Body image in transgender young people: Findings from a qualitative, community based study

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A B S T R A C T

The goal of this study was to examine the ways in which transgender youth experience their bodies with regard to gender and body size. Ninety transgender youth and young adults completed in-depth interviews in eight metropolitan areas of the United States, Canada, and Ireland. Using a queer perspective, qualitative analyses revealed two broad conceptual categories: body dissatisfaction and body satisfaction. Within these categories, participants focused on body issues related to gender characteristics and body size. Findings revealed evidence of self-criticism and social distress related to body image dissatisfaction and self-acceptance and social acceptance related to body image satisfaction. Data demonstrated how gender, body size, and the intersection of gender and body size influenced personal perceptions of body dissatisfaction and satisfaction. Developmental processes were evident: participants further along in consolidating a gender identity described gaining a sense of social awareness, self-acceptance, and body satisfaction reflecting a sense of resilience.

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I n t r o d u c t i o n

Although recent research has examined weight and body image among lesbian, gay, and bisexual youth, with some likely being gender variant (Austin et al., 2009; Calzo, Corliss, Blood, Field, & Austin, 2013; Carper, Negy, & Tantleff-Dunn, 2010; Hadland, Austin, Goodenow, & Calzo, 2014), studies specifically regarding body image among only transgender adolescents and young adults are fairly limited. Knowledge about body image in a broader population of youth serves to guide research in this emerging area. Body image is especially salient among adolescents and young adults as they adjust to their newly sexually mature bodies and adapt to the weight gain common for this period of life. Furthermore, stereotypical gender expectations can exacerbate young peoples’ concern with their own appearance and may contribute to body dissatisfaction (Gillen & Lefkowitz, 2006; Murray, Rieger, & Byrne, 2013). What is not well understood about transgender youth and young adults is the extent to which body image is viewed through a lens of concerns with leanness (or lean musculature), concerns with gender incongruence, or personal expectations of meeting stereotypical gender norms.

We examine body image with regard to gender concerns and body size among 90 transgender adolescents and young adults. We situate this research within a queer theoretical paradigm which maintains a resistant relation with what constitutes “normal” (Jagose, 1996). A queer theory framework dictates that gender identity, body size, and cultural norms are intersectional, meaning that one may evaluate body size and shape differentially based on gender identity and the specific cultural beliefs about body size and gender. For example, height and body curves are differentially associated with masculinity across different ethnic and queer cultures which may differentially evaluate height and curvature of women.

In this study, a queer theoretical paradigm aims to decade heterosexist or heteronormative belief systems about bodies (Oswald, Blume, & Marks, 2005). The language we use attempts to reflect participants’ self-labeling while at the same time using categories to distinguish persons based on assigned sex and experienced gender. The terms transgender or transpersons are used as umbrella terms to describe people identified across a broad spectrum of gender variance, including those who hold a non-binary identity such as genderqueer or gender fluid. The term transmen refers to people assigned a female sex at birth based on visible biological characteristics (in some studies referred to as natal females) and experiencing themselves as male, and the term transwomen refers to people assigned a male sex at birth based on visible biological characteristics (in some studies referred to as natal males) and experiencing themselves as female (Stryker, 2009). Cisgender
is an adjective used to describe a person who identifies with the sex assigned at birth, and holds the essential gender roles matched to the sex assigned at birth (e.g., a birth assigned female who grows up to identify as a woman).

Body image is critically important during adolescence and young adulthood, and is also important among people who experience incongruence between their physical body and their experienced gender identity (Ålgars, Santilia, & Sandnabba, 2010; de Vries et al., 2014; Pfeffer, 2008). Body image can refer to responses to specific body parts, but in the present study, body image is conceptualized as one’s subjective experience with the body, and how it relates to gender identity. Given the overlapping developmental tasks of consolidating a gender variant identity as well as developing a healthy broader adolescent/young adult identity, research on the body image among transgender young people is likely to provide a window into the broader linkages between body image and identity, and body image and gender in a way that studies of cisgender young people have not been able to elucidate. To that end, we focus our study of body image on the ways in which transgender identified young people experience their bodies, and relate to them as they change both across adolescent and young adult development, and across gender identity transitions. We frame the literature review around two developing research areas, satisfaction with body parts in the context of puberty suppression for transgender adolescents, and broader body image studies among transgender adults.

**Puberty Suppression and Body Satisfaction**

The experience of puberty is a general risk factor for body dissatisfaction (Ricciardelli & McCabe, 2003; Slater & Tiggemann, 2012). For transgender youth, changes associated with puberty may be an uncomfortable reminder of the gender incongruence they feel (Pollock & Eyre, 2012), as mature body characteristics such as broad shoulders, wide hips, and facial hair serve as a reminder of incongruence between the body and the experienced gender identity (de Vries et al., 2014). When appearance is incongruent with personal experience, transgender persons may experience frustration or dissatisfaction with their own appearance. For transgender individuals, body image may include the degree of satisfaction with specific body parts, comfort with body size, and/or satisfaction with the gendered nature of one’s appearance.

A series of studies within a single medical center serving most of the transgender individuals for the Netherlands have examined the experience of body image among transgender adolescents and young adults who are seeking and receiving puberty suppression as one component of a comprehensive approach to gender reassignment. Measures in these studies were quantitative, with a focus on satisfaction with specific body parts (i.e., hands, genitals, body hair), using the Body Image Scale (BIS) adapted for transgender individuals (de Vries et al., 2014; Lindgren & Pauly, 1975). In the first study, referred children who persisted in gender dysphoria into adolescence reported more dissatisfaction with primary, secondary, and neutral sex characteristics as adolescents. There were no differences between sex groups or within sex group (e.g., male-to-female, also called assigned male, or female-to-male, also called assigned female) by those who persisted in gender dysphoria compared to those who did not (Steensma, McGuire, Kreukels, Beekman, & Cohen-Kettenis, 2013). A later study in the same medical center found that across the period of puberty suppression, generally ages 12–16, overall body dissatisfaction did not change for birth assigned males (i.e., those who are labeled male at birth), but satisfaction with secondary and neutral characteristics did get slightly worse for birth assigned females (de Vries et al., 2014). While this may seem to be a negative finding, transgender youth who are seeking gender transition clinically report increasing dissatisfaction across the period of life when secondary sex characteristics develop, and gendered body shapes become more pronounced. The finding of little or no change, even a small decline, suggests puberty suppression may contribute to staving off increasing dissatisfaction. Finally, when gender dysphoric adolescents were followed into young adulthood, satisfaction with body characteristics improved after the administration of cross-sex hormones and gender confirmation surgery (de Vries et al., 2014). Together, these studies suggest a developmental pathway for transgender youth that includes dissatisfaction with a body that does not match the experienced gender, coupled with improvement in body satisfaction when medical care is undertaken to bring body characteristics into alignment with the experienced gender.

What we do not gather from these studies is the nature of transgender youths’ understanding of their bodies, more specifically, how they feel about their bodies’ expression of gender characteristics and how that intersects with broader concerns about body size in this age group. Furthermore, clinical samples to date are largely missing youth who identify as genderqueer, which refers to a gender identity outside a binary system of gender classification. Finally, these studies focused on specific body characteristics rather than overall gendered body image or the internalization of cultural ideals of thinness, which have been found to be risk factors for eating disorders (Stice, 2002). In the current study, we address these gaps in the literature to better understand body image issues from transgender youth and young adult experiences.

**Research on Transgender Adults**

Findings regarding body image among transgender adults have been mixed, reflecting a complex continuum of responses to gender stereotypes. Male-to-female transgender adults’ (transwomen’s) body image has been compared to cisgender males and females, and their body satisfaction was generally found to be lower than cisgender males. Transwomen reported higher degrees of disturbed eating patterns including restraint, binging, and purging than did cisgender male or female controls; they also reported greater drive for thinness, body dissatisfaction, and body surveillance (Vocks, Stahn, Loenser, & Legenbauer, 2009). In another study, transwomen were twice as likely to report thin idealization, and three times more likely to report purging than controls which were matched by age and assigned sex (Ålgars et al., 2010). In one case report, drive for thinness was motivated by a desire to look more feminine (Ewan, Middleman, & Feldmann, 2014). Another study found that transwomen had a drive for thinness similar to cisgender males both before and after gender change (Khoosal, Langham, Palmer, Terry, & Minajagi, 2009). In contrast, a study of young adults ages 19–30, who were referred to medical clinics for military evaluation in Turkey, found that transwomen were more satisfied with their body weight compared to the age-matched heterosexual, cisgender, male controls (Bozkurt et al., 2006). Differing findings across countries may reflect cultural differences surrounding body image pressures.

Transmen have been studied in comparison to cisgender females and males. One study found transmen had more restrained eating, body mass and shape concerns, body dissatisfaction, and body surveillance compared to cisgender males (Vocks et al., 2009). In another study, partners of transmen described their partner’s strong drive to do anything in their power to make their thighs smaller by dieting and exercising, including severe food restriction or fasting (Pfeffer, 2008). Transmen also reported more preoccupation with food and purging compared to controls matched by gender and assigned sex (Ålgars et al., 2010). Although many transgender individuals seek to transcend gender stereotypes (Wolfried & Neumann, 2001), findings of body dissatisfaction may reflect the reach of heteronormative body image pressures, especially for
those raised in a female gender role, and a deeper dissatisfaction with the body as an agent of gender.

A feeling of dissociation from gender relevant body characteristics has also been described within the transgender community. In this paper, we use the term gender dissociation to refer to a sense of psychological and emotional distance from one’s physical body with regard to gender relevant body appraisals (e.g., hand size, face structure, or overall shape). Pfeffer (2008) found evidence of intense use of language in the transgender community to communicate negative feelings about body parts. In several studies, participants described feelings of hatred or dissociation from particular aspects of their body such as breasts, hips, body fat, genitals, shoulder width, and body hair distribution (Algars et al., 2010; Bozkurt et al., 2006; Pfeffer, 2008). Both transmen and transwomen have reported trying to lose weight in order to suppress the development or continuation of secondary sexual characteristics (Algars, Alanko, Santtila, & Sandnabba, 2012; Vocks et al., 2009). Also, perfectionism, defined as “excessive personal expectations for personal achievement,” was found to be highest among transgender persons compared to cisgender males or females (Khoosal et al., 2009, p. 220).

Some evidence suggests that gender transitions may alleviate body dissatisfaction along with gender dysphoria. Post-operative transgender individuals have been found to have lower body concern, higher self-confidence, and body satisfaction, and more positive body accentuation compared to pre-operative transgender individuals or cisgender male/female controls, perhaps because the discrepancy perceived before body image and an internal sense of gender was reduced (Kraemer, Delsignore, Schnyder, & Hepp, 2008; Wolfradt & Neumann, 2001). Hormone therapy has been largely described as helping build a positive body image for some transgender adults, although some reported unwanted weight gain (Algars et al., 2012). Congruence, feeling comfortable with and accepting one’s identity rather than a socially dictated identity, was positively associated with meaning in life and satisfaction with life and negatively associated with depression and anxiety among transgender individuals after accounting for steps taken toward transition (Kohee, Tylka, & Bauerband, 2012). These findings are consistent with prior findings that improved body image over time among youth treated with puberty suppression, hormones, or surgery was related to well-being. However, little is known generally about body image among transgender youth and youth as they transition into adulthood.

Present Study

The current research regarding body image among transgender individuals reveals pressures to conform to gendered stereotypes as well as the stressor of incongruence between internal experience of the body and external appearance of gender expression or sex. Youth and young adults, in particular, may struggle given the salience of body image in adolescence and young adulthood, and the added health risks for sexual and gender minority (SGM) populations (de Vries et al., 2010; Hadland et al., 2014). Although evidence suggests transgender youth may face unique risks with regards to body image, little is understood about how transgender youth experience their bodies in adolescence and as they transition into adulthood. To address this gap in the literature, we interviewed transgender adolescents and young adults about their experience with body image. Semi-structured interviews are an ideal way to lay a foundation in an emerging field of research (Greenstein & Davis, 2012), and past research has shown that transgender youth were responsive to open-ended interview questions (Pollock & Eyre, 2012). Our research questions were as follows:

1. What are the body image experiences of transgender youth and young adults in the U.S., Canada, and Ireland?
2. To what extent do transgender youth interpret their own body satisfaction and dissatisfaction through the lenses of gender expression, body size, or the interaction of these two constructs?

Method

Participants

The sample consisted of a total of 90 transgender participants from eight different cities in the United States, as well as from Ireland and Canada (respectively 83%, 11%, and 6% from each country). Assigned sexes, that is the sex that was ascribed to an individual at birth and recorded on the birth certificate, were reported to be 42.2% male and 57.8% female. Participants identified as female-to-male transgender (F-M; 31%), male-to-female transgender (M-F; 37%), or third gender (32%). Third gender refers to individuals who do not identify as male or female, and consolidates a variety of identities such as non-binary or gender fluid. Although not mutually exclusive with F-M, M-F, and third gender categories, some also described a genderqueer expression (n = 47), as a way of distancing from conventional gender categories, roles, and expressions. Most of those were assigned a female sex at birth (n = 37).

Efforts were made to incorporate representation of all major subgroups with the aim of broadening the sample as much as possible (e.g., all gender categories within each ethnic and age subgroup). The participant pool ranged from individuals in their adolescence to early adulthood, with recruiting limited to ages 15 through 26.

The sample included two older (age 29 and 30) transwomen, who would be the only transwomen who had received hormonal and/or surgical medical intervention within a specific (non-U.S.) cultural category. About half of participants (48%) were between the ages of 20–23, whereas 24% were under age 20, and the remaining 28% were over 24 (M = 22.56; SD = 2.9). Participants came from a variety of family educational backgrounds; 10% reported that their parents had a high school education or less, 43% reported at least one parent had some college or a college degree, and 12% had parents with more than a college degree; the remainder did not indicate their parents’ education (25%). Among participants, 21% had some high school, 18% graduated high school, 36% had some college, and 24% graduated college.

The participants were ethnically diverse: 11% Irish, 4.5% Canadian, 48% U.S. Caucasian, 15% Latino/Hispanic, 12% African American, 8% American Indian, 5% Asian, and 4% another ethnic/racial background. Ethnically diverse participants were recruited proportionately to the cities where data were collected by recruiting through interest groups that serve specific populations.

When asked to identify sexual orientation and predominant attractions, 25 unique labels were generated by participants, and eight participants declined to label themselves but gave information about predominant sexual attractions. The labels were collapsed and information about primary sexual attractions was incorporated to identify the following general sexual orientation clusters: Mostly heterosexual/straight (n = 20), gay or lesbian (n = 17), bisexual (n = 6), Queer (n = 29), pansexual/fluid (n = 15), and asexual (n = 3).

Materials

An interview protocol was developed to cover a range of topics relevant to transgender adolescents and young adults. Topics included demographics, gender development, family and peer relationships, body image, religion, internalizing and externalizing risk
behavior, sexual history, genderqueer community connection, and bullying. Questions from the subsection on body image are included in Table 1. These questions were developed based on past body image research, as well as prior studies with transgender youth and adults, and sexual minority youth.

### Procedures

Participants for this study were recruited via sexual and gender minority-focused youth community centers and online via listserv distribution by community centers and a study website. Efforts were made to diversify participation so that a broad range of youth would enroll in the study. Researchers contacted youth centers in cities that specifically provided at least weekly services catering to transgender youth. They coordinated with the youth center to come to the city for a several (3–8) day period to recruit and interview at the youth center. Emails were also sent to community centers who redistributed them via their own online community center listservs by staff in each city to help reach potential participants.

Some responded by setting up interview times through email or online, but the majority were recruited directly at weekly support group meetings or during center drop in hours. Interviews were largely conducted in private rooms at youth community centers. In some cases, participants preferred to schedule alternative locations like a coffee shop, library, or their home. Seven interviews were conducted via telephone or skype when an in-person meeting could not be arranged. All interviews were voice recorded, although several of the voice recordings were corrupted and not able to be transcribed (n = 6). In these instances, interviewers had taken copious notes, which were used for analyses. Participants from U.S. were paid 20 US dollars, Canadian participants were paid 20 Canadian dollars, and Irish participants were paid 15 Euros to compensate their time and inconvenience.

The Institutional Review Board (IRB) from Washington State University provided approval for the study and questionnaire prior to any of the interviews. There were no signatures collected from participants in order to protect the safety and identity of the participants. Instead, participants were verbally guided through assent procedures, and given a signed document from the researcher indicating the nature of the study and their rights as participants.

No identifying information was collected; participants were asked to use a pseudo name to keep their identities confidential. In a semi-structured interview, researchers followed the interview protocol, covering 10 broad topics, one of which was body image. Interviewers asked follow-up questions based on the responses of participants. Interviews lasted 1–3 h, depending on the answers given by the participant. The interviewer team consisted of seven people. The lead interviewers were two queer, white, cisgender females (one faculty, the first author, and one graduate student). Research assistants included three white, cisgender females, one African-American, cisgender, female and one white transman. The research assistants had a mix of sexual orientations including heterosexual, queer, and bisexual. Two of the assistants were graduate students; the rest were undergraduates. Two interviewers (at least one a graduate student or faculty member) were present throughout each interview: one took notes regarding responses to questions, facial expressions, movement, laughing, crying, and outside noises, and the second conducted the interviews. Seven interviews were conducted without one of the lead white, queer, female interviewers (but still had a graduate student present). All research assistants completed an interview training protocol and a series of joint interviews prior to leading an interview.

### Data Analysis

A multistage, standardized approach was used to conduct a thematic analysis of the data using open coding procedures. First, one research assistant transcribed the interview, and a second research assistant double-checked the interview transcript, checking for any transcription errors or misinterpretations of the dialog. Two researchers read through the body image selections to become familiar with the interviews. Second, guided by inductive reasoning, open coding was used to identify conceptual categories and linkages between emerging categories grounded in the data (Braun & Clarke, 2006; Strauss & Corbin, 1990). Two members of the research team (the first and last authors) coded subsets of the data independently and then met weekly to resolve discrepancies in coding schemes (Green & Thorogood, 2013). The first and fourth author independently coded over half of the interviews to classify participants in satisfaction and dissatisfaction themes; and Cohen’s Kappa (prior to consensus discussions) for these two categories was .63 and .61, respectively, which can be interpreted as good reliability by Gwet (2014). The last author continued classifying the remaining participants, and both researchers continued to meet weekly to build consensus regarding classification and potential subthemes. Coding of persons into subthemes was completed by the second and third authors, along with identification of illustrative quotes, while maintaining continuing discussion and cross-checking with the first author. In the end, to further validate the coding scheme, the second and third authors independently coded illustrative quotes from 15 transcripts (eight for dissatisfaction and seven for satisfaction) for each of the final coding scheme’s themes (dissatisfaction and satisfaction), contexts (body size, gender dissociation, intersection of gender and body size), and subthemes (self and social) using Nvivo. After discussion and consensus on each quote, the third author reviewed all coding to refine the placement of each person and quote for every theme and subtheme. The Cohen’s Kappa for each theme and subtheme are presented in Tables 2 and 3. Overall, agreement before discussion was above 80% in all themes from the beginning, and improved with iterative coding of specific quotes to near perfect consensus.

| Table 1 | Semi-structured interview questions for transgender youth and young adults regarding body image. |
|-----------------------------------------------|
| When you look at yourself in the mirror, what is your impression of what you see? |
| Do you feel as if your body betrayed you in any way? |
| What measures have you taken to change your body image? (Regarding appearance, e.g., surgery) |
| Have you ever altered your eating or exercise behaviors to attempt to change your body? |
| Do you have any body art (such as tattoos or piercings)? If so, do they have special meanings for you? |
| How do you show masculinity, femininity, or both? |
| Please reflect on how clothing is associated with body image and gender expression for you. |

<p>| Table 2 | Body dissatisfaction frequencies and inter-rater reliability (n = 63; $\chi^2 = 53$). |
|-----------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Dissatisfaction</th>
<th>Weighted Kappa</th>
<th>Source number</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-criticism</td>
<td>.92</td>
<td>63</td>
<td>391</td>
</tr>
<tr>
<td>Social distress</td>
<td>.89</td>
<td>51</td>
<td>126</td>
</tr>
<tr>
<td>Context</td>
<td>.90</td>
<td>33</td>
<td>61</td>
</tr>
<tr>
<td>Body size</td>
<td>.96</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Gender</td>
<td>.93</td>
<td>25</td>
<td>55</td>
</tr>
<tr>
<td>Body size + gender</td>
<td>.97</td>
<td>32</td>
<td>61</td>
</tr>
</tbody>
</table>

Note: Weighted Kappa was computed based on blind coding in Nvivo of 8 interview transcripts by two independent coders.
Table 3

<table>
<thead>
<tr>
<th></th>
<th>Weighted Kappa</th>
<th>Source number</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>.96</td>
<td>58</td>
<td>325</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.95</td>
<td>51</td>
<td>148</td>
</tr>
<tr>
<td>Social acceptance</td>
<td>.94</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Context</td>
<td>.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body size</td>
<td>.98</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Gender</td>
<td>.95</td>
<td>29</td>
<td>45</td>
</tr>
<tr>
<td>Body size + gender</td>
<td>.88</td>
<td>20</td>
<td>37</td>
</tr>
</tbody>
</table>

Note: Weighted Kappa was computed based on blind coding in Nvivo of 7 interview transcripts by two independent coders.

Results

Major Themes

Respondents’ descriptions of body image were analytically coded into two broad conceptual categories: body dissatisfaction (n = 63) and body satisfaction (n = 58). These themes were not mutually exclusive, meaning that some participants expressed both dissatisfaction and satisfaction. In order to be coded as “body dissatisfaction,” participants had to affirmatively state dislike of their bodies or some aspect of their bodies with statements like “I hate my thighs,” “In the mirror all I see is my masculine shape,” or “I want to change my body.” In order to be coded as body satisfaction, participants had to affirmatively state satisfaction with some aspect of their body such as “I look great – Like Cher!” or “I really like the way my body is changing in response to testosterone,” or “my weight is a normal weight.”

Body dissatisfaction was experienced by 71.4% of transmen (F-M), 60.6% of transwomen (M-F), and 75.9% of third gender identified people. Body satisfaction was experienced by 57.1% of transmen (F-M), 75.8% of transwomen (M-F), and 51.7% of third gender identified people. According to crosstab analyses, there were no significant differences in body dissatisfaction, \( \chi^2 (2, 90) = 1.80, p = .41 \), or body satisfaction, \( \chi^2 (2, 90) = 4.24, p = .12 \) by transwomen, transmen, and third-gender identified persons, or by those who identified as genderqueer and those who did not. There were also no differences by age.

Two subthemes were identified under each of the conceptual categories of body dissatisfaction and body satisfaction, further the context for each theme as related to body size, gender, or the intersection of these was delineated. Body dissatisfaction contexts demonstrated distinctions between gender dissatisfaction and dissatisfaction with body size; however, many youth discussed how these two issues intersected. Themes under body satisfaction centered on positive changes due to body alterations and changing social interactions. Satisfaction was primarily focused on overcoming gender dissociation to achieve transgender congruence (Kozee et al., 2012) and, to a lesser extent, focused on comfort with body size. Illustrative quotes and some demographic information is provided for the themes of body dissatisfaction and body satisfaction and their respective contexts and subthemes. Tables 4 and 5 illustrate the organization of themes and subthemes.

Table 4

<table>
<thead>
<tr>
<th>Gender dissatisfaction (n = 25)</th>
<th>Intersection of gender dissatisfaction and body size (n = 32)</th>
<th>Body size compared to cultural ideal (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-criticism (n = 51)</td>
<td>I still struggle every day. I have a real insecurity where I worry that I'm fat and I don't like having my chest at all. I look at myself every day in the mirror and worry about it. (Max, Latino, 24, F-M).</td>
<td></td>
</tr>
<tr>
<td>Social distress (n = 33)</td>
<td>Well I know that my opinion is I need to lose more weight so I would be able to look more passable, and not as a man, or so masculine (Aliash, Hispanic/Latino, 23, M-GQ).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The summer time is the hardest because people like to expose their bodies more. Winter, fall and spring I can wear more layers and like, look like a bigger person but I'm pretty little like I'm pretty small framed, um yeah so I think like I definitely sometimes strategically will wear layers or baggier shirts, or like my pants layers so people won't notice my hips as much because I'm not as straight up and down as some genderqueer people (Jay, Canadian, 25, F-GQ).</td>
<td></td>
</tr>
</tbody>
</table>

Just, when I get read as male I feel a lot more comfortable. So yeah, if I'm wearing a shirt that might be a little tight because all of the looser ones might be in the laundry or something I'm more self-conscious. If my girlfriend says something like your chest is kind of showing today I'll immediately find a sweat shirt, it can be 100 degrees out and I'll find a sweatshirt (Keith, White, 24, F-M).

I would have pushed my body quite hard in ways that necessarily weren't necessarily all that helpful; being very strict with diet and exercise and things like that to the point of being quite unhealthy and a certain amount of that was a way of knowing the pain that I was in but also wanting to control the body that I was in (Nev, Irish, 25, M-F).
Body Dissatisfaction

Of the 90 participants, 70% described at least some feelings of dissatisfaction with their bodies. Findings revealed three contexts that shaped body dissatisfaction for transgender youth: (a) gender dissociation, (b) dissatisfaction with body size, and (c) the intersection of gender dissociation and dissatisfaction with body size. Participants described feeling disconnected from their physical bodies specifically regarding gendered characteristics, such as hatred of hands because hands reveal assigned gender, or disliking the curves/non-curves associated with the assigned gender. Participants described distancing themselves from awareness of these characteristics (e.g., trying to hide hands or refusing to look at body shape) as a way of coping with them—we labeled this phenomena gender dissociation. Dissatisfaction with body size reflected a feeling of dislike of one’s size, such as assessing oneself as too fat or thin. Some participants described an intersection between gender dissociation and body size, for example, describing a desire to be thinner so that they would appear more angular and masculine (see Table 4). After discussion between the first three authors, potential subthemes under body dissatisfaction including anxiety (both regarding self-image and social situations) and perfectionism (both criticism and control) were streamlined into the categories of self-criticism and social distress. With these subthemes, findings converged around internal concerns with the body, and external concerns over interactions with others in relation to the body. None of the themes are mutually exclusive, reflecting a range of varied experiences, as well as contradictory experiences within the same individual. Below we describe the contexts and subthemes in greater detail.

**Body dissatisfaction due to gender dissociation (n = 25).** Gender dissociation anchored the negative experiences of body image for many participants. Participants expressed preoccupation with body parts that are associated with gender (e.g., hand size, shoulder width) and sometimes voiced extreme self-criticism and self-hatred due to these specific characteristics. Often, their primary concerns reflected the participants’ sense of dissociation with their assigned sex.

If I do think about my body…I mostly feel disconnected. There is a sense that just doesn’t feel like me. I am most upset about things that are irreversible like the way my voice is, or my height, and I also don’t like being fertile [the ability to get someone pregnant].…I wouldn’t want to be able to get pregnant either (Rachel, White, 19, M-F).

As in this example, many of the transpersons wanted to escape every day reminders of their assigned gender. The following participant complained about specific body parts:

I don’t like [my body], but I do at the same time because I do have masculinity more than most do, but I still want to take T [Testosterone] to have facial hair. I want to be more muscular and broader. I don’t like my boobs, I don’t like my hips. To hide, I wear baggy pants, [but most boys wear skinny jeans now]. I think it’d be too feminine—it would definitely show my hips (Raphael, White, 19, F-M).

Overall, a preoccupation with specific characteristics that participants associate with gender is revealed in these descriptions of gender dissociation.

**Body dissatisfaction with body size (n = 10).** Findings also revealed that some participants negatively compared themselves to cultural ideals regarding body size and weight, and distinguished this general body dissatisfaction from a more gendered concern with body size and shape. Participants described
fluctuating depression and negative emotions regarding their bodies from day to day: “I worry a lot about how I look; I worry about being fat, a lot… To me, that’s my struggle. Now, body image as in, like the transgender issue, that’s another issue” (Max, Latino, 24, F-M). There is even evidence among some of extreme eating behaviors for weight control, e.g., “And I also, I mean, another thing from that is my low self-esteem and body image. I never am happy with how I look. Uh, I sometimes do unhealthy things with my eating to try to lose the weight that I have on my stomach. But it just never goes away, no matter how much I starve myself” (Kayla, White, 20, M-F). Although it was a small minority, there was a clear presence of body size dissatisfaction that was distinct from specifically gendered traits.

Intersection between gendered dissociation and cultural ideals of body size (n = 32). Over a third of participants described gender dissociation in relation to their dissatisfaction with body size, that is body size or shape was a problem specifically because of the way it influenced gender expression. Some individuals concerned with weight loss wanted to be thin in order to become more androgynous or to reduce a feeling of gender dissociation. Others wanted to gain weight that they perceived would make them curvier (more feminine) or bulkier (more masculine). For many, body weight dissatisfaction was intertwined with gender appearance dissatisfaction:

I weigh a lot less than I used to. I feel extremely fat. But I mean, even though I’m pretty much in a healthy weight range right now and I know that, intellectually, I feel like I look disgusting and I don’t like my skin. The body hair drives me crazy—it’s like no matter how much I shave, you can still see it… I could deal with being heavier if it wasn’t in my stomach, if it was in my hips and in my chest, it would be great. I would also love to have a big butt and some big boobs, but it’s all in my stomach, and it’s very much a masculine thing and I don’t like that (Emma, 24, White, M-F).

As this example illustrates, changes in body size did not change the underlying dissatisfaction with assigned gender characteristics.

Weight fluctuation was described as a factor that affected participants’ feelings of gender dissociation. Transmen described concerns about weight gain because they wanted to avoid accumulating extra weight around the hip and chest area and appearing feminine.

I feel like everybody has a complicated relationship to body image, in terms of weight. My weight fluctuates a lot and it does affect how I feel about my gender. I guess I feel more uncomfortable at my higher weights because I feel I look more feminine (Maya, White, 22, F-GQ).

As the following quote illustrates, body size and gender dissociation were intersecting, with some participants attributing weight fluctuations (gain/loss) to their intake of hormones.

It was really early on testosterone at that point, and I think that was also causing me to lose weight. But then I, like, was on a low dose for like eight months and then I upped my dose and that caused me to put on both a lot more fat and muscle so I’ve gotten over twenty or thirty pounds of that back (Antonio, Latino/White, 22, F-GQ).

Subthemes of body dissatisfaction. Two subthemes were identified under body dissatisfaction: self-criticism (n = 51) and social distress (n = 33). Self-criticism was defined as internalized insecurity experienced in relation to the body. Participants described anxiety with their self-image, or subjective concept of their appearance, self-hatred, and negative body appraisals. In other words, participants experienced insecurity with their own self-judgment about their gender appearance and body size. The second subtheme, social distress, was defined as anxieties about body image with regard to social interactions, such as being misgendered, socially isolated, or ridiculed. Social distress was reflected in a negative appraisal of gender characteristics and body size compared to a cultural ideal. Participants shared the ways they anxiously and meticulously avoided attention due to extreme discomfort in social situations.

Self-criticism. Participants shared self-criticisms based on personal perceptions of gender appearance and body size. One participant stated, “I sort of judge myself more based on how I looked and how I would like to look based on my gender queerness, attractiveness, or size” (Rachel, White, 19, M-F). This participant described the gap between perceived image and ideal image. The following individual preferred gender dissociation to anxiety:

There is a certain amount of, like removed from awareness of my body, particularly my chest. So to like not wear a binder or wear maybe like tighter fitting shirts or something like that, it’s like the fact that I don’t just have this flat chest… and then I am very aware of it and get very anxious. So if I can kind of pretend… it’s just like creating enough of an illusion that I don’t have to be constantly reminded (Elliot, 24, White, F-GQ).

In other words, creating a psychological distance from physical reminders of gender discomfort was a coping mechanism to deal with self-criticism and anxiety.

Intense emotion was conveyed with strong, negative language in self-criticism. One participant said, “I hate how I’m so built, I still have a very wide frame especially up top. I have very muscular arms and that is just… I hate it so bad” (Karina, Hispanic, 20, M-F). Additionally, participants described the daily details and tricks for creating the illusion of the desired body image:

I started binding things. I stopped shaving my legs. I stopped shaving my arm pits as well. I cut my hair, stopped plucking my eye brows, stopped wearing makeup, wearing male clothes, also wearing, like, cause my feet are really small… Shoes that are probably too big for me because I look more masculine (Clark Kent, White/Irish, 23, F-M).

Participants often obsessed over physical details that they could not escape or change.

Individuals described self-control as a way to escape constant criticism and change their sense of “self.” For example,

About three years ago, I was at my heaviest, at 300. I have been dropping maybe about 5–10 pounds every couple months… [In the mirror], I see myself, like, a lot thinner, then sometimes I don’t… I get ready for work, and I will go look in the mirror to go comb my hair, do things like that. I see myself and I’m like, “God, I need to lose more weight” or “I’m fine for right now.” My opinion is I need to lose more weight so I would be able to look more passable and not so masculine (Allish, Hispanic, 24, M-F).

Controlling behaviors included self-harming behaviors such as eating disordered behaviors, cutting, or self-mutilation to reclaim a sense of self-control over their bodies, gender, or self. Some female-to-male transgender individuals (transmen) also engaged in eating disordered behavior or took birth control pills in order to put a stop to their menstrual cycle. “My period was a horrible reminder I am female—it was stressful. Then I read about anorexia and bulimia, that it would stop regulating the body. It was what I wanted, what I was going for” (Reese, White, 22, F-M). Biological functions acted as a physical reminder that their bodies did not match the gender they
perceived themselves to be, and participants struggled to regain a feeling of self-control.

Participants exerted self-control to overcome a feeling of dissociation with their bodies. One individual explained, “The cutting was a lot about being able to connect physically with my body. I felt so disassociated that cutting brought me back to a physical pain where I was present, and it was really difficult for me to do without a stimulus like that” (Jax, White, 21, F-M). The experience of connection to their body was one of pain for some.

**Social distress.** Our findings revealed social distress about gender appearance in the context of social interactions. With an emphasis on how others will perceive them, participants were critical of the ways society would clock certain gendered attributes. Participants described feelings of insecurity about their self-image based on a perception of others’ views of how they lived up to cultural ideals:

I was kind of hot, but still not liking how I look somehow. . . not even compared to anyone else. When you feel gross all of the time. . . I was always afraid that people would notice. People actually snickered behind their hands. . . And if I hear my friends making comments about somebody’s weight I will usually punch them, like just in the shoulder, like, ‘hey stop it.’ Cause I remember being there (Bear, White, 16, F-GQ).

This quote illustrates anxiety about perceived views of others; even though this participant looks back with a positive self-assessment, at the time, body size was a source of discomfort.

Several participants described apprehension about “passing” as the experienced gender. One participant shared, “I get. . . the mispronoun from customers from work—beats me down at work a lot. It’s really something I struggle with. . . Um. . . it just makes me feel like. . . there’s something I’m doing wrong. That I’m not passing effectively” (Maggie, African American, 24, M-GQ). The discomfort at appearing more masculine, feminine, or androgynous than they want to in the presence of other individuals implied a nagging, draining anxiety. Ambiguous social situations resulted in feelings of dissatisfaction: “I have issues at school. When I hang out with boys, I feel I don’t fit in cause I’m not a boy; when I hang out with girls, I feel I don’t fit in cause I’m not a girl” (Henry, White, 16, F-GQ). This may be an especially salient challenge in gender segregated contexts of adolescence such as high school physical education classes, sports, or other segregated contexts.

Other participants describe “role taking” as a coping mechanism in social circles; in other words, they adopted varying gender roles dependent on social circumstances. “I have a lot of feminine physical tendencies. . . I don’t go to great efforts to hide unless I feel threatened— if I’m in a very masculine environment, I might try to hide those things just so I don’t get beat” (Chuck, White, 24, F-M). This participant illustrated the need to take on different gender traits in different social interactions to avoid discomfort, bullying, or physical violence. The following participant described another way to deal with anxiety and insecurity in social circumstances.

I trained myself to always be aware of what my facial expression looks like at all times. If someone were to walk in here, I wouldn’t put my [feminine] guard down. It’s just me putting my best foot and face forward at all times because I don’t want to be perceived any differently. I have been insecure in my own skin, and it’s taken me so long to be comfortable and happy (Tia, Asian, 25, M-F).

In this instance, maintaining a feminine guard was a protection from the general public. Despite the anxiety experienced, Tia demonstrated a sense of resilience in overcoming insecurities.

Findings revealed that participants discussed body dissatisfaction related to body size, gender appearance, and the intersection between gender appearance and body size. Body dissatisfaction themes uncovered the ways transgender youth felt insecure and critical of their body image and the ways those insecurities manifest in social situations. Participants described a complicated relationship with the mirror. In some instances, individuals engaged with the mirror to critique aspects of the body that were displeasing, while others avoided the mirror to avoid the shame and discomfort related to body image. Additionally, participants revealed how personal perceptions of body image affected social interactions. Data showed the exhaustion inherent in constant gender code switching to avoid criticism, bullying and harassment.

**Body Satisfaction**

Our findings also revealed that 64% of participants expressed some sense of contentment with body connectedness and appearance, especially as they experienced changes related to gender transition. For example, participants described the satisfaction they had with hormone induced body changes such as increased musculature or curvature. Additionally, many expressed satisfaction when after a social transition strangers began to evaluate them and address them as their preferred gender. Similar to body dissatisfaction, participants experienced body satisfaction shaped by satisfaction with gender appearance, body size and the intersection of gender appearance and body size (see Table 5). Subthemes of self-acceptance and social acceptance also emerged.

**Body satisfaction due to gender appearance (n=29).** Satisfaction with gender appearance was evident in participants’ discussion of “passing” in the desired gender expression. For example, when researchers asked Jaime what he saw in the mirror, he replied, “I see a very handsome young man” (White, 15, M-F). Participants described looking in the mirror and seeing their gender reflected back at them. Some participants described feeling much more comfortable with their body image after they started to see shifts in their physical appearance. Jane said, “I am much more comfortable with my body image after taking hormones and developing some external female characteristics which are very important for me” (White, 29, M-F). The idea of “passing” has layers of meanings. Participants wanted to look in the mirror and see an authentic representation of themselves reflected back.

Additionally, participants concerns with passing included the perception of others and the gender signifiers others were reading. Successful social interactions were important to participants. Their narratives about body satisfaction highlighted the ways that the general public correctly read participants’ felt and expressed gender. For example, Llyr told researchers, “I feel better when I think I’m passing more. . . When I get read as male, I feel a lot more comfortable” (White, 23, F-M/GQ). Maya, echoed Llyr’s reflection, “I felt more positive lately in the past couple of years as I have come to try to look more masculine or androgynous. I have become more comfortable in my body. . . A lot of the time people perceive me as being male and I like that” (White, 22, F-GQ). Overall, participants described body satisfaction when they personally perceived their physical body to align with their internal sense of gender. Also, participants experienced more body satisfaction when others ascribed the correct gender to them during social interactions.

**Body satisfaction with body size (n=5).** Satisfaction with only body size was less prevalent, though, some participants did discuss how their body matched personal body size ideals. Michelle described that her idealized body was Queen Latifah. She discussed how she was inspired by Queen Latifah’s persona of confidence and radiance in the movie *Hairspray*. Michelle said, “I’m a big girl, but
watch me work. There is nothing that someone skinner can do that I can’t“ (African American, 18, M-F). This narrative shows how Michelle’s thinking concerning body size impacted her sense of self-acceptance and pride. Instead of attempting to alter her body size to be thinner she accepted that she was “a big girl.”

Participants also described satisfaction with their bodies after they began to reach an ideal body size through medical procedures, working out, and altered eating behavior. Dee discussed how his body image improved after having his stomach stapled. “I had my stomach stapled in high school, just before coming out. The first year I dropped weight like crazy, I was 400 pounds when I had it done, and now I’m like 180...I felt like, ‘I’m getting hotter’, ya know? I’m feeling better” (White, 25, F-M). Dee’s story is interesting because he approached self-acceptance with his body weight, which may or may not have had an effect on his confidence and ability to come out as transgender a year later. In terms of body satisfaction, participants’ acceptance of body size highlighted the ways that body size transmitted a certain gender expression.

### Satisfaction at the intersection between gender appearance and body size (n = 29).

Satisfaction with gender and body size was often interrelated. Participants described how certain fat distributions signaled a specific gender expression. For instance, weight in the buttocks, hips, and chest indicate a feminine gender presentation. After taking hormones, transwomen often described elation with gaining weight or redistributing weight to the buttocks, hips, and chest. Likewise, transmen often described happiness when their fat and muscle distributions mirrored masculinity. Keith told interviewers, “I described myself as chunky. But, I think it works because fat guys have man boobs. So, I think it works to my advantage” (White, 24, F-M). Keith’s quote demonstrates how participants associated body weight attributes with certain gender characteristics.

### Subthemes of body satisfaction.

Two subthemes were identified under body satisfaction: self-acceptance (n = 51) and social acceptance (n = 21). Self-acceptance was defined as having a secure and accepting body image. Participants described positivity with regard to their self-image, or subjective concept of their appearance. Participants described a sense of security with their own self-judgment about their gender appearance and body size. The second subtheme, social acceptance, was indicative of participants feeling confident during social interactions. Social acceptance was reflected in feeling liberated from certain gender roles or social mandates about the ways gender should be performed in public. Participants shared the ways they felt comfortable playing and engaging with gender in social spaces. Often, participants credited people within their social circles for helping them gain confidence.

### Self-acceptance.

Many participants experienced body satisfaction after having surgery, taking hormones, or engaging in body modification such as piercings or tattoos. One participant stated, “I have been on hormones for just over two years, and I had top surgery. Those things helped a lot, also because I know I am mentally trying to focus on the positive” (Todd, White, 23, F-M). Tattoos were another way of celebrating changes.

The tattoos and stuff that is very much about me being able to take ownership over my body. So being able to like see tattoos or scars on my body and be able to like have a sense of who I was, or where I have been at that time is really important to me (Justin, White, 26, F-M).

As this quote illustrates, these treatments and body alterations helped participants regain a positive state of mind, and reveal the strength of coping and resiliency within the sample. Even the way individuals dressed had an impact on their affect:

And it’s funny because a lot of those body image issues become [less intense] when I was being myself, but I still have difficulty. So when I’m dressing, when I’m presenting female. ...I’m a huge amount happier. I’m working on trying to see my body as just being different, but there’s an element of comparing to other girls (Nev, White, 25, M-F).

### Social acceptance.

Participants also emphasized a sense of body satisfaction as a result of new interactions with friends or social confidence. The experiences with body satisfaction suggested a developmental process at work. Participants explained that over time they felt liberated from traditional gender roles. “I used to be a guy who would pack my shorts every day; I would walk bigger, and act super masculine. I am not anymore. I’ve come to this place where I am comfortable being feminine.” (Dee, White, 25, F-M). As demonstrated by this quote, several participants expressed a feeling of liberation from strict social norms. Another individual stated,

I guess I would really love to have a woman’s body...It wasn’t until I met my partner, Brian, 2 years ago that I ever felt anything positive about myself and my—as far as body image...I think that through him I’ve also just learned...what it is to, to love yourself and to be able to love what comes. (Jason, White, 23, M-GQ).

Whereas some participants felt trapped by social norms, this individual demonstrated a sense of transcending social norms. Acceptance and social support from a partner or close friends was often mentioned as a key component in developing body satisfaction.

### Discussion.

Using qualitative, international data from 90 participants, we sought to understand body image attitudes and perceptions among transgender youth and young adults. Our findings provide insight into the unique experiences of transgender young peoples’ experience of body dissatisfaction and satisfaction, and address our primary research questions about the links between body size and gender expression as elements of body image for transgender youth. Descriptions of both satisfaction and dissatisfaction focused on feelings of satisfaction or not with gender, body size, and the intersection of gender and body size. In the satisfaction theme, participants were most preoccupied with their satisfaction with gender expression and interpreted gender identity. However, in the dissatisfaction theme, participants described in greater detail how gender and body size interacted to impact their body dissatisfaction. Consistent with the theoretical assumptions of queer theory, our results highlight the intersection between gender disassociation and body size. Qualitative analyses also revealed self-criticism and social distress in relation to dissatisfaction, and self and social acceptance in relation to body satisfaction.

Our findings of body dissatisfaction with gender characteristics and body size among transgender youth mirror past findings among transgender adults. Several participants expressed intense negative emotions regarding specific gender characteristics and body parts, similar to previous research (Ålgars et al., 2012; Pfeffer, 2008). Perhaps as a coping mechanism, in the current study, a sense of gender disassociation was manifest in a pattern of distancing from physical gender characteristics. Some participants voiced a sense of relief with gender disassociation. Others sought ways to reconnect with a sense of self, sometimes through body alterations, which included hormone therapy, surgery, exercise, diet, tattoos, and sometimes self-harming behaviors.
Anxiety

We found that the issue of body size often intersected with issues of gender identity, reflecting cultural norms regarding size and curvature of the body. To hide unwanted gender characteristics, some participants described gaining or losing weight. Past research has identified individuals with queer identities to be at risk for being overweight (Austin et al., 2009). Other participants engaged in unhealthy eating patterns with the hopes of curbing gender characteristics (e.g., stopping menstruation or obtaining an angular physique). Similarly, research on transgender adults found a pattern of engaging in unhealthy eating habits to suppress secondary sex characteristics (Álgars et al., 2012; Vocks et al., 2009).

Our findings underscore transgender youths’ experience of concern and anxiety regarding gender characteristics and body size. Anxiety with respect to body image may be especially salient in adolescence, a time of identity seeking and focus on peer acceptance. Descriptions about the importance of “passing” with regard to gender are also found in another qualitative study of female-to-male transgender youth which described the importance of blending in and conforming to peer expectations (Pollock & Eyre, 2012). According to past research, the process of transpersons’ coming out begins with a sense of “abiding anxiety” (Devor, 2004). Other studies have identified elevated physiological signs of heightened anxiety in transgender children and adults (Álgars et al., 2010; Wallien, Van Gooren, & Cohen-Kettenis, 2007). However, some participants in the current study avoided the binary of gender stereotypes altogether, embracing instead the freedom of a genderqueer identity. The links between non-binary identities and anxiety are not established at this time, but should become more evident over time as more studies incorporate a broader range of gender identity options into their research designs.

Transgender youth in this study also expressed frustration at the judgments of peers, due in part to the lack of recognition from peers of their experienced gender. Individuals from transgender communities may often have to deal with heteronormativity and sexism in the larger community which can leave them vulnerable and anxious (Kosciw, Greytak, & Diaz, 2009; Reitman et al., 2013). Our findings imply that some youth may internalize the negative judgments of peers and develop a sense of self-loathing. Past research found sexual minorities were affected by the judgment of others regarding violations of gender norms (Engeln-Maddox, Miller, & Doyle, 2011; French, Story, Remafedi, Resnick, & Blum, 1996; Tytl & Andorka, 2012). Evidence suggests that interpretation of judgment as negative is not unwarranted. Transgender persons whose facial features look less gender-congruent were more likely to be rated as unattractive, especially by those who reported transphobia and homophobia (Gerhardtstein & Anderson, 2010). Adolescents and young adults may be especially sensitive to these cultural attitudes and interpersonal interactions.

Several participants expressed a strong sense of self-criticism, evident in their keen awareness of personal flaws and others’ criticism. To obtain their ideal self, some participants described taking measures to control their appearance. For some this meant dressing in ways that disguised their bodies; for others this meant going to extremes, including disordered eating behaviors or cutting. Another study found a drive for thinness and high levels of perfectionism among transgender individuals (Khoosal et al., 2009). Further examination of disordered eating behaviors as a mechanism for management of gender expression is an important next step in understanding experiences of the body for transgender people.

Despite these challenges, many young people demonstrated resilience and found coping mechanisms to overcome the social challenges they faced. Resilience refers to a process of adaptation and coping in a context of adversity (Herrick, Egan, Coulter, Friedman, & Stall, 2014; Masten, Burt, & Coatsworth, 2006). For example, participants made a conscious decision create their unique gender expression or to reject cultural ideals. Additionally, participants took practical measures to avoid bullying by “shape shifting,” or conforming to gender stereotypes depending on the social situation. While this may garner social support in the moment, youth may also feel inauthentic or unsupported in their authentic expressions. Some participants gave themselves a physical reminder of their ability to cope, their identity, or a sense of resilience through tattoos or body art. These symbols seemed to be part of a personal “narrative of emancipation,” a sense of self-acceptance and overcoming social stigma important to resilience (Hammack, Thompson, & Pilecki, 2009; Herrick et al., 2014). Overall, these findings highlight the need to further research on resilience among transgender youth (Kwon, 2013; Saewyc, 2011).

Our findings also suggest that youth further along in consolidating their identity developed a sense of social awareness, self-acceptance, and body satisfaction. Throughout the analyses, we found examples of youth describing how response to transition activities like hormones or body alterations had improved their body image. Pollock and Eyre (2012) found a process of social adjustment as transgender youth consolidated their gender identity. For example, adopting traits from both genders may become a crucial developmental task in order to find a new gender role which more closely fits the individual’s experienced identity (Wolfradt & Neumann, 2001). Similar to other research (Huxley, Clarke, & Halliwell, 2014; Kozee et al., 2012), as participants consolidated their identity, they reported increasing confidence and self-acceptance.

In many ways, the body satisfaction expressed by our participants mirrors the “transgender appearance congruence” construct defined and measured by Kozee et al. (2012). Our participants similarly describe the satisfaction they feel with a body that represents their authentic sense of self. This study adds the overlapping construct of comfort with weight and body shape, and how that is experienced in the context of gender variance. Also, as part of their transition, several youth described body satisfaction after receiving hormone therapy or undergoing surgery. An emergent literature suggests that hormone therapy and surgery can be an important part of the gender consolidation process. Some research suggests that for transgender persons with an eating disorder that is entwined with concerns about gender appearance, hormonal treatment may be an important part of treating the eating disorder (Ewan et al., 2014). Recent findings also suggest that hormone therapy which blocks puberty for transgender adolescents resulted in better body image with regards to secondary sexual characteristics (de Vries et al., 2014), though some have reported a side effect of weight gain after taking cross-sex hormones as did participants in the current study (Álgars et al., 2012).

This research has implications for clinicians and future research. For clinicians, this research elucidates the intersection of gender and body size and a spectrum of healthy and unhealthy coping mechanisms. Given that young people described their body dissatisfaction and satisfaction in terms of both internal processes as well as social responses from others, examination of the self and social dialectic may be a useful strategy for better supporting transgender young people. Transgender youth may benefit from examples of healthy coping of peers in a similar situation, including advice about seeking medical support or dealing with families, suggesting that referring youth to community centers may be a powerful tool for promoting resiliency. Also, this study reinforces recent research that demonstrates that hormone suppression may provide adolescents time to navigate challenging high school years. A developmental theme emerged in this study with implications
for a broader population. Gender stereotypes and gender segregated groups provided a context which exacerbated body image pressures, meaning that participants described better body image in contexts where they were not required to conform to a binary ideal of gender expression.

Future research is needed to better understand body acceptance among transgender persons, and developmental forces impacting body image during adolescence and young adulthood within this population. This could include comparative studies and longitudinal research to illuminate developmental processes in body image across developmental stages of life (e.g., by age) and developmental stages of gender identity consolidation (e.g., across transition or identity consolidation). For example, longitudinal studies that are community based can provide a nice complement to the existing clinically based longitudinal studies. A broader range of young people are available in community settings than are able to seek clinical medical intervention (especially in the U.S.), and tracking who are most needed. Future research on healthy coping mechanisms specifically among transgender youth could help foster understanding of ways to support well-being in this population (Kwon, 2013).

The strengths of this study are that the sample was comprised of a large number of transgender young people from many locations in the United States as well as locations in two other countries. Also, this study is one of the first to provide a detailed description of the experiences of body image among transgender youth in adolescence and early adulthood.

There are several important limitations to this study. First, because this sample was gathered through youth centers serving LGBT communities, those who are not connected to a community are less likely to be represented. Second, selective sampling for a broad range of ethnic diversity and risk profiles may have resulted in a sample biased in other ways that we cannot fully know given the lack of population based data on transgender persons. Third, the research team was led by queer identified researchers who were nonetheless cisgender. The identification of the lead researcher (white, queer, cisgender female) contributes to the type of study, selection of topics and questions, the ways participants may respond to questions, and how the data are coded. Furthermore, the lead researcher and a number of research assistants have extensive experience in queer community centers, which influences the interpretation of participants’ responses based on our own experiences in those contexts. Fourth, the maintenance of anonymity created a weakness of not allowing participants to review transcripts. We attempted to mitigate this by including transgender and genderqueer identified persons throughout the process as research assistants and as community liaisons. Fifth, while we made efforts to seek a broad range of participants, they still represent a restricted range of western, affluent cultures. Gender variance in non-western and developing cultures deserves further exploration. Finally, the wide age span covers a developmentally distinct period of mid-adolescence through early adulthood, however we cannot fully elucidate differences within the age range from this sample.

In conclusion, this study provides an in-depth analysis of the experience of the body among transgender identified youth and young adults. It provides concurring evidence with other studies revealing an improvement in body image with social acceptance and transition interventions. This study further elucidates the complicated relationship between body size image and gender dissociation for transgender youth. Finally, this study showcases the positive aspects of transition and body image that some transgender people experience, revealing both a risk and strengths based assessment of gender minority experiences.

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