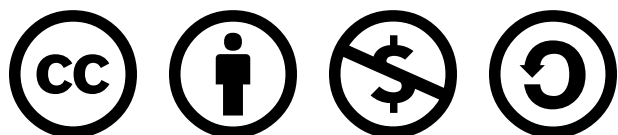


ACC Interpersonal Communication

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Megan Rector



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I

Chapter Eleven

Learning Objectives

- Describe how sex and gender are ranges of identity rather than just two fixed “male” or “female” boxes, using biological and social evidence.
- Use communication theories to explain how our language and social habits create gender rules and power differences.
- Identify the different gendered verbal and nonverbal styles (like “rapport-talk” versus “report-talk”) that people are traditionally taught to use.
- Apply theories of gendered communication to see how different communication styles cause common relationship struggles.
- Explain the unique stress and communication hurdles faced by transgender and non-binary people, especially in places like healthcare.
- Create a personal plan for gender-inclusive communication.

Interpersonal communication is a fundamental aspect of human interaction that is significantly shaped by gender through a complex matrix of socialization, cultural norms, and psychological factors. While biological sex labels individuals based on physical markers like reproductive organs, gender is a broader term representing the socially and culturally constructed roles, responsibilities, and behavioral expectations assigned to them. Although many societies have traditionally enforced a rigid gender binary, scientific research and contemporary social perspectives confirm that both sex and gender accurately exist along a spectrum or continuum. Because communication is the primary mechanism through which these identities are constructed, maintained, and challenged, achieving gender literacy is essential for fostering agency and navigating healthy, inclusive interpersonal relationships.

Understanding Gender: Definitions and Dimensions

Learning Objectives

- Differentiate between the biological markers of sex and the social constructs of gender.
- Evaluate the role of structural binary normativity in shaping societal expectations, specifically focusing on how assigning sex at birth based solely on external genitalia ignores the complexities of internal organs, chromosomes, and future gender identity.
- Analyze the three dimensions of gender—body, identity, and social gender—to explain how their interaction produces either gender congruence or gender dysphoria.

Sex and Gender: Moving Beyond the Binary

The study of communication must begin with a foundational understanding of the distinction between **sex** and **gender**, as these terms are often incorrectly used interchangeably. For most of history, society has assumed that sex and gender conform to a strict **gender binary**: the belief that gender is composed

of two distinct and opposite categories, boy/man and girl/woman, with no overlap. Science, however, confirms that this assumption is not biologically or medically correct, as both sex and gender exist along a spectrum or continuum. **Sex** is generally understood as labeling a person (e.g., male or female) at birth based on **biological differences**, primarily external genitalia and internal reproductive organs, though there are at least 10 recognized medically accurate markers. **Gender**, by contrast, is a broader, socially and culturally constructed term that encompasses a person's lived reality. It refers to the **gender identity** (the deeply held, internal sense of self) and the **social gender** (the roles, behaviors, and expectations assigned by society). While connected, sex and gender are distinct aspects of self.

Neither Sex Nor Gender Is Binary

The prevailing idea in Western culture is the **gender binary** (also called gender binarism or genderism): the belief that sex and gender are composed of two distinct and opposite categories (female/male) with no overlap. This traditional viewpoint, however, is not considered scientifically or medically correct. Today, scientific fields such as genetics, biology, and neuroscience confirm that both sex and gender exist as a spectrum or continuum.

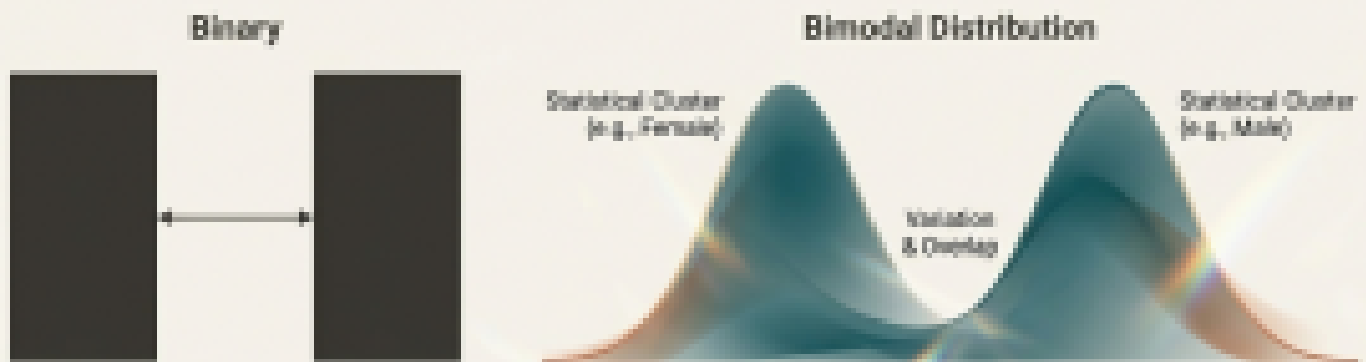
Scientific evidence demonstrates that while sex characteristics tend to be bimodal, they are not strictly binary:

- **Bimodal** refers to the presence of two statistical modes or clusters of characteristics often associated with “male” or “female”. However, bimodality mathematically defines a continuous probability distribution with clear overlaps between those clusters, confirming that sex exists along a spectrum.
- If sex were truly a **binary** (two separate, non-overlapping groups), characteristics like skeletal structure would necessitate that all men be taller than all women, which is demonstrably false.

The complexity of sex is evident across numerous biological markers:

- **External Genitalia:** Genitals present along a spectrum (e.g., full-size penis, small penis, micro-penis, clitoromegaly/Pseudopenis, enlarged clitoris, and standard-sized clitoris), and thus the assignment of sex at birth based only on these characteristics is highly inaccurate.
- **Chromosomes:** While XX and XY are the most common, **sex chromosomes are diverse**, with at least 16 different naturally occurring variations, such as 47, XXY (Klinefelter syndrome) or XX Male Syndrome. At least 12 chromosomes and at least 30 genes are involved in governing sex differentiation.

The Science of Sex: Bimodal, Not Binary.



Core Concept: The belief that biological sex is composed of two distinct, non-overlapping categories (male/female) is not scientifically accurate. Sex characteristics are **bimodal**—they have two common statistical peaks or clusters, but with significant, naturally occurring variation and overlap between them.

Explanatory Text: If skeletal structure was binary, then all men would have to be taller than all women. Of course, they are not. This is a simple example of a bimodal trait.

This image shows that sex has bimodal distribution rather than existing as a binary.

Intersexuality and the Challenge of Forced Binary Designation

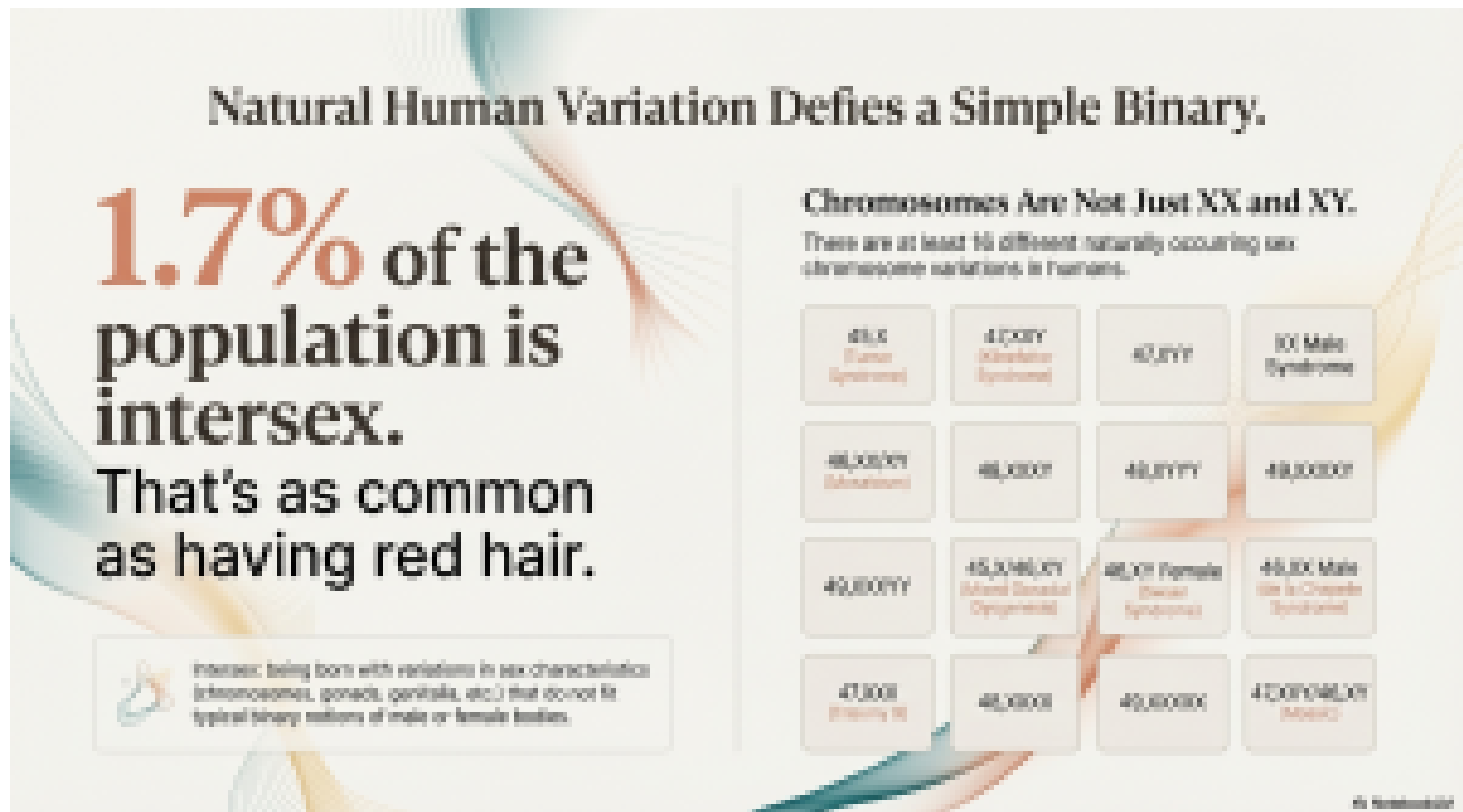
The existence of **intersex** individuals fundamentally disproves the notion that sex is binary. Intersex people are born with **variations in their sex characteristics**, including internal and external genitalia, gonads, hormones, chromosomes, and brain structure. This level of natural variation is estimated to occur in approximately 1.7% of the population, making it about as common as having red hair.

Despite this biological reality, medical and institutional structures often force a binary categorization upon individuals, creating pervasive challenges:

- **Inaccurate Assignment:** Sex is typically assigned at birth based solely on external genitalia. This process is scientifically incomplete and inaccurate because it ignores other fundamental factors such as internal genitalia, chromosomes, gene expression, and how the child will eventually express their identity.
- **Structural Barriers:** Society's reliance on designating only two sexes at birth leads to structural binary normativity, compelling individuals to fit into "M" or "F" options on official documentation. In fact, the absence of a third option limits the ability of non-binary and gender-diverse individuals to find appropriate and accessible language to capture their identities.
- **Social Expectations:** Presuming a child's gender based on sex assigned at birth places children in "strict boxes" by conveying stereotypes about how they should look and behave.

This societal compulsion to categorize non-conforming bodies into two rigid categories extends throughout the life course, often resulting in social intrusion and control over people whose gender expression is perceived as "uncertain". Even in contexts like healthcare, sex designation on records can

trigger inappropriate clinical recommendations, illustrating the complexity of aligning gender identity with rigid binary systems.



As you can see in this image, chromosomes are not just XX and XY. Here are 16 other chromosomal variations that are known to exist.

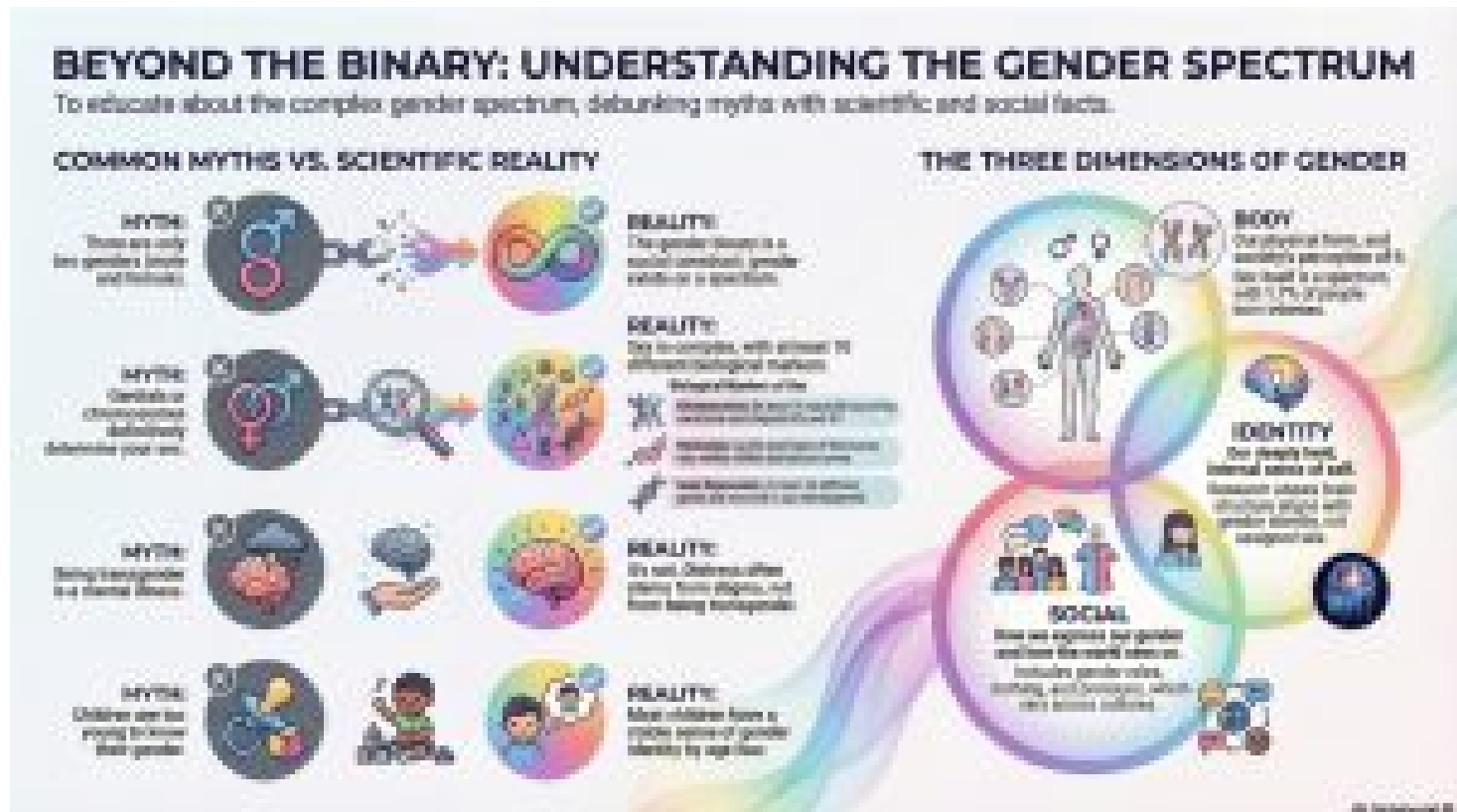
The Dimensions of Gender

Now that we have an understanding of sex as a spectrum, let's take a look at gender and how it differs from biological sex. A person's experience of gender is characterized by the complex interrelationship between three distinct, yet interconnected, dimensions: **body**, **identity**, and **social gender**.

1. **Body:** This involves an individual's internal experience of their own body, how society labels or "genders" bodies, and how others react to that body. The **gendering of bodies** occurs when society equates physical attributes with masculinity or femininity, labeling individuals as more or less of a man or woman based on the presence of these traits. For example, while humans of all genders naturally have body hair, society genders this trait by expecting women to shave their legs and armpits while encouraging men to grow beards to accentuate their "masculinity."
2. **Identity (Gender Identity):** This is one's deeply held, internal sense of self as masculine, feminine, a blend, neither, or something else. This aspect is innate; individuals do not choose their gender. Gender identity can be **binary** (e.g., man, woman) or **non-binary** (e.g., **genderqueer**, **genderfluid**, **gender**).
3. **Social Gender:** This is how a person presents their gender to the world (**Gender Expression**) and how society, culture, and community perceive, interact with, and attempt to shape that presentation. Social gender includes societal **gender roles** and expectations used to enforce

conformity to current norms. A person may express their social gender through grooming, dress, mannerisms, use of names and pronouns, and communication styles, among other means of expression.

A person’s overall comfort and well-being regarding gender stems from **gender congruence**—the feeling of harmony or alignment among these three dimensions. Conversely, **gender dysphoria** is the distress or discomfort experienced when there is a disconnect between how one feels about their gender and how it is perceived or expressed.



As you can see from this image, body, identity, and social gender may or may not overlap. When all 3 overlap, a person experiences gender congruence.

Exercises

- Reflecting on the three dimensions of gender (body, identity, and social gender), can you identify a time when you felt a lack of **gender congruence**? How did that disconnect—whether related to how others “gendered” your body or how you were expected to express your social gender—affect your interpersonal communication?
- The sources describe how society places children in “strict boxes” by presuming gender based on sex assigned at birth. How has your own communication style been shaped by these early social expectations and the binary options (M/F) present in institutional structures?

Masculine and Feminine Traits in Communication

Masculine and Feminine Traits in Communication

In the study of interpersonal communication, it is essential to recognize that masculine and feminine traits are not just biological outcomes but are socially and culturally constructed roles and behavioral expectations.

Historical Socialization and the Development of Gendered Traits

Current gendered communication patterns are deeply rooted in historical shifts and early childhood socialization.

- **The Industrial Shift:** Historically, in agrarian economies, men and women often worked side-by-side. However, the Industrial Age created a rapid shift toward distinct gender roles. Men moved into factories and offices, occupying positions of power and dominance, while women were largely relegated to the domestic sphere. Consequently, the communication patterns that became the “standard” for professional environments were developed by the dominant group of men.
- **Socialization through Play:** Gendered patterns of communication begin in childhood through the games children are steered toward. Boys’ games are often competitive, involve large groups, and rely on strict rules that encourage participants to assert dominance and project strength. Conversely, girls’ games typically involve smaller groups with more fluid rules, focusing on cooperation, intimacy, and sensitivity to feelings.

According to the **stereotype content model**, gender stereotypes are primarily organized along two dimensions: **communal warmth** and **agentic competence**. These two concepts serve as the foundational axes for how society prescribes and evaluates gendered behavior.

- **Communal Warmth:** This dimension refers to traits traditionally associated with femininity, such as being **caring, emotional, and empathic**. It focuses on a primary goal of **helping and caring for others** to build interpersonal connections. In a relational context, this is often characterized as a “**communal**” style, which emphasizes **self-disclosure** and the sharing of emotions and vulnerabilities to foster support.
- **Agentic Competence:** This dimension encompasses traits traditionally associated with masculinity, where individuals are expected to be **instrumental, assertive, and goal-oriented**. In interpersonal communication, this manifests as an “**agentic**” style, which prioritizes **task accomplishment, shared activities, and competition** over emotional expression.

Societal expectations typically rank women high on the warmth dimension and men high on the competence dimension. This division reinforces the “**specialization**” stereotypes discussed previously, where women are viewed as “relationship specialists” using **rappor-talk** to maintain harmony, while men are viewed as “task specialists” using **report-talk** to negotiate status and achieve objectives.

Theoretical Frameworks for Gendered Communication

Scholars employ various communication theories to explain why and how gendered patterns emerge in interaction.

Muted Group Theory (MGT)

Developed by Edwin and Shirley Ardener and expanded by Cheris Kramarae, **Muted Group Theory** (MGT) posits that the language system is primarily constructed by the **dominant group** (historically men), making it fundamentally imbued with their experiences and norms.

- **Mutedness:** Subordinate groups, specifically women, experience **mutedness** because they struggle to articulate their experiences freely without having to assimilate to the dominant language. Women must often undergo a “translation process,” such as adopting male-centric metaphors (like those involving sports), to be heard in public discourse.
- **Malestreaming:** This concept highlights that men frequently act as **gatekeepers** of communication, controlling what is deemed acceptable or important, meaning mainstream communication often reflects a “malestream” expression.
- **Example:** Practices like **mansplaining** (where men assert dominance by explaining things women already know) are manifestations of malestream communication that reinforce the assumption of male authority.

Genderlect Styles Theory

Deborah Tannen’s Genderlect Styles theory views masculine and feminine communication as two distinct cultural dialects, suggesting that men and women grow up in different **speech communities**.

- **Rapport-Talk (Feminine Style):** Women are often socialized into styles emphasizing relationship building, establishing equality, expressing nurturing, and fostering interdependence. The goal is establishing closeness and intimacy.
- **Report-Talk (Masculine Style):** Men are typically socialized into styles emphasizing maintaining independence, negotiating status (**hierarchy**), focusing aggressively on facts and tasks, and competition. The goal is demonstrating competence and achieving instrumental objectives.

These divergent goals often lead to **misunderstandings**. For example, when a woman shares a problem seeking support and empathy, a man may offer unsolicited **advice** (“report-talk”), making the woman feel dismissed or hurt by the lack of emotional understanding (“rapport-talk”).

Gender Performativity

Judith Butler’s theory of **Gender Performativity** fundamentally challenges the idea that gender is an internal “essence” waiting for outward expression. Instead, gender is seen as a “doing” rather than a “being,” entirely created through the **ritualized repetition** of stylized acts (like dress, movement, and speech) that conform to societal norms.

- **Compulsion and Discipline:** Individuals are compelled to repeatedly perform gender “correctly” because society rewards conformity and punishes deviation, reinforcing the illusion

that gender is stable and natural.

- **Citation of Norms:** Every action, including the doctor declaring “it’s a girl,” is a **performative utterance** that forces the individual to continuously “cite” gender norms to remain a “viable social subject”.

RETHINKING PINK & BLUE: A GENDERED COLOR SWAP

Historically, conventions for pink and blue have reversed, revealing their arbitrary nature as social constructs, not biological facts.

THEN
(Early 20th Century)

Pink was for Boys
Early 20th-century fashions depicted with “strong colour” suitable for boys.

Blue was for Girls
Early 20th-century fashions depicted with “feminine delicate and dainty” colors, pastel tints.

The Swap Occurred in the Last 75 Years
Conventional wisdom for pink associated through modern advertising campaigns.

Modern Justifications Are Flawed
Little scientific research has proven the preference for “hard wired” evolutionary.

Media Amplified the Myth
Modern research has shown that “hard wired” evolutionary programming is not pink.

“The generally accepted rule is pink for the boys, and blue for the girls.”
— *Ladies Home Journal*, 1918

The trope that blue is for boys and pink is for girls is one example of the social construction of gender.

Exercises

- **Genderlect Misunderstandings:** Reflect on a recent interaction where you felt dismissed or misunderstood while sharing a personal struggle. Looking back, was the conflict fueled by a clash between rapport-talk (seeking empathy) and report-talk (receiving unsolicited advice)?
- According to the theory of Gender Performativity, gender is created through repeated acts. What are three specific communication “rituals” you perform daily (e.g., your posture, your use of intensifiers, or your level of eye contact) that signal your gender identity to those around you?

Gendered Communication in Interaction

Gendered Communication in Interaction

Gender socialization impacts both verbal and nonverbal behaviors, leading to subtle yet consistent patterns in cross-gender interpersonal communication.

Verbal Communication Patterns

Feature	Feminine Communication (Rapport-Talk)	Masculine Communication (Report-Talk)	Implication
Talk Time	Women talk less in professional settings related to perceived status. Talk time is primarily focused on building and maintaining relationships.	Tendency to dominate conversation time; linked to status and control.	Lengthier talk can signal dominance or presumed status.
Tentativeness	Uses tag questions (“... , isn’t it?”), hedges (“I’m <i>pretty sure</i> ...”), and disclaimers (“I may be wrong, but...”).	Uses directives (“Do this now...”) and explicit statements.	Tentativeness can be misread as indecisiveness, but is often used to foster rapport, seek consensus, or invite participation.
Interruptions	Often employs supportive interrupting (for clarification or agreement).	Often intrusive , used to gain control of the floor or express dominance.	Interruptions communicate relational dynamics, not just content.
Self-Disclosure	Higher likelihood of sharing personal information, emotions, and relationship thoughts.	Less likely to disclose vulnerability or personal feelings; conversation focuses on instrumental facts or task accomplishment.	Disclosure imbalances can fuel tension in relationships (Openness-Closedness dialectic).
Intensifiers	Higher use of adverbs like “really” or “vastly” to express emotion	Generally lower use; focus is on instrumental facts.	

Nonverbal Communication Patterns

Nonverbal cues are crucial in communication, often conveying relational messages of dominance, composure, and trust.

- **Kinesics (Body Language):** Women are more likely to adopt affiliated nonverbal cues, such as frequent smiling, nodding (indicating agreement or support), and maintaining a face-to-face body orientation. Men tend to use more **expansive postures** (taking up more space, leaning forward) to project assertiveness, confidence, and dominance.
- **Oculesics (Eye Contact):** Women typically make and sustain more eye contact than men. In status-based interactions, the higher-status person tends to look while speaking, while the lower-status person looks while listening (**visual dominance**).
- **Proxemics (Personal Space):** Men generally prefer greater interpersonal distance, while women are often comfortable with closer proximity, which is frequently associated with conveying warmth or friendliness.
- **Nonverbal Acuity:** Women tend to exhibit higher nonverbal accuracy, meaning they are typically better at decoding nonverbal behaviors and interpreting emotional cues than men.

Analogy: Gendered communication can be thought of as two different operating systems (like iOS vs. Android). Both are designed to facilitate interaction and solve problems, but they use different internal logic, shortcuts, and default settings. Misunderstandings often occur not because the “hardware” (the individual) is broken, but because the two systems are processing the same “data” (the message) through different codebases.

Gender in Interpersonal Relationships

Gender roles and expectations significantly influence how relationships are initiated, maintained, and how conflicts are navigated.

Relational Dynamics and Conflict

Relational Dialectics Theory (RDT) emphasizes that close relationships are characterized by unavoidable **dialectic tensions**, or contradictory struggles between opposing desires that exist within the relationship (internal) or between the couple and the community (external).

A common struggle exacerbated by gendered communication styles is the **Connection-Autonomy** dialectic. This tension arises from the simultaneous desire for intimacy and closeness (**connection**) versus the need to maintain one’s individuality and independence (**autonomy**). In heterosexual couples, this often manifests as the **demand/withdraw** pattern, where the woman (seeking connection/discussion/rapport-talk) demands conversation, and the man (seeking autonomy/status/report-talk) withdraws or avoids interaction.

Conflict Resolution Styles (CRS)

The approach individuals take to resolving conflict is significantly shaped by gender socialization and relational context. The Thomas-Kilmann Conflict Mode Instrument identifies five primary response patterns based on a balance of self-concern (**agenda**) and concern for others (**relationship**):

1. **Competing** (High Agenda, Low Relationship)
2. **Avoiding** (Low Agenda, Low Relationship)
3. **Compromising** (Moderate Agenda, Moderate Relationship)
4. **Accommodating** (Low Agenda, High Relationship)
5. **Collaborating** (High Agenda, High Relationship)

Generally, people socialized as feminine tend to be highly compromising and accommodating (prioritizing the relationship), while people socialized as masculine tend to be highly competitive (prioritizing their agenda/dominance). However, in the workplace, these differences often diminish, with professional **role** and organizational **status** becoming the primary predictors of conflict style (e.g., managers, regardless of gender, are more likely to be competitive and collaborative).

Exercises

- Think about the games you played as a child—whether they were competitive large-group games with strict rules or cooperative small-group activities focused on feelings. How do those early lessons in asserting dominance or fostering intimacy influence the way you currently handle interpersonal conflict? Do you find yourself defaulting to an accommodating style to prioritize the relationship, or a competitive style to prioritize your own agenda?
- Analyze your own nonverbal habits, such as your use of kinesics (gestures and nodding) and oculosics (eye contact). Do you typically use expansive postures to project confidence or affiliated cues like smiling to build rapport? How do these daily “performances” of gender shape how much status and control you feel you have in different interpersonal settings?

5

The Lived Experience of Gender Diversity in Communication

The Lived Experience of Gender Diversity in Communication

Modern communication requires moving beyond the traditional gender binary to understand the unique challenges faced by **transgender** (TG) and **non-binary** (NB) individuals.

Intersectionality and Minority Stress

Intersectionality, coined by Kimberlé Crenshaw, is a framework for understanding how multiple social categories (like gender, race, class, and sexual orientation) combine and overlap to create interdependent systems of discrimination or disadvantage. This lens is crucial because the challenges faced by women, for example, differ vastly depending on their race or sexual orientation.

Transgender and **non-binary** individuals experience high rates of **minority stress**—the chronic, unique stress resulting from prejudice and discrimination based on their gender identity—which significantly impacts their mental health.

- **Health Disparities:** TGNB adolescents report a significantly higher prevalence of depression (40.5%) and anxiety compared to cisgender peers (15.6% depression).
- **Impact of Support:** Crucially, TGNB youth who have supportive families and are affirmed in

their gender show mental health profiles similar to their cisgender peers.

Barriers in Communication and Care

TGNB individuals face constant challenges, particularly due to pervasive cisgenderism (the assumption that everyone is cisgender and binary). These challenges manifest as two types of minority stressors in communication:

1. **Distal Stressors (External):** These are objective instances of prejudice and discrimination.
 - **Non-Affirmation and Structural Misgendering: Misgendering** (being referred to by incorrect pronouns) and **deadnaming** (using a previous name) are frequent **microaggressions** that cause psychosocial harm and distress. This non-affirmation often originates from **structural sources**, including electronic health records (**EHR**), prescription names (e.g., “male testosterone”), and gendered clinic names.
 - **Social Intrusiveness and Safety:** TGNB individuals face heightened rates of harassment, discrimination, and bullying, leading to **guardedness** and fear for personal safety. **Binary normativity** in public places (such as restrooms, locker rooms, or changing rooms) creates a **cisgenderist** social need to categorize people, leading to persistent observation and **social intrusiveness** and control when a person’s gender expression is perceived as “uncertain”.

2. **Proximal Stressors (Internal):** These relate to the individual’s internalized response to external stigma.
 - **The Burden of Effort:** Interacting with cisgender people often requires a significant amount of effort and emotional labor, as TGNB individuals often feel compelled to educate others about gender diversity and navigate potential misunderstandings. This burden can lead to exhaustion and a sense of powerlessness.
 - **Fetishization and Rejection:** Transgender individuals often face rejection from potential partners in dating contexts and can be subjected to **fetishization**—a sexual focus on “transness as an overvalued sexual object” rather than a whole person. This can lead to decreased self-esteem and the feeling of being an object or commodity.
 - **Avoidance of Care:** The anticipation of misgendering and discrimination causes many TGNB individuals to delay or avoid seeking necessary medical care. Even hearing about others’ negative experiences can deter individuals from pursuing medical services.
 - **Gender Dysphoria as a Stressor: Gender dysphoria** refers to the emotional state of feeling very unhappy, uneasy, or dissatisfied in relation to one’s gender. This experience is clinically defined in the DSM-5 as the discomfort or distress connected with one’s gender incongruence or a disconnect between a person’s gender and their sex. The feelings associated with gender dysphoria can range widely from mild discomfort to unbearable distress and may occur in relation to any dimension of gender. This distress is not solely rooted in internal factors, but can be significantly triggered or increased by adverse social experiences, such as misgendering (using incorrect names or pronouns). Experiences of distress often lessen as greater congruence (harmony across the dimensions of gender) is achieved. If a person’s discomfort or distress negatively affects their quality of life and relationships, they may seek support from a trained, affirming professional. It is important to note that not all transgender and

nonbinary people experience dysphoria, and cisgender people can also experience dysphoria.

“Transition” is Better Understood as Pursuing Congruence

The term ‘transitioning’ can be misleading. It implies a person’s gender identity is changing. More often, it is an **understanding** of that person’s gender that is shifting. For the individual, it is an evolution toward alignment.

A Better Phrase: Pursuing congruence measures.



Not all (or any) of these steps are required for a person's gender identity to be valid. The path is unique to each individual.

Transition doesn't mean changing one's identity, rather it refers to steps that assure others' understanding of that person's identity.

Strategies for Inclusive Communication

Affirming communication and a commitment to **gender literacy** are crucial for overcoming these barriers and fostering positive interpersonal relationships.

1. **Prioritize Affirmation and Support:** The support of family is the most significant factor in the mental health and well-being of a gender-expansive young person. Affirming people in their gender is essential for all and life-saving for some.
2. **Use Inclusive and Respectful Language:** A critically important way to demonstrate support and respect is by honoring requests for chosen names and pronouns. Since language is dynamic, communicators should approach interactions with a stance of openness to the complexity of gender and the recognition that each person determines their own identity.
3. **Practice Empathy and Avoid Assumptions:** Positive interactions are characterized by openness, honesty, and empathy, meaning cisgender individuals genuinely seek understanding. Avoid making assumptions about a person's gender identity based on their gender expression. For instance, assuming a person's sexual orientation based on their gender expression can be a “faulty conclusion” that hinders communication and understanding.
4. **Know How to Handle Mistakes (The 4 A's):** Since accidental misgendering is common, gender-affirming clinicians developed a four-step model for responding effectively when an

error occurs, avoiding the potentially stigmatizing experience of placing attention on the patient's identity. Anyone can use these steps in their personal and/or professional relationships. The steps are:

- **Acknowledge:** Recognize and admit the mistake internally.
- **Apologize:** Issue a sincere apology to the person.
- **Advance:** Move on from the incident immediately to avoid dwelling on it or distracting from the main reason for the interaction.
- **Act:** Take actionable steps to ensure the mistake does not happen again.

5. **Address Structural Barriers:** For public institutions, effective communication requires systemic changes. This includes making healthcare, workplaces, schools, and other institutions affirming, implementing mandatory training for staff on gender-affirming practices, and providing a space for non-binary and gender-diverse employees on development and management teams.

Exercises

- Reflect on your own unique mix of social categories (such as race, gender, class, or sexual orientation). How does the framework of intersectionality help you see that two people with the same gender identity might experience vastly different communication barriers or levels of minority stress based on their other overlapping identities?
- Gender dysphoria can be triggered or increased by social experiences like misgendering, while gender congruence is fostered through affirmation. Reflect on a time when someone's use of a specific name, pronoun, or label for you made you feel either deeply seen or deeply misunderstood; how does this illustrate the idea that affirming communication is not just about politeness, but is essential for a person's well-being.
- Think about a time you accidentally used the wrong name or pronoun for someone. How does the "4 A's" model (Acknowledge, Apologize, Advance, Act) provide a more effective path for repair than simply ignoring the mistake or over-apologizing? Why is the "Advance" step particularly important for preventing the other person from feeling like they have to "caretake" your emotions after your mistake?

6

End Notes

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