks can be applied. A further limitation is the lack of a comparison group of autistic adolescents without gender incongruence, which would have allowed a clearer distinction between bodily and sensory experiences that may be specific to the ASD-GI intersection and those that may reflect broader autism-related sensory, executive-functioning or self-care difficulties. Furthermore, future work should separately examine the experiences of autistic individuals assigned female and male at birth to gain deeper insights into their unique challenges. Lastly, while this study focused on adolescents, an important strength given the predominance of adult-centred research, it also lacked information about non-participants. In addition, participants were recruited purposively from a specialised gender identity clinic registry and therefore represent adolescents already in contact with specialist gender services. The participation rate suggests that individuals with the most pronounced difficulties or most limited capacity to take part in research interviews may be underrepresented. This may have influenced the range of experiences captured in the study and should be considered when interpreting the findings. The findings may therefore not be transferable to autistic adolescents with gender incongruence outside specialised clinical contexts, to individuals who do not seek gender-related healthcare, or to autistic adolescents with different cognitive or communicative profiles.

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Declarations

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References

Aitken, M., Steensma, T. D., Blanchard, R., VanderLaan, D. P., Wood, H., Fuentes, A., Spegg, C., Wasserman, L., Ames, M., Fitzsimmons, C. L., Leef, J. H., Lishak, V., Reim, E., Takagi, A., Vinik, J., Wreford, J., Cohen-Kettenis, P. T., de Vries, A. L., Kreukels, B. P., & Zucker, K. J. (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. *Journal of Sexual Medicine*, *12*(3), 756–763. https://doi.org/10.1111/jsm.12817

Allen, J. G., Fonagy, P., & Bateman, A. W. (2008). *Mentalizing in clinical practice*. American Psychiatric Publishing.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Arnoldussen, M., de Rooy, F. B. B., de Vries, A. L. C., van der Miesen, A. I. R., Popma, A., & Steensma, T. D. (2022). Demographics and gender-related measures in younger and older adolescents presenting to a gender service. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-022-02082-8. Advance online publication.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, *18*(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Braun, V., & Clarke, V. (2022). Thematic analysis: A practical guide. In A. Maher (Ed.), Sage.

Buijsman, R., Begeer, S., & Scheeren, A. M. (2023). Autistic person' or 'person with autism'? Person-first language preference in Dutch adults with autism and parents. *Autism, 27*(3), 788–795. https://doi.org/10.1177/13623613221117914

Coleman-Smith, R. S., Smith, R., Milne, E., & Thompson, A. R. (2020). Conflict versus congruence': A qualitative study exploring the experience of gender dysphoria for adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *50*(8), 2643–2657. https://doi.org/10.1007/s10803-019-04296-3

Cooper, K., Smith, L. G. E., & Russell, A. J. (2018). Gender identity in autism: Sex differences in social affiliation with gender groups. *Journal of Autism and Developmental Disorders*, *48*(12), 3995–4006. https://doi.org/10.1007/s10803-018-3590-1

Cooper, K., Mandy, W., Butler, C., & Russell, A. (2021). The lived experience of gender dysphoria in autistic adults: An interpretative phenomenological analysis. *Autism, 26*(2), 413–423. https://doi.org/10.1177/13623613211039113

Cooper, K., Butler, C., Russell, A., & Mandy, W. (2023a). The lived experience of gender dysphoria in autistic young people: A phenomenological study with young people and their parents. *European Child & Adolescent Psychiatry, 32*, 1655–1666. https://doi.org/10.1007/s00787-022-01979-8

Cooper, K., Mandy, W., Butler, C., & Russell, A. (2023b). Phenomenology of gender dysphoria in autism: A multiperspective qualitative analysis. *Journal of Child Psychology and Psychiatry, 64*(2), 265–276. https://doi.org/10.1111/jcpp.13691

Corbett, B. A., Vandekar, S., Muscatello, R. A., & Tanguturi, Y. (2020). Pubertal timing during early adolescence: Advanced pubertal onset in females with autism spectrum disorder. *Autism Research, 13*(12), 2202–2215. https://doi.org/10.1002/aur.2406

Crone, E. A., & Dahl, R. E. (2012). Understanding adolescence as a period of social–affective engagement and goal flexibility. *Nature Reviews Neuroscience*, *13*(9), 636–650. https://doi.org/10.1038/nrn3313

David LW, Stenberg N, Diseth TH, Helverschou SB, Nyquist CB, Øien RA, Waehre A. Autistic Characteristics in a Nationally Representative Clinical Sample of Adolescents Seeking Medical Gender-Affirming Treatment in Norway.*J Autism Dev Disord, 55*(1), 147–57.https://doi.org/10.1007/s10803-023-06181-6.

Dawe-Lane, E. O., Saunders, R., Flouri, E., & Mandy, W. P. L. (2025). Emotion and peer problems in autistic adolescents: The role of puberty, school adjustment and bullying. *JCPP Advances, 5*(3), Article e12305. https://doi.org/10.1002/jcv2.12305

de Graaf, N. M., Carmichael, P., Steensma, T. D., & Zucker, K. J. (2018). Evidence for a change in the sex ratio of children referred for gender dysphoria: Data from the Gender Identity Development Service in London (2000–2017). *Journal of Sexual Medicine, 15*(10), 1441–1449. https://doi.org/10.1016/j.jsxm.2018.08.002

de Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T., van Berckelaer-Onnes, I. A., & Doreleijers, T. A. (2010). Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of Autism and Developmental Disorders*, *40*(8), 930–936. https://doi.org/10.1007/s10803-010-0935-9

Ellis, R., Williams, G., Caemawr, S., Craine, M., Holloway, W., Williams, K., Shaw, S. C. K., & Grant, A. (2024). Menstruation and autism: A qualitative systematic review. *Autism in Adulthood*. Advance online publication. https://doi.org/10.1089/aut.2024.0307

Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.

Frith, U., & Happé, F. (1994). Autism: Beyond theory of mind. *Cognition*, *50*(1–3), 115–132.

Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology, 51*, Article 101579. https://doi.org/10.1016/j.copsyc.2023.101579

Gallagher, S. (2006). *How the body shapes the mind*. Clarendon.

Haavind, H. (2011). Utvikling og deltagelse: Livsformintervjuet som klinisk instrument med barn og unge. In A. L. von der Lippe &

M. C. Rønnestad (Eds.), *), Det kliniske intervjuet* (pp. 110–125). Gyldendal.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, *52*(2), 196–205. https://doi.org/10.1037/0022-0167.52.2.196

Huang, A. X., Hughes, T. L., Sutton, L. R., Lawrence, M., Chen, X., Ji, Z., & Zeleke, W. (2017). Understanding the self in individuals with autism spectrum disorders (ASD): A review of literature. *Frontiers in Psychology, 8*, Article 1422. https://doi.org/10.3389/fpsyg.2017.01422

Jessen, R. S., Wæhre, A., David, L., & Stänicke, E. (2021). Negotiating gender in everyday life: Toward a conceptual model of gender dysphoria in adolescents. *Archives of Sexual Behavior*, *50*(8), 3489–3503. https://doi.org/10.1007/s10508-021-02024-6

Kallitsounaki, A., & Williams, D. M. (2022a). Autism spectrum disorder and gender dysphoria/incongruence: A systematic literature review and meta-analysis. *Journal of Autism and Developmental Disorders, 53*, 3103–3117. https://doi.org/10.1007/s10803-022-05517-y

Kallitsounaki, A., & Williams, D. M. (2022b). Implicit and explicit gender-related cognition, gender dysphoria, autistic-like traits, and mentalizing: Differences between autistic and non-autistic cisgender and transgender adults. *Archives of Sexual Behavior, 51*(7), 3583–3600. https://doi.org/10.1007/s10508-022-02386-5

Kallitsounaki, A., & Williams, D. M. (2023). Brief report: An exploration of alexithymia in autistic and nonautistic transgender adults. *Autism in Adulthood*, *5*(2), 210–216. https://doi.org/10.1089/aut.2022.0113

Kaltiala, R., Bergman, H., Carmichael, P., de Graaf, N. M., Egebjerg Rischel, K., Frisén, L., Schorkopf, M., Suomalainen, L., & Waehre, A. (2020). Time trends in referrals to child and adolescent gender identity services: A study in four Nordic countries and in the UK. *Nordic Journal of Psychiatry, 74*(1), 40–44. https://doi.org/10.1080/08039488.2019.1667429

Klein, M., Witthöft, M., & Jungmann, S. M. (2025). Interoception in individuals with autism spectrum disorder: A systematic literature review and meta-analysis. *Frontiers in Psychiatry, 16*, Article 1573263. https://doi.org/10.3389/fpsyt.2025.1573263

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist, 73*(1), 26–46. https://doi.org/10.1037/amp0000151

Malterud, K. (2012). Systematic text condensation: A strategy for qualitative analysis. *Scandinavian Journal of Public Health*, *40*(8), 795–805. https://doi.org/10.1177/1403494812465030

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, *26*(13), 1753–1760. https://doi.org/10.1177/1049732315617444

Merleau-Ponty, M., Landes, D., Carman, T., & Lefort, C. (2013). *Phenomenology of perception*. Routledge.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem.' *Disability & Society, 27*(6), 883–887. https://doi.org/10.1080/09687599.2012.710008

Moran, D. (2010). Husserl and Merleau-Ponty on embodied experience. In T. Nenon & P. Blosser (Eds.), *Advancing phenomenology: Essays in honor of Lester Embree* (pp. 175–195). Springer. https://doi.org/10.1007/978-90-481-9286-1_12

Oliver, M., Poysden, Z., Crowe, E., Parkin, F., Mair, A. P. A., Hendry, N., Macey, E., & Gillespie-Smith, K. (2025). Just listen to me. Help me explore it. An interpretative phenomenological analysis exploring experiences of gender dysphoria, identity and resilience in autistic adolescents assigned female at birth. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-024-06688-6. Advance online publication.

Özel, F., & Griffin, G. (2025). On being (not so) different: Perceptions of gender dysphoria and neurodiversity among people aged 15–35 in Sweden. *Frontiers in Sociology, 10*, Article 1610206. https://doi.org/10.3389/fsoc.2025.1610206

Özel, F., White, R. A., Clark, K. D., Indremo, M., Zejlon, I., Rüegg, J., & Papadopoulos, F. C. (2025). Associations between autism, gender dysphoria and gender incongruence: Insights from the Swedish Gender Dysphoria Study (SKDS). *Psychiatry Research, 335*, Article 116591. https://doi.org/10.1016/j.psychres.2025.116591

Rea, H. M., Øien, R. A., Webb, S. J., Bansal, S., Strang, J. F., & Nordahl-Hansen, A. (2024). Gender diversity, gender dysphoria/incongruence, and the intersection with autism spectrum disorders: An updated scoping review. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-024-06650-6. Advance online publication.

Rimmington, M. (2019). Puberty: Challenges for adolescents on the autism spectrum. *Learning Disability Practice*. https://doi.org/10.7748/ldp.2019.e1961. Advance online publication.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Schei Jessen, R., Wæhre, A., David, L. W., Stänicke, L. I., & Stänicke, E. (2025). Finding oneself in the gazes of others: An exploration of subjective experiences of gender among young binary transgender men. *Studies in Gender and Sexuality, 26*(1), 52–69. https://doi.org/10.1080/15240657.2025.2453288

Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Muñoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Furnier, S. M., Hudson, A. E., Pokoski, O. M., Shea, L., & Maenner, M. J. (2025). Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years – Autism and Developmental Disabilities Monitoring Network, 16 sites, United States, 2022. *MMWR Surveillance Summaries*, *74*(2), 1–22. https://doi.org/10.15585/mmwr.ss7402a1

Shimoyama, S., & Endo, T. (2024). Revisiting the link: A qualitative analysis of the diverse experiences of gender dysphoria as a subset of pervasive social dysphoria co-occurring with autism in Japan. *Autism*, *28*(10), 2586–2597. https://doi.org/10.1177/13623613241235722

Shimoyama, S., & Endo, T. (2025). The development of pervasive social dysphoria in autistic people with gender dysphoria in Japan. *The Japanese Journal of Psychology, 96*(2), 79–88. https://doi.org/10.4992/jjpsy.96.23035

Stänicke, L. I. (2023). I chose the bad: Youth's meaning making of being involved in self-harm content online during adolescence. *Child & Family Social Work*, *28*(1), 160–170. https://doi.org/10.1111/cfs.12950

Steward, R., Crane, L., Roy, E. M., Remington, A., & Pellicano, E. (2020). "Life is much more difficult to manage during periods": Autistic experiences of menstruation. In C. Bobel (Ed.), *The Palgrave handbook of critical menstruation studies* (pp. 751–761). Palgrave Macmillan.

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, *13*(6), 593–618. https://doi.org/10.1016/0272-7358(93)90048-Q

Strang, J. F., Meagher, H., Kenworthy, L., de Vries, A. L. C., Menvielle, E., Leibowitz, S., Janssen, A., Cohen-Kettenis, P. T., Shumer, D. E., Edwards-Leeper, L., Pleak, R. R., Spack, N., Karasic, D. H., Schreier, H., Balleur, A., Tishelman, A., Ehrensaft, D., Rodnan, L., Kuschner, E. S., & Anthony, L. G. (2018). Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents. *Journal of Clinical Child & Adolescent Psychology*, *47*(1), 105–115. https://doi.org/10.1080/15374416.2016.1228462

Strang, J. F., van der Miesen, A. I. R., Fischbach, A. L., Wolff, M., Harris, M. C., & Klomp, S. E. (2023). Common intersection of autism and gender diversity in youth: Clinical perspectives and practices. *Child and Adolescent Psychiatric Clinics of North America*, *32*(4), 747–760. https://doi.org/10.1016/j.chc.2023.06.001

Taboas, A., Doepke, K., & Zimmerman, C. (2023). Preferences for identity-first versus person-first language in a US sample of autism stakeholders. *Autism*, *27*(2), 565–570. https://doi.org/10.1177/13623613221130845

Tani, P., Lindberg, N., Joukamaa, M., Nieminen-von Wendt, T., von Wendt, L., Appelberg, B., Rimón, R., & Porkka-Heiskanen, T. (2004). Asperger syndrome, alexithymia and perception of sleep. *Neuropsychobiology, 49*(2), 64–70. https://doi.org/10.1159/000076412

Taylor, J., Hall, R., Langton, T., Fraser, L., & Hewitt, C. E. (2024). Characteristics of children and adolescents referred to specialist gender services: A systematic review. *Archives of Disease in Childhood*, *109*(Suppl. 2), s3–s11. https://doi.org/10.1136/archdischild-2023-326681

Tollit, M. A., Maloof, T., Hoq, M., Haebich, K., Pace, C. C., Rodriguez, Z. M., Sial, M., Payne, J. M., & Pang, K. (2024). A comparison of gender diversity in transgender young people with and without autistic traits from the Trans 20 cohort study. *Lancet Regional Health – Western Pacific*, *47*, 101084. https://doi.org/10.1016/j.lanwpc.2024.101084

Tracy, S. J. (2010). Qualitative quality: Eight big-tent criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837–851. https://doi.org/10.1177/1077800410383121

van der Loos, M., Klink, D. T., Hannema, S. E., Bruinsma, S., Steensma, T. D., Kreukels, B. P. C., Cohen-Kettenis, P. T., de Vries, A. L. C., den Heijer, M., & Wiepjes, C. M. (2023). Children and adolescents in the Amsterdam Cohort of Gender Dysphoria: Trends in diagnostic and treatment trajectories during the first 20 years of the Dutch Protocol. *Journal of Sexual Medicine*, *20*(3), 398–409. https://doi.org/10.1093/jsxmed/qdac029

van der Miesen, A. I., Hurley, H., & de Vries, A. L. (2016). Gender dysphoria and autism spectrum disorder: A narrative review. *International Review of Psychiatry*, *28*(1), 70–80. https://doi.org/10.3109/09540261.2015.1111199

Vetlesen, A. J., & Stänicke, E. (1999). *Fra hermeneutikk til psykoanalyse: Muligheter og grenser i filosofiens møte med psykoanalysen*. Ad Notam Gyldendal.

Wattel, L. L., Walsh, R. J., & Krabbendam, L. (2024). Theories on the link between autism spectrum conditions and trans gender modality: A systematic review. *Review Journal of Autism and Developmental Disorders, 11*(2), 275–295. https://doi.org/10.1007/s40489-022-00338-2

Weiss, G. (2013). *Body images: Embodiment as intercorporeality*. Routledge.

World Health Organization. (2018). *ICD-11 for mortality and morbidity statistics (2018 release version)*. World Health Organization. https://icd.who.int/browse11

World Medical Association. (2025). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human participants. *Journal Of The American Medical Association*, *333*(1), 71–74. https://doi.org/10.1001/jama.2024.21972

Zeidan, J., Fombonne, E., Scorah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research*, *15*(5), 778–790. https://doi.org/10.1002/aur.2696

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