

2020-01-01

"Celebrated, Not Tolerated": How Transgender and Nonbinary Individuals Navigate the Social World

Hannah Penklis
University of Texas at El Paso

Follow this and additional works at: https://scholarworks.utep.edu/open_etd



Part of the [Sociology Commons](#)

Recommended Citation

Penklis, Hannah, "'Celebrated, Not Tolerated': How Transgender and Nonbinary Individuals Navigate the Social World" (2020). *Open Access Theses & Dissertations*. 3019.
https://scholarworks.utep.edu/open_etd/3019

This is brought to you for free and open access by ScholarWorks@UTEP. It has been accepted for inclusion in Open Access Theses & Dissertations by an authorized administrator of ScholarWorks@UTEP. For more information, please contact lweber@utep.edu.

"CELEBRATED, NOT TOLERATED": HOW TRANSGENDER
AND NONBINARY INDIVIDUALS NAVIGATE
THE SOCIAL WORLD

HANNAH SHEREE PENKLIS

Master's Program in Sociology

APPROVED:

Ophra Leyser-Whalen, Ph.D., Chair

Carina Heckert, Ph.D.

Baker A. Rogers, MSW, Ph.D.

Stephen L. Crites, Jr., Ph.D.
Dean of the Graduate School

Copyright ©

by

Hannah Sheree Penklis

2020

"CELEBRATED, NOT TOLERATED": HOW TRANSGENDER
AND NONBINARY INDIVIDUALS NAVIGATE
THE SOCIAL WORLD

by

HANNAH SHEREE PENKLIS, BPsySci

THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF ARTS

Department of Sociology & Anthropology

THE UNIVERSITY OF TEXAS AT EL PASO

May 2020

Acknowledgements

Thank you to my participants for sharing your time and a part of your story with me. I appreciate your vulnerability, your advice, your willingness to help in this project. I hope I have done you justice, and that I can continue to do so. I wish to acknowledge Alex Bayley, who gave me the initial guidance on this thesis, and shared their time and knowledge with me through the process. I would also like to acknowledge Alexis Wilson for her assistance in transcribing the interviews; I could not have done this without you.

This study was being financially supported by the National Institute of General Medical Sciences of the National Institutes of Health under linked award numbers RL5GM118969, TL4GM118971, and UL1GM118970. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

I would like to thank and acknowledge my committee and the Sociology & Anthropology Department at UTEP. I wish to thank Dr. Carina Heckert and Dr. Baker Rogers for being on my committee, and for sharing their wisdom with me; special thanks to Dr. Rogers for stepping in to help out at such short notice! I would also like to thank Dr. Lorena Murga, for letting me sit in her office and contemplate existence. And finally, I would like to thank Dr. Ophra Leysner-Whalen. I cannot put into words how grateful I am for her mentorship. In asking her to be my thesis chair, I expected that her expertise would allow me to create a good thesis; I got so much more than that. The kindness and wisdom and attitude towards life that she has shown me has been life changing. She has given me so many opportunities, and through this, she has given me a belief in myself that I had not previously known. If I can be half the person she is when I grow up, I will consider that a success. I could not have asked for a better mentor, and I will be forever grateful for every moment of her time that she has shared with me.

Abstract

Seventeen individuals (4 trans men, 2 trans women, and 11 nonbinary people) were interviewed in this exploratory study on how transgender and nonbinary people feel about their bodies, and the role that social support plays in their experiences and feelings about their bodies. Semi-structured interviews revealed themes, including how transgender and nonbinary people interact with social support, their motivations for gender affirming medical interventions, and non-medical ways in which they alter their physical appearance. Participants reported a variety of experiences within their body across the spectrum of human experience: in some cases, individuals changed their weights dramatically; others felt strong detachment from their body. Clothing, and how one dresses, was another non-medical way of altering the physical appearance, with social implications. Social support does not eliminate the negative feelings associated with gender incongruence, but social affirmation of gender and social support do improve general quality of life and allows individuals to feel seen and treated as they really are. Support came from a number of avenues, including friends, health professionals, peers, colleagues, and online communities. Individuals that had some form of health support, such as therapists, reported more positive attitudes towards their body and greater self-acceptance of their body and gender identity. This study builds on existing research that indicates that gender affirming medicine, and social support play an integral role in how transgender and nonbinary feel about their bodies. This study also adds to the literature that indicates that the experiences of transgender and nonbinary people are quite divergent, and that future research should view them as separate identities when attempting to reflect the true and lived experiences of these populations.

Table of Contents

Acknowledgements.....	iv
Abstract.....	v
Table of Contents.....	vi
List of Tables.....	vii
Introduction.....	1
Aims.....	3
Health Outcomes in Transgender and Nonbinary People.....	5
Social Affirmation of Gender.....	10
Theoretical Concepts.....	14
Methods.....	17
Participant Recruitment and Demographics.....	17
Procedures.....	18
Interview Content.....	20
Analysis.....	21
Researcher Positionality.....	22
Results.....	23
Demographics.....	23
"I've always felt that my face is working against me" – The Experience of the Social World.....	24
"I feel like I'm supposed to have a relationship with it at all" – On How They Experience Their Body.....	36
"Celebrated, not tolerated" – On Social Support.....	41
Discussion.....	47
Limitations and Future Directions.....	53
Conclusion.....	57
References.....	59
Glossary.....	65
Appendices.....	66
Vita.....	96

List of Tables

Table 1. Participant Demographics.....	84
Table 2. Themes Table.....	86

Introduction

Despite evidence supporting that transgender populations experience greater rates of depression, homelessness, survival sex work, substance abuse, poverty, low self-esteem, post-traumatic stress disorder (PTSD), anxiety, suicide attempts, and other mental illnesses, the research on this population is significantly lacking (Lefevor et al., 2019; Puckett et al., 2019). Research on transgender and nonbinary people's experiences has expanded in more recent years, but there is still room for growth, with some research areas having significantly less research than others. One research area that is still lacking transgender and nonbinary perspectives and experiences is eating disorder (ED) research. A substantial portion of current research on EDs focuses on the experiences of cisgender white middle-class women. However, more recent research has indicated that, when compared to the general population, transgender people may experience higher rates of EDs, whether this be at a severity that they receive a formal diagnosis for an ED, or at a milder level that they may not receive a diagnosis, but quality of life is still greatly impacted (Ålgars et al., 2010; Diemer et al., 2015). Further research has indicated that this relationship may not be specifically related to psychopathology, but rather the experience of gender incongruence causing high levels of body uneasiness (Bandini, 2013; Jones et al., 2018). Additionally, research in this area tends to focus on transgender issues specifically, and as such, there are much less data on the experiences of nonbinary (NB) people. As both transgender and nonbinary groups are already marginalised and disadvantaged in a number of spaces, understanding how these groups of people experience their bodies and body uneasiness, how they navigate the social world, and the role that social support plays in these experiences, is necessary so that there may be better efforts to support them.

There is extensive language and terminology for gender identity, biological sex, and gender expression (for further detail, please see the [Glossary](#)) and a recent systematic review determined that, at the time of publication, there was not a consistent umbrella term used to describe identities outside of binary genders, but that the most commonly used terms were "nonbinary" and "genderqueer" (Thorne et al., 2019). For the purposes of this research, the term "transgender and nonbinary people" (TNBP) will be used to indicate those who identify as transgender, and those who identify with a gender other than transgender or cisgender, such as agender, gender non-conforming, genderqueer, genderfluid, and nonbinary.

TNBP's health and experiences is a growing field in research; even still, there is much left to explore, particularly from an interdisciplinary perspective. This study uses theories related to Foucault's social control to explore some of the lived experiences of seventeen transgender and NB people, particularly as it relates to their bodies and the social support they have (or have not) received. I also learned about how they interact with the social world, and the medical and non-medical ways that they alter their gender expressions. This research stemmed from an interest in EDs in trans and nonbinary populations, which in turn revealed the role of body uneasiness. Body uneasiness is defined as something more than simply dissatisfaction with body shape, parts, or functions; it is an uneasiness and general discomfort that is considered difficult to describe. It is also a term used among those who may not meet full clinical criteria for a mental illness, up to and including EDs. High levels of body uneasiness are generally associated with disordered eating behaviours and thinking patterns. In addition to this, higher levels of body uneasiness can result in avoidance behaviours, obsessive body checking and monitoring, detachment up to and including depersonalisation, and feeling that the body does not belong to the individual. Given its wide and varied manifestations, defining body uneasiness is both simple

and complex in the same breath—but can essentially be defined as discomfort in the body, which can manifest in certain behaviours and cognitions, some of which are positive, but many of which are harmful (Cuzzolaro et al., 2006).

I was fortunate enough to talk to people from all walks of life, including counsellors, web developers, and a number of students (ranging from community college to graduate school). Each participant shared different experiences, and it was surprising to note that while they were all so different, there were notable similarities. Some talked a great deal about their traumatic experiences with systems of healthcare and education. Others talked extensively about their experiences with chronic pain, or with trauma and abuse. Some discussed embodiment, intersectionality, body positivity, body neutrality, and the unexpected places in which they found support. Almost all of them had complicated relationships with their bodies and found that social support was mostly positive even if it did not alleviate the anxieties that they felt about their gender incongruence and their bodies.

Through this, I established a number of consistent themes. The themes I will explore in this thesis are how these individuals experience the social world and how surgeries, hormones, their voices, and their clothing play a role in their experiences of the social world, as well as some of the ways they handle their own attitudes towards their bodies. I will also share some of their good and the bad experiences with social support.

Aims

My goal in this study was primarily to gain greater understanding of how TNBP experience their bodies and whether social support and affirmation played a significant role in alleviating gender dysphoria and body uneasiness. In this sample, it became apparent that social affirmation and support helped significantly with general quality of life, but alleviating gender

dysphoria and body uneasiness was another process altogether. As such, these were the final research questions:

1. How do TNBP navigate the social world? What do these experiences look like?
2. How do TNBP navigate their feelings about their bodies?
3. How has social support played a role in their experiences as a TNBP, whether that be of their bodies or their lives overall?

Literature Review

Whilst understanding there is still much to be explored, it is positive to note that research on TNBP has expanded over the last few decades. I will provide an overview of some of the interdisciplinary literature at large, whilst also exploring some of the more nuanced studies that relate to my study more specifically. Body uneasiness and the role of social affirmation are also included, as they provide the framework from which this study was formulated. I will conclude with theoretical frameworks that have guided the study.

Health Outcomes in Transgender and Nonbinary People

Scandurra et al. (2019) conducted a systematic review on research on nonbinary and genderqueer people and found that there were a range of experiences reported by these populations. They found that research on TNBP discovers diverging outcomes, with some studies finding that TNBP experience greater rates of low self-esteem, anxiety, depression, EDs, substance abuse, and healthcare access. Other studies find the inverse—that these populations experience better outcomes across these areas. In Tatum et al.'s (2020) report, this systematic review was expanded on as part of the literature review. This report noted that some studies report that nonbinary and genderqueer people experience poorer outcomes than binary transgender people in the aforementioned categories. Where some studies find that, compared to binary transgender people, nonbinary and genderqueer people have poorer outcomes, others find that they are on par with each other, or that their health and experiential outcomes were better. Essentially, the literature on this topic varies and there is no firm consensus across the various categories. These studies cite the methodological differences, variance in participants recruited, within-group differences, and the limited research available as of yet as being factors in these differences in outcome.

James et al. (2016) is a quantitative study on transgender people in the US. This anonymous, online survey collected information from over 27,000 transgender people, and covered a range of topics including education, employment, health, housing, and criminal justice. The study revealed high rates of mistreatment and violence, severe economic hardship and instability, and negative physical and mental health outcomes for transgender and nonbinary people when compared with the cisgender US population. They found that transgender people experienced a variety of negative outcomes, and these experiences were exponentially worse when the individual was a person of colour; this effect was exacerbated for undocumented individuals as well as those with disabilities. About 60% of participants were open about their gender identity to their family, and were somewhat supported in that; this provided a positive effect in health and economic stability.

Scandurra et al. (2019) and Tatum et al. (2020) both note that most research combines TNBP under one umbrella, or, at most, separates groups into binary transgender groups. In doing this, a great amount of nuance is lost in the broader understandings of this population's experiences. In fact, in James et al.'s (2016) sample, 36% identified as nonbinary in some form. There were also marked differences generationally: those under the age of 24 years old were more likely to identify as nonbinary, whereas those that were older tended towards binary transgender. The ways in which people might want to change, how they present, and how they navigate the social and medical world are different, and research needs to be expanded to reflect that. One study looking specifically at ED prevalence split participants based on FTM, MTF, gender-nonconforming assigned male at birth (MBGNC), and gender nonconforming assigned female at birth (FBGNC) and found that FBGNC had heightened risk towards developing an ED. They also found that there were no statistically significant differences for MBGNC and ED

prevalence. The study notes that some of their results contradict previous studies and indicates that this was likely due to variation in their sample size. They suggest that stigma, gender minority stress, social support, and gender socialisation all play a key role in the variations between ED prevalence. This study calls for more studies to evaluate their findings based on more refined gender identity categories, rather than categorizing individuals into a homogenous group. They also indicate that further qualitative research be done, as the need for understanding the psychosocial risk factors for ED development is crucial to ensuring the best care is offered to these groups (Diemer et al., 2018).

Other factors to consider when evaluating literature on TBNP are the role of gender-affirming medical interventions (GAMIs). These encompass various interventions such as hormone replacement therapy (HRT), genital surgery, chest reconstruction surgery (which is either the enhancement or removal of breast tissue; the removal and reconstruction of chest is also referred to as "top surgery"), or hair removal. Utilising GAMIs have been found to increase self-esteem and willingness to engage socially, and reduce social anxiety. Several studies cited in Butler et al. (2019) indicate that when TBNP use GAMIs, they experience an overall increase in quality of life and mental health. This may be due to decreased stigma as they are less obviously gender nonconforming in some way, it reduced gender-based minority stress, and also led to greater gender congruence with their gender identity, which lead to greater body satisfaction and decreased anxiety about the body (Butler et al., 2019). A systematic review published in 2019 investigated whether GAMIs improved the quality of life for transgender individuals. This analysis specifically looked at transgender experiences and did not include NB experiences, and also excluded qualitative studies. The study found that trans men who had some form of chest surgery reported generally better quality of life across the domains of physical, sexual well-

being, psychosocial, body dysphoria, body dissatisfaction, and self-esteem. There were improvements in the mental health of trans women who had some form of genital surgery, but the results among the various studies showed that this improvement was not statistically significant. Overall, whilst some studies did report negative results or regret following GAMIs, they were few and far between, and GAMIs were generally very positive for the individuals that had them (Passos et al., 2019).

There are numerous bodies of work dedicated to demonstrating that gender very much takes place in the social world. The voice is a subcategory of hormones and despite being a physical change, is a characteristic of sex that takes place in the social world. Zimman (2017) provides a linguistic analysis of where gender and the voice intersect, noting that voice is a vital element in debates about the biological and sociocultural elements of gender. The constructivist approach tends to see vocal differences among gender groups as a product of socialisation, while the determinist approach focusses more on biological differences as being the primary factor in speech and output. Studying trans voices allows researchers to compare the two approaches and evaluate the extent to which each framework is useful in understanding the voice. Both approaches have value. The deterministic approach notes the physical differences that contribute to changes in the voice, such as explaining that the larynx and its size are quite sensitive to testosterone. On the other hand, the constructivist approach notes that there are characteristics that vary across cultures, such as Japanese women speaking higher than American English speakers, while Japanese men's voices are lower than American English men. There are also differences in voices among prepubescent children despite no demonstrably different biological differences with the voice. Generally, research indicates that there are biological differences, but socialisation results in alterations to the gendered voice. Examining where the constructivist and

determinist approaches intersect, and what it means to have a "female voice" or "male voice" provides commentary on what society views as inherently masculine or feminine, and asks that we evaluate where we draw the line between gendered categories.

In a similar vein is the face. Whilst not a reproductive organ, it is very much a signifier of identity, of which gender is one. Plemons (2017) applies medical anthropology to explore how Facial Feminisation Surgery (FFS) in trans women can demonstrate the lived difference between sex and gender. More transgender women are choosing FFS over genital reconstruction surgery as the face is of greater social value. They wish to be perceived and treated as women, and this change is not achieved through a change below one's clothing but rather on the most visible part of the human body. As such, this demonstrates an understanding of what gender and sex is—it is something that takes place in the social world, rather than the specific medical or psychiatric world. Whilst it is a medical intervention, surgery is deemed effective if the treatment in the social world alters and gender is affirmed more easily through social interactions. An example provided in the text was for one of the women to be able to answer the door to a delivery person without needing to do hair and makeup, and without a second glance being referred to as 'ma'am' because there is no doubt about the individual's gender. Through his application of medical anthropology to gender and sex, Plemons' work contributes to the literature that sex and gender are the product of ongoing social interactions and recognition associated therein.

Johnson (2019) explored the complexities of the medicalisation of gender dysphoria. Through ethnography and in-depth interviews, Johnson elucidates that the relationship trans people have with the medical world are nuanced and complicated. In some ways, medicalisation may operate as a form of social control; on the other hand, medicalisation may provide a certain level of credibility towards an individual's experience, and in turn, provide pathways to

improving a person's quality of life. However, medicalisation can come with stigma and labelling. Labelling and its associated stigma may be a core element of the cause and experience of "disease". This has implications for an individual's access to support in medical and non-medical situations. Johnson also notes that with the current approach to medicalising gender dysphoria and deeming it a psychiatric illness, it emphasises the biomedical, and neglects the role of social conditions and interactions. Johnson's research also explored how GAMIs change the body in such a way that individuals have their gender identity more easily affirmed by others. Whilst trans people may feel dysphoria or discomfort in their body, this unease is not only experienced on a personal level, but on a social level as well. Feelings about the body are multifaceted and include factors such as expectations around gender, and social interactions which can affirm or deny gender identity. GAMIs play a significant role in a trans person's identity development, and the gender affirmation they receive from social interactions (Johnson, 2019).

Social Affirmation of Gender

There is substantial literature across disciplines to corroborate that social support and social relationships have a generally positive effect on an individual's mental health and general wellbeing (Bariola et al., 2015; Johnson & Rogers, 2019). Social affirmation of gender is the process in which an individual is recognised and supported in their gender identity through various social interactions. Part of the social affirmation of gender is disclosure of gender identity; however, based on anticipated negative responses, people may choose not to disclose this information. Not receiving gender affirmation from important figures in an individual's life, such as parents, siblings, or pre-existing sexual partners, can inhibit self-acceptance as well as be demoralising and isolating (Nuttbrock et al., 2009).

A recent qualitative study found that nonbinary/genderqueer individuals experience a delay in understanding and exploring their gender identity when compared with binary transgender people. This is due to a lack of information and representation outside of binary genders. NB people in this study also reported feeling greater discomfort with the pressure to conform to traditional gender labels and presentation; binary transgender people found this somewhat easier (Fiani & Han, 2018). Testa et al. (2014) found that being exposed to other trans people, such as knowing that other trans people exist, or engaging with them in some social capacity, can have a markedly positive influence on mental health during identity development. In addition to this, the authors provide several examples in which community and support from various relationships, such as friends and family, are one of many factors that may facilitate resilience in trans individuals. Simply, these two studies indicate that knowing other trans people can be a significant positive to people coming to terms with their gender identity; and not knowing them nor having access to the trans and nonbinary community can have a negative influence.

Johnson and Rogers (2019) provide a qualitative exploration into how social support networks, normalization of trans experiences and identities, and empowerment can improve the quality of life of trans people. This study incorporates the minority stress model, which draws on stigma and discrimination to demonstrate the various ways that these negatively influence trans people. Participants that had stronger connections to peer support and the trans community reported better emotional and psychological wellbeing. A part of this was that their experiences as a trans person was normalised within these circles, and their gender affirming in their interactions. Social support can alleviate some of the poor mental health outcomes that trans people face, but it does not solve every problem that a trans person may face; this study

emphasises that stigma and discrimination still play a substantial role in trans people's experiences (Johnson & Rogers, 2019).

Sevelius (2013) completed an exploratory study on risk in transgender women of colour (WOC). Utilising an intersectional lens, she noted that trans WOC were particularly vulnerable to risk, stigma, discrimination, violence, and extreme health disparities. The aim of the study was to explore the role of gender affirmation as it relates to risk behaviours. Theoretically, gender affirmation is not a particularly unique desire, but cisgender individuals experience it more consistently in their everyday lives. Worth acknowledging is that most people regularly perform gender, whether it be through choosing clothing, doing hair and makeup, or engaging particular dieting and exercise routines. Cisgender people and binary trans women performing gender maintains the status quo of gender binaries. Whilst gender affirmation for cisgender people is a less salient part of their everyday life, it is still something that requires effort, however unconscious and routinised that process may be. However, being in a gender minority often means that your gender identity is constantly questioned, or at the very least is not affirmed as easily. Gender affirmation is vital for a sense of self, and provides evidence to an individual that they are being treated how they wish to be treated. The key theme of this study is that gender affirmation through social interaction could be of significant value in reducing poor mental and physical health outcomes in trans women. This idea can then be expanded to include all TNBP.

Further to this, a study done on transgender prepubescent children found that social acceptance and being supported in their gender identity significantly reduced their anxiety and depression when compared to other children their age. Whilst there were numerous flaws in the study, such as the parents reporting the happiness of the children, it has the potential to increase

credibility to the idea that social affirmation of gender can alleviate many negative mental and physical health outcomes (Olson et al., 2015).

The research on TNBP is growing across a number of fields, but there is still space for growth. In addition, many studies focus on the experiences of binary trans people; when studies include NB people, they will often consider them as part of the umbrella category of "trans" rather than a separate gender identity. In spite of this, it is notable that social interactions are deeply impactful, and improved mental health is not necessarily a result of the direct effects of GAMIs. The above studies have noted that when TNBP begin to medically transition, there are a variety of positive outcomes—but is this because of the medical intervention specifically, or is it because the physical manifestation of the changes is now seen and experienced on a social level? Or both? Alternatively, was it that they received enough social support from family, friends, and medical professionals that a transition, medical or otherwise, alleviated some of their body and gender distress? In the same vein, those with less social support may also lack access to medical intervention, particularly in the US where medical expenses can be prohibitive to those without insurance, or whose insurance does not cover the costs associated with transition or external support? This is likely something that needs exploration at a doctoral level, but at the very least it is worth providing groundwork for that here.

In addition to this, most studies on TNBP are primarily quantitative; one of the studies I reviewed had qualitative elements, such as providing textboxes for participants to provide further information on their answers, but largely, the data are numbers based (James et al., 2016). This is not a bad thing as it provides insightful data. However, there is still much to be understood qualitatively, and expanding the qualitative literature on TNBP experiences can enrich and detail the statistical data. The quantitative studies provide ideas on what certain effects may occur, but

without qualitative data backing it up, the suppositions gained through these studies neglect nuance. There is also much room for exploring the differences between how binary transgender and nonbinary people experience and navigate the world.

Theoretical Concepts

Objectification theory provides a framework for the ways in which sociocultural pressures can result in risk factors that promote eating and body image issues (Fredrickson & Roberts, 1997). The concept behind this is that gender socialisation and sexual objectification aimed at women encourage women to define themselves by their appearance. In this, they internalise cultural standards of gender and attractiveness as their own, and take on an observer's perspective of their body. What results is higher self-objectification, body surveillance and monitoring. This, in turn, leads to body shame, anxiety, and a lack of physiological well-being. Moradi (2010) proposed that objectification theory is well positioned to examine body image, the psychology of women and the psychology of gender. She also posited that it was uniquely effective at providing insight into other populations, such as homosexual men and women, and women of varying cultural backgrounds.

Foucault's internalisation of the panopticon or disciplinary society is relevant here in that people internalise norms from the external world, and in turn, discipline themselves so that they conform to these standards. Labelling theory can be used as a form of social control in that that labels remove power, and those with power are less likely to be labelled (Ciciurkaite & Perry, 2017; Link et al., 1989). Drawing on Foucault (1995), we are able to understand that individuals self-monitor. In this case, they might self-monitor in order to control their appearance and gender, and receive punishment (for example, in the form of stigma and discrimination) from society if they are unable to display the right forms of self-discipline (Appelrouth & Edles,

2016). In the case of TNBP, it would make sense that the internalisation of this self-disciplinary society, plus fear of rejection and stigma can act as a form of social control that results in a variety of behaviours and attitudes towards the self that are not necessarily always positive.

Heyes (2018) employs several theories to help us understand the different kinds of awareness that we may have of our own body and articulates that having awareness of the body is generally considered a desirable state. Foucauldian normalisation of judgement is one of the theories employed in this study. Having a state of self-awareness is advocated by neurobiologists, psychiatrists, psychologists, addiction counsellors, physical therapists, Buddhists and yogis. The author argues that positive self-awareness is difficult to experience without also experiencing the negative aspects. In having this awareness, we also increase our awareness of the ways that we might not be fulfilling societal norms. In turn, we are more likely to work to conform to these norms so that we may reduce feelings of inadequacy. Marginalised and oppressed groups are more likely to internalise negative narratives and put greater pressure on themselves to conform.

The Identity Threat Model of Stigma is also valuable; given that it incorporates identity affirmation, increasing coping resources, and reducing threats to identity, this may be demonstrated in both adaptive and maladaptive mechanisms such as navigating body uneasiness (Major & O'Brien, 2005). In the application to my own studies (both the current and subsequent doctoral research), this may provide examples of how to increase resilience. As the Identity Threat Model of Stigma not only includes reducing threats, it can result in additional coping resources. Subsequently, resilience factors might be established.

The Gender Affirmation Framework encompasses intersectionality, objectification theory, and the Identity Threat Model of Stigma (Sevelius, 2013). The Identity Threat Model notes that

when a stigmatised person is confronted with a threat to their identity, and they also lack the appropriate resources to handle this, they respond by either increasing the coping resources, or reducing the threat. The way in which this may play out for TNBP is to go to great lengths to affirm their gender; in the context of Sevelius (2013), an example of this was deeper willingness to engage in high risk sexual behaviours as this was one of the few ways in which their gender could be affirmed.

Finally, we can apply symbolic interactionism here. Symbolic interactionism examines how societal structures impact individuals and how they interact with the world. This theory relies on the assumption that human actions are constrained by social structures and interaction; that our interpretations of situations are developed through how we interact with others; and that our perceptions and ideas about ourselves are, at least in part, shaped by others and their responses (Appelrouth & Edles, 2016; Turner, 2006)

All of these come together to frame how we internalise the messages we receive from the outside world, particularly through our interactions with others. As we internalise these messages, we endeavour to change how we present to the world. This, in turn, leads to self-objectification and self-surveillance. This monitoring of ourselves is reinforced through our interactions with others, and may result in stigma and identity threat; on the other hand, it may result in affirmation of ourselves. If faced with stigma and identity threat, we are likely to seek to reduce the threat, and/or increase coping resources. Once again, our interactions with others play a role here in that they may increase our coping resources.

By applying these ideas to TNBP, we are able to greater understand why they seek to present in certain ways, how they interact and understand others, and how they reduce threat and increase coping resources.

Methods

Participant Recruitment and Demographics

The University of Texas at El Paso IRB board approved this study in December 2019. The study was advertised between December 2019 through February 2020. Convenience sampling was the sampling method employed. One of the platforms advertised through was Discord, a web-based application that has voice and video chatting features. It was originally a program for gamers to connect through, but has since grown substantially to include ever-expanding special interest groups. Discord operates with "servers" for these interest groups, and the study was advertised in several servers that I am active in, which are a server for fans of Marvel Cinematic Universe, as well as, a sex-positive fandom server. The study was also advertised through the social media platforms of Instagram and Facebook. Whilst primarily advertised through my personal pages, a community group called, "Trans Folx Fighting Eating Disorders" (TFFED), also shared the information on their Facebook page. Several participants indicated that they discovered the study through private groups that had shared the TFFED post. Participants self-selected into the study in hopes that only those comfortable with discussing their bodies would agree to participate. Given this self-selection approach, the individuals that completed the study are considered more likely to be open about their gender identity, and have some degree of comfort within it.

Participants were asked to refer others to the study if they felt comfortable doing so, but this did not appear to yield any additional participants. The recruitment flyers and text used in advertising are provided in [Appendix A](#). In order to participate, participants needed to identify as something other than cisgender, speak fluent English, and be 18 years of age or older.

The participants were advised that the study would consist of the completion of a survey and an interview, and that if they completed the study, they would be provided with \$20 Visa Gift Cards to thank them for their participation. Participants contacted me via email to express their interest in participating. They were then provided with the Safety Information Sheet ([Appendix B](#)), and advised me if they wanted to proceed with the study. They were then given a link for the online survey tool QuestionPro, where they provided demographic information and completed the first 22 questions of the Body Uneasiness Test (BUT) ([Appendix C](#)). Only the first 22 questions were provided as I made an error with using QuestionPro. Three subscales were excluded (BUT-B-VI, VII, and VII) as VI and VII were lower in internal consistency and test-retest reliability, and VII was less relevant to what I was looking at (VII included blushing, sweat, odour, and noise). This took approximately ten minutes to complete. Following the completion of the survey, participants contacted me to organize an interview. Of the 32 that completed the survey, 17 followed up and completed the interview. The interviews varied in length, ranging from approximately 30 minutes to just over 2 hours (M=80 minutes).

The demographic information the participants were asked to provide was their age, ethnicity, race, assigned sex at birth, current gender identity, pronouns, sexual identity, and country of residence. Demographics were collected through text-box entry rather than having to select from various options. This was to allow participants to identify themselves however they would like ([Appendix D](#)).

Procedures

I emphasized to participants that they were able to withdraw at any point, which was also reiterated on the Study Information Sheet. As this group was deemed a protected population by UTEP's IRB, no signatures nor location data were collected on any of the participants to preserve

their confidentiality. Some participants provided a pseudonym during the survey, but some did not and were assigned pseudonyms. Completed interviews were kept in a secured, confidential location in accordance with the IRB Research Protocol document.

Interviews took place via Zoom. Interviews were audio recorded, and if the participants were capable, or able, video chat was used where possible. When joining the Zoom call, Zoom advises the participant that their conversation is being recorded, and requests that they agree to it. Video recordings were not kept, however, and the video feature was primarily used to make conversation more comfortable as both individuals could see the other and their facial expressions. In April (2020), the *Washington Post* reported that a large number of Zoom videos were accessible to the open web. Most of these videos had been saved in other cloud services without passwords (Harwell, 2020). All of my interview recordings were stored on a hard drive only, which was requested by the UTEP IRB. The videos themselves were deleted, and only audio files were kept. At no point have any recordings been stored on any cloud storage.

At the beginning of the interview, I explained the study in brief, and also explained the exploratory nature of the study. In this, I hoped to emphasize that there were no right or wrong answers, and I was not seeking any particular narrative or perspective, and simply wished to collect the accurate and lived experiences of the individuals. I also reiterated that triggers can sometimes be unexpected, and as such, if the participant felt uncomfortable or upset at any point, they could cease the interview with no questions asked. Fortunately, no participant seemed to experience great distress and all interviews proceeded in their entirety. Following the interview, participants were emailed a Visa Gift Card.

Interview Content

The interviews were semi-structured, and the interview guide ([Appendix D](#)) consisted of several categories, including participants' opinions on the BUT, about their body, social support, intersectionality, and general concluding questions. The questions in the interview guide were based on the literature review, with some inspiration taken from the BUT. In addition, questions were suggested by the thesis committee chair. Questions were also shown to one of my trans masculine friends, Alex Bayley, who provided some further guidance based on their own extensive experiences as a trans person, and as a community advocate, writer, and educator.

For intersectionality, participants were asked how various elements of their identity influenced their experiences of their body or as a trans person. These elements included race, sexuality, socioeconomic status, immigration status, and religious background. Some participants were unclear on whether they were supposed to talk about their body specifically, and after several interviews, I began encouraging participants to simply discuss what felt relevant, whether that be their gender, their body, or their life experiences.

The final questions were developed given my recognition that as a cisgender woman, I may not have asked questions that accurately reflect what TNBP feel and experience. Despite an extensive literature review, there is always the possibility that questions have been excluded. Given the growing research on transgender experiences, I thought it appropriate to conclude by asking participants what kind of research they would like to see being done on transgender and nonbinary populations, and what kinds of questions they wish they had been asked in the current interview.

Analysis

The process of qualitative analysis is varied. In general, qualitative analysis of interviews includes the researcher recording and transcribing the interviews, and making notes as necessary. Following this, coding occurs, with themes or descriptions noted. As the analysis proceeds, these themes are refined and interviews read and re-read until there is a clearer picture of the data, and the information can be interpreted (Cresswell, 2014).

The interviews were transcribed word-for-word, with the assistance of an undergraduate student. Following full transcription, I began with rereading each interview in its entirety and making notes of the common ideas that came up with each participant, as well as noting what seemed to be the areas most discussed by each individual. In consultation with my thesis chair, tentative themes and subthemes were established. Following this, I began to comb through the interviews in finer detail, making note of any mention of the themes, and extracting any quotes that may have been relevant.

Cresswell (2014) indicates that whilst coding qualitative data tends towards an inductive approach, the social sciences allow for flexibility in the emergence of new themes. When using an inductive approach, themes are generated through open coding the collected data; deductive coding recognises the existing literature and codes are selected prior to data collection. Both approaches were used. There were several anticipated themes, given the semi-structured nature of the interviews, as well as knowledge of the literature. However, the data revealed several other themes and concepts, which were also added.

Following the initial coding and extraction of quotes, these quotes were examined in isolation, as well as in the greater context of the interviews. Descriptions were formulated and refined with each subsequent pass through the data. Commonalities and links to other categories

were noted, and several themes were eventually chosen to represent this. There was substantial data gleaned from these interviews, but for the purposes of this thesis, the ways these individuals experience the social world as a TNBP, how they experience their bodies and handle that, and the ways in which they have experienced social support will be explored. Subthemes that emerged were initially left as independent categories but as analysis went on, these began to fit more easily into the broader themes, and thus, were placed in there. One example of this was the theme of 'Clothing' and 'Hormones and Surgeries'; it eventually became evident that the way participants spoke of these fit within the ways that they navigated the social world rather than being about how they felt about these things independent of external perceptions.

Researcher Positionality

I am a white cisgender woman from Australia. Despite being a member of the queer community myself, and having a history of non-gender-related body dysphoria, I recognise that whilst I may relate on some level, my positionality does not allow me a complete understanding of someone who experiences gender-related body dysphoria. In some circumstances, I mentioned my own history with disordered eating, anxiety, and difficulties with sexuality and identity, but only when it felt like it would add to the interview, and not detract from the participant's own experiences. Should any attempt be made for publication, I will consult with a transgender advisory committee, an idea that was suggested by a participant.

Results

Demographics

Fifteen participants came from Facebook, whether that be the TFFED page, or other trans and NB Facebook groups that had shared the post. One participant was recruited from the sex-positive Discord server, and one participant was recruited from the Marvel Cinematic Universe Discord server. Participants were aged between 18 to 52 ($M=29.88$, $SD=8.99$). There were 14 Assigned Female At Birth (AFAB) participants, one of whom was intersex, and 3 Assigned Male At Birth (AMAB). There were multiple ways that participants described themselves, and several used more than one term. The gender identities provided were agender ($n=2$), genderfluid ($n=2$), genderqueer ($n=3$), nonbinary ($n=6$), trans female ($n=2$), trans male ($n=4$), demiboy ($n=1$), and gender expansive ($n=1$). The racial/ethnic sample was majority white, with only one participant identifying as Latino, one participant identifying as Ashkenazi Jewish, and one identifying as Pacific Islander. There were a variety of sexual identities, including asexual ($n=3$), bisexual ($n=4$), gay ($n=1$), lesbian ($n=1$), pansexual ($n=3$), and queer ($n=5$). Fifteen participants currently lived in the United States, one lived in Poland, and another in Sweden. Participant demographics are available in greater detail on [Table 1](#) (pg. 84).

The overarching themes, presented in [Table 2](#) (pg. 86) with descriptions and example quotes, were the Social World (subthemes: Hormones & Surgeries, Non-Surgical Alterations to One's Physical Appearance, subtheme: Clothing), Experience of The Body (both negative, and positive), and Social Support (comparing Positive Social Support and Negative or a lack of Social Support, and Representation of TNBP). These themes demonstrate how TNBP experience the social world, and what influences how they present, and how these individuals feel as a result.

"I've always felt that my face is working against me" – The Experience of the Social World

Participants reported awareness of how they presented in the social world, citing it as a source of anxiety, discomfort, confusion, envy, and frustration. "Being perceived is hard. And it's... Hard to not care about it. Because we all care about how we're perceived" (Jake). Jake, a 30-year-old trans male, Seri, a 31-year-old nonbinary person, and Jos, an 18-year-old genderqueer/genderfluid person, expressed that the perceptions and attitudes of other people are major factors in how they feel about their bodies and their gender. Most participants discussed how perceptions from others influenced them, but Jake, Seri, and Jos directly answered this as one of the biggest influences on how they feel about their bodies. The participants had to constantly gauge their gender presentations through the language and actions of others. For example, participants said that sometimes they were read as their correct gender; other times, they were not. Digger, a 52-year-old agender person, found this particularly confusing. Digger said that when they had not had the 'pronouns conversation' with someone, they typically received he/him pronouns, which they were fine with. However, every few months, they will get she/her pronouns from someone new. These incidences are perplexing, as Digger does not know what they do in those circumstances to signal that they might be a woman.

Interestingly, others commented on some unease with non-cisgender/heterosexual communities. Sylvester is a 29-year-old trans man. Despite being a gay man, Sylvester shared his distaste for the gay male community, and the associated fetishization of penises and muscles that came with it. Lacking both, Sylvester has felt unable to comfortably be around other gay men. AJ, a 42-year-old trans male, and Leigh, a 24-year-old nonbinary person, commented that being put in social situations, particularly with other trans or NB people, increased their awareness of their bodies. Leigh explained some of their nervousness when meeting other NB people:

It's like 'I need to prove that I am cool, and nonbinary like you', that sort of thing. Especially if it's people I don't know, who I'm being introduced to. I want to put out that vibe, and I feel like if I can't with them, then that's worse than if I'm with cisgender people, and they're not picking up on that. I'm like "well, that's just gonna happen." But when it's other trans people, and I mean, I don't know whether or not they know, but I think it's a sense for me of really needing to make sure that they know that I am one of them, and feeling like I don't look like that, that I haven't kind of pushed it enough to, I don't know, I don't know what passing as nonbinary looks like.

Later, Leigh explained that they rationally understood that being NB does not look like any one thing in particular, and it is actually a very powerful thing to be the gender they are, and not look like what other NB people do. But knowing this rationally, and living without that discomfort, is all a process, but one Leigh is working through. What makes someone appear NB is a complex issue, compounded with the minimal representation of any NB genders.

"A huge source of dysphoria, just... gone!" – Hormones and Surgeries

Studies have already explored how hormones and surgeries alter the physical body to reflect the internal experience of gender. For many TNBP, GAMIs have played a significant role in how they experience their bodies, and influences how they interact with the social world. Five participants had begun some form of HRT and spoke glowingly of it. Sylvester and Jake, both trans men, and Rosemary (36-years-old) and Iris (23-years-old), both trans women, and Digger, an agender participant, had been using HRT for some time at the point of our interview. Each of them expressed immense relief and delight at the changes that came with HRT. Sylvester explained the importance of hormones and surgeries in how trans people feel about their bodies:

It's sort of how I used to explain dysphoria. There's a baseline normal feeling that cis people have about their bodies that they don't notice. They're not self-conscious about the same things that trans people are before we medically transition. And there's a misunderstanding that... Well, transitioning, you have to remember... it's not going to make you happy. But we're not really aiming to be happy; we're aiming to have that baseline, which is very different from happiness. It's the removal of an obstacle. That's how I feel often about diet and exercise—that I'm not so much aiming for happy, as I'm aiming for not unpleasant.

In this, he explains that medical transition allows some trans people to simply reach a "typical" human experience of their body. Without this medical transition, some trans people live with discomfort, and often distress, because their appearance does not align with their internal opinion of what they think they should look like.

Rosemary touts the changes that HRT has brought her, and whilst they are physical changes, a significant part of that change is making it easier for her to fit in "as a girl." She is excited that "[her] skin is soft, and the [body] hair has slowed down its growth a bit, which makes it so [she doesn't] have to shave every couple of days." She puts a great deal of effort into her appearance, and HRT has made it easier for her to feel like she fits in as a woman.

Jake is a fan of testosterone for the ways it is changing the shape of his body. To him, the combination of being overweight, having large breasts, and a feminine voice results in people constantly misgendering him. With the assistance of testosterone now changing the shape of his body and the timbre of his voice, as well as hopefully top surgery in the future, he is looking forward to the changes in how others will see him.

Being agender, such as Digger, however, is different than being trans. Digger began taking hormones to reduce their femininity, rather than explicitly desiring a full transition to male. They state that hormones definitely provided them with a physical change that allows them to be perceived as more like who they really are; it was an added bonus that testosterone also gave them an increase in energy, which allowed them to engage with life in a more enthusiastic way; all of this made Digger feel much happier overall.

Even though many of the NB participants indicated that they would like HRT, it appeared to be something that there was more ambivalence about, than something they all desperately desired. Many of the NB participants indicated that it would be *nice to have*, and it would help with their dysphoria or the discomfort that they felt in their bodies, but it was not something that many were fiercely passionate about. When talking with them, it seemed to be because their desire was not to fully transition to another binary gender, but rather reduce how binary gendered they already appeared. For example, Alec, a 22-year-old nonbinary trans masculine person, felt more conflicted about HRT due to the fluidity and nonbinary nature of their gender. Going on hormones, they explained, would push them more towards the other binary, which was not necessarily what they desired; whilst they wished to be less feminine, they were not necessarily seeking to be more masculine either.

Not everyone had a positive experience with HRT. Rivynn, a 41-year-old agender/genderfluid person, began to use it, but did not continue, stating that it created significant unease within them. Rivynn explained that they were unsure why they began to feel so uncomfortable. They had considered transitioning for about six years before starting HRT but less than ten months later ceased. For them, having HRT said it felt like they were "cheating at a board game, was just that icky feeling that you're doing something wrong." Rivynn is quite

spiritual and feels that if they were able to pass and live as male, they would not be learning the things about life that they are meant to.

Seven participants expressed that whilst they were not currently on HRT, they would like to be in some capacity. Reasons for not being on HRT at this point included being quite young, and thus not being able to access it yet, relationship concerns, healthcare concerns, and feeling as if it was too late for HRT to make a meaningful difference to their lives.

Whilst AJ's husband supported his top surgery, AJ is concerned that the introduction of HRT will push their marriage to the breaking point. It is not one thing in particular about HRT that will change things, but rather a series of incremental changes that will add up. In addition to this, given a rhythm issue with his heart, AJ's cardiologist has expressed some small reservations about going on testosterone; HRT has not been ruled out, but rather, is simply another factor for AJ to consider.

Seri, who has Multiple Sclerosis (MS), feels that their gender is no longer their biggest concern given the difficulties they face with MS. They would have loved some form of puberty blockers, but, now in their thirties, feel that it is simply too late for HRT. That, compounded with being more concerned with the impact that MS has on their lives, means that seeking HRT is not a priority for them. Similarly, Jesse, a 33-year-old nonbinary/gender expansive person, is also concerned with health issues, after facing medical problems towards the end of their pregnancy. As a result of that, and general cautiousness regarding major medical procedures, they are not sure HRT is worth the risk. They would love to be read as NB, but the health factors currently outweigh that desire.

Others were less enthused or ambivalent about the use of hormones for themselves. Initially, David a 24-year-old demiboy/nonbinary person, who does not use pronouns, considered

using resources to physically change David's body, but lacked the resources to obtain these resources. As a result, David chose to make peace with David's gender presentation and body as is, rather than letting it continue to be a source of negativity. David readily admits that there are many aspects of the body that David would like to change, but this was not specifically tied to gender. Gender-wise, David was accepting that this was the body, and these were the body parts that David had, and that was that. Neither HRT nor surgery would change David's feelings regarding David's gender. Of course, David went to other lengths to influence David's external presentation, such as developing an ED, but these were less tied to gender and more tied to other traumas such as domestic abuse.

In addition to HRT, surgeries were something that some participants had sought, and others very actively desired. Although Alec fears that HRT might push them too far towards binary male, they still look forward to getting top surgery as they recognise that their chest very clearly signals their female sex. EL, a 29-year-old nonbinary person, Jake, and Reed, an 18-year-old trans male, also look forward to being able to access top surgery for similar reasons. AJ, Sylvester, and Digger found top surgery a metaphorical and literal weight off their chests. There was definitely a gendered element in this, but each of them also reported that their very large breasts were a physical source of pain as well. On the contrary, for the most part, the reasoning behind not desiring top surgery was due to it not being a particularly deep source of dysphoria as these individuals did not have particularly large breasts to begin with. Two participants simply were concerned about doing a large surgery at all.

AJ shared a joyful memory that occurred following his top surgery. Along with several AFAB friends, AJ would go to what he describes is essentially "summer camp for adults, with BYOB." AJ told the story of how, after his surgery, in a moment of "passionate dancing," he

removed his top which revealed his scars. AJ would not have had the confidence to do so prior to this. In doing this, he received social support, and was gleeful at not having breasts anymore.

Digger recognises that their breasts were a source of discomfort, physically, but made the point that it is "a different kind of discomfort from 'having breasts seems like an overriding part of my identity to people who observe me in ways that really just is not accurate'." They admit that, yes, they are happier without their breasts, but it was more than just gender dysphoria for them. There are also social values that bothered them, such as being sexualised by random people, and being treated as less intelligent or competent than men, or even women with smaller breasts. Being treated as dumb, and inferior, was "definitely at odds with [their] sense of self, and it was definitely correlated with [their] breast size."

Jake is in a similar boat but has yet to have surgery. Not only does his chest signal gender incongruence to himself and the external world, but it also causes significant pain due to the size of his chest. He jokingly calls his chest "the big cosmic joke in [his] life," and says that he is "a 42H... Which stands for Horrible." As a result of this, he experiences back problems, and cannot bind, as binding exacerbates these problems.

Jake is not the only one who experiences difficulties with binding. Kris, a 25-year-old genderqueer person who also experiences chronic back pain, is keen to get the surgery when they can afford it. As a graduate student, in a healthcare system that does not support trans people, they are frustrated at the difficulties associated with getting top surgery, as well as the support they need and deserve.

Rosemary shared that, while medication has provided intense relief, she still hated her penis and was looking forward to organising her surgery to "turn [her] outie into an innie." Not having had bottom surgery interferes with her life in small, but meaningful ways, particularly

social situations. She does not like making others uncomfortable, and as such, avoids situations she would otherwise enjoy, such as yoga, or wearing a cute swimsuit, for fear of her "bulge" showing. Rosemary, however, was delighted that her chest was growing now that she was on estrogen. The experience is not always pleasant, and she commented that her chest was sore at the time of our interview, but she was still excited that this change was happening for her. Hopefully, by summer, she will feel comfortable wearing a cute swimsuit at the pool, just like she has always wanted.

"I get this feeling that most people see me as nonbinary... And then I open my mouth" – The Voice. Although the voice is a part of the physical being, the voice takes place in the social world. It is a sound most people have, and can express our thoughts, our emotions, and often, our biological sex. Four participants cite changing their voice as a motivator for using HRT, regardless of whether they have started said treatment or not. Seri feels that HRT is not something that would work for them now, but does state that their voice "outs" them and is a source of discomfort.

Jesse expressed that their voice was a particular source of gender dysphoria. They also shared that, in their job as a counsellor, many of their TNB patients report the same effect. Jos reported a similar experience and added that when they are out and meeting new people, they "get the feeling that most people see me as nonbinary... And then I open my mouth. I can sort of just see it in their eyes when their own minds go from using 'they' to 'she'... like great."

Digger and Jake, having started on HRT, very positively report how HRT has changed their bodies, and note the significance the change in voice has had. Prior to this, Digger reported a similar experience to Jos, in that most people perceived them as a male until they began to speak. These days, Digger, despite identifying as agender, is most often seen as male when out in

the world; they figure that they "don't care what people think my gender identity or my sexual orientation is. If they get that I'm some sort of queer, they're close enough to the right ballpark to be adequate for me."

"Once I got my hair cut short, I feel like half of my gender issues like went away" – Non-surgical Alteration of One's Physical Appearance

The extent of dysphoria that TNBP experience varies, and the lengths they will go to in order to alleviate it also contrasts. For many, hormones and surgeries have proven to be highly beneficial. It also appealed to many of those who had not been on HRT or had not had any form of surgery. HRT is not always an option though, and as such, the participants have engaged other means of altering their physical appearance to alleviate some dysphoria. However, it is not always a pleasant or successful experience.

EL, Seri and AJ all utilised different methods to minimise their chests. EL was unfortunately relapsing with their ED at the time of interview and going into treatment the next week. They stated that this relapse is very connected to their gender as they dislike their chest and notice that it gets smaller when they eat less. Whilst they find that binding helps, they feel that receiving top surgery is one of the only answers. Seri reported a similar response, discussing how they starved themselves for a large portion of their life to minimise their curves. They state that it was actually quite an effective way of presenting as male, and stated that they received compliments on how well they were passing at these times. Their ED prevented them from fully developing initially, and it came at an enormous cost to their health.

AJ did not intentionally gain weight so as to obscure his chest, but noticed that as they gained weight, their breasts were more in line with their stomach, and that this alleviated some anxiety when he looked down at himself. AJ has since had top surgery and it provided great

relief, although, he now jokingly comments he now really needs to work on reducing the size of his stomach for health reasons. Although AJ talked about this from a personal perspective, it likely had some presentation in the social world as AJ was a participant who spoke extensively of the social world, and the influence it had on their self-perception and how they navigated life.

Eleven participants had some experience with chest binding to various degrees. Reed would like a binder, but as he only recently turned eighteen and is still living with his parents and they are concerned about the safety of binders, he is unable to get one. Jos was in a similar situation, but when they relocated for college, they very excitedly made the purchase. For Jos, the binder has been a very positive experience.

For the remaining nine participants that have experience with binding, it had not been a necessarily positive experience. Seri thinks they likely did some lasting damage to their chest by binding incorrectly. Alec, Leigh, Kris and Sylvester find that binding exacerbates existing back problems and indicated that whilst it helped them be less likely read as AFAB, the physical toll was high. Some participants may not always use a binder, but might use sports bras or dress in ways to minimise the attention on their chest. Jesse experimented with a binder but found that they did not like what it did for them aesthetically.

"This is my flesh suit and I'm gonna decorate it with dresses that look like my grandma's sofa" – Feelings about Clothing. Clothing is one way that we can alter our gender presentation with seemingly little effort compared to hormones and surgeries, and is something within our control. According to most of the participants, clothing is simply an additional complexity that they need to think about when going about their days.

EL, Rivynn and AJ each shared that wearing men's clothing was very affirming, and something that actively made them feel good. EL, even though they are struggling with an ED,

stated that they liked how they looked in men's clothes—this was notable, as when someone is in the grips of an ED, finding *anything* positive about the appearance is difficult. AJ, who is in the process of transitioning to male, views this as being just another facet of coming into his own body and living true to himself.

Rosemary spoke with delight of how much fun she is having dressing up in cute outfits. She is revelling in the compliments to her fashion sense, and how she is finally starting to feel good for the first time in her life. Wearing feminine clothing and learning to do makeup—something she admits she is still learning how to do—has been an affirming and "amazing feeling," particularly as it comes with social support.

But clothing, on the whole, is not a particularly positive experience for every participant. Reed, Kris and Leigh, talked about how daily dressing can be an arduous process, and take an emotional toll on them. Kris and Leigh both mentioned that there are days where the act of getting dressed can be a long process before they feel comfortable in their clothing. For Kris, this was more pronounced as their gender is quite fluid and rapidly changing. As a result, choosing what to wear each day can be immensely complicated. Kris explained "trans men and trans women who try to pass, or stick close to the sex/gender binaries, I think, it's easier... They have an easier time deciphering what they want. Whereas maybe nonbinary or genderqueer or genderfluid have a completely different story." This was definitely the case for a number of NB participants.

Reed, who has only recently turned 18, talked about how there were days when he would love his outfit in the morning but by the afternoon was upset or even distressed at how feminine his clothing was. Reed longs to be at the point that he can wear more feminine attire but still be addressed as 'he'. He articulated that he *liked* wearing some cute and feminine things, but he was

also a boy. Unless he is able to change other features to be more masculine, he finds his relationship with the clothing he actually likes complex and mercurial.

Digger, although they identify as agender rather than binary trans male, expressed a similar thought process. Having been on HRT for several years at this point, Digger explained that they found it both amusing and interesting that, as their body adapted to testosterone (T), they began to feel more comfortable expressing the feminine parts of themselves. When they started on T, they made active efforts to purchase and wear things that were as masculine as possible. As time went by, and their body became more masculine in presentation, they began to choose clothing and accessories that were more flamboyant. As their voice deepened and had them likely to be read as male, they finally began to feel comfortable wearing pink, "because a woman in pink sends very different messages from a man in pink."

In a similar vein is Seri's experience. Seri, who has all but given up on being read as anything other than female, discussed extensively the difficulties with liking stereotypically feminine things, whilst still knowing that they were not a woman. Liking feminine things is at odds with their gender identity. For years, Seri did their best to appear more masculine, and wore dark clothing to avoid being noticed. Despite their best efforts, Seri did not receive support for their gender from their parents nor other adults in their life, such as teachers, and did not get taken seriously when they attempted to ask for help. In an effort to becoming more like a woman, Seri says that they became a "bit of a shopaholic" and invested heavily in dresses, shoes, and bags. In the years since, Seri has undergone a number of surgeries (unrelated to gender) and pants cause them a lot of pain due to the scarring. Other trans people have told Seri that "you can't be a trans person because you like girly things and don't make an effort"; to that, Seri replies that they also like to not be in pain. Now, they wear flowy and soft things, both because it

is less painful and also because, simply, they like them. To them, they have tried for years to become a woman, hoping that if they tried hard enough, eventually the inside would change; it has not. They still feel the same. However, now, in their thirties, bearing the pain of MS and multiple surgeries, they say that "this is my flesh suit and I'm gonna decorate it with dresses that look like my grandma's sofa. Because I love big florals." Seri is still trans, and knows that inside, they are not a woman, even if the outside says otherwise.

Finally, some participants noted how difficult it was to find clothing that suited their gender, simply due to physical differences. Sylvester said it was inconvenient that his proportions are entirely different to cis men. Rivynn reported a similar experience, as did Jesse and Erin. They admit that there has been an increase in brands for gender neutral people, but these are quite expensive and many of them are built around very particular body types—generally relatively tall and slender bodies. Sylvester said that whilst this was not dysphoria inducing, it does serve as a constant reminder that the world is not set up for him. Jesse, Erin, a 31-year-old genderqueer person, and Rivynn did not use as many words, but the sentiment was there. Neither seemed particularly distressed at this, but both articulated how much happier and more comfortable they were in gender neutral or men's clothing.

"I feel like I'm supposed to have a relationship with it at all" – On How They Experience Their Body

Almost every participant expressed some form of negativity regarding their body; some, over time and with extensive work in therapy, have been able to transition to a happier place within their bodies and their identities. Others have not been able to and this causes immense distress. Many participants reported that, in order to function to a degree, they avoided thinking about their bodies, and experienced varying levels of detachment and dissociation towards it.

"I think of it as something I wear" – Handling negative feelings about the body

The way several participants described their experiences of their bodies, and the associated turmoil, was harrowing. Iris outright stated the difficulties that she has faced when it came to her body, and the significant role that gender incongruence played in this:

I struggled with the eating disorder for over half of my life, body dysmorphia, a lot of internalized transmisogyny, self-hatred, trying to appeal to traditional gender roles and standards, and not feeling adequate good enough, or feeling ugly. You know, comparing myself, constant body checks, constant mirror image checks, weight checks, extreme dieting, starving, fasting, cleansing, bingeing, purging, you know, makeup alterations, you know. I haven't had any plastic surgery, but I wanted to.

Iris is still very much struggling with these things, and whilst she is not in the grips of her ED as much these days, her body is not a source of joy nor comfort. She has not been able to reach a place of happiness about her body.

Kris has also struggled immensely with an ED, but admits that this is only partially related to their gender. As a former athlete, there was a great deal of pressure to look a certain way, and achieve certain things with their body, such as weighing in with the appropriate weight class. They admit that some of their ED is related to dysphoria around their chest and stomach, but also state that it is not the whole thing. Rather, it is a coping mechanism to deal with a number of difficulties in life (trauma, neglect, severe injury, chronic pain, among other things), and gender is only one element of these.

Humans have an exceptional self-preservation skill that allows themselves to separate from things that cause them distress (Diagnostic and Statistical Manual of Mental Disorders: DSM-5, 2013). Whether or not this is a wholly positive thing is best left to psychologists.

Regardless, numerous participants consistently reported feeling a sense of avoidance or dissociation from their bodies. In this sense, they talked about their bodies in abstract, detached ways, rather than something that belonged specifically to them. Participants described the body as something that "exists" and "holds my organs in place" (Alec), a "vessel" or "container for hurt" (David), a "flesh suit that I am piloting" (Seri), or a "vessel that is going to get me from point "a" to point "b," x number of times" (Kris). Sylvester shared a story about how he and a former-girlfriend attempted to help him feel less hatred for his breasts; to his surprise, there was a major lack of physical sensation, as if the breasts were simply not a part of his body.

Nine participants expressed the attitude of "well, I guess it exists," and that this is the body they have even if they do not like it. Rivynn says that they have settled with their body, but the less they think about gender in their everyday life, the better off they feel. These participants, whilst not using particular descriptors for their bodies, explained how they dealt with self-negativity. Jake only has one mirror in his house, and does not like photos of himself; the less attention he pays to his body, the better. He says that he tells himself "just don't pay attention to that, just do what you need to do to get by."

AJ found one of the most dissociating experiences of his body came when he was pregnant. He described it as "weird," and the most female thing a body could do, but because he was a male, he felt entirely disconnected from his body as a result. Before and after pregnancy, he went to a great deal of effort to minimise any feelings about his body, going so far as to "suppress my feelings, trying to bury them, drown them, bang them out of myself, like whatever. Like, just so many ways of trying to kill those feelings." AJ was always aware that he was a boy, even if he did not necessarily understand the idea of what it was to be trans. In addition to trying to stop himself from feeling as negatively as he did, he eventually went to great efforts to try and

live as a woman. Something that helped alleviate this was finally accepting that he was trans—a realisation he had following the death of an old friend—and getting social support in various aspects of his life. By this point, AJ had already had two children, and had had to live with the deeply alienating process of pregnancy, whilst still trying to force himself into believing he was a woman. The process of transitioning, both the medical aspects and the receipt of social support, have been integral to the improving relationship with his body.

Seri was the most descriptive of this abstract and alienating relationship with their body. When they look in a mirror, the image that Seri sees is not the one they expect to see. Given that they received little support for their gender through the course of their life, Seri has adapted these coping mechanisms in order to manage their feelings. They explained that when they were younger, the focus on the body was inexorable and it heightened their depression and ED. Now, they simply try not to think about it too much, and say that they try to view the way they present in society as a role, and that they are pretending to be someone else. Seri explained:

It's not like I lie to people about who I am, but I decide to myself like "okay, today I'm playing this character." And all the characters I play are nice to service workers. It's not an asshole, and gonna be polite to clerks. And customer service people, they have difficult lives. So yeah, mostly I deal with it by not dealing with it.

Unless TNBP can reach a point that they love, or even simply accept their bodies as they are, some find it easier to simply detach from them. The alternative is to obsess over it, hate it, and in some cases, punish it for not being the body they long for.

"I'm feeling a lot more at home in my body" – Feeling positive about the body

Others had more positive experiences of their bodies. It was not something that they always had, but rather something they grew into. In each positive experience comes the mentions of at least one form of social support, usually a health professional.

Digger, for example, notes that they dissociated frequently as a teenager and young adult, stating that they "had no idea of where [their] body was at all." However, now in their 50's, they are learning how to have a better relationship with their body, although they describe as one of uneasy peace. In order to reach this uneasy peace, they have done a great deal of work with a somatic therapist as well as doing activities such as dancing and weightlifting, to get a better sense of embodiment and a better sense of where their body is in space, and what it can do. They have begun to get more regular massages, which not only alleviates pain, but acts as a gentle form of self-love. They also indicated that not all of their uneasiness is related to gender alone; aging and weight, and the ways society devalues older and larger people, plays a role in their opinion of their body.

David described having an ED as "the first love of my life," although David indicated that David in no way wanted to romanticise that fact. For David, having a body meant that you could be hurt, and not having a body meant that you could not be hurt. As a result, David went to great pains to make sure David's body disappeared—but this does not mean that the ED was necessarily linked exclusively to gender so much as being one facet intertwined with other trauma such as domestic abuse and queerphobia. The ED was a coping and defence mechanism. David has also found immense benefits by working with a therapist. David said that therapy, the only major health resource accessible to David, was less about working through gender and more about working through trauma. Having the space to put thoughts out on the metaphorical table,

and sift through them in a safe space, has been incredibly beneficial. Gender-wise, David is okay with the body parts David was born with and despite having an ED history, David reports being happy to be here now, in this body, and has no desire to change.

Reed has also had the benefit of working with a professional, although his parents found him a life coach, rather than a therapist specifically. Like David, seeing this coach is about more than just gender; but having this space certainly helps. Through therapy, Reed has found that he is able to obsess a little less about his gender and simply focus on expressing himself in whatever way he would like. This has significantly improved the relationship Reed has with his body.

Other participants shared ways in which they have been able to find increasing peace in their bodies and gender; for most participants, including the ones in this section, social support has played a pivotal role for them. This is also not to say that only the three aforementioned participants have anything positive to say about their bodies. Most participants actually shared the ways in which they have been able to minimise their discomfort; for some, it is avoidance, for others, HRT and/or top surgery. Where there were positive changes noted, social support has been of demonstrable value.

"Celebrated, not tolerated" – On Social Support

Given that social support was a focus of this research, it was unsurprising that social support was a major theme. Whilst social support alleviated many forms of discomfort, outside of healthcare settings, it was not the primary mechanism behind reduction in gender dysphoria or body uneasiness. That said, the value of social support should not be discounted, and many participants tearily shared the ways in which they have been supported, and the profound impact that has had on them. Several participants received little support regarding their gender. Overall,

most acknowledged a combination of positivity and negativity as being a part of their experience.

"I was so used to being silent, I didn't know how to ask for help anymore" – Negative (or a lack of) social support

There were three main elements to negative social support. These encompassed complex attitudes in partnerships, subtle signals that being open about gender issues was not welcome, and an overall absence of support. AJ, Digger, and Jesse are all in long-term relationships, and their relationships with their partners are complex in light of their gender and transition. The phrase "celebrated versus tolerated" accurately depicts what these three individuals are experiencing. They each reported that their partner was accepting of their choice to transition, and said that there were no outright negatives; however, it made the absence of celebration glaring. Digger explained that whilst they did not get any negative feedback about their body and its changes, they also did not receive any positive feedback either. AJ and Jesse's experiences were in line with this, and it left each of them feeling bereft and disappointed in various ways. AJ's situation is further complicated in that he has not pursued HRT as he feels it will lead to the demise of his relationship. He admits that he loves his husband, but when he spoke to me, he pointed out the logistical difficulties of no longer being with his husband, rather than a deep emotional attachment. Digger described their feelings on this as "complicated." "Complicated" is an accurate way of summarising these three individuals' situations.

AJ and Jesse, as well as Leigh, reported picking up on subtle signals that perhaps being forthcoming about their gender was not welcome. AJ and Jesse have both had outright negative experiences with medical providers, in the sense that several providers have had an attitude of 'why should I care?' A negative, or at least underwhelming, response was something they

anticipated when others gave off subtle signals, although they were not quite sure how to describe these. Leigh experienced something akin to this with their parents. Leigh said when their parents questioned some elements of their morphing gender expression (cutting their hair short, in this instance), they started to realise that if their parents could not accept something as simple as a haircut, they would likely question and struggle with being told that Leigh was nonbinary.

Rivynn and David have both had subpar experiences with therapists. Rivynn has stated difficulties with both male and female therapists, and David acknowledged that whilst it would be nice to have someone non-cisgender in a therapeutic setting, someone that was at least amendable to understanding a trans person's experiences was beneficial.

Sylvester said that social justice circles in particular are outright hostile and nasty in the ways that they treat trans men. Sylvester has been on the receiving end of a great deal of this negativity, and as a result, he does not feel comfortable talking about his body; he says he would really appreciate having additional support in this space. Iris received some support from a loved one or two, including support animals, but many have passed away. She did not indicate whether this support was specifically about her body and gender. And Seri reported the misery that came with a lack of support. As mentioned in the subsection 'Clothing', Seri has faced difficulties due to the perception that they are quite feminine, and thus, are not taken seriously. It is difficult to put into words this experience, so instead, I will provide Seri's:

I have tried for years... since I stopped trying to look different... I just don't get taken seriously because I'm not trying hard enough. And it's quite unfair since the reason I'm not trying, in part, is I'm so very tired. I've been trying for decades. *Decades*, and got nowhere. So, like, when I was a teen, like 14 or so, I would just try to say, 'survive until

you're 18 and can get out'. But when I had turned 18, and could safely get help without them telling my parents, I was so used to being silent I didn't know how to ask for help anymore. And when I do try, I don't get taken seriously, because I look girly. I sound girly. And I like quite a few things that people think are women's things, like flowers and round animals, and I don't see how it's gender-specific to find joy in round elephants.

Having received no support regarding their gender, at any point, left Seri simply defeated. When they spoke to me, they sounded melancholy and defeated, and the way they described the loneliness they experienced regarding their gender left me feeling miserable, as I empathised with these struggles. As a result of receiving no support, Seri has instead dealt with their feelings by *not* dealing with them. Years of struggling with an ED, and now struggling with MS, has left them with a detached relationship with their body, and a highly negative one. They still maintain some positive outlooks on life, but when it comes to their gender, they are very resigned and believe that there is little that will help them in that space. As Seri says, they are "so very tired."

"Those sisterly girl hugs... They're just totally validating" – Positive social support

Whilst there are obvious negatives to receiving little or no social support, there are also notable positives when receiving it. Many participants tearily told me of special little moments, incidences of support that they did not expect and meant the world to them. Support has come from workplaces, schools, parents, and friends.

Jake shared that his tattoo artist has been wonderful and is going to tattoo his nipples back on after he gets top surgery. Rivynn has attended parties at a sex-positive centre near them, and at their first one, there was naked swimming. Rivynn did not expect to feel comfortable in their body, nor their gender, but when they were there, they saw bodies of all sizes and ages,

abled and disabled bodies, everything they could have wanted to see represented, was represented. This was the beginning of the path to self-acceptance for Rivynn.

Twelve participants spoke glowingly of their friendships and the difference that has made in their lives. For some, it was about getting to feel "real," like being trans was not something they made up. Alec and David reported how their friendships are "aggressively supportive," that they compliment each other, and are incredibly sensitive to the needs of their friends. Both Alec and David indicated that most of their friends were LGBTQ in some capacity, so this validation is reciprocal.

Rosemary shared some of the most delightful experiences and examples of social support that she has received. At the beginning of our interview, her tone was somewhat flat, and she outright admitted she was a little sad. She talked about how alone she had been her whole life, and how that led to her very much not caring about herself. She described herself as *weird*, and not particularly well-liked. Over the course of the interview, this changed. She perked up as she talked about the changes her body was going through, how those changes in how she presented made her more confident, and about how her doctor had been immensely supportive of her from the outset. And she positively glowed as she talked about the support she received in the academic setting. In her mid-30's, Rosemary went back to college, where she made friends, and she attributes some of that to having a personality that people can engage with now. Prior to realising she was trans, she always kept people at a distance and was hiding who she was. Now, she is far more open as she is living as who she truly is, and people have responded in kind. There were many things that have helped validate her, both as a person, and as a trans woman. She says she loves it when people tell her she is cute, and compliment her fashion sense. She is complimented frequently on her appearance, and this is both validating that she is "doing

something right" in appearing more female, and is also a nice ego boost about her body. She also gushed about how much more accepted she is now, and that the other girls are now giving her "sisterly hugs." She laughed as she explained she was still "doing it wrong," and did not quite have the hang of these unspoken rules of female hugging, but she said that she just feels so good now that she is living as she wants to be, and is being accepted for who she is, and is receiving the validation that she is real, that she is seen, and that she is cared for.

Discussion

Throughout the interviews, it was apparent that all participants were highly aware of how they were perceived; some had forced themselves to stop thinking about it so as to continue living life with less distress. Even though there is not one particular thing that NB looks like, many of the NB participants were aiming for certain things that they believed NB people *should* look like. These individuals were drawn to things such as top surgery, or HRT; if these were not available or not appealing to them, they would engage non-medical means to alter their outward appearance, such as binding or wearing the opposite gender's clothing.

James et al. (2016) indicated that NB people were less likely to be drawn to GAMIs. This study replicated this relationship, with NB participants indicating that the motivation behind this was generally that they did not wish to fully transition to another binary gender, but rather, wished to reduce how binary gendered they currently were. In most cases, this was to reduce femininity as the overwhelming majority of NB participants were AFAB. The primary areas of desired change were the chest and voice, both of which are biological features that take place in the social world and influence how one is perceived.

The transgender participants were more confident in their ideas of what they wanted to look like. They did not use as many words, but it was generally clear through conversations that they were aware that they internalised societal ideas of what masculine or feminine were. Even if they did not necessarily seek to conform to those standards, they at least knew of them and were aware that they shaped their ideas. Whether they were aware that they were reproducing gender roles or not did not come up, but given these individual's perceptiveness and their knowledge about gender and its role in society, I would surmise that they had at least some awareness about reproducing gender roles; I am just not entirely sure that they *minded* it in this particular case.

Fiani and Han (2018) found that NB people are more likely to feel greater discomfort with the pressure to conform to traditional gender presentation, and the participants in this study aligned with this. The NB people I spoke to demonstrated this reluctance through hesitations towards top surgery, or HRT (fearing that it might make them more the other binary gender, rather than simply making them less like their current gender), as well as feeling more comfortable expressing gender fluidity as they began to transition (such as Digger starting to feel more comfortable wearing stereotypically feminine items, the more they began to present as less obviously female).

It also seemed that NB participants had more difficulty in identifying what they wished to look like, and how to go about achieving that look. This was due to fluctuating and fluid gender identity, as well as ideas about 'what nonbinary looks like'. Most participants knew that they wanted to appear less binary, and the extent to which they wanted to change that varied. Another factor behind this was due to lack of representation and education about nonbinary genders. Historically, there has been a notable lack of NB representation in the media, and sex education. As a result, media portrayal of NB genders is still quite narrow. Even though participants did not wish to conform to "typical" ideas of masculinity or femininity, many of them internalised ideas of what they should look like.

NB normativity is a field very much in its founding stages. Darwin (2017; 2020) has explored this idea as it relates to how NB people work with "doing gender". Darwin engaged in a virtual ethnography as well as in-depth interviews to greater understand the diversity of nonbinary experiences as well as how they navigate gender. As might be expected, the experiences and attitudes that Darwin uncovered were complex, nuanced, and differed greatly amongst various individuals. My interactions with the participants reflected this, and spoke of

the difficulties of attempting to conform to what might be seen as non-conformity with binary genders. This effect was particularly compounded by the narrow image of what it means to be, and to look like, a NB person in terms of the media, as well as how these individuals engaged with the LGBTQIA+ community.

How participants believed they should look, and present, and the subsequent efforts they made to change these ties back to objectification theory, and Foucault's disciplinary society. The participants gave themselves (or rather, realised that they fit under) a label, and after internalising their ideas of how they should look, engaged in various forms of self-monitoring. In most cases, this came with it a sense of shame and anxiety, particularly as a number of participants felt that they, in some way, did not meet these ideas of what NB looked like. Leigh went so far as to pointing out that they *knew* that NB did not look like one thing, and yet still struggled with not conforming to that idea.

Not only were there anxieties about not conforming to a particular idea of what a TNBP should look like; these anxieties were sometimes exacerbated by the presence of others TNBP. At times, these anxieties were validated, as some participants reported being outright told by other trans people that they did not "look trans enough". Others experienced this in more subtle ways, such as noting the changes that other TNBP in an individual's peer group had done to change their body, and then comparing the ways in which they may or may not add up. And sometimes this unease came from within. But as some participants indicated when talking about social support: sometimes, we pick up on subtle signals that this situation may not be as safe as we would like it to be. As such, it is worth pondering whether the unease or nervousness that TNBP might feel around other TNBP is because they are internalising societal messages, or whether they are picking up on these signals during their interactions? It could be either. Leigh

explained that it was often more important to them that unfamiliar trans people could tell that they were trans, and that they did not expect cis people to be able to pick up on that. It may demonstrate a desire to conform with what they believe are other TNBP's standards.

Others pointed this out in terms of difficulties with finding clothing for NB people, and how the clothing companies focussed on one NB presentation, and if these individuals did not fit that standard, that was the individual's problem. Some participants eventually chose not to think about it at all in order to reduce their negative feelings about themselves.

Further research needs to be done to establish the extent to which representation and age-appropriate sex education influences individual's understanding and acceptance of their gender identity. It will also be interesting to see how NB feel about their appearance and presentation when representation of NB in the media expands to incorporate more diverse gender presentations.

I also sought to understand how TNBP felt about their bodies, and how they navigated this experience. For the most part, the answers lie in a combination of how they internalise the external world, as well as the extent of social support that they receive. Participants who had reached a neutral or positive mindset towards their bodies were more likely to have received more social support than those who had lower opinions of themselves. One of the most interesting and consistent themes lay with detachment, avoidance and dissociation from the body. In order to cope with gender incongruence—as well as other traumas and issues such as chronic pain—many participants reported a level of detachment from their own bodies, and used interesting terms to describe said body.

This ties back to the Gender Affirmation Framework, particularly in its incorporation of the Identity Threat Model of Stigma. This model indicates that when there is identity threat, a

person may reduce the threat, or increase the coping resources. In terms of reducing the threat, participants would often avoid thinking about their bodies, sometimes to the point that they felt no relationship with it, and were very detached or dissociated from it. Some engaged behaviours such as binding, starvation, or overeating, to try and make their body more congruent with their gender identity. In addition to making moves to reduce the threat, participants also increased coping resources through means of social support.

Heyes (2018) notes that being able to ever truly conform with societal norms is an iterative, and insatiable endeavour; there will always be some way that we do not measure up to our internalised concepts of normality. However, when someone begins to accept their body as it is, damaging internalised societal messages can lose their power. Even though participants used interesting language to describe their bodies and were, to an extent, detached from it, this was both a coping mechanism, and also a way of disconnecting from societal ideas of what a person ought to look like and present as. Under Heyes' ideas of awareness and how that plays into the body, Heyes questioned whether lacking awareness of the body was necessarily a bad thing. Having self-awareness comes with positives, but it also means that we become aware of the ways in which we may not fulfill societal norms. For many of the participants, they were quite aware of their body; with that, came awareness of how they were not how they felt they *should* look. Given that changing their body was sometimes inaccessible, or a particularly large task, many took the route of actively reducing self-awareness so that they did not have to face their own (and potentially society's) judgement about their appearance each day.

Finally, I wanted to understand the role of social support in how TNBP experiences. Overall, it appeared that social support improved quality of life even if it did not alleviate gender dysphoria. The participants that reported the most positive experiences were those who had

numerous forms of support. Participants who had made the most peace with their bodies were those that had some form of therapeutic and health support network. GAMIs were demonstrably helpful for many of the participants, but with these procedures often came greater affirmation of gender. GAMIs were also desired as participants believed this would help them to be seen as their gender identity, rather than their assigned sex. As such, it is still difficult to ascertain whether it was the GAMIs in and of themselves that alleviated dysphoria and body uneasiness, or whether GAMIs *in conjunction* with social support and greater ease in receiving regular social affirmation of gender were at play here.

Plemons (2017) added to the literature that shows that gender takes place in the social world, given his study on trans women and their interest in FFS. Although none of the individuals I interviewed had had FFS, nor mentioned seeking it, the face was something many participants referred to as a feature that very clearly signalled their sex. In a similar vein, the conversations I had around voice aligned with, and added to, the still growing literature that the voices of transgender people are a major factor in how they are perceived by others, and its role in expressing their gender identity. As Zimman (2018) explored, gender differences in the voice are a combination of many factors, both biological and sociocultural. Zimman also noted that there is a difference in how trans men and AFAB nonbinary people want their voices to sound, which aligns with the experiences and attitudes of the participants in this study.

Although this study had a small sample size, the influence of knowing that other trans people existed had demonstrable impact on the mental health and well-being of these individuals. For the older demographics, they spent a great deal of their life feeling that something was different about them, and only learned about other genders as they got older. On the contrary, the younger participants found it a somewhat easier process to learn about their gender identity, and

to eventually feel more comfortable with this identity development. Bockting et al. (1998) found that when transgender people assisted others in coming to terms with their identity, and affirmed others, this also increased the individual's self-esteem and provided a sense of self-affirmation within their own identities. This aligns with several participants' experiences, whether that be Rosemary doing her best to live out and proud so that other trans people might feel less alone, or AJ helping parents with trans children, or David and Alec's friendships which very much involve constant affirmation of their own and their friends' gender identities.

In my literature review, I questioned whether it was necessarily the physical change that came with medical intervention that improved quality of life and happiness, or whether it was that the physical changes resulted in more consistent social affirmation of gender. In these early stages, it is still difficult to tell, but based on the interviews, I would surmise that it is likely a combination. Several participants indicated that they felt okay in their bodies when alone, but when they encountered others, they become substantially more aware of their presentation and whether they were expressing their gender appropriately based on what they believed they should look like. As indicated earlier, gender affirmation is important to a positive sense of self, as well as acting as confirmation that the individual is seen and treated how they wish to be. Changing outward gender expression may alleviate personal discomfort, but receiving the social support and affirmation enhances this positive experience.

Limitations and Future Directions

Qualitative research is good at providing nuance and colour to our understandings of society and individuals that quantitative research often cannot truly capture. However, qualitative research is less generalisable to the rest of the population.

One of the limitations of the study was the convenience sampling method. Convenience samples are not typically generalisable to the population, and participants may be homogenous, with particular groups being over- or under-represented (Etikan, 2016). This certainly influenced the participants recruited as most were upper-lower, or lower-middle class, and predominantly white. Participants were recruited entirely by online means, which limits the sample to those with internet access which would exclude participants who are not able to afford internet; this would also limit participants to those of an age that they are familiar with social media. Given the advertising locations, participants would also need to have been in some way connected with other TNBP groups; this may have skewed the results towards those more comfortable with their gender identity. Being a member of these groups may also act as an additional form of social support. Given that most participants found the study through TFFED's Facebook page, there is also the risk that there is an overrepresentation of TNBP with EDs or disordered eating history than there might otherwise be in the trans and nonbinary population. Not all participants reported having an ED, nor did they all necessarily find the study through TFFED's page specifically but rather found it through TNBP groups that shared the study. However, it is important to understand that this may have very directly influenced the results and, as such, the attitudes that these individuals had towards their bodies might skew towards the negative. One example of this is that people with an ED might experience greater detachment from their bodies, as a coping mechanism. As such, the avoidance and dissociation the participants felt towards their body might not be related to gender incongruence, but rather due to an active or past experience with disordered eating.

Although this was not recorded, it was apparent through the interviews that most participants were less conservative, as well as having some form of further education. As a

result, they were often aware of topics such as intersectionality, and recognised their privilege at various times. Furthermore, most of the participants had, to some degree, acceptance of their gender identity, even if they did not love their bodies. These factors would certainly influence the results, and does not reflect the experiences of POC, those of different SES groups, nor those with more conservative leanings. Further research should be done to ensure there is greater diversity in this space, ensuring that POC and lower SES individuals are represented in research. Engaging more conservative TNBP would also provide interesting results.

Another limitation was that I am a white, academic, cisgender female. Whilst most participants seemed to settle into talking with me, there is definitely a risk that participants may not have shared certain experiences, whether that be due to identity differences, or simply not wanting to be too vulnerable in an initial meeting. Several participants expressed that they would love to see more TNBP doing research on this population, and that they were frustrated at how privileged, white, cisgender academics keep entering this space. However, most of them also indicated that they were simply glad someone was doing it at all. Most participants were bothered about the lack of representation about different genders, whether that be transgender people, or nonbinary. Further research should be done to examine the role that representation and education plays in the experiences. There were indications that this may be very positive; the younger participants explained that they figured out their gender identity much sooner in life, as they had seen it in the media, or were able to research it online. This has led to them accepting their gender identity much earlier. Whether this was simply the individuals interviewed or this is a direct effect should be explored in additional research.

As mentioned previously, further research on how age-appropriate sex education and greater representation of gender diversity influences how individuals understand and accept their

gender identity needs to be done. Times are changing, and the experiences of older TNBP are different from younger TNBP. Greater representation in the media, and how it influences gender expression, will likely garner interesting experiences in the years to come.

To the best of my knowledge, there is not a large amount of research on NB normativity. Whilst nonbinary genders fall outside of the binary, a number of the NB participants felt an intrinsic pressure to conform to *something*, although some were not quite sure what that something was. Darwin (2017; 2020) has already engaged with fascinating explorations of this normativity, but there is certainly space for more research in this space.

Participants were asked about things they would like to see in TNBP research in the future. Some were only mentioned once or twice, but would be worth exploring. These were how gender identity plays a role in those with Dissociative Identity Disorder (DID), how trauma plays a role in body image, and sexual health in TNBP. One example provided by Sylvester was that, as a trans man, he has tried numerous times to participate in HIV-related research, but has been excluded due to being a trans man rather than cisgender male. More commonly cited suggestions called for greater representation of NB people in research, how to support TNB children, and for greater intersectionality. Finally, participants asked that they be portrayed as people; they are not an experiment, nor are they mythical creatures. They are simply other people, living their lives, and they wish to be seen as such.

Conclusion

This study adds to the literature on qualitative research on TNBP. Findings showed that there is greater pressure, and subsequent difficulty and discomfort, for NB people to conform to stricter gender binaries. Participants were often drawn to GAMIs, such as top surgery and HRT, but the motivations behind these were very rooted in how they presented socially. There is a growing area of research in NB normativity; in a similar way that men and women might perform gender, there are unspoken expectations that NB people align with certain norms, despite their desire to operate outside of societal norms. To the best of my knowledge, there are very few studies on this effect, and this research adds to the literature surrounding this topic.

Present research across disciplines has begun to recognise that transgender and nonbinary experiences should not be studied under one umbrella, and instead should be recognised as separate identities. This research found that the experiences of the transgender participants were different in many ways to the NB participants experiences, and both aligns with, and adds to the minimal research in this space. In order to accurately portray the lived experiences of TNBP, future research needs to ensure that they acknowledge that these experiences may overlap, but are not the same.

Sociological research has indicated that social support can positively influence mental health. How social support influences TNBP experiences is still a growing field, with much of it based in psychological literature. In this research, I was specifically interested to see if social support would also alleviate body uneasiness due to gender incongruence in TNBP. This effect was not found but this study contributes to the literature that indicates that social support and social relationships improve mental health in general, and also contributes to the study of how social support can positively influence the mental health of TNBP. Social support does not

necessarily alleviate gender dysphoria, but it does increase the quality of life and improve the mental wellbeing for the individuals that receive various forms of social support and affirmation.

Being an exploratory study, my thesis has provided many avenues for further research, and lays a solid foundation from which new ideas can be explored in greater detail. Future research should expand to include more qualitative research on the lived experiences of TNBP, as well as recognising that these are distinct identities. Research on NB normativity is in its founding stages, and, based on what I found in the interviews, there is certainly a need to explore this further so that this effect can be greater understood.

References

- Ålgars, M., Santtila, P., & Sandnabba, N. K. (2010). Conflicted gender identity, body dissatisfaction, and disordered eating in adult men and women. *Sex Roles, 63*(1–2), 118–125. <https://doi.org/10.1007/s11199-010-9758-6>
- American Psychological Association. (2015). *Key terms and concepts in understanding gender diversity and sexual orientation among students*. Retrieved from <https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/key-terms.pdf>
- Appelrouth, S., & Edles, L. D. (2016). *Classical and contemporary sociological theory: Text and readings* (3rd ed.). SAGE Publications.
- Bandini, E., Fisher, A. D., Castellini, G., Lo Sauro, C., Lelli, L., Meriggiola, M. C., Casale, H., Benni, L., Ferruccio, N., Faravelli, C., Dettore, D., Maggi, M., & Ricca, V. (2013). Gender identity disorder and eating disorders: Similarities and differences in terms of body uneasiness. *The Journal of Sexual Medicine, 10*(4), 1012-1023. <https://doi.org/10.1111/jsm.12062>
- Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health, 105*(10), 2108-2116. <https://doi.org/10.2105/ajph.2015.302763>
- Bockting, W. O., Robinson, B. E., & Rosser, B. R. S. (1998). Transgender HIV prevention: A qualitative needs assessment. *AIDS Care, 10*(4), 505-525. <https://doi.org/10.1080/09540129850124028>
- Butler, R. M., Horenstein, A., Gitlin, M., Testa, R. J., Kaplan, S. C., Swee, M. B., & Heimberg, R. G. (2019). Social anxiety among transgender and gender nonconforming

- individuals: The role of gender-affirming medical interventions. *Journal of Abnormal Psychology*, 128(1), 25-31. <https://doi.org/10.1037/abn0000399>
- Ciciurkaite, G., & Perry, B. L. (2017). Body weight, perceived weight stigma and mental health among women at the intersection of race/ethnicity and socioeconomic status: insights from the modified labelling approach. *Sociology of Health & Illness*, 40(1), 18-37. <https://doi:10.1111/1467-9566.12619>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE.
- Cuzzolaro, M., Vetrone, G., Marano, G., & Garfinkel, P. E. (2006). The Body Uneasiness Test (BUT): Development and validation of a new body image assessment scale. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 11(1), 1–13. <https://doi.org/10.1007/BF03327738>
- Darwin, H. (2017). Doing gender beyond the binary: A virtual ethnography. *Symbolic Interaction*, 40(3), 317-334. <https://doi.org/10.1002/symb.316>
- Darwin, H. (2020). Challenging the cisgender/Transgender binary: Nonbinary people and the transgender label. *Gender & Society*, 1-24. <https://doi.org/10.1177/0891243220912256>
- Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). (2013). American Psychiatric Association.
- Diemer, E. W., Grant, J. D., Munn-Chernoff, M. A., Patterson, D. A., & Duncan, A. E. (2015). Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health*, 57(2), 144–149. <https://doi.org/10.1016/j.jadohealth.2015.03.003>

- Etikan, I. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1.
<https://doi.org/10.11648/j.ajtas.20160501.11>
- Fiani, C. N., & Han, H. J. (2018). Navigating identity: Experiences of binary and non-binary transgender and gender non-conforming (TGNC) adults. *International Journal of Transgenderism*, 20(2-3), 181-194. <https://doi.org/10.1080/15532739.2018.1426074>
- Foucault, M. (1995). *Discipline and punish: The birth of the prison*. Vintage.
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Harwell, D. (2020, April 3). Thousands of Zoom video calls left exposed on open web. *Washington Post*. <https://www.washingtonpost.com/technology/2020/04/03/thousands-zoom-video-calls-left-exposed-open-web/>
- Heyes, C. J. (2018). Two kinds of awareness: Foucault, the will, and freedom in somatic practice. *Human Studies*, 41(4), 527-544. <https://doi:10.1007/s10746-018-9475-7>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Transgender Equality.
<https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>
- Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: Trans people's strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health & Illness*, 41(3), 517-532. <https://doi.org/10.1111/1467-9566.12829>

- Johnson, A. H., & Rogers, B. A. (2019). “We're the normal ones here”: Community involvement, peer support, and transgender mental health. *Sociological Inquiry*, *90*(2), 271-292. <https://doi.org/10.1111/soin.12347>
- Jones, B. A., Haycraft, E., Bouman, W. P., Brewin, N., Claes, L., & Arcelus, J. (2018). Risk factors for eating disorder psychopathology within the treatment seeking transgender population: The role of cross-sex hormone treatment: Eating disorder symptoms in transgender people. *European Eating Disorders Review*, *26*(2), 120–128. <https://doi.org/10.1002/erv.2576>
- Lefevor, G. T., Sprague, B. M., Boyd-Rogers, C. C., & Smack, A. C. (2019). How well do various types of support buffer psychological distress among transgender and gender nonconforming students? *International Journal of Transgenderism*, *20*(1), 39-48. <https://doi.org/10.1080/15532739.2018.1452172>
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review*, *54*(3), 400. <https://doi.org/10.2307/2095613>
- Major, B., & O'Brien, L. T. (2005). The Social Psychology of Stigma. *Annual Review of Psychology*, *56*, 393–421. <https://doi.org/10.1146/annurev.psych.56.091103.070137>
- Moradi, B. (2010). Addressing gender and cultural diversity in body image: Objectification theory as a framework for integrating theories and grounding research. *Sex Roles*, *63*(1–2), 138–148. <https://doi.org/10.1007/s11199-010-9824-0>
- Nuttbrock, L. A., Bockting, W. O., Hwahng, S., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2009). Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors.

Sexual and Relationship Therapy, 24(2), 108-125.

<https://doi.org/10.1080/14681990902926764>

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3).

<https://doi.org/10.1542/peds.2015-3223>

Passos, T. S., Teixeira, M. S., & Almeida-Santos, M. A. (2019). Quality of life after gender affirmation surgery: A systematic review and network meta-analysis. *Sexuality Research and Social Policy*, 17(2), 252-262. <https://doi.org/10.1007/s13178-019-00394-0>

Plemons, E. (2017). *The look of a woman: Facial feminization surgery and the aims of trans-medicine*. Duke University Press.

Puckett, J. A., Matsuno, E., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology*, 33(8), 954-964. <https://doi.org/10.1037/fam0000561>

Scandurra, C., Mezza, F., Maldonato, N. M., Bottone, M., Bochicchio, V., Valerio, P., & Vitelli, R. (2019). Health of non-binary and genderqueer people: A systematic review. *Frontiers in Psychology*, 10, 1453. <https://doi.org/10.3389/fpsyg.2019.01453>

Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender Women of Color. *Sex Roles*, 68(11–12), 675–689. <https://doi.org/10.1007/s11199-012-0216-5>

Tatum, A. K., Catalpa, J., Bradford, N. J., Kovic, A., & Berg, D. R. (2020). Examining identity development and transition differences among binary transgender and genderqueer nonbinary (GQNB) individuals. *Psychology of Sexual Orientation and Gender Diversity*. <https://doi.org/10.1037/sgd0000377>

Testa, R. J., Jimenez, C. L., & Rankin, S. (2014). Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. *Journal of Gay & Lesbian Mental Health, 18*(1), 31-46.

<https://doi.org/10.1080/19359705.2013.805177>

Thorne, N., Yip, A. K., Bouman, W. P., Marshall, E., & Arcelus, J. (2019). The terminology of identities between, outside and beyond the gender binary – A systematic review.

International Journal of Transgenderism, 20(2-3), 138-154.

<https://doi.org/10.1080/15532739.2019.1640654>

Turner, J. H. (2006). *Handbook of sociological theory*. Springer Science & Business Media.

Zimman, L. (2018). Transgender voices: Insights on identity, embodiment, and the gender of the voice. *Language and Linguistics Compass, 12*(8), e12284.

<https://doi.org/10.1111/lnc3.12284>

Glossary

- Agender: not identifying with any gender;
- Cisgender: identifying with the assigned sex at birth, and fitting within the gender binary of male or female;
- Gender non-conforming: generally considered an umbrella term for those that do not identify as strictly female or male, but exist somewhere on the spectrum between the two;
- Genderfluid: having a fluctuating gender identity;
- Genderqueer: generally a term used for someone who identifies as falling outside of gender binaries;
- Transgender: identifying as a gender different to their assigned sex at birth, with a specific desire to be on the other side of the gender binary.

(American Psychological Association [APA], 2015)

Appendices

Appendix A – Recruitment Flyers

DON'T IDENTIFY AS CISGENDER? SEEKING RESEARCH PARTICIPANTS TO SHARE THEIR STORY AND EXPERIENCES

Do you or a loved one identify as someone that is not cisgender? Are you interested in sharing your story on how you feel about your body?





I am seeking participants to engage in a survey and complete a 1-2 hour interview on how gender diverse individuals experience their body. Those who complete the study will be compensated with a \$20 Visa Gift Card.

IN ORDER TO PARTICIPATE, YOU MUST:

- IDENTIFY AS SOMEONE WHO IS NOT CISGENDER (TRANS, AGENDER, GENDERFLUID, GENDERQUEER, OR ANYTHING IN BETWEEN!)
- BE OVER 18 YEARS OF AGE
- SPEAK FLUENT ENGLISH
- BE COMFORTABLE DISCUSSING YOUR BODY AND EXPERIENCES OF IT IN CONFIDENTIAL INTERVIEWS
- BE AWARE THAT SOME INTERVIEW QUESTIONS ARE SENSITIVE IN NATURE.

If you are interested in participating or have any questions, please contact Hannah Penklis at hspenklis@miners.utep.edu

What does participation involve?

			
After obtaining consent, your <i>basic demographic data</i> will be collected.	You will then complete a small survey called ' <i>Body Uneasiness Test</i> '.	We will then have a <i>1-2 hour confidential interview</i> discussing your relationship with your body.	You will be compensated \$20 in the form of a Visa Gift Card upon completion.



Scan QR Code to email Hannah Penklis

Instagram [comments turned off]

**DON'T IDENTIFY AS CISGENDER?
SEEKING RESEARCH PARTICIPANTS TO
SHARE THEIR STORY AND EXPERIENCES**

Do you or a loved one identify as someone that is not cisgender? Are you interested in sharing your story on how you feel about your body?

I am seeking participants to engage in a survey and complete a 1-2 hour interview on how gender diverse individuals experience their body. Those who complete the study will be compensated with a \$20 Visa Gift Card.

IN ORDER TO PARTICIPATE, YOU MUST:

- IDENTIFY AS SOMEONE WHO IS NOT CISGENDER (TRANS, AGENDER, GENDERFLUID, GENDERQUEER, OR ANYTHING IN BETWEEN!)
- BE OVER 18 YEARS OF AGE
- SPEAK FLUENT ENGLISH
- BE COMFORTABLE DISCUSSING YOUR BODY AND EXPERIENCES OF IT IN CONFIDENTIAL INTERVIEWS
- BE AWARE THAT SOME INTERVIEW QUESTIONS ARE SENSITIVE IN NATURE.

As you all know, I am completing my MA in Sociology. I'm finally able to start recruiting participants for my thesis. I'm doing my research on non-cisgender individuals and their experiences of their body and how they navigate uneasiness in it. I'm seeking non-cisgender individuals (that is, trans, genderqueer, gender fluid, nonbinary, agender, and any colours in between!) over the age of 18. There is no need to be in the USA as I will be conducting most interviews over Zoom, but you do need to be fluent in English. Study participation will include collecting basic demographic information, completion of a small survey called the Body Uneasiness Test, and then a 1-2 hour interview over Zoom. I won't ask for free labour, and as such, I will compensate participants upon completion with a \$20 Visa gift card.

Please be aware that whilst I don't anticipate huge discomfort from this study, some questions may be sensitive in nature. Also, please know that this is entirely confidential and that

nobody will be made aware of your participation unless you choose to share as such. If you are interested in helping me out, or have any questions, please send me a private message! Thank you!

Facebook [comments to be turned off]

Hi everyone! I'm recruiting participants for my Master's in Sociology thesis at the University of Texas at El Paso (UTEP). I'm doing my research on non-cisgender individuals, their experiences of their body and how they navigate uneasiness in it. I'm seeking non-cisgender individuals (that is, trans, genderqueer, gender fluid, nonbinary, agender, and any colours in between!) over the age of 18. There is no need to be in the USA as I will be conducting most interviews over Zoom, but you do need to be fluent in English. If you are an El Paso local, we can do interviews in person. Study participation will include collecting basic demographic information, completion of a small survey called the Body Uneasiness Test (about 10 minutes), and then a 1-2 hour interview. I will compensate participants upon completion with a \$20 Visa gift card.

Whilst I don't anticipate huge discomfort from this study, some questions may be sensitive in nature. Also, please know that this is entirely confidential and that nobody will be made aware of your participation unless you choose to share as such. If you, or anyone you know, might be interested in participating, please contact me at hspenklis@miners.utep.edu for further details.

I have made this post public, so please feel free to share with anyone you believe may be interested in this kind of study.

Discord

Hi everyone! I'm recruiting participants for my Master's in Sociology thesis and I've received approval from the lovely mods about posting this 😊 [thank you mods!!]. I'm doing my research on non-cisgender individuals, their experiences of their body and how they navigate uneasiness in it. I'm seeking non-cisgender individuals (that is, trans, genderqueer, gender fluid,

nonbinary, agender, and any colours in between!) over the age of 18. There is no need to be in the USA as I will be conducting most interviews over Zoom, but you do need to be fluent in English. Study participation will include collecting basic demographic information, completion of a small survey called the Body Uneasiness Test, and then a 1-2 hour interview over Zoom. I'll also be thanking participants with a \$20 Visa gift card.

Whilst I don't anticipate huge discomfort from this study, some questions may be sensitive in nature. Also, please know that this is entirely confidential and that nobody will be made aware of your participation unless you choose to share as such. As such, any questions should be done via DM and not in this public space. For your confidentiality, please don't respond that you've chosen to participate or not in this too! If you are interested in helping me out, or have any questions, please DM me! Thank you!

Appendix B – Safety Information Sheet

University of Texas at El Paso (UTEP) Institutional Review Board
**Informed Consent Form and Study Information Sheet for Research Involving Human
Subjects**

Protocol Title: A qualitative examination of body uneasiness in non-gender binary individuals

Principal Investigator: Hannah Penklis

UTEP: Department of Sociology and Anthropology

In this consent form, “you” always means the study subject. If you are a legally authorized representative, please remember that “you” refers to the study subject.

Introduction

You are being asked to take part voluntarily in the research project described below. You are encouraged to take your time in making your decision. It is important that you read the information that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

Why is this study being done?

The purpose of this study is to examine the lived experiences of a gender-diverse sample. There will be a focus on body image, body uneasiness, and associated diet and exercise behaviours. This study will take a sociological perspective, rather than a medical or psychological perspective.

Approximately 20 individuals will be enrolling in this UTEP study.

You are being asked to be in the study because you are someone who identifies as a non-gender binary individual, speak fluent English, and are over 18 years of age.

If you decide to enroll in this study, your involvement will last about 2 hours. You will only need to participate once, unless we both agree to pause the interview and continue it at a later point. You should not need to commit more than 2 hours to this study.

What is involved in the study?

If you agree to take part in this study, the research team will:

- Provide you with this Informed Consent Form
- Collect basic demographic data prior to interview
- Administer the written Body Uneasiness Test
- Interview you and record said interview through audio. This interview will take place in person, in a physical location that you are comfortable with, or via Zoom. The interview will take place at a time that is convenient for yourself, and the primary researcher
- Transcribe the interview in its entirety and note any common themes
- Provide elements of the Body Uneasiness Test to an Introduction to Sociology Class, but these will in no way be linked back to you and your experiences
- Keep the data for up to ten years for potential use in Hannah Penklis' PhD study
- Provide you with a list of local support services that indicate that they are LGBTQIA+ friendly.

You will:

- Read this Informed Consent Form and discuss any questions or concerns with Hannah Penklis or Doctor Ophra Leyser-Whalen, if you have any
- Provide basic demographic data that you are comfortable providing prior to interview
- Complete a survey that should take no more than 20 minutes called the 'Body Uneasiness Test' and return to Hannah Penklis upon completion
- Engage in a 1-2 hour interview with Hannah Penklis. She will collect an audio recording of the interview, and make some notes as necessary. The interview will take place in person, in a location that you are comfortable with, or via Zoom. The interview will take place at a time that is convenient for yourself, and Hannah Penklis.
- Should you become distressed at any point in this process, please advise Hannah

What are the risks and discomforts of the study?

The following risks or discomforts may occur as a result of your participation:

You may experience some discomfort if the topics bring up negative experiences. If at any point you become upset, you have the right to cease participation, or pause the recording.

The study may include risks that are unknown at this time.

The researcher may decide to stop your participation without your permission, if she thinks that being in the study may cause you harm.

What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form. You should report any such injury to Hannah Penklis at (915-304-7854 or hspenklis@miners.utep.edu) and to the UTEP Institutional Review Board (IRB) at (915-747-7693) or irb.orsp@utep.edu.

Are there benefits to taking part in this study?

You are not likely to benefit by taking part in this study, however, sharing your story may be cathartic. However, this research may help us to understand how non-cisgender individuals experience their body, and the role that social support plays in uneasiness in the body. As you identify as being a gender minority, it is important to expand the body of literature, and disseminate your experiences.

What are my costs?

There are no direct costs.

Will I be paid to participate in this study?

You will be compensated for your participation in the form of \$20 Visa gift card that will be sent through email when you have completed both the Body Uneasiness Test and the interview.

What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty or loss of benefit.

If you choose to take part, you have the right to skip any questions or stop at any time. However, we encourage you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

The researcher may decide to stop your participation without your permission, if she thinks that being in the study may cause you harm, either physically or mentally.

Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may contact Hannah Penklis at hspenklis@miners.utep.edu, or Dr Ophra Leyser-Whalen at oleyserwhalen@utep.edu.

If you have questions or concerns about your participation as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-7693) or irb.orsp@utep.edu.

What about confidentiality?

Your part in this study is confidential. The following procedures will be followed to keep your personal information confidential:

Only audio will be recorded, as well as personal notes. You will provide a pseudonym that you wish to go by. At no point will your name be linked back to your data.

Your recordings will be available to Hannah Penklis, and if required, Doctor Ophra Leyser-Whalen. Some data from the Body Uneasiness Test, along with demographic data will also be provided to students in an Introduction to Sociology class as part of a research project, but no identifiable information will be included.

All recordings and transcriptions will be stored in accordance with UTEP's Information Technology policies and will only be stored on an encrypted computer; no cloud storage will be utilized. Upon transcription, the recordings will not be used.

Transcriptions will be used for data analysis. Transcriptions will be kept in a lockable filing cabinet in Old Main 314. Upon completion of the study, audio recordings will be destroyed. The transcriptions may be kept for further use in Hannah Penklis' doctoral thesis. As it is difficult to predict the time it may take to complete a PhD, these may be kept for up to ten years.

The results of this research study may be presented at meetings or in publications; however, as your name has not been collected, your confidentiality will be maintained.

Every effort will be made to keep your information confidential. Your personal information may be disclosed if required by law, or if you are deemed to be a risk to others or yourself. This confidentiality will be broken if you explicitly indicate you have a desire, plan and intent to harm yourself or others.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include, but are not necessarily limited to:

- Office of Human Research Protections
- UTEP Institutional Review Board

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed.

All records will be stored in accordance with UTEP Information Standard 11 and ISO Cloud Services. All physical data will be stored in a lockable filing cabinet, in Hannah Penklis' office in Old Main 314. At no point will your real name be attached to any data. All electronic data will be stored on a secure and encrypted UTEP computer in Hannah Penklis' office in Old Main 314.

Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities. If you are considered a risk to yourself or to others, such as indicating an explicit desire, plan and intent to do so, local authorities such as the police will be informed.

Authorization Statement

I have read each page of this paper about the study (or it was read to me). I will be given a copy of the form to keep. I know I can stop being in this study without penalty. I know that being in this study is voluntary and I choose to be in this study.

The data collected in this study may be used by Hannah Penklis should she proceed with a doctoral thesis. This data may be kept for up to ten years, as it is difficult to predict the length of a PhD. The data to be used will be basic demographic data, the results from the Body Uneasiness Test, and transcriptions from the interviews.

Appendix C – Demographic Questions and the Body Uneasiness Test

Demographic Questions:

- Name:
- Age:
- Ethnicity:
- Assigned Gender at Birth:
- Current Gender Identity:
- Pronouns:
- Sexual Orientation:
- Country of Residence:

Taken directly from Cuzzolaro, Vetrone, Marano, & Garfinkel, 2006.

APPENDIX 1 BUT•A						
Mark with an X the answer which best expresses your experience at the moment						
	never	seldom	sometimes	often	very often	always
1 I spend a lot of time in front of the mirror	0	1	2	3	4	5
2 I don't trust my appearance: I'm afraid it will change suddenly	0	1	2	3	4	5
3 I like those clothes which hide my body	0	1	2	3	4	5
4 I spend a lot of time thinking about some defects of my physical appearance	0	1	2	3	4	5
5 When I undress, I avoid looking at myself	0	1	2	3	4	5
6 I think my life would change significantly if I could correct some of my aesthetic defects	0	1	2	3	4	5
7 Eating with others causes me anxiety	0	1	2	3	4	5
8 The thought of some defects of my body torments me so much that it prevents me being with others	0	1	2	3	4	5
9 I'm terrified of putting on weight	0	1	2	3	4	5
10 I make detailed comparisons between my appearance and that of others	0	1	2	3	4	5
11 If I begin to look at myself, I find it difficult to stop	0	1	2	3	4	5
12 I would do anything to change some parts of my body	0	1	2	3	4	5
13 I stay at home and avoid others seeing me	0	1	2	3	4	5
14 I am ashamed of the physical needs of my body	0	1	2	3	4	5
15 I feel I am laughed at because of my appearance	0	1	2	3	4	5
16 The thought of some defects of my body torments me so much that it prevents me studying or working	0	1	2	3	4	5
17 I look in the mirror for an image of myself which satisfies me and I continue to search until I am sure I have found it	0	1	2	3	4	5
18 I feel I am fatter than others tell me	0	1	2	3	4	5
19 I avoid mirrors	0	1	2	3	4	5
20 I have the impression that my image is always different	0	1	2	3	4	5
21 I would like to have a thin and bony body	0	1	2	3	4	5
22 I am dissatisfied with my appearance	0	1	2	3	4	5
23 My physical appearance is disappointing compared to my ideal image	0	1	2	3	4	5

Questions to be excluded in BUT-B: 4, 5, 16-18, 27, 34-37.

APPENDIX 1 - (Continued)						
BUT•B						
Mark with an X the answer which best expresses your experience at the moment						
<i>Of my body, in particular, I hate</i>						
	never	seldom	sometimes	often	very often	always
1 height		1	2	3	4	5
2 the shape of my head		1	2	3	4	5
3 the shape of my face		1	2	3	4	5
4 skin		1	2	3	4	5
5 hair		1	2	3	4	5
6 forehead		1	2	3	4	5
7 eyebrows		1	2	3	4	5
8 eyes		1	2	3	4	5
9 nose		1	2	3	4	5
10 lips		1	2	3	4	5
11 mouth		1	2	3	4	5
12 teeth		1	2	3	4	5
13 ears		1	2	3	4	5
14 neck		1	2	3	4	5
15 chin		1	2	3	4	5
16 moustache		1	2	3	4	5
17 beard		1	2	3	4	5
18 hairs		1	2	3	4	5
19 shoulders		1	2	3	4	5
20 arms		1	2	3	4	5
21 hands		1	2	3	4	5
22 chest		1	2	3	4	5
23 breasts		1	2	3	4	5
24 stomach		1	2	3	4	5
25 abdomen		1	2	3	4	5
26 genitals		1	2	3	4	5
27 buttocks		1	2	3	4	5
28 hips		1	2	3	4	5
29 thighs		1	2	3	4	5
30 knees		1	2	3	4	5
31 legs		1	2	3	4	5
32 ankles		1	2	3	4	5
33 feet		1	2	3	4	5
34 odour		1	2	3	4	5
35 noises		1	2	3	4	5
36 sweat		1	2	3	4	5
37 blushing		1	2	3	4	5

Appendix D – Interview Guide

- What did you think of the BUT?
- How do you think you "went" on the BUT?

Experiences of the body

- When did you become aware that you were gender nonbinary or different from your assigned gender at birth? What was it that made you aware of this?
 - How did that make you feel?
- How would you describe your current relationship with your body?
 - How has this relationship changed over time?
- What would you describe as your ideal physical appearance for yourself? Why is it that?
- If you are uncomfortable with your body, what do you think causes this?
- How have you worked through any discomfort within your body?
- In what ways have diet and exercise shaped your experiences of your body?
- What have been some of the biggest influences on how you feel and think about your body?
- Do you have anything you currently don't like about your body? If you have things you don't like about your physical appearance, what would you say some of these are? Why is that?
- How do these make you feel? Do these prevent you from living your life as you would like, such as avoiding particular situations?
- What lengths would you go to, or have gone to, in order to change your appearance?

Social Support

Forms of social support: "supportive friends/family/workplace/partner", counselling, support groups, online communities, trans-friendly stylist, personal shopper, gym trainer... allied health like a trans-friendly dietician?"

- What forms of social support have you received regarding your gender?
- What kind of social support would you have liked to have seen and experienced growing up? What about in adulthood?

- If you have received social support, how has this changed the ways in which you feel about or experience your body?
- In what ways do you think transitioning (socially, legally, or medically) has influenced how you feel and experience your body? [Medical transition]

Intersectionality

- How has your race/ethnicity influenced your experiences of your body as a trans person?
- How has your sexuality influenced your experiences of your body as a trans person?
- How has your socioeconomic status influenced your experiences of your body as a trans person?
- How has your immigration status influenced your experiences of your body as a trans person?
- How has your religious background (or lack thereof) influenced your experiences of your body as a trans person?

Final Questions

- How do you think research should represent non-cisgender people?
- Which types of questions do you wish I had asked?
- Do you have any final words?

Appendix E – Participants' Final Words

"I want to see not just *issues* with trans people but also their *successes*" – Ending on a positive note

The final question for participants was if they had any final words to share. Some participants felt that they had adequately covered their stories, but others choose to share some thoughts. Among the final questions, participants were asked about the kind of research they would like to see being done on trans and nonbinary people: one of the recommendations from a participant was that they wanted to see trans people's successes, just as much as they wanted to see the issues that they faced. With that in mind, I thought it best to conclude with some of the successes and joys my interviewees disclosed to me:

"I feel like every single day stepping out my front door is an act of courage and defiance"
(AJ).

[A professor told] me that if I ever have any problems with anyone in the faculty, a professor, or student, or anyone else... I'm supposed to go straight to them tell them about it and they're going to help me out as best as they can. That was that was really touching. And honestly, I have tears in my eyes right now because it was so touching. I remember when I was reading all of those emails and seeing how much acceptance and how much support they had for me, just like that. (Alec)

Having someone around who validates that connection between the energy that I feel, like I want to project, has sort of eliminated a little bit the sense of really wanting to be

like *this* and not being as broad or boyish or whatever it is that I feel like I want to be.

(Leigh)

So, I used to hate myself a lot more than I do now. And I used to self-harm to cope with everyday life, so I've a lot of self-harm scars but now that I have tattoos, I don't do that anymore because it's not worth messing up this beautiful art that's on my body. And tattooing is also a way to cope, also a way to... it's a better way of self-harming because you get that pain, to replace whatever it is that you're feeling but you also get this beautiful work of art that's just like, "Hey man, it's gonna be okay. Look at... Your body is beautiful now". You get to make it beautiful. (Jake)

I guess I can leave you with this. I have always known, to some degree, that I wasn't cisgender. But I think I will say... When I finally found the word—I use the word 'nonbinary', and I use the word 'transgender', but I use those mostly as umbrella terms more than anything else—I think when I finally found the word that was like "oh, this explains what I am", I just burst into tears. And I felt... I felt like... I heard... I felt like I heard the last... I heard the chest at the back of the closet unlock. And I felt it open. And I think that I feel good. I feel good about myself. And I want to be here, with myself. Not cis or not. I like the way I am, and I don't... I'm not gonna change because some cisgender people are garbage, or think that I don't exist. (David)

I am a member of a suicide prevention group here... and I'm on the [ORG] teen board and have been for like four years. It's been a very good experience. I like that board.

But... a year and a half ago, I had one of my younger trans friends' complete suicide. And that's really hard to deal with. But her... I think a lot of the reason it happened is her parents are very unsupportive. They'd go through her room and get rid of any of the girl's clothes she'd bought with her own money. Took away her door so she couldn't hide things in her room. It was very a not good environment for her. And we were hoping that if something like that had happened, that maybe they'd figure out that that was not the right way to go. We sat through a funeral full of dead names and misgendering. And that was not fun. And so, I think it's really important that, you know, trans people have, especially trans kids, have supportive family and a supportive environment at home. Because it's... If I remember correctly, there was a study done that it drops, the suicide rates, by like a ton. And trans suicide rates are significantly higher than cis suicide rates. Which is not great. And that's something that has impacted my life directly. It was... not... fun to deal with. (Reed)

It gets better. Like, I thought that was kind of bullshit when I saw it, that phrase ten years ago or whatever, from *The Trevor Project* or something. But, I mean, even when I thought I was a straight guy, and I still... I wanted to help gay rights without seeming like I was just some well-meaning, but dumb, straight guy intruding, so I didn't really do much. I voted for legal marriage back 2012 here, but and I marched in the Pride period that year, but that was it. But I always tried to look into the subjects and so even to people who don't know they're trans, but are hiding some aspect of your personality... it'll get better. Eventually, you'll get some confidence and you won't feel so scared all the time. Or you will just feel so angry maybe? No, that's not... But it's not necessarily that I got

confidence, but that I stopped caring so much about what other people said. And that overpowered how much I was scared of what they might say, for me to act just naturally. So, it'll get better, for not just trans people, but people who, maybe they aren't trans... but they're just scared to express some part of their personality. Even some straight guys go into theatre, want to tap-dance, stuff like that and they're straight guys, but they're scared the people accuse them of being gay. And ignore the haters, because you only have the one life. So, live it up. Don't waste it. Don't waste thirty years like I did. (Rosemary)

Table 1

Table 1. Detailed Participant Demographics

Pseudonym	Age	Ethnicity	Race	Assigned Sex at Birth	Current Gender Identity	Pronouns	Sexual Identity	Country of Residence
Jos	18	White	White	Female	Genderqueer Genderfluid	They/them Any	Asexual	USA
Reed	18	White	White	Female	Trans Male	He/him	Pansexual Demisexual	USA
Alec	22	White	White	Female	Nonbinary Trans masculine	He/him They/them	Asexual	Poland
Iris	23	White	White	Male	Trans Female	She/her	Bisexual	USA
Leigh	24	Ashkenazi	White	Female	Nonbinary	They/them	Queer	USA
David	24	Latino	Mixed	Male	Demiboy Nonbinary Trans	None	Bisexual	USA
Kris	25	White	White	Female/Intersex	Genderqueer	They/them He/him	Bisexual	USA
EL	29	White	White	Female	Nonbinary	They/them	Queer	USA

Sylvester	29	White	White	Female	Trans Male	He/him	Bisexual	USA
Jake	30	White	White	Female	Trans Male	He/him	Romantic Asexual	USA
Seri	31	White	White	Female	Nonbinary	They/them	Queer	Sweden
Erin	31	Mixed	White	Female	Genderqueer	She/her	Gay	USA
Jesse	33	White	White	Female	Nonbinary Gender Expansive	They/them	Pansexual	USA
Rosemary	36	White	White	Male	Trans Female	She/her	Lesbian	USA
Rivynn	41	White	White	Female	Agender Genderfluid	They/them	Pansexual	USA
AJ	42	White	White	Female	Trans Male	He/him They/them	Queer	USA
Digger	52	White	White	Female	Agender	They/them	Queer	USA

Table 2
Table 2. Themes Table

Themes	Definitions	Example Quotes
<i>Subtheme 1</i>		
<i>Subtheme 2</i>		
Social World	Out in society, how participants experience their bodies, how others see them, how they believe they are being perceived	<p>It's interesting because when I'm alone--and this is where I think sociology plays in so much--when I'm alone, I'm probably 90% comfortable. But when I'm with... and when I'm with my trans friends, I'm probably still like at least 70% comfortable other than that I see the changes that some of them have gone through, and I'm like "oh I wish I was more there", you know. "I wish I had this," or "I wish I had that". (AJ)</p> <p>And there's a part of me that's, like, I feel like I obviously look and sound different enough that I'm really surprised when people use she/her pronouns for me, particularly if it's someone who didn't know me pre-transition. And I will get that, probably like, once every three or four months and I'm often wondering what it is that causes people to see me as a woman when it does happen. (Digger)</p> <p>For me it's definitely a mix of the social aspect of being perceived in public... Especially when people introduce me as a him/he, and this is J, and he's this, and he's that, and they're like "She!" and it's like... What is happening? And it's just. Being perceived is hard. And it's... Hard to not care about it. Because we all care about how we're perceived. (Jake)</p> <p>Or, just my overall femininity I would change, because people... I mean I would guess probably 99 out of 100 people read me as cisgender woman. And that's not accurate, so it would be nice to have some signal to other people. (Jesse)</p> <p>I think it's more my "perception of other people's perception"-dependent, rather than kind of an objective like "this is my body today, and I feel bad, or good, or whatever". It's more of a "other people are perceiving me" or "I am not able to present the way that I want to and so I feel bad", and it's I think it's less to do with my physical body and some sort of other sense of things. (Leigh)</p> <p>I would say the attitudes of the people around me are the biggest thing. 'Cause that's been a very... you only get taken seriously if you look flat and androgynous. So I always felt that my face is working against me because it has, like, a round apple-cheeked thing going. (Seri)</p> <p>Body image in the gay male community is specifically... I'm talking in the broadest sense and there are obviously differences—there's bear culture, all of that—but it is, at its most mainstream, built around fetishizing muscles and penises. And not having one or both of those is an automatic no from virtually the entire community. Muscles is more negotiable, but penises specifically are the focus of desirability. And I don't... I suspect that if it were less of a community focus, there would be more gay men who were open to men with vaginas, because that social pressure does exist to make you assume that you wouldn't be into a given thing. And to some degree, that's been changing in the most recent years. There have been productions of porn focusing on gay cis men, and gay trans men. But it's still very rare. And going... I have no desire to go into gay male spaces where I so flagrantly do not fit the model of what a desirable person is supposed to be. I'm short, not very muscular, and I don't have a dick. (Sylvester)</p>
<i>Hormones & Surgery</i>	The use of HRT or surgery to physically alter the body; both in practice, and opinions on it	I mean, the surgery was huge for me. Like I finally feel like I'm supposed to in my body. I remember, even in the hospital when I woke up from surgery and I was all bandaged, so I was still kind of puffy,

because of all the wraps and everything on me... but I remember just looking down and thinking that I finally looked like I was supposed to. Like, I was a little nervous that I would be like "oh god, what have you done to yourself, now? It's even worse" or that, I just wouldn't be happy with that, and really... I just felt real. It wasn't even like "yeah, I look awesome". It was just like "I look like I'm supposed to. I look like a normal person now in my own mind." (AJ)

I would like to go through surgery, like I mentioned earlier. But when it comes to hormones, I think it would be a difficult decision for me as a nonbinary person, because I'm not really planning to stick to either of the binary genders... I suppose it would be just as far as surgery or things I'm completely certain about. (Alec)

I... Have mixed feelings about HRT because I think it's moreso, if that's what you need, great. And if that's what someone needs in order to affirm their gender or wear a binder, or get top surgery, bottom surgery, whatever it might be for them. Whatever affirmation they need, I think is super important. But I think for me I'm.. mostly pretty... Pretty comfortable with like the concept of my body. Like, these are the parts that I have. This is what I come with. I don't have particular desire to change that. (David)

I've gotten more obsessed with thinking about it... and knowing that I'm nonbinary and I really want to have top surgery. Like I think about that a lot, like that my life will be good once I have top surgery, and so it's bad now. (EL)

I'm not gonna go to any extreme lengths because I know that for me there's no surgery. There's nothing that would like make me feel like, "oh this was totally worth it to do." Like I'm so much more confident in my body, like, I don't think there's anything that's going to make me feel happy in it, and it's not worth the pain or the money to go through anything. (Erin)

I think a big moment in my life was when I went full-time and went on hormones and legally changed everything. And you know it... half of it was incredibly difficult and, you know, hard to deal with, and then the other half was really invigorating, exciting, and validating, and calming, and wanting to be able to get the opportunity to do everything and live my life as who I always wanted to be seen as, as who I felt inside. (Iris)

I considered testosterone and I feel like it's a little too risky for me personally, because during my pregnancy I had some hormonal issues with like this really rare liver condition that I happen to have. So, I would have to find someone who is really, truly an expert for me to feel comfortable getting a solid opinion on the risks of that. (Jesse)

I was really considering transitioning for probably about six years. And then just starting the hormone therapy... And then. I think I started in August and then by April I was done with it. It really started like cheating at a board game... Just that icky feeling that you're doing something wrong. And that's why I stopped. I don't know. It's a strange journey... Everybody's put here to learn things. And I think if I had transitioned and was able to pass as a boy, I wouldn't be learning the things I was meant to. (Rivynn)

I certainly feel a lot better about it now. I still hate my hair, and hate my penis, so I'm trying to get surgery lined up to go this summer, and turn my outie into an innie. (Rosemary)

I remained very uncomfortable until I started testosterone when I was 20 and got top surgery... there's no question it's a net positive (Sylvester)

<u>Voice</u>	The voice is a biological feature that takes place in the social world	<p>One of my big motivations for going on T is, that I've often been perceived as being a man or a boy throughout my life until I opened my mouth. And so, one of the things I really wanted from testosterone was the deeper voice, so I got that. (Digger)</p> <p>The problems of being perceived. And just... Having... You know... My voice being one thing (Jake)</p> <p>One that sticks out to me is that I don't like my voice. So that is a point of gender dysphoria. (Jesse)</p> <p>(What makes them uncomfortable in their body) Being aware of how other people see me. So, I get this feeling that most people see me as nonbinary, not cis. And then I open my mouth to talk, and my voice is far too high. And it's like I can sort of just see it in their eyes when their own minds go from using 'they' to 'she'... like great. (Jos)</p> <p>When I open my mouth and speak, people can tell what my chromosomes are. (Seri)</p>
<i>Non-surgical alteration of one's physical appearance</i>	Non-surgical efforts to alter one's appearance; binding, losing or gaining weight	<p>I feel like I [had] accepted and allowed myself to get to a certain size because it made my very large chest seem, more to me, when I looked down, I looked more flat to myself, because my breasts were more in line with my stomach. (AJ)</p> <p>Definitely this relapse has a lot to do with gender stuff because I don't like my chest. I can tell how it gets smaller when I eat less. (EL)</p> <p>Just like more flat-chested. I mean I wear sports bras, so that... I mean, bras in general are just terrible, especially regular ones. They always just made me feel super self-conscious about my chest. I would just want a smaller chest and just more... I don't... not even to be skinny, but just to not have curves like anywhere. (Erin)</p> <p>When I first came out, I started dressing a little bit more masculine and cut my hair shorter. I kind of experimented with a binder but I didn't like how it looked, like aesthetically. (Jesse)</p> <p>It sucks, because I do have a binder. And I do like having a binder. Especially on days where I want my chest to be flat. However, one, I can't afford a good binder, because binders are super expensive... But the second point to that is even if I do have, you know, a binder, I can't wear as long as my other colleagues or peers because my chronic back is so bad that if I wore something super, super tight, that is gonna tighten or hold onto the upper part of my back and close to my neck, and I'm gonna probably get a flare up by the second or third or fourth hour. And so, I often don't wear it. I often just wear multiple shirts under one outfit, or I will wear a sports bra. But that's really frustrating. (Kris)</p> <p>I had been wearing a binder up until vaguely recently, on and off. Actually, the last time I wore it, it really messed up my back for a while, and so I think it is kind of a universe way of saying like "you maybe don't need this anymore". Because I had not been wearing it that often in the last two years or so. It was really just under certain kinds of shirts, kind of thing. So, I sometimes have trouble, like, looking at my own chest. But I like my body. (Leigh)</p>
<u>Clothing</u>	Clothing is another feature of the social world; participants have thoughts on difficulties around dressing themselves, finding clothing that they feel reflects them appropriately, and the extent to which clothing can shift their presentation	<p>Changed the clothes I wear, to some extent. Like I was already dressing somewhat in more masculine style, out of preference, but now unapologetically dressing masculine. Like I have shirts and ties, and you know. I wear suits to weddings. Well, I don't really have a suit, but a shirt and tie. I'm working on that. (AJ)</p>

And then not just that, but then my... for me as a queer person, if I'm talking about body appearance, my preferred gender presentation is like, you know, a pair of form-fitting cut-offs and a big poofy sweater and some huge Doc Marten boots. So very feminine but still carrying a little bit of those masculine qualities as well, hence the boots or the sweater, if it's feminine or not. (David)

One of the funnier pieces, actually, is the first time I bought eyeglasses after starting testosterone, I deliberately bought pairs that were, I thought, were sort of as masculine looking as possible. Like, that I liked. But the masculinity was very much part of what I was going for. And then by the time I was buying new glasses probably two years later, I believe the glasses that I bought either were from unisex or women's sections. And I was choosing things that were much more flamboyant and I was sort of much more thinking say, Elton John, than Anderson Cooper. Because I'd also, by that point, stopped colouring... I started losing my hair and stopped colouring it, so glasses were one of the ways that I could signal some sort of nonconformity. It's definitely been funny that as testosterone has made my body and my voice more masculine, I have shifted things to like, wearing more pink and pastels. Because a woman in pink sends very different messages from a man in pink. (Digger)

And the way I dress. For a while since I've been out as a lesbian, I've been wearing men's clothes cause I was like... now that I'm a lesbian and there's other lesbians that wear men's clothes, but even more so since I've come out as nonbinary. Like I like the way I look in men's button downs, it makes me feel good. (EL)

I would definitely feel better about myself, but I would still hate that guys shirts don't fit it as well or the guys pants don't fit as well so there's always gonna be some way uneasiness and dissatisfaction with my body like no matter what weight I'm at. (Erin)

There are a couple of clothing stores for gender non-conforming people, but they are really pretty pricey and there's not a lot out there. (Jesse)

And it takes me about a good hour or two change into clothes that I want before I head out for the day. And so I think, I guess, the constant... That constant shift in like, my thought process has been making everything really difficult to try to pin down, like what I want as a person with an ideal body type. (Kris)

I started wearing guys shirts mostly, when I was 16 or 17. Part of that is the dysphoria. Part of that is girls' shirts... The shoulder hits me wrong usually, so it's usually... Yeah. (Rivynn)

But yeah, now that I'm dressing cuter, young people compliment my fashion sense, and it's an amazing feeling. I never actually felt good about how I looked before, but now I am starting to, and it's been totally worth it. Because I mean, a lot of people are afraid to compliment someone's looks, especially women, because there are a lot of body issues tied up with that. But I mean, at least for trans people, when they're transitioning, it is nice to hear that you're doing something right. You are starting to get cute, the way you want to be. (Rosemary)

I have tried very hard to become a woman. It did not work! I turned into a shopaholic because I so badly wanted to become a woman. So, you know, I got all the bags and I got all the shoes and I had very expensive dresses. (Seri)

I can't really wear pants anymore because I have had a lot of surgeries. So, like the entire way where the zipper is, and the buttons, I have a bunch of surgery scars there. So, it kind of hurts. It's a mess. So, to be able to present as, at least, looking more neutral than I do by default, is both painful and takes

time. And I am lazy and like to not hurt. I often hear that, "well, you can't be a trans person because you like girly things and you don't make an effort". (Seri)
 When I was younger, I would wear dark clothes. I would avoid being noticed. And now I'm sort of hiding as someone else. Someone who really likes florals. So now I will wear flowy clothes because then I can hide underneath. "Oh, that's just a normal girl going about her day wearing five flower prints". Well that's a choice. I think it is because when I dress up, and hide behind it, no one questions what I am. Everyone, well, they assume "that's a normal girl". (Seri)
 This is my flesh suit and I'm gonna decorate it with dresses that look like my grandma's sofa. Because I love big florals. (Seri)
 I almost feel like there's no point in trying to be who I should have been. Cause it's too late. And instead of trying to be someone else—and I mean on the inside there's no difference—but on the outside, it's quite different. So, in a way, I've been doing a lot of, like, trying to be feminine so I will forget about feeling like I should have been something else. But, um, it hasn't really worked has it, if I still feel the same. Only now, I think "hmm, I want a silk dress, it's fine, it looks good". ...So, it's like, the harder I try to be someone who can make me forget who I should have been, the harder it gets to be accepted as not a woman. I'm quite aware that I make myself look quite womanly sometimes. And I sorta don't know how to not feel like that, because I've been trying for like a decade, and I don't know. I don't really know what people expect me to look like, and like how... what I have to do to be accepted as to real me? (Seri)

Maybe a slightly longer neck, broader shoulders--not like line-backer size--but I can actually fit into off-the-rack clothes size. For a similar consideration, slightly longer arms. My proportions are just different from cis men and it is inconvenient. Not dysphoria inducing, but inconvenient because the world just is not set up for me. (Sylvester)

Experience of The Body

How the individual feels about their body, and how they navigate these experiences

The Negative

What causes negative feelings about the body; how someone alleviates negative experiences (if they're able to)

Avoiding thinking about the body; dissociating from this body being "mine"; lacking awareness of its state of being

[Regarding being pregnant] And once I started talking to her about it, and that was like, "this is really weird to be doing." Like the female-est thing a body can do, and feel so disconnected from that. (AJ)
 And it's because I felt so... disconnected from myself when my body was busy doing baby things.(AJ)
 But yeah, I think just having the social supports has been such a big thing, because it makes you just feel like a valid person, like a real person. I've fought so long in my life with myself, trying to suppress my feelings, trying to bury them, drown them, bang them out of myself, like whatever. Like, just so many ways of trying to kill those feelings, that now it's just like "oh, I really can be just me, and people like me anyway." (AJ)

I mean, I guess it exists. I guess it's here, so that's decent. It holds everything in place, so I'm trying to learn to like it a bit more. I don't exactly like it for what it is (Alec).
 Aesthetically I don't really pay much attention to my body because I see my body as something that kind of is here and it holds my organs in place (Alec).
 It's kind of this passive resignation that I have towards my body. I know it's the way it is and I won't be able to change it until some point (Alec).

It's been, in a different way, a reinforcement of that 'body is a vessel' or 'container for hurt'. Just because of things like racism, and you know, xenophobia, even though, you know, I'm fucking born here. Things like that. And so it's... hard to exist... it makes existing in a body where the biggest organ you have is the one that people will see of you. (David)

But also because I had experienced a lot of queerphobia in regards to my sexual orientation growing up, it was very easy to shove gender into the back of the closet. When... when you grow up with the stereotypical gay voice... you don't get the option to hide in the closet, you know what I'm saying. And so that was my sexuality... my sexuality that was always at the forefront of being at the centre of being attacked by other people. And so, like I said, it was easier to shove gender in the closet. But it was also easier to just not look at it altogether because I have this one part of me... that is constantly under attack and so I'm gonna shove this other part of me to the back of the closet. One so it doesn't have to get hurt and then two, I'm currently bleeding out over here, I have to go address this. Does that make sense? (David)

So like, discomfort in my body has been... it's been a thing since forever. Both kind of like as an intertwining thing with my periods with domestic violence... If there was less of me there, there was less of me to hurt. And so if I disappear maybe I can get away. (David)

It just very much is general reminders of like, 'don't get caught having a body, you're gonna get hurt'. (David)

I dissociated so fucking much throughout my teens and twenties. I would say I really had no idea of where my body was at all. I was really, really clumsy as a kid and I definitely... Well... I don't know how much of this is trauma-related, how much of this is trans-related, and how much of this is that I was a geeky intellectual kid who got rewarded for being smart. So, I very much took a lot more sort of pride in my brain and my intellect, than awareness of my body and where it was or what it could do or any of those kinds of things. (Digger)

I have this uneasy peace around it right now. (Digger)

I've gotten more obsessed with thinking about it...and knowing that I'm nonbinary and I really want to have top surgery. Like I think about that a lot that my life will be good once I have top surgery so it's bad now. (EL)

Don't like it very much. Most days I'd say I hate it. But, through lots of therapy I've learned to try to like appreciate the things that it does do well for me. Like the fact that your heart beats on its own, you breathe on your own. (Erin)

I liked DBT better and there's a whole acceptance like module to it. And I think it's just understanding that like my body is what it is today and it might change over time and it might not and if... if I don't accept it I'm gonna be even more miserable than if I do accept it. So it's that like I can hate it and be uncomfortable and in it and I can also accept it. I know that being super mad or angry about it in the moment isn't gonna change it, so I still think about it like probably hundreds of times a day like how much I don't like my body. But I just try not to dwell on it, and if I did dwell I just use like distress tolerant skills, so like, distracting myself or like some sort of... what is the word I'm looking for... like mindfulness, like grounding myself kind of activity to try to take my mind off of it. And it doesn't always work but that's okay, I try. (laughter) (Erin)

I mean, I struggled with the eating disorder for over half of my life, body dysmorphia, a lot of internalized transmisogyny, self-hatred, trying to appeal to traditional gender roles and standards, and not feeling adequate good enough, or feeling ugly. You know comparing myself, constant body checks, constant mirror image checks, weight checks, extreme dieting, starving, fasting, cleansing, binging, purging, you know, makeup alterations, you know, I haven't had any plastic surgery, but I wanted to. (Iris)

And it's funny to think about because I don't like, I have one mirror in my house and its in my bathroom, and that's it. And I don't look at myself a lot and uh, I don't take a lot of selfies or anything, cause it's just... I don't look the way I think I should look. So I just don't pay attention to that. And it's

easier if I don't pay attention. Because like, it's easy to get hung up on "you're gross in this body" and yeah... [laughs]. It's just better to be "just don't pay attention to that, just do what you need to do to get by". (Jake)

I mean. It's fine? It's my body? It's the one I'm stuck with right now. But, uh, until they can put my head into a robot or something, um, [laughs], well I won't have to worry about knee or back problems or anything. [laughs more.] But it's just... It's a day to day thing. Like, it varies from day to day, and I just try to not... not to... make it a focal point of my day. It's just... I dunno. (Jake)

Some of [the discomfort] I kind of just sit with. Like, this is the body that I have, and in the scheme of things that's fine. Just kind of forcing it to not be as important. (Jesse)

Currently its sort of like, "Alright, this exists. How do I deal with it?" So like I bind pretty regularly, and I definitely dress more masculine than most people, or most...female presenting people. (Jos)

So then I think my views on my body... I always thought I was just... My body was just garbage after this injury. And I never thought of it being this great vessel that is going to get me from point a to point b, and x number of times. (Kris)

I think part of it was I felt like I wasn't as attached to it as I was supposed to be for a little bit. Like it was less like "I'm uncomfortable with it, and I don't like it, and I want a different one" and more of like "I feel like I'm supposed to have more of a relationship at all". Which is that I... I think and I guess I kind of felt... that in terms of stages of puberty, as well, like "you're becoming a woman" and all these changes or whatever, and there was a kind of disconnect between, like, changes in my body, and coming into a womanhood, whatever that's supposed to mean, and not quite identifying with womanhood as a concept. (Leigh)

I've kind of settled with it. The less I think about gender in my day to day life, the better off I am. (Rivynn)

I never forget about it. I'm not that type of person who can do that, and just enjoy a moment. (Rosemary)

I usually try not to think about it. Because if I think about it, I get stuck in a loop about all the things that I do not like about it. So, I um. I try to ignore it as much as possible (Seri).

Well, I usually think of it as something I wear. Like it's not me. I have a strange dissociation with it. Sorta.... Consider it... This is a flesh suit that I am piloting. Cause it's like... I can look in the mirror and I don't see what my brain expects to see. And it's like... Yeah. It's more like something I wear (Seri).

Mostly I try not to think too much about it. When I was younger, it was all I could think about and it made my depression a lot worse. And it was very difficult to live that way... So, um, mostly I cope with it by sometimes like pretending I'm someone else. Not like I lie to people about who I am, but I decide to myself like "'okay, today I'm playing this character". And all the characters I play are nice to service workers. It's not an asshole, gonna be polite to clerks. And customer service people, they have difficult lives. So yeah, mostly I deal with it by not dealing with it. (Seri)

So people wouldn't notice and I would, you know, I would wear baggy clothes and hide it. I would say like throughout everything, I have done some kind of weird hiding. Cause when I was younger, I would wear dark clothes. I would avoid being noticed. And now I'm sort of hiding as someone else. (Seri)

		I've never managed to minimize it psychologically and no "okay, radical acceptance of this thing". I can't do it. I remember at one point before I had Top surgery, my... I told my then-girlfriend, "all right, I am going to try to feel less uncomfortable with my breasts. Probably still hate them, but I'd like to hate them less". And so, we basically decided to have her touch them, trying to make them feel good. There was just a lack of physical sensation, which is very weird. But it also did nothing whatsoever to help calm me down. The only things that have ever worked are getting rid of a problem: chopping off, sticking other hormones in. Or minimizing it until I can do something else about it, like hiding it under clothing. (Sylvester)
<i>The Positive</i>	Feeling positive about one's body; what leads to positive feelings there	I think that it has improved significantly over the last... like... six months? I started going to see a life coach, which has helped a lot. And I, you know, I go there for lots of shit, gender issues stuff, and family issues stuff. But she's helped me a lot with, you know, you're younger and you have time to figure it out and just... Kind of put gender more in the backseat and express myself the way I feel comfortable, regardless of what gender I identify with... I think that's helped me a lot in feeling less dysphoric, and like, having a better relationship with my body until I can do something about it. (Reed)
Social Support		
<i>Negative (or a lack of) Social Support</i>	Ways in which social support was lacking, or negative	<p>I haven't started hormones. I want to. But I'm more concerned about what that will do with my relationship. It's something that we've discussed. And he was not a fan of the top surgery but supported it. I think that if I go on hormones, that that might be a deal breaker. Maybe not the first day, but like, over time as I'm changing, you know. (AJ)</p> <p>My relationship with my partner has been both a blessing and a complication around my body. He is a mostly cis, mostly straight man who has never been particularly verbal about anything related to relating to my body. So, like on the one hand, it's great that he was never like "oh I love your boobs, your boobs are so great, can I touch your boobs". Because, you know, he doesn't seem to care that they're gone. So, there are some ways in which I don't really feel like I am disappointing him or taking away his toys or anything like that, by my transition. On the other hand, I'm not getting, like, I continue to not get any positive feedback from him. So, I don't hear from him at least, like, I'm not hearing anything bad about my body, but I'm not hearing anything good about my body either. It feels complicated. (Digger)</p> <p>I didn't realize this was important until I started sharing gender related stuff, but having it be celebrated vs tolerated. Even my husband--this is something he knew for a long time, but he was just like, "Meh, okay. If you want to come out professionally that's fine, nothing really changes for me." And that's fine, I would rather that than, "Please don't do that." or him trying to hold me back or something, but for people to understand it is a positive thing. (Jesse)</p> <p>I mean it's almost all social. I'm pretty in tuned with... I have a psychiatrist that I see that I didn't share any gender related stuff with for quite a long time even though I did with everyone else. So that was kind of interesting that I think about what teeny tiny signals am I getting from this person that they wouldn't get it, or be supportive. And I was right, when I did finally share some of that with her, it was awkward. You kind of get this feedback that its weird, not your gender identity is weird, but your body is weird. Maybe not even weird, just like atypical or something. I know that person didn't want to be judgmental, but I still felt bothered. (Jesse)</p> <p>I feel like less questioning of those kinds of decisions, because it kind of signalled to me that there was not support for the underlying reason that I was making those decisions. Like whether or not that's true. But it kind of made it harder to think about whether I should tell my parents. Yeah, it's kind of that sense of like "you're already questioning this thing that I did because I'm feeling this way, which</p>

makes me feel like you are also going to question when I feel this way". I think that's kind of the logic. (Leigh)

[On what support they've received over the years] None. I have tried for years but, well, since I tried... since I stopped trying to look different... I just don't get taken seriously because I'm not trying hard enough. And it's just quite unfair since the reason I'm not trying, in part, is I'm so very tired. I've been trying for decades. Decades, and got nowhere and I'm just very tired. So like, when I was a teen, like 14 or so, I would just try to say 'survive until you're 18 and can get out'. Just when I had turned 18 and could safely get help without them telling my parents I was so used to being silent I didn't know how to ask for help anymore. And when I did try, I don't get taken seriously, because I look girly. I sound girly. And I like quite a few things that people think are women's things, like flowers and round animals, and I don't see how it's gender-specific to find joy in round elephants. (Seri)

Positive Social Support

Positive experiences of social support, and how that made the participant feel

I think teaching preschool, also in being with kids, helps me feel less dysphoric because they don't care. They don't know, they're not judging me the same as an adult, and so I felt more like I could just actually be the kid that I was, and it didn't matter so much. I guess that's a positive coping strategy, in a way. I surrounded myself with people that didn't judge me. (AJ)

One professor told me that they're very happy to see more nonbinary people on our faculty. Or another telling me that if I ever have any problems with anyone in the faculty be the professor or student or anyone else, I'm supposed to go straight to them tell them about it and they're going to help me out as best as they can and that was that was really touching. And honestly, I have tears in my eyes right now because it was so touching. (Alec)

My wife is very supportive. When I started talking about it and talking to her, my family is supportive. I went to a nonbinary group a couple times and that was really cool, but it doesn't work out with my schedule right now, so I haven't been in a while. I feel a lot of support from my eating disorder group cause I go there for outpatient group and it's for women, but all the therapists know I'm nonbinary so they're very sensitive to use my pronouns, and my name, and not address everybody as women when I'm there. (EL)

It's definitely changed how I feel about my body because it... it definitely made me happier now. Because if you have friends who know you're trans and they know you're trans, and they use your correct pronouns. And they use your name and just reinforce that "this is who you are" and they know who you are, and they see you, and they still love you unconditionally. And it's such a huge part of being happy. It's that having people... surrounding yourself with people who just love you for who you are and know who you are. It's definitely a good thing to have. (Jake)

I think having that support means that I don't feel as focussed on, like, the things that make me dysphoric as it used to be. Because I, it doesn't feel like something is wrong as much anymore. I mean, the body's still not what I want it to be. But it's not as much of an issue with the people around me as I thought it would be. So then that helped it not be as much of an issue for me. (Reed)

[On getting support] It's validating. Like even when I started transitioning, I still thought I was ugly, so that's why I relied more on makeup, even though I'm bad at makeup still. And honestly, it probably makes me stick out more, and look worse some days. But some days I still just want to try, because at least it sort of covers up my stubble a bit, until like 5 p.m. or something. Yeah social support, like, people actually saying I'm cute. Like my mom always said I was cute, but you know, moms always say

that anyway. So, it didn't help me any. But yeah, now that I'm dressing cuter, young people compliment my fashion sense, and it's an amazing feeling. I never actually felt good about how I looked before, but now I am starting to, and it's been totally worth it. Because I mean, a lot of people are afraid to compliment someone's looks, especially women, because there are a lot of body issues tied up with that. But I mean, at least for trans people, when they're transitioning, it is nice to hear that you're doing something right. You are starting to get cute, the way you want to be. (Rosemary)

Vita

Hannah Penklis was born in Australia. She received her Bachelor of Psychological Sciences from the University of Queensland in January 2014. Following this, she decided to take a break from her studies, but after several years in other industries, realised her interests lay elsewhere. In Fall 2018, she began studying for her Master of Arts in Sociology at the University of Texas at El Paso. While studying at UTEP, she worked as both a teaching assistant and an instructor in an Introduction to Sociology course. Her long-term goals are to earn her PhD and continue to work with LGBTQIA+ communities in a healthcare setting. She hopes to someday become a professor so that she can continue educating, as well as researching topics she is passionate about.