

**WHAT IT MEANS TO HAVE A BODY AS A TRANS\* PERSON: AN  
INDUCTIVE, QUALITATIVE APPROACH TO UNDERSTANDING BODY  
IMAGE IN TRANS\* POPULATIONS**

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### **Abstract**

Transgender and non-binary people are individuals who do not identify with their sex assigned at birth. Body image, particularly body dissatisfaction, has played a major role in the conceptualization of what it means to be a transgender or nonbinary person, as evidenced in transgender diagnoses since the 1980s. However, little research exists where researchers ask trans\* people to describe, in their own words, how they feel about their bodies. Further, even less research exists that does not interpret these findings through the lens of pathology. Researchers have not yet explored how trans\* people think, feel, and perceive their bodies or how they conceptualize body image using an inductive approach. This study interviewed a diverse sample of 10 transgender and non-binary individuals across Canada to better understand how trans\* people think and feel about their bodies and how they conceptualize body image. Using thematic analysis, six main themes and four subthemes were identified, revolving around both personal aspects of body image (e.g., evaluations of one's body, decisions about gender-affirming care) as well as social aspects, such as the influence that the dominant, cisgender society and social spaces can have on a trans\* person's body image. The current findings support that body image is a highly individualized and highly variable experience influenced by several factors, including social factors such as discrimination and stigma. These findings also highlight a need to reassess mainstream narratives about body image for trans\* people, particularly the reliance on body dissatisfaction, as well as a need for body image measures conceptualized, designed for, and sensitive to the unique needs of transgender and nonbinary populations.

### **General Summary**

Transgender and non-binary people are individuals who do not identify with their sex assigned at birth. Little is known about how transgender and nonbinary people feel about their bodies. However, these populations are expected to report body dissatisfaction, and this dissatisfaction plays a crucial role in receiving diagnoses (e.g., Gender Dysphoria) that aid in accessing gender-affirming care (e.g., hormone replacement therapy, gender-affirming surgeries). Given this knowledge gap and the severe implications of it, I interviewed 10 transgender and nonbinary individuals across Canada to understand how they felt about their bodies. These results suggest that how a transgender/nonbinary person feels about their body varies and that discrimination and stigma contribute to how trans\* people think and feel about their bodies. These findings demonstrate the need for a more nuanced understanding of body image for transgender and non-binary populations and further research that prioritizes the lived and living experiences of transgender and non-binary individuals.

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And to end this off with a quote from one of my favourite musicians, poignant both for this topic matter and academia in general:

*“What, you think ideas spread because they're good?”*

*No, they spread because people like them.”*

– Will Wood (2020, 3:30-3:34)

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**What it Means to Have a Body as A Trans\* Person: An Inductive, Qualitative Approach to Understanding Body Image in Trans\* Populations**

An individual's thoughts, feelings, and perceptions of their body can impact their mental health greatly. Research has shown that negative body image, or body dissatisfaction, is a key feature of eating disorders, as noted in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013), depression (McLean et al., 2022; Paxton et al., 2006), quality of life (Mond et al., 2013; Purton et al., 2019; Wilson et al., 2013), and overall psychosocial functioning (Wilson et al., 2013). The ways people view their bodies are collectively shaped by their sex, the combination of biological traits like chromosomes, hormones, and physical features, along with their gender, societal and cultural norms, ideals, expectations, and identities of what it is to be a man, woman, or non-binary person (CIHR, 2023).

The distinction between sex and gender is instrumental to transgender and non-binary individuals (hereon referred to as trans\*) whose gender identity does not align with their sex assigned at birth (National Center for Transgender Equality, 2023). The shorthand trans\* is used to denote the full spectrum and diversity of trans\* experiences – it originates from Boolean search phraseology wherein the asterisk acts as a wildcard so various identities can be added to the “trans” prefix (e.g., transman/masc/masculine, transwoman/femme/feminine, trans-nonbinary; Bussell, 2012; Tompkins, 2014). Thus, this will be used as an umbrella term to talk about varying trans\* experiences, with a specification of identity groups when necessary. Trans\* people contrast cisgender (hereon referred to as cis) people, whose gender identity aligns with their sex assigned at birth.

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Because trans\* individuals experience their sex and gender, and therefore their bodies, in a fundamentally different way than cis people do, prevailing theories of cis body image should not be carelessly applied to trans\* people. However, current research relies heavily on cis measures and cis conceptualizations of body image, and therefore cis theories of body image to understand and explain how trans\* individuals feel about their bodies. Indeed, a recent scoping review of body image and eating disorder research in trans\* populations noted that 48 out of the 59 included studies relied on quantitative measures (Heiden-Roots et al., 2023) with the most common body image measures being the Body Uneasiness Test (Cuzzolaro et al., 2006), Symptom Checklist-90 (Derogatis et al., 2010), and Eating Disorders Inventory (Gardner et al., 1983). Notably, none of these measures have undergone validation with a trans\* sample<sup>1</sup>. The lack of validation of body image measures with trans\* samples has been highlighted as a concern by other systematic reviewers in the body image field (Kling et al., 2019). This lack of validation means researchers cannot be sure that the numerical values we assign to scores from these instruments accurately represent values of the body image concept for trans\* people. Not having a strong empirical measurement base for trans\* body image (i.e., do these measures work, do they measure what trans\* people conceptualize as ‘body image’) weakens the entire study of body image among trans\* individuals, which as I will demonstrate, is fundamentally enmeshed in much of the research about trans\* people in general.

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<sup>1</sup> As per Google Scholar search of each measure including keywords “transgender” and “confirmatory factor analysis” conducted as of May 8<sup>th</sup>, 2024. An example search would be: “Body Uneasiness Test” AND “Transgender” AND “Confirmatory Factor Analysis”.

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Furthermore, all the trans\* longitudinal body image studies revolved around assessing the impact of gender-affirming care (e.g., hormone replacement therapy and gender-affirming surgeries; Heiden-Roots et al., 2023). The propensity to use cis-oriented body image measures to evaluate a crucial aspect of trans\* healthcare, hormone replacement therapy and gender-affirming surgeries, further emphasizes how essential it is to know what body image means to trans\* people as the components comprising the body image construct very well may differ for trans\* individuals, considering their unique experiences with sex, gender, and their bodies compared to cisgender individuals. Without a clear understanding of what body image means to trans\* people, we can not know whether or not we are measuring body image accurately; and the repercussions of misconceptualization and mismeasurement are severe and impactful, particularly as they directly relate to assessing the effectiveness of gender-affirming care. Considering the potential divergence in the conceptualization of body image between these two groups (due to sex and gender incongruence) and acknowledging that conceptualization and theory form the foundation of quantitative measurement (Kline, 2023), it is crucial to explore how body image is perceived, conceptualized, and experienced by trans\* people. Only then can we move to start developing theories and body image measures that can accurately capture what body image means to trans\* people. Therefore, the primary thrust of this thesis is to develop and conceptualize body image from the bottom-up for trans\* people using an inductive qualitative research framework, to serve as the basis of a new scale of trans\* body image.

### **What is Body Image: A (Presumably) Cis Perspective**

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Before beginning, it is important to note that, historically, researchers in the body image field do not state that their participants are cis. From reading the literature, it is extremely hard to tell if and whether researchers have put into their surveys the types of questions necessary to surmise if they have trans\* participants, and further, standard gender reporting practices make this very unclear (e.g., simply reporting on men and women or males and females with no indication of cis or trans\* status). This erasure (that is, the indirect exclusion and lack of acknowledgment of trans\* people's existence in research) stems from cisnormativity. Cisnormativity refers to the assumption that everyone is cis and that being cis is "normal," with these assumptions not allowing for the recognition of trans\* people (Bauer et al., 2009). Because everyone is assumed to be cis, the results of most body image studies are discussed under the premise of sex and gender congruence. It is quite possible that trans\* people were participants in prior studies, however, due to restrictive sex/gender questions and/or post-hoc researcher decisions (i.e., aggregating cis and trans\* groups, not reporting trans\* frequency counts), it becomes difficult for readers to know precisely if, how frequently, and in what amount, trans\* people have been participants in past research in this area. So, while trans\* people may have certainly partaken in past body image research, it was not reported in an identifiable way, therefore I cannot say with complete certainty that all participants were cis. However, given how past research was designed and how past researchers discuss gender, sex, and the cisnormative assumptions made between the two, I will refer to the body image literature as the "cis body image literature" since the majority of the body image research appears to be conducted for, by, and with cis people. Studies that are

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explicitly labeled in reference to trans\* people, then, will be referred to as the “trans\* body image literature.”

In terms of conceptual definitions, body image has been defined in various ways throughout the years, with the first academic definition conceptualizing body image as “the picture of our own body which we form in our head” (Schilder, 1935, as cited in Slade, 1994, p. 497). However, the concept of body image is broad and more nuanced than simply how you picture yourself in your mind (Cash & Pruzinsky, 2002). Now recognized as a multidimensional construct, body image has been categorized into various components, though most often categorized as being either attitudinal or self-perceptual (Cash, 1994).

### *Attitudinal Body Image*

The conceptualization of attitudinal body image emerged when researchers realized that emotional and cognitive processes (i.e., the nonsensory) influenced measures of perceptual body image, such as size estimation (Gardner & Moncrieff, 1988). Attitudinal body image often refers to two components: 1) evaluative-affective and 2) investment (Cash, 1994). Evaluative-affective body image refers to how you think and feel about your body (Cash, 2012). This is most often measured as the overall satisfaction/dissatisfaction with your physical appearance (Cash, 2011; Kling et al., 2019). Attitudinal body image investment, on the other hand, refers to how important your body image or appearance is to you, with the theory being that the more invested you are in your physical appearance, the more affected you are by it (Cash, 2012).

### *Self-Perceptual Body Image*

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Self-perceptual body image refers to the way you see and interpret your body; it differs from attitudinal conceptualizations of body image in that how one feels about their body is not the main concern. Rather, it is how the brain organizes and interprets the accumulation of sensory and nonsensory information to create a representation of the body in the mind (Gardner, 2012). The sensory component of perceptual body image refers to the information your brain receives about your body through your senses which is influenced by things such as room lighting, distance from the mirror, or the angle you view your body (Gardner, 2012). The nonsensory component refers to what your brain does with the information it has received (e.g., at certain angles, the brain interprets the body as thinner than at other angles). Most often, perceptual body image is operationalized as body size overestimation or underestimation, in other words, the degree to which you see yourself as over/underweight regardless of your true weight (Gardner, 2012).

### **Importance of Gender in Body Image**

Gender has always had considerable relevance in the study of body image — but this area has historically focused on differences between cis individuals. Gender is often the most superordinate category for individuals to compare their bodies on, that is, you compare your body to bodies biologically similar to your own. Gender is foundational to how researchers conceptualize, theorize, and measure body image. For ciswomen, body image often centers around a drive for thinness (Karazsia et al., 2017) with the ideal body standard for ciswomen being thin, toned, and having accentuated female features such as being curvy or having large breasts (Koff et al., 2010; Rodin et al., 1985). This standard is theorized to come from cultural and societal ideals of beauty portrayed in the media

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(Fredrickson & Roberts, 1997; Paquette & Raine, 2004) influencing body dissatisfaction in women (Groesz et al., 2002; Stice, 2002). Conversely, for cismen, body image often centers around a drive for muscularity (Karazsia et al., 2017) with the ideal body standard being muscular and slim, specifically with proportional muscularity in their upper torso (Fawkner & McMurray, 2002; Leit et al., 2001; Olivardia et al., 2004).

For ciswomen, dissatisfaction with weight and striving for thinness is so common that it has been deemed a normative experience (Rodin et al., 1985), with a drive for muscularity being deemed normative for cismen (Tiggemann et al., 2007). It is not surprising, then, that over the last two decades, body image researchers have pushed for the gendered development of body image scales, meaning that separate body image scales have been made for cismen and ciswomen due to the underlying theoretical differences in how cismen and ciswomen people think about their bodies (Cafri et al., 2002; McCabe & Ricciardelli, 2004; Thompson, 2004). Some have even gone so far as to say that this is the best measurement practice (Krawczyk et al., 2012).

Relatedly, there has been a history of critique about using body image measures designed for ciswomen with cismen due to these theoretical differences (Cafri & Thompson, 2004; McCabe & Ricciardelli, 2004; McCreary & Sasse, 2000; Olivardia et al., 2004; Thompson, 2004). Body image research has predominantly focused on ciswomen (Thompson et al., 1999) and therefore on thinness, as that is how body image is conceptualized and theorized about for ciswomen. Later, when researchers became interested in studying cismen's body image, they utilized the pre-existing measures for ciswomen. As pointed about by Cafri and Thompson (2004), the use of these measures is misleading because concerns about weight and thinness alone cannot assess muscularity,

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which is important to how cismen conceptualize body image. This clearly demonstrates that how we conceptualize body image is crucial to how we measure it.

For example, figural assessments are a measure of subjective body dissatisfaction where participants are presented with a series of bodies that range from thin to overweight and are asked to select which body most resembles their own and what body they would like to have (Stunkard et al., 1983; Thompson et al., 1991). In these studies, ciswomen would typically select an ideal body that was thinner than their own and this was interpreted as body dissatisfaction given the underlying theory that ciswomen desire to be thin (e.g., Cohn & Adler, 1992; Fallon & Rozin, 1985; Zellner et al., 1998). However, in use with cismen, researchers kept finding mixed results as cismen would almost equally desire to be thinner or larger than their current body (Cohn & Adler, 1992; Raudenbush & Zellner, 1997; Silberstein et al., 1988). This was because there was a relationship between weight and muscularity that had not been captured in these measures of thinness/weight (Cafri & Thompson, 2004). Thus, the issue stemmed from the theoretical basis of the measure: creating a measure where the only dimension is thinness and where a desire to be thinner was conceptualized as body dissatisfaction. Even down to how the figural assessment scores were calculated (i.e., current body score minus ideal body score), it was oriented to represent dissatisfaction with selecting a thinner body ideal (Cafri & Thompson, 2004; Stunkard et al., 1983). By adjusting the scoring of the scale, researchers gained a more nuanced understanding of the results among cismen. This prevented them from erroneously concluding, as earlier studies had, that there was no body dissatisfaction among cismen (e.g., Fallon & Rozin, 1985; Zellner et al., 1998).

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Further explicated by Cafri and Thompson (2004), the undue application of ciswomen's body image to cismen extends to the use of Likert-based scales, such as the body dissatisfaction subscale of the Eating Disorder Inventory (Garner et al., 1983), the Body Esteem scale (Mendelson et al., 2001), and the Multidimensional Body-Self Relations Questionnaire (Cash, 2000). Since these measures conceptualize body dissatisfaction on weight/thinness, they are merely "very general satisfaction indexes" (Cafri & Thompson, 2004, p. 22) when applied to other populations who may not experience body dissatisfaction in that way. For cismen particularly, the absence of measuring muscularity in these scales hinders the ability to gauge what exactly is causing body dissatisfaction (Cafri & Thompson, 2004).

This is a clear example, specifically in a gendered context, of how the conceptualization and theory behind a concept has wide-reaching implications for studies, specifically the validity of measures, to ascertain amounts of that construct. This demonstrates how the use of a scale outside of the population it was designed for can be fraught with inferential peril. That how a construct is conceptualized can make ambiguous the scores for populations upon which these conceptualizations and theories are not accurate. The body image literature is a perfect example of how important it is to consider what a concept means to different populations and how the same construct (i.e., body image) might differ in its real-world expression across groups for whom the construct is materially different (in this case, cismen and ciswomen). And crucially, how the inductive and progressive understanding of cismen's body image (e.g., Grogan & Richards, 2002; Tiggemann et al., 2007; Tiggemann et al., 2008) and the subsequent development of body image scales designed for cismen (e.g., Drive for Muscularity Scale,

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McCreary & Sasse, 2000; Male Body Attitudes Scale, Tylka et al., 2005) was instrumental to progress research in an accurate way. Thus, if we wish to understand body image in populations other than ciswomen and cismen, it is first essential that we understand what body image means to those specific populations.

Given how much scrutiny was applied to researchers using body image measures designed for ciswomen with cismen, it is not unreasonable to assume that cis and trans\* comparisons may also be fraught with inferential peril. Indeed, some researchers are now suggesting that comparing trans\* and cis populations using cis body image measures may not be as valid as once believed, citing in their limitation section that there is no evidence that the conceptualization of body image is the same for cis and trans\* people (e.g., Vocks et al., 2009). Thus, research has slowly emerged focused specifically on trans\* body image.

Trans\* body image is a highly valuable area of research. This population is marginalized, and their health and well-being are of critical and often unrepresented importance. Moreover, if the overarching goal of the emerging research into trans\* body image is to actually understand trans-specific experiences of body image, then it is crucial to nail down the foundational *measurement* elements that underpin any research endeavor. I believe the same high-level conceptual and measurement problems in the literature about the utility of ciswomen's body image scales/concepts for cismen are now being mirrored in the undue application of cismen's and ciswomen's measures/concepts for trans\* body image.

### **Body Image: A Trans\* Perspective**

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The foundational research on body image focuses on considering the difference in body image conceptualization between cismen and ciswomen. Yet, attempts to quantify and conceptualize body image for trans\* individuals have been similarly rife with issues. The construct of body image for trans\* people remains poorly defined. Much like how in the early days of cismen versus ciswomen comparisons, there was an assumption that ciswomen's concepts and measures would work for cismen (later disproven), we are currently in a similar situation in which assumptions are being made about the utility of cis concepts and measures of body image for trans\* individuals. Importantly, very little conceptual work has been done to identify the boundaries of what is and is not body image for trans\* people. The conceptualization of body image for trans\* people, both past and present, has remained nebulous. I argue that views of trans\* body image have been seen through a lens centered on the enduring legacy of transmedicalization — rather than treating trans\* body image as a separate concept fundamentally distinct from cis body image, requiring its own exploration and conceptualization.

Transmedicalization refers to the medicalization of trans\* identities – specifically, that being trans\* is a medical condition that requires medical treatment to alleviate the symptoms (Johnson, 2015; Johnson, 2016; Johnson, 2019). Body image, and one's psychological relationship with one's body generally are central to transmedicalism, with the narrative being that trans\* people feel they are “born in the wrong body” (Bettcher, 2014; Johnson et al., 2016). Under transmedicalism, this bodily mismatch is distressing and can only be treated by medical transition (e.g., hormone replacement therapy and gender-affirming surgeries; APA, 2013, 2020). The heavy emphasis placed on the body and the fixation on medical transition originates often not from trans\* individuals

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reporting on their own experiences, but from the cis researchers (e.g., John Money, Harry Benjamin, Richard Green) who first studied and reported on the trans\* experience (Lindley et al., 2024). This pervasive paradigm of the trans\* experience, one of bodily mismatch and distress, has permeated throughout the medical and psychological history of trans\* people and plays a fundamental role in how medical professionals and psychologists determine who they deem is or is not trans\*. Simply put, body dissatisfaction, specifically dissatisfaction with one's primary and secondary sex characteristics, has historically and consistently formed an integral part of the diagnostic criteria for identifying individuals as "transgender" (APA, 1980, 1994, 2000, 2013, 2022). Thus, it is important to understand the history of trans\* diagnoses to understand better the origins of the trans\* body image literature.

With its introduction to the *DSM-III* (APA, 1980), the diagnosis of Transsexualism was heavily focused on genital dissatisfaction, stating that one must present with a "wish to be rid of one's own genitals and to live as a member of the other sex." In the *DSM-III-R* this was adapted to indicate overall body dissatisfaction, stating one must have a "persistent preoccupation for at least two years with getting rid of one's primary and secondary sex characteristics and acquiring the sex characteristics of the other sex." More explicitly, the preoccupation with "getting rid of" sex-related body parts is referring to body dissatisfaction, specifically that trans\* people must report dissatisfaction with sex-related parts of their body (e.g., for transwomen, body parts influenced by testosterone at puberty such as one's penis, testes, facial hair, trunk-shaped body) and the desire to get rid of these body parts which would be done through gender-affirming care (creation of vulva, clitoris, breasts, removal of facial hair). The following

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iteration of the *DSM* changed the title of the diagnosis, with the *DSM-IV* (APA, 1994) using the term Gender Identity Disorder. However, the fixation of body dissatisfaction remained, now stating that one must have “persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.” Here we see the explicit reference of “discomfort” about one’s body and again the language “getting rid of” these sex-related body parts through gender-affirming care.

Currently, the *DSM-5* and the revised version (*DSM-5-TR*; APA, 2013, 2022) use the diagnosis Gender Dysphoria for trans\* populations, with the diagnostic criteria now stating that there must be a “marked incongruence between one’s sex assigned at birth and one’s gender identity for at least six months”. In addition to this requirement, an individual must also meet two of six criteria, two of which can be body dis/satisfaction-related: “a strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender” and “a strong desire for the primary and/or secondary sex characteristics of the other gender.” As per the current diagnosis of Gender Dysphoria, an emphasis on body-related distress remains, specifically, the wording indicating that a trans\* person must be dissatisfied by all characteristics of their body related to their sex assigned at birth and desire those of another gender. Overall, the *DSM* has medicalized the trans\* experience, and particularly

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how trans\* people are expected to feel about their bodies and what requests are expected (e.g., hormones and surgery) due to this dissatisfaction.

Narratives about how trans\* people should feel about their bodies are enforced by society as well — this phenomenon is referred to as transnormativity. Transnormativity implies that there is a “correct” way to be trans\* or that there is a threshold one must meet to be “trans enough” (Bradford & Syed, 2018; Johnson, 2016; Lindley et al., 2024). Transnormativity refers to the presumptively “normative” experience of being trans\* which often involves two core ideas: a) that one is born in the wrong body and b) medical transition is necessary to feel like one’s true self (Johnson et al., 2016). Transnormativity instills a hierarchy of transness such that trans\* people whose experiences coincide with transmedicalism (e.g., are diagnosed with Gender Dysphoria, adhere to the binary gender norms, and have undergone medical transition) are placed at the top whereas those who have more nuanced or diverse trans\* experiences (e.g., trans\* people who do not wish to medically transition, trans\* people who identify as non-binary but are comfortable presenting as their sex assigned at birth) are placed at the bottom (Anzani et al., 2023; Johnson et al., 2016). Both cis and trans\* people hold trans\* individuals accountable to this narrative wherein access to trans\* identity is gained through adherence to what has been deemed the normative trans\* experience (Johnson, 2016). Preference is given to those who fit the narrative outlined by transnormativity; on this socially constructed continuum, these individuals are *more trans\** than those who do not fall neatly within the transmedicalist narrative (Johnson, 2016).

Given that transmedicalism insinuates body dissatisfaction and transnormativity insinuates body dissatisfaction, to be considered trans\* both medically and societally

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implies body dissatisfaction. This fixation on body dissatisfaction remains central to how trans\* people are understood in research and by society at large. Indeed, research shows that historically, trans\* people are aware of these narratives and expectations (held by the medical community in particular) and feel the need to report these expected experiences, behaviors, and feelings even if they are not accurate, simply to ensure access to gender-affirming care (Bolin, 1988; Borba, 2017; Denny, 1992; Konnelly, 2021). As noted by Bolin (1988), trans\* people were never placed in a position to freely report on their lived experiences, including how they truly feel about their bodies, because adherence to this body dissatisfaction narrative determined access to gender-affirming care. Thus, researchers created these diagnostic criteria that were inherently unrepresentative, trans\* people were aware of them and knew adherence was crucial to accessing care and therefore reported these criteria during assessments and evaluations, falsely confirming the validity of the criteria (Bolin, 1988). It is not surprising then that the conceptualization of trans\* body image as a general field has been centered around Gender Dysphoria and thus body dissatisfaction, regardless of how accurate that is to the general trans\* experience.

### **What We Know About Trans\* Body Image: A Qualitative Review**

Research specifically looking at trans\* body image began similarly to cis people: through the eating disorder literature. Particularly two clinical case studies that, in total, consisted of three transwomen and one transman diagnosed with eating disorders (as well as Gender Identity Disorder; Hepp & Milos, 2002; Hepp et al., 2004) have had a significant impact on the trans\* body image literature. The first case study reports on two transwomen, one diagnosed with bulimia nervosa and one with anorexia nervosa. These

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authors make various hypotheses, but notable for trans\* body image research is the hypothesis that for transwomen, striving for thinness equates to striving for femininity because to be attractive as a woman is to be thin (Hepp & Milos, 2002). This is drawing on cis theories of body image, specifically that transwomen are striving for thinness because that is what the ideal body is for ciswomen. Further, both for transwomen and transmen, the authors hypothesize eating disorders as a way to suppress sex characteristics (Hepp & Milos, 2002; Hepp et al., 2004), reiterating a transmedicalist narrative. However, there are no direct reports from the trans\* patients in these case studies as to the motivation for their disordered eating, besides the transwoman with bulimia nervosa, for which the motivation was to look more feminine by losing weight (Hepp & Milos, 2002). That is not to say these are implausible explanations for these trans\* individual's experiences – this may very well accurately represent these three individuals' experiences with eating disorders. Rather, there is uncertainty about the accuracy of the information reported in this clinical setting, especially given the trans\* history elaborated above since trans\* individuals are not speaking for themselves; rather, the researchers are theorizing about them and their experiences.

These two clinical case studies are important to the trans\* body image field because the first qualitative study looking at trans\* body image (yet again, through an eating disorder lens) interprets their findings in reference to these hypotheses (Hepp & Milos, 2002; Hepp et al., 2004). Algars and colleagues (2012) conducted semi-structured interviews with 20 Finnish trans\* adults (11 transmen and 9 transwomen). All but four had received a diagnosis of Gender Identity Disorder and had varied in their access to gender-affirming care options (e.g., none, hormone replacement therapy, mastectomy,

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genital surgery). All but six endorsed disordered eating (diagnosed or self-reported).

While specific interview questions are not provided, participants were generally asked to discuss both current and life-long relationships to food and eating, any issues with either, as well as the participant's thoughts on the underlying causes of issues with food and eating. This study reports the perceived causes for disordered eating in trans\* individuals as either “suppressing gender” or “accentuating gender,” indicating a trans-specific, gender-focused desire for thinness and weight loss.

Specifically, in Algars and colleagues (2012), the theme of suppressing gender involved transmen reporting that they engaged in disordered eating to suppress primary and secondary sex characteristics, specifically to reduce curviness or a feminine figure – aptly described by the authors that striving for thinness was a “strive for reduced femininity” (Algars et al., 2012, p. 306). Suppressing gender also pertained to one transwoman, who reported disordered eating to reduce masculine sex characteristics. As for accentuating gender, two transwomen described thinness as having a strong association with femininity, specifically that thinness is a social standard for women to be deemed attractive in society and that thinness could help accentuate feminine aspects of the body (e.g., hip-waist ratio). Further, one transman reported that weight loss was a way to feel more masculine, citing both a feeling of strength (which they associated with masculinity) and that men’s clothing fit their body better when thinner. In addition to the perceived causes of disordered eating, participants reported a reduction in disordered eating and increased bodily comfort after accessing gender-affirming care (3 transmen, 1 transwoman) whereas two transwomen reported dissatisfaction with gender-affirming care, specifically hormone therapy, as it caused unwanted weight gain. Outside of the

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context of gender, trans\* participants also reported perceived causes of disordered eating to be related to self-control, worthlessness, stress, and social ostracization.

As the first qualitative study exploring trans\* body image, albeit from a disordered eating context, it provided preliminary evidence that dominant concepts in the cis literature, specifically that thinness and the motivations for thinness in a disordered eating capacity, may be conceptualized differently. Specifically, gender plays a unique role in a trans\* person's body image, and the motivations for thinness and what thinness means may differ between trans\* and cis populations. More recent research in the eating disorder literature reiterates distinct differences specific to the trans\* experience of disordered eating (e.g., discrimination and stigma, access to and impact of gender-affirming care; Brownstone et al., 2021; Cusack et al., 2022; Gordon et al., 2016; Harrop et al., 2023), with a study of trans\* people reporting that eating disorder treatment is not inclusive of them and their specific body image needs (Joy et al., 2021). We, however, are interested in how trans\* people in general experience their bodies and not how trans\* people with eating disorders view their bodies as that is a categorically different experience, worthy of its own research pursuits. Further, we cannot generalize the results of eating disorder studies with trans\* people to non-clinical, community samples of trans\* people and assume that captures the general trans\* body image experience.

In terms of trans\* body image research outside the context of direct pathology (e.g., Gender Dysphoria, eating disorders), there is little. Of this scant, exclusively qualitative research exploring how trans\* people think and feel about their bodies, one key study has paved the way toward a more general understanding of body image in trans\* populations. This foundational and highly cited study emphasized the complex

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relationship between normative, cis body image concerns and gender-based body image concerns. With a large ( $N = 90$ ) community sample of trans\* youth and adults (31% transmen, 37% transwomen, and 32% as non-binary), McGuire and colleagues (2016) conducted semi-structured interviews to ask trans\* participants questions on self-perception, body betrayal, eating/exercise behaviors, body art, expressions of masculinity/femininity, and clothing in relation to gender and body image. Using thematic analysis, responses were coded in reference to evaluative body image, with the two main themes being body satisfaction and body dissatisfaction. Both body satisfaction and dissatisfaction were related to gender presentation, normative ideal body standards, or an intersection between the two.

In total, 70% of participants expressed body dissatisfaction and this dissatisfaction varied in context. For gender presentation, trans\* participants ( $N = 25$ ) fixated on body parts associated with gender that they disliked or felt disconnected from, such as primary and secondary sex characteristics (e.g., genitals, breasts) as well as characteristics like one's voice and height. Others ( $N = 10$ ) expressed general body image concerns about societal ideals, such as a desire to be thin or feeling like they are not attractive. These two subthemes, however, intersected such that gender presentation and societal ideals could not be separated from one another ( $N = 32$ ). Specifically, participants reported that their body shape or size impacted their gender expression and how others perceived their gender. Participants expressed wanting to be thinner to suppress sex characteristics or appear more androgynous, others that they wanted to gain weight to look curvier (more feminine) or muscular (masculine). Transmen also expressed a

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specific concern about weight gain and the distribution of fat to the hips and breasts (accentuating femininity).

Crucially, and ground breaking considering the historical roots of the trans\* body image literature, body satisfaction was expressed equally as often among trans\* participants (64%) and this was categorized in the same three contexts. For gender presentation ( $N = 29$ ), participants discussed the positive impact that passing (being perceived and recognized as the gender you identify as, often by the general public; Goffman, 1963; Matilda, 2006; Planned Parenthood, n.d.) had on their body satisfaction, as well as satisfaction with one's body after physical changes from hormones or gender-affirming surgeries. For body image and societal ideals ( $N = 5$ ), participants spoke about how they felt their bodies matched their ideal body and the impact that working out or medical procedures for weight loss provided body satisfaction. As for the intersection between the two ( $N = 29$ ), body satisfaction was similar to dissatisfaction as the distribution of weight determined alignment with masculine or feminine body ideals (e.g., having a larger butt, hips brought satisfaction for transwomen whereas more masculine fat redistribution to reflect muscularity or a masculine figure brought satisfaction to transmen).

An important contribution of the work by McGuire and colleagues (2016) is that it was the first (and largest) qualitative study attempting to understand body image in trans\* populations in a non-pathologized sample. Theoretically, it was also crucial in distinguishing between internal body dis/satisfaction and external dis/satisfaction. Specifically, the idea that there is a social component to trans\* body image, a component that goes beyond personal, internal evaluations trans\* people make about their bodies.

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Body dissatisfaction had subthemes of self-criticism, wherein participants expressed *personal* discomfort and dislike of their body whereas the social distress subtheme pertained to the *societal interpretations* of participants' bodies, such as misgendering and a lack of passing. Body satisfaction also had subthemes of self-acceptance, wherein the participant expressed *personal* comfort with their bodies whereas social acceptance referred to *comfort defying social norms* of expected gender presentation or cis body ideals.

Overall, the work by McGuire and colleagues (2016) provided preliminary evidence of what body image researchers should have already known given their history of looking at cismen versus ciswomen. Gender matters, and it matters when dealing with trans\* body image as well – specifically, that trans\* body image is likely sufficiently different to warrant its own direct examination. Further, the authors provide strong evidence that trans\* body image does not solely consist of body dissatisfaction (as body satisfaction was expressed equally as much) and that there are external components (i.e., societal or discrimination-based components) that impact how a trans\* person feels about their body. While this research area remains relatively small, researchers have also begun exploring more focused experiences of body image, such as body positivity in non-binary individuals (Olge et al., 2023) whereas others have explored the meaning of body dissatisfaction but in a heavily clinical context (Mirabella et al., 2020).

While qualitative research into a topic as complex as body image, eating disorders or Gender Dysphoria is admirable, there are several flaws in how these qualitative studies approach body image for trans\* people. The dominant theorizing about trans\* body image stems from the literature on eating disorders or Gender Dysphoria (e.g., Algars et

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al., 2012; Hepp & Milos, 2002; Hepp et al., 2004; Mirabella et al., 2020) with evidence suggesting unique body image experiences for trans\* people. Further, while influential qualitative work has been completed in the field of trans\* body image using community samples, like the work by McGuire and colleagues (2016), the focus of this qualitative work was on body dis/satisfaction and less concerned about understanding the construct of body image itself. We do not yet know what the experience of having a body as a trans\* person is holistically, outside of the evaluative body image framework, and outside of the pathologized context of disordered eating and Gender Dysphoria diagnoses. We do not have theories, frameworks, or a scaffold for understanding what body image means to trans\* populations, raising the impetus of this work.

### **Latent Constructs: What are They and Why do They Matter**

Throughout this thesis, I have highlighted that body image research is saturated with self-report scales of body image that purport to measure quantities of the “body image” construct. And rightly so, this is a popular area of research, with its own journals (e.g., *Body Image*, *Body & Society*), conferences (e.g., National Eating Disorder Information Centre Body Image and Self-Esteem Conference; Body Image and Related Disorders Conference; International Conference on Body Image and Eating Disorders) and organizations (e.g., International Academy of Body Image, Eating Problems, and Health; Body Confidence Canada; The Body Positive). It is also a highly consequential research area and shares notable clinical importance because of its connection to eating disorders such as anorexia nervosa, bulimia nervosa, and body dysmorphic disorder (APA, 2020). That this area of research is so consequential means that we must attend to measurement issues that may or may not permeate it, and especially for marginalized

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groups. This is because measurement underscores all quantitative research and ties into contemporary and critical conversations about problems with measurement in psychology at large (Flake & Fried, 2017).

Since my thesis is focused on the conceptualization of body image and how that conceptualization influences the measurement of body image, it is crucial to understand modern measurement theory (i.e., latent variable theory). First, we begin with the notion that many of the psychological constructs we are interested in studying (e.g., mental illnesses, beliefs, emotions, personality) are not directly observable. They are unobservable and inferred through observable indicators – this is referred to as a latent variable or a latent construct (Borsboom et al., 2003). Researchers measure latent constructs by using observable indicators, such as (but not limited to) questionnaire items, interviews, or reported behaviours, which are hypothesized to be reflections of these fundamentally unobservable latent constructs (Borsboom et al., 2003). Body image is no exception, where frequently the goal is to measure and assess the correlates (and/or group differences) in unobservable constructs like body dissatisfaction, body image, and self-consciousness through questionnaires, for example.

When using questionnaires or scales to measure a latent construct, like body image, several theoretical assumptions are implicitly made (Borsboom et al., 2003). Critical, however, is the assumption that an individual's quantity of the latent construct (e.g., body dissatisfaction) is presumed to cause covariation between scale items measuring the same construct (e.g., reporting dissatisfaction with their hips, legs, and face). This is referred to as a reflective latent variable model (Borsboom et al., 2003). In this way, how an individual responds to items on a body dissatisfaction scale is assumed

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to be reflective of their underlying, latent level of body dissatisfaction. For example, it is expected that two individuals, one high in body dissatisfaction and one low in body dissatisfaction, would respond to items related to evaluations of their bodies differently, resulting in different overall body dissatisfaction scores for these two individuals. This differentiation would be one indication of a conceptually valid measure.

While clearly a fundamental part of the research process – in order to make inferences about a construct of interest using inferential statistics, the construct must be measured accurately – psychometric measurement is not well incorporated into standard psychological research (Borsboom, 2006). Indeed, researchers are more interested in the predictive value of constructs than in how constructs are measured. This is evident in the little consideration given to measurement development or assessing the psychometric properties of measurement tools in psychology (Borsboom, 2006; Flake & Fried, 2017; Hussey & Hughes, 2020). This is sometimes referred to as a “measurement schmeasurement” attitude (Flake & Fried, 2017), wherein researchers disregard the crucial impact measurements have on the validity of all research findings.

All of the above measurement considerations assume that researchers have a specific concept in mind – a clear latent variable – when they engage in their research. As researchers working with latent constructs, we often sum the items of a questionnaire and assign meaning to a questionnaire's aggregate score (e.g., “You scored a 10 on this body image questionnaire, that means you are very dissatisfied with your body”). But this assumption is only tenable if we, as researchers, believe that the items on the questionnaire fully capture the latent construct and, crucially, fully capture the latent construct for our population of interest. Applied directly, if body image as a construct is

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different for trans\* and cis people, then this calls into question the interpretation of the aggregate score as a representation of the latent construct (i.e., body image). On a cis body image measure (which is based on cis conceptualizations of body image), what does the aggregate score mean for a trans\* participant? How much information are we missing? It may be the case that trans\* body image is far more complicated or distinct. And if that is the case, then we get a very narrow picture by using cis-based body image measures.

Considering the significant impact of body image on trans\* populations, such as its use in research studies as a proxy for evaluating gender-affirming care and its role in diagnosing Gender Dysphoria, if the measurement of body image is fundamentally flawed, it creates a system that disadvantages trans\* people. As I have argued, I believe that we cannot generalize the body image construct from cis people to trans\* people. However, the general modus operandi of the body image field is to deploy cis-centric body image measures – backed by an empirical base created and tested with cis people – in the study of trans\* people. Such a procedure is not appropriate; therefore, we must reconstruct the body image from the ground up for trans\* people. This is necessary because before we can measure trans\* body image accurately (that is, to assign meaning to a number), we need to first clearly understand what trans\* body image means.

### **Purpose**

The purpose of this study was to understand and describe how trans\* people conceptualize body image using an inductive qualitative methodology. Although research into body image has historically grappled with issues related to gender, those issues have been focused primarily on the definition and measurement of body image for cis

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individuals. Recent research into trans\* experiences of body image has fallen prey to the very same issues that were the case when historically cis women's measures were being unduly applied to cisgender men — cis men's body image is different than cis women' — requiring both a reconceptualization and a re-evaluation of measurement instruments. The same is true for trans\* people — reconceptualization and re-evaluation of measurement instruments need to be done but this has not yet happened. In practical terms, this has resulted in many studies looking at trans\* body image, but because they use measures conceptualized and validated for cis individuals, considerable amounts of information are likely lost in this area. Qualitative work, in particular, can elaborate inductively on what trans\* body image is at a conceptual level (i.e., what similarities and distinctions there are with cis individuals). However, existing qualitative work is limited. Existing qualitative studies suggest that there are notable differences in how trans\* people think, feel, and perceive their bodies that are not experienced by cis people, suggesting a relationship between body, gender, and societal ideals not captured in current body image measures. However, these qualitative studies did not intend to explore how trans\* people in general conceptualize body image (e.g., McGurie et al., 2016; Mirabella et al., 2020; Ogle et al., 2023). Therefore, I leverage the opportunities afforded by the inductive qualitative framework to attempt to map out and define trans\* body image.

## Methods

### Procedure

I collected this data using semi-structured interviews. The goal of the semi-structured interview questions was to examine a breadth of elements related to body image and aspects of body image that may be pertinent to trans\* individuals (e.g., body dis/satisfaction, body comparisons, influence of media, gender dysphoria/incongruence, medical transition, passing). Further, the semi-structured nature of the interviews was to allow participants maximal freedom to discuss what they wanted or felt was most important to them but to structure the interview to be about body image. Interview questions were developed in consultation with the cis and trans\* body image literature, and inductive measurement practices (Bandalos, 2018). Specifically, I reviewed the trans\* body image literature and key theoretical body image literature to design interview questions that were minimally leading and addressed various aspects potentially relevant to trans\* body image. I also reviewed recently published articles where authors utilized qualitative methods to inform measurement development (i.e., Flanders et al., 2017; Kaur et al., 2021) and attended a seminar on thematic analysis hosted by Virginia Braun and Victoria Clarke. The final list of questions was revised and decided in collaboration with my supervisor (who has qualitative expertise) as well as a non-binary colleague who I conducted a practice interview with. A list of the interview questions can be found in Appendix A.

The order of the first two questions in the semi-structured interview was deliberate. The first question asked trans\* participants to define what body image means to them and, in the second question, I provided the participants with a general definition

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of body image (National Eating Disorder Foundation, n.d.) and asked for their opinions on it. The purpose of this was two-fold: it allowed us to obtain a definition of body image from trans\* individuals in their own words, to obtain input on one of the general definitions of body image currently used, as well as give the participant a better understanding of body image, what it may entail, and the scope of what our interview may cover. After several revisions, a final version of the interview questions was established.

### **Participants**

For this study, participants were recruited through 2SLGBTQIA+ non-profits (e.g., Quadrangle NL, Eagle Canada, Rainbow Railroad), trans\* health clinics (e.g., Klinik, TransCare BC), and sexual health clinics (e.g., Planned Parenthood) across Canada. These organizations were asked to advertise our study in their physical space and/or on their social media platforms (see Appendix B for a comprehensive list of organizations contacted and Appendix C for the email template used to contact said organizations). A recruitment advertisement was also shared on a Facebook and Instagram account that I created for the study (@TransBodyImageStudy), Dr. Quinn-Nilas' Twitter account, and via personal communications with LGBTQ2S+ focused researchers in his network.

Inclusion criteria for this study were: a) identify as trans\*, non-binary, two-spirit, or any gender that is not your sex assigned at birth and b) age 18+. In line with Galupo and colleagues' (2021) qualitative work on body-related Gender Dysphoria with trans\* populations, participants were not screened based on Gender Dysphoria or disordered eating to a) reduce pathological theorizing and b) gain a more comprehensive, less biased

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understanding of the trans\* community. Interested participants were instructed to complete a Qualtrics survey providing their demographic information and, in line with ethical protocol, were directed to a separate survey to provide their contact information.

Obtaining demographic information before selecting participants to interview was essential as maximum variation sampling, a purposive sampling procedure where the goal is to interview a variety of different perspectives (Patton, 2002; Suri, 2011), was used for this study. Maximum variation sampling is theoretically important because the experience of being trans\* can differ across a variety of demographic factors (e.g., sex assigned at birth, gender identity, race/ethnicity, age). For the scope of this study, we used maximum variation sampling to try and ensure equal representation of trans\* people. We aimed to ensure representation for specific marginalized groups was as equal as possible, such as Black, Indigenous, and People of Colour (BIPOC), individuals from diverse socioeconomic backgrounds, gender identity (e.g., transmen, transwomen, nonbinary) and sex assigned at birth (e.g., assigned female at birth [AFAB] or assigned male at birth [AMAB]). Specifically, we prioritized having an adequately diverse array of AFAB/AMAB individuals, transmen/transwomen, and non-binary individuals, as well as a strong representation of BIPOC individuals. Therefore, participants were selected for interviews based on demographic characteristics deemed relevant to the trans\* experience and experiences of body image. As interviews were conducted, I repeatedly checked these relevant demographics to ensure equal opportunity and representation across groups given the limited number of participants available.

The Qualtrics surveys were published and made available in mid-May 2023. A total of 388 participants completed the demographic information survey and 287

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completed the contact information survey. Between May 29th, 2023, and July 14th, 2023, I conducted semi-structured interviews with a total of 26 trans\* participants. These interviews were conducted over Zoom and ranged from 20 minutes to 122 minutes, with a median interview time of 52 minutes. Upon completing the interview, participants were compensated with a \$10 Amazon gift card.

Three participants who completed the semi-structured interviews were excluded from the overall dataset. During an interview, one participant revealed ongoing thoughts of suicide and active suicide plans, leading me to end the interview and shift the focus toward offering support and connecting this participant with mental health resources. One participant did not appear to self-identify as trans\* and did not understand the questions (e.g., seemed to be reading definitions from Google). Therefore, in an attempt to avoid misrepresenting this community, it was decided to remove this participant's data from the analysis. Finally, the files for one participant were lost due to my technological error and, therefore, could not be analyzed.

Participants were also offered the opportunity to follow along with the study in two ways: member checking and the Trans\* Advisory Panel. Member checking is a qualitative technique used to enhance the credibility and trustworthiness of one's findings (Brit et al., 2016; Doyle, 2007). For us, member checking consists of sending our participants a description of the themes we identify from the data, the thematic structure, and our overarching conclusion and allowing for participants to provide feedback, critique, and clarification which we can incorporate. All participants agreed to member checking. Participants who agreed to be a part of the Trans\* Advisory Panel opted to review and provide feedback on items for the Trans\* Body Image Scale we aim to

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develop based on these qualitative interviews for a future project. In total, 22/23 participants (96%) agreed to be re-contacted for member checking and to join the Trans\* Advisory Panel. Due to this thesis comprising only part of the data analysis, member checking and consultation with the Trans\* Advisory Panel have not been conducted but will be done once the data analysis is complete. Once all participant's interviews have been analyzed, I will proceed with member checking, measure development, and consulting the Trans\* Advisory Panel in a separate manuscript.

### **Positionality Statement**

As for epistemic positionality, we are analyzing this qualitative data through the lens of critical realism (Fletcher, 2017). In essence, this means that we view our concept, “trans\* body image,” as neither entirely objective nor entirely socially constructed but a mix of the two (Brown et al., 2002). We believe that “trans\* body image” is a real phenomenon that exists in the world and can be measured and observed in research, specifically using quantitative and qualitative methods, but we also believe that there are elements to the experience of “trans\* body image” that are socially constructed in nature, making critical realism the best epistemic approach for us to take. Using an inductive, theory-generating approach adopting the perspective of critical realism enables us to interpret our research findings in a manner that closely aligns with the explicit understandings that trans\* participants convey regarding body image.

### **Thematic Analysis**

Thematic analysis, as outlined by Braun and Clark (2006), was used to analyze this data as it ameliorated our epistemic stance with our research question/goals of this research (which was to identify key components of body image for trans\* people). Our

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approach to thematic analysis of this data focused on inductive themes (e.g., what is trans\* body image?) while recognizing that thematic analysis is often never purely inductive or deductive (Braun & Clark, 2006). The goal of my thesis is to gain a bottom-up understanding of how trans\* people feel about their bodies and how they think about and conceptualize body image. Therefore, thematic analysis is best suited to the aims of our research. In addition, since we plan to engage in member checking and wanted to elicit feedback and clarification on the generated themes, the analyses needed to be at a level that all could understand — accessibility is one of the benefits to thematic analysis (Braun & Clarke, 2006). Thematic analysis, as outlined by Braun and Clare (2006), consists of six main steps: 1) familiarization with the data, 2) initial coding, 3) theme development, 4) theme refinement, 5) defining and naming themes, and 6) producing the report.

### *Familiarization with the Data*

I conducted all qualitative interviews and therefore had an understanding, before conducting thematic analysis, of what information was being provided by the participants. In addition, I kept a reflections notebook where, after each interview, I would reflect on the information the participant shared with me and write down the main ideas or concepts discussed, as well as 4-5 keywords that I felt best represented the information shared with me. The reflections notebook was used to better familiarize myself with the data, highlight reoccurring ideas, and assist with thematic analysis. I also listened to and transcribed one-third of the interviews, which allowed me to gain further familiarity. Our second coder, Sydney Knapman (SK), listened to and transcribed two-thirds of the interviews and, through that process, became familiar with the data.

*Initial Coding*

Before I began coding the data, my supervisor, Dr. Chris Quinn-Nilas (CQN), a research assistant (SK), and I had an instructional meeting about coding in thematic analysis. A crucial component of this meeting included initial discussions resulting from SK, and I's familiarization with the data — we relayed in broad terms some of the key points we envisioned forming and shared some of our familiarization notes. Afterward, SK and I coded the same transcript independently and another meeting was held with all three team members to discuss the fine-grained details about code generation. Over the course of several subsequent meetings and three subsequent transcripts (each with subsequent detailed discussions and ideations), a codebook was established. I created a codebook where I defined each code and its subsequent subcodes (if applicable) to help standardize our coding procedure. CQN, SK, and I met as a team and reviewed the codebook to discuss and reach a consensus on how each of the codes was defined. Afterward, SK and I proceeded to code the remaining seven transcripts independently.

Subsequent meetings were had with all three team members while coding the remaining seven transcripts. The research team regularly discussed and addressed how our identities and personal biases may influence the coding process and ensured that all members of the research team felt comfortable challenging each others' viewpoints. Since the data was so rich and complex, it was important to the team to ensure we were capturing all the nuances present in the data. This necessitated discussion which sometimes involved changing codes, deleting codes, and creating new codes. It also involved going back and recoding entire transcripts with these new or changed codes.

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When changes were made to the codes or the codebook, which both SK and I could do as coding progressed, they were discussed to ensure both parties agreed.

### *Theme Development*

After finishing the initial coding, there were several meetings with all three team members to discuss how the codes clustered to create overarching themes. I reviewed all extracts (quotes by participants) in each code and subcode to ensure that they were categorized correctly. I then created an Excel sheet showcasing the prevalence of each code across participants (percentage of participants out of 10 that endorsed this code) and frequency of code endorsement (number of extracts that were assigned to a code). This helped us visualize the most common codes in the dataset and guide theme discussion and development. Similar codes were collapsed into overarching themes and an initial thematic map was designed.

### *Theme Refinement & Defining and Naming Themes*

Several meetings revolved around discussing the thematic map. A thematic map is a visualization of themes and their connection to one another. I created an initial thematic map based on our team's prior discussion. In creating, revising and discussing the thematic map, our team regularly considered the utility of subthemes and its overarching representation of this map to the dataset. A significant amount of time was also dedicated to operationalizing each theme and its boundary conditions as well as ensuring each theme and subtheme had an accurate, short but descriptive name. We also ensured that all 10 participants were represented in at least one theme (though most were represented in all). After each thematic map meeting, I returned to the themes, collapsed codes, and relevant extracts to revise and refine our existing themes and the thematic map. Again,

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this involved creating definitions and names of themes, creating new themes that best represented the overarching phenomena, as well as removing themes that did not capture the essence of the overall data set. Only once all team members agreed upon the theme names, definitions, and structure of the thematic map, did I proceed to step six, which was writing the results.

## Results

The demographic information for the entire sample ( $N = 23$ ) can be found in Table 1. The mean age for the entire sample was 31.3 years old, with ages ranging from 18 to 69. For this thesis, a subset ( $N = 10$ ) of participants was selected for thematic analysis, and participants were again selected based on maximum variation, with their demographics located in Table 2. The mean age for the subset was 29.8, ranging from 18 to 60.

**Table 1.**

*Demographic Characteristics of Entire Sample ( $N = 23$ ).*

Demographic Characteristic		<i>N</i>	%
Sex	Assigned Female at Birth	12	52.1
	Assigned Male at Birth	11	47.8
Gender	Transman/Transmasculine	8	34.8
	Transwoman/Transfeminine	8	34.8
	Non-binary	9	39.1
	Genderqueer	2	8.7
	Two-Spirit	1	4.3
	Fluid between Male and Gender Non-Conforming	1	4.3
Race	White	14	60.9
	Black	5	21.7

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	Mixed <sup>1</sup>	3	13.0
	Indigenous	2	8.7
	South Asian (e.g., East Indian, Pakistani, Sri Lankan)	2	8.7
	Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	1	4.3
	Chinese	1	4.3
	Arab	1	4.3
Sexual Orientation	Bisexual	5	21.7
	Queer	5	21.7
	Asexual	4	17.4
	Lesbian	4	17.4
	Pansexual	3	13.0
	Gay	2	8.7
	Trans-for-Trans <sup>2</sup>	2	8.7
	Polyamorous	1	4.3
	Non-binary <sup>3</sup>	1	4.3
Religion	None	15	65.2
	Christianity	5	21.7
	Pagan	2	8.7
	Traditional Indigenous Teachings	1	8.7

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	Islam	1	4.3
	Witch	1	4.3
Relationship Status	Single	10	43.5
	In a relationship	9	39.1
	Divorced/Separated	4	17.4
	Deconstructing Christianity <sup>3</sup>	1	4.3
Education	Master's degree	2	8.7
	Bachelor's degree	5	21.7
	University certificate or diploma	1	4.3
	College, CEGEP, or other non-university certificate or diploma	6	26.1
	High school diploma or equivalent certificate	9	39.1
Personal Income	\$100,000 to \$149,999	1	4.3
	\$50,000 to \$79,000	4	17.4
	\$30,000 to \$49,999	7	30.4
	\$15,000 to \$29,999	4	17.4
	Less than \$14,999	7	30.4
Household Income	\$150,000 to \$199,999	1	4.3

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	\$100,000 to \$149,999	4	17.4
	\$80,000 to \$99,000	1	4.3
	\$50,000 to \$79,000	5	21.7
	\$30,000 to \$49,999	7	30.4
	\$15,000 to \$29,999	2	8.7
	Less than \$14,999	4	17.4
	Unsure	1	4.3
Province	Nova Scotia	5	21.7
	Ontario	4	17.4
	Newfoundland and Labrador	3	13.0
	Alberta	3	13.0
	Manitoba	3	8.7
	New Brunswick	2	8.7
	British Columbia	1	4.3
	Prince Edward Island	1	4.3
	Yukon	1	4.3

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*Note.* For demographic questions concerning gender, race, religion, sexual orientation, and relationship status, participants could select or input more than one option. Therefore, the total number of endorsements for a category will not necessarily equal 23.

<sup>1</sup>Consists of participants who indicated more than one racial category. These participants are also represented in all of the racial categories they selected.

<sup>2</sup>Trans-for-Trans is a sexual orientation where trans\* people date other trans\* people.

<sup>3</sup>These were responses reported to our open-response question on sexuality and relationship status.

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**Table 2.**

*Demographic Characteristics of Subset Sample (N = 10).*

<b>Demographic Characteristic</b>		<b>N</b>	<b>%</b>
Sex	Assigned Female at Birth	5	50
	Assigned Male at Birth	5	50
Gender	Transman/Transmasculine	3	30
	Transwoman/Transfeminine	4	40
	Non-binary	5	50
	Two-Spirit	1	10
Race	White	5	50
	Black	3	30
	Mixed	1	10
	Indigenous	1	10
	South Asian (e.g., East Indian, Pakistani, Sri Lankan)	1	10
	Arab	1	10
Sexual Orientation	Queer	3	30
	Bisexual	2	20
	Trans-for-Trans	2	20
	Lesbian	2	20

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	Gay	1	10
	Asexual	1	10
	Polyamorous	1	10
Religion	None	7	70
	Christianity	1	10
	Pagan	1	10
	Islam	1	10
	Traditional Indigenous Teachings	1	10
Relationship Status	In a relationship	6	60
	Single	2	20
	Divorced/Separated	1	10
Education	Master's degree	1	50
	Bachelor's degree	1	10
	College, CEGEP, or other non-university certificate or diploma	3	30
	High school diploma or equivalent certificate	5	50
Personal Income	\$50,000 to \$79,000	2	20
	\$30,000 to \$49,999	3	30

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	\$15,000 to \$29,999	2	20
	Less than \$14,999	3	30
Household Income	\$150,000 to \$199,999	1	10
	\$100,000 to \$149,999	2	20
	\$50,000 to \$79,000	2	20
	\$30,000 to \$49,999	2	20
	\$15,000 to \$29,999	1	10
	Less than \$14,999	1	10
	Unsure	1	10

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*Note.* For demographic questions concerning gender, race, religion, sexual orientation, and relationship status, participants could select or input more than one option. Therefore, the total number of endorsements for a category will not necessarily equal 10.

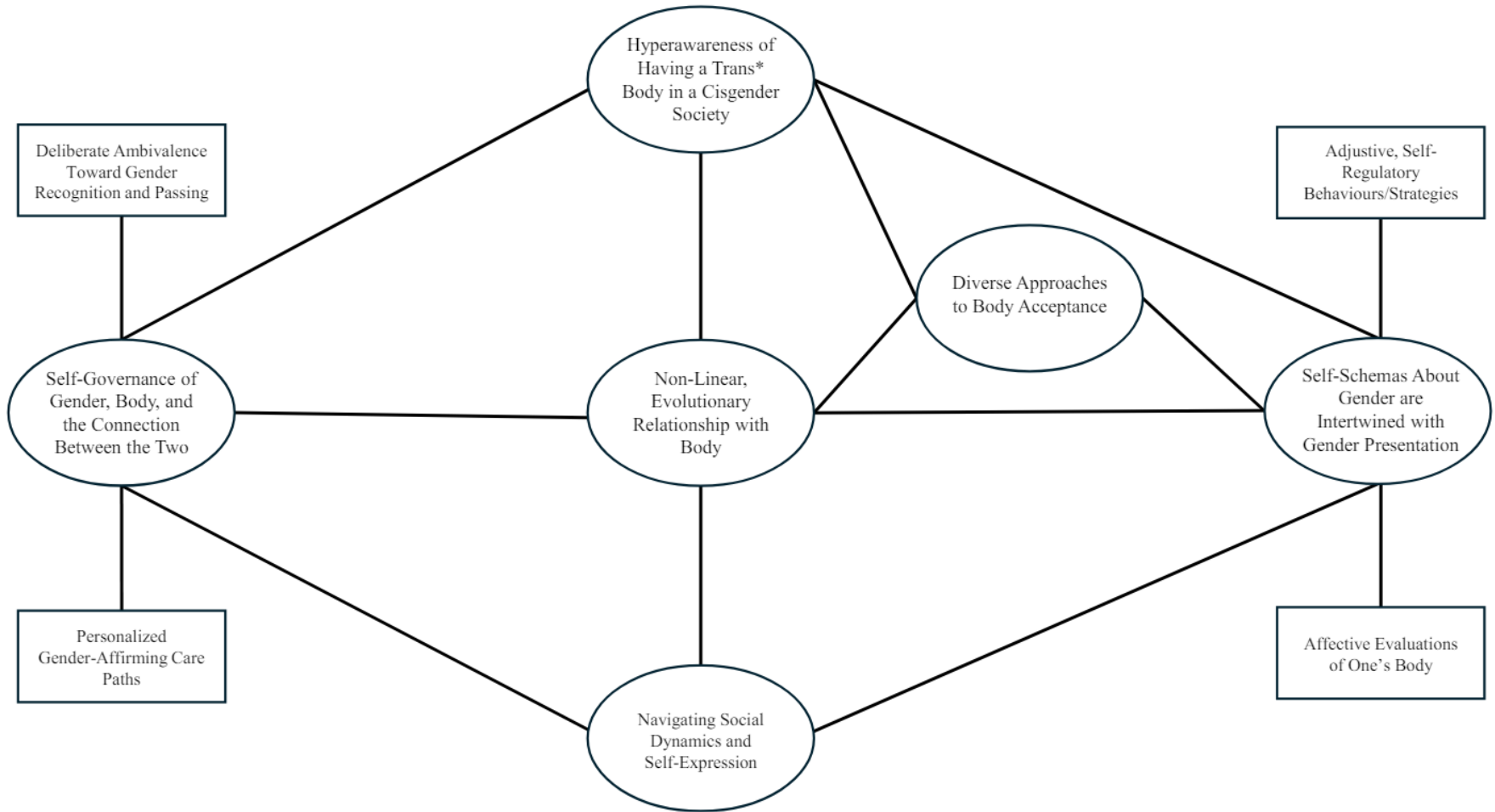
The thematic map of this data can be found in Figure 1. The six main themes identified, and expressed as ovals in the figure, were: 1) *Non-Linear Evolutionary Relationship with Body*; 2) *Self-Governance of Gender, Body, and the Connection Between the Two*; 3) *Navigating Social Dynamics and Self-Expression*; 4) *Diverse Approaches to Body Acceptance*; 5) *Self-Schemas About Gender are Intertwined with Gender Presentation*; 6) *Hyperawareness of Having a Trans\* Body in a Cis Society*. Two of these main themes had subthemes expressed as squares in the figure. The main theme, *Self-Schemas About Gender are Intertwined with Gender Presentation*, has the following subthemes: 1) *Adjustive, Self-Regulatory Behaviours/Strategies*; 2) *Affective Evaluations of One's Body*. The main theme, *Self-Governance of Gender, Body, and the Connection*

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*Between the Two*, has the following subthemes: 1) *Deliberate Ambivalence Toward Gender Recognition and Passing*; 2) *Personalized Gender-Affirming Care Paths*.

The lines connecting the ovals express the relationships between the themes, as we do not believe these themes are mutually exclusive. While they are distinct, these themes overlap, and this overlap and interconnectedness among these themes is crucial to understanding the complexity of trans\* body image. The themes are organized in the thematic map based on the research team's best conceptualization of how these themes are interconnected to represent trans\* body image. Each theme will be explained in the order outlined, and, in the explanation, I will highlight particularly salient quotes that demonstrate each theme/subtheme and provide the gender identity, age, face, and pronouns of the participant who provided the quote. Please note that the gender identities used are verbatim to those provided by the participants when responding to the open-text box question asking about their gender. If you wish to see a general, categorized breakdown of gender identities for these 10 participants, please see Table 2. A table of additional quotes representing each theme and their prevalence among the ten participants can be seen in Table 3 at the end of the results section.

**Figure 1.** *Trans\* Body Image Thematic Map*



*Note:* Ovals represent themes, rectangles represent subthemes, and lines represent an association.

### **Non-Linear, Evolutionary Relationship with Body**

This theme encapsulates the temporal and dynamic nature of our trans\* participant's relationship with their bodies. Specifically, how participants thought, felt, and perceived their bodies oscillated or changed over time, as did bodily comparisons with others. This change included physical changes made to one's body, such as the impact of hormones and gender-affirming surgeries, changes to gender presentation and expression, or changes in how they understood their gender identity and its relationship to their body. What is essential is that change was a normative experience; there was no static, cookie-cutter relationship with one's body that all trans\* individuals described. Instead, it was dynamic. The following quote by a non-binary transsexual woman captures the fluctuating desire for bodily change with the motivation for bodily change:

*“So, when I first catch, first transition back in 2017, I have like this very concrete mental image of the woman I want it to be. And a lot of it was like male gaze-y, very stereotypical, you know, this is what a woman quote unquote is supposed to look like. And I spent a little longer than I'm comfortable with, you know, chasing after that unrealistic body image. But gradually, you know, as I realized the changes HRT [hormone replacement therapy] was having didn't— it wasn't necessarily going to get me to where I wanted to be, I realized like I could stress and I could be anxious and like, in all sorts of like psychic or emotional pain over not being able to obtain this like unrealistic ideal or I could change that ideal of what I want it to be. And as part of that, like, my idea was like, “Oh, women have large boobs.” So, I realized, looking around like, “Hey, that's not actually true.” And for a while there, like, I had written breast augmentation off entirely because my thinking was like, this is just like the stereotypical gender view of who I*

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*wanted to be. And for a couple of years, I-I was fine with, you know, the little [breast] development I had. You know, I grew them myself. I was proud of them. But then, you know, as time goes on, I was like, "Okay, no, there is something here, and it's not chasing after this ideal anymore." But it's something above them and beyond. And that's when I started looking into it [breast augmentation]." – White, 35, Transsexual Nonbinary Woman, they/them*

This participant describes their experience with pursuing breast augmentation and the process of unpacking what a woman or an ideal woman's body should look like. Specifically, at the beginning of their transition, the participant indicates adhering to cisnormative ideals of femininity (i.e., ciswomen look a certain way, have a certain body, etc.) and the distress caused by not being able to attain them through hormone replacement therapy. This conceptualization of femininity and what a woman's body should look like, however, began to change over time once this participant realized they were in control of what the "ideal" woman's body is – that there are cis women who do not have the "ideal" body, and this does not make them any less of a woman. This led to the participant not pursuing breast augmentation for a few years because they changed their body ideals and conceptualization of what a feminine body was. However, once the participant realized that the distress due to their breast size was not because of a desire to adhere to cisnormative feminine body ideals, they decided that breast augmentation was a surgery they would like to pursue to feel more comfortable in their own body. The participant found it crucial to take time and understand this differentiation so they could better understand their feelings toward their body. Further, it is evident that how the

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participant felt about their body changed over the span of years, where they oscillated between dissatisfaction with their breasts, neutrality/satisfaction, and then dissatisfaction. This underscores the oscillating and complicated nature of trans\* body image.

Another participant described the change in body image that he experienced after starting hormone replacement therapy and receiving top surgery (mastectomy and chest masculinization):

*“I’ve been on testosterone since 2017. So, it’s six and a bit years, and I had top surgery in 2019. So, for oh, four years in a couple of weeks almost exactly. Yeah. So that’s how, like, kind of— the things that I’ve done. And then, in terms of, like, how that applies to my body ... I think there was like a dramatic shift in body image, or like, maybe it seems dramatic. Looking back on it, I know that, like, at the time, it felt very slow, like when I started to testosterone and at the beginning, like, right after I started testosterone, I gained a lot of weight, and like it was also just like a tough time, like, socially. I started T [testosterone] like right as I was coming out or, like, right after I started coming out. So, I think that factors into it, too. So, maybe it wasn’t a dramatic change in-in body image right away. But I think eventually, once I started seeing those changes, like, even though I was gaining weight, like having that, like, the masculinization piece, I think really improved my body image. And then, like a little while after that, like, I started running more again and was kind of— like, I think that plays into like the body image, and controlling your body as you move piece [referencing the body image definition provided] and so like things got better and better. And then the only thing left was that like, I was pretty discouraged about my chest. So, when I had top surgery even more so*

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*like, I would say, maybe that was a dramatic change in my body image because I felt like I could, I could work out easier because I wasn't binding [my chest], I felt more comfortable in clothes that were like more form fitting.” – Man/Transmasc, 25, White.  
he/him*

The quote from this participant exemplifies how his relationship with his body changed over time, with a heavy focus on how gender-affirming care impacted his body image. Specifically for this individual, socially transitioning and starting hormone replacement therapy led to an increase in body satisfaction and, critically, helped him feel more comfortable engaging in the physical activities that he had always enjoyed. The combination of the two helped him feel more connected with his body and this connection was solidified further through top surgery, now opening up more avenues for bodily comfort in physical activity and attire. Here, we can see that the temporal nature of body image is essential for those who pursue gender-affirming care as this care will result in bodily changes that, in turn, change how these trans\* individuals will view their bodies.

The temporal nature of body image and body comparisons was also expressed by this participant when she said:

*“Body image, the way I think about it is like, yeah, it's a pretty complicated relationship, I think, for-for myself, and for trans people. I think about sort of how I view myself, how I view my physical body, maybe the most. And how that compares to things, like other bodies, or my perception of like, whatever the ideal body is. I think a lot about like my body currently in my point in transition versus the body I kind of want to get to.*

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*And the body I was. So, it's sort of all-all those sort of things are-are wrapped up into body image for me.” – Transwoman, 31, South Asian, she/her*

Here, the participant emphasizes the different components that factor into her body image. She speaks with a focus on how she views her physical body and makes comparisons with what an “ideal” body would look like, but also compares her body to the progress she has made in her transition. Specifically, what her body looked like before she started transitioning, what her body looks like now, and what she wants her body to end up looking like after her transition. What is evident here is that bodily reference points are important, as it was for the transman above. How she feels about her body and how she compares her body will change as her reference point changes. This underlies the constantly changing nature of body image for trans\* individuals.

Similarly, we see this non-linear change over time when this participant goes on to describe her fluctuating desire for bottom surgery:

*Interviewer: “I think you mentioned like there used to be really big want for like gender-affirming surgeries. Has anything changed in terms of that?”*

*Participant: “So, it's been sort of, I think, as I've become more comfortable with my body, I've done more exploration when it comes to, like, what I really want, and that's taken a lot of time and a lot of work that I realized that those parts of myself, like, for example, like, I really wanted to do, bottom, yeah, bottom [genital] surgery. But as I became more like comfortable with those parts of my body, that has not become such a big want.”*

Again, this participant expressed that initially, when she came out, she wanted to pursue bottom surgery. However, as time passed and she became more comfortable with

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her body, that desire lessened. Her perception of her body and her comfort level with it underwent a transformation that defied expectations set by existing literature, which typically suggests that trans\* individuals experience body dissatisfaction and require gender-affirming care to achieve body satisfaction. Contrary to this, her connection with her body evolved organically over time, leading to a shift in her decision regarding bottom surgery.

In general, we noted a shifting dynamic in how participants related to their bodies across participants and the whole corpus of data. These changes were not solely about growing dissatisfaction, prompting an escalating need for gender-affirming care. Rather, it often followed a non-linear trajectory. And this non-linear relationship with one's body was evolutionary in the sense that one's relationship with their body changes over time, leading them to better understand both themselves and their feeling towards their body. It is important to note, however, that some participants did experience growing dissatisfaction and need for gender-affirming care. We are not making the argument that trans\* people do not need timely access to gender-affirming care as dissatisfaction and a need for care will dissipate on their own. That is not our finding. We are simply noting experiences of body image change over time in a variety of ways and that it is important to recognize that this change can be non-linear.

### **Self-Governance of Gender, Body, and the Connection Between the Two**

This theme, divided into two subthemes, captures the autonomy participants expressed in determining both what their gender identity was and what a body of that gender identity can look like. It encompasses the deliberateness to express authenticity through your body and how you represent your gender through your body. Specifically,

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we identified that trans\* people were highly aware of how their body and their gender presentation were related and the impact that had on their lives; this major theme concerns the internalization of the connection between one's body and gender at an individual level.

### *Deliberate Ambivalence Toward Gender Recognition and Passing*

The self-governance of gender and body involves a process of actively devaluing and decentering whether others are interpreting your gender correctly based on your appearance/body, if you pass in society, if others can tell you are trans\*, or if you are meeting societal norms of gendered appearance or attractive body ideals. This devaluation and decentering fosters resilience in how trans\* people evaluate their body, worth, and the validity of their gender identity, as expressed succinctly by this participant:

*“Early in my transition, I struggled a lot like— what I termed as like the language of like visual metaphors. Of like, how to be read as, like a checklist of like, long hair— you check off enough, you know, you will get gendered properly. And that's how I like tried to navigate the entire world for a couple of years, and I just burnt out on that. So now, for me, it's yeah, it's more personal. And it's like individual, obviously. But, like, I take joy in what makes me feel whole and right, and if it causes someone else to like read [gender] me properly, great. If not, then I still have this like personal sense of wholeness. I still have like my sense of identity. And you're just, you know, a clown misunderstanding me.”* – Non-binary Transsexual Woman, 40, White, they/them

This participant talks about their experiences trying to adhere to the strict requirement of cisnormative body ideals – how society expects ciswomen to dress and

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look, such as having long hair. These physical features of a woman's appearance are supposed to signal womanhood or femininity to the broader society and would, therefore, allow them to be gendered as a woman, regardless of whether they desire these features or not. After putting a lot of time and effort into getting others to gender them properly vis-à-vis these cisnormative ideals, this participant has actively decided to focus on their comfort and satisfaction instead. What they choose to do with their body and any changes to their appearance will align with their desires, their belief in what a woman's body can look like, and not cisnormative ideals.

And importantly, this quote exemplifies that this participant does indeed want to be gendered correctly – that would be the ideal set of circumstances (i.e., to live in a body that makes you comfortable and to be treated as the gender you identify as). But in the absence of that ideal, this participant chose to no longer base their self-worth and the validation of their identity on others' perception of their gender. It is a direct ambivalence to allowing others to determine your gender and what a body of that gender should look like. This participant emphasizes that they know who they are and that their bodily comfort comes first and that is what is most important to them. This sentiment was similarly expressed, though in a different context, by a non-binary individual:

*Interviewer: “And do you find, like, when you kind of do these things to make—to try to like, get people to read [gender] you as non-binary—when that doesn't happen, do you find that impacts like how you see your body or your body image?”*

*Participant: “No, not really. I-It would be nice to have people notice. I mean, I do have people who notice. I have queer friends, and I can always count on them to notice*

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*and validate me. One—for the everyday person, it doesn't really bother me because I kind of had to— coming from where I come from, I kind of had to learn to skirt the line between trying to get someone to notice you but also not letting them notice you too much that they become hostile, I guess. So, it doesn't really bother me in conjunction with me not really caring what pronouns people use for me. So, I just kind of helps balance the body image issues and how people see me at the same time.” – Non-binary, 18, Black, they/she/he*

Here, we see this participant outline some of the reasons why they are ambivalent about gender recognition and how that intersects with how they view their body. This non-binary individual indicates, again, that the ideal circumstance is to exist comfortably in your body and to have your gender recognized. And indeed, she is grateful for those in their lives who provide that gender recognition. However, he also must factor in his safety and, through those safety concerns, be detached from whether or not their gender identity is recognized by society via his body. Additionally, this individual was comfortable with others using any pronouns (they/she/he) for them and indicated that makes it much harder to experience being misgendered; therefore, misgendering tends not to impact how they view their body as much. All of these reasons combined, her ambivalence regarding gender recognition and the correspondence between his body and gender didn't notably affect how this participant viewed her body. Another participant noted the desire to be seen as the gender they identify as but that it was not the only thing important to them:

(in reference to passing) *“I don't think I-I do, based on, um, like, how much I get misgendered. I-I would like to, but I also hesitate to put too much emphasis on passing,*

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*like as a goal, because I think passing is a very kind of cis-oriented concept in that, it's like, how much can you look like them [cis people]? And-and I'm worried to-to- um, to kinda, you know, dive into that. Visible transness, I think, um, I-I think, like it-it just rejects a lot of like transphobic ideas about gender.” -Man, 18, White, he/him*

Here, this participant directly states that even the idea of passing comes from questionable origins, such that there is an expectation that all trans\* people want to look like cis people and be seen as cis people. This participant demonstrates immense skepticism to the concept of passing, and while he indicates that he would like to pass, that is not his goal, and he would like to remain visibly trans\*. His deliberate ambivalence is represented through his skepticism of passing and gender recognition as a goal in general and is further expressed by his desire to reject normative ideas of gender and what gendered bodies are expected to look like. Another participant expressed similar ambivalence when he said:

(in reference to passing) *“I-I don't think a lot of people get to know [that I am trans\*] easily, you know, if they don't get too close— pursue closely at me. You, you may not know. Although I don't, I-I don't care if they get to know quickly or not. So, I'm just myself. I-I just do what I feel is right with me.” – Male, 25, Black, he/him*

Here, this transman expresses that while he does not feel that the general public could tell if he is trans\* or not, it does not bother him either way. He is focused on being authentically himself, and whether others recognize his trans\* identity is inconsequential. Overall, participants indicated that, while gender recognition is ideal, it is not the be-all-end-all of achieving bodily comfort or satisfaction, nor is gender misrecognition always

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the cause of body dissatisfaction. This implies that a trans\* person does not solely base their worth on the evaluations made by cis people. Instead, trans\* individuals determine this locus of control as opposed to allowing cis people to determine what a trans\* person's gender identity is based on their appearance. Our participants spoke about how they take that power back by developing a level of ambivalence that protects how they feel about their bodies and the validity of their gender identity.

### *Personalized Gender-Affirming Care Paths*

Self-governance of one's body and gender were also characterized as making decisions about medical transition that are unique to the participant's needs. That is, what a trans\* person needs or desires in terms of gender-affirming care (if any) varies widely. This is an autonomous decision based on how each trans\* person conceptualizes their gender, what a body of that gender looks like, and what they would need to feel comfortable in their own body. This is in opposition to transnormative expectations of what trans\* people should desire or how they should want to look and the expectation that trans\* people should be dissatisfied with their primary and secondary sex characteristics. For example, some participants emphasized the importance of bottom surgery in their transition journey:

*“I think doing the bottom surgery will make me feel more like me and more comfortable because it feels like I'm in another body like, where I'm not supposed to be.”*

– Non-binary, 23, Black/Arab, they/them

*“So bottom surgery was in that category of like life-saving. Really bad dysphoria.”* – Non-binary Transsexual Woman, 40, White, they/them

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Whereas some contemplated different gender-affirming care options, including but not limited to top surgery, laser hair removal, and surgical reshaping:

*“That kind of [breast] augmentation is kind of in the middle of— how to put this. It's bad dysphoria, but there's also a— how I'm viewed in the world. Weirdly, people, you know, conflate large breasts with femininity. So, it's kind of half and half. But I'm not a hundred percent sure kind of where that lands. Which is why I've taken so long to- to make the decision because my thinking is, if it's more like just a social, navigating the world, should I have to change myself? Kind of thing.”* – Non-binary Transsexual Woman, 40, White, they/them

*“Okay, I am looking at so reshaping my back-backside, you know. Yeah, my backside. I want it to be more masculine. Yeah. So, when it happens, it's kind of make me see- see myself better and that image that I want. That shape and that box that I want to be, you know.”* – Male, 25, Black, he/him

*“Also, as it relates to top surgery, I'm waiting to see the effects of HRT [hormone replacement therapy] first before considering getting top surgery [breast augmentation]. But I'm very— there hearing about some of the like, the risks and complications with top surgery that makes me really not want to do that. And me wanting to do HRT was me trying to— hoping that HRT or she would give me changes that would align me more with, like, a almost like a body, an ideal body image, or something that I have in my head, like some ideal form that's not this current physical body that I'm hoping HRT will get me closer to”* – Transwoman, 31, South Asian, she/her

*“Yes, I- my partner and I discuss it all the time of like, how far am I going to go with my transition? What-what do I want? Is it? And I'm not sure yet if that's— still a*

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*learning process. I-I know I like certain things, but I don't know how-how much I'm going to go along. It's-it-it all depends. But i-i-it's not necessary. You don't have to be trans and do [medical] transition, but you don't—you need to have surgery. That's how I feel about it. Like, nobody is trans\* because they transition. It's you're trans\* because you're trans\*, right? Like, that's the—it works. But in my own case, my personal thing, it's like, I-I-I most likely will end up following through your procedures for things. I-I do want to fully.”* – Non-binary Transfemme, 32, White, they/them

Here, we see variability in the desire for gender-affirming surgeries and also a lengthy consideration of what gender-affirming care individuals wish to pursue. In this final quote, we see this non-binary transfeminine individual emphasize that to be trans\* is not synonymous with medically transitioning — one simply is trans\* if they identify as trans\*. And they state that for them, medical transition is something they will likely pursue, but, crucially, this is a personal decision and not a requirement for other trans\* individuals.

Furthermore, one of our participants expressed no desire to medically transition, stating:

*“But I don't think, I don't think my physical body really matters to me. Like, I don't think I would want to transition medically or with hormones or anything. I think being able to-to transition socially, and the way I present myself with other external factors like my clothing and my makeup, and my nails and jewelry, and everything is enough for me.”*

– Non-binary, 18, Black, they/she/he

Explicitly, this non-binary participant states that medical transition is not something they are interested in, and instead, they find gender affirmation through

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changing their gender presentation. For this individual, being trans\* does not relate to their physical body and body parts but rather their gender presentation through clothing, accessories, and makeup. Other participants noted they had no desire to pursue specific surgeries, such as bottom surgery, as expressed by this participant:

*Participant: “Say, gender alteration [referencing genital surgery] does not apply to me. I don’t, I don’t see it— I’m not sexually active, so therefore, it really doesn’t have an effect on me. It’s just being on hormones with, you know, looking a little bit more— with the breasts and my facial features changing, you know? That’s yeah. That wouldn’t be— I-I don’t, I don’t, I don’t look at it as a— that I have a penis. It doesn’t bother me. I’ll just tuck it away, and just that’s the way it is [laughter], you know? For me, it’s-it’s an acceptance. I already know what, against my age, I already know my age. So it-it doesn’t, it doesn’t have a-a really big appearance on me. I already know what I— what I’m expecting, what I want to know is future, how its— health care is gonna affect with me.*

*Interviewer: “Mm-hm.”*

*Participant: “But we’ll get into that later.”*

*Interviewer: [laughter] “So when you mentioned like kind of your age, and how that relates to“*

*Participant: “Mm-hm.”*

*Interviewer: “Are you talking to— about like surgeries in particular? Like you’re not”*

*Participant: [interruption] “Surgeries, yep. I-I have known some friends that are— in the— about my age and then has transitioned with the surgery [genital surgery] and had complications. Not huge complications, but, you know, I see to myself, I— for me*

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*to be [participant name], does not, that does not— just to find my, who I am. That's the way I look at it. It may do— deal with some other transgender people, which does affect them emotionally, and you know, it's just they don't like it. Me? It doesn't, you know? I don't feel like I need to go in surgery when I'm at 60 years old to worry about, you know, not tucking.”* – Transgender Woman, 60, White, she/her

As clearly stated by this transwoman, in order for her to be who she is, bottom surgery is not necessary. And she recognizes that for other trans\* people, that is necessary, but that is simply not the case for her. Overall, the varied interest in medical transition further emphasizes that there is no “one” medical transition or gender-affirming care path that all trans\* people aspire. The medical interventions, if any, that trans\* people wish or need to pursue depend on what would be gender-affirming to them, not necessarily to meet cisnormative expectations of what a body of a specific gender should look like. Further, and what has not been emphasized enough in previous literature, there are many factors at play when trans\* participants consider medical transition that goes beyond disliking aspects of one’s body. In other words, dissatisfaction does not always necessitate the pursuit of hormones or surgery. Specifically, participants in our sample also considered aspects such as their age, sexual inactivity, concern about surgical complications, difficulty accessing medical transition, questioning their motivations for surgery (e.g., appealing to societal norms), as well as adopting a “wait-and-see” philosophy where they wanted to try one medical intervention (e.g., hormone replacement therapy) to see if other interventions (e.g., breast augmentation) would be necessary after. It is evident that a lot of thought and consideration goes into deciding to pursue gender-affirming medical interventions and even more evident, that the decision to pursue

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gender-affirming medical interventions is individual and ultimately depends on what is important to that trans\* individual.

### **Navigating Social Dynamics and Self-Expression**

This theme revolves around the characteristics of the social environment in which trans\* individuals find themselves and, specifically, how it can impact their current comfort level with their body. This often involved considering how certain people or social environments expect a gendered body to look and act, requiring trans\* individuals to engage in an internal dialogue of “in this social context, am I fitting the mould? And in this context, am I allowed to not fit the mould?” This was exemplified by participants expressing how their body image, how they express themselves, and their relationship to their body changed depending on social interactions. For example:

*Participant: “Like in a vacuum, my view of my body is different than, you know, might exist if I was out in public because other people seeing me changes it. If that makes sense.*

*Interviewer: Interesting. Yeah, so would it change like in your head kind of how you perceive yourself?*

*Participant: Yeah, and it’s kind of related to navigating the world as trans\* so like, what I would be fine with on my own, I know— realized that could be a clocking thing, it could, you know, represent a danger. And so, then I become like super conscious of it, and it becomes a thing and it kind of distorts how I view it [my body] in that moment. But take those people away, or, you know, bring safe people around, and that*

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*disappears. So, it's like this weirdly dynamic thing.*” – Non-binary Transsexual Woman, 40, White, they/them

Here, this participant states that parts of their body they are comfortable with when alone can cause them discomfort and stress in social spaces. They directly state that their body image is “weirdly dynamic” and can change based on the social setting. Particularly, features of their body that might result in being “clocked,” a term in the trans\* community to refer to other people realizing you are trans\* based on your appearance, causes them to pay more attention to how their body looks. However, when they are in an environment where they know they’re safe or where being trans\* is accepted, that stress and discomfort dissipates. This implies that in some cases, body dissatisfaction or anxiety over one’s body may not be inherent but instead imposed upon a trans\* person due to how society might treat them based on how their body looks. A similar sentiment was expressed by this transman early in his interview when he said:

*“Like, I- I have a relationship with what I feel about my body and what I see and what other people see. I think it's more holistic than like I look at something and I don't like it.”* – Man, 18, White, he/him

And then later went on to say:

*Interviewer: “Mm-hm. And is it a— is it a more sort of like a physical component of that disconnect, or is it the most social component, is it a mix of both?”*

*Participant: Um, it-it is both, but I think it's more social for me. [pause] Um, yeah, like, being seen by other people. And, like, obviously being misgendered and deadnamed. I-I think, um, a lot of my dysphoria is alleviated when I'm in kind of safe spaces.”*

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Here, he emphasizes how his relationship with his body cannot be reduced to simply body dissatisfaction and that there is a key role that social interaction plays in his body image. He indicates that his gender dysphoria, some of it manifesting as body-related gender dysphoria, can be alleviated when in an environment or around people where he knows he is safe and will be respected. Specifically, the way that he is seen by others plays a crucial role in how he feels about his body and identity, such that gender affirmation can reduce his gender dysphoria. A reduction in body-related gender dysphoria that does not necessarily have to result from pursuing medical transition. Further, this emphasis on the social nature of body image and how others will view one's body was expressed by another participant when they said:

*“From what I've been— to from—what I've heard from other people, body image is basically how you see yourself. How you see yourself in relation to other people, but I kind of feel like body image is a lot more about how you personally see yourself and kind of encompasses how you think other people see you. So, I am pretty sure that it plays— but at least for me, that it plays a big part in everything. Like I know how I would want to see myself. I know how-how I would want to be perceived by everybody else. But I also know how people see me, and that is part of my body image. I have to take that into account too.”* – Non-binary, 18, Black, they/she/he

Here, this participant explains how it's important that they factor in the perceptions of the people who are around them. In a similar vein, a man/transmasculine individual expressed how important being recognized as their gender was for their body image when he said:

*“And yeah, I guess we kind of talked about this earlier, too, like that was kind of*

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*like the social piece in terms of like factoring into my body image. So, like, yeah-yeah, I think, having—you know, I think we all like to think that we don't care what other people think, but that's not the world that we live in. And being seen as a man or like, assumed to be a man has been affirming like, that's what makes me feel good about my body, I guess. Yeah.”* – Man/Transmasc, 25, White, he/him

Here, the participant indicates that being in environments or around people where his gender identity is affirmed is important to him and improves his body image. Overall, there appears to be an interaction between trans\* participants' body image, social settings, and social interactions such that accepting and affirming environments can elicit increased comfort with one's body, whereas unaccepting or disaffirming environments can instill discomfort. Crucially, there is a social component to body image that many participants mentioned, highlighting the importance of a holistic understanding of body image as opposed to assuming body image or evaluations about one's body are based entirely on internal, personal influence.

### **Diverse Approaches to Body Acceptance**

Participants also expressed the different ways they came to accept their bodies. This can involve different body-oriented philosophies, such as body positivity and body neutrality, as well as a general sense of accepting what one can change, accepting what one cannot change, or accepting that no bodily change may be necessary. Some participants expressed that certain body-oriented philosophies were more applicable to them and their trans\* identities than others. For example, this participant indicated that he aligned more with body neutrality than body positivity when he said:

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*“I think right now, I’m more so at a place where, um, I’m not sure, like you-you’re probably familiar with the term body neutrality. Like just developing kind of a-a neutral, nonjudgmental relationship with your body. I think that’s more where I’m at right now.”* – Man, 18, White, he/him

At a later point, this participant continued:

*Participant: “I think the-the fact that I have dysphoria makes like body positivity kind of difficult. So, body neutrality feels more accessible to just say, like, this is just what it is, like, and there’s nothing good or bad about that.”*

*Interviewer: “Mm-hm. No, for sure. Um, I always-I always ask people— about the-the sort of like the body positivity aspect of it, what do you feel is, um, kind of keeping kind of trans folks with dysphoria a bit out of that movement?”*

*Participant: “I think a lot of folks, um, just can’t really connect with the idea of celebrating body parts that they associate with a lot of pain and trauma. So, I think, just accepting them is-is easier, at least for me.”* – Man, 18, White, he/him

Here, this participant indicates that body acceptance is better conceptualized as a nonjudgemental relationship with their body than using any valanced philosophy to view their body. Specifically, they note that the negative feelings they have associated with their body parts do not co-exist easily with body positivity or the ideas that you should “love your body no matter what” – that this is invalidating to the very real trauma and pain they experience related to those body parts. Therefore, a neutral approach to their body makes the most sense. Further disalignment with body positivity was expanded on by a non-binary participant when they said:

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*“Hmm! I think body positivity, with the way I used to see it, was just feeling so good in your body even like it— sorry to say, but it's kind of, in the end, it seems a bit toxic to me because people are allowed to want to change things about their body. But body positivity, as the way I used to see it, was just, “Oh, yeah, you might be fat and think you're ugly, but you still have to love your body like that.” You can't do both. You can't both think you don't look like what you want to look like but also still say you love your body in its entirety? I— yeah, body positivity to me just means it— what I-what I saw was just loving your body, no matter how bad you think it looks, but just loving your body because it is your body, But that-that doesn't really make sense if you think about this because sorry, I had another thing to say, because you could also use body positivity against non-binary people and say, “Oh, if you truly love your body, then you wouldn't want to change anything about it.” Like it kind of, it defeats the whole purpose, if I'm being honest.” – Non-binary, 18, Black, they/she/he*

Here, this participant indicates how body positivity can be antithetical to trans\* people who wish to change their appearance or body to feel more comfortable or more aligned with their gender. She demonstrates a clear dislike of the body positivity philosophy and indicates that if a tenant of body positivity includes not wanting to or being able to change your appearance, it can be a toxic mindset to use against trans\* people who do wish to alter their appearance and body while still maintaining self-love and acceptance – but still simply wish to pursue change. The idea that medical transition or a desire to change one's appearance is rooted in self-hatred was succinctly elaborated on by another participant when they spoke about how they define body positivity as inclusive of change:

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*Participant: “Oof, in my case, it's accepting my body. It's-it's not so much— in my mind by my body positivity— but my body positivity is not so much I like my body, it's that I accept my body. I am fully aware of what my body is. I want it changed, absolutely. That's part of the whole thing. But I very much am understanding of what my body currently is, and I think that that's my idea by body positivity. To me is I accept my body as it is. I- I plan to change it, sure. But I still accept it right now.”*

*Interviewer: “Yeah, no, for sure. And that makes a lot of sense. These-these— that's like— the answer to this question, it's always been so interesting. But going through I feel like you've worded it very well where it's like, “I accept it, and I'm also open to changing it, so those two things don't have to kind of be at odds with each other.”*

*Participant: “It's not binary, and you-you-you can absolutely accept something and still want to change it. It's not about changing it because I hate it. I'm changing it because I think it can be better.”*

*Interviewer: “Yeah.”*

*Participant: “It's progress. It's growth, right? It's-it's like everything else. Like, I think, I think I'm a smart person. But I still want to keep learning things. Yeah. So, like that doesn't make me any less smart. I don't hate myself. I'm not smarter or— it's just like I think I could do that, I can get smarter. It's the same way about body positivity, right? Like I-I accept what my body is. I still want it to get better, but I do accept what it is right now.” – Non-binary Transfemme, 32, White, they/them*

This participant explicitly indicates that they define body positivity as body acceptance and that change is not antithetical to achieving body positivity. They clearly indicate that a desire for change does not have to come from a negative place (i.e., body

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dissatisfaction, self-hatred) or a lack of body acceptance. Further, they relate this desire for bodily change to other areas of life where change is not viewed negatively (e.g., education and learning) and, crucially, where one's starting point is not inherently negative. This again goes against the dominant idea that the desire for gender-affirming care exclusively comes from body dissatisfaction. Showcasing further diversity in body philosophies, a transman spoke about how body positivity helped them feel more comfortable with what he deemed "feminine" body parts:

*"But yeah, other than that, I think I've also like I've grown to like really appreciate like- like my thighs. Like I've always had like kind of like strong like thick legs and big quads. So, I think I've grown to like that better about myself, and I think that's partly like fat distribution with testosterone and partly just like being far enough in my transition that, like some more feminine stuff, coded parts of my body, are okay or like maybe like a bit of like kind of body positivity movement stuff, or like, I don't know. Like, I think it's a thing in queer or like in gay male communities and queer communities that like thick thighs is-is the thing. Anyways. Yeah."* – Man/Transmasc, 25, White, he/him

Here the participant indicates some reasons for feeling more comfortable with his thighs and quads, one of which relates to body positivity. He indicates that it has been a process to grow to like this part of themselves and that he can appreciate these parts of his body without eliciting feelings of gender invalidation. Other participants also expressed different ways they have come to terms with parts of their bodies they cannot change. For example, one participant used the concept of radical acceptance to help process parts of their body that are unchangeable:

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*Participant: “So I’ve done a lot of— are you familiar with DBT [dialectic behavioural therapy] therapy? So, their whole like concept of radical acceptance. I take my issues with that. I’ve done a lot of radical acceptance to work around, like, the reality that I’m just never gonna have a uterus. So, I could spend my days agonizing over it or I could accept the like— this is just like the reality of my life. It’s gonna cause me grief, and when that grief comes up, you know, provided I’m in a place where I can, I will honour it. I will express it, you know, feel through it, and then it’ll go away for like a day, or like 6 months or, and that’s just going to be like that aspect of my life, accepting that the grief will never be overwhelming. It is always something like “All right, just gonna have a shower cry this morning” kinda day; it’s-it’s honestly like made it so much smaller in that I know that I can handle it now. And it’s not like this big, “Oh, when is this gonna end?” because it’s not gonna end, it’s just gonna be with me.”*

*Interviewer: “That makes sense.”*

*Participant: “In a way, I’ve made my peace with it through accepting that it’s not going away, which is a weird way to frame it. But I never would have thought of.” – Non-binary Transsexual Woman, 40, White, they/them*

This participant outlines how accepting that there is no way for them to have a uterus and giving themselves the space to process these distressing feelings when they arise was crucial to making peace with their body. This has allowed them to not feel consumed by body dissatisfaction and instead makes this aspect of their gender incongruence, while still influential, a much smaller impact on their body image and self-concept. Overall, participants expressed various ways in which they came to terms with their bodies. Some resonated with philosophies of body neutrality and body positivity;

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however, often, how they operationalized these philosophies differed, and that determined adherence. Overarching, however, was a desire for or journey to bodily acceptance.

### **Self-Schemas About Gender are Intertwined with Gender Presentation**

This theme, influenced by Cash's Cognitive Behavioural Theory of Body Image (Cash, 2012), involves a process where body parts, appearance, and behaviours are referenced back to a schema of gender and then valenced (interpreted positively, negatively, neutrally). The valence is dependent on the individual's self-schema of gender and what body parts/physical appearance/behaviours they ascribe gender to. Where these initial ideas of gender come from (e.g., sociocultural standards) and how they are internalized vary, but the key is that these gendered connotations exist in different extents for participants, and this determines how participants present their gender and how they interpret their gender presentation. We found that some aspects of appearance are more important than others; some trans\* people have no issues with their appearance, some only have gender-related appearance issues, some only have non-gender-related appearance issues or a mix of the two. This process of referencing a gender self-schema took form in two of the following subthemes.

#### ***Adjustive, Self-Regulatory Behaviours/Strategies***

This subtheme refers to the different kinds of changes trans\* individuals made to their body, appearance, or behaviours to feel more aligned with their gender. The individual's self-schema of gender determines these changes to one's body or appearance. For example, some participants expressed these strategies through suppression of gender-invalidating body characteristics (e.g., AFAB individuals binding their chest, AMAB individuals tucking their penis, shaving) as well as through accentuation of gender-

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validating body characteristics (e.g., wearing hip padding, breast forms, wigs, or various make-up styles) as evidenced below:

*“And I do, um, bind my chest.”* – Man, 18, White, he/him

*“Even if I try to, you know, bind my breast ... “* – Non-binary, 23, Black/Arab, they/them

*“I do wear padding just on the hips, just to give that feminine hip.”* – Transgender Woman, 60, White, she/her

*“I-I do have breast prosthetics. I do- I really like them”* – Non-binary Transfemme, 32, White, they/them

*(makeup technique to hide facial hair) “Well, when I start-when I started out, I would have to cover my face with red-red pigment, and then I would apply my-my foundation and then go there. Because then that-that takes away the blue, the blue in your face. Right now, it's pretty much gone.”* — Transgender Woman, 60, White, she/her

*“Ideally, it'd be great if you gendered me properly and like, sometimes I roll my eyes like, especially if it's more high femme, like, you know, [I am wearing] breast forms, dress, high heels, like full face of makeup.”* – Non-binary Transsexual Woman, 40, White, they/them

*“And like my nose, too. I wish it were bigger. And I did break it. So, it's like smaller here, but it is a little more masculine, and I love that. So, I can play with that androgyny when I'm using makeup and make it look either bigger or smaller, or whatever”* – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them

*“I think my face I'm like, like the certain features and stuff like, I'm a lot more okay with now. Especially when it's— when I use like a little bit of makeup, or something,*

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*or like if I have my hair styled in a certain way. I tend to really like that.” –*

Transwoman, 31, South Asian, she/her

It is important to note, however, that not all trans\* people engaged in the same strategies or behaviours – for example, one non-binary transsexual woman expressed a strong desire to wear wigs but found it difficult due to their sensory issues:

*“No, so I've tried wigs, and early on, I tried— they're called toppers. Think like more femme toupees. So, like you, you grow your hair out on the side, and it's just like up there, and it kind of blends it in, part of it. I absolutely hated them. Part of it was like an autistic sense thing, just having like this itchy wig. Part of it is this like— a space heater on your head. Prior to transition, right in my twenties, I was like this metal kid with hair down to my butt before I lost it. I had a lot of it, and even that, as long as it was, [was] never nearly as hot as like the thinnest wig I ever tried. Like a space heater. So within about an hour, I was just like on the verge of like these meltdowns trying to wear them, and one day I took it off, and I just never put it back on other than maybe, like, taking a couple of selfies. But that's like 5 min, and it's challenging because while I was wearing them like the [gender] euphoria— it was very real. Like, if I could, I would have hair in a heartbeat. I make do with what I don't have, but if I could change it, I would.” – Non-binary Transsexual Woman, 40, White, they/them*

Further, another non-binary individual found tucking to be difficult but noted that it doesn't really bother them:

*“Tucking, I can't really do. I don't know why, just doesn't work. I don't know if that's all about it. It sounds difficult. It's-it's-it really is! Apparently, it's easier when you're on, like when you're actually on HRT, but I'm hoping that maybe— but that one*

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*doesn't really bother me as well again. I-I very— it's weird. A lot of my focus is on my chest. Yeah, because it's just something that I've always associated very much with feminism.*” – Non-binary Transfemme, 32, White, they/them

This again comes back to how one's self-schema of gender influences what strategies or behaviours are meaningful for them. Specifically, for this non-binary transfemme individual, femininity for them was more focused on breasts as opposed to genitals. Further, it should be noted that clearly, other considerations are at play – a trans\* person does not have to and should not be expected to forfeit all comfort and energy in pursuit of gendered appearance. This is not expected of cis individuals, and again, certain aspects of gendered appearance may be more or less relevant to some trans\* individuals than others.

Many participants also used clothing as a way to feel more aligned with their gender identity, often directly relating it to their own gender schema:

*“So, a lot of time, they [other people] take me as male, yeah, because I dress like one”* – Male, 25 Black, he/him

*“I have very colourful nails, which could be seen as feminine. I wear lots of rings on my fingers, which also could be seen as feminine. And I think I, what I basically do is try to look as feminine as I possibly can without jumping the line.”* – Non-binary, 18, Black, they/she/he

*“Yes, I think. I just go, for you know, neutral, non-defining clothes that wouldn't make me, you know, appear as gender I'm not ... I basically wear very free and long revealing clothes”* – Non-binary, 23, Black/Arab, they/them

*“But when I'm home, usually when I'm by myself, or I'm talking to friends and*

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*stuff like on the computer like this, I will try to get myself in a state where I can pass to like myself, kind of thing. Where I just like very clearly see myself as femme and then I'll be doing things like putting on makeup, doing my nails, putting on more femme clothing, styling my hair, or just in general kind of like cleaning up. Yeah, usually, I would shave like, try to shave like, very, very well.”* — Transwoman, 31, South Asian, she/her

*“Generally, if I am feeling more masculine. I'll do like a traditional— if you've seen native men wear their hair like, 2 braids coming out of like the one elastic at the back. That makes me feel more connected to that because it's a very classic Indigenous men style, or like hairstyles like that, because I do have like. It's down to my waist kind of hair...And then, like I will do a-a more masculine contour on my face. I will try and like get my eyebrows to be as like, thick and luscious as possible like today. I'm not even wearing any makeup. So, it's there's nothing going on. I just feel like it's just me, so like, I'll try and contour out my nose more to make it look a little more prominent and masculine, and then bind, and then like wear any of the masking clothes I have, and then on, when it's a lot more easy for me to look feminine because then I just put on them push up bra and wear something curve-hugging, and then, bam, I'm like I'm a saucy lady today.”* – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them

This self-referencing to a personal gender schema also manifested in how participants behaved socially and navigated their bodies around others.

*“It's just very feminine. And— but with a female walk or hip or high heels that puts you in that little higher bracket of femininity, and that's what I'm looking for.”* — Transgender Woman, 60, White, she/her

*“But again, like it comes back to that, being aware of, in my case, like what might*

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*cause someone to clock me? Like changing my gate, if I notice, like I'm not, you know, my hips aren't in my walk or stuff like that. If I feel like it matters because sometimes it doesn't as well.*” – Non-binary Transsexual Woman, 40, White, they/them

*“My disposition and my kind of body movement, all of this culminate into the reaction and the actions that I have from people.”* – Male, 25 Black, he/him

*“And that's such like such elation. Or like to do this typically protective role when I'm with my female friends and being respected in that role is nice.”* – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them

*“But when I think about like the behavioral aspect, I do also act more feminine, I mean, I naturally act more feminine, but I have found that I kind of cultivated the perfect amount of feminine that I can display because I was hanging out with a friend with my girlfriend a while back, and she knows that I-I tend to cover my lips when I drink or eat something. I hold my hands in a very dainty way, and I have this very giggly, girly laugh. Those are all natural things that I do, but I have— sometimes to emphasize them when I feel like I can, when I feel like I'm safe to do so, because it makes me feel more feminine. But my body also makes me feel masculine. And so I can just balance everything out”* – Non-binary, 18, Black, they/she/he

Finally, it was important to note that individuals can feel comfortable engaging in behaviour stereotypically associated with their sex assigned at birth. As an example of this, this man/transmasc person states:

*“One thing that I was thinking about from an earlier question, though, behaviors that you engage in that change your gendered appearance. Something I was thinking about, too, was like— so like there's things that I do or did that are like gender for, hmm,*

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*to pass more as like, as like male—for people to perceive me as a man. But I also think that things like painting my nails like does change my gendered appearance, but kind of like in a different way. So just to-to kind of like, modify that to have like a little bit more nuance in my answer, and I would also say things like shaving is kind of that way, or like, my hair is thinning now because I have been blessed with, you know, of course, 2 X chromosomes, and that's where the like male pattern baldness gene is carried, which is super fun. So, things like-like, I started using ro-rogaïne, and which is like also gender-affirming, because, like, I think that— so I guess just to the point that, like, cis people do gender-affirming stuff all the time, too. And I think there's stuff that I do that's gender-affirming that doesn't necessarily like align with like man.” – Man/Transmasc, 25, White, he/him*

Here, while the participant recognizes that painting one’s nails is deemed feminine, it is not a source of gender invalidation and allows the individual to express the nuance of his gender more accurately. Moreover, gender affirmation was not restricted to trans\* people, and more specifically, gender affirmation goes beyond simply doing the opposite of what is associated with your sex assigned at birth. This man/transmasc person can feel gender affirmation when engaging in strategies or behaviours that do not correlate completely with a stereotypically male presentation.

### ***Affective Evaluations of One’s Body***

This subtheme encompasses the types of affective evaluations our participants made about their bodies. Overall, satisfaction and dissatisfaction with one’s body were expressed and varied, and the reasoning for that satisfaction/dissatisfaction also varied. Some participants noted specifically gender-related body image evaluations:

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*“I think some— with some of them, like my hands, I think I like them because they look more feminine.”* – Transwoman, 31, South Asian, she/her

*“Yeah, I think that's definitely the case with my shoulders, for sure, is that it's— I think it's something that helps me pass early, and then I think, in terms of like my internal sense of gender, like it's always been like affirming because it's something that's like more coded as masculine to have broad shoulders.”* – Man/Transmasc, 25, White, he/him

(in reference to disconnect from primary and secondary sex characteristics) *“Not so much at this point. But, you know, bottom surgery, so clearly it did. Bottom surgery, breast augmentation are kind of like the two big ones. Well, I guess, and lack of like uterus, that style of reproductive system, which is, again, a weird way to put it. But yeah, so those are kind of like Big 3 that I'm either dealing with or just will have to deal with the rest of my life. Formerly, it was a lot more like my height, my shoe size, you know, the width of my shoulders, broadness in my chest, like those male traits.”* – Non-binary Transsexual Woman, 40, White, they/them

*“I definitely felt a disconnect from my chest, from like— and still kind of ongoing like my hips, like depending on like where my weight is. I— keeping with testosterone everything that's still kind of like something that like still makes me a bit dysphoric and then things like, when I think about things that testosterone changed in me better, I think like my voice was a big piece.”* – Man/Transmasc, 25, White, he/him

*“As-as a— being transgender woman? My body-my body appearance is about close to a 10. I want to express myself as much femininity as I can. So, when it comes to body, look, I am on hormones, so everything is growing nicely here. But down-down*

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*below, I do wear padding just on the hip just to give that feminine hip. But that's it, everything else it really doesn't matter. I know what my body is.*” – Transgender Woman, 60, White, she/her

Participants also reported non-gender-related body image evaluations. Some participants expressed joy over aspects of their body, such as their hair and teeth, as noted below:

(in reference to body parts one wants to highlight) *“Generally, honestly, it's often my hair. That's coming from an Indigenous standpoint to it, like, being the person with the longest hair in the room.”* – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them

Here, this participant expresses that aspects of their body, such as their hair, are directly related to their culture, so these body parts bring them joy. Another participant indicated that they have struggled with the appearance of their teeth and, after pursuing braces, feel much more confident:

*“There's other things I'm proud of now, like I-I'm it's-it's probably not really this transition like that – but I'm-I'm very proud of my teeth at the moment because I'm finally going to the process of— I got the braces last year. What— I'm 31. Getting braces is a terrible idea in your life, but I— like, it's-it's helped so much. And like I'm just so happy with the way my teeth are now...”* – Non-binary Transfemme, 32, White, they/them

Whereas others reported dissatisfaction or a dislike of their body, often revolving around weight. For example, this participant states:

*“So, like, I've been struggling with my stomach a lot because I put on weight, which we're going to touch on later, and as I've lost it, the skin stays stretched out.”* –

Non-binary Transsexual Woman, 40, White, they/them

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*“I don't feel bad about my body in the gender sense, maybe in just the typical body sense of “Oh, I wish I was a bit thinner,” you know, that that is there, too. But I'm not also like ecstatic about my body. I just know this is my body, and I'm in my body, and it feels like my body. So, it's kind of everything I have right now.”* – Non-binary, 18, Black, they/she/he

A gender schema, or lack thereof, is evident for this non-binary individual when they expressed explicitly that their body dissatisfaction concerns were not related to gender at all and instead to “typical body” image concerns. Implicitly, gender is not involved here; the participant has not invoked a gendered association with being thin and, therefore, does not consider that when they speak about gender-related body evaluations. Finally, some participants reported an intersection between gender-related body evaluations and non-gendered body evaluations. For example:

*“I dabbled in— struggled with like a little bit of like disordered eating. Maybe like not like anything diagnosed or an eating disorder. But I think, you know, maybe part of that is gendered. And then part of it was just like when I was gaining weight, kind of feeling out of control and not feeling good about my body, because partly because I wasn't doing those things like the exercise pieces that made me feel good in my body, and like eating well, and like those things, too.”* – Man/Transmasc, 25, White, he/him

(in reference to disordered eating) *“So, like, I'm not sure if you've heard people say like, I-I-I heard people make comments like women carry weight in their hips and chest and I think kind of knowing that, and-and like hearing it kind of intersected with it and made it worse.”* – Man, 18, White, he/him

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In sum, participants indicated that their body image evaluations were not always linked to gender. However, when these evaluations were linked to gender, the body parts/appearances/behaviours were gendered based on the participant's own self-schema and definition of what is feminine, masculine, or androgynous. We see this process above when two different participants are talking about their hands — what was deemed a feminine body part by one individual was deemed a gender-neutral body by another. This evaluation process was also evident when participants often expressed negative and neutral feelings toward characteristics of one's sex assigned at birth and positive feelings toward characteristics aligned with their gender identity.

### **Hyperawareness of Having a Trans\* Body in a Cisgender Society**

The final major theme relevant to understanding trans\* body image centers around the awareness trans\* people have of their bodies, particularly how their bodies can signal their trans\* identity or not meet the bodily expectations of cis people. Trans\* people's bodies are targets for scrutiny, discrimination, and judgment by the general public, and this creates hypervigilance or hyperawareness of how trans\* people present their bodies. For example, this transwoman states:

*“I do, I do catch myself glancing, if I'm if I'm out in doing shopping or-or groceries, or in the public, that I do catch myself looking in the window and mirror, just to make sure I look presentable. That's one of the one of the things I always fall back with. My appearance is, I-I like to look presentable, so there's no anger towards me, you know. I mean trans— as you know, transgender has been around for years, but for me, I want to look that way, and I always— I look at myself more often outside to make sure that I look nice. That's, you know, that's-that-that-that mindset is just [pause] confidence,*

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*gives me confidence, the way I want to look. So, it gives me the confidence, and then everybody's more comfortable when I have the confidence or being-being out there talking to other people.*” – Transgender Woman, 60, White, she/her

Here, this transwoman describes the process of body monitoring (checking how she looks when out in public) to ensure her safety and to avoid confrontation. She further expresses that feeling her body appears presentable enhances her comfort and confidence when interacting with the general public. This hyper-awareness is similarly expressed by another participant when they said:

*“So, challenging like, “Do I have voice dysphoria, or do I just feel like I need to sound typically feminine, so a random, cis person won't, you know, threaten me?” caused me difficulty. And even just being able to challenge your dysphoria and kind of know where it's coming from. Even if the end result is, you still go through voice training because you value that safety versus feeling something-something's wrong with you.”* – Non-binary Transsexual Woman, 40, White, they/them

Here, this participant shares their experience questioning the source of their gender dysphoria around their voice, specifically if *they* feel a disconnection from their voice or if they feel their voice should be altered to maximize their safety. What is crucially insightful here is this participant's last statement: that you can make changes to your body as a trans\* person purely for your safety and to avoid transphobia, not because you are personally dissatisfied with that aspect of your body. They went on to explain different types of transphobia they have experienced and the impact it could have had on their body image if their mindset were different:

## TRANS\* BODY IMAGE

*“They [malicious acts of transphobia] are the ones who can like plant seeds of doubt depending on almost like the level of danger that comes with it. If it's a drunk dude being a like, just an asshole to be mean? Whatever. If it's someone yelling like [transphobic slur] out of a car window? It's whatever. If it's someone like following me for a couple of blocks, that's where it's like, you started asking the ugly questions like, “What could I have done better?” you know, “What could I do to pass better so I don't have to experience this again?” But I realized relatively early on with, like, I'm not responsible for those behaviours nor can I control them.” – Non-binary Transsexual Woman, 40, White, they/them*

This participant continuously indicates that simply having a visibly trans\* body results in situations where you must be aware of how your body looks to cis people, often due to safety concerns. This same participant also outlined a similar scenario where they are more conscious of their body and how their appearance may impact others:

*“So again, where I am now in life, I do not put any value on passing whatsoever, as in like a lifelong goal. If I am, how to phrase this— so there are certain situations where I might put a little more effort into, like, again, hitting those visual cues to be read properly. Like, when my doctor is on vacation or unavailable, and I need like short notice to see someone— we have like these health networks where you can see like a registered nurse who can do like a lot of like small issue diagnostics. And the one that I end up seeing a lot is in a women's clinic. Actually, I think it's a maternity clinic. Yeah, it shares the same space. So obviously, lots of predominantly, I'm not going to say entirely, but predominantly pregnant cis women. So, to me, it's like, in my head, there's a value of like— a little more effort in. Just so you're not making these people feel uncomfortable,*

## TRANS\* BODY IMAGE

*which is something else entirely on the whole.*” – Non-binary Transsexual Woman, 40, White, they/them

Here, this participant specifically outlines how there are situations or contexts where they feel they have to be aware of their identity and how their body looks, like in settings with mostly ciswomen. This is hypervigilance and hyperawareness – they are paying additional attention to how their body looks and will be perceived by others to ensure those around them are not uncomfortable. And it is *this* that causes them to present their body more in line with cisnormative gender ideals. It is not that they are adhering to cisnormative body and appearance ideals of their own volition, but that there is a value to conforming in certain settings.

This participant succinctly reiterated this point again later in the interview by saying:

*“But there's also a category of dysphoria that's, like, entirely social. They, not always, but so much comes down to an issue of meeting cis expectations to avoid like that violence.”* – Non-binary Transsexual Woman, 40, White, they/them

Another participant also spoke about their hyper-awareness of their appearance when they said:

*“Yes, I want you to notice, but I don't want you to feel like I'm shoving it down your throat if I'm able to use that quote. Because I kind of have to, I have to—I-I guess it ties back to body image, and how people see you, how different people will see you because when I dress to go anywhere, I have to think to myself, “Who am I going to interact with? How do I want them to view me? Do I feel like I have the liberty to draw*

## TRANS\* BODY IMAGE

*attention to myself in this manner before I leave the house?”* – Non-binary, 18, Black, they/she/he

Here, we see this non-binary individual deeply consider how the public will perceive their body and highlight this mental questioning process they engage in before leaving the house. Specifically, she questions whether or not it is safe to present their body authentically and draw attention to themselves because he is aware of the consequences of doing so. Another participant indicated similar concerns of safety and even bodily discomfort when having to directly confront cis-body expectations when hooking up with gay men:

*“And so, and then I feel like what I ended up doing was like in my Grindr [gay dating app] or Grindr bio like I would, I would say like I would disclose [my trans\* identity] so I wouldn't have to worry about that. But then like, especially as I started passing more like, I did an exchange semester in Ireland. And most people there just knew me as like a queer or gay man. And so like, then like, knowing if something was like, kind of going further and I'm like meeting people in-person like, when to disclose basically that, like, my genitals don't align with their expectation? Because at that point, and at this point, like that is the main piece for like, why that could be nerve-wracking or dangerous or dysphoria inducing.”* – Man/Transmasc, 25, White, he/him

Here, he outlines being hyper-aware of his body when meeting in person with a potential romantic or sexual partner, specifically around disclosing that his genitals do not meet cisnormative body expectations. This participant also showcases that, even after passing as a man, he still remains aware of his trans\* body and how that can put them at risk of emotionally charged or dangerous situations, indicating that this hyper-awareness

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is not exclusive to identifiably trans\* individuals. Another participant also expressed that while living in a trans\* body is dangerous, it does not stop them from being proud of who they are:

*(in reference to being identifiably trans\*) “Um, I think- I think it's important. But I also think it's really pretty scary because, like, um, obviously, transphobes can target you. And-and that is like a concern I-I have, but I- um, I'm proud of being trans. And I-I'm-I'm proud of my experiences, and I-I think that's— I think it's important to not let like transphobes think that we're all miserable.” – Man, 18, White, he/him*

This participant explicitly states that it is scary for others to recognize that he is trans\* through how he presents his body and that it is something that concerns him. However, he emphasizes the importance of recognizing the strength, pride, and resilience experienced by trans\* individuals despite having to confront this transphobia. Overall, trans\* participants in our sample expressed that they had to pay more attention to their bodies due to their trans\* marginalization. Often, this was out of fear for their safety or to reduce potential aggression elicited by their trans\* identity that may be identified when people look at their bodies. Further, even when a trans\* person passes as their gender, they still must consider how their body may not align with the expectations of others.

**Table 3.**

*Trans\* Body Image Thematic Table with Exemplar Quotes*

Themes	<i>n</i> <sup>1</sup>	Example Quotes
Non-Linear, Evolutionary Relationship with Body	6	<p data-bbox="877 464 1955 1026"> <i>“So, when I first catch, first transition back in 2017, I have like this very concrete mental image of the woman I want it to be. And a lot of it was like male gaze-y, very stereotypical, you know, this is what a woman quote unquote is supposed to look like. And I spent a little longer than I'm comfortable with, you know, chasing after that unrealistic body image. But gradually, you know, as I realized the changes HRT [hormone replacement therapy] was having didn't— it wasn't necessarily going to get me to where I wanted to be, I realized like I could stress and I could be anxious and like, in all sorts of like psychic or emotional pain over not being able to obtain this like unrealistic ideal or I could change that ideal of what I want it to be. And as part of that, like, my idea was like, “Oh, women have large boobs”. So, I realized, looking around like, “Hey, that's not actually true.” And for a while there, like, I had written breast augmentation off entirely because my thinking was like, this is just like the stereotypical gender view of who I wanted to be. And for a couple of years, I- I was fine with, you know, the little [breast] development I had. You know, I grew them myself. I was proud of them. But then, you know, as time goes on, I was like, “Okay, no, there is something here and it's not chasing after this ideal anymore.” But it's something above them and beyond. And that's when I started looking into it [breast augmentation].” – White, 35, Transsexual Nonbinary Woman, they/them</i> </p> <p data-bbox="877 1065 1955 1330"> <i>“But yeah, other than that, I think I've also like I've grown to like really appreciate like-like my thighs. Like I've always had like kind of like strong like thick legs and big quads. So, I think I've grown to like that better about myself, and I think that's partly like fat distribution with testosterone and partly just like being far enough in my transition that, like some more feminine stuff, coded parts of my body, are okay or like maybe like a bit of like kind of body positivity movement stuff, or like, I don't know. Like, I think it's a thing in queer or like in gay male communities and queer communities that like thick thighs is- is the thing. Anyways. Yeah.” – Man/Transmasc, 25, White, he/him</i> </p>

*“Oh, it's- it's hard. I- I'm already an adult, 30-something years old. So, like, I'm not saying I'm uncomfortable with my body like that. You've gotten used to it kind of thing, but I still don't feel right in the body.”* – Non-binary Transfemme, 32, White, they//them

*“I don't think I do that too much these days. But when I was younger I-I used to compare myself to like cis men on the Internet who I wanted to look like”* – Man, 18, White, he/him

*“Body image, the way I think about it, is like, yeah, it's a pretty complicated relationship, I think, for-for myself, and for trans people. I think about sort of how I view myself, how I view my physical body, maybe the most. And how that compares to things like other bodies or my perception of like whatever the ideal body is. I think a lot about like my body currently in my point in transition versus the body I kind of want to get to. And the body I was. So, it's sort of all-all those sort of things are-are wrapped up into body image for me.”* – Transwoman, 31, South Asian, she/her

*“Starting off, I come— when I first started to realize I was non-binary, I compared myself to the stereotypical White standard, androgynous, non-binary. I realized how much harm that I was doing because I don't fit into any of those categories. So, I kind of started to compare myself to all the non-binary— just non-binary people in general. Like I started— I tried my hardest to find non-binary people who looked like me, who are dark skin, who were bigger. So I could notice what they do. Not to necessarily compare myself, and then I guess, in turn, feel bad. Just “Oh, I really like what they did with this. I- I could try that and see if it works for me.”* – Non-binary, 18, Black, they/she/he

Self-Governance of Gender, Body, and  
the Connection Between the Two

Deliberate Ambivalence Toward Gender  
Recognition and Passing 9

*“Early in my transition, I struggled a lot like— what I termed as like the language of like visual metaphors. Of like, how to be read as, like a checklist of like, long hair— you check off enough, you know, you will get gendered properly. And that's how I like tried to navigate the entire world for a couple of years, and I just burnt out on that. So now, for me, it's yeah, it's more personal. And it's like individual, obviously. But, like, I take joy in what makes me feel whole and right, and if it causes someone else to like read me properly, great. If not,*

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*then I still have this like personal sense of wholeness. I still have like my sense of identity. And you're just, you know, a clown misunderstanding me.”* – Non-binary Transsexual Woman, 40, White, they/them

*“I- I don't think a lot of people get to know easily, you know, if they don't get too close-pursue closely at me. You-you may not know. Although I don't, I-I don't care if they get to know quickly or not. So, I'm just myself. I- I just do what I feel is right with me.”* – Male, 25, Black, he/him

*(in reference to passing)*

*“I don't think I-I do, based on, um, like, how much I get misgendered. I- I would like to, but I also hesitate to put too much emphasis on passing, like as a goal, because I think passing is a very kind of cis-oriented concept in that, it's like, how much can you look like them [cis people]? And- and I'm worried to-to, um, to kinda, you know, dive into that. Visible transness, I think, um, I- I think, like it- it just rejects a lot of like transphobic ideas about gender.”* – Man, 18, White, he/him

*Interviewer: “When you see other sort of like trans, non-binary, two-spirit folks in media, do you feel like that has an influence on your body image? Just seeing them, kind of, more out in public?”*

*Participant: Sometimes it does, in a sense that I don't look like that. And I'm like, “Ouu, is that how we're supposed to be looking?” because if so, I'm not doing that. I'm doing a very bad job at this.”* – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them

*Interviewer: “And do you find like, when you kind of do these things, to make, to try to like, get people to read you as non-binary – when that doesn't happen, do you find that impacts like how you see your body or your body image?”*

*Participant: “No, not really. I- It would be nice to have people notice. I mean, I do have people who notice. I have queer friends, and I can always count on them to notice and validate me. One— for the everyday person, it doesn't really bother me because I kind of had to— coming from where I come from, I kind of had to learn to skirt the line between trying to get someone to notice you but also not letting them notice you too much that they become hostile, I guess. So, it doesn't really bother me in conjunction with me not really*

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Paths

*caring what pronouns people use for me. So, I just kind of helps balance the body image issues and how people see me at the same time.” – Non-binary, 18, Black, they/she/he*

*“So, bottom surgery was in that category of like life-saving. Really bad dysphoria. That kind of [breast] augmentation is kind of in the middle of- how to put this. It's bad dysphoria, but there's also a— how I'm viewed in the world. Weirdly, people, you know, conflate large breasts with femininity. So it's kind of half and half. But I'm not a hundred percent sure kind of where that lands. Which is why I've taken so long to-to make the decision because my thinking is, if it's more like just a social, navigating the world, should I have to change myself? Kind of thing.” – Non-binary Transsexual Woman, 40, White, they/them*

*“I think doing the bottom surgery will make me feel more like me and more comfortable because it feels like I'm in another body like where I'm not supposed to be.” – Non-binary, 23, Black/Arab, they/them*

*“Surgeries, yep. I-I have known some friends that are— in the— about my age, and then has transitioned with the surgery and had complications. Not huge complications. But, you know, I see to myself, I— for me to be [participant's name], does not, that does not— just to find my, who I am. That's the way I look at it. It may do— deal with some other transgender people, which does affect them emotionally, and you know it's just they don't like it. Me? It doesn't, you know? I don't feel like I need to go in surgery when I'm at 60 years old to worry about, you know, not tucking.” – Transgender Woman, 60, White, she/her*

*“Okay, I am looking at so reshaping my back-backside, you know. Yeah, my backside. I want it to be more masculine. Yeah. So, when it happens it kind of makes me see-see myself better, and that image that I want. That shape and that box that I want to be, you know.” – Male, 25, Black, he/him*

*(in reference to medical transition)*

*“I think that like even just having a smaller chest, like on days where I want— like binding is incredibly hard, your-your chest's as big as mine, like, no matter what you're not passing. And that's shitty. Like they're still there. People still look even go like, “Ah, a woman,” you get she-ed, you get ma'am-ed, and I understand completely like, I know what my body looks like. I know what it looks to other people. But it still sucks because I have this image of*

*myself in my head and how I'm feeling, and it's not being met. And so, like, even if they [my chest] were just smaller and I could bind, it would be such an elation. I think that'd be amazing” – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them*

*“I'm trying, I'm actively-I'm actively attempting this. Yes, I— my partner and I discuss it all the time of like, how far am I going to go with my transition? What-what do I want? Is it? And I'm not sure yet, if that's— still a learning process. I-I know I like certain things, but I don't know how-how much I'm going to go along. It's-it-it all depends. But I-I t's not necessary. You don't have to be trans and do transition, but you don't— you need to have, surgery. That's how I feel about it. Like, nobody is trans because they transition, it's you're trans because you're trans, right? Like, that's the— it works. But in my own case, my personal thing. It's like I-I-I-I most likely will end up following through your procedures for things. I-I do want to fully.” – Non-binary Transfemme, 32, White, they/them*

*“Also, as it relates to top surgery, I'm waiting to see the effects of HRT first before considering getting top surgery. But I'm very— there hearing about some of the like, the risks and complications with top surgery that makes me really not want to do that. And me wanting to do HRT was me trying to— hoping that HRT or she would give me changes that would align me more with like, a almost like, a body— an ideal body image, or something that I have in my head, like some ideal form that's not this current physical body that I'm hoping HRT will get me closer to.” – Transwoman, 31, South Asian, she/her*

*“But I don't think, I don't think my physical body really matters to me. Like, I don't think I would want to transition medically or with hormones or anything. I think being able to-to transition socially, and the way I present myself with other external factors like my clothing and my makeup and my nails and jewelry, and everything is enough for me.” – Non-binary, 18, Black, they/she/he*

*Interviewer: “I think you mentioned like there used to be really big want for like gender-affirming surgeries. Has anything changed in terms of that?”*

*Participant: “So it's been sort of, I think, as I've become more comfortable with my body, I've done more exploration when it comes to, like, what I really want, and that's taken a lot of time and a lot of work that I realized that those parts of myself, like. For example, like, I really wanted to do, bottom, yeah, bottom surgery. But as I became more like comfortable*

- with those parts of my body, that has not become such a big want.*” – Transwoman, 31, South Asian, she/her
- Navigating Social Dynamics and Self-Expression 7
- Participant: “Like in a vacuum, my view of my body is different than, you know, might exist if I was out in public because other people seeing me changes it. If that makes sense.  
Interviewer: “Interesting. Yeah, so would it change like in your head kind of how you perceive yourself?  
Participant: “Yeah, and it’s kind of related to navigating the world as trans\* so like, what I would be fine with on my own, I know— realized that could be a clocking thing, it could, you know, represent a danger. And so, then I become like super conscious of it, and it becomes a thing, and it kind of distorts how I view it [my body] in that moment. But take those people away, or, you know, bring safe people around, and that disappears. So, it’s like this weirdly dynamic thing.” – Non-binary Transsexual Woman, 40, White, they/them*
- “And yeah, I guess we kind of talked about this earlier, too, like that was kind of like the social piece in terms of like factoring into my body image. So, like, yeah-yeah, I think, having— you know, I think we all like to think that we don’t care what other people think, but that’s not the world that we live in. And being seen as a man or like, assumed to be a man has been affirming like, that’s what makes me feel good about my body, I guess. Yeah.” – Man/Transmasc, 25, White, he/him*
- Participant: “Um, [pause] yeah, I, um, I thought that like, I-I mean, this is kind of [pause] pedantic, but I felt like I don’t really picture myself [in my mind], and that’s not a huge part of how I relate to my body and- and um, what I think about it.  
Interviewer: “Mm-hm. So, there’s no sort of like— you don’t really picture yourself in your head?”  
Participant: “Yeah, I don’t have like a, uh, a specific— like, I don’t know if image is the right word for me.”  
Interviewer: “Mm-hm. What do you feel kind of best— that represents what you experience?  
Participant: “Hmm. Like, I-I have a relationship with what I feel about my body and what I see and what other people see. I think it’s more holistic than like I look at something and I don’t like it.” – Man, 18, White, he/him*

*“I just would have added what I mentioned before about how you think others see you. I-I think in my mind you can see yourself, and feel yourself, and sense yourself however way you want. But people, even though it's not right, people still can look at you and have this preconceived notion about you. Like it, I'm- I don't know if— I don't know if bringing reason to this helps or if it's too much or anything. But I'm Black. I'm Nigerian. I know how I would want people to see me. But I also know that there are people out there who see me as a Black, 6 foot 3, AMAB, big person and think, “Oh, I should be wary of this person,” even though I-I'm riddled with anxiety. I'm the most timid person you can ever meet. So, I kind of have to take that into account when I think about how I see myself. And how everybody else sees me.” – Non-binary, 18, Black, they/she/he*

*(in reference to dating)*

*“Yeah, I could say I like, have been trying to look into more like LGBTQ+ or more progressive spaces, just because it feels like I would be less judged.” –Transwoman, 31, South Asian, she/her*

*(in reference to the body image definition)*

*Participant: “The point where it's like “how I sense my body” because I would assume it means that in like five senses. It's kind of like very clinical. But like, there's also just like, I guess, more like metaphorical like, how you sense— how you exist in the space around you. Less like, you know, my body stops here, and I've got like three inches. But just like, the amount of space you can take up— going back like when I'm with friends and stuff. I can be loud. I can be— there's a lot of room to just like exist. And, like, you know everyone's boundaries and you know what you can— you know whose boundaries you can push and just like tease them or something like that. But when you're just in public around people you don't know, like, that sense of space that I can occupy becomes a lot smaller. And it's nothing physical because, you know, it's the same three inches but on a metaphorical level. So, I like that. But in a sense, it's not [unintelligible]*

*Interviewer: “Yes, yeah, that makes sense. Pulling on that piece that you mentioned, like sort of being able to take up more space. Do you find that if you're with friends who maybe aren't as accepting, do you feel like that space still is quite narrow, and it's only— and it changes with—”*

*Participant: [Interruption] “Early in my transition, I would have said “Yes.” Now, at six-plus years in, my friend group has sort of filtered itself. Where if I felt that way around some*

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*people, they just— I either like, hey, you know, you've got to change how they view me, or just those friendships aren't nearly as prevalent anymore. Yeah. I would-I would much rather be able to feel like I can exist with fewer friends than like, you know, be smaller around more people.” – Non-binary Transsexual Woman, 40, White, they/them*

*“Oh yeah, I also really feel kind of let down about the fact that I know that most straight men will never view me as a man, even when that's one of like— what I want to be viewed as. Like, I have had some friends where I'm like, “Oh, my God, we're Bros,” and that's how they are with me, and that's such, like, such elation. Or, like, to do this typically protective role when I'm with my female friends; being respected in that role is nice. But, like, when I'm kind of dumb down to you, “You're like a weak little girl,” I'm like, “I don't think so, though,” like, that's not how I view myself, and it kind of hurts to have that happen.” – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them*

*“I kind of have to be, which kind of— it feels like a wrong thing to say, but I do have to kind of be mindful when I'm around black folks specifically just because of how I know were all brought up. And how we were all raised. I-I have a queer friend group, and they are all white. I would love to have a queer friend who is black, but that's not something you find all the time, especially where I am. I've tried, I really have, but it's just not working. And I have, I kind of had to choose— because I kind of had to choose, “Do I want to be in a friend group with queer White people or Black cis, straight people? Which one do I? Would I feel more comfortable with?” and I can't— have to pick. Where the queer friend group like, it's kind of this thing— I've had to juggle which feels more harmful right now: the accidental microaggressions and racism that I'm experiencing at queer white spaces, or the homophobia and transphobia that I would experience in black spaces, and just having to juggle which one I feel more, I guess, comfortable, with ... you just have to pick which one seems like the less of two evils to you in the moment.” – Non-binary, 18, Black, they/she/he*

*(in reference to passing and body image)*

*“It's just that because I'm not alone in this world, and, you know, I need some form of acceptance. And it's quite difficult getting the acceptance I need.” – Non-binary, 23, Black/Arab, they/them*

*(in reference to dating hesitancy)*

*“It would be, yeah, people knowing I’m trans, people not really thinking I’m a woman, and like, I’m like tricking people and stuff like that. Or just think I’m ugly like, there’s always just like that part of it like, no matter what they think I am gender-wise like they’ll just, I— just won’t like how I look. And it’s also, yeah, my own discomfort because I’m not fully comfortable with how I present at the moment. So, I just don’t want to put that out there because it just feels like a very high-stakes thing to do. –Transwoman, 31, South Asian, she/her*

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*Participant: “So I’ve done a lot of— are you familiar with DBT [dialectic behavioural therapy] therapy? So, their whole like concept of radical acceptance. I take my issues with that. I’ve done a lot of radical acceptance to work around, like, the reality that I’m just never gonna have a uterus. So, I could spend my days agonizing over it or I could accept the like— this is just like the reality of my life. It’s gonna cause me grief, and when that grief comes up, you know, provided I’m in a place where I can, I will honour it. I will express it, you know, feel through it, and then it’ll go away for like a day, or like 6 months or, and that’s just going to be like that aspect of my life, accepting that the grief will never be overwhelming. It is always something like “All right, just gonna have a shower cry this morning” kinda day; it’s-it’s honestly like made it so much smaller in that I know that I can handle it now. And it’s not like this big, “Oh, when is this gonna end?” because it’s not gonna end, it’s just gonna be with me.”*

*Interviewer: “That makes sense.”*

*Participant: “In a way, I’ve made my peace with it through accepting that it’s not going away, which is a weird way to frame it. But I never would have thought of.” – Non-binary Transsexual Woman, 40, White, they/them*

*“Actually, sometimes my hips get me because they are like, like I said, I’m also very curvy. And so, that’s something else that’s really hard to hide on days where you don’t feel like you want to have that kind of curve. Like, I got some childbearing hips. I can carry a baby on those things, and sometimes I’m like, it’s very bad to look at, because I just want to have like a nice trunk man torso and be like sturdy and solid there. But for the most part, I’m pretty at peace with the way that I look.” – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them*

*Interviewer: “What does body positivity mean to you as a non-binary person?”*

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*Participant: “It means acceptance. And you know, loving your body [unintelligible] not minding, you know, flaws, and, you know, beauty standards that others might have set.”*

*Interviewer: “And with that definition, how do you feel it relates to kind of your gender identity?”*

*Participant: “I think body positivity has a lot to do with, you know, body image because you have to first accept the way you look or the way you are before you- you know, try to make others accept the way you are or the way you look” – Non-binary, 23, Black/Arab, they/them*

*“Hmm! I think. Body positivity, with the way I used to see it, was just feeling so good in your body even like it— sorry to say, but it's kind of, in the end, it seems a bit toxic to me because people are allowed to want to change things about their body. But body positivity, as the way I used to see it was just, “Oh, yeah, you might be fat and think you're ugly, but you still have to love your body like that.” You can't do both. You can't both think you don't look like what you want to look like, but also still say you love your body in its entirety? I— yeah, body positivity to me just means it— what I- what I saw was just loving your body, no matter how bad you think it looks, but just loving your body because it is your body, but that-that doesn't really make sense. If you think about this because, sorry— I had another thing to say— because you could also use body positivity against non-binary people and say, “Oh, if you truly love your body, then you wouldn't want to change anything about it.” Like it kind of, it defeats the whole purpose, if I'm being honest” – Non-binary, 18, Black, they/she/he*

*Interviewer: “What would body neutrality mean to you as a-a trans person?”*

*Participant: “It just means, to me, trying to— trying to disassociate like all of my negative experience with my body from like— from my actual body, and-and trying to like take the blame away. Instead of being like, “I get misgendered because of this body part,” I can just say, “I get misgendered, and I have this body part,” and try to make it not so judgmental.” –Man, 18, White, he/him*

Self-Schemas About Gender are  
Intertwined with Gender Presentation

## TRANS\* BODY IMAGE

Adjustive, Self-Regulatory  
Behaviours/Strategies 10

*“Generally, if I am feeling more masculine, I'll do like a traditional— if you've seen native men wear their hair like, two braids coming out of like the one elastic at the back. That makes me feel more connected to that, because it's a very classic Indigenous men style, or like hair styles like that, because I do have like, it's down to my waist kind of hair... And then, like I will do a-a more masculine contour on my face. I will try and like get my eyebrows to be as like thick and luscious as possible. Like today, I'm not even wearing any makeup. So, it's— there's nothing going on. I just feel like it's just me so like I'll try and contour out my nose more to make it look a little more prominent and masculine, and then bind, and then like wear any of the masculine clothes I have, and then on, when it's a lot more easy for me to look feminine, because then I just put on them push up bra and wear something curve-hugging, and then, bam, I'm like, I'm a saucy lady today.” – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them*

*“My hair and my face! I think they provide like euphoria, or like good feelings, especially when I makeup and they're styled because they or they just like scream, like femme when they're done up them that way. And that feels more like myself. Or, yeah, it makes me like, happy.” – Transwoman, 31, South Asian, she/her*

*“I will get gendered correctly a lot more if I'm wearing dresses if I'm wearing skirts, quote unquote feminine leggings, so like a pair of black leggings it's kind of hit or miss, but if it like black lace or— those get read as feminine a lot more.” – Non-binary Transsexual Woman, 40, White, they/them*

*“I have heels. I have tons of heels. My favourite thing in the world. I- I'm 100% going to be one of those girls, I have like 1,000 pairs of shoes. I know I am. And like, it's already a problem. It's going to be a huge issue. But yes, I love heels.” – Non-binary Transfemme, 32, White, they/them*

*“Yeah, I think that's definitely the case with my shoulders, for sure, is that it's— I think it's something that helps me pass early, and then I think, in terms of like my internal sense of gender, like it's always been like affirming because it's something that's like more coded as masculine to have broad shoulders.” – Man/Transmasc, 25, White, he/him*

*“And but with a female walk or hip or high heels that puts you in that little higher bracket of femininity, and that's what I'm looking for.”* – Transgender Woman, 60, White, she/her

*“That would just entail [pause] like wishing I looked more conventionally masculine, but I don't know that I had like [pause] specific things that I would look at and think like, I wish this was or wasn't there. It was more just generally like wanting to look masculine.”* – Man, 18, White, he/him

*“And the weirdest one I found is— you might have noticed I'm heavily tattooed. I found— it's been like one of the most gender-affirming things I've done because, like, I don't know if you can see, but like lots of flowers, lots of jewelry. Those get read a lot more as femme.”* – Non-binary Transsexual Woman, 40, White, they/them

*“You know, I get carried away with this mentality of being strong, you know, being fit. So, this is one of the-the reasons why I'll go to the gym, and it's working for me. So, I can say that partly because I want to be masculine and partly because I just want to be fit. I-I-I just follow up a lot of my-my exercises and activities that keep me cool.”* – Male, 25, Black, he/him

*“But my hair. I've always liked my hair. It's always been very important to me. I've-I've grew it long when I was 12 years old, against the wishes of my family, because “You're gonna look like a girl!” and I was like, “Ha! Ha! Jokes on you,” like I've always had it. I-I-I fought with my family and— to keep it and I've never cut it like short since I was like 12, like I-I loved it forever. So, it's my hair is my on— the one thing I really do like about my body.”* – Non-binary Transfemme, 32, White, they/them

Affective Evaluations of One's Body 10

*“I definitely felt a disconnect from my chest, from like— and still kind of ongoing like my hips, like depending on like where my weight is. I— keeping with testosterone everything that's still kind of like something that like still makes me a bit dysphoric and then things like, when I think about things that testosterone changed in me better, I think like my voice was a big piece.”* – Man/Transmasc, 25, White, he/him

*“But yeah, I'm doing laser treatment. So, this would be ... this would be I-I don't want hair anymore. And being my age it-it, I have laser. It took away the the-the brown, but the gray,*

*no. So, the gray, and there's nothing [pause] I can get— whether electrolysis could take away the follicles, but that just costs too much. So, I'm stuck with shaving, you know, you can-you can, you can wax, and it'll take it away for a couple of days. But it's gonna grow back again. So that-that would be the only concern is my facial hair that I just I yeah, I hate that. That would be my number one hate, yeah” – Transgender Woman, 60, White, she/her*

*(in reference to disconnect from primary and secondary sex characteristics)*

*“Not so much at this point. But, you know, bottom surgery so clearly it did. Bottom surgery, breast augmentation are kind of like the two big ones. Well, I guess, and lack of like uterus, that style of reproductive system, which is, again, a weird way to put it. But yeah, so those are kind of like Big 3 that I'm either dealing with or just will have to deal with the rest of my life. Formerly it was a lot more like my height, my shoe size, you know, the width of my shoulders, broadness in my chest, like those male traits.” – Non-binary Transsexual Woman, 40, White, they/them*

*“Oh, it's the worst! It's terrible. Both of it too, because if at one point in an AFAB body when you're gaining weight, it's going to be your breast, it's going to be your hips, it's going to be places that are hard to hide. So, if you're trying to bind, guess what? You're still curvy and that sucks, like you can't really hide that very well. And of course, to like, if you're gaining weight, you're gonna gain it around your jaw. And so, it brings out the more— the fact that like here's your face, it's round and feminine, instead of being like here, it's sculpted, and you can hide like you can add more to your jaw with makeup. And then losing weight, too, because I've been on both sides of that spectrum. Now you've lost weight. Your binder doesn't fit. Those are expensive, so your boobs are everywhere. They're slipping and sliding. You can't bind properly [laughter] and like your baggy clothes, they're too baggy, and you look like Adam Sandler. Which is not the kind of gender euphoria I want.” – Two-Spirit Enby, 26, Indigenous (Cree-Métis), they/them*

*“Yeah. Well, I mean, I think it's like a couple of things like, I think there is a gender piece. I think, especially like around like my hips and my butt, was something I like, wasn't feeling super great about. And it— and was something or like, yeah, that, like I felt was kind of like more feminine that like when I gained weight, it really went to my hips.” – Man/Transmasculine, 25, White, he/him*

Hyperawareness of Having a Trans\* Body  
in a Cis Society 8

*“Really, nothing really stands out. I—me, of course, my-my belly. But again, it's my age. Nothing I can do about that unless I run a marathon and I'm not going to do that.”* – Transgender Woman, 60, White, she/her

*“Really, I mean, I'm not— I don't feel bad about my body in the gender sense. Maybe in just the typical body sense of “Oh, I wish I was a bit thinner,” you know? That that is there, too.”* – Non-binary, 18, Black, they/she/he

*“I do-I do catch myself glancing if I'm, if I'm out in— doing shopping or-or groceries, or in the public, that I do catch myself looking in the window and mirror, just to make sure I look presentable. That's one of the— one of the things I always fall back with— my appearance is— I-I like to look presentable, so there's no anger towards me, you know. I mean trans— as you know, transgender has been around for years, but for me, I want to look that way, and I always— I look at myself more often outside to make sure that I look nice. That's, you know, that's-that-that-that mindset is just [pause] confidence, gives me confidence, the way I want to look. So, it gives me the confidence, and then everybody's more comfortable when I have the confidence, or being-being out there talking to other people.”* – Transgender Woman, 60, White, she/her

*(in reference to being identifiably trans\* in public)*

*“Um, I think, I think it's important. But I also think it's really pretty scary because, like, um, obviously, transphobes can target you. And-and that is like a concern I-I have, but I- um, I'm proud of being trans. And I-I'm-I'm proud of my experiences, and I-I think that's— I think it's important to not let like transphobes think that we're all miserable.”* – Man, 18, White, he/him

*“So, challenging like, “Do I have voice dysphoria, or do I just feel like I need to sound typically feminine so a random, cis person won't, you know, threaten me?” caused me difficulty. And even just being able to challenge your dysphoria and kind of know where it's coming from. Even if the end result is you still go through voice training because you value that safety versus feeling something-something's wrong with you.”* – Non-binary Transsexual Woman, 40, White, they/them

*(in reference to passing)*

## TRANS\* BODY IMAGE

*“My case, I'm-I'm really not at the moment. For the last 10 years, I've had a very corporate job, and, as you can imagine, large corporations, the concept of transitioning and stuff like that, it's not exactly the most open, as you can imagine. Any corporation that's in the Fortune 500 is not exactly a— open and open-minded stuff, but I'm— so I don't do much to try and pass in public.” – Non-binary Transfemme, 32, White, they/them*

*“Yes, I want you to notice, but I don't want you to feel like I'm shoving it down your throat if I'm able to use that quote. Because I kind of have to, I have to— I-I guess it ties back to body image and how people see you, how different people will see you because when I dress to go anywhere, I have to think to myself, “Who am I going to interact with? How do I want them to view me? Do I feel like I have the liberty to draw attention to myself in this manner before I leave the house?” – Non-binary, 18, Black, they/she/he*

*Interviewer: “And I guess kind of related to this like, what-what would it mean to you to kind of be like identifiably trans in public? Is that something you'd want, something you don't want?”*

*Participant: “That's something— I guess it depends on the setting. I feel like, for the most part, I don't want it, and I've been actively trying to avoid it, which is why I go out as masc [masculine]. I'm just afraid of what might happen.” –Transwoman, 31, South Asian, she/her*

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*Note.* <sup>1</sup>*n* refers to the number of participants who endorsed this theme (out of 10).

### Discussion

Trans\* people exist at a specific intersection of society, one where their marginalization stems from entrenched societal gender norms and biological expectations linked to their bodies (i.e., people of a certain gender are supposed to have specific sex characteristics). In this inductive exploration of body image for trans\* people, we identified six main themes (and four subthemes) that best captured how our trans\* participants thought, felt, and perceived their bodies. This included personal elements, such as autonomy over one's body and gender, how one's gender self-schema influences one's gender presentation, diverse approaches to body acceptance, and the dynamic evolution of one's relationship with one's body. It also included more social components, like how social treatment influences one's self-expression and a hyperawareness of how one's body looks to the dominant (cis) society. The concept of trans\* body image results from both these personal and social aspects combined. And crucially, the *interconnected* nature of the social and personal elements best represents trans\* body image, rather than one or the other, or by any one theme we identified in isolation. Our research highlights how trans\* people view their bodies, how trans\* bodies are viewed in society, and the feedback loop this creates will result in an equally complex negotiation between societal norms, body-based expectations, and a trans\* person's personal, internal disposition. Ultimately, we noted distinct elements in the way trans\* individuals conceptualize body image, and we take away from this research three main findings.

#### **Trans\* Body Image is Highly Individual and Variable**

The most evident finding in this study was the diversity articulated by our trans\* participants in their discussions on body image. The varying definitions of body image,

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evaluations of their bodies, perceptions of gendered bodies, and desires for changes—whether through medical means or otherwise—led to a wide range of experiences.

Overall, this variability highlighted the complex nature of body image for trans\* people such that what is true for one trans\* individual is often not true for another; diversity is the rule, not the exception, for body image. Furthermore, societal pressures concerning their appearance and the idealized depiction of trans\* bodies they were expected to adhere to (e.g., adhering to the cisnormative gender binary or, for non-binary individuals, striving for complete androgyny) echo the concept of transnormativity (Johnson, 2016). Put differently; participants recognized that there is a dominant, normative narrative that society associates with trans\* people, particularly around how they should want to look and how they feel about their bodies, with that usually coinciding with the “born in the wrong” body narrative and a desire for gender-affirming care. Indeed, recent studies also emphasize that trans\* individuals are cognizant of the sociocultural messages surrounding Gender Dysphoria and the anticipated experiences associated with it, particularly concerning their bodies, and how those expectations may not always align with trans\* individual’s actual feelings (Lindley et al., 2024).

Further, not only was body image variable between trans\* individuals, but one’s thoughts, feelings, and perceptions of their body also appeared to vary within a trans\* individual. In other words, the trans\* participants in our sample indicated how their relationship with their bodies changed over time as well as with access to different forms of gender-affirming care. The pivotal insight here is that, based on the *DSM* and transmedicalism, we would expect a strict, linear narrative of “I dislike my primary and secondary sex characteristics. Therefore, I seek gender-affirming care to achieve body

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satisfaction." But when trans\* people were allowed to talk about body image in their own words, this is not all that we found, and it was not the central narrative. Instead, our participants indicated that over time they discovered ways to embrace their bodies, or their connection with their gender and body evolved to the point where they no longer felt such gender-affirming care was necessary. Some accessed one gender-affirming care option (e.g., hormone replacement therapy) and then felt other options were no longer necessary (e.g., breast augmentation, genital surgery). Moreover, participants who expressed dissatisfaction with certain aspects of their bodies did not always pursue gender-affirming care. These findings challenge prevailing transmedicalist and transnormative narratives.

Often, our trans\* participants noted that they became more accepting of their bodies in comparison to when they first came out or realized that they were trans\*, suggesting that identity consolidation may play a role in trans\* body image. This notion relates to concepts discussed by Bolin (1988) in her two-year ethnographic study on transwomen, where she observed that upon coming out, transwomen often embraced hyper-femininity initially, but this tendency diminished with maturity, akin to a puberty phase characterized by adjustments to womanhood and associated expectations. Similar sentiments were echoed in McGuire and colleagues' (2016) research, indicating that trans\* individuals further along in their transition exhibited increased social awareness, body acceptance, and satisfaction. While this may be confounded with accessing gender-affirming care (for those who pursued it), these findings are interesting to consider. It is plausible that upon coming out, heightened gendered expectations regarding body appearance led to heightened body dissatisfaction and a greater inclination towards

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gender-affirming care. However, as individuals grow more comfortable and secure in their identity, the pressure to conform to rigid cisnormative gender norms may diminish, allowing for a more introspective evaluation of personal desires and feelings towards their bodies.

Similarly, the personalized and fluctuating nature of trans\* body image extended to medical transitioning as well, particularly regarding the types of gender-affirming care a trans\* individual may be interested in, if any, which can vary and change over time. The decision to pursue gender-affirming care was autonomous and based on the individual's assessment of what they needed to feel comfortable in their bodies. Not all trans\* individuals seek gender-affirming care, and those who do may opt for different interventions unique to their needs, as evidenced in our study. This aligns with recent research indicating identity-specific disparities in gender-affirming care utilization, with binary trans\* individuals (transmen and transwomen) being more likely to pursue gender-affirming surgeries than nonbinary individuals (Huisman et al., 2023). Their research suggests that binary trans\* people report more dissatisfaction concerning their genitals compared to non-binary people and that non-binary people were most dissatisfied with their chest region. This study also found that the odds of binary trans\* people requesting “all” gender-affirming medical care (defined as hormones, mastectomy/breast augmentation, vaginoplasty/phalloplasty or metoidioplasty) was 9.7 times higher than non-binary people (Huisman et al., 2023). Lack of desire for gender-affirming care holds even at equal levels of body dissatisfaction between the two groups. Therefore, approaching trans\* body image research as purely a correspondence between medical transition and body dissatisfaction does not capture the nuances of trans\* identities.

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Our research, however, indicates variability even within binary and nonbinary interest in gender-affirming care. For instance, among the subset of 10 participants analyzed, four out of five nonbinary participants expressed interest in or had undergone genital surgery, contradicting the broader findings of Huisman and colleagues (2023). Specifically, the authors make the argument for non-binary individuals, “their body dissatisfaction appears less severe and more centered on specific regions of the body compared to BT [binary trans\*] individuals” and further that non-binary individuals are “primarily dissatisfied with publicly visible body regions, but less so with more private body areas such as the genital area” (Huisman et al., 2023, p. 240). Based on our findings, we did not observe this dichotomy between binary and non-binary trans\* people, and our findings suggest that there may be more at play than just gender identity alone that influences body dissatisfaction and a desire for gender-affirming care, the latter point Huisman and colleagues (2023) acknowledge. Further, our argument is not to say that there may not be differences in gender-affirming care utilization among different trans\* identities, but to emphasize that there appears to be a lot of variabilities even among trans\* people who share the same identity and our findings underscore the importance of contextualizing general assertions about binary versus nonbinary body dissatisfaction and interest in gender-affirming care.

Finally, as highlighted by Huisman and colleagues (2023), our participants also expressed that individual-level factors such as age, sexual activity, and apprehension towards surgery contribute to the lack of desire for gender-affirming care. These valid reasons to be hesitant or choose not to pursue gender-affirming care do not negate the “transness” of an individual, as it would under the transmedicalist narrative. Trans\*

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people are multifaceted individuals whose lives do not only revolve around their gender, and we must acknowledge that various factors influence significant medical decisions beyond gender.

### **Trans\* Body Image is More Than Body Dissatisfaction**

As hinted above, it is not the case that trans\* body image can be simply categorized as dissatisfaction with one's primary and secondary sex characteristics and a desire for another gender's primary and secondary sex characteristics, as is routinely entrenched in the *DSM* (APA, 1980, 1994, 2000, 2013, 2022). Based on our findings, when you allow trans\* people to provide information in an open and unbiased format, they tend to describe a much more complicated and holistic approach to body image. Overall, our participants tended to express *some* dissatisfaction with their primary and secondary sex characteristics, but not all, and they tended to express a desire for *some* other gender's primary and secondary sex characteristics, but not all. And crucially, our participants' discussion of body image was not as simple as just being about satisfaction or dissatisfaction with certain body parts. There was a social element, and there was a discrimination element, all of which were inseparable from body image. Body image cannot be disentangled from the cultural dynamic (i.e., discrimination; fear), and that is one of our key findings. Understanding trans\* body image as limited to those two criteria outlined in the Gender Dysphoria diagnosis is far too reductive and simplistic of a framework. This is because it ignores the fact that how one feels about their body has a social component. That is the case for cis people, too (e.g., Cash, 2012), but cis people exist in a completely different cultural dynamic where they need not fear the same discrimination as trans\* people do. Moreover, the all-encompassing nature of the wording

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of the body dis/satisfaction criteria in the *DSM* reduces trans\* body image to the “born in the wrong body” transmedicalist narrative. Notably, the phrase “born in the wrong body” was not expressed in any of our 23 interviews.

This coincides with recent research on body-related Gender Dysphoria (dissatisfaction with one’s primary and secondary sex characteristics), highlighting that trans\* people report experiencing site-specific body-related Gender Dysphoria as opposed to global body-related Gender Dysphoria (Lindley et al., 2024; Pulice-Farrow et al., 2020). In other words, despite receiving messages about the “born in the wrong body” narrative (Lindley et al., 2024), trans\* people make a clear distinction between dissatisfaction with specific primary and secondary sex characteristics but not all. Taken together with our findings, the two body-related criteria for Gender Dysphoria are both too reductive (as body image was highly variable) and too all-encompassing, such that the expectation for global, gender-related body dissatisfaction appears to be an untenable assumption to place on all trans\* people.

This caricature of a trans\* individual, consisting of dissatisfaction with *all* their primary and secondary sex characteristics and a desire for *all* characteristics of another gender, is a product of transmedicalism via the *DSM* (APA, 1980, 1994, 2000, 2013, 2020). While some trans\* individuals do closely align with transmedicalism, the emphasis on this specific narrative tends to marginalize identities within the trans\* community that do not conform to this narrow mould (Johnson, 2016), a notion challenged by recent research indicating its less widespread prevalence (Lindley et al., 2024; Pulice-Farrow et al., 2020). Research has centred around this understanding of a trans\* person based on the body-related DSM criteria, even though historically,

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academics acknowledge that the *DSM* criteria were established and validated in a biased manner (e.g., Bollin, 1988; Denny, 1992).

Stemming from paradigm theory (Kuhn, 1970), the theoretical paradigm one uses dictates how the research is conducted which dictates the results, and then these results further dictate the paradigm (Walker, 2010). The issue is that, in the field of trans\* body image, this paradigm is based on a caricature. Even worse, it is insidious because this Gender Dysphoria paradigm is implicit and, by not naming the theoretical lens that researchers are coming from (i.e., Gender Dysphoria, transmedicalism), this oversimplified framework is unquestioned and assumed to be true. Thus, researchers are constricted to confirming the paradigm or interpreting their results only by how it matches this paradigm, stifling more complex or alternative interpretations or the possibility that the paradigm is not true (Walker, 2010). Our results clearly demonstrate that as we delved deeper and gave trans\* people space to talk openly about their bodies, we revealed a very complex, human experience – one that is individual, psychological, social, and political. Body image for trans\* people goes beyond dissatisfaction with primary and secondary sex characteristics and gender-affirming care and theoretical room must be made for this reality.

This is not to dismiss the role of Gender Dysphoria in trans\* individuals' body image or its applicability in certain contexts; indeed, some of our participants emphasized its significance in their lives. However, it is to suggest that researchers' *uncritical* adoption of this diagnostic framework, without considering its limitations and the tremendous variability among trans\* people that are increasingly being acknowledged in the literature (and supported by our findings) profoundly influences the interpretation of

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researcher's findings when studying trans\* populations. As the saying goes, "So you seek, so shall you find," and historically, this rings true, especially in the realm of trans\* research (Bolin, 1988; Borba, 2017; Denny, 1992; Konnelly, 2021).

Additionally, concerning the attitudinal-evaluative component of trans\* body image, our results align with those of McGuire and colleagues (2016). We also found that, while body dissatisfaction, in some capacity, was present for most trans\* people, it was not the central phenomenon according to our analysis. But, as expressed above, if you were to look at the current literature, you would think it *is* the central phenomenon given how the literature prioritizes interpretations in reference to Gender Dysphoria and transmedicalism. However, our findings, as well as those of McGuire and colleagues (2016), emphasize that participants also expressed satisfaction and acceptance with their bodies, and often, evaluations of one's body were at the intersection of cultural and gender-based ideals of what a body should look like. Specifically, we also found that self-acceptance and social acceptance played an influential role in how trans\* people viewed their bodies, with our study providing further evidence that both personal and social aspects of body image needed to be considered to understand trans\* body image.

### **Trans\* Body Image Involves Discrimination and Stigma**

Further highlighting the complex aspect of trans\* body image is the impact of social interactions, discrimination, and stigma. Our research indicates that because of the discriminatory sociocultural environment in which trans\* individuals reside, their thoughts, perceptions, and attitudes towards their bodies frequently factor in the imminent threat of discrimination and stigma, often as a necessity. Two of the six primary themes in our study focused specifically on how interactions with others, particularly in gender-

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affirming or disaffirming spaces, could shape a trans\* individual's body image, in the moment or beyond. While the intensity of the emotional impact of discrimination was not universally experienced among all trans\* participants, this underscores that factors beyond internal, and personal body dissatisfaction are at play.

McGuire and colleagues (2016) emphasize the significance of the social dimension in shaping body image, corroborated by our findings, which highlight how specific social contexts may exacerbate body dissatisfaction or foster body satisfaction and acceptance. Our findings take this a step further and suggest that body evaluations are fluid and dynamic and can change depending on the setting a trans\* individual is in or the people a trans\* person is around. Whether this change manifests in their personal evaluation of their body (e.g., feeling more dissatisfied when in public) or in a conscious cognitive shift where trans\* individuals are cognizant of how their body is perceived by others, this awareness permeates all social interactions, whether accepting or not.

The influence of the qualities of social space (i.e., the people you are around, the physical spaces you are in) hints at a difference between state- and trait-level body image. In brief, this means that everyone has both a relatively stable (i.e., trait-level), average level of body dis/satisfaction and an idiosyncratic, fluctuating level of body image (i.e., state-level) where people feel more or less dissatisfied with their bodies based on momentary things like mood, self-esteem, and situational circumstances (Cash, 1994; Cash et al., 2002). This concept is not new and research on state and trait body image in cis women suggests that state-level body image varies day-to-day (Amorose, 2001; Franzoi et al., 2007; Melnyk et al., 2004), in imagined scenarios (Cash, 1994; Tiggeman, 2001) and with experimental exposure to body ideals in media (Grabe et al., 2008; Groez

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et al., 2002).

Our findings align with the little situation-based body image evidence that exists for trans\* people. For example, Pulice-Farrow and colleagues (2023) suggest that experiences of Gender Dysphoria, and body-related Gender Dysphoria, can fluctuate and intensify in highly gendered spaces (e.g., binary gender washrooms, changerooms) where one's gender identity, body, and the relationship between the two can be a cause of discrimination or judgment. For example, one of our participants noted changing their appearance to adhere to cisnormative gender expectations when in heavily gendered settings, like maternity clinics. In addition, some participants stated that they monitor their bodies more when interacting with the general public as opposed to when alone. This suggests a more nuanced relationship between state and trait body image for trans\* individuals given the high value placed on gendered appearance in our society.

Moreover, social components of body image have long been acknowledged in the (presumably) cis body image literature, with one of the most notable theories, the Cognitive Behavioural Theory of Body Image, outlining the influence of historical, developmental influences and current life events and mental processing on body evaluations (Cash, 2012). For example, Cash's Cognitive Behavioural Theory includes both historical social influences on body evaluation, such as cultural socialization and one's past interpersonal experiences, as well as current social influences, referred to as activating events, that factor in one's body evaluations and the maintenance of said evaluations. Further, Cash (2012) emphasizes that his theory of body evaluations stems from triadic reciprocal causation involving social, personal, and behaviour-based components. In other words, this means that those three factors influence body

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evaluations in a combined but often difficult-to-disentangle way, for example, where the social can influence the personal and the personal can influence the social. We found this with our trans\* participants as well, with participants noting that it was hard to separate how society and interactions with the general public impact their body image. And that the extent of the social influence, or activating event, could fluctuate depending on certain settings. If we, as researchers, are comfortable taking for granted that there is a clear social component that factors into body image in the dominant cis literature, then we certainly need to consider the social components of body image for marginalized groups, like trans\* people who live in a much harsher, appearance-based social reality. We can no longer default to personal, individual-level explanations of body image for trans\* people based on *DSM* criteria only referencing internal dissatisfaction with one's primary and secondary sex characteristics.

Additionally, our participants also underscored the significance of safety in navigating the world, particularly how one's appearance and body affect their sense of security. Given the extensive research on the impact of discrimination and stigma on the mental health of trans\* people (e.g., Doyle et al., 2021; Puckett et al., 2020; Williams et al., 2017), our findings add to this literature in suggesting that discrimination and stigma also plays a role in body image. Further, research suggests that for other marginalized groups, such as racial and sexual minorities, discrimination and prejudice also predict body dissatisfaction (e.g., Iyer & Haslam, 2003; Kimmel & Mahalik, 2005). Regardless, discrimination and stigma also play a fundamental role in trans\* people's lives and their evaluations of their safety. Recent quantitative studies suggest that overt acts of

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transphobic discrimination (Tabaac et al., 2018; Watson et al., 2017) and instances of misgendering (Mitchell et al., 2021; McLemore, 2018) may exacerbate body dissatisfaction in trans\* individuals, with some qualitative studies finding that discrimination may intensify disordered eating behaviour in trans\* individuals (Gordon et al., 2016; Harrop et al., 2023). Our findings coincide with previous studies and further suggest a more intricate relationship between discrimination and body dissatisfaction, such that how body image relates to discrimination can differ from trans\* person to trans\* person. For instance, ambivalence towards gender recognition, as evident in our sample, or perhaps a strong investment in one's appearance (Cash, 2012), may influence how misgendering or trans\* discrimination impacts an individual. This does not negate, however, that trans\* individuals are impacted by trans\* discrimination, our findings simply suggest that there may be other interlinking factors in tandem with trans\* discrimination that influence the underlying cognitive-affective mechanism that results in a change in body evaluations and perceptions.

Finally, the social component of body image may be especially pertinent as a trans\* individual's safety and freedom from discrimination can hinge on their ability to "pass" as their gender identity, a consideration cis people do not have. Other qualitative body image and eating disorder studies indicate the importance of "passing" in trans\* people's evaluations of themselves (e.g., McGuire et al., 2016; Ogle et al., 2023). While this may certainly be the case for some trans\* individuals, our findings also suggest a more complicated relationship with passing, with some participants seeing it as a transphobic or restrictive concept. Passing relies on the assumption that the validity of one's gender identity is based on how well they approximate a cisman or ciswoman's

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body or appearance, such that people in society assume trans\* people are their gender and not their sex assigned at birth. But, as expressed by some of our participants, to be seen as cis or have a cis body is not a universal trans\* goal. Based on these findings, further research exploring how trans\* people's opinions on "passing" and specifically how it influences their lives, both in and outside of a body image context, would be valuable to understand better if it is the societal recognition piece that is implicated in body dissatisfaction or rather dissatisfaction with how one already looks when they do not pass, regardless of gender recognition.

### **Strengths, Limitations and Future Directions**

This study had several notable strengths. Our inductive, qualitative approach made this the first attempt to conceptualize body image in trans\* populations. Furthermore, our study is one of the first studies to explore body image in trans\* populations without utilizing a disordered eating or Gender Dysphoria framework. Further, our use of maximum variation sampling allowed us to tailor recruitment to ensure the representation of important demographic variables. However, there are still several limitations worth noting. The most pressing is that this analysis is based on 10 out of 23 trans\* participants. The decision to analyze a subset of this sample for this thesis was from a resource and time efficiency standpoint, as it was not feasible to analyze all 23 participants in this short timeframe given the richness of the data. While this sample size ( $N = 10$ ) is certainly common for qualitative analyses, we recognize that this thematic structure is not yet finalized and, therefore, should be interpreted with caution until the entire sample is analyzed. As a result, the thematic structure may evolve as we analyze more data (as opposed to forcing the remaining 13 participants into a pre-existing thematic structure

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that may not best represent their experiences).

Similarly, we plan to engage in member checking after analyzing all 23 participants' data. Please note that we have not engaged in member checking with the 10 participants for this thematic structure because we decided it was best to wait until all the data were analyzed and a final thematic structure was determined. At that time, we will provide a thematic table, thematic map, and general overview of our understanding of the data to each of our participants to critique, clarify and provide feedback on. The decision to not engage in member checking after only analyzing 10 participants was two-fold: to reduce participant burden and to ensure that participants provide feedback on the final thematic structure (as opposed to the first iteration).

Further, we chose to use thematic analysis to analyze our qualitative data as it best aligned with our epistemic positionality (critical realism) and our overarching goal to understand “trans\* body image” as a concept based on the lived experience of trans\* people. Other researchers may disagree, particularly if their epistemic view leans more toward social constructionism, and may have recommended doing other types of qualitative analyses, such as grounded theory (Glaser & Strauss, 2017). However, following the recommendations of Braun and Clark (2020), thematic analysis was deemed more appropriate for this dataset given that this research was time-limited, our sample was relatively small compared to those of grounded theory samples, we were not sampling theoretically (i.e., analyzing our data while we were collecting it and halting recruitment once our thematic structure no longer changes), and our goal was not to produce a grounded theory from this data. In fact, our end goal in gathering this qualitative data was to design a body image measure specific to the needs of the trans\*

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population. Therefore, thematic analysis provided a structure that best coincided with *our* end goal (i.e., measure development) as major themes could be conceptualized as potential measurement subscales.

The interpretation of our findings is also limited to our sample demographics. While we engaged in maximum variation sampling and did our best to ensure representation from individuals of diverse backgrounds (sex assigned at birth, gender identity, race, age), our sample mainly consisted of White participants. While this is not surprising given that Canada is a majority White country (Hou et al., 2023), it does limit our ability to speak about the intersecting nature of race and ethnicity in how trans\* people conceptualize body image. Additionally, it is important to note that while we had representation across a wide variety of provinces and territories in Canada (9/13 provinces and territories in the sample of 23), all our participants were Canadian. Canada has a specific culture as well as a specific medical and legal system which may influence how trans\* people understand and negotiate their bodies and trans\* identities in a broader, system-level context. Therefore, trans\* people in other countries and cultural contexts may conceptualize body image and trans\* identity in different ways, and future research should explore this.

Finally, we caution readers to avoid broad-brushing generalizations at such an early and critical point in trans\* body image research. As noted above, this is the first study to try and understand what body image means to trans\* people. Our findings are insightful and provide a better understanding of the diverse experiences of body image in trans\* populations. However, the fields of psychology, psychiatry, and medicine have historically caused and continue to cause harm to the trans\* community, specifically in

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the development of broad-brushing trans\* diagnoses and the entrenchment of transmedicalist narratives in research and practice. Research pertaining to or alluding to body image has played an unmistakable role in perpetuating this harm. Therefore, more body image research centring on the lived experiences of trans\* people is needed to situate these findings and move towards a more accurate representation of what it means to have a body as a trans\* person.

Future research, both in trans\* body image and with trans\* populations in general, would benefit from utilizing community participatory action principles (Israel et al., 2005; Viswanathan et al., 2004). As indicated throughout this thesis, our findings go against the dominant narratives about trans\* body image, and these findings were only possible by allowing trans\* participants to speak on their own behalf and by utilizing the information provided in an inductive way. Involving trans\* people in the research process can act as a grounding point such that the discrepancy between trans\* people's lived experience and what is published in research is reduced. On a similar note, more research exploring how different trans\* identities (e.g., transmen, transwomen, nonbinary individuals) conceptualize body image in general is needed. There may be specific elements of our proposed thematic structure or framework that are more salient to specific trans\* identities than others, and an in-depth, identity-specific approach could reveal that. While our goal was to understand commonalities in trans\* people's conceptualization of body image, more research focused on the experiences of specific trans\* identities (e.g., see Gordon et al., 2016; Ogle et al., 2023) will allow us to better conceptualize, theorize and hypothesize about body image.

Additionally, timing appears to be important given that trans\* participants in our

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sample noted that their relationship with their body changed over time, with and without access to gender-affirming care. Further research on identity formation and consolidation would be worthwhile as it could tease apart how one's identity influences how one feels about their body. It would also be worthwhile to design a study to probe what gender-affirming care an individual was interested in immediately after realizing their identity, what they are interested in currently, and any rationale for a change in the two (if there is a change). This may help us better understand the relationship between body image, gender-affirming care, and identity development.

Finally, given the propensity to use cis measures with trans\* populations in eating disorder (Heiden-Rootes et al., 2023; Jones et al., 2016) and body image research (Jones et al., 2016), our findings suggest that researchers should consider whether they believe these measures are *truly* assessing body image in trans\* populations as they are with cis populations. Furthermore, based on our findings, researchers in the body image field should critically reflect on why they choose a body dissatisfaction perspective/measure when researching trans\* populations as opposed to any other perspective/measure. Expanding on this, researchers should focus their efforts on designing body image measures specific and sensitive to the needs of the trans\* community, and ideally, these measures should be developed with involvement from the trans\* community.

### **Conclusion**

The purpose of this study was to understand what body image, as a concept, means to trans\* people. Through inductive thematic analysis with our diverse sample of trans\* individuals across Canada, we demonstrate that body image in trans\* populations can be best conceptualized as a complex relationship between societal norms, body-based

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expectations, and one's own personal, internal disposition. To understand how trans\* people think, feel, and perceive their bodies, one must be cognizant of how trans\* people negotiate their bodies as marginalized individuals in a highly gendered society. Consequently, existing frameworks such as the *DSM-5* (APA, 2013; 2022) and overarching transmedicalist narratives appear insufficient in capturing the diverse array of experiences within the trans\* community.

The oversimplification of trans\* body image solely as body dissatisfaction has permeated quantitative research, entrenched through researchers utilizing cis body image measures with trans\* populations under the assumption of shared conceptualization between the two groups. Our findings suggest otherwise, revealing specific nuances in how trans\* individuals conceptualize body image that is not adequately captured by cis body image measures. Thus, developing body image measures aligned with trans\* perspectives is needed to enhance our understanding of this phenomenon. Finally, given the amount of research dedicated to constructing and uplifting transmedicalist narratives, particularly as it relates to body image for trans\* people, an equal amount of theoretically unbiased and exploratory research centring trans\* people's lived experiences are needed to balance the scales.

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## Appendix A

### *List of Interview Questions.*

1. When I say the words “body image to you” — tell me what that means to you as a trans person.
  - a. So, the “scientific” definition is “how you see yourself when you look in the mirror or when you picture yourself in your mind. This includes what you believe about your own appearance, how you feel about your body, and how you sense and control your body as you move.”
  - b. Tell me a bit about how this definition sits with you as a trans\*/nonbinary person.
2. Some trans\*/nonbinary people pursue medical transition (e.g., hormone replacement therapy, gender affirming surgeries). How does this apply to you and your body image?
3. Some trans\* and nonbinary people experience a disconnect from characteristics associated with their sex assigned at birth. How does this apply to you?
4. Tell me about the parts of your body that you are proud of or that make you happy.
5. Tell me about the parts of your body that are upsetting to you, or that you feel disconnected from?
6. Tell me about how you “pass” as your gender (or lack thereof) in society? How does this factor into your body image?
  - a. Tell me about what it means to appear identifiably trans\*/nonbinary. Is this something you do/do not want? How does this factor into your body image?
7. Tell me about any behaviours that you engage in that change your gendered appearance.
  - a. What do they accomplish for you?
  - b. Do you highlight parts of your body that feel positive about their body (e.g., highlighting naturally feminine/masculine/androgynous characteristics)?
8. Tell me about your experiences with gaining or losing weight as a trans\*/nonbinary person.
9. As a trans\*/nonbinary person, who do you compare your body to? And why?

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10. How does seeing other trans\*/nonbinary people represented in media make you feel?
11. What does body positivity mean to you as a trans\*/non-binary person?
12. Are there any questions you wish you had been asked in this interview that you were not asked?
13. What would you identify as your top body image concern?
14. Through the whole interview we've been talking about how you feel about your body. Tell me about how your body image factors into your dating life.
15. As a trans\*/non-binary person, tell me about how you have adapted your dating life?

**Appendix B**

*List of Canadian 2SLGBTQIA+ Organizations Contacted.*

**National:**

PFLAG

Rainbow Railroad

Eagle

JusticeTrans

Project Youth Affirm

Canadian Centre for Gender and Sexual Diversity

**Nova Scotia:**

prideHealth

Nova Scotia Rainbow Action Project

Youth Project

Transgender/Gender-Affirming Health – Halifax Sexual Health Centre

South House

**Alberta:**

Trans Equality Society of Alberta

Skipping Stone

Pride Edmonton

Team Edmonton

Alberta Sex-Positive Education & Community Centre

The Imperial Sovereign Court of the Wild Rose

Fruit Loop

The Canadian Native Friendship Centre (CNFC)

The University of Alberta Institute for Sexual Minorities Studies & Services (iSMSS)

Edmonton Men's Health Collective

The Fellowship of Alberta Bears

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Edmonton 2 Spirit Society

Edmonton Seniors Centre

The Centre for LGBTQ Newcomers

End of the Rainbow Foundation

The Centre for Sexuality

HIV Community Link

Calgary Outlink

Calgary Queer Arts Society

The Gay and Lesbian Association of the Peace

### **Northwest Territories:**

Rainbow Coalition of Yellowknife

Lesbian Gay Bisexual Transgender and Queer – LGBTQ Community in the Arctic

### **Prince Edward Island:**

PEERS Alliance

PEI Transgender Network

Pride PEI

GACPEI

Our Landing Place

### **Manitoba:**

Rainbow Resource Centre

Trans Health Klinik

Two-Spirited People of Manitoba

Manitoba LGBT\* Chamber of Commerce

Rainbow Harmony Project

Reaching Out Winnipeg

Sexuality Education Resource Centre MB

### **Saskatchewan:**

TransSask Support Services

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OUTSaskatoon

UR Pride Centre

Gay & Lesbian Community of Regina

**Yukon:**

Queer Yukon Society

**Newfoundland and Labrador:**

TransSupportNL

QuadrangleNL

St. John's Pride

Planned Parenthood

Safe Alliance

NL Sexual Assault and Prevention Centre

Wabanaki Two-Spirit Alliance

**British Columbia:**

TransCare BC

TransRights BC

Qmunity

UNYA 2-Spirit Collective

2-Spirit of BC

Mental Matters

MYCELIUM

Health Initiative for Men

Catherine White Holman Wellness Centre

Rainbow Foundation of Hope

Rainbow Refugee

Salaam Canada

SHER Vancouver

Options for Sexual Health

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Dancing to Egale Spirit Society

Out on Screen

Fraser Valley Youth Society

UBC CampOut

### **New Brunswick:**

Fredricton Gender Minorities

The 203 Centre for Gender and Sexual Diversity

ChromaNB

Fierté Acadie Love

UNB ProBono Student Clinic/Imprint Trans ID clinic

QT Fatties in NB

Wabanaki Two Spirit Alliance

Reproductive Justice NB

Imprint Youth Organization

Fierté Fredericton Pride

Saint John Pride

Ensemble

Moncton's River of Pride

GRIS Acadie

Sexual Violence NB

NB Transgender Health Network

AIDS NB

UBU Atlantic – Transgender Action Community

Monarch Café

### **Nunavut:**

Iqaluit Pride

### **Ontario:**

Rainbow Health Ontario

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LGBT2SQ Health – Sherbourne Health

Supporting Our Youth

2-Spirited People of the 1st Nations

2 Spirits in Motion Society

Aces and Aros

The 519

Griffin Centre

Ten Oaks Project

Asian Community Aids Service

Queer Asian Youth

KindSpace

OK2BME

Spectrum

Waterloo Region Rainbow Coalition

Positive Space Network

Out on the Shelf

Rainbow Youth Program

ACCKWA's Youth Sexual Health Department

Transgender Niagra

2SLGBTQI+ Around the Rainbow – Family Services Ottawa

Friends of Ruby

### **Quebec**

Interligne

Action Santé Travesti(e)s et Transsexuel(le)s du Québec (ASTT(e)Q)

LGBTQ2+ Centre

Project 10

Jeunes Queer Youth

Centre for Gender Advocacy

## TRANS\* BODY IMAGE

Trans Outaouais

Divergenres

Divers-Gens

TransEtrie

AlterHéros

Helem Montreal

## Appendix C

### *Recruitment Email Template.*

Subject: Request to Share Transgender Research Recruitment Poster – Help us Find Participants!

Dear [Non-profit/Organization Name],

I hope this email finds you well. I am reaching out to request your support in spreading the word about an important research study we are conducting on transgender/nonbinary body image. I am a Masters of Experimental Psychology (Health and Wellness) student at Memorial University of Newfoundland and my research focuses on transgender and nonbinary body image. Currently, body image is poorly understood for gender-diverse individuals. As a queer man, I understand the value of amplifying the voices and feelings of marginalized groups. That is why this research study consists of interviewing transgender and nonbinary individuals about their body image experiences. By sharing our research recruitment poster, you can help us amplify trans\* and nonbinary voices in research.

Please find attached the research recruitment poster and a link to the survey ([https://mun.az1.qualtrics.com/jfe/form/SV\\_9RIEJjAprnxhKrc](https://mun.az1.qualtrics.com/jfe/form/SV_9RIEJjAprnxhKrc)), along with some suggested text for sharing on social media or in your communication channels. Feel free to customize the text to align with your organization's voice and audience. And feel free to print this poster and post it in your building or physical space.

Your support in sharing this poster would be immensely appreciated and will directly contribute to the success of our research study. By working together, we can make a real difference and advance our collective understanding of trans\* and nonbinary body image.

If you would like to learn more about the study, feel free to click the survey link to view the consent form which outlines what trans\* and nonbinary folks would be asked to do if they decide to participate. If you have any questions or require further information, please do not hesitate to reach out to me at this email address ([nwpevie@mun.ca](mailto:nwpevie@mun.ca)). I am grateful for your consideration and support.

Thank you for your time and collaboration.

Warm regards,


Noah

Suggested Social Media Text:

👉 Help make a difference! Participate in an important research study on transgender body image. They are looking for participants who are 18 years or older and identify as

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transgender, nonbinary or two-spirited. Your involvement can have a lasting impact. Click the link here: [https://mun.az1.qualtrics.com/jfe/form/SV\\_9RIEJjAprnxhKrc](https://mun.az1.qualtrics.com/jfe/form/SV_9RIEJjAprnxhKrc)  
#ResearchStudy #Opportunity #MakeADifference

 Calling all trans\* folks! Be part of an exciting research study focused on transgender/nonbinary body image. Join us in advancing knowledge and driving positive change. Learn more and sign up today at this link  
[https://mun.az1.qualtrics.com/jfe/form/SV\\_9RIEJjAprnxhKrc!](https://mun.az1.qualtrics.com/jfe/form/SV_9RIEJjAprnxhKrc) #ResearchOpportunity  
#GetInvolved #ImpactfulChange